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Social Workers' Experiences with Pregnant and Parenting Teens in Alabama

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Luanne Washington-Woods

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2020

Abstract

Social Workers' Experiences with Pregnant and Parenting Teens in Alabama

by

Luanne Washington-Woods

MS, Alabama A & M University, 2014

BS, Miles College, 2013

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2020

Abstract

Among western industrialized countries, the United States has the highest teen birth rate; Alabama ranks 9th in the nation. Teen pregnancy and parenting often lead to financial, social, and health problems. The purpose of this action research project was to capture the experiences of social workers who work with pregnant or parenting teens in Alabama, including perceptions of Alabama's opt-out policy for sexual education and strategies used to address teen's beliefs, attitudes, and values about sexual behavior. Social learning theory was the theoretical framework. Data were collected through a focus group of 12 social workers with practice experience working with pregnant or parenting teens. By using thematic analysis, 4 themes were identified, including addressing teen's perception of pregnancy as glamorous and increasing education, support, and resources for this population. By using the recommendations outlined in the study, social workers may be better able to assist pregnant or parenting teens as well as address the risk factors associated with teen pregnancy.

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Dedication

This research proposal is dedicated to two of the greatest people I have ever known in my life, my late father, Benny Washington, Sr., and my 92-year-old mother, Emma Washington-Evans. Although my parents were not able to finish high school, they instilled in me the importance of attaining an education. My parents taught me the value of perseverance and to always trust God. As I achieved this doctoral degree, I often had to draw on values of determination, tenacity, and compassion taught by my parents early in my life. My father would often say, “Hard work will pay off after while; if you, just keep on working, your payoff certainly will be GREAT”!!

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Last but not least, I would like to acknowledge and thank my husband, James Woods. I am grateful that God placed such a wonderful, thoughtful, and supportive individual in life. Thank you for your support and encouragement. You often stayed up late nights as I studied and have always been my most prominent advocate. Thank you, James, for assisting me by giving me time and space to complete this project. Without your continuous attention and support, this project may not have been completed.

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Section 1: Foundation of the Study and Literature Review

According to the Center for Disease Control [CDC], 2017), Alabama continues to be ranked ninth in the nation with an increased national rate for sexually transmitted diseases. Also, as reported by the Alabama Department of Public Health (2017), half of Alabama's teens are sexually active despite the Alabama law regarding abstinence-centric sexual education. This action research captured 12 social workers' understanding and experiences of working with sexually active teens who are either pregnant or teen parents. The project is a qualitative research where 12 social workers were able to speak on their experiences and gave their viewpoints regarding issues faced by pregnant teens and teen parents.

The collection of data included a focus group of 12 social workers who are employed by the State of Alabama Department of Public Health. This project allowed the social workers to give their perspective on how teens deal with ongoing life changes and challenges after the birth of their child. Also, the project drew on the social worker's perspective on how to improve support and services for pregnant teens and teen parents along with giving their opinions on ways to increase the teens' understanding of how support and care can be improved before and after pregnancy.

Although many states in the United States have seen an all-time low in teen pregnancy, Alabama has seen an increase (Kost & Stanley, 2014). This project showed what the social workers perceive as the root problem and types of strategies that may work best when implementing programs to prevent teenage pregnancy. The findings of this study may be used to provide suggestions that may lead to a positive social change through services geared toward higher educational attainment and better employment

opportunities in the community along with discovering options to reduce stigmas of worthlessness, shame, and humiliation regarding teen pregnancy.

The overall organization of Section 1 includes the foundation of the study. In the problem statement section, details are given regarding the role social workers take in trying to reduce teen pregnancy. In the purpose statement and research questions section, the purpose of the research was addressed along with the questions addressed in the study. The nature of the doctoral project section includes the design of the study and provide the logical basis of why action research is the best method to understand the experiences and perceptions of social workers engaged with this population. The next section of the paper is the significance of the study. In the next section, I identified potential contributions that assisted in the advancement of social work knowledge and types of positive social change that may develop from the study along with explaining why this doctoral study is important to the field of social work practice, research, and policy. The theoretical and conceptual framework section explains what theory was used and why. The values and ethics section identified the values and principles of the NASW Code of Ethics (2017) that are related to teen pregnancy and teen parenting. The paper also includes an academic literature review section. The academic literature review section gives a justification of why specific databases were used along with key terms and explanations as to types of literature and sources selected. The section ultimately provided an exhaustive review of the literature related to the problem and social work practice with pregnant and parenting teens.

Problem Statement

American teens between the ages of 15 to 19 years old have the highest pregnancy rate among all industrialized nations (Boonstra, 2012). Although studies show that there is a decline in teen pregnancy in America, one in every four teens will become pregnant before reaching the age of 20, and one in six will have a second child before age 24 (Boonstra, 2012). Over 750,000 teen pregnancies are accounted for every year in America, and many of these teen girls drop out of school (Boonstra, 2012). Each year over 50 % of pregnant teens drops out of school compared to 10% of nonpregnant teens (VanPelt, 2012).

With school dropout being a prevalent challenge on a national level amongst teen parents, prioritizing prevention programs are important (Rosenberg et al., 2015). Many teens face criticism and discrimination during and after pregnancy. According to VanPelt (2012), many pregnant teens feel left out of typical high school activities due to criticism or discrimination, which may lead to school dropout. As reported by Diaz and Fiel (2016), on a national level, teen parents are often faced with negative effects regarding earning substantial pay and the ability to attain stability. According to Diaz and Fiel, teen pregnancy often forces the teen to sacrifice training and education, which leads to low achievement. There have been many studies conducted that show lower levels of socioeconomic attainment of teen parents versus teens with no children (Gelfond, Dierschke, Lowe, & Plastino, 2016). Diaz and Fiel (2016) reported that teens with children are less likely to finish high school or attend college because of extra responsibilities. Not only does this cause economic disparities, but it may affect other generations (Diaz & Fiel, 2016). Children of teenage parents are more likely to have

lower cognitive skills and are more likely to become mothers in their teens (Diaz & Fiel, 2016).

With the increase in sexually active teens, there is a serious need for social workers to work in collaboration in trying to prevent teen pregnancy, which ultimately may lead to a lack of financial support, emotional crisis, medical complications, the risk of increased destitution, and lack of literacy (Kost & Stanley, 2014). As reported by Wright, Duffy, Kershner, Flynn, and Lamont (2015), teen pregnancy and teen parenting can lead to financial, social, and health problems not only for families but also for communities and states. This social problem can affect teen parents' and families' future earning potential and finances (Wright et al., 2015). Assisting teens to make the appropriate choices during their adolescent years can lead to fewer challenges and better choices that can impact them for a lifetime.

The Guttmacher Institute found that over 750,000 teens would become pregnant each year, and 500,000 of these pregnancies are unintended (Kost & Maddow-Zimet, 2016). According to the Centers for Disease Control and Prevention, the cost of teen birth has been reported to cost 9.4 billion yearly in providing health care, incarceration, foster care, and could have been considerably higher if family planning services were not available (Finer & Zolna, 2016). The cost has been related to negative consequences such as public health care cost, welfare cost, prison cost, emotional cost, and loss of tax revenue (Kost & Maddow-Zimet, 2016). Health care costs alone can amount up to $10,000 to $15,000 for each birth (Finer & Zolna, 2016). Not only does the teen experience financial cost, but there is an emotional and physical cost tagged to teen pregnancy. According to Finer and Zolna (2016), many teens suffer emotionally strained

relationships with their parents as well as with friends and the newborn's father. The teen is more likely to experience problems with their pregnancy because of the immaturity of the teen, along with potential financial strains having a child at a young age (Finer & Zolna, 2016).

Wright et al. (2015) reported that due to social and environmental factors, all teens are at risk when it comes to pregnancy due to teens having increased freedom and autonomy coupled with poor decision making. Three out of every 10 American teens will become pregnant before the age of 20 years, immediately posing consequences with long-term complications (Wright et al., 2015). According to the National Health Information Center (2013), children who are born to teen parents face more challenges than children born to older parents. The children face challenges of having fewer opportunities, more inadequate education, and more health problems (National Health Information Center, 2013).

On a local level, despite Alabama having a 59% decline in the teen birth rate between the years of 1991 and 2015, it continues to be ranked the 10th highest in the United States (Millner, Mulekar, & Turrens, 2015). The Alabama Department of Public Health in 2015 concluded that in one county, over 579 teen births were reported (Millner et al., 2015). Also, the report indicated that teens in Alabama are more sexually active in grades 9 through 12 compared to states who have a lower birth rate (Millner et al., 2015).

Purpose Statement

The purpose of this project is to understand the experiences of social workers who work with pregnant teens or parenting teens in Alabama. The objective of the project is to discover innovative ways social workers are addressing the problem of teen pregnancy

in Alabama through the experience of 12 social workers located in Alabama. Also, the purpose of my research project is to understand better what strategies the social workers perceive as best in addressing beliefs, values, and attitudes about teens' sexual behavior that possibly could result in teen pregnancy and how these relate to evidence-based practice. The social workers provided ideas for plans and activities they felt addressed factors associated with teen pregnancy. By disseminating the project's findings, I hoped to increase the public's awareness and knowledge of assets and resources that are available for addressing teen pregnancy more effectively. This doctoral study is needed because many youths in Alabama are faced with unplanned pregnancies and may drop out of school with few to no resources or support. This project is a collaboration of social workers discussing ideas that they felt enhanced programs that already exist. The social workers were asked to expound on their experiences in helping teens discover their life's goals, dreams, and values.

Research Questions

The project focused on three primary questions.

RQ1: What are the experiences of social workers when working with pregnant teens and teen parents in Alabama?

RQ2: What strategies have social workers used to address teens' beliefs, attitudes, and values related to sexual behavior and pregnancy?

RQ2.1: How are these strategies related to evidence-based practice?

RQ3: What are social workers' perceptions regarding the impact of the opt-out policy in the state of Alabama on their work with pregnant and parenting teens in Alabama?

Definitions

To better understand the research project, the following key concept is defined:

Teen: The project focused on teens age 10-19 years. According to the Alabama Department of Public Health, the national level of birth rates is based on teens ages 15-19 years, but in Alabama, the birth rates are based on teens ages 10-19 years (United States Department of Health and Human Services, 2018).

Teen pregnancy rate: The number of teen pregnancies per 1,000 teens (United States Department of Health and Human Services, 2016).

Teen birth rate: The number of teen births per 1,000 teens (United States Department of Health and Human Services, 2016).

Even though teen pregnancy is declining, birth rates continue to be high in certain Alabama neighborhoods, and within certain groups. This study is important because it allowed the social workers to expound on their experiences in addressing new strategies in hopes of bridging gaps in preventing teen pregnancy in Alabama. This project was a collaboration of social workers discussing ideas they may help enhance programs that already exist. The social workers were able to discuss different techniques for teaching teens and teen parents how to build healthier relationships, successful ways for combating peer pressure, and expounded on consequences involved in birthing a child at a young age. The social workers were being asked about their experiences in assisting teens in discovering their life's goals, dreams, and values.

Nature of the Doctoral Project

The approach used for this project is action research. In using action research, I was able to ask social workers about their experiences and what strategies they have used

to address the teens' beliefs, attitudes, and values as related to sexual behavior and pregnancy. According to McNiff and Whitehead (2010), action research, also known as participatory action research (PAR), is a community-based study that would improve practices and conditions. This participatory action research was a cooperative inquiry that may lead to improved conditions and practices (McNiff & Whitehead, 2010). The social workers were asked to speak on their informal observations of pregnant teens and judgments about what would bring about a change in the specific contexts (Stringer, 2007).

The action research project focused on how 12 social workers defined their experiences with pregnant and parenting teens as well as offer an opportunity to collaborate about what programs and strategies work best with pregnant and parenting teens in Alabama. In the focus group, the social workers discussed their experiences and what they believe are effective strategies used to address the teens' beliefs, attitudes, and values as related to their sexual behavior and preventing teen pregnancy. The social workers were asked to speak about their experiences in assisting teens in discovering their life's goals, dreams, and values. Through this project, the social workers were able to give better ideas of teaching teens, what techniques are best in combating teen pregnancies, what consequences are involved in birthing a child at a young age, and the ability to recognize what is considered as a healthy or unhealthy relationship. According to Kost and Henshaw (2012), there is no single approach discovered thus far to prevent teen pregnancy successfully. Additionally, the group was interviewed regarding what they believe are consequences of teen pregnancy and what approaches they feel offers

comprehensive prevention. The group participants were asked to give their perspective on what impact teen pregnancy has on the teen mother's life and the mother's family.

In the state of Alabama, there is an "opt-out" policy that allows parents to decide whether they will allow their children to participate in sex education. This group of social workers was asked to give their perceptions about how this policy impacted their work when addressing teen pregnancy.

By using action research, the social workers were able to collaborate, discuss strategies, and record their findings in a way that would be understandable by other social workers as well as teens (Stringer, 2007). Also, by using action research, the study made suggestions to assist the community as to becoming more aware of how to access teen pregnancy prevention programs, the proper use of contraceptives, the development of positive role models, and adequate communication skills (McNiff & Whitehead, 2010).

The data analysis and data collection were developed in an interactive process. The research project collected data from the focus group by selecting a site, developing a protocol, conducting focus group discussions, analyzing and applying data that has been collected as recommended by Clandinin and Coneely (2004). There was an audio recording of the focus group. Consent was obtained from social workers to use their information in the project. The data consisted of email correspondence, flyers, notes, and the results of questions asked of the participants. The notes included the social workers' views and conversations regarding teen pregnancy along with details of personal insights. One other type of data was be emailed. According to Stringer (2007), correspondence between the participants and I can be critical in capturing relevant points and planning information. I organized the data along with examining and categorizing key themes. I

was able to determine if data received from the social workers had a meaning, uncovered patterns, and constructed conclusions. I sought to find out if social workers felt that the opportunity exists for providing the youth in Alabama with the appropriate skills and education.

The Significance of the Study

Every year the federal government spends millions on abstinence programs in Alabama. One program, in particular, received $1,357,675in federal funds under the Title V Abstinence Education Program (Jones & Jerman, 2014). According to Alabama Public Health (2017), in 2016, Alabama's Abstinence Education Program (AAEP) was developed to provide effective sex education programs that teach students to make better choices and to provide students with skills to prevent negative outcomes. With this project and the collaboration of different social workers, new discussions and ideas were developed to enhance programs such as AAEP.

This project is significant for the field of social work practice, research, and policy because it gave effective approaches that can be used in delivering accurate information to teens regarding pregnancy prevention. As reported by Kost and Henshaw (2012), teen pregnancy has a tremendous impact on negative consequences on whether teens will be successful in completing high school and being successful. Additionally, Kost and Henshaw reported that many pregnant teens and teen parents have a challenging time envisioning a positive future, concrete education, or successful employment goals. The project allowed the social workers to discuss what they feel are effective strategies used to address the teens' beliefs, attitudes, and values about completing high school and consequences if high school is not completed.

Implications for positive social change laid within the social workers creating a framework that they felt empowered teens to make the right decision of having sex at the appropriate time and not allowing peers or others to force them into unwanted sexual acts. Klauss, Dooley, Hathaway, Vollett-Krech, and Yoxthimer (2014) reported that school-based programs should teach teens a moralistic ideology to remain abstinent until marriage. The social workers were able to present important developments that they feel worked in the prevention of teen pregnancy based on programs in schools. In the event the teen is already parenting, the social worker provided information on programs that offer teens to complete their education along with receiving free childcare. In addition to empowering teens, the social worker gave their opinion on support systems and how it impacts social change. Klauss et al. stated that a reliable support system must be in place to minimize the negative social impact on pregnant teens.

Theoretical/Conceptual Framework

This project used social learning theory as the theoretical/conceptual framework. Social learning theory is based on Albert Bandura's idea that teens learn through observation, mediating, modeling, and imitation (Jacquard, Dodge, & Dittus, 2002). Bandura believed that people would model behavior after observing others (Bandura, Carrara, Barbaranelli, Gerbino, & Pastorelli, 2003). This modeling, according to Bandura et al. (2003), can be observed through personal encounters with family, media, or environment and could help with building self-esteem. In addition to building self-esteem, social learning theory can assist in changing unwanted behavior and preventing pivotal problems in adulthood (Bandura et al., 2003).

I chose social learning theory, so the social workers would be able to convey what they felt were appropriate ways to incorporate teens' experiences and how the teens are influenced by their community, friends, or family. The social workers were able to provide key components that are applied during observational learning when dealing with teens who are either pregnant or parenting. According to Bandura (1991), through observational learning, individuals acquire skills and behavioral traits.

Teens are often surrounded by different models such as peers, relatives, parents, characters seen on television, and teachers. Based on social learning theory, teens will model observed behaviors and imitate the action they have observed (Bandura et al., 2003). According to Bandura's social learning theory, there are principles the teens will employ when modeling others: (a) Teens will imitate behaviors that they find are desirable such as good looks, intelligence, and popularity; (b) Teens will most likely imitate behavior that they have functional value or similar to their behavior; (c) Environmental resources or life's situations can affect the teens' behavior; (d) Learning occurs due to "vicarious reinforcement." Individuals learn by observing the behavior of others, deciphering information, viewing consequences, and making decisions regarding the behavior; (e) Learning is not solely based on behavior but is a cognitive process that happens in a social setting (Bandura, 2001).

Bandura's Social Learning Theory

Bandura developed social learning theory in the early 1960s (Bandura, 1991). As reported by Bandura (1991), social learning theoretical framework uses principles of behavior modification, mediation between the stimuli and the response along with learning from the environment through observation. When using social learning theory,

one viewed the teens' behavior in a continuous interaction between the teen's environment, cognitive, and behavioral influences (Bandura, 1991). Also, social learning theory proposed that to change the teens' behavior, the social context that has shaped the behavior must first be understood (Bandura, 2001). To fully understand the social context, Bandura believed that individuals could change their behavior by observing others, and the outcome is called "modeling" (Bandura 2001). There are four conditions for effective modeling according to social learning theory:

1. Attention to what is to be modeled. According to Bandura (1965), the teen must recognize and attend to specific features and characteristics of their observer, models most likely possess interesting qualities, and the model will capture the attention of the teen over a period of time.
2. Being able to retain the information. Bandura (1965) reported that retention of information involves observational learning through verbal and imaginary systems. Teens were able to translate modeled behavior into words, labels, or images. According to Bandura, teens will be exposed to modeling stimuli through the process of sensory conditioning. Teens will observe the model, remember what is being observed, and will be able to code the information into long-term memory that can be retrieved later on (Bandura, 1965).
3. Being able to copy the behavior or actions of the model. According to Bandura (1965), teens will learn and copy the physical capabilities of what is noticed by the model.
4. Motivation to imitate the behavior or action. According to Bandura (1969), the teen will anticipate positive reinforcement for modeled behavior.

According to Bandura (1977), social learning is accomplished through repetitive interaction between behavioral, environmental, and cognitive influences. The social workers used principles to explain how teens' behavior change once they are subjected to new behavior or others' actions. Also, social workers provided some understanding of what they recognize as a means and the best strategies for dealing with this difficult situation by observing the teens' interaction. The social workers were able to express what new behaviors were learned through the teens' repetitive interactions or direct observation (Bandura, 2001). Social learning theory permitted social workers to give real-life situations and positive developments that have influenced the teens' behavior in changing future life choices.

Social learning theory allowed the social worker to discuss their successful or unsuccessful attempts to modify the teens' beliefs, attitudes, and values that may impact the teens' behavior. The social workers were asked to give examples of how teens learned after observing and changes to behavior made by modeling rather than hearing a new concept and applying it (Groves et al., 2009). Socioeconomic consequences of teenage pregnancy, and factors that influence sexual behavior, were addressed by using social learning theory (Groves et al., 2009).

In hopes of addressing teen pregnancy and teen parenting in this project, social learning theory was chosen to assist in providing a better understanding of the effects of teen pregnancy and discovering effective strategies. The theory gave the social workers the opportunity to expound on the teens' positions and attitude while observing them modeling, imitating, and reinforcing factors or behaviors found in communities and at home. Also, by using social learning theory, social workers were able to utilize

principles of behavior modification when observing the teens' thoughts, effects, and behavior (Bandura, 1969).

Values and Ethics

According to Kost and Stanley (2014), the NASW Code of Ethics is the underlying principle that protects pregnant and parenting teens, along with guiding social workers in providing professional services. The NASW was used as a guide to what the social workers were able to contribute to the project (Brooks, Fiedler, Waddington, & Zink, 2013). Also, the NASW Code of Ethics, according to Kost and Stanley (2014), (a) ensures a commitment to values of service; (b) ensures that teens have an intrinsic right to be dealt with in a certain way with dignity and respect; (c) ensures that the teens have authority over their lives; (d) social workers should work for the teens rather than working for the system. By adhering to the NASW Code of Ethics, the social workers were required to explore the ethical scenario as it relates to the teens' confidentiality rights (Brooks et al., 2013).

As reported by Kost and Stanley (2014), unmarried pregnant women are socially unacceptable in our culture. Social workers with this vulnerable population must strive for the betterment of the teen parent, along with their children (Kost & Stanley, 2014). Regardless of the individual's situation, all principles and values of the NASW Code of Ethics are relevant. Also, some teens whether pregnant or parenting may not have parents or anyone with whom they can count on or discuss certain matters, the NASW would hold the social worker accountable and to remain confidential unless there is a report of abuse or harm to others.

In this project, the social workers revealed services that guarantee the teen has the right to social justice, human dignity and worth, integrity, the importance of human relationship, and competence. Many pregnant teens or teen parents almost invariably face emotional, physical, and mental problems with the birth of a child; the social workers included in this project may address how to manage and resolve the teens' various social problems. The social workers discussed what knowledge and skills that are effective in elevating public service to assist teen mothers and pregnant teens in overcoming social problems such as residential instability, drug abuse, criminal behaviors, or family issues. The social workers gave ideas that help in promoting public service by helping teen parents and pregnant teens resolve and manage various social problems.

The social workers used the NASW Code of Ethics (2017) as a guide to providing consistent, ethical information that would be in the best interest of the teen. Also, the NASW Code of Ethics was used by the social workers as a guide for the confidentiality of services and the teen's right to privacy. The focus group was able to give ideas on how to maintain the teen's right to privacy and confidentiality, along with providing the appropriate services.

Whether social workers are assisting adolescents or adults, there is a difference between adolescents and adults. The purpose of the code of ethics is to provide general principles that social workers can practice by (NASW, 2017). With this project, the social worker values were evident by providing ethical advice about specific situations. The workers provided ethical principles and decisions that would best suit each teen.

This project supports the values and principles of the NASW Code of Ethics (2017) by following the ethical principles based on the social work's core values of service, social justice, dignity and worth of person, integrity, competence, and importance of human relationships (NASW, 2017). The project took in to account the obligation to promote social change and social justice by consistently abiding by the code of ethics. Based on the social workers' experiences, the project may address the needs of the pregnant teens and teen parents according to NASW values, standards, and principles; and seek to settle or find a solution to teen parenting.

Review of the Professional and Academic Literature

This review of the professional and academic literature on teen pregnancy offers an in-depth overview of published peer review articles from 2002 to 2018 and reports on the topics of the effects of teen pregnancy and what strategies social workers can use to address the teens' beliefs, attitudes, and values related to teen pregnancy. My search was limited to the English language. The primary articles were obtained online from Walden University Library, Wiley Online Library, Garfield Online Library, and Google Scholar. The databases I used to complete the literature review were SocIndex and PsycInfo. The following terms were used as search terms: the effects of teenage pregnancy in Alabama, teenage motherhood, teen pregnancy programs, teen pregnancy interventions, teen pregnancy, and social workers, teen pregnancy and social change, teenage parenting, teenage parents, teenage motherhood, teenage pregnancy in the United States, adolescent pregnancy, social worker ethics and values, and social learning theory. I was able to search through the reference listing that included papers, thesis, journals, and dissertations regarding pregnant teens and teen parents.

Prevalence of Teen Pregnancy in the United States

According to Hamilton, Martin, Osterman, Driscoll, and Mathews (2018), since 2005, the United States has seen a steady decline in teen pregnancy. The reason for this decline is not readily known, and many believe that it is due to teen abstinence from sexual activity and improvements in contraceptives (Hamilton et al., 2018). The decline in teen pregnancy has occurred in all 50 states, although there have been differences in geographic locations and subgroups, as reported by a study completed by the Guttmacher Institute (Kost & Maddow-Zimet, 2016). Mississippi, New Mexico, and Arkansas are states that have the highest birth rate for adolescents (Kost & Maddow-Zimet, 2016). Table 1 below shows there has been a steady decline in teen pregnancy (age 10-19 years) between the years 2012 and 2016 in the United States.

Table 1

Teen Birth Rate in the United States 2005-2015

Year	Birth Rate Per 1,000
2016	20.3
2015	22.3
2014	24.2
2013	26.5
2012	29.3

Although the Department of Health and Human Services reported that the birth certificate data for 2017 in the United States showed the following: a continued decline in teen birth rate, the United States continue to have the highest teen birth rate among

other western industrialized countries and developed nations with an outcome of 57% of teen pregnancies resulting in live births, 80% of teen pregnancies unintended, and 27% resulting in induced abortions (Hamilton et al., 2018). In fact, a total of 229,715 infants were born to teens between the ages of 15 to 19 years old in the United States.

Table 2 shows the birthrate percentage per 1,000 in other developed countries:

Table 2

Birth Rate within Industrialized Countries

Race	# Pregnancies per 1,000
Canada	11%
France	6%
Great Britain	15%
United States	22%

According to Gelfond et al. (2016), teen birth rates may vary across the United States, but the highest rates are seen in the southern states, and the populations with the highest rate of becoming pregnant are Hispanics, mixed-race adolescents, and Blacks. In the same fashion, the rate of teen fatherhood is higher in Blacks per 1,000 in comparison to Whites and Hispanics.

Table 3 shows the percentage by teen males:

Table 3

United States Birth Rate by Teen Males

Race	# Pregnancies per 1,000
Blacks	29
Hispanics	20
Whites	14

In comparison, teen pregnancy rates are lower in the northeast section of the States (Goesling, Coleman, Trenholm, Terzian, & Moore, 2014). New Hampshire,

Massachusetts, and Vermont have the lowest rate of adolescent pregnancy (Kost & Maddow-Zimet, 2016). According to Goesling et al. (2014), teenagers in Mississippi are four times more likely to become teen parents than a teen who lives in New Hampshire. There are no concrete reasons for the variation in teens from Mississippi and New Hampshire other than economic disparity (Goesling et al., 2014). A survey completed by the National Survey of Family Growth also suggested that teens who live in low economic conditions are more likely to become pregnant and also more likely to keep the baby (Jones & Jerman, 2014).

As reported by Fryar, Gu, Ogden, and Flegal (2016), Latinas have the highest birth rate among adolescent pregnancies, and Whites have the lowest in the United States. The teenage pregnancy rate for Latinas is 75% higher than the national average, which is two times higher for Whites (Fryar et al., 2016). On the other hand, the most significant decrease in the teen pregnancy rate is seen in African Americans, although this rate continues to be higher than the White population (Fryar et al., 2016). Table 4 displays the birth rate in the United States per ethnic group for teen mothers.

Table 4

Birth Rate in the United States by Race

Race	# Pregnancies per 1,000
Blacks	54
Hispanics	58
Whites	51

Prevalence of Teen Pregnancy in Alabama

While teen pregnancy has declined in the United States, thus far, it has also declined in the state of Alabama. Alabama teen pregnancy rates for all ethnic groups have declined but continues to have gaps and disparities between groups (Hamilton et al., 2018). Although there continues to be a decline in the United States and Alabama teen birth rate, it is essential to note that Alabama has 30.1 births per 1,000 teens ages 10 – 19 years compared to the national rate of 22.3 per 1,000 (Blackman, 2015). According to CDC, the state of Alabama is ranked 10 out of 50 in teen pregnancy despite having a sexual education resolution that was adopted by the Alabama Board of Education that recommend all public schools to have comprehensive sexual education classes (Blackman, 2015). All public schools in Alabama must adhere to the guidelines set by the state legislature in an attempt to prevent teenage pregnancy, along with preventing transmitted sexual diseases (Millner et al., 2015). As reported by the United States Department of Health and Human Services, Alabama's teen birth rate is 15.5 per 1,000 aged 10-19, and teen pregnancy rate is 40.1 per 1,000 ages 10-19 years (Lawrence, Davidson, Turnipseed, & Williams, 2017). The chart below shows the number of births in Alabama to females under the age of 20 (Lawrence et al., 2017).

Table 5

Alabama Birth Rate Under Age 20

Female Age	# of Pregnancies
Under Age 15	52
Age 15 – 17	1,295
Age 18-19	3,444
Total Under 20	4,791

The counties in Alabama with the highest teen birth rates are Bullock, Lamar, Conecuh, Clay, Walker Counties (Lawrence et al., 2017). The counties with the lowest birth rates in Alabama are Lee, St. Clair, Cleburne, Henry, and Madison (Lawrence et al., 2017). Although Jefferson County was not included with the above counties as having the highest teen birth rate, the county had over 579 teen births in 2015 (Lawrence et al., 2017). There was a study completed by the Alabama Department of Health in 2015 that showed Jefferson County having over 579 births by teens between the age of 10-19 years old out of a total of 4,791 (Lawrence et al., 2017).

Pregnant and Parenting Teens in Schools

Finer and Zolna (2014) reported that children, ages seven to sixteen in the state of Alabama, must attend school. Also, Finer and Zolna reported that parents could be prosecuted for neglect if students fail to attend. Many pregnant teens under the age of 16 years may be faced with dropping out of school to care for their newborn. According to Diaz and Fiel (2016), when teens become pregnant, the pregnancy limits their ability to obtain human capital, educational attainment, and employment opportunities. Teen mothers often have to seek financial support and resources to raise their children properly instead of investing in their own. (Diaz & Fiel, 2016). Teen pregnancy can lead to

consequences, including a lack of educational attainment and may vary depending on the teen's skills, resources, family, and personal attributes (Diaz & Fiel, 2016).

Beliefs and Attitudes Related to Teen Pregnancy

According to Finer and Zolna (2014), the attitude and behavior of parents play a huge role in whether an adolescent with engaging in sexual conduct or not. Lê et al. (2015) state that often, teens whose mothers were engaged in sexual activities at a young age become sexually active as teens. According to Lê et al., regardless of race, females whose mothers gave birth at ages between 12 and 19 years are twice as likely to become pregnant as teens when compared to daughters of mothers who did not get pregnant.

According to Akella and Jordan (2015), intercultural differences and beliefs play an important role in teens deciding to engage in sexual acts, use of contraceptives, kinds of support systems, and acceptance of being a mother at an early age. Akella and Jordan reported that in the White culture, it is undesirable to become pregnant as a teen. As with American Indians, a high value is placed on early pregnancy and becoming a mother at an early age is thought to validate one's femininity (Akella & Jordan, 2015). Becoming a teenage mother in the Black culture is not looked upon negatively, and teen pregnancy in the Black culture has a high level of acceptance according to Akella and Jordan. Hispanic culture does not believe in contraceptives, how contraceptives work, and when contraceptives should be used (Akella & Jordan, 2015).

An issue faced by pregnant and parenting teens in school is the belief that by assisting pregnant teens, one may be condoning teen pregnancy. According to Hoffman (2015), some may believe that encouraging pregnant students to return to school might send the wrong message that pregnancy in the teen years is a good choice. In contrast,

Hoffman (2015) summarized that helping teens to return to school, regardless of what the circumstances are, would prove to be the most promising approach for pregnant teens.

Values Related to Teen Pregnancy

In a society that relies a great deal on ethics, morals, beliefs, and etiquettes, teens who become pregnant in the United States are often looked at differently or taboo (Kost, Maddow-Zimet, & Arpaia, 2017). Many teens are not embraced after becoming pregnant and have many difficulties other non-pregnant teens do not have to face (Kost et al., 2017). Also, teen pregnancy in the United States is often looked at as a social phenomenon (Jenner et al., 2016). Teen pregnancy often leaves teenage mothers unable to escape poverty. According to Diaz and Fiel (2016), the effects of being pregnant as a teen can vary depending on the level of support received from family, the medical community, and other social support. Also, reported by Diaz and Fiel (2016) that teen pregnancy can have a negative effect on the teen's education attainment, wages, and lifestyle. The pregnant teens' life remains on hold during the unexpected pregnancy and the parenting years unless there is support from family members (East & Felice, 2014). Teen pregnancy can affect the entire family. According to East and Felice (2014), once a teen becomes pregnant, this can affect the entire family and often lead to grandparents stepping in to provide financial support as well as raising the grandchild.

Most teens at the age of 10 to 19 are maturing themselves and face huge demands due to pregnancy and raising a child. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, social justice is important when dealing with young mothers in preventing homelessness, low graduation rates, low self-esteem, low income, incarceration at an early age, and despair (Korman, 2011). With an adolescent facing the

above complications, it would be advantageous to teach adolescents regarding integrity, the importance of human relationship, and human dignity and worth along with providing approaches to improve the teen's outcome by addressing and analyzing the types of inequalities and unjust practices in health care. According to Hoopes et al. (2015), when health services provide human rights principles, teens are fully informed regarding decision-making, privacy, confidentiality, and respect for dignity. It is with an expectation that this focus group can provide information on how to access programs and services that would aid with pregnant teens so they may continue their education in an effort the improve their future outcomes.

Finer and Zolna (2014) reported that parental and family values and attitudes toward teen pregnancy play a crucial part in early pregnancy prevention. According to Finer and Zolna (2014), children of mothers who were sexually active or had children at an early age most likely would become sexually active at a younger age. Regardless of race, mothers who were permissive in their teens have a higher rate of being a grandmother before the teen finishes school (Cole, 2016). Also, Cole (2016) stated that mothers who become pregnant as teens lack positive support, wholesome affection, lack of healthy relationships, poor parental role modeling, and lack of constructive supervision.

Issues Faced by Pregnant and Parenting Teens

Although there has been a decline in teen pregnancy in the United States, there continue to be many problems associated with teen pregnancy and teen parenting. Coley and Aronson (2013) stated that teen pregnancy and parenting often cause major social and public health problems in the United States, along with a decline in economics for

parents and children. The demands on teen parenting are often shocking for teens who continue to be enrolled in school, depending solely on their parents and who have never experience caring for a child (Gubrium & Shafer, 2014). Additionally, whether the pregnancy is planned or unplanned, many teen moms find themselves faced with unemployment or low paying jobs, welfare dependency, repeat pregnancy, poverty, and their children are associated with a decline in health and wellbeing (Coley & Aronson, 2013). Having a child in your teens is a huge responsibility, and teen mothers can find themselves faced with financial distress. Jenner et al. (2016) reported that when teens are faced with parenting, it may take a relatively long time to attain stability and overcome negative financial consequences. Jenner et al. (2016) noted that even if teen parents achieve their high school diplomas, they may not be able to find suitable employment to take care of their infant properly substantially. In some cultures, teens may experience social pressure to get married (Gubrium & Shafer, 2014).

Also, teen pregnancy is a challenge for teens and their families as well as for service providers, social scientists, and legislators. According to Akella and Jordan (2015), teens who have unplanned births are linked with parents who have decreased investment in their children that could influence the child's behavioral, educational, and mental development. According to Diaz and Fiel (2016), teen mothers have lower educational attainment and earnings than teens who finish high school or higher educational opportunities. Pregnant teens are faced with extra responsibilities once the child is born. According to East and Felice (2014), 40% of pregnant teens would not complete high school nor seek higher education, which leads to lower-paying jobs and weak financial stability. It is a huge responsibility for teens to take on the role of

parenting. East and Felice (2014) reported that once the child is born to a teen, there is a huge burden placed on the mother, and she is faced with several negative consequences, for instance, no committed partner and financial distress. Also, East and Felice (2014) reported that most teens who give birth as a teenager more than likely have children with lower birth weight and more health problems, thus creating a cycle as each subsequent generation faces the same challenges.

Furthermore, the effects of being pregnant as a teen can vary depending on the level of support received from family, the medical community, and other social support (Diaz and Fiel, 2016). Also, reported by Diaz and Fiel (2016), teen pregnancy can have a negative effect on the teen's education attainment, wages, and lifestyle. The pregnant teens' life remains on hold during the unexpected pregnancy and the parenting years unless there is support from family members (East & Felice, 2014).

Hudgins, Erickson, and Walker (2014) contended that addressing teen pregnancy as a health issue today can strengthen our nation in the future, and teen pregnancy should be ranked as a high priority. In 2013, the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics conducted a study that concluded that over 614,000 teens became pregnant between 2010 through 2013, and 82% were unplanned. Overall, this was a remarkable decrease in teen pregnancy, but there still seems to be a need for progress in rural areas.

According to Akella and Jordan (2015), teens who have unplanned births are linked with parents who have decreased investment in their children that could influence the child's behavioral, educational, and mental development. According to Diaz and Fiel (2016), teen mothers have lower educational attainment and earnings than teens who

finish high school or higher educational opportunities. When engaging in sexual activities, most teens don't usually plan on getting pregnant. Ganchimeg et al. (2014) believed that most teens could not discern what the consequences of their behavior are and most often face depression and increased vulnerability. Becoming pregnant as a teen can cause a huge emotional crisis that may lead to suicide. According to Ganchimeg et al. (2014), pregnant teens often experience severe emotional and mental breakdowns that may trigger an onset of behavior like suicide attempts and attempts to self-abort the unborn child.

A serious issue faced by pregnant teens is receiving the appropriate health care promptly, which can cause an increase in medical complications. According to Ganchimeg et al. (2014), teenage pregnancy can increase medical complications for both the mother and the baby if the teen does not seek prenatal checkups. When teens do not receive proper health care, there is an increase in medical complications such as anemia, high blood pressure, low birth-weight, respiratory problems, and premature birth (Ganchimeg et al., 2014).

According to Diaz and Fiel (2016), the transition to motherhood for an unexpected pregnancy can often result in adverse psychological effects that can impede the teen's human capital accumulation. This adverse effect varies depending on the family's socioeconomic status. According to Diaz and Fiel (2016), the adverse effect could be lower for those teens who come from families with resources, social support, emotional support, financial support and can acquire resources and material. Hofferth (2014) reported that teen pregnancy has a long-term impact on teen parents and their children. According to Hofferth (2014), teen pregnancy accounted for over $9.4 billion

to taxpayers due to health benefits, foster care, and lost tax revenue due to the lower educational attainment of teen moms.

U.S. Department of Health and Human Services reported that teen pregnancy in rural counties is higher than teen pregnancy rates in metropolitan areas (Sipsma, Ickovics, Lin, & Kershaw, 2015). The teen pregnancy rate in rural areas is 49.1 births per 1,000 teens, ages 15 to 19, in comparison to pregnant teens in large metropolitan areas at 18.9 per 1,000 teens (Sipsma et al., 2015). Also, pregnant teens who live in rural areas may face additional issues compared to teens who live in metropolitan areas. According to Sipsma et al. (2015), teens in rural areas often have inadequate health care services, inadequate access to contraceptives, and insufficient health insurance.

Issues Faced by Pregnant and Parenting Teens in School

In the early ’70s and ’80s, teens were expelled from school if found to be pregnant (Comlossy, 2014).). It was believed that the presence of a pregnant teen was contagious. According to Comlossy (2014), it was thought that the presence of pregnant teens would induce other teens to become pregnant and tarnish the reputation of the school. In today’s society, those antiquated rationales no longer exist, and with new ideas come new issues (Comlossy, 2014). Although teen pregnancy and teen parenting is not a new issue, many states, parents, and schools struggle with the challenge of keeping teens in school after the birth of a child. According to Hamilton, Martin, Osterman, Curtin, & Mathews (2016), many schools across the United States have to shut their doors because of budget cuts, which leave pregnant teens with fewer options. Today, pregnant teens can attend public schools, which may lead to several challenges, especially now with budget cuts (Coker et al., 2016). Budget cuts that finance in-school

programs are forcing many programs to shut down. According to Coker et al. (2016), the federal government has cut over $200 million in federal grant money to organizations that provide different services that work to reduce teen pregnancy. Coker et al. (2016) stated that many school programs are finding it difficult to provide significant services and programs that helped in the past to combat teen pregnancy.

Sonfield, Hasstedt, and Gold (2014) stated that pregnant teens often have to deal with morning sickness, frequent medical visits, and fear of social stigmas, which make it difficult to attend school regularly. According to Sonfield et al. (2014), pregnant teens may face issues of accumulating too many unexcused absences during the pregnancy period that make it difficult for teens to succeed in classes and can lead to the teen dropping out of school. Goldberg, Reese, and Halpern (2016) reported that many schools may offer pregnant teens alternative education options or may create policies that may make it difficult for the pregnant teen to finish school successfully. With the difficult schedules or options, pregnant teens have difficulty mixing the new parenthood with school (Goldberg et al., 2016). Not only do teens sometimes face issues with school administration, but they must deal with issues at home that may contribute to their drop out of school. Goldberg et al. (2016) explained that pregnant teens often have family relationship issues that negatively impact the teen from returning to school after birth or remaining in school during the pregnancy.

School Drop-out Rates among Pregnant and Parenting Teens

In a time when the United States needs to be more competitive in the global economy, Sonfield et al. (2014) reported that one in every four students, who become pregnant as a teen, would not graduate from high school. As noted by Sonfield et al.

(2014), teenage pregnancy interferes with educational attainment. According to Sonfield et al. (2014), there is a close relationship between teens not finishing high school or attaining a secondary education with teen pregnancy. Teen pregnancy and teen parenting not only make it more difficult to obtain a higher education, but it affects the children who are born to teens (Steinka-Fry, Wilson, & Tanner-Smith, 2013). According to Steinka-Fry et al. (2013), teen pregnancy not only makes it difficult for teens to complete high school, obtain a prosperous career or obtain life goals, but it also affects the future of prospect of the child that is born to a teenager. Steinka-Fry et al. (2013) stated that children who are born to teens usually repeat the life cycle of their parents. According to the National Conference of State Legislature, 30 % of all high school dropouts are due to teen pregnancy (Hall, Hodson, Boddy, & Chenoweth, 2014). The reason given for pregnant teens or teenagers dropping can vary between ethnic background, race, family support, illnesses, stigmas, resources, and location where teen resides (Hall et al., 2014).

Finer and Zolna (2014) stated that White and Black teenagers are more likely to finish high school, and Hispanic teens are more likely to drop out or obtain their GED. Hall et al. (2014) reported that 38 % of teen parents would earn their high school education by age 18, and only two percent would finish college by age 30. In the State of Alabama, the National Conference of State Legislature reported that over 65 % of pregnant moms do not return to school and earn their high school diploma before the age of 22 (Hall et al., 2014). Table 6 below shows the percentage of parenting teens who receive diplomas by age 22.

Table 6

Diplomas Received by Teen Parents by Age 22

Race	High School Diploma
Blacks	67
Hispanics	46
Whites	55

Teen Pregnancy Prevention Programs

According to the United States Department of Health and Human Services, teen dropout prevention and teen pregnancy prevention go hand-in-hand because females who get pregnant in their teens are more likely to drop out of school (Thomas, 2017). So reducing the pregnancy rate would also improve the high school graduation rate (Thomas, 2017). It is stated by Thomas (2017) that implementing teen pregnancy prevention programs would assist students in making the right choices in life. According to Thomas (2017), teen pregnancy programs assist teens in making responsible decisions and healthy behavior.

According to Duffy et al. (2012), there are many teen pregnancy prevention programs available, but limited resources and knowledge to adopt them on the community level is taking some time. To implement more effective programs and to bridge the gap, the interactive systems framework (ISF) was developed. ISF includes several program models and assists with the implementation and dissemination of science-based prevention programs (Duffy et al., 2012). According to Duffy et al. (2012), (ISF) includes effective evidence-based teen pregnancy prevention programs that have bridged the gaps between what researchers may believe in having been effective programs and what researchers know to be effective programs. This framework provided

an avenue that assists with implementing programs successfully, assists with prevention synthesis, and provided a better understanding of the delivery of pregnancy prevention at the organizational, community, and individual levels (Duffy et al., 2012).

According to Jones and Jerman (2014), Alabama teen pregnancy prevention programs are solely funded by the federal government. It is reported that the state of Alabama does not contribute any funds to prevent teen pregnancy. According to Farb et al. (2014), funds for these programs are matched with in-kind support from sub-grantees. In the past two years, Alabama received a total of $3,557,442 in federal funds from the United States Department of Health and Human Services through the Family Youth Services Bureau (FYSB) to provide Title V abstinence program for middle-school youth. The program promotes abstinence from sexual activities to avoid sexually transmitted diseases, along with preventing teen pregnancy (Jones & Jerman, 2014). A majority of the funds given are based on a competitive selection process (Jones & Jerman, 2014). According to Jones and Jerman (2014), by providing evidence-based abstinence programs in middle-school has proven to equip teens to resist sexual advances and to make better choices.

One teen program that was established in 2012 by the Obama Administration, the Teen Pregnancy Prevention Initiative (TPPI), is a medically accurate and age-appropriate program that has proven to extend far beyond reducing teenage pregnancy (Farb et al., 2014). Also, this program deals with the health issues of sexually active teens and teens who are facing incarceration. According to Farb et al. (2014), the TPPI discovered a correlation between children who are born to teens and low education attainment, higher incarceration rates, and low poverty level.

Teen Pregnancy Prevention Programs in Alabama

The Teen Pregnancy Prevention Program (TPPP), was developed in 2009 by the Office of Adolescent Health (OAH) and cost the federal government over $110 million (Stid, Neuhoff, Burkhauser, & Seeman, 2013). This program coordinated efforts with the Center for Disease Control and Prevention (CDC) and the Administration of Children and Families (ACF) in identifying programs that demonstrated innovative teen pregnancy programs (Stid et al., 2013). According to Stid et al., (2013), the TPPP funds evidence-based programs that are designed to prevent teen pregnancy. The creators of this program wanted to move away from the abstinence-only approach.

Alabama School-based Parenting Programs – Overview

Many pregnant teens and parenting teens may be faced with little support when deciding to continue their education. Title IX of the Education Amendments of 1972 prohibits any educational programs or activities that are funded by the federal government to discriminate based on pregnancy and parenting status, which causes the transition for teen parents a little easier (Savage, 2017). With Title IX in effect, schools must offer comprehensive, age, and medically accurate educational programs for pregnant teens and parenting teens (Savage, 2017). There are school-based adolescent sex educational programs that must include information regarding abstinence, appropriate contraception, and information on how to prevent sexually transmitted diseases (Gubrium & Shafer, 2014). Under Title IX, schools may put into place special classes r programs or pregnant teens, but the teens' participation in the programs is solely the choice of the teen (Gubrium & Shafer, 2014).

In addition to providing services to teens, subsequently, parents are helped with talking to their children regarding relationships, sex, school drop-outs, abstinence, and pregnancy prevention (Gubrium & Shafer, 2014). The programs also offer methods that assist teens in returning to school. According to Savage (2017), federally funded schools must provide culturally appropriate academic opportunities for pregnant and teen parents and assist with students engaging in school activities, including sports. Angley, Divney, Magriples, and Kershaw (2015) reported that when pregnant girls can finish school and be involved in school activities, the teen is most likely to have a promising future, substantial job, and achieve goals. The school-based programs are intended to encouraged teens to attend school and to provide support in helping teens to carry out the role of a parent after the birth of their child (Angley et al., 2015).

When dealing with pregnancy and teen parenting school-based programs, many schools partnered with nearby clinics, health systems, and health departments to provide free health service, education opportunities along with counseling (Gubrium & Shafer, 2014). In the provision of health services, teens are offered access to effective contraceptives in preventing subsequent pregnancies (Gubrium & Shafer, 2014). According to the Center for Disease Control and Prevention (2018), school-based parenting programs have been a mainstay prevention mechanism of youth pregnancy prevention efforts in the United States.

According to Craft, Brandt, and Prince (2016), when school-based parenting prevention programs are handled appropriately, they can promote abstinence; encourage teens who are not sexually active to wait; provide respectful, culturally appropriate, and confidential services; counsel teens regarding the importance of using contraceptives;

and teach students regarding HIV/AIDS and STD's. Research has shown that effective teen parenting prevention programs can also promote family interventions that promote positive outcomes for both the teen parent and the child (Craft et al., (2016). Some factors included in teen parenting prevention programs are nurturing, social and emotional competence, parental resilience, positive peer support, parental support, and problem-solving (Craft et al., 2016). Hence, teen parenting prevention programs not only prevent early pregnancy but can actively encourage family well-being along with strengthening the family and community (Craft et al., 2016).

On March 23, 2010, Title V of the Social Security Act was amended to include a new grant program (the Personal Responsibility Education Program) to educate teens in Alabama regarding abstinence and contraception in an attempt to prevent teen pregnancy and sexually transmitted diseases (Thomas, 2017). The Alabama Personal Responsibility Education Program (APREP) was designed to promote healthy relationships, healthy life skills, and adolescent development (Thomas, 2017). The APREP has been a success in public schools because:

1. APREP works together with community action groups in determining trends that may develop, which could cause risky behaviors.
2. APREP works closely with parents through community groups and educators by providing resources that promote positive youth development.
3. APREP provides resources that promote the basic material that teens need to make positive, healthy decisions (Thomas, 2017).

This program and funding were made available to community organizations through the Alabama Department of Public Health (Thomas, 2017). The organization

partnerships with local schools in seeking high-risk teens (Thomas, 2017). In the same fashion as APREP, Alabama Public Health Department has Positive Youth Development (PYD). The PYD is based on the fact that teens are more likely to succeed in life if they are actively participating in decision-making in their lives. This program uses a holistic and culturally sensitive approach. According to Hamilton, Martin, Osterman, Curtin, and Mathews (2017), the PYD takes into consideration the teens' family, peers, faith, community, and school environment in helping teens achieve their full potential. The PYD focuses on teens' developmental assets (internal and external) in guiding them to a healthy, responsible, and caring adult (Hamilton et al., 2017).

One other federally funded school-based program in Alabama is the Alabama Abstinence Education Program (AAEP). The AAEP is a federally funded program of Department of Health and Human Services, Administration for Children and Families, which is also managed by the Alabama Department of Public Health's Bureau of Family Health Services, Adolescent Pregnancy Prevention Branch. According to Hamilton et al. (2018), the program is evidence-based and basically focuses on teaching middle school students how to make good choices and also provides abstinence education to teach middle schoolers how to identify and to avoid risky situations. At present, this program is taught in the southern counties of Alabama through a competitive selection (Hamilton et al., 2017).

The Adolescent Pregnancy Prevention Branch (APPB) is a local prevention program through the Alabama Department of Public Health. According to Jones, Jensen, and King, (2014), the APPB works in collaboration with Alabama schools, local communities, and the Alabama Campaign to Prevent Teen Pregnancy (ACPTP) in

promoting healthy decisions among teens in an attempt to reduce teen pregnancy and sexually transmitted infections (Jones et al., 2014). This program was first implemented in 1999 and financed through federal funds (Jones et al., 2014). Also, the program offers professional development opportunities by offering conferences, workshops, and teen pregnancy prevention training (Jones et al., 2014). The purpose of this program is to teach teens to make healthy choices by choosing abstinence to lessen the number of sexually transmitted infections along with lessening unplanned pregnancies.

Another local teen pregnancy prevention program in Jefferson County is Be You, Be 3: Smart, Strong, and Safe (BUB3). BUB3 is a local program through the Alabama Public Health Department in collaboration with local community organizations. According to Jones et al. (2014), BUB3 is building on abstinence is the only sure way to prevent teen pregnancy and the spread of sexually transmitted infections. BUB3 teaches teens to stand up for good values and beliefs.

Strengths of School-Based Pregnancy Programs

According to Marseille et al. (2018), there are many advantages to school-based pregnancy programs. One advantage for teens who attend school-based pregnancy programs is the provision of an organized learning environment. Marseille et al. (2018) report that school-based teen pregnancy programs can provide an organized learning environment for high-risk teens to receive childbirth education and assist in changing attitudes of conventional thinking regarding pregnancy and sexuality. Enrolled students normally present in their first trimester, along with their parents or guardians. Marseille et al. (2018) report that once in the program, teens assist with making and keeping their medical appointments, which may include visits to hospitals and infant centers. Also,

enrolled students are included in group sessions, nutrition classes, coaching activities regarding labor, role-playing, and basic information regarding sexuality (Marseille et al., 2018).

Additionally, enrolled teens are assigned a social worker, who maintains contact with the pregnant teen throughout pregnancy and serves as a liaison with the school and medical communities (Marseille et al., 2018). Also, during their pregnancy, teens are encouraged to attend classes that teach infant safety, feeding schedules, and expressions of crying (Marseille et al., 2018). Once the child is born, teens, along with grandparents and often great-grandparents, are asked to attend group sessions where role responsibilities are discussed, decision-making counseling, and different strategies that enable the teen parent to continue school (Marseille et al., 2018). School-based programs encourage teens after birth to assume the role of a parent, along with promoting self-confidence (Marseille et al., 2018).

Another positive aspect of the school-based pregnancy program is that it collaborates and combines services from several organizations within one service. According to the US Public Health Service school-based pregnancy programs combines strategies for teens by combining comprehensive health care clinics, urban affairs, nonprofit groups, daycare services, medical care facilities, planning services, advocacy services, schools, transportation, and community services in delivering family planning strategies (Ethier, Dittus, DeRosa, & Chung, 2017). Also, Ethier et al. (2017) reported that school-based parenting programs provide an opportunity for teen mothers to be involved in positive role modeling and mentoring opportunities. The program is

dedicated to serving pregnant and teen mothers with individual counseling and mentoring (Ethier et al., 2017).

The school-based teen parenting programs have proven to be effective when appropriately implemented. According to Ethier et al. (2017), school-based teen parenting programs are effective in lessening unplanned pregnancies. Also, the United States Public Health Service agrees that school-based teen parenting programs have a positive impact and have shown to be effective in reducing unplanned pregnancies. The chart below shows a decrease in teen pregnancy in the State of Alabama and Jefferson County since the start of school-based pregnancy programs.

Table 7

Teen Pregnancy Rate

Year	Alabama	Jefferson County
2012	27.7	31.8
2013	24.2	25.0
2014	22.6	23.2
2015	20.7	20.8
2016	20.3	20.3

According to Millner et al. (2015), school-based programs are generally organized and located in areas where families have low incomes, and there is a high rate for teen pregnancy. Millner et al. (2015) report that although most school-based programs have limited resources, the programs are effective and provides essential medical services along with family planning and counseling. Also, school-based parenting programs have proven to increase the graduation rate of participating pregnant and parenting teens compared to pregnant and parenting teens who do not participate in any school-based

program (Philliber, 2015). With the collaboration of school social workers, adequate services, and other school personnel, along with the right encouragement, Philliber (2015) reported that many teen parents become successful and productive citizens.

Weaknesses of School-Based Parenting Programs

According to Sonfield and Kost (2015), the Center for Disease Control and Prevention (CDC) and the Administration of Children and Families (ACF) conducted a national survey of school-based programs that revealed that many parents do not believe that their adolescents should be taught regarding sex, birth control, sexually transmitted infections, and safe sex in a school setting. The cost of school-based programs has been reviewed as a negative factor. The federal government spends millions yearly in implementing and maintaining school-based programs. The Federal Office of Adolescent Health reported that the United States spent over $75 million in a five-year grant to implement school-based programs (Sonfield, & Kost, 2015).

Roles of School Social Workers in School-Based Parenting Programs

School social workers may wear many hats, including case manager, student advocate, parent advocate, mediator, counselor, distributor of resources, and in some instances, a truancy office (Thomas, 2017). Also, social workers play a pivotal role in collaborating services and resources, along with playing a vital role in addressing the needs of the students in an educational setting (Thomas, 2017). As reported by Thomas (2017), being a school social worker, whether employed by an educational facility or a school-based parenting program, the social worker will find themselves bridging the gap between the students, home, teachers, families, community, and school. In delivering services to students and sometimes families, school social workers must provide services

that will enhance the student's well-being and improve their academic performance (NASW Code of Ethics, 2017).

According to Thomas (2017), school social workers assist with identifying needs that may interfere with teens receiving the appropriate services they need to graduate and have a successful future. The social worker will work with teens and staff to assess needs and implement plans to provide direct or indirect service (Thomas, 2017). The social worker will work within the agency rules in providing services that will enhance teens or parenting teens' human well-being, assist with meeting the teen's basic needs, and empowering vulnerable teens, oppressed or living in poverty (NASW, 2017).

For the most part, social workers play a critical role in an educational setting as it relates to pregnant and parenting teens continuing their education. Most preventive programs provide services through multiple agencies and with the social worker together with school officials, school nurses, and multiagency programs (Silk & Romero, 2014). As reported by Silk & Romero (2014), it takes the teamwork of both the social worker and the school nurse to provide services for the parent, infant, and the extended family in some instances. According to Silk and Romero (2014), social workers have a wide range of job functions when dealing with teen pregnancy prevention, and some of the functions are:

(1) School social workers have the task of assessing students for emotional and physical functioning.
(2) School social workers need to evaluate if there are barriers that may affect the students' academic performance.

(3) The social workers must develop and implement treatment plans that will support the student's life at school as well as home.

(4) Social workers must address peer pressure and social problems.

(5) School social workers often have to provide crisis management services, which include assessing safety issues.

(6) Often school social workers will have to advocate for the student's best interest.

(7) The social worker provides case management services, which include referrals and collaboration with outside sources.

Unanswered Questions

With over 47 % of high school students nationally being sexually active by the 12th grade, Whitaker et al. (2016) state that the timing of teen pregnancy prevention programs is important and should be tailored to a specific population. The development and implementation of teen pregnancy programs must be shaped to the teens' viewpoint concerning the age of first sexual intercourse, safe sex practices, contraceptives, knowledge regarding the transmission of STI's and HIV, knowledge of sexual physiology, and teens' attitudes concerning abstinence (Whitaker et al., 2016). Also, it takes the collaboration of several services adapting to the teens' pregnancy, circumstances, along with specially trained staff to work together in preventing teen pregnancy (Whitaker et al., 2016). On a local level, services may include a monthly pregnancy test, birth control, counseling, and school sex education programs, but is that enough to prevent teen pregnancy.

By implementing comprehensive sexual education programs that reduce teen pregnancy in Alabama, this may cause a decrease in teen parenting or teen pregnancy.

In some public high schools, nurses and social workers can discuss health and sex education, along with providing mentoring for additional support (Sanders, Damen, & VanDam, 2015). Also, there are alternative school programs offered to prevent repeat pregnancies and to assist teen parents from completing high school (Sanders et al., 2015).

According to Sanders et al. (2015), the implementation of teen pregnancy programs is not an easy task; however, the rewards are great. Sanders et al. (2015) suggest that school officials, local agencies, organizations, and state agencies take one step at a time and recreate evidence-based programs that are already in effect. Teen pregnancy programs, according to Sanders et al. (2015), are critical to teens continuing to attend high school.

In 2004, the National Campaign to Prevent Teen Pregnancy began publishing guides that provided educational programs that proved effective in preventing teen pregnancies (Kerschner et al., 2014). The guides stressed which programs were weak or non-empirical, along with which programs stressed rigorous standards and findings in reducing teen pregnancies (Kerschner et al., 2014). As reported by Mann, Kristjansson, Sigfusdottir, and Smith (2014), researchers often use information gained from different studies to improve the delivery of information in an attempt to prevent teen pregnancy. There are many local programs established by public health agencies, alternative schools, and programs that promote high school pregnancy prevention (Kappeler & Farb, 2014). The goal of the programs is to prevent high school dropouts and delay repeat pregnancies (Kappeler & Farb, 2014).

Over the past four decades, there have been many studies conducted to address teen pregnancy. Most of these programs seemed to have made an impact and have been

effective in combating teen pregnancy (Sanders et al., 2015). According to Goesling et al. (2014), most effective programs are randomized controlled programs delivered in diverse settings. One such program was launched by the U. S. Department of Health and Human Services (HHS) in 2010. According to Goesling et al. (2014), the program focused on implementing evidence-based initiatives in community programs along with testing innovative approaches with teens that were felt to be the most vulnerable. The goal of the program was to involve teens who had very little support systems, who were in foster care or were involved in the juvenile justice system (Goesling et al., 2014). The applicants were asked to choose from several evidence-based models, along with conducting rigorous evaluations. Many school-based programs provide various interventions such as schools and health departments collaborations, peer group meetings, sex education programs, and adolescent-parent programs (Philliber, 2015).

Overall, teen pregnancy prevention programs have come a long way in the past decades with demands for rigorous methods and effective strategies that offer students most at risk evidence-based programs that work (Stid et al., 2013). The evidence-based programs continue to vary in length and intended outcomes, serve diverse populations, and focus on preventing teen pregnancy, school drop-out, sexually risky behavior, and sexual infections (Stid et al., 2013). Additionally, the Department of Health and Human Services (HHS) began teen prevention programs in 2010.

According to Aparicio, Pecukaris, and Zhou (2014), interventions in preventing teen pregnancy can take on many capacities such as recruitment, social media, online intervention, websites, mobile applications, and videos. Successful intervention requires ongoing engagement, development, and implementation (Aparicio et al., 2014). When

intervention programs are successful, Aparicio et al. explained that pregnant teens and parenting teens have successful and improved outcomes. Some proven interventions that are effective in combating teen pregnancy are community-wide programs, clinic-based intervention programs, youth development programs, parent involvement programs, service-learning programs, and curriculum-based sex education programs (Aparicio et al., 2014).

Summary

In Section 1, a description of the research study was provided, and the purpose of this project was presented. Although there is a decline in teen pregnancy in the United States as well as Alabama, both continue to have higher pregnancy rates than among most industrialized countries and other states (Millner, Mulekar, & Turrens, 2015). Also, Section 1 discussed relevant facts regarding the effects of teenage pregnancy. The objective of the project was also discussed.

In conclusion, this section has identified issues and challenges that are related to teen pregnancy. The literature review was used to address beliefs and attitudes as it relates to teen pregnancy, the roles of school social workers, and the impact of school-based parenting programs and teen prevention programs. In Section 2, research design, methodology, data collection, participants, instrumentation, data analysis, ethical procedures, and data collection was discussed.

Section 2: Research Design and Data Collection

Since 2012, Alabama has seen an increase in unintended pregnancy in teens (Kost & Stanley, 2014). Boonstra (2012) reported that one in every four teens would become pregnant before age 20 years, and one in six will have a second child before they reach the age of 24. Most pregnant teens, as well as parenting teens, face negative consequences and often live in economic despair. Kost and Stanley (2014) reported that pregnant teens and parenting teens often have to sacrifice furthering their education, as well as face criticism and discrimination, which may lead to emotional problems, literacy, financial difficulty, and social complications. There are many repercussions related to teen pregnancy, which causes negative effects not only on the teens' present life but in adulthood. Magness (2012) reported that teen pregnancy could lead to a lifetime of disadvantages and poverty and that there was a relationship between teen parenting and delayed education, low wages, reduced employment opportunities, unstable marriages, and welfare dependency.

In Section 2, the major sections are methodology, data analysis, and ethical procedures. In the methodology section, I described the overall method in collecting data, and describe the participants and strategies for identifying and recruiting participants, describe all tools and techniques used to collect the data. The data analysis section consists of identifying how to analyze the collected data, described steps in the analysis process, and the methods used to address analysis issues in the study. The last section is the ethical procedures. In this section, I discussed informed consent procedures, along with describing the procedures used to ensure the ethical protection of participants.

Research Design

According to Millner et al. (2015), there is a crucial problem with teen pregnancy in the United States and with many areas of Alabama. Through this study, I discovered the experiences of 12 social workers when working with pregnant and parenting teens in Alabama as well as strategies they use to address teens' beliefs, attitudes, and values related to sexual behavior and pregnancy and how these relate to evidence-based practice. Also, I sought to understand how social workers view the impact of the opt-out policy on teen pregnancy in Alabama. It has been reported that many pregnant teens and teen parents are often criticized and ostracized by family and friends, the focus group may provide strategies that they perceive to work when dealing with pregnant teens and their beliefs.

This study is a qualitative design using action research. In this action research project, the focus group consisted of 12 social workers who are employed by the State of Alabama, Department of Public Health. The social workers and I worked together to obtain a better understanding of what strategies the social workers felt worked best when addressing the pregnant teens' beliefs, attitudes, and values as related to sexual behavior and pregnancy. Action research gave the focus group an opportunity to discuss their experiences when working with pregnant teens. Also, by using action research, the social workers were able to provide ideas that may improve support and services for pregnant teens and teen parents, along with ideas that may improve conditions and practices when dealing with teen pregnancy.

The goal of this qualitative research study was to gain insight into the experiences of social workers who have worked with pregnant teens and parenting teens. Learning

more regarding the social workers' experiences while working with pregnant teens who face issues may lead to a social change for agencies, schools, and other professionals who work directly with pregnant teens. According to Kendon, Pain, and Kesby (2010), by understanding the experiences of the social workers, possible changes and improvements can be made that may have an impact on addressing challenges and empowering those facing social problems. Also, this qualitative action research project aligned research questions and objectives to identify the social workers' experiences, perceptions, and suggested strategies.

Methodology

Prospective Data

First, before collecting data, consents were obtained from social workers to use their information in the project. The collection of data was done through a focus group by conducting group discussions with an interview protocol. By using a focus group, I was able to collect the social workers' insight regarding what services or ideas work best when addressing the problem of teen pregnancy in Alabama. As reported by Doyle (2013), the use of focus groups enables the researcher to collect more in-depth information, gather better ideas, suggestions, and answers along with discussing with the group which services and programs work best with pregnant teens and parenting teens. Since I was looking at all aspects of the social workers' experience when they are interacting with pregnant teens as well as parenting teens, I used open-ended questions designed to engage participants in an open discussion. I was solely interested in the social workers' experience with no preconceived ideas regarding the collection of data. The group discussion explored social workers' experiences, views, beliefs, values,

perceptions, and motivations. A recording device was used to record data from the focus group.

I used an interview protocol to facilitate the focus group discussion. By using an interview protocol, Castillo-Montoya (2016) reported that the researcher would be able to ask questions to obtain specific information that is related to the participants' experiences. The interview protocol helped the participants discuss what strategies they have used in addressing teens' beliefs, attitudes, and values as it relates to sexual behavior and pregnancy. Also, the interview protocol served as a guide to facilitate group discussions. The information received from the focus group was examined methodically to provide findings.

Participants

I recruited social workers who are employed in Alabama and work with pregnant teens and teen parents. I contacted the Alabama Department of Public Health to obtain referrals. Ground rules were established in the beginning, along with creating an atmosphere that was permissive and thoughtful (Spear & Lock, 2013). A comfortable and safe environment was chosen. There was be pre-determined questions in the focus group. The focus group provided information that could impact how programs and services aid pregnant teens and parenting teens with improved resources that improve their future outcomes.

This research project used purposeful sampling, which is recommended when using qualitative research. Since this research project had limited resources or no purposeful resources, sampling is a unique way of identifying the most effective use of limited resources. According to Creswell et al. (2010), purposeful sampling would

enable the researcher to select participants who are knowledgeable about the topic area along with the ability to communicate their experiences verbally. The 12 social workers chosen to participate in the study answered questions related to their experiences when dealing with teens who are parents and pregnant teens.

The social workers included in the study were nonrandomly selected. Only social workers with experience in the topic area of teen pregnancy were selected. Mason (2010) suggested that it is better to recruit the right respondent who matches the research specifics than to recruit large groups who do not meet every criterion. With this focus group, I was able to explore in-depth social workers' views on how teens' beliefs, attitudes, and values are related to the teens' sexual behavior and pregnancy, along with finding out whether the opt-out policy in Alabama affects prevented pregnancy.

Spear and Lock (2013) reported that there are no rules regarding the sampling size in qualitative sampling, although it is recommended to use at least 10 to 12 participants per focus group. By choosing this number, Spear and Lock explained that it is expected that participants can provide insightful and meaningful information. The social workers were employed by the State of Alabama, Department of Public Health.

Instrumentation

The primary data that was collected in this research project was through a focus group discussion and using an interview protocol. The interviewing process was audio-recorded and conducted with open-ended questions, along with written notes (Appendix E). The use of open-ended questions, according to Castillo-Montoya (2016), can provide useful information, help with gathering pertinent information, and increases the likelihood of participants getting involved in the discussion. Also, by interviewing the

social workers with open-ended questions, I was able to probe the social workers' thoughts, ideas, and perceptions regarding teen pregnancy and parenting teens. The goal of using the interview protocol was to yield as much information as possible from the focus group regarding the social workers' experiences, ideas, and strategies that best address factors that are connected with teen pregnancy and parenting teens.

According to Castillo-Montoya (2016), by using an interview protocol, researchers can stay on course by asking each participant the same question, along with taking advantage of the limited time and resources. Castillo-Montoya recommended that the interview protocol should include an opening, introductory, transition, key, and ending questions. The questions explored specifically the social workers' experience and perception regarding pregnant teens and parenting teens in Alabama. One question permitted the social workers to discuss their observations of pregnant teens and parenting teens and discuss their perception of what would bring about a change. The protocol assisted the focus group by defining their experiences with pregnant and parenting teens as well as offer an opportunity to collaborate about what programs and strategies work best with pregnant and parenting teens in Alabama.

By using a focus group and interview protocol, the social workers were able to speak regarding their experiences in assisting teens during teen pregnancy. As noted by Doyle (2013), focus groups allowed participants to give more in-depth answers. Focus groups allow participants to speak with each other and hear others' ideas and opinions. Doyle stated that when focus groups have a discussion, the researcher can collect more in-depth information, gather better ideas, and received more refined answers and suggestions.

Data Analysis

According to Krueger and Casey (2014), when analyzing the results of a focus group, I utilized tape recordings of the group discussion, note-taking, deciphering information, and look for developing theoretical narratives. As the researcher, I had direct interaction with the social workers and listened intently for any triggering stimulus along with any “big idea” that may emerge from the group discussion. It is suggested by Krueger and Casey that researchers seek three to four “big ideas,” step away from the project for a brief period, then analyze and review information. The interviews were informal, and the social workers felt as if they were taking part in a conversation rather than in a formal question and answer session. Microsoft Office and Excel were utilized to organize and analyze data. Krueger and Casey (2014) gave five key steps to analyzing information:

1. Analyzing data should start while I am in the group. As the researcher, I should listen for consistency, listen for vague and cryptic comments, and provide questions that seek confirmation.
2. After leaving the focus group, I should draw a diagram of the seating arrangement, compare and contrast information obtained from the interview protocol, and make a note of themes, ideas, and interpretations.
3. Listen to tape recordings, review field notes, and prepare a verbatim transcription of the social workers’ answers in a question-by-question format.
4. Compare and contrast results, look for themes, construct information according to general types, and describe findings and quotes.

5. Finally, as a researcher, I prepared a report. In the report, I used a narrative style with participants' quotes for illustrations.

Validation and Legitimation Procedures

According to Merriam (2009), to improve the trustworthiness in a research project, the findings of the project must be dependable and confirmable. If the findings meet these criteria, other researchers can evaluate the findings' transferability to their practice environment. The interview protocol was crucial in establishing trustworthiness. According to Yin (2011), the researcher develops interviewing instruments using open-ended questions, phrased without value, or judgment. To prevent bias in interviewing or in data analysis, I used reflexivity. A reflexive journal and consultation with my research mentor were used throughout the process to maintain self-awareness and reduce the potential for bias.

Ethical Procedures

The IRB approval number is (IRB# 8-21-19-0534142). As reported by Brooks et al. (2013), social workers should be informed of the research purpose and should understand any risks participants may face as a result of being a participant. Also, the participants were made aware of how I would be capturing the data, how the data would be managed, how the data would be used in the study, and what would happen to the data after the completion of the study. With this research project, there were 12 social workers included in the focus group. The social workers were employed by the State of Alabama Department of Public Health. The social workers were asked to sign an informed consent before being allowed to participate in the focus group. Also, the social worker's interviews were recorded upon their consent. The informed consent gave facts

regarding ethical procedures, a brief statement of the study, and a summary of the social workers' rights, protection, and confidentiality.

I obtained approval from Walden University Internal Review Board (IRB) and an IRB number (IRB# 8-21-19-0534142). I was not able to begin this research project, engage in research activities or contact participants without IRB approval. As suggested by Brooks et al. (2013), the participants' rights and the risk of harm was reviewed during the focus group meeting. Also, Brooks et al., (2013) recommended that participants would be asked to: (a) adhere to the research project's principles and have respectful behavior in the group session; (b) respect the privacy of other social workers who are participating in the focus group; and (c) commit to not discussing the content of the focus group outside of the group.

Bersoff (2008) recommended privacy precautions when collecting research data. The data collected in this research project will be kept in a secure place. As the researcher, I used limited information regarding the social workers' names, no identifying information regarding participants was used, and all data was placed in a locked and secure place. If there was additional information that was not used in the research project, Krueger and Casey (2014) suggested that information be shredded. The information obtained in the research project will be kept for five years, and after that time, it will be destroyed by shredding (Bersoff, 2008). With this research data, I will store the collected information on my password-protected computer, and notes from the meeting will be securely saved on a separate flash drive to ensure maximum security.

Summary

Section 2 discussed the data collection and analysis process of this research project. This section explained how the data would be analyzed through recordings of the focus group. Also, it gave an account of how I evaluated notes, information, "big ideas," and quotes received from the focus group. The section also gave an account of how the information was analyzed to discover any patterns, similarities, and differences provided by social workers participating in the focus group. The data received from the focus group assisted in giving a clear understanding of the social workers' experience when working with teen pregnancy and a greater understanding of strategies that the focus group believed worked to prevent teen pregnancy.

Section 3: Presentation of the Findings

The purpose of this research project was to understand 12 social workers' experience working with teen parents and pregnant teens in Alabama. By using a focus group of 12, I sought to understand the experiences of social workers when addressing teen pregnancy in Alabama. The project also focused on challenges and strategies the social workers perceive as best in addressing beliefs, values, and attitudes about teens' sexual behavior that possibly could result in teen pregnancy and how these relate to evidence-based practice. Also, the project was an opportunity for the social workers to provide plans and activities they felt addressed factors associated with teen pregnancy more effectively. Lastly, the focus group discussed if the participants thought there was an impact on teen pregnancy due to the opt-out policy in the state of Alabama. There were several questions outlined in the interview protocol that was discussed in the focus group, but the main discussion centered around four primary research questions:

RQ1: What are the experiences of social workers when working with pregnant teens and teen parents in Alabama?

RQ2: What strategies have social workers used to address teens' beliefs, attitudes, and values related to sexual behavior and pregnancy?

RQ2.1: How are these strategies related to evidence-based practice?

RQ3: What are social workers' perceptions regarding the impact of the opt-out policy in the state of Alabama on their work with pregnant and parenting teens in Alabama?

Once the social workers agreed to participate, informed consent forms, along with a copy of questions, were emailed or delivered to the social workers. As recommended

by Clandinin and Coneely (2004), I was able to collect data by using an interview protocol. At the beginning of the focus group, each social worker was asked to sign and turn in the informed consent. There was an audio recording of the focus group. I took notes that included the social workers' views and conversations regarding teen pregnancy along with details of personal insights. Once the data was compiled, I corresponded with the group with an email, as recommended by Stringer (2007). By following-up with the social workers, I was able to clarify information obtained in the group and was able to capture relevant points that I may have overlooked or left out.

The organization of Section 3 includes data analysis techniques, findings, and summary. The data analysis techniques section provided the time frame for data collection as well as the actual recruitment, summarization of validation procedures, and a description of any limitations or problems encountered while conducting the study. This section also provided the findings of the project. In the findings section, there are descriptive statistics that appropriately characterize the sample, a description of how the findings answered the research questions, inclusion of any tables or figures that illustrate the results, and a discussion of findings that were not expected. Finally, this section provided a summary that included findings as related to the practice-focused research, provided transitional material from the findings, and an introduction of information found in Section 4.

Data Analysis Techniques

The time frame for data collection was lengthy due to the considerable time obtaining IRB approval of the letters of cooperation. Collecting of data started one week from getting approval from the IRB (approval #8-21-19-0534142). Participants for the

study were social workers from the State of Alabama. The recruitment was completed through a supervisor. I was privileged to be given a list of names to contact regarding participating in the focus group. The list included social workers who work in Alabama. Emails were forwarded to over 20 social workers. Within a week and a half time, five social workers made contact and agreed to participate. At the beginning of the second week, a follow-up visit was made to the department. During the visit, I was able to speak with the supervisor, who agreed to assist further with recruiting. I was able to re-send emails to over 20 co-workers. By the end of the second week of recruitment, 12 social workers agreed to participate, a date was set, and the place was secured. The discussion questions and informed consent were emailed three days before the start of the focus group to ensure the social workers would be familiar with the questions.

The focus group was held on November 2, 2019. The group began with an introduction regarding my experience and the goal of this group. The informed consent form was provided for participants who had not emailed or submitted forms previously. The setup of tables and chairs were in a square. Each social worker had a clear view and sat within hearing of each other. Also, I attempted to take notes, but the discussion was fast, and note-taking hindered direct interaction with the social workers. Several social workers had reviewed questions about the study previously, and for those who had not, they were given 10 minutes to look over questions before the discussion begin. The discussion between the social workers was informal, and participants reported they felt as if they were taking part in a conversation.

In the introduction, I emphasized the importance of establishing a good rapport and a good working relationship. The participants all worked with each other and

understood the importance of a good working relationship. Next, each participant was greeted and encouraged to speak freely. Also, participants were asked for permission to record the focus group and were given information regarding the confidentiality of the group. It was explained to the group their ethical obligations along with the researcher's moral responsibility. The group was informed that information would be kept in a private area, and their identity would be protected. I also asked that information discussed in the group not be addressed outside of the group.

As instructed by Krueger and Casey (2014), I begin to analyze the data in the group by listening for comments that may have been considered as obscure or information that would need further clarification. When analyzing the results of the focus group, I used a tape recording of the focus group. The software used was Microsoft Office and Excel to analyze and organize the data. Using an Excel spreadsheet, the audio recording was transcribed into descriptive coding to classify and group information, identify keywords and terms, and to identify themes as they relate to the research questions. The transcription took approximately two weeks to complete and to organize the data. During the transcribing, descriptive codes were transferred to Microsoft Office to view themes and identify keywords.

Validation Procedures

According to Merriam (2009), when using a focus group, validation begins as the participants are being selected. This study required participants who worked with pregnant teens or teen parents. The informed consent documented the introduction to the research study and what was expected to be measured. As instructed by Castillo-Montoya (2016), the interview protocol was used to establish the trustworthiness of the

information discussed during the focus group. After the conclusion of the focus group, the information was transcribed and forwarded to participants for their feedback. The participants who responded were satisfied with the overview.

Limitations

Although there were three limitations encountered and one problem while conducting the study, it did not disturb the findings. The first limitation was the time limit on the focus group. The 12 social workers provided great discussions within the 2-hour focus group, but it was challenging to get everyone's opinion on each question. The discussions would often end abruptly to ensure that all questions would be answered. The group of 12 often had the same view, but many had different experiences that they wanted to discuss. The second limitation was how to obtain enough information on whether the strategies presented by the social workers in the focus group were related to evidence-based practice. Several social workers disagreed on the relationship between the programs they currently work with and evidence-based programs provided in the community. There was a disagreement on whether there was a need for more free, confidential health and sex education programs for children under the age of 12 versus more programs in Alabama that focus on abstinence. The third limitation was the number included in the focus group. Although it is recommended by Spear and Lock (2013) to use at least 10 to 12 participants per focus group, by using this number of participants, it was challenging to stay on task. Many social workers became restless after the first hour. By the end of the group, some social workers were weary and ready for dismissal. As the researcher, I worried if I was obtaining enough information or the correct information to identify themes objectively. The only problem encountered was

the fact that with this large group of social workers, everyone wanted to express their opinion at the same time.

Findings

The 12 participants all worked in the state of Alabama with pregnant teens or parenting teens. The participants were all female, 10 of the participants worked in LMSW positions, and two participants worked in BSW positions. Three participants worked in supervision; five worked in the community care division/childcare services, two worked in infectious disease, and two in prenatal care division. Each participant was given a pseudonym to ease the presentation of the findings.

Early in the focus group, it was apparent that each social worker had different backgrounds working with teens, but they had similar experiences when working with this vulnerable population. The social workers reported that many teens have problems with continuing their education, being isolated by family and community, having a lack of support, lack of resources, difficult responsibilities, and often time live in unhealthy relationships. As stated by Sara,

> My experience has varied with this population. It depends on the quality of the relationship within the family. When I worked in the field, I often have to deal with providing services and support for the vulnerable state that teen mothers and pregnant teens are often in. Nowadays, teens are more complicated to work with.

The social workers spoke of their challenges when dealing with this population and their challenges in providing services due to lack of resources, lack of training for the teens, and parents, along with a lack of support.

The data analysis obtained from the focus group consisted of 71 descriptive codes. The codes were narrowed to 4 categories and 25 subcategories. The findings are organized based on four themes: teen's beliefs or perception, lack of training, lack of support, and lack of resources. The table below shows categories and sub-categories.

Theme 1: Teen's Beliefs or Perceptions of Pregnancy

One theme discussed was the teens' perception and their belief system. The social workers agreed that when addressing the teens' beliefs and values as related to sexual behavior and teen pregnancy, the change should start in the homes. Jenny stated,

> Having an honest conversation with teens and educating them about sex and pregnancy should start early and at home. Sex education should start at home and flow into other settings such as school or church. These are the places teens spend most of their time.

Several social workers believed that teen pregnancy could be minimized with the change of the teen's beliefs or change of what the teens perceived as *easy*. The social workers felt that many teens followed their friend's lead when getting pregnant or having unprotected sex and not thinking of the consequences. Jackie shared her experience that some teens want a baby because their friend has a baby. As stated by Carrie, "Everyone wants to be pregnant because their friends have a baby, and it looks easy." The social workers discussed that many teens view teen pregnancy as a glorified endeavor. According to Sara, "Peer pressure has changed to *glorified endeavors*."

The social workers agreed that one strategy that could assist in changing the teens' perception is to have more adult talks with teens. As stated by Harriet, "Yes, less conversation with peers, who glorify everything, and more with parents or adults." Also,

the social workers agreed that having open conversations with teens regarding the real consequences of having sex without using contraceptives or any protection is a start to changing the teens' perception. Carrie stated, "I agree that we must reach out to teens early, and we must include their parents with honest and open conversations." Furthermore, the social workers discussed combining honest talk with sex education, and access to contraception could change the teens' pregnancy rate and help with the teens' perception of pregnancy. As stated by Nicole,

> I think it works hand in hand. Sex education, combined with parental participation along with evidence-based programs, will work better than sex education by itself. I believe if we changed the teens' perception of what is right and what is wrong, we could improve their behavior.

The group suggested that parents should be open, transparent, but speak in a way that the teen can understand. According to Emma, "Reaching out to teens where they are; in the environments that they function in daily with open and transparent conversations." Harriett suggested, "Providing training for parents to speak the language that teens would understand." By speaking their language, the group thought the teens would understand better and be more acceptable to change.

Removing the stigma that is placed on pregnant teens and parenting teens was another example discussed in attempting to change teens' perceptions. According to Jackie, "Removing the stigma that is placed on teens saying they are having sex and explaining the consequences of having unprotected sex, babies, and the responsibility of taking care of the baby can assist with changing teens' perception." For instance, the social workers recommended utilizing advocates from youth programs, Sexual Health

Awareness through Peer Education (SHAPE) and the Alabama Campaign For Adolescent Sexual Health to assist with removing the stigma. As stated by Sara, "These programs, along with the County Department of Health, provides recommendations to policymakers in making decisions regarding teen pregnancy." According to the social workers, the agencies based their decisions on the advocates' findings regarding what teens need to have a healthy sex life that will continue well into adulthood.

Additionally, social workers stated that teenagers today are different from teens in the past. According to Sara, "Teens' perception is different today." Harriett stated, "Teenagers are different than when we were growing up. We had responsibilities, and parents made sure we completed them. Now they can't accept all the responsibility involved in caring for a baby." The social workers felt that many teens have no idea of the responsibility of having a baby. Jackie expressed,

> Teens should know the responsibility of buying pampers, buying clothing, and buying formula. Most teens live with their parents and have to use their parent's income. We had responsibilities, and parents made sure we completed them. Now they can't accept all the responsibility involved in caring for a baby.

The living arrangement of most parenting teens was a topic of discussion. According to Jackie, most teens live with their parents and have to use their parent's income. What few resources available for teen parents all depend on the grandparent's income. According to Emma, "Our agency can provide assistance, but that depends on the grandparent's income and what resources are available." Most teens can not apply for assistance without using their parents' income.

The social workers also thought that teens listen to music that glorifies fast money, half-naked young ladies, and sex with no consequences. Vanessa expressed, “There needs to be a better rating system for the purchase of music and videos.” Emma stated, “The children watch television, listen to explicit music, and sexual videos by the time they attend the 5th grade. The social workers suggested providing better music, videos, and television shows that do not glorify having sex and being promiscuous. Vanessa suggested that the rating system regarding music and videos needs to start in the homes. The social workers agreed that providing a better rating system was needed to assist children with listening to healthier music and watching healthier television shows, and this could provide a healthier and better perception for teens.

Furthermore, the social workers discussed providing teens with field trips to the NICU unit and health department as another method of changing teens’ perceptions. According to Jackie, “Providing field trips to the NICU ward at the local hospital and providing field trips to the local health department – infectious disease center might be more helpful than a lecture to some.” The social workers agreed that more free, confidential health and sex education below the age of 12 should be initiated.

Theme 2: Lack of Training or Education

The second theme is the lack of training or education for teens as well as grandparents. As stated by Jenny, “Sex education should start at home and flow into other settings such as school or church.” The social workers discussed taking children on field trips to the local health department and local hospital NICU units as a teaching tool. According to Carrie,

> I agree with Jackie when she stated about going on field trips to the NICU ward. Many teens are unaware of what happens when they do not receive proper care. What are the chances of their newborn baby being born with medical complications because the mother did not receive any medical treatment during the pregnancy? Babies are born insufficient weight gain due to pica, faddism, and preeclampsia.

The findings indicated that teen mothers are younger, and they are not exposed to what happens with the birth of a child. Vanessa reports,

> Teens are younger, and they have not been exposed to what happens when you have a baby. Nor have they been exposed to the ramifications of having sex at a young age – infectious disease, STD's, HIV. My recent experience involves teens having babies and are HIV positive.

The social workers discussed that young people are not afraid of unprotected sex. Sara stated, "With HIV, STDs, herpes, and gonorrhea being on the rise, anyone would be afraid to have sex unprotected, but not these young people now."

The group discussed the need for more education on communicable diseases. Andrea reported, "HIV and pregnancy have become an all familiar seen in the past couple of months." Vanessa reported an increase in STDs - chlamydia, trichomonas, and syphilis. There was a discussion of promoting a healthy sex life versus having sex with no contraceptives. The participants talked about their agency providing services in conjunction with three evidence-based programs: Alabama's Abstinence Education Program (AAEP), the Nurse-Family Partnership (NFP), and Sexual Health Awareness through Peer Education (SHAPE). The AAEP is a federally funded evidence-based

program that is in conjunction with the opt-out policy. According to the social workers, with the NFP program, the social worker works with a registered nurse once a teen has been identified as vulnerable. The social workers reported the teen is followed throughout their pregnancy until the child's second birthday. Although Alabama has had some success with evidence-based programs, the participants indicate that more evidence-based programs and education are needed.

Jackie expressed, “Students should learn sex education in middle school,” while Vanessa felt that teaching sex education in middle school was too late. According to Vanessa, “Many of the advocates in the SHAPE program reports that teens may have been introduced to sex early in their life. Sometimes this happens by sexual abuse by relatives, fathers, grandfathers, or mothers' companions.” Bertha suggested using the SHAPE program in schools. According to Bertha,

> This program assists with vulnerable clients getting resources and medical care that's needed. Through the SHAPE program, we provide sexual health workshops, HIV prevention education, pregnancy prevention education, and healthy relationships education. The leaders of the peer group are trained in prevention about pregnancy, STI's, STDs, and HIV.

Specifics of the research study shows that teens need to be educated regarding the consequences of having sex, along with the consequences after the child is born. With these specifics in mind, the study has shown the importance of sexual education in schools incorporating HIV prevention, pregnancy prevention, STI’s STD’s along with economic and social implications.

Theme 3: Lack of Support

The third theme was the lack of support for teens. The project findings indicated a lack of support as a barrier for young mothers. Although the findings indicate an increase in support from fathers and the father's family, there continue to be a need for better support. Vanessa stated,

> My experience when working with this population also depends on family makeup. There are many barriers when it comes to young teen mothers. Lack of support is a great barrier for young mothers, although I have seen an increase in support from the fathers and the fathers' family.

The social workers agreed that when working with this population, one must take into consideration many other barriers when considering support. According to Bertha, "One must consider violence, alcohol, drug abuse, single-family homes, and poverty that may be a hindrance for support." Many teens may be responsible for themselves as well as their siblings. Sara stated, "Many of our babies are in very stressful situations with negative consequences." Jenny explained that she deals with abused teens who come from a violent situation. According to Jenny,

> I deal with a lot of abused teens. My clients can sometimes be exposed to violence and abuse early in life. Last year we had two abuse cases in which the abuser was the stepdad or the biological father. Those two girls had to go through extensive counseling. In that case, we will follow the teen throughout their high school attendance trying to make sure she does not get left behind.

As discussed by the social workers in rural counties, the school dropout rate is higher than the inner city. Mattie explained,

> Living in single-family homes and the teen can be responsible for raising themselves, their child, and their younger siblings. The teen mother cannot get to school and may eventually drop out or move in with her boyfriend's family."

The social workers reported that they often have to come up with strategies to keep teens in school. As stated by Jenny, she is involved with developing strategies that assist teen mothers with remaining in school and continuing to maintain their status as a teen. Jenny stated, "There is a need for more wrap-around services that focus not only on teen being moms but also on them still being a teen." One significant finding during the discussion was how the social workers all agreed that their programs stress the importance of not just staying in school but finishing school.

One significant barrier reported by social workers is that some parents are not concerned with whether they have sex education in schools. The social workers all thought that the curriculum is basic. Emma stated, "The classes give out minimum information regarding the usage of condoms and information that relates to teen pregnancy." The social workers were not in favor of sex education in the classroom because most classes are not well put together and are taught by the physical education teacher.

Additionally, the social workers discussed that some programs are not aged appropriately to provide accurate support for pregnant teens or teen mothers. Andrea stated,

> I feel some programs are not aged appropriately, and teen parents can easily slip through the cracks if there is not a strong family bond. It is my opinion that these challenges are very real, leaving the pregnant teen or teen mom at the mercy of their family, people they live with, or social agencies."

Although teen pregnancy is on the rise, the social workers report that when teens have appropriate support, there is an increase in teens' finishing school and attending college. Bertha stated, "Some teens have support from their families and will continue high school and college." Jennifer reported that once the teens are referred to their program, health and medical care is provided along with the push for teen mothers to finish their schooling.

Theme 4: Lack of Resources

The next theme discussed was the lack of resources. The project findings showed that teen mothers, depending on their age, are often dependent on their families for any resources. If the family has limited resources, this can cause difficulties with raising the infant. The social workers explained that working with households with limited resources can be a difficult task. Jackie stated,

> In the area where I work, there are many problems, mostly due to significant family problems and not enough resources. Many agencies don't provide services to young mothers. The family has to provide housing, food, clothing, child care, transportation, and a variety of basic needs. Depending on the age of the child, the teen may not be able to apply for or obtain services on their own. If a teen is under the age of 17,

> it's really hard to qualify for any assistance like food stamps, childcare, or housing.

Several social workers reported that a majority of teen parents or pregnant teens do continue to live with their parents, foster parents, or grandparents and are faced with dropping out of school due to limited resources and income. In many instances, the social worker stated that they are seeing younger teens present for services and are unable to apply or obtain proper services on their own and often have to depend on their parents for support. According to Mattie,

> My experience has varied over the years, but overall teen parents in high school usually live with their parents raising the child and have to depend on their parents for resources. In some households, the resources are already limited, and with another mouth to feed or take care of, it can cause problems.

Also, the social workers discussed when working in the field, how often they have to advocate for vulnerable teen mothers or pregnant teens due to limited services and support.

According to Andrea, "I would like to see more health care benefits approval." Bertha suggested,

> Counseling for teens who are struggling emotionally. If we catch or see teens struggling emotionally in our program, the nurse can assist through the Nurse-Family Partnership (NFP). Sometimes resources are just not enough to catch all that is failing.

Some of the social workers had strong views about offering counseling for pregnant and parenting teens. Harriett suggested somehow making it mandatory counseling for teens. As stated by Nicole, “There could be parenting counseling received the same day as checkups for teens and their parents.” The entire group agreed there is enough time for counseling to be scheduled between appointment time and waiting on tests or lab work.

The social workers discussed three evidence-based programs their office used in an attempt to prevent teen pregnancy and to reduce the spread of HIV and other sexually transmitted diseases. Sara explained,

> There are several evidence-based programs, but our department mainly works with Alabama's Abstinence Education Program (AAEP), Nurse-Family Partnership (NFP), AND Sexual Health Awareness through Peer Education (SHAPE). We have seen great strides in using these programs not only in public health but in the private sector also.

The programs, according to the social workers, assist students in making better choices, which leads to teens having better adulthood.

Strategies Recommended

The four findings of the research project that the social workers expressed during the focus group answered the research questions by providing strategies they found work best when engaging teens or their families. The social workers were able to discuss their experiences, their perceptions regarding challenges, limited resources, strategies, and suggestions to improve services for pregnant teens. Several social workers agreed that to improve the teen pregnancy rate, the teens’ perception regarding having a baby must be

addressed. As Jackie stated, "If we could just convince teens to use birth control, this would assist in combating teen pregnancy." Jackie also presented a discussion of strategies, for example, providing better music, videos, and television shows that do not glorify having sex and being promiscuous. Thus, leaving opportunities for teens to explore sex, which leads to more chances for teens to become pregnant.

Table 8

Research Findings

Theme 1 Teen's Perception	Theme 2 Lack of Training	Theme 3 Lack of Support	Theme 4 Lack of Resources
Peer Pressure	No Education	Family Support	SHAPE
Glorified Endeavors	Better Sex Ed Classes	Ed Opportunity	Child Care
Social Media	Low School Attendance	Transparency	Day Care
TV Rating System	Better Prevention Ed		Food
Adult Talks	Sexual Ed Workshops		Transportation
Teen's Attitude	Health Education		Parent
Open Conversation	Benefits		
SHAPE	Better Sex Education		

Unexpected Finding

One unexpected finding discussed during the focus group was the implementation of pre-pregnancy programs for children in elementary school. The social workers agreed that providing educational pre-pregnancy programs focusing on educating as early as elementary school and not only on abstinence but also teaching them about STI's, STDs, and HIV could assist with combating teen pregnancy. As stated by Mattie, "It's sad to

say, but by the 5th grade, several have slipped through the cracks and probably could give you incorrect sex information." Also, the social workers did not find favor in Alabama opt-out policy. According to the discussion, Alabama's opt-out policy provides sex education at its minimum to 5th graders through 12th graders. As reported by the social workers, parents can opt-out of having their children attend classes due to their religious beliefs, and the curriculum is basic. Sara stated, "Classes give out minimum information regarding the usage of condoms and information that relates to teen pregnancy." As well as Nicole expressing that the opt-out program does not affect preventing teen pregnancy as far as she can see. She stated, "By the time students get to middle school, many students already know more than what they are teaching in the classrooms." The social workers discussed the opt-out program as just a *formality* because schools have the choice of teaching sex education, and parents have the option of allowing students to take the class.

Summary

In summary, the findings are related to practice-focused research questions. The social workers were able to communicate their expertise with working with this vulnerable population along with recommending strategies that would address the teens' beliefs, attitudes, and values as they relate to teen pregnancy. Several social workers believed that teen pregnancy could be combated with simple strategies along with evidence-based programs. As recommended by Nicole to combine sex education. Also, there was a discussion on the importance of removing the stigma that is placed on teens and educating teens of the consequences of having unprotected sex which can lead to communicable diseases as well as birthing and raising a baby

The social workers' experiences varied, but their main focus was assisting teens and parenting teens in obtaining a better life. In Section 3, through thematic analysis, I was able to identify several challenges, the need for more resources, the need for stronger support, and the need for a higher quality of education. There was a discussion of the opt-out policy for middle schoolers. According to Vanessa, "The opt-out policy is conducted through the State Board of Education. This policy covers the 5th grade through 12th grade. It provides sex education at its minimum to middle schoolers and high schoolers." Sara stated,

> Alabama's Abstinence Education Program (AAEP) is another evidence-based program throughout Jefferson County. This evidence-based program is federally funded and is in conjunction with the opt-out policy. The opt-out policy, I believe, falls under the Title V Abstinence Education Program.

Many of the social workers were not in favor of the opt-out policy. Most of the group felt that the opt-out policy was too lenient. As stated by Sara, "I believe the parents have the option to "opt-out" from inclusion due to religious belief." Although some felt the policy was too lenient, the social workers agreed that it does work in some instances. According to Jackie,

> The AAEP is an educational program for middle schools. This program is designed to assist students in making better choices now that can lead to a better adulthood later. Students should learn sexual education in middle school, but what about HIV and low birth rates, sickness during pregnancy, or economic and social implications.

The focus group expressed many teens are not aware of challenges that they may face during pregnancy, such as medical complications, insufficient weight gain, pica, faddism, and preeclampsia. Several social workers embraced the idea of having an honest conversation with children early as the place to start. According to the participants, that conversation should begin in the homes and flow into other settings. Also, there was a discussion regarding school drop-outs due to teen pregnancy. According to Jennifer, when pregnant teens are referred to the program she works in, she begins stressing the importance of finishing school. Jennifer stated, “Sometimes we can only provide health and medical care, but we always push for the teen to finish school.” According to Nicole, “I have found over the years that teens are more inclined to finish school if their friends continue to go to school. In Section 4, I discuss the application of the findings to professional practice and implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

With Alabama's teen birth rate representing one of the highest rates in the United States, this study captured what social workers perceive as best practice when addressing teen's beliefs, attitudes, and values related to sexual behavior and pregnancy. The social workers gave their perceptions of challenges social workers face when dealing with this population and what strategies they perceive best when addressing teens' beliefs, attitudes, and values related to sexual behavior and pregnancy. Furthermore, the project outlined the social workers' suggestions for combining sex education, parental participation, and evidence-based programs in improving the behavior of teens. Finally, this qualitative action research project provided the social workers' perception of the impact of the opt-out policy in the state of Alabama.

The key findings in the project were the teens' perception or belief, lack of training or education, lack of support, and lack of resources when rendering services to pregnant teens or teen parents. To attempt to change the teens' perceptions and beliefs, it was discussed that the change needed to start in the home with open conversations. Although the participants reported that great strides have been made in educating teens by using evidence-based programs, but agreed that more evidence-based programs and education are needed. The social workers discussed a lack of support as a barrier to teen parents. As reported by Vanessa, the teens' support depended on the family makeup. According to the participants, the majority of teen parents continue to live with their parents due to limited resources and income. According to Mattie, "In some households, the resources are already limited, and with another mouth to feed or take care of, it can cause problems. This is where our department steps in assisting the family with

resources." With the study's four findings, the social workers reported quality changes in how services are provided and a need for better services, resources, and regulations.

By extending the findings of the project, it is hoped that others will see the importance of removing the stigma that is placed on parenting teen, show the importance of parenting teens continuing their education, the need for better support for parenting teens and the need for more resources for parenting teens. This study indicates that there are evidence-based programs in Alabama that work, but may work more effectively if parents get involve. Specifics of the research study show that teens need to be educated regarding the consequences of having sex at an early age, along with the consequences after the child is born. With these specifics in mind, the study has shown the importance of sexual education in middle schools incorporating HIV prevention, pregnancy prevention, STI's STD's along with economic and social implications. One other finding that extends the knowledge of this discipline is the social workers' discussion of teens' dependence on their parents or guardians for housing, food, clothing, transportation, child care, or a variety of basic needs. According to social workers, pregnant and parenting teens are younger and will have to depend on their parents for support. With teens being younger and having to depend on others for support extends the knowledge of how important this project is increasing the understanding that there are not enough resources or support for teen pregnancy. Also, social workers made meaningful affirmations regarding the importance of teens, not listening or viewing provocative music or television shows. According to social workers, this is where the *glorified endeavor* develops. By extending the findings of this project, parents and teens may become responsive in changing what their children listen to or view on television.

One other finding that extends the knowledge of the importance of this project is the perceptions regarding the impact of the opt-out policy in Alabama. Many social workers had not heard of this policy, and those who had heard of it did not see the importance of combating teen pregnancy.

As a recommended solution to this study, I would continue to provide appropriate healthy sexual education, provide relationship-building education for parents, and encourage teens not to have sex. Specifically, social workers recommended teaching sex education before middle school. Also, the social workers suggested providing field trips to the NICU ward or local health department – infectious disease as part of the educational curriculum. A second recommendation would be to utilize the Sexual Health Awareness through Peer Education (SHAPE) program in schools along with the Alabama Abstinence Education Program. The programs would focus on children of all ages using practical information and visual aids in teaching sex education. This group suggested that sex education should be taught early in school. Also, I would recommend improving sex education classes, advocating for more resources, and working with social workers to change the opt-out policy. The social workers' experience with the opt-out policy was not positive. Several social workers expressed disapproval of the opt-out policy. As explained by Niccole,

> The opt-out program has no effect on preventing teen pregnancy as far as I can see. By the time teens get to middle school, many students already know more than what they are teaching in the classrooms. In many schools, it is a formality. Finally, by extending findings of this project, there may develop an outline of essential issues with respect to teen

pregnancy, the social workers' challenges, what strategies the social workers suggest that would support change, and how the social workers thought the opt-out policy in Alabama did not affect teen pregnancy.

Application for Professional Ethics in Social Work Practice

According to Sonfield, Hasstedt, and Gold (2014), many pregnant and parenting teens deal with stigmas subjected by society, peers, and their community. The study findings have shown the importance of serving this population and addressing this social problem. When assisting this vulnerable population, social workers must align practices with all core values of the NASW code of ethics. However, the dignity and worth of the person, competence, and services are specific values directly applicable to the findings. Social workers demonstrate respect for the dignity and worth of this vulnerable population by treating pregnant and parenting teens with compassion and respect for their worldview and experiences. Competence in social work practice with this population is essential also. Understanding the developmental stages and tasks of adolescence, as well as how the parenting role impacts those areas, can serve as the catalyst for providing the appropriate services and support.

Furthermore, as a social worker helping this population, knowing about, and providing appropriate services has the potential to make a significant difference. Pregnant and parenting teens face balancing their life, along with being a parent. When working with this population, providing the right resources and services can empower the teen to become self-sufficient, remain in school, and break cycles that may limit their future.

When assisting pregnant teens and parenting teens, social workers' primary goal is to help and address the teens' identified problems. Using professional judgment, the

social worker should promote self-determination while assisting clients in their efforts to construct and identify goals. Although pregnant mothers face challenges, teens face extra challenges, and social workers can help teens' define their values and set personal life goals. As stated by Jackie, "I think we all will agree that when working with the population, there are many factors we have to consider. There are community violence, alcohol, and drug abuse in homes, gang membership, and poverty."

When teens find themselves in this vulnerable situation and decide to keep their child, they are often in need of a reliable support system. Pregnant and parenting teens face challenges related to the need for appropriate medical services, accurate information, and public assistance. As the social worker for this vulnerable population, social workers adhere to the code of ethics by being committed to improving the teens' condition and assisting with accessing services and resolving conflicts along with exhibiting compassion, empathy, genuineness, and a nonjudgmental attitude.

Recommendations for Social Work Practice

Based on the findings of this study, I would recommend for clinical social work practitioners to advocate for more age-appropriate sex education classes. The classes would focus on the use of contraceptives, along with promoting abstinence and teaching sex education by using practical information along with visual guides. Two social workers in the study recommended a program offered through the State of Alabama Department of Health, SHAPE (Sexual Health Awareness through Peer Education). As indicated by a couple of social workers in the study, most teens they encountered did not use any form of birth control, although they have attended sex education classes.

The second recommendation for clinical social work practitioners is pursuing sex education, combined with parental participation and evidence-based programs. Many of the participants agreed that teaching abstinence in sex education classes was not working with teens that they encountered. As stated by Nicole,

> I think it works hand in hand. Sex education, combined with parental participation along with evidence-based programs, will work better than sex education by itself. I believe if we change the teens' perception of what is right and what is wrong, we can improve their behavior.

Also, I would recommend the clinical social work practitioner who works with teens who are pregnant or parenting advocates for the usage of contraceptives rather than promoting abstinence.

Finally, I would recommend clinical social work practitioners encourage more teaching in early grades regarding teen pregnancy and the results of teen pregnancy rather than promoting abstinence. Two social workers in the study recommended a program offered through the Department of Health, SHAPE (Sexual Health Awareness through Peer Education). The focus of the program is to teach sexual education by using practical information along with visual aids.

Many of the social workers agreed that teaching abstinence in sex education classes was not working with teens that they encountered. The social workers felt that a joint effort, including teens, parents, community, and schools, might be more helpful than a lecture in classrooms. Social workers agreed that most teens who become pregnant are not aware of the consequences. It was reported that many are filling a void or seeking to

be like their friends. By incorporating the findings of this report into practice, teens may be taught the consequences of pregnancy and the results of being a teen parent.

Transferring the findings from this study to the field of clinical social work practice could be used to promote teens and parents involved in sexual education programs, health education, and family planning. The findings would also include parents involved in their children's sexual education rather than leaving it to the schools. Several social workers reported that Alabama's opt-out program did not provide information regarding what happens once the child is delivered and challenges once the child is born. Also, the opt-out program did not include giving the parents options regarding what sex education information would be provided.

One of the project objectives was to discover strategies that social workers in Alabama perceive as best in addressing teen pregnancy. The one strategy that was discovered was the SHAPE program. The social workers felt that this program would reach more students because it is using innovative, new technology, and also it involves the parents taking part in discussions. This strategy can be useful in a broader field of social work by enhancing the already evidence-based programs being used to combat teen pregnancy. Furthermore, the social workers felt that this program could reach teen parents who had slipped through the cracks.

Limitations

There are three limitations that may impact the usefulness of this study. The first limitation maybe the size of the focus group. The focus group consisted of 12 social workers. The group may have been too large for the limited time use. Many social workers were tired by the second hour, and a few did not get an opportunity to discuss

their views fully. The focus group might have provided more information if the group was divided into two focus groups instead of one. The second limitation that may impact the usefulness of this study is an all-female focus group. The focus group did not provide a male's point of view. Although there was a discussion that males are stepping up and providing support for their children, maybe having a male in the group, could have provided a male perspective on why some males do not provide support. The third limitation is the fact that all social workers came from the same agency. The social workers all worked with pregnant teens or parenting teens, but they could only speak of their experience through their agency. By using other social workers from other agencies, their experience may have been different. With using information from two different agencies, there could be a better collaboration of what works with teens and provisional information for comparison.

Since this project is a collaboration of social workers discussing ideas they feel would enhance programs that already exist, I would recommend further research. With further research, the social work participants may be able to further expound on their experiences in collaborating with outside community organizations, parents, and school-based programs. Even though the findings gave a better understanding of what strategies the social workers felt would work best, there is a need to include parents when involving their children in exploring sex and contraceptives. Also, further research could expand to other areas and agencies across Alabama, as well as at the state level, to identify programs that assist pregnant teens and may work collectively with what the social workers have suggested.

By using the Department of Health and the school systems, this research project could be spread throughout Alabama. There are already sex education programs provided by the Department of Health, and the findings from this project could enhance those programs. This research project would not eliminate programs but would enhance programs already active. The research project could be introduced in the school system as an incentive to work with parents for better ideas in combating teen pregnancy.

Implications for Social Change

Several social workers experienced teens following their friends who are already pregnant or have a child. The social workers reported they have seen a trend of teen pregnancy increasing because teens have no direction while following their friends. Participants suggested including parents in reaching out to teens where they are and having honest conversations that would be open and transparent. If the strategy works, this can make a potential impact for positive social change at the micro-level. On the mezzo level, a positive social change could result from community-based programs facilitating open communication with the students and their parents. The community-based programs could focus on the importance of not becoming pregnant as a teen and the importance of completing their education. When communities, students, and families feel that their environment is supportive, this may create positive social change at the macro level. With implementing the findings of this research project with already administered evidence-based programs, one may find success and motivation by implementing and addressing the teens' emotional needs through open communication with young parents, pregnant teens, and parents.

By using the strategies suggested by the participants, it is anticipated that there will be an increase not only in the public's awareness and knowledge of teen pregnancy but also the potential for a better relationship with parents and potential teen parents. This doctoral study was needed because so many youths in Alabama are faced with unplanned pregnancies, school dropouts, and few resources after the delivery of baby, and lack of goals for the future. By implementing the findings of this study, may social workers identify healthier goals, substantial risk factors, and a greater economic system in assisting pregnant and parenting teens. The findings may affect how social workers view teen pregnancy and possibly could address their emotional and social needs.

Summary

In summary, through this research project, I discovered that many teens are not aware of the challenges they may face as pregnant teens or parenting teens. Also, the teens' attitudes, beliefs, or perceptions were seen as a challenge. Many social workers, who participated in this study, agreed that addressing teens' beliefs and their perception of teen pregnancy was a vital component in combating teen pregnancy. The strategies discussed in this project can cause an effective change in social policy as well as the teens' lives. Contrary to other information regarding teen pregnancy and stigma, this research project indicates hope, wealth, and prosperity for teens who receive the proper resources, support, and love. Finally, I hope this research project sheds light on positive aspects of working with pregnant teens and parenting teens in their pursuit of a better life.

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Appendix: Focus Group Questions

- What is your area of expertise in social work?
- How many years have you worked with pregnant teens?
- What strategies have you found to be successful in addressing teens' beliefs, attitudes, and values as it relates to teen pregnancy?
- How do these strategies relate to evidence-based practice in social work?
- What are some positive and negative aspects of working with pregnant teens?
- What are your experiences as a social worker when working with pregnant teens and teen parents in Alabama?
- What is your perception regarding the impact of the opt-out policy in the state of Alabama?
- What challenges encountered when rendering services to pregnant teenagers?
- What are your suggestions to improve the services offered to pregnant teens?
- What techniques have you found best to use when engaging teens or their families when speaking about sexual behavior and pregnancy?