Teenage Pregnancy & Education

Professor Wronka MSSW 613-21

Janira Parks

Cassandra Luc

James Lacey

April 29, 2018

1) Definition of the problem

Adolescent pregnancy is a controversial social issue. The Centers for Disease Control and Prevention (CDC) (2011) states that about three in ten teenage girls become pregnant before age 20, this averages about 750,000 teen pregnancies annually. Adolescent girls who make the decision to give birth to their children often endure many obstacles because their paternal skills are underdeveloped and as a result, they struggle with the difficulties of motherhood (Franklin, & Corcoran, 2000). Authors Minnick and Shandler (2010, p. 242) discuss how unwanted pregnancy is directly correlated with postpartum depression, anxiety, and isolation. Adolescent babies are at increased risk of health related issues that include premature birth, low birth weight, disability or even death. One of the most important indicators that teen pregnancy has become an epidemic is the staggering statistic that the United States currently has the highest rates of teen pregnancy and births among any industrialized country. There is less information available regarding adolescent fathers but they too risk facing dilemmas correlating with becoming a parent at an early age (Minnick & Shandler, 2010, pp. 242-243).

The Centers for Disease Control and Prevention (2013) supports the ideals that early pregnancy and childbearing is closely correlated to a host of other serious social issues, including poverty and income disparity, overall child well-being, out of wedlock births, and education. Minnick and Shandler (2010) noted that if more children were born to parents properly equipped to care for them, this would directly lead to a significant decrease in social problems that children in the United States face, this also includes school failure, crimes, child abuse, and neglect. Difficulty caring for a child is a reality that most premature mothers experience which subsequently infringes upon their ability to successfully attend and complete school. Securing

adequate employment becomes extremely difficult without an education (Minnick and Shandler 2010).

Several factors contribute to adolescent births. There is a multitude of cultures that arrange the marriages of adolescent women that then leads to early child rearing. Many of these young women are obligated to engage in intercourse and are unable to decline willingly. More than one third of girls in some countries are impacted by sexual violence. Most of these young women report that their first encounter was forced. There is also a lack of sexual education in some countries as well as limited access to education and employment opportunities (Darroch, 2000). The Centers for Disease Control and Prevention (2013), shows that in low and middle income countries over 40 percent of girls marry before they are 18 years old and around 15 percent before they are 15-years-old. According to their social norms, these young married adolescents are highly subject to becoming pregnant and giving birth.

Education is an important component for preventing early pregnancy, the more years of schooling directly correlates to fewer early adolescent pregnancies. For women with no education, birthrates are proven to be higher. Some adolescents do not have access to preventative education or contraceptives that have the potential of fostering adolescent pregnancy aversion. However, even with the availability of contraceptives adolescents are still figured to be less likely than adults to utilize them (Darroch, 2010).

Pregnant adolescents are at increased risk of undergoing unsafe abortions. The Centers for Disease Control and Prevention (2013) states that an estimated three million unsafe abortions occur every year around the world among girls aged 15-19-years-old. Significant health problems are a direct result of unsafe abortions. Due to the delicacy of the female reproductive system, young mothers face serious consequences that affect both them and their babies. The

severities of these risks are amplified in countries with substandard medical support. Adolescents in some countries are less likely, than adults, to obtain professional health care before, during, and after childbirth (Centers for Disease Control and Prevention, 2013).

Inherent in the age of adolescents is vulnerability, immaturity, and at times the inability to make wise decisions. Ultimately, the decisions that teens make have long lasting effects on their lives. Adolescents are curious about their bodies and how they work. As early as age 5, children are able to comprehend what basic sexual concepts meant (East, 2009). They understand emotions, relationships, and the difference of body parts. Do children then have the right to know and understand about the topic of sex? The controversy surrounding when it is appropriate to begin discussing sex and reproduction in a classroom setting continues to be contentious. School officials cannot decide whether this should occur either before or after puberty. Sex education is left for the parents to provide which results in either misinformation or no education at all. As a result, schools and friends become subject matter experts regarding puberty, sexuality, and relationships; this information can be highly inaccurate (East, 2009).

Due to poor social support, many adolescent parents and their children are negatively impacted. Adolescent parents who do receive adequate social supports are more likely to be better parents. This support would include coping skills for stress (Darroch, 2000). Social workers play a significant role in assisting adolescent girls who become pregnant. When others are unsure of the necessary steps to take, social workers are essential supports to remedying this issue. They possess the skills and knowledge necessary to assist with preventing adolescent pregnancy.

2) How is the problem related to the idea of social justice as struggle and structural violence?

Adolescents who are pregnant and parenting struggle to become socially accepted and understood. They fight for the right to be judged and looked at as successful and equal parts of society but instead are looked down upon and talked about almost as outcast. They face the same criticism and skeptics as social justice advocates and defenders of human rights. Their fight is best described by Wronka (2017) as being "neither completely nor precisely done" (p. 26). Although the dynamics of what is considered a traditional family has change drastically throughout time and certainly has a different makeup than generations of the past. Teenage pregnancy and parenting is still look upon as the least successful path for a child to take on the road to success. Statistics may state that, but some of the world's greatest leaders derive from single parent homes.

The Second Crucial Notion of the Universal Declaration of Human Rights speaks about non-discrimination being one of its core values. Birth or other status is one of the major points of non-discrimination and the simple fact that a child is born gives them the right to have their dignity and not be frowned upon regardless of their parents age or marital status. That right should also be extended to their parents as well. Wronka (2017, p. 17) states "the challenge of the helping and health professions is to view humans as human, not as interesting cases, diagnoses, clients, or research subjects, and to create a socially just world where people have rights." In order to create a just world for adolescent parents we should feel the duty to make sure they have access to services that cater to their developmental, ecological, familial, biopsychosocial and mental health needs (National Association of Social Workers, 2012, p. 11). These services should be safe, accessible, feasible and affordable. There should also be more focus on teaching them life skills as well as further parenting skills. Adolescent parents are in need of more wrap around services and community support not less. If not, it is a cycle that is

bound to repeat itself, not only in families, but in communities as well. Parenting is a difficult task in the most supportive of situations. A spouse, partner, or even co-parenting, but with an adolescent parent, these difficulties are multiplied. Having a social worker or case manager to help guide these parents would be a huge asset and benefit to both the parents and children's lives. In addition, education on co-parenting and the importance of that is a program that would be beneficial as well.

3) History of the problem

Early teenage childbearing is not unusual in this country. From the colonial era onward, Americans have always had a distinctly early pattern of family formation, at least compared with Western European nations (Furstenberg, 2007, p. 7). There has been great variation over time and place in the age of first marriage and birth, but local birth records, registries, and census data show that a substantial proportion of teenagers became parents before they reached the age of majority (Carter and Glick, 1976; Haines and Steckel, 2000). There were a few opportunities for girls to receive a more extensive formal education in the colonial period, most families kept their daughters at home to learn how to run a household and to be a dutiful mate for her future husband (Pearson, 2018). Before the twentieth century, early teenage childbearing occurred more frequently in parts of the south, in the border states, and on the western frontier than in the more settled and established sections of New England. Even in the Northeast, however, teen childbearing was not uncommon (Furstenberg, 2007, p. 7).

The timing of family formation was linked to the availability of economic opportunities (Easterlin, 1985). When land was cheap and plentiful, Americans began childbearing earlier and had larger families. As resources became scarcer, marriage age rose, and so did the age of first birth. No doubt, the opportunities this nation generally afforded to new settlers and immigrants

encouraged the young teens to establish independence early, especially during earlier times when agriculture was the basis of the family economy (Furstenberg, 2007, pp. 7-8).

With the advent of industrialization, the availability of work continued to influence the timing of family formation (Furstenberg, 2007, p. 8). Young teen women who were parents worked in the factories, accumulating savings for marriage, while teen men who were parents tried to establish themselves in the new job economy (Hareven, 1994). By 1900 the traditionally agricultural economy had been partially transformed, a process that would continue throughout the twentieth century. The timing of marriage and parenthood rose as the country moved from an agrarian to an industrialized nation with a market economy, declining in good times and rising when the economy was bad (Furstenberg, 2007, p. 8). Along with older women, teenagers curtailed their fertility during the Great Depression, and rates remained lower during the period leading up to World War II (Haines and Steckel, 2000).

Fears (2016) wrote a Congressional Research Services report that referenced another report written in 2010 that estimated 614,400 U.S. teenagers (ages 15-19) became pregnant, approximately 89,300 had miscarriages, and 157,500 had legal abortions (Kost and Henshaw, 2010, p. 10). The result was that there were nearly 367,700 births to teenagers in that year. In 2014, 6.3% of all U.S. births were to teens, and 13.9% of all non-marital births were to teens. According to a report by (Santelli and Melnikas, 2010):

> Teen childbearing is associated with adverse health and social outcomes for teen mothers and their children, although these outcomes often reflect preexisting social deficits. Compared with women who delay childbearing until their 20s, teen mothers are more likely to drop out of school and have low educational attainment; to face unemployment, poverty, and welfare dependency; to experience more rapid repeat pregnancy; to become

single mothers; and to experience divorce, if they marry. Infants of teen mothers are more likely to be premature and experience infant mortality. The children of teenage mothers do less well on indicators of health and social wellbeing than do children of older mothers.

The negative, long-term consequences associated with teenage pregnancy and births, the prevention of out-of-wedlock pregnancies is a major goal of this nation. Reducing nonmarital childbearing is one of the explicit goals that were stipulated in the 1996 welfare reform law (Personal Responsibility and Work Opportunity Reconciliation Act, 1996). Although the birth rate for U.S. teens has dropped in 22 of the last 24 years, it remains higher than the teenage birth rate of most industrialized nations (Sedgh, Finer, Bankole, Eilers, and Singh, 2015).

In 1950, the number of births to U.S. females under age 20 was 438,000; by 1960, births to teens had increased nearly 36% to 593,746; and by 1970, they had increased another 11% to 656,460. Since then, the number of births to teens has generally declined, with some upward fluctuations. Births to teenagers declined nearly 62% from 1970 to 2014; 55% from 1980 to 2014; 53% from 1990 to 2014; 47% from 2000 to 2014; and 32% from 2010 to 2014. In 2014, the number of births to teens was 251,847 of which 2,769 births were to girls under age 15 (Hamilton, Martin, Osterman, Curtin, and Mathews, 2015, Table 2).

As shown in Appendix A, the peak birth rate for U.S. teenagers occurred in 1957, with 96.3 births per 1,000 women ages 15-19. The 2014 teenage birth rate of 24.2 per 1,000 women ages 15-19 is almost 9% lower than the 2013 teenage birth rate. Teenage birth rates increased during the late 1940s (i.e., the “baby boom” years after World War II) and 1950s, decreased during the 1960s and early 1970s, remained relatively stable between 1975 and 1988, increased sharply during the late 1980s, declined every year from 1991 through 2005, and then increased in

2006 and 2007. The 2014 teen birth rate (24.2 births per 1,000 teens ages 15-19) is currently the lowest teen birth rate recorded. The number of births to females under age 20 decreased nearly 53% from 1991 to 2014. The birth rate of teens ages 15 through 19 declined by nearly 61% in the same period (Hamilton and Ventura, 2012). The smaller decline in the number of births to teens compared with the teen birth rate is due to an increase in the number of teenage females in the 1990s.

In 2014, the birth rate for teenagers ages 15-17 was 10.9 per 1,000 teens ages 15-17, down 72% from 1991. For teens ages 18-19, the birth rate was 43.8 per 1,000 teens ages 18-19, down 53% from 1991 (Fears, 2016). In 2014, of the 251,847 births to females under age 20, 89% (223,386 births) were to unmarried teenagers (Hamilton, Martin, Osterman, Curtin, and Mathews, 2015, Table 15). With fewer teens entering into marriage, the proportion of births to unmarried teens has increased dramatically (89% in 2014 versus 29% in 1970).

Preventing teen pregnancy is generally considered a priority among policymakers and the public because of its high economic, social, and health costs for teen parents and their families. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not teen parents. The children of teenage mothers are more likely than children of older mothers to have chronic medical conditions, rely heavily on provided health care, do poorly in school, give birth during their teen years which continues the cycle of teen pregnancy, spend some time in a juvenile detention facility or jail, and be unemployed or underemployed as a young adult (Holcombe, Peterson, and Manlove, 2009; Urban Institute, 2008).

Other data indicate that 30% of teen girls who have dropped out of high school cite pregnancy or parenthood as a reason. Approximately 67% of teen mothers who moved out of

their own family's household live below the poverty level. Approximately 63% of teen mothers receive some type of public benefits within the first year after their children are born. Less than 25% of teen mothers receive any child support payments and children born to mothers under age 18 score significantly worse on measures of school readiness including math and reading tests (National Campaign to Prevent Teen and Unplanned Pregnancy, 2012).

According to an analysis by the National Campaign to Prevent Teen and Unplanned Pregnancy (2013, December) most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers that includes increased costs for health care, child welfare, incarceration, and lost tax revenue. The study looks only at the increase in these costs that is associated with having a child before age 20 versus having a child at age 20 or 21. That is, they are net costs and not gross costs (Fears, 2016).

The December 2013 study by the National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy estimated that in 2010 adolescent childbearing cost U.S. taxpayers about $9.4 billion per year. The breakdown is $3.1 billion in child welfare benefits, $2.1 billion in public sector health care expenses, $2.0 billion in spending on incarceration for the sons of women who had children as adolescents, and $2.2 billion in lost tax revenue because of lower earnings of children of teen mothers over their own adult lifetimes. Research indicates that teens who give birth are less likely to complete high school and go on to college, thereby reducing their potential for economic self-sufficiency. The research also indicates that the children of teens are more likely than children of older parents to experience problems in school and drop out of high school, and as adults are more likely to repeat the cycle of teenage pregnancy and poverty. The 2013 report contends that if the teen birth rate had not declined between 1991 and 2010, the annual costs associated with teen childbearing would have been about $21 billion

instead of $9.4 billion (National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy, 2013).

A variety of programs from the international (meta-macro), national (macro), state (mezzo), and private NGO groups (micro) have used a variety of means to help teenage parents remain in school.

On the meta-macro level, the United States signed on July 17, 19080 but has not ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (United Nations Human Rights, 1979). The (CEDAW) is an international treaty adopted in 1979 by the United Nations General Assembly. The treaty was described as an international bill of rights for women. The treaty was instituted on the 3rd of September in 1981 and has been ratified by 189 states (United Nations Treaty Collection, 2018). Over fifty countries that have ratified the Convention have done so subject to certain declarations, reservations, and objections, including 38 countries who rejected the enforcement of article 29, which addresses means of settlement for disputes concerning the interpretation or application of the Convention (United Nations Women, 2009). Article 10 necessitates equal opportunity in education for female students and encourages coeducation. It also provides equal access to athletics, scholarships and grants as well as requires "reduction in female students' dropout rates" (United Nations Human Rights, 1979, December 18).

On the macro level, President Nixon signed the Education Amendments Act on June 23, 1972. The Education Amendments Act included one section called title IX. Title IX is a comprehensive federal law that prohibits discrimination based on the sex of the individual involved in any federally funded education program or activity (United States Department of Education, 2013, p. 1). The United States Department of Education's regulation implementing

Title IX specifically prohibits discrimination against a student based on pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions per 34 C.F.R. § 106.40(b)(1) (United States Department of Education, 2013, p. 5).

A second macro level program called the Pregnant and Parenting Students' Access to Education Act was introduced in either the federal House or Senate in 2011, 2013, and mostly recently on February 9, 2015 (Title IX at 45, 2017). The bill was referred to the Committee on Health, Education, Labor, and Pensions where it has languished there since (Pregnant and Parenting Students Access to Education Act of 2015). The law would provide grants to the states to create plans for pregnant and parenting students, and would require grantees to revise school policies to remove barriers to education for pregnant and parenting teens. The majority of these grants would be distributed to local educational agencies that would be required to spend the funds providing academic support to pregnant and parenting students, assistance in finding child care for student's children, and transportation, and education of students and professional development of staff regarding expectant and parenting students' rights. Most importantly, the educational agencies receiving the grant money would be required to revise school attendance policies to allow students to be excused for attendance at pregnancy-related medical appointments (including expectant fathers) and attending to parenting responsibilities including arranging child care and caring for sick children. Grantees would be permitted to use the grants for other purposes as well, including providing childcare for parenting students (Shatz, 2015, June 17; Title IX at 45, 2017).

President Obama signed a third macro level program called the Pregnancy Assistance Fund Expansion Act created by Congress on March 23, 2010. The Pregnancy Assistance Fund is a component of the Affordable Care Act (2010). The (PAF) provided $25 million annually for

fiscal years 2010 through 2019 for the purpose of awarding competitive grants to states and Native American tribes or reservations. The law provides for up to 25 grants of $500,000 to $2 million a year. As of fall 2015, 17 states and 3 tribal entities had received awards for programming to connect young families with the support services they need and to ensure a focus on important outcomes such as graduation rates, maternal and child health outcomes, and parenting skills (Boonstra, 2002; Boonstra, 2010; Title XI at 45, 2017, p. 8; Galanter, 2013). The (PAF) program is administered by the Office of Adolescent Health, which is a department within the United States Health and Human Services. Fifteen states and one tribal entity were funded as of July 7, 2017. The Connecticut State Department of Education was one of the grant recipients (United States Department of Health and Human Services, 2016, July 23) and is discussed in detail in the next paragraph.

On the mezzo level, the United States Health and Human Services Office of Adolescent Health awarded to the Connecticut State Department of Education in August 2013 a four-year Pregnancy Assistance Fund Program grant to support expectant and parenting teens, women, fathers, and families. Connecticut named the program supports for pregnant and parenting teens (SPPT). Through SPPT, the Connecticut State Department of Education seeks to improve educational, health, and social outcomes for expectant and parenting teens, promote healthy child development for the children of teen parents, and build the capacity of communities to sustain supports for expectant and parenting teens. The SPPT program offers eight core services. First, flexible, quality schooling and academic supports. Second, case management and family support. Third, prenatal and reproductive health services. Fourth, quality childcare with links to basic preventative health care. Fifth, parenting and life skills education and support services. Sixth, father involvement services and supports. Seventh, transitioning to post-secondary education and

workforce development, and eighth, intergenerational supports and family engagement. SPPT staff, which includes a master's level social worker and a registered nurse, interact with participants through individual counseling sessions, group activities, home visits, and brief contacts. Many youth entering the SPPT program have a history of poor school attendance, so SPPT also provides academic support to foster grade advancement and graduation. SPPT focused on districts with the highest teen pregnancy and school dropout rates. SPPT provides supportive services to high school students aged 14-21 in six school districts across the state. The six school districts were Bridgeport, Hartford, New Britain, New Haven, Waterbury, and Windham. (United States Department of Health and Human Services, 2016). The Windham school district is discussed in detail in the next paragraph.

On the micro level, according to the latest Windham High School brochure, The SPPT program is located in comprehensive high schools serving students in Grades 9-12. The program provides school-based support to assist the parenting student's high school completion as well as the health and wellness outcomes of the students and their children. This model has been identified as an evidence-based approach for working with parenting students and their children. The goals are to increase school retention and graduation, reduce second pregnancies, increase access to case management and social services, reduce barriers to school attendance, including access to licensed childcare and health services, increase access to services for teenage fathers, increase parental satisfaction, and increase knowledge of child development.

Their brochure indicates the coordinated model offers a variety of individualized services to meet the needs of each student. Services include flexible, quality schooling to help young parents complete high school such as non-traditional school hours, flexible scheduling, online credit recovery, tutors, and other innovative options are available. There is case management and

family support to provide liaison between student, school, and community supports. There are referrals to health services such as prenatal, reproductive and pediatric health services, and links to family planning. There is transportation provided to school, childcare, and health services. There is comprehensive home visiting to assist parents to gain knowledge of child development, skills in coping, and stress management. There is access to quality childcare for children licensed staff. There is parenting, life skills education, support services such as family planning and nutrition, links to community resources, supports for crisis and depression, promotion of family literacy, early learning and development, and fostering attachment. There is father involvement services and supports such as policies, outreach strategies and support services to facilitate father-child relationships, peer support, family planning education, and parenting education. There is career-planning, links to higher education for college fairs and tours, speakers, career exploration activities, and assistance in completing the application process. There are intergenerational supports and family engagement such as family dinners and activities, home visits, two-way communication to support the teens' success (CT supports for pregnant and parenting teens [Brochure], N.D).

4) Demographics of the Problem and Areas of Discrimination

The Universal Declaration of Human Rights Article II states "that everyone is entitled to all rights set forth in this declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other national or social origin, property, birth or other status" (United Nations, 2015). Teen mothers and pregnant teens risk being kicked out of school, pressured to enroll in subpar alternative programs, barred from certain activities, and penalized for pregnancy-related absences. Many lawmakers, parents, and students are unaware that discrimination due to a student's current or past pregnancy is sex discrimination and illegal.

The right to education ensures access to quality schools and to an education that is directed towards the full development of the human personality. Every individual child must have equal access to a quality education adapted to meet his or her needs. The Universal Declaration of Human Rights Article XXVI (United Nations, 1976) indirectly states, discrimination in education occurs when a person or entity takes unfair action (or inaction) against people belonging to certain categories in enjoying a full right to educational opportunities. This is considered a civil rights violation. Typically, the discriminatory action can be perpetrated by teachers, administrators, or by other students (Findlaw, 2018).

Every individual must have equal access to a quality education adapted to meet his or her needs. Schools must respect the inherent dignity of everyone creating an environment of respect and tolerance in the classroom, preventing practices and disciplinary policies that cause harm or humiliation to children, and promoting self-confidence and self-expression. There must be equitable distribution of resources in education across communities according to need. The government must ensure that the human right to education will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (United Nations, 1985). Students, parents and communities have the right to participate in decisions that affect their schools and the right to education.

An environment of discouragement is not the only challenge that teens parents face. While schools are required to excuse pregnancy-related absences, many fail to do so and further penalize students by not allowing them to make up the work they missed. Viewed as lost causes, many schools will shuffle teen parents into alternative curricula that essentially operate as dropout factories with no meaningful educational opportunities. Schools create a stigmatized

atmosphere and eliminate supports for teens. Teen are more vulnerable to the risks and challenges in the world. According to Wronka (2017),

> In creating a socially just world, much of our challenge is to transmit values to the children and youth of the world by any nonviolent means necessary. Research consistently demonstrates that once chosen, especially at an early age, values are very difficult to change.

5) Human Rights Convention

After reviewing the Universal Declaration of Human Rights and preparing to go beyond that aspect with regard to teen pregnancy and education there are a great deal of agencies that are supporters of continuing education. These agencies have exceeded many expectations with regard to advocating for this population. For example, the Convention of the Elimination of Discrimination against Women (CEDAW), 52 (g) states that pregnant girls in rural schools are retained during pregnancy and allowed re-entry to school following childbirth. Childcare facilities and breastfeeding rooms as well as counselling on childcare and breastfeeding are made available (CEDAW/C/GC/34, 2016, March 4; United Nations, 1979; United Nations, 1989).

This would ensure that they are in a comfortable learning environment and treated with the same rights of a mother returning to her workplace. This creates equal opportunity and ensures they remain on the road to success, which is that much more important now that they have another individual they are expected to provide for.

Moreover, according to the National Women's Law Center (NWLC) (2011), under Title IX, if you are a pregnant or parenting student, you have a right to stay in school so you can meet your education and career goals. One of the main things they educate young women about regarding their act is that Title IX prohibits discrimination on the basis of sex, including

pregnancy, parenting and all related conditions, such as abortion, in educational programs and activities that get federal funding (NWLC, 2011). Per Title IX this means that schools must give all students who might be, are, or have been pregnant the same access to school programs and educational opportunities that other students have. Your professors or administrators should not tell you that you have to drop out of your classes or program or change your educational plans due to your pregnancy (NWLC, 2011). The NWLC feels what is at stake today is that many young parents are eager to focus on their education. Unfortunately, though, there are often barriers in place that can thwart students' drive and determination to keep up their schoolwork. Many schools punish students for their pregnancies, bar them from activities, or even kick them out of school. As a result, becoming pregnant or parents are major causes of dropping out (NWLC, n. d.). What NWLC is actively doing to help with this population being mistreated is to educate them that federal law guarantees pregnant and parenting students an equal right to an education and the NWLC fights to make sure schools follow the law to give students the education they deserve. Under Title IX, pregnant and parenting students are promised equal access to schools and activities. Any separate programs for pregnant or parenting students must be completely voluntary, and schools must excuse absences that are due to pregnancy or childbirth (NWLC, n. d.). The (NWLC, n. d.) also advocate for federal, state, and local policies and programs to enforce the law and help pregnant and parenting students get the support they need. They offer resources to schools, advocates and service providers who work directly with youth. Together, they can ensure that pregnant and parenting students graduate and ready to go on to college and careers.

On an international level, according to the Right to Education Project (1979) and the Norwegian Agency for Development Cooperation (NORAD) (2017, July 9), there are many

reasons that prevent girls from going to school. Poverty, pregnancy, school-based violence, child marriage and discriminatory gender norms are some of the major obstacles to girls' education worldwide. School fees, the threat of violence on the way to and in school, and the perceived benefits of girls' domestic work also keep girls out-of-school. Pregnancy and child marriage cut short adolescent girls' schooling before they have completed secondary school. Girls and women's' right to education is guaranteed under international law. According to the Right Education Project (1979), United Nations (1969), and the United Nations (1979), Article 10 of the (CEDAW) is the most comprehensive provision on girls and women's right to education. This article, States have the obligation to take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and to ensure:

- The same conditions for access to studies at all educational levels, both in urban and rural areas;
- The same quality of education; the elimination of any stereotyped concept of the roles of men and women;
- The same opportunities to benefit from scholarships and other study grants, to access programs of continuing education, including literacy programs, and to participate in sport and physical education;
- The reduction of female students drop-out rates and,
- Access to educational information on health, including advice on family planning.

In conclusion, the agencies that advocate for this population are well aware of the need for education as it relates to young women and pregnancy. The (CEDAW) section 52(g), The (NWLC) Title IX, and The Right to Education Project (1979) referencing section 10 of

(CEDAW). Acknowledging this population and the things that are needed to ensure they succeed is of great importance. Not only addressing the problem but also gathering solutions and implementing them will prove to be effective in the lives of these young women, and will eventually be a testament to their success stories if they should overcome the odds.

6) Advanced Generalist Perspective on Teen Pregnancy and Education

Meta-Macro (Global)

According to human activist, Wronka, meta-macro interventions focus on global concerns or issues that may arise. In this instance, the meta-macro intervention that should be explored should be centered on women who are experiencing pregnancy. Education plays a major role in creating human rights. Once values are instilled at a certain age, it is hard to change them (Wronka, 2017). The need for education with this population is critical, as this concern has been handled with a solution-based approach instead of understanding the gap and repeated cycle. All the same, teenage girls should not be subjected to health and sex information because they are not the only species reproducing. Sexual education is more likely to have a positive impact when it is comprehensive and taught by people who are trained educators, and has knowledge about human sexuality (Kirby, 2000; Kirby 2011).

The Dalai Lama (2011) mentioned, rich or poor, educated or uneducated, belonging to one nation or another, to one religion or another, adhering to this ideology or that, ultimately each of us is just a human being like everyone else. We all deserve happiness and do not want suffering.

Furthermore, we will explore the systematic failure of adolescent pregnancy by emphasizing the importance of education to youth in schools. Generally, schools are the meting grounds for children to begin socializing and forming relationships based on their interest. This

is where group members felt it was important to offer sex education in public schools (middle and high schools) with the consent from parents due to cultural beliefs and values. In accordance with health education, sex education would be implemented into the curriculum and students will be required to participate in a sex education course at least one semester a year. The purpose would be to promote abstinence but also make them more aware of options and resources that may be available to them.

Macro (Whole Population)

In today's society, macro (Persons, 2011, July) interventions should involve the contribution of many professionals in various interactions as this level of intervention can be best represented by public policy. Macro practice is a professionally guided intervention designed to bring about change in organizational, community, and policy arenas. As a result, this level of intervention incorporates the best practices while being within the guidelines of a professional social worker. Macro level interventions are often based on needs, wants, problems, issues, and concerns identified in communities that provide systems of care. Typically, this is not the average client-therapist relationship that one is accustomed to but one may conduct research to address larger issues that are affecting this particular community. For instance, Planned Parent Hood, a government agency, is a prime example of an organization planning interventions and developing initiatives to reduce pregnancy. Essentially, there is a need to address this concern, as the government needs to monitor human senses. Additionally, making it noticeable (known agencies) for those who would need to access these services. "A stand-alone alternative school model may provide school-based, one-stop, comprehensive, and special support services that teen parents need; and another model may provide alternative or special services within a mainstream school setting" (Brindis & Jeremy, 1988; Brindis, 2006; Zellman, 1982; Center for

Assessment and Policy Development, 2002a, 2002b). As a solution to assist on the macro level, group members brainstormed ideas such as community health events and continued education practices relating to school. This will assist with concerns in the community such as food availability, access to resources and socioeconomic characteristics (i.e. cost of diapers, daycare). As explained previously, adolescent's quality of life depends primarily on the amount of resources that the policy makers will allocate to assist these individuals.

Mezzo (At-risk)

Mezzo intervention focuses on smaller groups such as schools and organizations that concentrate on cultural and institutional change. This may be the most important level of intervention as it identifies the population in which we are striving to change. As a social worker in this field, our group felt that the nature of the job and responsibilities are different but agreed that the message of understanding them is more pertinent to making change. It is important to acknowledge that all adolescents are at risk for early sexual activity but more important to educate them on the topic as whole. A majority of sex education is conducted throughout the school system. These activities are usually incorporated into regular school activities and intended for all students especially those youth at risk (Miller, 2010, pp. 78-80). As a vulnerable population, there are several protective and risk factors associated with early pregnancy. Risk factors may include but are not limited to poverty, limited sex education, low self-esteem and drug use. Protective factors include open communication with parents or adults about sex, abstinence from sex and openness to use a contraceptive. As result of acknowledging risk factors associated teen pregnancy and education, community providers should advocate for this population to receive more services.

Research suggests that when protective factors increase and risk factors decrease, teen pregnancy is less likely to occur. As suggested earlier in the text, policymakers must also involve boys and girls in implementing prevention for adolescent pregnancy (CDC, 2011). To prevent adolescent from early pregnancy this group plans on incorporating Girls 2 Women groups, Boys 2 Men groups and wants to incorporate community recreational programming if accessible (i.e. self-esteem building, peer pressure groups) to discuss risk factors faced daily. This group also wants to incorporate modern day technology to reach this population through their interest in which we can create a social media page. This page will be primarily for adolescent to retrieve information to resources, create an understanding environment (i.e. support group, discussion board, blog) and update teens about potential events. There will also be a section specific to supporting teen fathers.

Micro (Clinical)

On the micro level, it is important clinically to be available for your clients. With adolescent pregnancy both it is important for both parents to have clinical outlets that our willing and able to be objective and supportive of the clients situation. On the micro level, advanced generalist clinical interventions that are affective based on where the clients are demographically and environmentally should be used as best practices. Some interventions that could be measurable on the micro level could include how many of the clients, through interventions and supports are remaining in school as long as their health allows. This could be achieved by providing focus groups for both the parents that address different topics such as healthy parenting styles that will be effective for single life or co-parenting. There could also be supports and education for the parents on sustaining jobs and community assistance for themselves and the children.

Providing case managers would help reduce the stress and feeling that the parents are in this situation all alone, which in turn sets up a better home life for the child. A case manager would also be a person who could establish a relationship with the clients to ask the questions necessary to what the needs of both the parents and the children are. With these interventions for the parents, more interventions also could include more interactive trainings and groups for the teachers and staff as well. Childcare for the children after birth is an intervention that could be discussed as well. These interventions and supports along with assessments the look at their environment, socioeconomic status would help, on the micro level, these parents and children progress in a positive direction. Doing these things as Wronka (2009, p.111) said, ensures the child's best interests are central to any interventions.

Meta-Micro (Everyday Life)

On the meta-micro level as and advanced generalist, looking at the systems in place in the client's environments are a major key. The struggles of an adult parent who is in a relationship and raising a child is difficult. When you have children who are an adolescent, those challenges become so much more enlarged. Obviously, supports and programs in the community are key, but simple issues such as transportation and availability become major obstacles for an adolescent teen. Looking through an advanced generalist lens it is important to see if those simple needs of the parents and ultimately the children are being met and if not, why? If programs and supports available, how accessible are they? How easy it is to get these programs and supports information? Do these programs and supports provide ways for the clients to get to and access them as simply as possible? When looking at these things from a meta-micro level we must again meet the clients were they are and address the issues that they are facing immediately.

Having vouchers for bus passes or even having community-based programs to come into the school to be more accessible to this population are some ways to address these issues. Make sure there is an open communication between the school, the client, their supports and the programs to verify the client and children are receiving the correct service and that each entity in their life is on the same page. Again, getting these adolescent parents in touch with programs that provide case management as well as counseling to have a better grasp on what those facing these situations needs. In addition, getting a better understanding of what is working and what is not. Intervention on the meta-micro level can provide a more wrap-a-round approach to the teens to help them feel supported. It also can provide inspiration and motivation to make better decisions for both themselves and their children.

7) Using Qualitative Research to Assist in Interventions

Teenage pregnancy and education has been studied internationally due to the importance of these young mothers being unable to obtain an education. Our focus is on the lack of educational programs and services for this population of young women in schools as well as the lack of sexual education provided for prevention. Sex education and pregnancy prevention is a subject that seems to be untaught yet has very harsh consequences.

Teen pregnancy and education is an international issue that does not receive the type of positive attention in demands**.** In KwaZulu-Natal, South Africa their pregnancy rates are 71 per 100 women between the ages of 15-19 (Taylor, Jinabhai, Dlamini, Sathiparsad, Eggers, and De Vries, 2014). In South Africa, there are health policies that permit young women from the age of 12 to independently decide on contraception and abortion. These services should be free and available at local health facilities (Departments of Health and Basic Education, 2012). The study conducted was completed using a randomized controlled trial of 16 high schools selected from

their Department of Education list of 1,580 high schools. Schools were selected from urban and rural areas or 11 districts. Students from an 8th grade class at each school were asked to participate in the study. Of the schools selected, eight schools were in the rural district and eight were in the urban areas. This allowed for the demographics and economic status to be widespread and not just target one area or group of individuals. This allowed for different perspectives from different learning styles and academic levels to influence the outcome of the study.

There were many different outcomes and different areas of focus to consider which included positive and negative attitudes/questions as well as the intentions of teenage pregnancy. These methods were used to conjure thoughts in the participants' minds as it related to the study. Overall, the study gave insight as to the age ranges in which other cultures are accepting of adolescents engaging in sexual activity without being properly educated. This study was not as comprehensive to the needs we face in the United States yet did shed light that things may be a little worse in other areas regarding sex education. Other countries are banning pregnant teens from going to school all together while in the United States there are alternative programs for pregnant teens

Another experiment took place here in the United States and spread rather quickly. This particular article speaks to a middle-upper class community in Illinois that utilized the "Baby Think it Over" program. This program was an expensive experiment that professionals were not sure would be effective. This program ran in a suburban school and there were life like human baby dolls that cried, changed, fed, etc. This particular experiment was conducted in the 1997 to 1998 school year and was done with primarily Caucasian students. There were 36 females and 11 males who participated in the study. The outcome was intended to teach the students:

(a). Future orientation, for example avoiding pregnancy to attain goals,

(b). Realism about child rearing,

(c). Personal intentions, such as the use of birth control, and

(d). Sexual self-efficacy, or confidence in one's ability to avoid risky sexual behavior linked to pregnancy.

Overall, this study was effective because other school systems were willing to invest in the program despite the cost or knowing the effectiveness. Although this program started out as a blind trial, it lasted for many years and spread to other places.

A study done at Georgetown in Washington, DC also highlighted some facts regarding the relationship between academic achievement and non-marital teenager childbearing. While the teenage birth rate has been cut in half over the past two decades, "there are still nearly 300,000 children born to teenage mothers annually" (Thomas and Lou, 2015). This journal highlighted some of the negative outcomes of becoming a teen mother. According to their research, teenage mothers are likely to experience health problems early in life and be incarcerated later in life. There were educational components as well as poverty-stricken concerns that correlated with the research and statistics provided.

This study was based on three novel contributions, "assessing the relationship between teenage childbearing and several different dimensions of academic achievement. In addition, whether the relationship between teenage childbearing and academic achievement varies according to the extent of respondent's behavior problems. Lastly a data set including the personal and family backgrounds that are relevant". The findings in this particular study were impartial to the fact that teen childbearing is impartial to young women with limited education.

While this may be true the results of this study suggest that additional research is needed to see if academic improvements could help reduce teenage childbearing (Thomas and Lou, 2015).

Interview questions:

How old were you when you had your first child and what grade were you in?

Did you have more than one child while in your teens? (Ages?)

Did you have sex education classes prior to getting pregnant?

Did your parents/caregiver ever talk to you about safe sex and teen pregnancy?

What is the highest level of education you completed?

Has your child become a teen parent? At what age? What level of education?

***If yes, did you talk to your child about unprotected sex and teen parenting? ***

Do you feel you would have benefit from additional information regarding parenting at an earlier age? If so, what age would you suggest?

What were your financial, personal and community supports as a teen parent? (Family, church, community organizations, etc.)

The interviews:

The undertone of the interviews were to address being a teen mom and the lack of sex education offered in schools as well as in the home. There was an underlying question of whether or not the cycle had been repeated within family dynamics in later generations. I had the opportunity to interview four women who were teen mothers. There were three women in the same age range whose situations had similarities as well as differences. The one woman who was a little older also had similarities although there was about a 15-20 year difference in age.

When asked their ages when they had their first child and what grade were they in, the answers varied. All of the mothers were aged 18 and under and were in high school at the time or

just completed their last year. With regards to whether or not they had more than one child while in their teens three of four mothers had multiple children in their teens. There were two mothers who had their first two children within a year of each other. Between the four mothers, there was a total of fifteen children that are now either working adults, currently in high school, or elementary aged.

When it came to whether or not these mothers had sex education prior to getting pregnant the answers were split. Two mothers reported to having sex education and health classes prior to conception. While the other two mothers, one due to age didn't have sex education in school and the other mother was a high school dropout and wasn't educated around safe sex or teen parenting. When discussing whether or not their parents ever had the conversation about safe sex and teen parenting the answer was a unanimous no. Although the family dynamics were different for all of the women interviewed. Two women had great relationships with their fathers. One of the women listed her father in her late teens while the other woman close to her father has had a strained relationship with him lately. The other two women did not have relationships with their fathers at all and one had a mother who was deceased at an early age, while the other mother worked multiple jobs, as she was a single mother of six children.

All four of the women had different levels of education from a GED to some college. One mother has started her own small business while working in corporate America. Another mother has decided to return to school and further her education recently completing her medical billing and coding certification and continuing her education to complete her associate and bachelor's programs online. There were two mothers who worked full time jobs to make ends meet and has not pursued higher education.

Regarding whether or not the women interviewed had children who became teen parents there were three of four. One mother has a son who has recently become a teen parent. While there was another mother, whose daughter recently terminated a pregnancy at the age of fifteen-years-old. The woman with older children has a daughter who had a child at nineteen-years-old and the other at 21-years-old. The fourth woman has a sixteen-year-old daughter who she talks to regularly about sex and her sexuality and she does not currently have any children. There was a split between the mothers' responses whether or not they have spoken or plan to speak to their children regarding sex and teen pregnancy.

While all the mothers agreed that, they could have benefit from additional parenting information and pregnancy prevention strategies at an earlier age the age range recommended varied from ages 13 to 15-years-old. The mothers all agreed that earlier interventions and education would be beneficial especially in today's society where everything is over-sexualized. Although many of their children had, some form of health class in school, the focus on teen parenting and pregnancy prevention was not present. As parents who did not have the support at home or school they felt it would be beneficial for their children to have exposure to sex education at an earlier age.

About the supports that these women had during the times they had children, there were different supports for each of them. Some had mothers while others suffered the loss of their mothers early on. A couple had strong relationships with their fathers while others were absent. Other community supports such as the church, community centers, and programs were available for assistance. It was refreshing to hear that in many situations there was a lot of support among siblings and other family members during the teen parenting process.

8) Ground Rules for Social Action

Wronka (2017, p. 301) noted it is important to work toward a human rights culture and beyond with constant caution, remaining vigilant to always seek understanding, tolerance, and friendship among people and nations. There is no set final time when a human rights culture will exist. Social justice requires a constant struggle like dieting. Wronka (2017, p. 301) proposed a list of some ground rules that social activist and human rights defenders might wish to consider as they engage in social action (Wronka, 2007) and service to others. Wronka (2017, p. 302) noted a rule to observe is that one must adopt an attitude that thinking is doing and doing is thinking. Wronka (2017, p. 303) further elaborated on this topic when he noted that symbols and metaphors carried into people's everyday lives can easily influence their thinking and actions, leading to policies and exterminations, like concentration camps and the mass killings in Rwanda, or policies of exploitation, more subtle forms of annihilation through poverty and low wages with no benefits. For example, a metaphor embedded in people's consciousness and public discourse (Wronka, 2017, p. 303) is that young women become mothers to receive welfare benefits, that teenage parenthood is the outcome of sexual promiscuity, or that teen mothers are typically irresponsible or indifferent parents (Banfield, 1974; Luker 1996; Murray 1984; Nathanson 1991; Wilson 2002; and Furstenberg, 2007, p. 4). Furstenberg (2007, p 4) further elaborated that our understanding of teenage childbearing was pervaded from the start by a number of preconceptions about the type of women who are willing to bear children in their teens, the families who permit their teenage daughters to become pregnant, and the men who father the children of teenage women. It would not be an exaggeration to describe these beliefs as embodying a series of misunderstandings about the family lives of poor women, of single mothers, of minority females and males, and even of teenagers more generally. The race, ethnicity, social class, gender, and the age of women who have children in their teens all figure

into a bundle of American cultural beliefs that have dominated public discourse and social policies surrounding teenage parenthood. One 30-year series of Baltimore studies of teenage parents hinted that teenage mothers were not the stereotype previous mentioned. Weiss and Furstenberg (1997) and Furstenberg (2007, p. 46) reported of the unrelenting effort of the Baltimore women to increase their schooling after they had their children in their teens. Most parenting teens were unsuccessful due to limited resources but a few determined souls persisted by utilizing other resources such as free babysitting from their mothers.

9) Social Actions to Affect Change

Wronka (2017, p. 323) noted when engaging in direct nonviolent social action, the scholar/activist has so many things to balance. The obvious being demands of a relationship and/or family, time, and monetary constraints. Where one puts his or her energies is extremely personal. Wronka (2017, p.324) invited the reader to engage in a creative dialogue with any social issue that he or she is passionate about resolving such as security in old age, homelessness, overconsumption, and humanitarian disaster relief are possibilities (NASW, 2009). The passion for the social work authors of this report is that parenting teenagers be afforded the right to an education. The nonviolent social actions to work towards should be aimed to maintain or expand adequate access to educational programs that allows parenting teenagers to complete their high school education and to further their education at institutions of higher learning.

A meta-macro level social action (Wronka, 2008a; Wronka, 2008b) is to start a petition drive to support the ratification of the (CEDAW) by the United States. A macro-level program that will require attention by social worker(s) is the Pregnancy Assistance Fund Expansion Act due to expire in 2019. A social action would be to contact the original author who is Pennsylvanian Democratic Senator Robert P. Casey via an email or letter, similar to one shown

in Appendix B, to encourage him to re-energize his effort to the continuance of this piece of legislation beyond 2019. A mezzo level social action for social workers suggested by Haynes, Karen, and Mickelson (2010, p. 127) is to determine when a hearing for a piece of legislation related to teen pregnancy and education you are interested in will occur. Haynes, Karen, and Mickelson (2010, p. 127) mentioned to develop a position statement and then testify at that hearing. A micro level social action is that social workers can engage parenting teens and their education in individual and group counseling both in and out of the classroom setting. Individual and group sessions can focus on a range of topics such as sharing individual experiences, facilitating their ability to engage with their classmates, skills training, trauma therapy, and unique learning needs of teen mothers (Pelt, 2012). A meta-micro level social action is that social workers engage parenting teens with personalized conversation that connects with them while maintaining a nonjudgmental attitude. Pelt (2012) noted when parenting teen students feel the environment is supportive, they are more motivated to attend school, seek out services, and consider the social worker as yet another expert in the building with whom they can connect.

10) Values, Constraints, and Ethical Issues

As social workers, by nature we come into personal conflict on a daily basis. We must constantly put our personal biases to the side to better serve the communities in which we work. There are many life decisions clients make that we may not agree with, or felt that they could have done differently, but our job is not to cast our beliefs and values on our clients. Our job is to meet them where they are no matter what the circumstance and do the best we can to get them the services and supports they need to hopefully be able to make better decisions for themselves in the future. With this being said, teen pregnancy is a very touchy topic. Mainly, because it one of those things that if you took a poll of individuals fifteen and older, most likely an

overwhelming number would say that being a teen parent was not the path they would wanted for themselves or for their children. However, most of those same people have been, are, or know someone close to them that has been a teen parent.

It is almost to the point that teen pregnancy is becoming as much about educating ourselves about what to do as teen parents and how to support teen pregnancy more than it is about the prevention of teen pregnancy. That in its self is a conflicting value to not just individuals but in our society. When you look at the education system now, there is no sex education, there are barely any health classes, in general, in schools to help address and be proactive to these situations. That constraint mixed with the up rise in the role that social media and media in general play in our society and you now have a situation where our youth are learning more about sex from the internet and their friends than they are in school and through family conversations. Although this is the age of information, with so many different outlets for information, our youth are not always getting the proper guidance they need because not everything you read on the internet is correct these days.

Sex has become an everyday thing. When the members in our group were growing up, sex was a very "adult" topic. It was one of those things that you whispered about around your parents and got embarrassed to talk about around your friends. Sex in our society today is used for everything. It has become something that our society openly embraces. Therefore, with this free mind-set about sex, teens are starting to feel like this is what they should be doing at these young ages. Moreover, there is less and less knowledge of the effects of their actions.

Another ethical issue is the topic of abortions. It is no question that it is unethical to suggest this option to our clients but the reality is for some, this would probably be the best option. No teen should have to bear the responsibility of being a parent, nor are they mentally,

financially, or emotionally prepared for what comes with being a parent. Now if you take into account the mental state of most teens and not to mention of they have any type of mental illness, this task becomes even greater. By no means are we suggesting that abortions should be the answer to all teen pregnancies, but the conversation should be had more to really weigh the pros and cons of a decision to become a parent at such a young age. Research shows that children born to teen parents are overwhelming more likely to repeat the same cycle. The barrier that a lot of teens face with this situation is if it legal for a teen to have an abortion without the consent of a parent. We found it interesting that in the state of Massachusetts a teen needs a parents' consent to have an abortion, but in the state of Connecticut, they do not. The ability to make the decision on their own could be an ethical dilemma in itself. Should teens be able to make that decision on their own before the age of 18, or should they need parent consent? That could be a huge ethical dilemma for a social worker depending on what state you work in and what your stance is on abortions in general.

Writing a grant to find funds to help teen pregnancy and the prevention of teen pregnancies through education and services is very important and necessary. Especially with as we mentioned before, the lack of education and programs in schools on this topic. There are numerous grants out there that are targeted to focus on the needs of the teenage mothers but not enough that focuses on financial assistance to help teenage fathers (CT supports for pregnant and parenting teens [Brochure], N.D). Being a parent is a challenge but when you are young. Our group feels that more grants are needed for including teenage fathers into the curriculum, including fathers is crucial to a child's development.

In order to provide services to clients social workers need to be up to date with pertinent research. Identifying funding sources to assist in designing a curriculum and writing a grant that

is persuasive is relevant to effective social work. This group accessed available grant opportunities by accessing databases like Grants.gov, Foundation Center, and The Grantsmanship Center. These databases focus on grants and grant makers who assist organization in receiving funding for your community. It also includes information resources, consultation, education, and training programs online. General requirements for most grants include submitting an application. It also includes, reference letters, and financial documents that give proof to what is provided is accurate (NASW 2006). It is important to be realistic about the money that is needed, also pay attention to the organization deadlines, and call to follow-up that all documents have been received. Keep in mind that the grant proposal is the most important part of the application because it expresses why the grant is needed and the benefits it will bring to make a difference in the lives of teenage parents.

This group could use technology to help push education and information through social media sites, such as Facebook, and Instagram. Using the mediums, we could start support groups, as well as starting pages to get out prevention and support information to already and expecting teenage parents. Using these outlets would also allow us to easier reach parents of teenage parents and get information to them about how they could support not only their children but also how to handle being grandparents and essentially parents. Using social media to push agendas such as getting more sex education back into schools by starting petitions. Using social media would be a great way to network, inform, and connect with many different people.

11) Relevant policy initiatives

Local

Previously indicated, the Connecticut Department of Education provides a program known as the Support for Pregnant and Parenting Teenagers (SPPT) grant, which operates in the

five districts statewide with the highest rates of teenage pregnancy (Swaby, 2016b). This program more closely resembles the "wraparound services" model that New Haven's Polly T. McCabe Center has recently transitioned to (Swaby, 2016a; Halpern, 2011, February 27). The SPPT grant provides resources to teenage parents within existing comprehensive high schools. These services include family support, referrals to prenatal care services, childcare, and parenting education. "Wraparound services" are wherein teenage parents receive services (such as medical care, counseling, and coordination with social workers) within the schools they already attend, provided by an external source.

State

California Latinas for Reproductive Justice (CLRJ) (2018) is working on a bill that would improve school conditions for pregnant and parenting teens. The measure, AB 302 Lactation Accommodation, would require schools to allow lactating students to bring their breast pumps to schools, store their breast milk, and provide private and secure rooms to deal with any breast-feeding needs.

Florida law requires district school boards to make adequate provisions for pregnant and parenting teenagers to complete the coursework necessary to earn a high school diploma (FLDOE, 2015). Because TAP programs are state entitlement programs, school districts must offer students a choice of educational options that allow the students to earn credit toward a high school diploma at a rate at least commensurate with traditional high school programs. The district school board shall approve the teenage parent program plan and all subsequent amendments prior to reporting students and their children for teenage parent program funding. The (FLDOE, 2015) plan must include agency coordination, specific outcome objectives, evaluation, specific student eligibility criteria, and student admission procedures. Program

operating procedures addressing pregnancy and parenting related curriculum, special strategies specific to this population, equal access for exceptional and limited English proficient students, implementation sites, length of stay in the program for students and their children, and total teenage parent program Full Time Equivalent (FTE) projected for students and their children.

National

The EPE Research Center analyzed these state policies compiled by The National Association of State Boards of Education (Alexis, 2008, April 28). Of the 50 states, 20 have policies that address pregnant or parenting students. These policies differ, but all address the academic or health concerns faced by this group of students. Of the 20 states, only seven have policies that explicitly focus on absence from class. Chronic school absence is an important issue facing todays' pregnant and parenting teens, as many are forced to take extended time off from school for medical reasons concerning themselves or their children (Alexis, 2008, April 28).

Thirteen states have policies addressing other areas for pregnant and parenting students. Six states provide funding guidelines for programs designed specifically for these students. Four states prohibit discrimination against any student on the basis of pregnancy or parenthood. West Virginia provides additional food for pregnant or lactating students, while South Dakota allows schools to offer daycare to enrolled students (Alexis, 2008, April 28).

The National Women's Law Center (NWLC) and several local organizations across the nation are pushing for another critical bill. The Pregnant and Parenting Students Access to Education Act of 2015 would ensure that all teen parents have the legal right to medically documented and necessary time away from school for any reasons pertaining to pregnancy or parenting without facing education punishment (Malone, 2015). Pregnant and parenting teens who choose to continue their education face hostile learning environments in which school

faculty and staff refuse to accommodate their federal Title IX rights, which ensure that student parents can miss school for medically necessary reasons and upon returning should be given time to complete make-up work they may have missed during their absence. If passed, the bill would help improve the public-school learning environments for pregnant and parenting teens who are striving to advance their education but find themselves pushed aside.

Federal

Congressional action on this issue has focused somewhat narrowly on the Adolescent Family Life Program whose fate became linked with the conflicts over the Title X family planning program. Democrats in the Congress, objecting to several of the new features in the 1981 Act, fought to retain the funding levels and federal control over the Title X family planning program. The late Congressman, Mickey Leland, proposed a program that would expand funding of comprehensive services to teen parents. There has been a good deal of congressional interest in the issue of combating the high rates of infant mortality.

Resources

The *National Partnership for Women and Families' Education for Pregnant and Parenting Minors in CA: Educators Companion Guide to the California Pregnant and Parenting Youth Guide* can assist in answering legal questions pertaining to the provision of public education to pregnant and parenting students and is applicable to other jurisdictions. The National Women's Law and Center report (A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students, 2012, June) ranks state laws and recommendations for states and local school districts. The U.S. Department of Education's Office for Civil Rights published a pamphlet on Supporting the Academic Success of Pregnant

and Parenting Students with information and resources on the requirements of schools under Title IX to meet the needs of pregnant and parenting students.

Corporations

As the world's largest bilateral donor in family planning, the United States Agency for International Development (USAID) is committed to promoting and protecting reproductive rights for all people and especially for the world's adolescents and youth. USAID support programs and research on adolescent health and development. Their approaches work to improve knowledge by using, for example, sexuality education and mass media, and to change behaviors, such as ensuring comprehensive sex education is coupled with improved access to contraceptive services. United Nations Fund for Population Activities (UNFPA) formally named the United Nations Population Fund (UNPF) works to address these issues by focusing on the protection and fulfilment of girls' rights. This includes supporting comprehensive sexuality education and sexual and reproductive health care to help girls avoid pregnancy. UNFPA also advocates supporting girls who become pregnant so they can return to school and reach their full potential. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) has released new evidence-based recommendations on the key role education plays in preventing and responding to early and unintended pregnancy (EUP). EUP has detrimental effects on the lives of adolescent girls in terms of health, social, economic and education outcomes. This includes risks of expulsion from school and home, stigmatization by family, vulnerability to violence, greater poverty and maternal death and health complications (United Nations Educational Scientific and Cultural Organization) (UNESCO) (2017).

12) Constructing a Persuasive Argument

Teen mothers are less likely to graduate from high school than their non-parenting peers (Perper, Peterson, and Manlove, 2010, January) which eludes to the metaphor in American culture of creating a welfare queen (Wronka, 2017, p. 37). Egan and Kaufmann (2012, December 17) identified a number of structural barriers that impeded teen mothers from returning to school and graduating despite the Title IX prohibition of sex discrimination that also protects pregnant and parenting teen students. The researchers mentioned an environment of discouragement, punitive absence policies, unequal alternatives, inaccessible homebound instruction, lack of childcare and transportation, and dearth of data. To level the field the U.S. Department of Education is responsible for enforcing several laws that pertain to non-discrimination and equity in education. The U.S. Department of Education's Office for Civil Rights published a pamphlet on information and resources related to the requirements of schools under Title IX to meet the educational needs of pregnant and parenting teen students (United States Department of Education, 2013). When utilized correctly parenting teens can obtain an education that benefits them with better economic security, fair equity, pursuit of liberty, stable general welfare, and freedom of democratic choice to continue towards higher education. Title IX supports Articles 3, 29(2), and 25(1) of the Universal Declaration of Human Rights (United Nations, 1976). Article three states everyone has the right to life, liberty and security of person. Article 29(2) states:

> in the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society (United Nations, 2015).

Article 25(1) states everyone, including parenting teens, has the right to an education.

The macro policies indicated above are in place to promote educational rights for pregnant and parenting teens. Numerous studies support that macro policies must exist to protect the educational rights of pregnant and parenting teens. Studies indicate parenting teens have a higher success of attaining graduation and better economic security when supported by the micro level organizations and schools who do the real micro level activities. For example, Title IX macro protections preclude districts from automatically assigning teenage parents to separate schools or programs unless they have the same educational offerings and experiences available to students in a traditional setting. The challenge of keeping teenage mothers in school has consistently been more successfully met by micro school-based programs (Seitz & Apfel, 1999; Keeping teen mothers in school, 1994, October 13). A study by Williams and Sadler (2001) found evidence that social support and school-based programs that provide counseling, health care, health teaching, and education about child development to pregnant and parenting teens can help to alleviate many of the problems associated with adolescent pregnancy and parenting. Their study reported a 100% success rate was achieved for high school graduation or continuation. In addition, Brownson (2009) found that parenting teen students receiving school-based childcare and support fared better than peers who did not receive these supports. Data from the National Education Longitudinal Study (NELS) listed within research conducted by researchers showed that parenting teens had a total of 11.9 years of education compared to those who had no children and who averaged 13.9 years of education. However, having access to appropriate resources can reduce this 2-year "education penalty" (Melhado, 2007). According to Beutel (2000), education can help to mitigate the negative employment and earnings outcomes. In 2008, workers who possessed a high school diploma or its equivalent earned on average nearly 44% ($10,000) more per year than those who dropped out of high school (Infoplease,

2011). For economic reasons alone, it pays for pregnant and parenting teens to stay in school and graduate.

13) Recommendations

The federal government should substantially increase its investment in effective teen pregnancy prevention programs. Investment in abstinence-only programs that exclude information about contraception wastes precious resources. Adolescents need teen pregnancy prevention strategies and programs that are based on the best, most effective practices as determined by evaluation and research. Effective prevention strategies include accurate, balanced, and realistic sexuality education and youth development. These programs have been proven ineffective in delaying the initiation of sexual intercourse and/or in decreasing sexual risk-taking behaviors among sexually active youth.

While the federal government should increase its funding to prevent teenage pregnancy, the increased investments should not be achieved by cutting expenditures to support families in need. Community engagement including parents and community can also help pregnant and parenting girls to fulfil their right to education and to sexual and reproductive health information and services. Sensitize communities and parents about all aspects related to encourage the education of pregnant and parenting girls, help them to access sexual and reproductive health services, and reduce stigma and discrimination through empathy and support.

Teacher training involving educators through training on appropriate comprehensive sexuality education content and methodology on how to overcome challenges due to social norms around adolescent pregnancy is fundamental to ensuring a sustainable change in the school environment. Ensure that both pre-service and in-service teacher training is provided and that content related to early and unintended pregnancy is integrated in educator training content.

Increasing knowledge and skills to support girls' empowerment, foster behavior change, and prevent adolescent pregnancy. Implement high-quality comprehensive sexuality education for girls and boys including knowledge and skills on pregnancy, pregnancy prevention, contraception, and STIs. Strengthen skills-based education that begins in early childhood and builds confidence, resilience, self-efficacy, and critical skills whilst addressing gender inequality. Focus on youth development and critical decision-making skills for older children and ensure that education is relevant to the realities in their lives is an important foundational approach to prevent pregnancy

Media for education and awareness in addition, the use of media and social media is an effective way to anchor changes in society, as these tools are widely used by adolescents. Consider the wide use of media and social media when trying to reach adolescents and young people. Promoting good policies and practices in the education sector. Enforce child protection policies, which guarantee access to education, health care, and support for all children and young people, regardless of their health status. Eradicate policies and practices that result in the expulsion or exclusion of pregnant girls and teen mothers.

Ensuring the linkages between schools and health services. Facilitate and promote effective linkages between schools and adolescent responsive services, both within and outside the health sector. Girls and boys need the knowledge and confidence to seek and make use of primary and referral level services that provide adolescent responsive care in line with quality standards. In addition, adolescents may need services outside the health sector such as social care and support, vocational training, legal advice, etc. Mechanisms should therefore exist to link schools with those services and ensure that adolescents, including pregnant adolescents and adolescent parents, have easy and timely access to these services.

Strengthen the role of school health services in pregnancy prevention, and in coordinating health and education sector actions to support pregnant adolescents and adolescent mothers to achieve better health and educational outcomes. Strengthening the link between educational institutions and communities to enhance their support for adolescents' use of health services. Parents, guardians, and communities play an important role in adolescent access to, and use of, health services. Without their support, adolescents' use of services may be limited. It is important that schools work with parents, guardians, and other community members and community organizations to enhance their recognition of the value of providing health services to adolescents, and to increase their support for adolescents' utilization of health services.

14) Agencies for Social Action

Locally, with regard to agencies and people that are on the front line promoting change and bringing awareness there is the Massachusetts Pregnant and Parenting Teen Initiative (MPPTI). This organization provides wrap around services for pregnant and parenting teens. They make an effort to provide appropriate medical care, health education as well as social and emotional supports for the entire family affected.

The goals that MPPTI set are to achieve the following:

1.) The teen parents both male and female will graduate with a high school diploma or earn a GED.
2.) The other goal is to delay a subsequent pregnancy for 24 months from the time they enter the program.
3.) Their infant and or children will receive the proper services and education to succeed. This portion of their program focuses on infant care and nurturing skills, life training skills, workforce development and financial literacy.

Previously mentioned, Connecticut has also taken the initiative to create a Support for Pregnant and Parenting Teens grant (SPPT). This is a school based grant program available in five CT school districts. These particular districts have the highest teen pregnancy and dropout rates. These areas are also lower income communities (Bridgeport, Hartford, New Britain, New Haven and Waterbury). The program is available for grades 9-12 and its main goal is to increase school retention and graduation rates.

The two leading agencies involved in creating this support system is the Connecticut State Department of Education (CSDE) and the Connecticut State Department of Public Health and Social Services. The educational component is through the Capital Region Education Center (CREC). The program uses an evidenced based approach for working with parenting students and their children. These models offers flexible quality schooling, case management and family support, links to prenatal care, quality child care, parenting and life skills education and support services as well as father involvement services and supports.

With all the services in place the program's overarching goals are to increase school retention and completion, reduce the risk of course failure, reduce dropouts, reduce second pregnancies, increase prenatal care, increase access to licensed childcare centers as well as access to services for teen fathers. There is a participation agreement and intake form that creates a sense of structure for the teen parents that can be incorporated into their home life. In order to maintain structure in their home lives there are also defined lists of roles for the social worker, home visitor and nurse involved with the teen parents.

On a national level there is a group called Advocates for Youth. The office of Adolescent Health (OAH) has launched a community-wide initiative in 10 communities and 9 states to reduce the rate of teen pregnancy. Surprisingly enough Hartford, Connecticut, Springfield and

Holyoke, Massachusetts were among the top nine cities. They have what is called Youth Leadership Teams (YLT), which consist of young community mobilizers who have become recognized as leaders by their peers and their community due to their efforts and direct involvement with teen pregnancy and prevention issues.

15) Annotated bibliography

Most sources are in the reference section of the report and the reader is encouraged to peruse for further details. Some references are worth noting which include:

Affordable Care Act of 2010, H.R. 3590, 111th Cong. (2010).

CEDAW/C/GC/34. (2016, March 4). General recommendation No. 34 on the rights of rural women. Committee on the Elimination of Discrimination against Women. Retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_7933_E.pdf

Furstenberg, F. F. (2007). Destinies of the disadvantaged. The politics of teen childbearing. New York: Russel Sage Foundation.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104, 110 Stat. 2110.

Pregnant and Parenting Students Access to Education Act of 2015, S. 416, 114th Cong. (2015). Retrieved from https://www.congress.gov/bill/114th-congress/senate-bill/416/all-actions?overview=closed#tabs

Title IX at 45. (2017). Pregnant and parenting students supporting academic success through title ix. Retrieved from https://www.ncwge.org/titleix45/pregnant%20and%20parenting%20students.pdf

United Nations. (1979). Convention on the Elimination of All Forms of Discrimination against

Women. General Assembly resolution 34/180. Retrieved from http://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/CEDAW_1979.pdf

United Nations. (1985). Declaration on the Human Rights of Individuals who are not nationals of the country in which they live. General Assembly resolution 40/144. Retrieved from http://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.26_Declaration%20on%20the%20Human%20Rights%20of%20Individuals%20who%20are%20not%20nationals.pdf

United Nations. (2015). Universal Declaration of Human Rights. Retrieved from http://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf

United Nations Educational Scientific and Cultural Organization (UNESCO). (2017). Education. UNESCO. Retrieved from http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/single-view/news/education_critical_in_preventing_adolescent_pregnancy/

United Nations Human Rights. (1979, December 18). Convention on the Elimination of All Forms of Discrimination against Women New York. Office of the high commissioner. Retrieved from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

United Nations Treaty Collection. (2018). Convention on the Elimination of All Forms of Discrimination against Women. *Treaty series, 1249*, 13. Retrieved from https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&clang=_en

United Nations Women (2009). Declarations, Reservations and Objections to CEDAW. United Nations entity for gender equality and the empowerment of women. Retrieved from https://www.un.org/womenwatch/daw/cedaw/reservations-country.htm

Wronka, J. (2017). *Human rights and social justice: Social action and service for the helping and health professions.* Los Angeles: Sage Publications.

16) Social Actions taken and for future consideration

A meta-macro social action taken was to send letters to Secretary Betsy Devos at the United States Department of Education and to Ambassador Nikki Haley at the United Nations requesting their support for education to pregnant and parenting teens. The following meta-macro social actions require time to implement and are for future consideration. A second meta-macro social action to consider might be sharing of international educational best practices for teen pregnancy and education via briefs published by various respected entities such as the United Nations or the International Federation of Social Workers (IFSW). A third meta-macro social action might be to collect testimonial presentations given at legislative hearings related to educational scenarios of pregnant teens, parenting teens, and social work practitioners who attend or work in various educational facilities. A fourth meta-macro social action might be to review documentation of other case studies to help in the educational planning process for pregnant and parenting teens.

A macro social action taken was to send letters to Commissioner Diana Wentzell at the Connecticut State Department of Education and to Governor Dan Malloy at the Connecticut State capitol requesting their support for education to pregnant and parenting teens. A second macro level social action taken was the posting of links to www.humanrightsculture.org maintained by Dr. Wronka of a You Tube video about the story of human rights located at https://www.youtube.com/watch?v=oh3BbLk5UIQ (Youtube, 2009). The following macro social actions require time to implement and are for future consideration. A third macro social action might be to provide examples to legislators of actual letters written by social work

practitioners that support or hurt various aspects of the educational process for pregnant and parenting teens. A fourth macro social action might be to collect and list various telephone numbers of agencies, legislators, and other important entities that social work practitioners will have access for support, education, and general information related to the educational process for pregnant and parenting teens. A fifth macro social action might be to have dedicated individuals to work one of the social media websites such as Twitter, Facebook, LinkedIn, Xing, Snapchat, and Tumblr. Their job is to encourage a social media presence in support of an education for pregnant and parenting teens. A sixth macro social action might be to collect a list of editors of newspapers with the intent to encourage individual members to write letters to the editor on educational issues affecting pregnant and parenting teens.

A mezzo social action taken was to send a letter to Connecticut Representative John Larson requesting his support for education to pregnant and parenting teens. The following mezzo social actions require time to implement and are for future consideration. A second mezzo social action might be to write a brief position paper no more than two pages on an educational issue affecting pregnant and parenting teens that your organization supports and you think the state legislature should address. Send the paper to your representative and to members of the appropriate committee to ask for their consideration in addressing this problem. Offer to meet with them or their aides to provide more information on the issue. A third mezzo social action might be to list educational entities that violate and discriminate towards pregnant and parenting teens in an effort to shame the entities to follow proper educational practices. In addition, the educational entities will be put on notice to correct their erroneous discriminatory practices against pregnant and parenting teens. A fourth mezzo social action might be to have dedicated

experts to monitor, explain, and provide guidance to pregnant teens, parenting teens, and social work practitioners on issues related to educational regulations.

A micro social action taken was to interview current and former pregnant and parenting teens utilizing a list of questions shown in Appendix C to gage their educational experiences as a parenting teen. The results of the interviews were presented within section seven of this report. The following micro social actions require time to implement and are for future consideration. A second micro social action might be to find a colleague who is interested in learning more about teen pregnancy and education. Attend meetings together on topics of education for pregnant and parenting teens. Compose and divide-up a list of things you both have learned and tasks you both need to learn more about that pertains to education for pregnant and parenting teens. Share the things learned with individuals and families. The tasks you both need to learn is homework to pursue. A third micro social action might be to join a political action committee (PAC). PAC's can be supportive to their members especially in issues that help on education for pregnant and parenting teens. A fourth micro social action might be to volunteer for political campaigns for the sole purpose of developing political contacts. The contacts can be called upon to help with any issues related to education for pregnant and parenting teens.

Meta-micro social actions taken occurred on a personal individual level. The changes we have made within ourselves include being mindful of our interactions and attitudes regarding educational discrimination towards pregnant and parenting teens. We developed awareness of our own biased barriers regarding educational discrimination towards pregnant and parenting teens. We challenge ourselves to step out of comfort zone to try something new such as deep dive research to wrap our heads around the educational challenges faced by pregnant and parenting teens, thematic analysis of interviews with current and former pregnant and parenting

teens or writing letters of support. Our personal meta-micro internal social actions are tied to the values reflected in Article 25(1) of the Universal Declaration of Human Rights that everyone, including pregnant and parenting teens, has the right to education (United Nations, 2015). The following met-micro social actions require time to implement and are for future consideration. A meta-micro social action might be to consider promoting self-help social work groups to share stories and to process good and negative circumstances related to teen pregnancy and education. A second meta-micro social action might be to keep current on political issues that can effect education for pregnant and parenting teens. A third meta-micro social action might be to seek a mentor who is proficient in politics or legal matters to provide guidance in issues related to regulations effecting education for pregnant and parenting teens.

17) What we have learned about the above interventions

We learned much since we commenced working on this assignment. This project has made us more sensitive to pregnant and parenting teens who desire to complete their education but are frustrated by obstacles related to educational restrictions, stigmatism, child care, time constraints, self-care, and limited finances. We learned that this topic is overwhelming and requires a persistent and consistent effort of time to make an impact on it. A challenge with groups similar to ours requires a commitment of time and time is a valuable commodity since each of us have activities that compete for our attention such as working commitments, internships, multiple classes, children, spouses, and self-care. Somehow, we managed to organize ourselves to work around time constraints to accomplish whatever tasks or interventions that required our attention. We adjusted our personal or professional activities to allocate time for group meetings or to complete our assignments. We utilized email, voicemail, and text to remain in contact or pass-on information. We discussed the division of tasks or interventions

between ourselves and sometimes we assumed specific tasks or interventions because of our strong interest for that specific area or we were familiar with the requirements to complete the assignment. We completed as much as we could. Yes, time limited implementation of some our interventions but we did not measure one hundred percent of our success on completion of all interventions. First, our interventions previous indicated were deliberately designed to succeed in increasing awareness and increasing the personal or environmental sensitivity of the topic. Second, our work did good anyway (Wronka, 2017, p. 300) by succeeding to contribute to the knowledge base as we work towards a human rights culture (Wronka, 2017, p. 9) that reflect values in Article 25(1) of the Universal Declaration of Human Rights that everyone, including pregnant and parenting teens, has the right to an education (United Nations, 2015).

18) Working together

Working as a group was a great experience for all of us. We were open to new ideas, diverse viewpoints, and the variety of individuals present within the group. We listened to each other, elicited ideas, and reflected on discussions and outcomes. Our group members have known each other for approximately three years now. Therefore, we trust one another enough to share our own feelings. We were comfortable to self-disclose and be honest yet respectful. Trust also grows as we demonstrated personal accountability for the tasks we have been assigned. We demonstrated support for one another as we accomplished our goals. We exemplified a sense of team loyalty, cheered on the group as a whole, and help whomever were experiencing difficulties. We saw each other not as competitors but as team members.

As adults, we had different responsibilities, the group obviously could not find enough time to meet as much as we wanted to. To make it easier for everyone, we did conference calls, we text, and emailed each other every time we updated the paper. We all showed equal

commitment to our objective. We all took part in deciding how work would be allocated. We acknowledged good contributions from one another. We were able to give constructive criticism to one another and to accept it ourselves. Some of us were good at making sure that everyone knows what is going on than others. We felt comfortable and relaxed with one another.

19) Evaluating our efforts

Our social action project, combined with a mindful workload did impact our daily lives. As we started to see how much pressure we had, we had decided to change our work routine. While we were adjusting to our new routine, trust continued to build, working relations were in place, and the group functioned somewhat like a family. As roles and tasks were clarified, members built on their own strengths, leadership skills, and individual socio-emotional needs. We focused, kept track of time, planned, summarized, explained, researched, edited, presented, and gave each other feedback. We connected to socialization, affiliation, or recognition, and included roles that allow for humor, caring, connectedness, integration, empathy, participation, and ownership. The group moved closer to its goals. Each member took on a role that contributed in some way. At the end of our project, we reviewed our achievements, highlighted strengths and deficits to provide closure, and reinforce the accomplishments.

References

Affordable Care Act of 2010, H.R. 3590, 111th Cong. (2010).

Alexis R. (2008, April 28). State policies toward pregnant and parenting teens. Retrieved from https://www.edweek.org/rc/articles/2008/04/15/sow0415.h27.html

A pregnancy test for schools: The impact of education laws on pregnant and parenting students. National Women's Law Center, June 2012, accessed 25 June 2012, <http://www.nwlc.org/sites/default/files/final_nwlc_pregnantparenting_report.pdf>.

FLDOE. (2015). A resource manual teenage parent programs in Florida school districts. 2015, February. Retrieved from http://www.fldoe.org/core/fileparse.php/5576/urlt/ADA-Teenage-Parent-Program-TAP-FINAL.pdf

Banfield, E. C. (1974). *The unheavenly city revisited.* Boston, Mass.: Little, Brown.

Beutel, A. M. (2000). The relationship between adolescent non-marital childbearing and educational expectations: A cohort and period comparison. *Sociological Quarterly, 41*(2), 297–314.

Boonstra, H. (2002). Teen pregnancy: Trends and lessons learned. *The Guttmacher report on public policy.* http://www.guttmacher.org/pubs/tgr/05/1/gr050107.html

Boonstra, H. D. (2010). New pregnancy assistance fund under health care reform: An analysis. Guttmacher Institute. *Guttmacher policy review, (13)*4. Retrieved from https://www.guttmacher.org/gpr/2010/10/new-pregnancy-assistance-fund-under-health-care-reform-analysis

Bridges and Jerms center for assessment and policy development 2002.

Brindis, C., and Jeremy, R. (1988). Adolescent pregnancy and parenting in California: A

strategic plan for action. San Francisco, CA: Center for population and reproductive health policy, institute for health policy studies, University of California, San Francisco.

Brindis, C. D. (2006). A public health success: Understanding policy changes related to teen sexual activity and pregnancy. *Annual Review of Public Health*, *27*277-295. doi:10.1146/annurev.publhealth.27.021405.102244

Brownson, K. (2009). *Protecting two generations: The need to preserve and expand services for New York City's pregnant and parenting students.* New York: New York Civil Liberties Union. Retrieved from http://www.nyclu.org/files/publications/nyclu_pub_protecting_two_generations.pdf

California Latinas for Reproductive Justice. (2018). Justice for young families issue brief. IMO Media Inc. Retrieved from https://californialatinas.org/

Carter, H. and Glick, P. C. (1976). *Marriage and divorce: A social and economic study.* Cambridge, Mass.: Harvard University Press.

CEDAW/C/GC/34. (2016, March 4). General recommendation No. 34 on the rights of rural women. Committee on the Elimination of Discrimination against Women. Retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_7933_E.pdf

Center for Assessment and Policy Development. (2002a). Improving outcomes for teen parents and their young children by strengthening school-based programs: challenges, solutions and policy implications. CAPD. http://www.capd.org/publication/pdf/policy/pdf

Center for Assessment and Policy Development. (2002b). Creating a coordinated plan and comprehensive system for teen parents and their children; challenges, solutions, and policy implications. CAPD. http//wwww.capd.org/publication/pdf/policy/pdf

Centers for Disease Control and Prevention: *About adolescent pregnancy (CDC) STD Surveillance* updated 2011.

Centers for Disease Control and Prevention: *About adolescent pregnancy (CDC) STD Surveillance* updated 2013.

CT supports for pregnant and parenting teens [Brochure]. (n. d.) Windham, CT: Windham High School. Retrieved from file:///C:/Users/James%20Lacey/Downloads/SPPT%20brochure%202016_FINAL%20(2).pdf

Dalai Lama (2011). The global community. The office of his Holiness the Dalai Lama. Retrieved from https://www.dalailama.com/messages/world-peace/the-global-community

Darroch, J. E. and Singh, S. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family planning perspectives, 32*(1), 14 – 23. Retrieved from Springfield College Babson Library February 12, 2014.

Departments of Health and Basic Education. (2012). Integrated school health policy. Pretoria, South Africa: Author.

East, P. (2009). Adolescent pregnancy, intension, wantedness and regret: Cross-lagged relations with mental health and harsh parenting. *Journal of Marriage and Family*. 167-175. DOI: 10.1111/J.1741-3737.2011.00885x. . Retrieved from Springfield College Babson Library February 10, 2014.

Easterlin, R. (1985). The fertility revolution: A supply-demand analysis. Chicago, Ill: University of Chicago Press.

Education critical in preventing adolescent pregnancy. (2017). Retrieved from http://www.unesco.org/new/en/education/themes/leading-the-international-

agenda/education-for-all/single-view/news/education_critical_in_preventing_adolescent_pregnancy/

Egan, J., and Kaufmann, L. (2012, December 17). A pregnancy test for schools: The impact of education laws on pregnant and parenting students. *National Women's Law Center Title IX.* Retrieved from https://nwlc.org/sites/default/files/final_nwlc_pregnantparenting_report.pdf

Fears, C. S. (2016). Teenage pregnancy prevention: Statistics and programs. Congressional Research Service 20301

Findlaw. (2018). Discrimination in education – Federal laws. Thomson Reuters. Retrieved from https://civilrights.findlaw.com/discrimination/discrimination-in-education-federal-laws.html

Franklin, C. and Corcoran, J. (2000). Preventing adolescent pregnancy: A review of programs and practices. *Social Work 45*(1), 45-52. Retrieved from Springfield College Babson Library, February 10, 2014.

Furstenberg, F. F. (2007). Destinies of the disadvantaged. The politics of teen childbearing. New York: Russel Sage Foundation.

Galanter, S. (2013) Supporting the academic success of pregnant and parenting students under Title IX of the Education Amendments. Washington, DC.

Haines, M. R. and Steckel, R. H. (2000). A population history of North America. Cambridge: Cambridge University Press.

Halpern, J. (2011, February 27). The Miracle of Polly McCabe. *Boston.com.* Retrieved from http://archive.boston.com/lifestyle/articles/2011/02/27/new_haven_school_educates just_one_kind_of_student_pregnant_teens/

Hamilton, B. E., Martin, J. A., Osterman, M. J. K., Curtin, S C., and Mathews, T. J. (2015, December 23). Births: Final data for 2014. *National Vital Statistics Reports, 64*(12), Table 2.

Ibid., Table 15.

Hamilton, B. E. and Ventura, S. J. (2012, April). Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. *NCHS Data Brief, no. 89,* p. 3.)

Hareven, T. K. (1994). Recent research on the history of the family in *Time, Family and Community: Perspectives on Family and Community History,* edited by Michael Drake. Buckingham, U.K.: Open University Press.

Haynes, S., Karen, E., and Mickelson, S. (2010). Affecting change: Social workers in the political arena, 7th ed. California State University, California State University San Marcos.

Holcombe, E., Peterson, K., and Manlove, J. (2009, March). Ten reasons to still keep the focus on teen childbearing, *Child Trends*.

Infoplease. (n. d.). Median annual income, by level of education, 1990–2008. Retrieved from http://www.infoplease.com/ipa/A0883617.html

Keeping Teen Mothers in School. (1994, October 13). Article. Baltimore sun.com

Kirby, D. (2011). Sex education: access and impact on sexual behavior of young people. *United Nations expert group meeting on adolescents, youth and development. Population division department of economic and social affairs United Nations Secretariat.* UN/POP/EGM-AYD/2011/07. Retrieved from http://www.un.org/esa/population/meetings/egm-adolescents/p07_kirby.pdf

Kirby, D. (2000). Research finding on programs to reduce teen pregnancy and

sexually transmitted disease*, Emerging Answers*, 151-158. Retrieved from Babson Library Springfield College 3/2/14.

Kost, K. and Henshaw, S. (May 2014). U.S. teenage pregnancies, births and abortions, 2010: National and state trends by age, race and ethnicity, Guttmacher Institute.

Luker, K. (1996). *Dubious conceptions: the politics of teenage pregnancy.* Cambridge, Mass.: Harvard University Press.

Malone G. (2015, June20). High schools need to support teen mothers. Retrieved from http://america.aljazeera.com/opinions/2015/6/high-schools-need-to-support-teen-mothers.html

Melhado, L. (2007). Teenage parents' educational attainment is affected more by available resources than by parenthood. *Perspectives on Sexual and Reproductive Health, 39*(3), 184–185.

Miller, B.C. (2010). The timing of sexual intercourse among adolescent: Family, peer and other antecedents. *Youth and Society, 29*(1), 55-83.

Minnick, D.J. and Shandler, L. (2010). Changing adolescent perceptions on teenage pregnancy. *Children & Schools, 33*(4), 241 – 248. Retrieved from Springfield College Babson Library, February 10, 2014.

Murray, C. (1984). *Losing ground: American social policy.* New York: Basic Books.

Nathanson, C. (1991). *Dangerous passage: The social control of sexuality in women's adolescence.* Philadelphia, Penn.: Temple University Press.

NASW (2006) Small business grant writing can be big business. NASW. Retrieved from https://www.nasw.org/article/small-business-grant-writing-can-be-big-business

NASW. (2009). *Social work speaks (8th ed.): National Association of Social Workers Policy*

Statements 2009-2012. Washington, D.C.: NASW Press. The section we focused on in this book was on homelessness, it was a great overview of the background, history, policy for social workers, and more. It summarizes the micro, macro, and mezzo interventions and policies that need to be fought for. This is a great book to get acquainted with many different social work concerns and issues.

National Association of Social Workers. (2012). *Social work speaks (9th ed.): NASW Policy Statements 2012-2014*. Washington, DC: NASW Press.

National Campaign to Prevent Teen and Unplanned Pregnancy. (2012, July). Why it matters: Teen childbearing, education, and economic wellbeing.

Ibid., (2013, December). Counting it up—The public cost of teen childbearing: Key Data.

Ibid., (2014). *National Day 2014.* Retrived from http://thenationalcampaign.org/event/national-day-2014.

National Women's Law Center (NWLC) (N. D.). Pregnant and parenting students. Retrieved from https://nwlc.org/issue/pregnant-parenting-students/

National Women's Law Center (NWLC) (2011). Pregnant and parenting students' Rights: FAQs for College and Graduate Students. Retrieved from https://nwlc.org/resources/pregnant-and-parenting-students-rights-faqs-college-and-graduate-students/

Norwegian Agency for Development Cooperation (NORAD). (2017, July 9). Girls' education. NORAD. Retrieved from https://www.norad.no/en/front/thematic-areas/education/girls-and-education/

Pearson, E. H. (2018). Colonial teenagers. [Web log post]. Retrieved from http://teachinghistory.org/history-content/ask-a-historian/24098

Pelt, J. V. (2012). Keeping teen moms in school-A school social work challenge. *Social Work*

Today, 12(2), 24. Retrieved from http://www.socialworktoday.com/archive/031912p24.shtml

Perper, K., Peterson, K., and Manlove, J. (2010, January). Diploma attainment among teen mothers. *Child Trends Fact Sheet, Publication #2010-01.* Retrieved from https://www.childtrends.org/wp-content/uploads/2010/01/child_trends-2010_01_22_FS_diplomaattainment.pdf

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104, 110 Stat. 2110.

Persons. (2011, July). An introduction to macro practice in social work.

Pregnant and Parenting Students Access to Education Act of 2015, S. 416, 114th Cong. (2015). Retrieved from https://www.congress.gov/bill/114th-congress/senate-bill/416/all-actions?overview=closed#tabs

Right to Education Project. (1979). Right to education initiative. Retrieved from http://www.right-to-education.org/

Ibid. (1979). Convention on the Elimination of All Forms of Discrimination against Women. Retrieved from http://www.right-to-education.org/resource/convention-elimination-all-forms-discrimination-against-women.

Rosengard, C., Pollack, L., Weitzen, S., Meers, A., Phipps, M. (2006). Concepts of the advantages and disadvantages of teenage childbearing among pregnant adolescents: A qualitative research. *Pediatrics.* http://pediatrics.aappublications.org/content/118/2/503.short

Santelli, J. S., and Melnikas, A. J. (2010). Teen fertility in transition: Recent and historic trends in the United States. *Annual Review of Public Health 2010, 31,* 371-383.

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., and Singh, S. (February, 2015). Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *Journal of Adolescent Health, 56*(2), 223-230.

Seitz, V., & Apfel, N. H. (1999). Effective interventions for adolescent mothers. *Clinical Psychology: Science and Practice, 6*(1), 50–66.

Shatz, N. (2015, June 17). Why don't we have family leave policies for high school students? [Blog post]. Retrieved from https://www.huffingtonpost.com/naomi-shatz/why-dont-we-have-family-l_b_7081752.html

Swaby, A. (2016a, September 22). Polly McCabe Transformed. New Haven Independent. Retrieved from http://www.newhavenindependent.org/index.php/archives/entry/polly_mccabe_mainstream/

Swaby, A. (2016b, April 7). School shrinks as teen moms mainstream. *New Haven Independent.* Retrieved from http://www.newhavenindependent.org/index.php/archives/entry/polly_mccabe/

Taylor, M., Jinabhai, C., Dlamini, S., Sathiparsad, R., Eggers, M. S., and De Vries, H. (2014). Effects of a teenage pregnancy prevention program in KwaZulu-Natal, South Africa. *Health Care for Women International, 35,* 845–858, Taylor & Francis Group, LLC DOI: 10.1080/07399332.2014.910216

Title IX at 45. (2017). Pregnant and parenting students supporting academic success through title ix. Retrieved from https://www.ncwge.org/titleix45/pregnant%20and%20parenting%20students.pdf

Thomas, A., and Lou, C. (2015, July 01). New evidence on the relationship between academic

ability and nonmarital teen childbearing. *Child trends.* Retrieved from https://www.childtrends.org/publications/new-evidence-on-the-relationship-between-academic-ability-and-nonmarital-teen-childbearing-2/

United Nations. (1969). *International Convention on the Elimination of All Forms of Racial Discrimination.* Retrieved March 1, 2014 from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx The U.S. has ratified this instrument that clearly states that all forms of racial discrimination acts would not be tolerated or practiced in our society.

United Nations. (1976). *International Convention on Economic, Social and Cultural Rights.* Retrieved March 1, 2014 from http://www.ohchr.org/Documents/ProfessionalInterest/cescr.pdf . This instrument builds on the principles of the Universal Declaration of Human Rights and focuses on the economic, social, and cultural rights and security needs of all people.

United Nations. (1976). *International Convention on Civil and Political Rights.* Retrieved March 2, 2014 from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx . This instrument speaks to recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.

United Nations. (1979). Convention on the Elimination of All Forms of Discrimination against Women. General Assembly resolution 34/180. Retrieved from http://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/CEDAW_1979.pdf

United Nations. (1985). Declaration on the Human Rights of Individuals who are not nationals of

the country in which they live. General Assembly resolution 40/144. Retrieved from http://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.26_Declaration%20on%20the%20Human%20Rights%20of%20Individuals%20who%20are%20not%20nationals.pdf

United Nations. (1989). *Convention on the Rights of the Child.* Retrieved February 27, 2018 from http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf The U.S. has signed but not ratified the Convention on the Rights of the Child. This instrument aims to protect and promote the rights of all children around the world.

United Nations. (2015). Universal Declaration of Human Rights. Retrieved from http://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf

United Nations Educational Scientific and Cultural Organization (UNESCO). (2017). Education. UNESCO. Retrieved from http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/single-view/news/education_critical_in_preventing_adolescent_pregnancy/

United Nations Human Rights. (1979, December 18). Convention on the Elimination of All Forms of Discrimination against Women New York. Office of the high commissioner. Retrieved from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

United Nations Treaty Collection. (2018). Convention on the Elimination of All Forms of Discrimination against Women. *Treaty series, 1249*, 13. Retrieved from https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&clang=_en

United Nations Women (2009). Declarations, Reservations and Objections to CEDAW. United

Nations entity for gender equality and the empowerment of women. Retrieved from https://www.un.org/womenwatch/daw/cedaw/reservations-country.htm

United States Department of Education (2013). Office for civil rights. Supporting the academic success of pregnant and parenting students under Title IX of the Education Amendments of 1972. Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf

United States Department of Health & Human Services (2016, July 23). Office of adolescent health. About Pregnancy Assistance fund (PAF). Retrieved from https://www.hhs.gov/ash/oah/grant-programs/pregnancy-assistance-fund/about/index.html

Urban Institute. (2008). Kids having kids: Costs and social consequences of teen pregnancy, edited by Saul D. Hoffman and Rebecca A. Maynard, (second edition).

Weiss, C. O., and Furstenberg, F. F. (1997). Schooling together: Mutual influences on educational success of teenage mothers and their children. Presented to the annual meetings of the Society for Research on Child Development. Washington, April 1997.

Williams, E. G. and Sadler, L. S. (2001). Effects of an urban high school-based child care center on self-selected adolescent parents and their children. *Journal of School Health, 71*(2), 47–52.

Wilson, J. Q. (2002). *The marriage problem: How our culture has weakened families.* New York: HarperCollins.

Wronka, J., (2007*)*: *An Advanced Generalist/Public Health Model and Whole Population Approaches to Human Rights and Social Justice,* 1-19, 177- 179. Holding a nation truth commission as a social action strategy: An example from the poor people's economic human rights campaign 2006.

Wronka, J. (2008a). *Human rights and social justice: Social action and service for the helping and health professions*. Thousand Oaks, CA: Sage Publications. Dr. Wronka addresses all of the necessary steps for social workers and other professionals in the helping and health professionals who are interested in creating a culture of human rights based on best practices and fundamental respect for human dignity and worth. Implications that influence all levels of social work practice are discussed from meta macro to meta micro. Social workers and other helping and health professionals are challenged to examine their core beliefs about justice and to actively engage in the struggle of social justice.

Wronka, J. (2008b). *Human rights and social justice: Social action and service for the helping and health professions*. Newbury Park, CA: Sage.

Wronka, J. (2009). *Human rights and social justice: Social action and service for the helping and health professions.* Los Angeles: Sage Publications.

Wronka, J. (2017). *Human rights and social justice: Social action and service for the helping and health professions.* Los Angeles: Sage Publications.

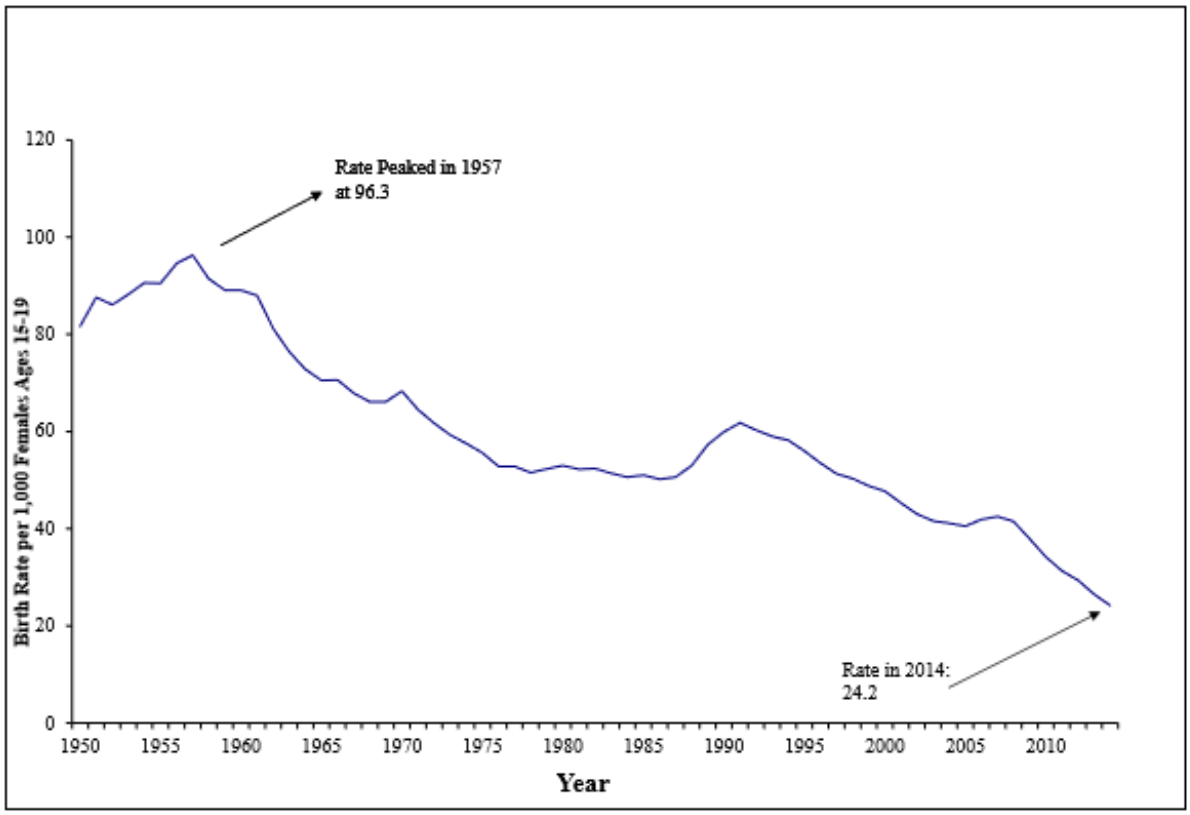
Youtube (2009). The story of human rights. *Youth for human rights.* HumanRights.org Retrieved from https://www.youtube.com/watch?v=oh3BbLk5UIQ

Zellman, G.L. (1982). Public school programs for adolescent pregnancy and parenthood: An assessment. *Family Planning Perspectives, 14*(1), pp. 15-21, Guttmacher Institute, DOI: 10.2307/2134799

Appendix A

Table 1 Teen Birth Rates.

Figure 1. Teen Birth Rates (Ages 15-19), 1950-2014



Source: Chart prepared by the Congressional Research Service (CRS), based on data from the National Center for Health Statistics, Department of Health and Human Services (HHS).

Note. Adapted from "Teen Birth Rates," by C. S. Fears, 2016, *Teenage Pregnancy Prevention: Statistics and Programs*. p. 3. Copyright 2016 by Congressional Research Service

Appendix B

Table 2 Sample Letter of support for Title XI related to pregnant and parenting teens.

Springfield College
School of Social Work
263 Alden Street
Springfield, Massachusetts. 06010

03/05/2018

Connecticut State Department of Education
Commissioner Dianna R. Wentzell, Ed. D.
165 Capitol Avenue
Hartford, CT 06106-1630

Dear Ms. Wentzell,

My graduate student peers and I are writing to ask that you support education initiatives that support Title XI of the National Education Act that protects pregnant and parenting adolescents from discrimination in the public schools, denial of access to education, and exclusion from participation in school activities because of pregnancy or parenting.

We can no longer afford to turn our backs on the systemic pressures faced by pregnant and parenting adolescents in our high-stakes education system and culture. The negative effect of an adolescent pregnancy on educational attainment and future employment and earning power is well documented. Adolescent mothers complete high school at much lower rates and go on to college less often than do their childless contemporaries. There is a link between completing high school and college and income stability.

We specifically request that you take action to continue your support of education initiatives that support Title XI of the National Education Act that protects pregnant and parenting adolescents from discrimination in the public schools, denial of access to education, and exclusion from participation in school activities because of pregnancy or parenting.

According to the National Vital Statistics report in 2014, nationally, teen birth rates have declined by an impressive 61 percent since the early 1990s. A data brief by the National Center for Health Statistics in 2016 reported that Connecticut and Massachusetts are two of 17 states that had a 50% decline in teenage birth rates in all urban counties between 2007 and 2015. Yet it is still the case that roughly one in four girls in this country will become pregnant before the age of 20. According to the Centers for Disease Control and Prevention, the U.S. teen pregnancy rate is substantially higher than in other western industrialized nations and racial/ethnic and geographic disparities in teen birth rates persist. Adolescent parenting has a disproportionate effect on those already in poverty and can serve as a tie to that income status over the longer

term. According to the Guttmacher Institute in 1999b, p. 4, adolescent mothers in the United States are much more likely to come from poor or low-income families. According to the National Campaign to Prevent Teen Pregnancy in 2002, adolescent mothers have an increased likelihood of ending up on welfare, with almost one-half receiving welfare benefits within five years of the birth of their first child. Adolescent pregnancy has long had a generational effect, with 22 percent of daughters of adolescent mothers being more likely to go on to become adolescent parents themselves. The sons of adolescent mothers are also disadvantaged, with 13 percent more likely to end up in prison.

This issue is important to us because in pursuit of our masters' degree in social work at Springfield College, my graduate peers and I have encountered either, personally or professionally, many who struggled as adolescent teens to complete their education. We repeatedly heard stories of no flexibility to complete homework, study, make-up classes, lack of adequate childcare, and transportation issues.

You are empowered with the capacity and privilege to make a difference. We urge you to take the necessary steps and to continue your support of education initiatives that support Title XI of the National Education Act that protects pregnant and parenting adolescents who can benefit from an education that supports them in becoming whole individuals who will flourish into healthy, bright, and contributing citizens of the 21st century.

Thank you for your time. We hope that we can count on you for your support. We look forward to hearing back from you in the coming weeks. If we don't hear from you, we will contact you.

Regards,

Janira Parks

Cassandra Luc

James Lacey

Appendix C

Table 3 Interview questions for research paper in Social Policy III class spring 2018.

1. At what age did you have the baby and what grade? Did this effect your education?
2. Before you were pregnant with your baby, did you have health insurance?
3. Thinking about before you gave birth, how did you feel about being a parent?
4. Were there any educational programs or supports to help with becoming a mother?
5. When you got pregnant with your baby were there any barriers to resources and your education?
6. How many weeks or months were you when you first sought prenatal care if any?
7. When you got pregnant with your baby, were you trying to get pregnant?
8. Are you currently in school or working? If working, during or before your pregnancy how many people depended on your income?
9. What method of birth were you using when you got pregnant? Where did you receive these contraceptives (i.e. condoms, birth control, contraceptive patch, contraceptive shot)
10. With scheduling and priorities, what would you tell a teenage mother with your experience?