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# Public Policies Involving Pregnant and Parenting Secondary Students From Perspectives of Educators

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# Walden University

College of Social and Behavioral Sciences

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Walden University  
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Abstract

Public Policies Involving Pregnant and Parenting Secondary Students From Perspectives  
of Educators

by

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MPA, University of Phoenix, 2009

BA, Norfolk State, 2000

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Management

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## Abstract

Despite a significant drop in the number of pregnant adolescents and reforms to fight gender discrimination under Title IX, teen pregnancy and risk factors including poverty, stigma, and substance abuse, which may lead to different negative outcomes, such as depression, social isolation, and lowered self-esteem remain a persistent problem in the United States. Due to these factors, pregnant and parenting teens have been noted to drop out of high school prematurely. Using incrementalism as a theoretical framework, the purpose of this qualitative exploratory case study was to explore and describe Title IX compliance and local policies and practices of educators as well as their role in the lives of pregnant and parenting teens pursuing secondary education. As a public policy, the purpose of Title IX is to protect students regardless of gender. Data were collected through in-depth interviews of 4 policy makers and 16 educators from public school districts across a northeastern state. To analyze the data, interviews were transcribed, inductively coded, and subjected to a thematic analysis procedure. Regardless of the existence of Title IX, the findings show it is incrementally enforced, coming into play slowly or even ignored. The themes included stigma, discriminatory segregation, funding gaps, support of programs largely outside of school, accountability for programs, denial of educators' voices on policy and practices, and recommendations of real life skills for pregnant and parenting students. This study provides relevant information to use as a basis for Title IX compliance and local educational policy modifications. This study suggests compliance and modifications may contribute to positive academic progress for pregnant and parenting adolescents.

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## Chapter 1: Introduction to the Study

Despite a significant drop in the number of pregnant adolescents, teen pregnancy remains a persistent problem in the United States. The Centers for Disease Control and Prevention (CDC; 2016) reported that almost a quarter million babies were born to U.S. mothers 15 to 19 years of age in 2014, a ratio of 24.2 per 1000. Even when considering the recent decrease in teen pregnancies and the rate of pregnancy for adolescents attending secondary schools is much higher in the United States than it is for other industrialized nations (CDC, 2016). Adolescent pregnancy contributes to high dropout rates, poverty, and having children who are more likely to continue the premature parenthood cycle and what that entails socioeconomically (Colander & Kupers, 2014; Moss-Knight & Carroll, 2013; Ng & Kaye, 2010). Title IX disallowed educational institutions from excluding pregnant or parenting students who were pursuing secondary education (Guldi, 2016). Therefore, developing and carrying out public education policies, especially those under Title IX, are important elements for addressing this societal issue.

A need is present to explore and understand the Title IX and local policies and practices of educators as well as the role that educational and government policy plays in the lives of pregnant and parenting teens pursuing secondary education. Many risk factors exist for these students including poverty, substance abuse, and high drop out rates, particularly in the South, whose economic and societal conditions have been compared to those of the developing world (Killebrew, Smith, Nevels, Weiss, & Gontkovsky, 2014; Ngabaza & Shefer, 2013). The present study will add to the literature on public policies

that could encourage pregnant and parenting teens to finish school and cases in which the policies are not followed to the fullest extent of the law.

Chapter 1 includes the background of the study; the problem, purpose, and research questions; the conceptual framework; the nature of the study, which is a description of the methodology for conducting the study; operational definitions of terms that I use throughout the study; assumptions, scope and delimitations, and limitations; the significance of the study; and a summary and transition into Chapter 2, the literature review.

### **Background of the Study**

In 1972, the Educational Amendments to the Civil Rights Act, known as Title IX, forbade educational institutions from excluding students who were either pregnant or already parents, which improved opportunities to finish secondary education and, in some cases, go on to college (Guldi, 2016). Significant social and policy implications exist for equal educational opportunities and preventing high dropout rates. Before the federal Title IX Act, states and localities addressed discriminatory practices and educational rights for pregnant teens, which was not widespread throughout the country (Guldi, 2016). Only a few states and localities addressed access to education for these young women (Guldi, 2016). Whether in sports or education after Title IX, districts that violated the civil rights of students were penalized by withdrawal of federal funding (Guldi, 2016). When schools did violate Title IX standards, the federal government gave individuals the right to sue the school district or start a complaint process with the Office of Civil Rights (OCR; Guldi, 2016).

In response to rising numbers of school-age teen pregnancies from the 1970s and later, alternative schools were established both as standalone schools or as special programs within larger high schools (Amin, Browne, Ahmed, & Sato, 2006). Because of the multiple challenges this group of young women have, the alternative program generally has parenting courses, skills training, and social and child care services provided by the school and outside agencies to encourage the students to stay in school (Rudoe, 2014). Such programs have both positive and negative aspects (Rudoe, 2014). In one such school in the United Kingdom, Rudoe (2014) interviewed and observed both students and staff between 2007 and 2008, concluding that the adolescents appreciated “a positive maternal identity,” (p. 66), yet because the academic standards were lowered they were excluded educationally.

The Guttmacher Institute (2016) claimed that despite public policies, many schools violate regulations by putting out negative stereotypes that concern pregnant teens’ morality and intelligence. Adolescents who become pregnant and whose mothers are generally uneducated attract significant stigma. The negative attitudes portrayed results in the enactment of school policies and practices that are discriminatory. Einhorn (2015) discussed the different or unequal treatment that pregnant adolescent students experience while in alternative schools as compared with mainstream programs. They are often not allowed to attend school activities because they are believed to be immoral and so portray an inappropriate example to the rest of the students. This kind of informal discrimination persists through local policies that do not comply with Title IX mandates and limit pregnant students from getting school resources.

Another issue has arisen with standalone alternative schools. Gottlieb (2003) stated that in most of the alternative schools, pregnant girls and young women are placed alongside students with disciplinary and criminal issues, who have been kicked out of mainstream institutions. A wide array of programs to support individuals' transition to parenthood exists; however, the approach must be accommodated by adequate resources and supportive of Title IX requirements (Harrison, Weinstangel, Dalziel, & Moreau, 2014; Rudoe, 2014; U.S. Department of Education, 2016).

A key concern for teenagers becoming parents before they have reached maturity is the dropout rate, which is high in the United States in general. Messacar and Phillip (2013) observed that for the last 3 decades, U.S. school dropout rates have remained at approximately 30%, and pregnant teens contribute significantly to that percentage (National Conference on State Legislatures [NCSL], 2016). NCSL (2016) posited that the children born to the young mothers will more likely suffer health and cognitive problems, live in poverty, be admitted in correctional facilities, leave school, and eventually become parents themselves in their teen years. The most basic mandate of Title IX requires that all students be treated equally. The law also requires the mainstream school to provide pregnant students with the same services given to students with disabilities (Linton & Adams Rueda, 2014; NCSL, 2016).

Although I have found multiple recent peer-reviewed articles on teen pregnancy, not only in the United States but in other countries such as the United Kingdom, Sierra Leone, the Bahamas, and others (e.g., Ganchimeg, 2014; Rudoe, 2014; Sierra Leone, 2015; Unterhalter, 2013), few studies exist on U.S. alternative programs, both standalone

and in public high schools, for pregnant and parenting teens and the effect of public policy on such programs. Limited studies can be found related to educator practices and implementation of Title IX educational policy mandates regarding equal educational opportunities for pregnant and parenting adolescents. The present study is needed to explore this relationship to determine whether Title IX compliance issues exist and the influence, if any, on the graduation rate of pregnant and parenting adolescents.

### **Problem Statement**

The general problem that I addressed in this study is that teen pregnancy and births in the United States have risen to the highest among developed nations in the world. In 2015, a total of 229,715 babies were born to women aged 15 to 19 years, for a birth rate of 22.3 per 1,000 women in this age group (CDC, 2016). Studies show that one in every four girls or young women will be pregnant before she turns 20 years old (Kearney & Levine, 2012). In addition, one in every 10 mothers will give birth to a second child before the completion of her teenage years (National Conference of State Legislatures, 2016).

Pregnant students have the right to learn in their chosen mainstream school program. However, they are often forced out of the mainstream programs into alternative programs (Einhorn, 2015). Such discrimination may have caused pregnant adolescent students to be stigmatized, which can lead to different negative outcomes, such as depression, social isolation, and lowered self-esteem, which can ultimately lead to poorer academic performance (Bermea, Toews, & Wood, 2016).

The specific problem that I addressed in this study is that the academic needs of pregnant and parenting adolescent students have not been fully explored as related to Title IX requirements (Bermea et al., 2016; Tran, Preyde, Frensch, & Cameron, 2016). Title IX, legislated in 1972, carries out the purpose of the Office for Civil Rights and covers the areas of education, academics as well as the rights of pregnant and parenting adolescents attending school (U.S. Department of Education, 2016), the focus of this study. Violations of Title IX include barring pregnant adolescents from any educational programs as well as exclusion from interscholastic sports, student leadership prospects, advanced or honors courses, and others.

Without these studies, it is difficult to determine whether Title IX is fully in compliance. It is also difficult to determine whether pregnant adolescent students still face discrimination or whether they have full access to the same quality educational opportunities as nonpregnant and parenting students. As such, a need exists to explore the policies and practices of educators regarding pregnant adolescent students who attend schools that might have negative effects on their academic performance due to lack of full compliance with Title IX requirements (Bermea et al., 2016; Tran et al., 2016).

Such a study can contribute to positive social change in that the policies and practices regarding pregnant and parenting adolescents should have the same standards of excellence as those for their peers so that graduation rates for the former might increase. Therefore, high standards and success rates would likely influence other factors that later would help these adolescents to contribute more effectively to society. Among the societal issues of influence would be helping to prevent the cycle of poverty, lack of



education, and early teen pregnancy for their progeny that is often the future of young teen mothers (Colander & Kupers, 2014; Moss-Knight & Carroll, 2013).

### **Purpose of the Study**

My purpose in this qualitative case study was twofold: (a) To explore the policies, practices, and perspectives of educators and policy makers who have been involved with Title IX compliance for pregnant and parenting adolescent students; and (b) to make recommendations to improve practices based on the findings. My goal was to explore and identify the practices through the perspectives of educators and policy makers that will ultimately facilitate academic progress for pregnant and parenting adolescent students, which are supposed to comply with Title IX. These mandates are not always followed to the full extent of the law (Einhorn, 2015).

To address this issue, I used a qualitative methodology. The research design for this study was case study. The findings may contribute to positive social change by providing relevant information that may be used as a basis for Title IX compliance and local educational policy modifications. Modifications in policies and practices of educators may contribute to positive academic progress for pregnant and parenting adolescents.

### **Research Questions**

The study was based on exploring and interpreting the perspectives of educators involved with policies and practices for pregnant and parenting adolescents in secondary schools. My aim was to gain a deeper understanding of the policies and practices from

the perspectives of the educators on the effects that these perspectives have on implementation practices of Title IX.

The following two research questions guided the study:

RQ1. How do the policies and practices educators have implemented comply with Title IX as they relate to programs for pregnant and parenting adolescents?

RQ2: What recommendations do the school educators believe will improve policies, practices, and programs for the academic success of pregnant and parenting teens that may presently lack the appropriate monitoring to comply with Title IX?

### **Conceptual Framework**

The conceptual base for this study was the incremental model. In analyzing Title IX compliance, the model demonstrated the necessity of highlighting essential targeted areas within the needs assessment of each learning community in which pregnant and parenting teen graduation rates are thwarted by ineffective Title IX implementation. The study may serve as a tool for policy makers to identify compliance and oversight issues for Title IX in addition to effective reporting within all school financial reports, annual reports, and school improvement plans. Low graduation rates indicate a lack of continuous improvement. Educator attitudes and perspectives indicate the lack of motivation to use these data to inform the need for changes in programming or policy.

This study may inform policy makers on how educator perspectives influence implementation and compliance issues of Title IX. The study may also inform policy makers on how to find alternatives to monitoring systems of Title IX implementation and current programming or the lack thereof. Jones and Baumgartner (2005) cited critics who

have discredited incrementalism on the empirical, theoretical, and methodological levels, and its survival is because of the lack of convincing alternatives. The question remains regarding effective alternatives and whether educators and policy makers fail to actively seek effective alternatives. A policy maker tends to make a continuous improvement of previous policies with minimal changes to minimize the uncertainties created because of the existing policy (Lindblom, 1959). According to this model, current policy emerges partly from older policies (Jones & Baumgartner, 2005).

This model can be the basis for changes to existing policies on pregnant and parenting adolescents. Based on the incremental model, policy makers must make small changes in existing policies by investigating curricula not in accordance with Title IX. Although Title IX strictly prohibits discrimination against pregnant and parenting teens, schools often isolate these students by pushing them out of mainstream schools or developing programs within the schools that lack high academic standards (Mangel, 2010). Nonetheless, the schools claim to be responsible for conforming to Title XI requirements by still providing these students with an education (Mangel, 2010).

When pregnant teens who drop out of school return, instead of being commended for their persistence, they are often forced by the administration to attend a school for pregnant and parenting mothers, which is usually demotivating for them (Mangel, 2010). Based on the incremental model, policy modifications may be guided toward ensuring that adolescent pregnant students are encouraged to become motivated to perform well in their academics despite their physical condition as incremental changes occur to existing policies. It is important during the data collection phase of the study, from the perspective

of educators and policy makers, to (a) identify degrees of implementation of Title IX and compliance in jurisdictions, (b) explore how Title IX policies and compliance are being monitored, (c) gauge if educators' attitudes play a role in implementing policy, (d) determine whether educators are not fully addressing Title IX compliance, and (e) gather recommendations from educators on how to fully implement Title IX and local policies to increase graduation rates of pregnant and parenting adolescents, all of which fit into the one-step-at-a time incrementalist model.

I explored how changing the curriculum in mainstream and alternative schools might transform the educational landscape and administrative policy structures needed to enable academic success. Such success is not only for their peers, but also the specific population of pregnant and parenting adolescent students. More detailed information on the incremental model is presented in Chapter 2, the literature review.

### **Nature of the Study**

Three methods exist for conducting a study, and various subcategories of each method exist (Wahyuni, 2012). The method of research most appropriate to a study needs to be considered to find the most effective way to evaluate data (McCusker & Gunaydin, 2015). The most effective way to conduct the present study was qualitative because it consisted of collecting and analyzing rich data through semistructured interviews, observations of tone and body language, and journaling (Yin, 2016) related to implementation of public policies in the education of pregnant and parenting adolescent high school students. It was unnecessary to conduct a mixed-methods study because my purpose in the study was to gain the perspectives of educators in depth. Conducting a

mixed-methods study with both qualitative and quantitative research would have involved too many time constraints for professionals deeply involved in their work.

Although quantitative studies can be used to collect information across a large participant pool and allow for generalization and numerical rating (Rhodes, 2014), such a study would not provide the same depth of detail regarding educators' perspectives on education for pregnant and parenting teens as would a qualitative study. In qualitative studies, the researchers are more interested in meaning than numbers (Willig, 2016). The participants attribute meanings not only to their own experiences and perspectives, but also to those of others (Willig, 2016). Several traditions of qualitative study exist, including phenomenology, ethnography, and narrative inquiry.

A case study could identify a lack of monitoring systems for the implementation of Title IX, the lack of motivation to modify policy, and how educator perspectives influence the direct relationship to these problems (Yin, 2016). Thus, their actions and their perspectives do not fit into "preexisting, theoretically informed categories" (Willig, 2016, p. 777). Consequently, the researchers themselves must develop new categories of meaning from the raw material (Willig, 2016). The depth to which a case study can explore educational issues, such as the conceptions of White teacher candidates on student ethnicity (Baggett & Simmons, 2017), made this qualitative tradition an appropriate choice for the present study on educational policies and programs for pregnant and parenting teens in secondary schools.

I thoroughly examined the data collected associated with graduation rates, school policy, Title IX funding reporting, annual reports programming, and school improvement

monitoring because they all related to pregnant and parenting teens. In-depth interviews with school leaders identified how Title IX is implemented, how data are used, how funding is allocated, how personnel are allocated, what programming exists, the process of modifying policy, as it all related to pregnant and parenting teens and how educator perspectives influence each of these areas in secondary schools. A case study is used to inquire into a phenomenon in a context of the real world when there are few evident boundaries between the context and the events (Yin, 2016). More than one data source is generally used (Yin, 2016).

Case studies are used to create a story or to reveal events from a real time, in-depth context that can be analyzed retrospectively (Edmonds & Kennedy, 2017). Case studies do not infer causes; however, they can give in-depth information about phenomena and can support theories such as incrementalism, which served as the theoretical framework for the present study. Understanding educators' perspectives on why policies that affect the academic success of pregnant and parenting students are not being thoroughly monitored. Also, not being explored is whether administrators lack the motivation to implement them fully in compliance with Title IX is the right fit for conducting a case study, a qualitative method rather than an approach (Yin, 2016).

### **Definitions**

*Alternative school:* Alternative schools or alternative programs created especially for pregnant and parenting teens that ideally have health and parenting aspects as well as academic curricula are voluntary according to the U.S. Department of Education (2013). Although a school is permitted to provide pregnant teens information about a program,

the school may not compel the student to attend, and the student can keep her status quo if she so chooses. The school's voluntary alternative program must have all the opportunities available that the main program has, including enrichment, academic, and extracurricular programming (U.S Department of Education, 2013). Thus, any program in which a pregnant student enrolls must be comparable with the main program and completely voluntary (U.S. Department of Education, 2013). Some schools have provided vocational tracks for these students but that violates Title IX protections. There have been many legal cases involving schools in which teachers and administrators tell the student she must leave school or enroll in an alternative school that has inferior education (ACLU, 2017).

*Title IX:* Title IX is an educational amendment to the Civil Rights Act. It was signed into law by President Richard Nixon in 1972 and demanded that all schools that received federal funding must not engage in gender discrimination. Though often thought of as ensuring equal access to sports, it also covers the right of a pregnant or parenting adolescent to the same education as that of her peers (Guldi, 2016).

### **Assumptions**

Assumptions can be truthful only because researchers accept them as such, or they are truths that researchers accept or speculate as true without concrete evidence (Marshall & Rossman, 2016). My main assumption for the study was that the participants had been involved in educational policies and practices in educational programs for pregnant and parenting teens in public secondary schools and had developed genuine perspectives on how such programs operate. Such involvement aided in guiding current

and future policies to promote more than adequate education for pregnant and parenting adolescents. A second assumption was that the participants would respond to the interview questions readily with honesty and depth in their ideas. I assumed their responses as genuine and as a reflection of accurate memories to help generate rich, scholarly data during the research process.

A third assumption was that the participants had experience in observing how the programs in which they were involved or for which they developed policies may or may not be implemented to the full extent of Title IX requirements. Title IX is intended to prevent gender discrimination and in 1972, at the time of enactment, it clearly did not permit any schools to exclude pregnant or parenting adolescents from completing their education (Guldi, 2016). Because stigma and differences in how these students are educated still exists, I assumed that the participants were aware of these discrepancies in the way Title IX is applied to academic programming in secondary schools in their areas of jurisdiction.

### **Scope and Delimitations**

Though teen pregnancy has slightly decreased in the United States, it remains a societal concern. Most pregnant and parenting adolescents are of school age and have the right to attend school in mainstreamed programs. However, many are compelled to enroll in alternative programs that lack the same standards as those in the mainstream (Einhorn, 2015). As a result, the inadequate education and stigma can lead to low self-esteem and depression as well as future teen pregnancies for their children. The populations included in this study were educators involved in teaching, administration, and policy making



regarding pregnant and parenting students. Excluded were the pregnant and formerly pregnant adolescents themselves, because my focus in the present study was on public policy.

few data exist that follow pregnant or parenting teens (Bermea et al., 2016; Nelson, 2010). A literature gap exists regarding the appropriate educational program that would comply with Title IX in terms of lessening stigma and helping the students reach academic excellence. The conceptual framework of my study was incrementalism in which policy emerges and becomes an improvement over previous policies, though with minimal changes to lessen uncertainty (Jones & Baumgartner, 2005; Lindblom, 1959). The results of the study could be transferred to educational policy makers at the local, state, and national levels to improve educational outcomes for pregnant and parenting students not only in persistence in finishing secondary school but also to contribute positively to society and prevent poverty cycle, substandard education, and future early teen pregnancy for their children.

### **Limitations**

A limitation in a study is a constraint involving a potential weakness that can ultimately affect general research outcomes (Marshall & Rossman, 2016). First, a participant might have been reluctant to admit fully that he or she engaged in any kind of discriminatory educational practices regarding pregnant teens. Second, I chose the small group of participants from only educators, administrators, and policy makers who had a variety of perspectives on educational resources for adolescents who became pregnant during their secondary years. This select group was not able to answer questions from the

perspectives of the demographic group most affected by educational policy, the pregnant and parenting teens themselves. I put aside any opinions I might have had on the issues at hand during the interview. I used bracketing so that my personal ideas could be set aside and not influence in any way the responses of the participants (Chan, Fung, & Chien, 2013).

### **Significance of the Study**

The results of the present study may provide value to the educational system that has been addressing issues of providing appropriate secondary schooling for pregnant and parenting teens for decades. Despite Title IX regulations, studies that have been conducted on the subject have revealed the inadequacy of many such programs (Einhorn, 2015; Guttmacher Institute, 2016). These students still face stigma from their teachers and peers and are often shunted to alternative schools that are not at the same level academically as that of their former schools, whether the program is outside the school or in the main school. As a result, the stigma often leads to negative outcomes including poor self-esteem, social isolation, and depression in addition to lack of academic success (Bermea et al., 2016).

Although some studies address pregnant and parenting adolescents and various aspects of their lives, few researchers have addressed their educational experiences, particularly related to public policy. The present study will help to fill a significant gap in the literature on this specific area of concern. Because so few researchers have studied this problem, little information about professional application exists in the literature. The results of the present study might help educators and future policy makers to use the

perspectives of those experienced in providing education to pregnant adolescents. They can learn more about the policies that have been developed to conform to Title IX regulations as well as the many school districts in the United States that have fallen short or completely neglected to meet policy guidelines. Ultimately, positive social change will be attained when both policy makers and educators realize the importance of equally protecting and encouraging all secondary students to pursue and complete their education regardless of whether they become young parents in their adolescent years.

### **Significance to Practice**

The importance of the present study to practice involving social policy is that it will highlight the discrepancies in the present policies regarding equality in education and what is being practiced in school districts throughout the United States. Solutions offered by the participants in the study included substantive ways to improve educational outcomes for pregnant and parenting adolescents at the secondary school level. Insights gained from educators and policy makers who are experienced in the educational field might raise awareness that much progress needs to be made to meet equitable standards for these students. The study can potentially offer new strategies to practice by identifying specific issues that need to be addressed after awareness has been raised.

### **Significance to Theory**

The general problem that I addressed in the study is the high number of teenage pregnancies in the United States compared with other developed countries and its continuing pattern into late adolescence (Kearney & Levine, 2012; National Conference of State Legislatures, 2016). The specific problem that I addressed in this study is related

to the poor quality of education provided to these students despite public policy that mandates equal educational opportunities, resulting in poor academic and social outcomes for these young women (Bermea et al., 2016; Einhorn, 2015). Due to the gap in literature on the relationship of public policy to alternative programs and schools for pregnant and parenting students, the results of the study should advance knowledge in the discipline of public policy for its main purpose is to get the perspectives of those involved with day-to-day education as well as policy makers.

### **Significance to Social Change**

The present study will be significant to social change in that it will help to fill the gap in knowledge about specific ways that education for pregnant and parenting teens is being addressed or not compliant with public policy, primarily Title IX. Title IX, or the Educational Amendments to the Civil Rights Act, does not permit schools to discriminate against students who are pregnant or have become parents already. Although Title IX has been in place for more than 40 years and these students have a right to education, educational outcomes, for the most part, have not been positive (Bermea et al., 2016; Einhorn, 2015). Educators have applied the policy in different jurisdictions in increments, the results of which are often not in full compliance with the federal law.

When educators and local and state policy makers become more aware of the lack of full compliance in providing equal education to pregnant and parenting adolescents throughout the United States despite the best intentions of federal public policy makers, they might collaborate to find solutions to the cycle of early pregnancy and poor educational outcomes. The study can contribute to the gap in research and understanding

in how full compliance with Title IX can contribute to breaking the cycle not only of the risks that pregnant and parenting adolescents face, but also the effects on their own children, who are more likely than their peers to face pregnancy in their teen years and fail to complete school (Colander & Kupers, 2014; Moss-Knight & Carroll, 2013).

### **Summary and Transition**

In Chapter 1, I presented the background of the study involving educational solutions, practices, and public policy regarding pregnant and parenting teens. Few peer-reviewed studies are present in the literature on the specific topic of how public policy, particularly Title IX, guides schools to meet the educational needs of this group of students. Thus, this study can fill the literature gap and contribute to positive social change by highlighting how schools comply or do not comply to public policies mandating equal access to education for all students. My purpose in this study was twofold: (a) To explore the policies, practices, and perspectives of educators and policy makers who have been involved with Title IX compliance for pregnant and parenting adolescent students; and (b) to make recommendations to improve practices based on the findings.

The research questions were directed at finding how educators and policy makers understand and interpret Title IX as it relates to pregnant and parenting students. They were also used to ask about the present policies and practices in the participant's area of jurisdiction. Finally, they were used to ask for recommendations from the educators and policy makers for accommodating these students. Then, I explained and connected the conceptual framework, incrementalism, to the study. I elaborated on a brief rationale for

choosing a qualitative case study as opposed to a quantitative one or one of the other qualitative traditions. In addition, I presented the assumptions, scope, limitations, delimitations, and significance to practice, theory, and social change.

Chapter 2, the literature review, includes strategies for the literature search, more detail on the conceptual framework that was used in the study, a thorough review of the literature relating to teen pregnancy and parenting, and a review of similar case studies in education and public policy.

## Chapter 2: Literature Review

Even though adolescent pregnancy in the United States has been slowly decreasing the last few years, it is the highest among developing nations on a world scale (National Conference of State Legislatures, 2016). Many young women leave school before completion, and many others continue their education. Still, they are often required to attend alternative programs either within their schools or outside of them (Einhorn, 2015). Further, although they are continuing their education, and some are preparing to go on to receiving postsecondary education, many pregnant and parenting teens become socially isolated, depressed, stigmatized, and set up emotionally to do poorly academically (Bermea et al., 2016). My purpose in this qualitative exploratory study was to explore the policies, practices, and perspectives of educators and policy makers who have been involved with Title IX compliance for pregnant and parenting adolescent students; and to make recommendations to improve practices based on the findings.

The first section is the literature search strategy, after which is a deeper explanation of the conceptual framework, incrementalism. The literature review itself covers several areas regarding adolescent pregnancy and parenting including more information on Title IX, as well as programs for the young women and the ways in which these programs sometimes succeed and often fall short (Einhorn, 2015). I also explore comparable studies using similar case study designs, and then I provide a summary and conclusions.

### **Literature Search Strategy**

During my search for literature on public policy related to education for pregnant and parenting teens, I researched several databases in the university online library. Primarily, I used EBSCOhost including Academic Search Premier as well as ERIC database. I also used a Google search with terms such as *scholarly articles* and *government documents* to find policy resources as well as other broader literature outside of the databases to find government documents relevant to the policy aspect of the study.

Most of the documents that I found were studies published in the past few years and were peer reviewed. Some of the key words that I used, yet not listed in their entirety, were *adolescent mothers, alternative programs for pregnant and parenting adolescents, medical outcomes for pregnant adolescents, public policies on educating pregnant and parenting adolescents, pregnant teens, public alternative schools, teen pregnancy rates, and Title IX* among other search words and phrases. Though I found a sufficient number of recent document, only one or two addressed policy and education for pregnant and parenting adolescents.

### **Conceptual Framework**

Incrementalism, a public policy model, was first developed by Lindblom in 1959 (Hayes, 2017). Jones and Baumgartner (2005) defined *incrementalism* as a policy decision that was derived from a former policy decision, and though it has been critiqued and questioned for many years, it remains relevant because “no convincing alternative has been offered” (p. 325). Hayes (2017) explained the incrementalism model as both normative and descriptive. Incrementalism is descriptive in that most decisions are made



that way, gradually, under ordinary circumstances; and it is normative because it is usually the best strategy. Lindblom claimed that most decisions are made incrementally because it is the best policy-making tool (Hayes, 2017).

First, when decisions are carried out rationally, policy makers agree on their objectives and list alternatives. In an ideal decision-making setting, all alternatives should be deliberated with the consequences of each thought out. Then the best alternative would be chosen (Hayes, 2017). Hayes (2017) noted that Lindblom saw two conditions: not having sufficient knowledge of the outcomes of a policy and not being about to agree on the listed objectives. Thus, Lindblom insisted on the superiority and inevitability of incrementalism rather than synoptic rationality (Hayes, 2017).

Bendor (2015) also emphasized the inevitability of Lindblom's model, which was presented in a descriptive title of how decisions end up being made: "The Science of Muddling Through." The model has been time tested, and despite controversy, it continues to be the framework on which most decisions are made (Bendor, 2015). Its micro component involves individual cognitive constraints, and its macro component involves policy-making conflicts regarding preferences. Even though what is known as *disjointed incrementalism* is no longer in use, its major heuristics survive in many applied fields (Bendor, 2015). Incrementalism has been the main school of thought since the mid-20th century. Its general concept has been especially effective in public budget making (Jones & Baumgartner, 2005).

Regarding public budget policy making, the standard operating procedures used are incremental in nature. Thus, incrementalism is expected if (a) it is simple to reverse

incremental errors; (b) most decisionmakers want to set predictable expectations in an environment of uncertainty; and (c) American political institutions involve interaction, conflict, and overlap, which tends to encourage compromise (Jones & Baumgartner, 2005). Although these situations explain incrementalism, it is the lack of guidance on how leaders decide to make adjustments that is the greatest weakness of incrementalism (Jones & Baumgartner, 2005). Consequently, Jones and Baumgartner (2005) merged punctuated equilibrium with incrementalism to arrive at normal outcome distributions. Still, they conceded that incrementalists were partly correct in that their data showed a significant tendency toward incrementalism in public policy on budgets, yet most decisionmakers are not willing to take on changes and rather underreact to such “lurches or policy punctuations” (Jones & Baumgartner, 2005, p. 350). They recommended the more general approach they presented, which they claimed was a more complete and realistic policy process model.

Title IX was the signature federal policy established to extend equal rights to groups that had experienced gender discrimination in academics and sports. It has guided educational policy for 45 years from prekindergarten through the postsecondary years. Still, many changes in public policy have been incremental (Cooley, 2015). Cooley (2015) noted that the process for higher education could be characterized as incremental. Referring to the commonly used models in public policy, punctuated-equilibrium, advocacy coalition, and multiple streams, their focus is on ideas and interests and are a combination of elements of large and incremental changes (Cooley, 2015). Cooley did conduct research on higher education but did note (as can also be applied to education

policy in general), that in formulating funding for postsecondary education, the process does not move in jumps but rather one small step at a time—incrementalism.

Ku, MacDonald, Andersen, Andersen, and Deegan (2016) emphasized that public policy makers “are being challenged by unprecedented, complex problems” (p. 49). They advocated for new methods to meet the problems: for public policy model-building, for their intellectual approaches to the problems, for finding good evidence about the problems, and for predicting outcomes. They recommended a complex multidimensional framework that combined elements of traditional learning and simulation. Ku et al. used their model in an MPA classroom using an example of disaster preparation for the U.S. Coast Guard to demonstrate to students how complex policy making can be. Ku et al. noted that its complex elements can lead to analysis issues due to how social and natural systems are so interconnected and have unreliable patterns. Thus, it is difficult to make informed decisions about society or the environment. Therefore, whether the complexity is social or analytical, they must be addressed effectively (Colander & Kupers, 2014). Even though many practitioners and researchers in public policy do not agree with incrementalism, they have conceded that in reality, incrementalism is true and is usually the way public policy is carried out (Ku et al., 2016).

Flint (2014) illustrated the way incrementalism operates in a participant-observer case study on how the safety net for children’s health was established during a 15-year period. The author stated that it was developed gradually between 1982 and 1997 through many bipartisan incremental efforts on both national and state levels. First came Medicaid expansions for children all the way through the State Child Health Insurance

Program. Flint noted that at the state level, two thirds of states went beyond federal obligations to widen coverage further. Flint was a senior executive on a national pediatric society who was involved directly with the changes, noting that the incremental process was significantly different from that of today's partisan conditions. Instead, universal empathy for children, agreement between both major political parties, easy implementation at the state level, and manageable funding all came together to implement health care for children in incremental steps during a 15-year period.

I chose incrementalism as a theoretical framework because the main public policy involved in education for pregnant and parenting adolescents is Title IX, which has been implemented incrementally. The research questions are based on individual educators' understanding of how the policy relates to this demographic group. The second research question asks about policies and practices in place in each educators jurisdictional area and the third asks for their recommendations for better policies. Despite the best intentions of those who make educational policies, the reality is that the laws are applied incrementally, often with resistance, as in *Brown vs. Board of Education* (Greene, 2015). Thus, the present study did benefit from this theory.

## **Literature Review**

### **Title IX and Public Policies**

Embedded in the U.S. Department of Education, the Office for Civil Rights enforces laws that forbid discrimination in any activities or programs that receive aid from the federal government. Title IX, which was legislated in 1972, carries out the purpose of the Office for Civil Rights regarding gender. Schools that are exempt from

Title IX are those sponsored by religious bodies if the laws are against their basic principles. Title IX covers the areas of education, academics, athletic and extracurricular activities, and covered also are the rights of pregnant and parenting adolescents attending school (U.S. Department of Education, 2016). Violations of Title IX include barring pregnant adolescents from any educational programs, among others, are exclusion from interscholastic sports, student leadership prospects, advanced or honors courses, and others. Although educators can develop classes aimed at pregnant students such as learning to care for infants, the classes may only be voluntary and on the same level as those developed for other students (U.S. Department of Education, 2016).

Providing alternative education (e.g., an alternative school in a separate building or a program in an existing school) is allowed on the condition that it is fully voluntary. Information may be given to pregnant or parenting students about such programs but there may be no coercion at all for the students to attend the programs. Pregnant students must be completely allowed, if they choose, to remain in regular classes with their peers (U.S. Department of Education, 2016). Alternative programs, as already stated, must present comparable opportunities for both sets of students, but they may not be only vocational in nature. Furthermore, information about the alternative programs must be clear, particularly on available programs and how credits between programs can be transferred in addition to how students can obtain the credit required for high school graduation. These regulations guarantee that alternative programs are comparable to regular programs and entirely voluntary (U.S. Department of Education, 2016).

In addition to public policy under Title IX regarding academic and extracurricular instruction, guidance is also present concerning medical conditions. Services that other students receive when they have medical conditions must be applied equally to pregnant students (U.S. Department of Education, 2016). For instance, the same at-home tutoring services that a student with a temporary medical issue may receive must be applied to students who have complications from pregnancy and cannot attend school or have given birth. Regarding medical certification, only if other students are required to submit certification that they have been treated by a doctor would a pregnant student or one who has been in childbirth be required to do the same. If other students who have been hospitalized are not required to certify their absence for emotional or physical medical conditions, then pregnant or newly parenting teens would also not be required to do so for the same issues (U.S. Department of Education, 2016). Nonetheless, the stigma of being a pregnant or parenting student yet exists as well as uneven application of Title IX in practice.

Many pregnancies are the result of lack of knowledge on the part of male and female adolescents on birth control and pregnancy. Dudley, Crowder, and Montgomery (2014) explored the experiences of 32 adolescent mothers viewed sex and pregnancy and how they received their information. Even though abstinence-only education had been prevalent throughout much of the United States, the high rate of teen pregnancy remains a concern for program developers and public policy makers. Such programs are not successful historically, and many adolescents engage in sexual intercourse years before making permanent commitments to marriage (Dudley et al., 2014). Dudley et al. found

that the adolescents could learn little about pregnancy and birth control either from their schools or from their parents. The authors recommended policies for age-appropriate, comprehensive education on sex and sexuality in schools and through professionals in settings besides schools.

One aspect of Title IX funding enables health services based either in the schools or linked to the community. Even though needs are great for such services, there were approximately 623 sites in the United States in 1994 (Bowman & Palley, 2003). Pregnant and parenting adolescents face a multitude of obstacles in their paths for educational and economic opportunities, and health services nearby helps to reduce many of them. Bowman and Palley (2003) conducted a study to demonstrate the effectiveness of one such program involving case management. Bowman and Palley (2003) conducted research on a women's health center that was connected to two large parts of two counties and eight Washington DC suburbs in Maryland. The socioeconomic levels in these areas are low. Many immigrants and low-income urban dwellers are now living in these areas. The region also has the lowest birth weight and highest infant mortality levels in the state. As a result, Healthy Start, a small center, has on permanent staff a nurse practitioner, a social worker with an MSW, and two outreach counselors who make home visits (Bowman & Palley, 2003). There is also a doctor who volunteers regularly. Four secondary schools and one middle school receive services from the Pregnancy Aid Center. The main goal is to provide prenatal care to pregnant students. Furthermore, teachers who lead parenting classes for these young women in additional high schools can network with the center.

The subjects of the study were 40 pregnant adolescents of varying backgrounds including young women who had recently emigrated from Latin, Caribbean, and African countries. Forty percent of the participants spoke Spanish as their first language and they ranged in age from 14 to 21 (the latter group were developmentally in adolescent stages) with a mean age of 17.75 (Bowman & Palley, 2013). Several recent immigrants were not accustomed to receiving either social services or health care in addition to their unfamiliarity with the English language. The data came from records at the prenatal, postpartum, and newborn stages, which were kept on code sheets adapted from forms involving case record charting. Recorded interviews by the case manager were analyzed to understand this young female sample better.

The eight outcome goals related both to the group's medical and educational needs. They involved rising use of services geared toward welfare and health (e.g., Supplemental Food and Assistance Program); good outcomes in pregnancies (e.g., fewer babies born of low birth weight); a good relationship based on trust between client and counselor; effective support system utilization and development in perceptions of quality and lower tiredness and unease; knowledge of appropriate use of contraception and family planning measured by client use; being able to avoid STDs or reinfection; sufficient prenatal care judged by frequency of use; and most important (related to education), being able to stay in school successfully in the duration of their pregnancies (Bowman & Palley, 2003).

The tally of services was the following: 325 client telephone calls, 135 visits to the clinic, 85 visits to private homes, and 70 travels assistances, not counting prenatal



visits. As a result, the outcomes were significantly positive. Bowman and Palley (2003) emphasized that such visits were a rarity in the public sector of organizations that extended human services, yet the findings from the Pregnancy Aid Center case study showed significant improvements in client use of the services, better outcomes during pregnancy, more supportive partners and families, well-being of clients along with social support, better use of contraceptives, adequate and consistent prenatal care, and most important in relation to the present study was enhanced achievements in education (Bowman & Palley, 2003).

Bowman and Palley (2003) concluded that good outcomes in adolescent pregnancy and maternal healthcare administered by a “flexible, small organization with a comprehensive case management model that is culturally sensitive, not only to ethnic differences, but to the developmental pressures and accompanying role strain of the pregnant young women and new mother” (p. 36). Thus, support both formally and informally is congruent with other, larger studies in less anxiety and better outcomes for pregnant women, which can lead to positive educational outcomes that lessen the chances of not persisting in education and repeating the cycle in the next generation (Bowman & Palley, 2003; Peter et al., 2017). Although the study focused on other areas besides education for pregnant and parenting students, the positive educational outcomes of such a supportive network, might lessen the stigma of being pregnant and parenting during a young woman’s secondary education. Still, the stigma of being in these circumstances yet exists.

### **Stigma of Pregnant/Parenting Teens**

The U.S. Department of Education (2016) noted that before the Title IX act in 1972, not only were pregnant students often treated badly, but their expulsion from school, thus interrupting their education, was a common occurrence. After Title IX was passed, discriminating against pregnant, birthing, and parenting adolescents was expressly forbidden. The goal of Title IX is to produce a generation of U.S. adults with economic self-sufficiency and higher education. Like implementation of integration in schools during the 50s, 60s and up through the present, positive changes come incrementally and students continue to face stigma from administrators, educators, and their peers in pursuing completion of secondary education, and other administrators, educators, and peers attempt to reduce the stigma. This section addresses both issues.

Because pregnant and parenting students are considered *at-risk*, educators attempt to use a variety of methods to engage the students in their education. Hallman (2009) described a way to involve them by using out of school literary techniques including hip hop in a school known as Eastview School for Pregnant and Parenting Teens. Hallman saw such literacy modalities to change curriculum and encourage social action. The attendees at the school are on basic or remedial education tracks. Thus, the researchers need to track the change and challenge how at-risk students are assumed to learn. Because the school has *pregnant and parenting* in its name, the school itself “retains the stigma of being a school focused on parenting rather than academics” (p. 37). By acknowledging that hip hop is a form of literacy that exists outside school, it is also acknowledging the significance of hip hop in students’ lives, which can result in

meaningful learning experiences for the students (Hallman, 2009). The school was founded for the pregnant adolescents and is the only one of its kind in the city, yet there is a college-track program at the regular high school in the midwestern community in the study.

Hallman (2009) based the study on a larger one that involved literacy learning. Hallman generated data from audio-recorded interviews, English course transcripts, field notes, and in-depth interviews with five students and three teachers as well as the collection of literacy learning artifacts. The teachers introduced hip hop in their English classrooms through poetry, narratives, and journals, all written by the students. The four hip hop themes included (a) social issue reflections, (b) becoming active hip hop agents, (c) employing the art form for learning literacy, and (d) naming hip hop as an important bridge between in and out-of-school learning (Hallman, 2009).

Hallman (2009) concluded that the use of classroom hip hop helped at risk students assert their agency as pregnant and parenting mothers and find their authentic voice. They made such assertions through a variety of literacy modalities including writing in poetic, narrative, and journaling forms. More important, learning through out-of-school methods confronted long-held ideas that these hidden, stigmatized-from-mainstream-education students learn best through a basic curriculum in which they are seldom engaged (Hallman, 2009).

Tolma et al. (2014) engaged in a study to test the efficacy of an adolescent pregnancy reduction program based on a school's case management intervention. The used a mixed method design (nonrandomized intervention/comparison) in which 203

parenting or pregnant teens were followed up every year for a 3-year period. They found that the program prevented leaving school, deferred second pregnancies, lowered the risks for early delivery compared to another school without such a program.

Regarding stigma, Tolma et al. (2014) found that because of the stigma of student pregnancies, it was challenging to find schools with high rates of pregnancy that were willing to give consent to conduct the study. That was part of the reason Tolma et al. chose a quasi-experimental methodology with a comparison group nonrandomly assigned. The latter group received standard education with classes on parenting and referrals to outside services through family and consumer life-skills classes. The former, the intervention school gave support to both young women and young men (though the male group had too few respondents to make the data valid and only data from female students were collected). On staff were members of the Promise Place Program, school administrator, teachers, and research participant representatives. Tolma et al. noted that both stigma and IRB restrictions due to HIPA regulations made participant selection an issue. They concluded that using case management in education was an appropriate strategy to prevent second pregnancies among adolescents.

With the stigmatization of pregnant students comes levels of harassment from peers and even their teachers. Title IX expressly forbids “employees, students, or third parties” from demeaning pregnant teens in any way (U.S. Department of Education, 2016, p. 8). Those in charge in an educational setting “must take prompt and effective steps” to not only stop the harassment, but also to stop its happening again and promoting such a negative environment (U.S. Department of Education, 2016, p. 8).

Some forms of harrassment might include others' jokes about a pregnant student, rude remarks about her pregnancy or past sexual history, sexual moves toward her, or gossip about her present sexual pursuits. Finally, violations of Title IX are especially egregious if the harrassment gets so intense toward a pregnant student that she cannot participate in nor gain academic achievement from classes and activities in the school, and the staff neither addresses nor pay attention to the bullying (U.S. Department of Education, 2016).

As intrinsic to incrementalism, the theoretical foundation of the present study, enforcement of protective public policy comes in steps over time in most cases. However, policies may be implemented too slowly to fully extend the protections, be ignored completely, or be worked around legally (e.g., the rise of private schools to avoid integration mandates from *Brown v. Board of Education*; Greene, 2015). Exclusion of pregnant and parenting adolescents from continuing their education in the best academic setting has been prohibited since 1972 at the enactment of Title IX. Still, in practice, schools continue to hinder them in persisting or even "exclude or punish them" (American Civil Liberties Union [ACLU], 2017).

The ACLU (2017) has compiled a multitude of cases where pregnant students tell their personal stories of being told by administrators, teachers, or guidance counselors that they must drop out of school or must go to an alternative school, which offer the students a lower level of education than what they had been pursuing. More subtle forms of discrimination on the part of staff include not extending excuses absences for medical appointments, refusal of offers to make up school work, leaving them out of extracurricular activities because of moral nonconformity, or making inappropriate

comments to show disapproval and discouragement. Working on behalf of pregnant and parenting teens, the ACLU Women's Rights Project educates, litigates, and advocates for them to avoid them having to be pushed out of school before graduation. Some cases are described as follows.

In a public charter school in Delhi, Louisiana, students were required (even if pregnancy was suspected but not confirmed) to undergo medical examinations. If they refused or if the results were positive, then they were forced to leave school. The policy was changed after the school received notifications from the ACLU and the Louisiana branch of the organization. In New Mexico, a pregnant teenager had been not only dismissed from her middle school but had also been humiliated publicly about her pregnancy by a staff member and a principal in a school assembly. Both national and state branches of the ACLU addressed the violation (*Hicks v. Edsitty-Beach*).

In Southern California, the ACLU initiated a lawsuit against local high schools who send pregnant and parenting students into substandard programs that prevented them from continuing standard education. The lawsuit was settled (ACLU, 2017). Then, in *Doe and Roe v. Reid*, the New York branch of ACLU had a lawsuit filed and settled against both the New York City Department of Education and New York City education officials punished several students for truancy but forcing them to undergo intrusive medical procedures that involved HIV, STD, and pregnancy tests. The results were then presented to the school (ACLU, 2017).

Moss-Knight and Carroll (2016) noted that in many societies, pregnant students are stigmatized not only because they have acted out sexually, but they also stand out

visibly due to their physical state as a reminder that they violated long-held beliefs about premarital chastity. Instead, these beliefs must be put aside to extend support rather than stigmatization. In a positive environment, these young women can become active contributors to society and engage in healthy parenting practices (Moss-Knight & Carroll, 2016).

Barcelos (2014) wrote about adolescent pregnancy as pathological. Barcelos noted that pregnancy among teenagers is declining, yet the pregnancy as a form of disease continues to dominate public discourse and thus lead to stigmatization. The researcher used situational analysis of policy documents and materials for promoting health in a study of teen pregnancy. Barcelos examined the management of populations and bodies related to teen pregnancy: “While the pregnant teen subject is produced through public health discourses of normalizing judgment, risk, and deference to experts, the pregnant teen body is regulated through abjection and rites of redemption” (p. 476). Barcelos claimed that the analysis offers deep questions about how to challenge assumptions about preventing pregnancy and regulations and stigma that bolster inequality in society socially and in healthcare. In carrying out public policy, schools have worked to provide the best educational settings for pregnant and parenting students. Sometimes, the best setting, although not required, is an alternative public school.

### **Alternative Education for Pregnant/Parenting Teens**

Although pregnant and parenting adolescents are not to be forced into alternative education according to Title IX guidelines, many such schools exist. They are not only in the United States but in other countries as well. Students have had both positive and

negative experiences there. Rudoe (2014) conducted research in an alternative school in the United Kingdom in 2007-2008 where the young attendees could sever their ties to mainstream education that were for the most part, not positive experiences and regain a positive identity of their maternity and get reinvented with their education. They could concentrate on improving their sense of self in the inclusive environment (Rudoe, 2014). Still, they experienced exclusion to a degree due to limits in the breadth and depth of education provided at the alternative institution.

Oz (2015) conducted an ethnographic study through becoming a volunteer at an alternative school that included students with disabilities in the rural Midwest twice a week for a year to become familiar with the school culture as well as the students who attended. Oz observed classes for parenting and interviewed teen mothers individually (two semistructured interviews each with four students). While other students who attended the school were required to have an outside job in addition to their academic instruction, the pregnant and parenting teens were required to take parenting classes and were permitted to bring their children to school with them. Oz concluded that the alternative environment allowed them to grow into an identity as good learners and therefore responsible parents. Their educational inclusion was enabled by the opportunities presented in the alternative school (Oz, 2015).

In countries outside of the United States, policies for pregnant and parenting adolescents vary. For example, in the Bahamas, they are forced to leave school if they become pregnant. However, a program known as PACE (Providing Access to Continued Education) initiated through public policy from the two national ministries, has provided



an alternative program after the students have given birth. They may not return to their regular education, though. Entry into PACE is not always consistent due to ambiguous policies, yet the program has helped over 3000 parenting students of all social and ethnic backgrounds to finish school successfully for over 40 years (Moss-Knight & Carroll, 2016).

The school is well staffed (Moss-Knight & Carroll, 2016). One individual has a dual role of principal and program coordinator. There is also one secretary, one security guard, one social worker (part-time), and depending upon needs, between two and four teachers. The program coordinator also takes a teaching role and is included among the number of teachers. School goals include helping the young women with skills, persist in school, and get placed in good jobs (Moss-Knight & Carroll, 2016). Moss-Knight and Carroll (2016) found when interviewing the students that they wished they had similar services before they became pregnant and learned more about contraceptives, what it really like to be pregnant (like physical changes), how they could set goals for their lives, and what led to their misunderstandings that might have prevented pregnancy. The risks to pregnant and parenting adolescents, due to stigmatization and the cycle of poverty and lack of standard education are substantial, yet schools and other institutions generally work to encourage them to disrupt the expected negative cycle and become responsible citizens when they are seen as part of larger picture of a well-functioning society.

### **General and Educational Risks for Pregnant/Parenting Teens**

Of the risks involved in teen pregnancy and parenting, failure to persist in school is only one Andrews and Berger (2013) listed two statistics on dropping out of school

that had further implications for employment: (a) female students who leave high school do not only have high chances of unemployment, but they also make much lower wages than their male counterparts who drop out; (b) only around 50% of young women who drop out of school become employed shortly thereafter; and (c) specifically, in 2006, in the longer term, male employment was at 77% while female employment was at 53% (Andrews & Berger, 2013).

Ng and Kaye (2013) continued to detail the costs of teen pregnancy from a Midwest study on adolescents who were in the foster care system whose researchers found that foster care children have the highest rates of pregnancy than any other adolescent group. It was found that of 17 and 18-year-old teenagers, approximately one third had been pregnant while almost half of them (48%) had been pregnant by the time they reached 19. In the general population, by 17 and 18, 18% of female adolescents had been pregnant and 27% of them by 19 (Courtney et al., 2007 as cited in Ng & Kaye, 2013). Additionally, of those who had been pregnant once, over 50% of them reported a second pregnancy.

In this U.S. foster care system, guided by public policy, the high pregnancy rates might involve high sexual activity rates. Fifty-two percent of 15-17-year-old female adolescents engaged in sexual activity between 2008 and 2010. Forty-four percent of them admitted to having sex within the last year, which is almost twice as much as those in the general population (Ng & Kaye, 2013). Similar statistics were reported for male adolescents who engaged sexually with their female counterparts in the foster care system

with almost one in five 13 to 14-year-old teenagers reporting having sexual relations (Ng & Kaye, 2013).

When adolescents transition out of foster care, administrators in the system have deep concerns about their educational and job prospects, for around three out of 10 will leave the system as parents with one or more children (Ng & Kaye, 2014). By the time they are 21, according to the Midwest study, they have numerous obstacles to continuing in school and getting a job, primarily the need for child care, which often makes them miss school or work when children get ill. By the time they reach the age of 24, their employment prospects decrease by 30%, even if they have persisted in school (Courtney et al., 2007 as cited in Ng & Kaye, 2013).

These risk factors become more concerning when adolescent mothers have mild disabilities such as learning and emotional behavior disorders, particularly the latter (Oz, 2015). Such adolescents may have psychological processing issues related to solving problems and thinking logically and engaging socially, which limits their social skills and increases their risk of pregnancy. Because they do not have well-functioning social skills, educators do not have high expectations for their success, and they are prone to sexual violence, the young women may look to becoming a parent to garner more societal respect, not fully understanding the consequences (Oz, 2015).

The alternative school, part of whose programming was to meet the needs of the at-risk group previously mentioned, had an education specialist for disabilities, a social worker, two teacher aides, one with a physical education background. The group in Oz's (2015) study numbered 25. The researcher worked as a volunteer bi-weekly for an entire

school year, working one-on-one tutoring students in two math and science areas, joining in parenting classes, performing administrative tasks for the social worker, and doing childcare so young mothers could catch up on their schoolwork. Oz observed participants in the study in the parenting classes and interviewed four students in two 45-minute to 1-hour sessions. In the first interview, the participants were asked about how they experienced finding out they were pregnant and the educational, social, and family challenges of pregnancy. The participants discussed new life meanings and how childbirth changed their circumstances. The second interview encompassed a theme regarding on services they got as well as how they related to the education and health specialists (Oz, 2015).

Rudoe (2014) viewed teen pregnancy and being reincluded in education as a transition in identity to *good mothers* from having been *bad girls*, particularly due to the ease of accepting a bad girl label rather than having the social stigma of being a bad mother. Furthermore, Rudoe noted that young women of lower classes see being a good mother as a positive identity because they must struggle to overcome their educational disadvantages. The alternative education they received with extensive support for their small group of 25 turned the struggle into a relatively easy achievement. They had a “clear sense here of a revaluing of education coinciding with a desire to be a responsible mother, which implies the value in education, leading to employment, leading to provide *the best*, notably in financial terms” (Rudoe, 2014, p. 78).

Young adults often have different perspectives on risk than those of older adults. Persoskie (2013) analyzed secondary data reported by the Bureau of Labor Statistics

(1998) on adolescent perceptions of risk from the National Longitudinal Survey of Youth 1997 in which a high number of teenagers engaged in personal interviews that were computer assisted. The questions included ones on family background, state of health, financial matters, education, and social conduct. In 1997, 3436 young adults with an average age of 15.8 years answered the following kind of question: “What is the percent chance that you will ... in the next year?” Then, the year after that, they were asked if some of the events really happened (Persoskie, 2013).

Among other analyses, Persoskie (2013) used binary logistic regressions to look at outcomes derived from traditional risk factors by themselves, self-estimates by themselves, and the two combined: “This analysis revealed how well each outcome could be predicted in the best-case scenario in which optimal weights for predictors were estimated from the data” (p. 2). Adolescents are known to perceive themselves as invulnerable (“nothing can happen to me”) and the analysis proved that to be significantly true. Persoskie posited that sense of invulnerability demonstrated in the ways that many teenagers responded to the questions indicated strong perceptions of invulnerability. Sixty-three percent of the adolescents who revealed in their answers that they had zero percent chance of leaving school did in fact drop out the following year. Regarding pregnancy, the percentage of teens who did not believe they would get pregnant in high school but were pregnant the following year was 53% (Persoskie, 2013).

Like the adolescents in Moss-Knight and Carroll’s (2016) study of an alternative school in the Bahamas for young parents who wish to continue their education, it is implied that they have low perceptions of self-risk but are surprised when the events

happen. Persoskie (2013) contested previous students that questioned young people's naivete about taking risks and experiencing consequences of risk-taking by the researcher's analysis: "the present study found that a small subset of risk factors significantly out-predicted teens' self-estimates of risk, highlighting the limitations of adolescents' appraisals of the behaviors and situations underlying risk" (p. 4). Persoskie continued by stating that adolescents who think things cannot happen to them, who believed they had zero percent chances of the events occurring "accounted for a considerable portion of those who ultimately experienced each outcome" (p. 4). Persoskie noted that augmenting the other risks factor data with risk self-estimates led only to insignificant gains in the researcher's accuracy of prediction.

Most though not all pregnant and parenting adolescents come from low socioeconomic backgrounds and are already at risk for numerous reasons before, during, and after their pregnancies. Carrion et al. (2013) emphasized that instability in shelter was a social condition that has not gotten sufficient attention from researchers. Carrion et al. studied young pregnant women from ages 14 through 21 ( $n = 623$ ) in New York City, many of whom had moved twice or more in the past year. Over one in four of this group (28.5%) taken from seven health centers and community hospitals had experienced housing instability. The purpose of the study was to test for a correlation between such instability and low birth weight in their offspring. Those who did not have stable shelter were more likely to smoke, left school, had parents who could not support them and less likely to live in a home owned by the family and have sufficient food to eat. Carrion used labor and delivery information to obtain their data and found that housing instability did

indeed predict birth weight significantly ( $B (SE) = -83.96(35.47)$ ,  $p = 0.018$ ). Carrion et al. recommended that public policies and interventions should help young pregnant women obtain stable housing during the entire course of their pregnancy and after delivery.

Perhaps, the risk issues involved in adolescent pregnancy may not be risks in certain socioeconomic groups. Lapp (2015) argued that early pregnancies cannot be fit into an either/or category. Lapp posited that some pregnancies are in the middle of the extremes: “half-desired, half-feared; not exactly planned but not total accidents.” The researcher continued to posit that blue-collar women, for example, experience ambivalence about pregnancy because they are caught between two ways of culturally viewing pregnancy: one involves the high value their group puts on motherhood and the other is delaying parenthood after college and career.

As previously noted, among industrialized countries, the United States has the highest adolescent pregnancy rate. It is also people of color in low socioeconomic circumstances who comprise most of the young childbearing population. Akella and Jordan (2015) explored why African American adolescents have such high pregnancy occurrences. Using a phenomenological design and Bandura’s social learning theory as a framework, the researchers interviewed 20 pregnant teens from an outreach program in Georgia. The social learning theory was used to unpack the psychological dynamics that make their sample of participants decided to forgo careers and education to become young mothers. To triangulate their data, Akella and Jordan worked with a nonprofit agency in the community as well as the young women. The findings included the

following theme: single parent homes (all 20 participants), poverty, low education levels, imitating parents, family reactions, peer pressure, peer reactions, religion (Akella & Jordan, 2015).

Lapp and Lapp (2016) conducted a similar study, a focus group that include seven couples who lived in southwest Ohio that revealed, among other issues, the way pregnant women of lower socioeconomic levels are treated. The participants were working class people with high school educations, and they had either voted for President Trump or in two cases did not vote at all. Among other questions on what they expected from the new president, on the issue of pregnancy related to job retention, most had negative experiences on their jobs by being expected to work again a few days after giving birth after they had been dismissed as soon as their pregnancies were announced. They expected to be treated with more respect in the future in a new president's administration. As a result, they felt that they had been penalized and denied respect in the past for planning families (Lapp & Lapp, 2016).

Lapp (2015) reported on Brookings Institute research on why poor women with unintended pregnancies are less likely than their wealthier counterparts to terminate their pregnancies and use contraception to prevent them. The National Survey of Family Growth examined data from almost 4000 single women from 15 to 44 who revealed that they did not plan their pregnancies. However, only 8.6% in the poorest group compared with 31.9% in the richest group terminated them (Lapp, 2015). Lapp questioned if the women in the poorest groups were more *pro-life* than those in the more affluent groups. In an earlier phenomenological study in southwest Ohio involving fewer than 100 women



Lapp had conducted, the author concluded that inequality in pregnancy termination might related more to culture than it does to obtaining it. Thus, making abortion more accessible may be sending a message to poorer women that it is morally correct and logically limiting the *prochoice* slogan (Lapp, 2015).

Attitudes toward pregnancy of young adolescent mothers are generally reported as negative events that lead to being pushed out of school, poverty, poor jobs, and repetition of the cycle in the next generation. Seldom are positive attitudes toward pregnancy explored. Lau, Lin, and Flores (2014) examined the National Survey of Family Growth in a secondary analysis of the data. Surveyed were teenagers ages 15 through 19 who were representative of the entire United States. Lau et al. analyzed the data (of cycles from 2002 and 2006 through 2008 through bivariate and multivariable methods. The purpose of the study was to see if positive attitudes toward childbearing were associated with sex education, history of contraceptive methods, sociology and demographics, family attitudes, and history of medical services. Nine hundred seventy-five sexually active teenagers were surveyed, and 15% had positive attitudes toward becoming pregnant (Lau et al., 2014). Yet those in the 15% group were more likely to engage in sexual activity by choice rather than coercion (1% vs. 10%), have public insurance (43% vs. 20%), to be in a low socioeconomic position (33% vs. 10%), to have undergone HIV testing (35% vs. 23%), and had begun menstruation at an early age (12 vs. 13 years of age; Lau et al., 2014).

African American adolescents not only have higher rates of unplanned pregnancies than do white adolescents, but they also suffer from sexually transmitted

diseases (STDs). Annang, Lian, Fletcher, and Jackson (2014) posited that parents should be the ones to help to prevent their children from taking sexual risks. Annang et al. conducted a quantitative survey to discover the perspectives of Black teenagers (girls as well as boys) on what they thought the reactions of their parents would be to sexual activity and its unintended consequences. Over 73% of the respondents believed their parents would be upset if they were to find out about sexual activity—more girls felt that way than did boys ( $p = 0.013$ ). Boys who were active sexually who believed their parents would react negatively to impregnating girls had sexual relations fewer times than did boys whose parents would not be concerned. Annang et al. concluded that adolescents can sense their parents' attitudes toward sexual activity, which in turn can lessen it. Therefore, open communication should be urged between parents and teenagers. Then, interventions to inform their children about sexual activity and its unintended consequences could increase healthy outcomes, preventing STDs and pregnancies.

Based on information from the preceding studies, most teen pregnancies occur among those of low socioeconomic status, but they do occur among other socioeconomic groups as well, even among groups who disdain sexual activity for moral and religious reasons. Bristol Palin, daughter of the 2008 vice-presidential candidate, became an icon for teen pregnancy. DaoJensen (2013) discussed Ms. Palin's teen pregnancy and how she gained status as a single mother from the perspective of critical feminist discourse. DaoJensen investigated how a White, evangelical, wealthy pregnant teen reconstructed cultural angst over sexual activity and pregnancy.

DaoJensen (2013) noted that Ms. Palin was forced into the national media by her politically aspiring mother as a promoter of sexual abstinence. Though the situation is unique, DaoJensen stated that the phenomenon of Bristol Palin can be “understood as part of a broader postfeminist media culture in which the articulation of feminist empowerment principles, such as female agency and reproductive choice, is subverted within the neoliberal discourse of personal responsibility and financial independence” (p. 605).

### **Education and Support Programs for Pregnant and Parenting Adolescents**

Public policies have been made at local, state, and national levels to develop programs that help to handle education for pregnant and parenting adolescents. Those involved in preventing teen pregnancy and supporting those who become pregnant have held yearly conferences to educate people who carry out successful practices and programs at which many positive methods are taught to the professionals who participate. Andrews and Berger (2013) presented extensive lists from one such conference based on programs who receive government grants. Overall, the main components of a successful program are the following: (a) emphasize reaching out to adolescents and engaging and retaining them, (b) emphasize educating them, (c) extend referrals and services that work together, (d) encourage close relationships between providers and program participants, (e) include a context of family and developmental work, and (f) keep the program atmosphere welcoming by also employing well-skilled staff members (Andrews & Berger, 2013).

A program grantee suggested that supporters should go where adolescents get together (Andrews & Berger, 2013). The grantee's program, Holistic Education for the Advancement of Teens extends services to apartment complexes where the adolescents live so that convenience is maximized, and transportation problems are minimized (Andrews & Berger, 2013). A Minnesota program grantee emphasized that texting is the most efficient tool to use to contact people for appointments and even to give them gift cards to incentivize program involvement (Andrews & Berger, 2013). A program grantee from Colorado concurred with the text message tool and added that the texts should be sent when participants were not in school and before 9 pm.

The program leaders sent texts related to events, core and seasonal curricula, and other important messages (Andrews & Berger, 2013). One incentive for program involvement came from a grantee who reported that sending parents positive notes about their children is an affirming step that the teenagers will find out about and become encouraged to continue engagement in the program (Andrews & Berger, 2013). Finally, as a means of support for educational and community programs, a program grantee from Virginia detailed (a) connecting parenting adolescents with services that help them to stay in school as they balance their new roles with their education, (b) helping them enroll in a variety of social, educational, and medical programs, (c) linking them to baby pantries if they need products to care for their children and transportation assistance, and (d) connecting them to free and continuous counseling services and giving them emergency money to meet food, housing, or childcare needs (Andrews & Berger, 2013).

The program leaders work to incorporate diversity. One such program is for the *Three Fires People* in Michigan known as the Support Network for Anishinaabe Pregnant and Parenting Teens. The Three Fires people consist of those from the Odawa, Potawatomi, and Ojibway. In general, successful teen parenting programs should (a) emphasize education; (b) combine referrals and services; (c) encourage strong connections between providers and participants; (d) have clear processes and goals for the program; (e) strengthen relationships among family members; (f) consider developmental issues; (g) find, train, and keep good staff members; and (h) provide a warm atmosphere for the programs.

In conducting research on pregnant adolescents, all aspects of their lives are under consideration. Clark and Anderson (2014) emphasized the importance of preventive services to delay future pregnancies because many young mothers become pregnant more than once before they leave their teen years. The researchers went on to state that such pregnancies are an important social dynamic because the expecting teenagers are not yet adults nor are they yet mothers. Clark and Anderson noted that there are few data on the aspect of leisure time. Thus, they explored perspectives on leisure time. Their findings revealed that most of the pregnant young women see that they will have to make sacrifices for their children and try to find ways to center their leisure habits to more child-centered ones, though their babies are yet unborn. Their feelings are ambivalent about the lack of leisure time they should expect once they are mothers, and they realize that the transition of habit will not be easy (Clark & Anderson, 2014).

Educating young parents about adequate contraceptive services is essential to prevent future pregnancies before they reach adulthood. Patel et al. (2016) interviewed 404 new teen mothers in hospitals when they were recovering from childbirth. They used a cross-sectional study. Of this number, 86% of the pregnancies were not planned. Thirty-three percent of the participants had their first sexual encounter before they were 16. One hundred thirty participants had used contraceptives; however, 85% of them became pregnant, for they were not able to replace or refill the prescriptions from clinics they were unable to access easily. Eighty two percent of the participants would have liked to have birth control services in their high schools. Patel et al. concluded that although contraceptive education is available, it does little to prevent teen pregnancy. Therefore, adequate access to contraceptives is paramount to prevent future pregnancies, especially making them available at the secondary school level (Patel et al., 2016).

### **Case Studies in Education and Public Policy**

Many case studies can be found in education and some in public policy. del Olmo (2013) focused on transforming the trajectories of migrant students through public policy. The study took place in the city of Madrid in Spain. Migrant students have challenging in adjusting to the mainstream classrooms. Ethnographic work was done by the school to help them transition into the Madrid school system. del Olmo's purpose, in addition to demonstrating their challenges is to show a wider picture of their self-perceptions and paths during the past 10 years through school public policy practices. Students came from many countries including Morocco, Colombia, China, Romania, Ecuador, and others. The author met with 43 children in a program known as *Aulas de Enlace* or *Linking*

*Classrooms* over 3 years in an ethnographic case study. De Olmo collected their narrative informally during personal conversations in the classroom. The researcher reiterated that the people responsible for public policy have neither attend to the academic field work nor reviewed experiences from other countries that addressed classroom diversity that learning the host country's language is the only way for students to achieve success. Although the program is supposed to give the immigrant students a successful transition, instead it aids the students into internalizing an unequal role and thus can result in poor employment and academic prospects (de Olmo, 2013).

Based on Akella and Jordan's (2015) work previously summarized, Allied Academies (2016) conducted a case study involving four interviews of African American pregnant teenagers. The researchers focused on their behavior as well as why they prioritized being young mothers instead of pursuing postsecondary education and good careers. Public policy was also a focus in the highlight on public health issues. Allied Academies viewed the study as a useful one for organizational behavior classes or healthcare management classes based on social learning theory so that undergraduate students could discuss disparities in health. Allied Academies' purpose was to use the material to help the students gain an overall understanding of case study.

Murphy-Graham and Lample (2014) based their case study on trust in others as an important aspect of an enlightened successful society. They posited that trust is the foundation of cooperation and collection action. Murphy-Graham and Lample took their data from Uganda and Honduras, identifying there are four different ways that education can be used to develop trust: (a) shared learning among students and teachers, (b)

collaborative rather than competitive relationships among peers, (c) community direct engagement through service projects, and (d) incorporated lessons in the curriculum on community and trust. Murphy-Graham and Lample emphasized that to fight social degradation, public policy makers must improve access to material resources and acknowledged it will take time and education to meet those ends.

Baggett and Simmons (2017) focused on mental health problems in special programs in schools for pregnant and parenting adolescents particularly due to cultural and public policies involving racial profiling. They claimed there are few studies on this topic involving White preservice teachers. The case study was of two White preservice teachers and their concepts and understanding of racial program after the murder of Travon Martin. The teachers were asked to share their personal experiences on the subject with the goal of exploring if their beliefs would meet the requirements of students of color.

One participant saw profiling as important for concepts in education, and the other viewed profiling as important to how she conceptualized the experiences of students of color in their actual classroom experiences. Although one participant, "Susan," experienced seeing students racially profiled, she admitted to having her own prejudiced thoughts, she denied profiling them herself. She could not make the connection to her role of a teacher in the future. Conversely, "Catherine" did connect her observations of racial profiling to how students were affected. She could develop a deeper understanding and challenge the traditional ways of teaching that marginalized students of color, partly because of her experience in a club for Hispanic students



(Baggett & Simmons, 2017). Baggett and Simmons (2017) noted that because of their case study findings, it is important to question and investigate one's own identity and ingrained biases in addition to the curricula in schools that may result in unequal outcomes for students of color.

Case study is the most relevant qualitative tradition for the present study. In it, I explored, not the experiences of the participants because they generally will not have experienced teen pregnancy and parenting. Rather, as educators and public policy makers, they had honed perspectives on the policies and practices involved in making and carrying out policy and direct engagement with these young women in the U.S. educational system.

### **Summary and Conclusions**

Teen pregnancy in the United States continues to be an important issue for education and public policy. The country has the highest adolescent pregnancy levels in the developing world, even though the rates have been slowly declining (National Conference of State Legislatures, 2016). Dropping out of high school before completion is common among these young women, and although public policy, particularly Title IX gives them equal education rights to continue in mainstream education, they often are unlawfully pressured to attend alternative schools in their schools or outside of them, often with lower academic standards than they would have in regular classrooms (Einhorn, 2015; Schaffer & Mbibi, 2014). The purpose of this study was to explore the policies, practices, and perspectives of educators and policy makers who have been

involved with Title IX compliance for pregnant and parenting adolescent students; and to make recommendations to improve practices based on the findings.

The theoretical framework for the present study was incrementalism, which has been used as a model for public policy since it was first conceptualized by Lindblom in the late 1950s (Hayes, 2017). Incrementalism has been a controversial framework for public policy, yet most critics have conceded that the model is to a greater or lesser extent the way that policies are still made: gradually, under ordinary circumstances. Its normality exists because it has been found to be the most practical strategy (Flint, 2014; Hayes, 2017; Ku et al., 2016). Bendor (2015) defended its use because incrementalism has been tested by time and is, Lindblom saw it, as *the science of muddling through*. Jones and Baumgartner (2005) argued that the general concept of incrementalism is particularly effective in public budget legislation. Incrementalism can also be applied to Title IX legislation. Although the law was enacted over 40 years ago and has guided educational policy for gender equality from the prekindergarten through college, its authentic enactment has been incremental (Cooley, 2015).

Title IX explicitly prohibits discrimination in federally funded programs, and it extends the Civil Rights Act regarding gender. Only schools sponsored by religious organizations are exempt from Title IX. It protects people in the areas of education, academics, athletic and extracurricular activities as well as the rights of pregnant and parenting students (U.S. Department of Education, 2016). Schools can violate Title IX by excluding these students from athletic programs, student leadership opportunities, high placement courses, and other school activities. Students can enroll in alternatives

programs aimed at them only voluntarily (U.S. Department of Education, 2016). Medical conditions of the students and their children are also protected under Title IX on an equal basis as their peers are protected such as temporary leaves for childbirth and thus are not required to certify absences if other students are not required to do the same (U.S. Department of Education, 2016). Still, the stigma and discrimination for the former exist in the 21<sup>st</sup> century years after Title IX enactment.

One U.S. controversy is the way that young students receive information about early sexual activity and its unintended consequences of pregnancy and STDs. Many states have mandated abstinence-only programs, which have had a questionable effect on the risks adolescents take (Dudley et al., 2014). Dudley et al. (2014) found that it was not only the schools that deprived them of sufficient knowledge to avoid the risks but also their parents, many of whom were reluctant to talk about sex and sexuality with their children. Bowman and Palley (2003) could only identify 623 health sites that served in the community or were linked to schools, even though the one they investigated was significantly effective in helping to reduce barriers to economic and educational opportunities.

Many educators do attempt to engage pregnant and parenting adolescents in their education and improve their prospects, such as Hallman (2009) who reported on a program based on hip hop that helped the students at an alternative school expressly for pregnant and parenting students to avoid too much interest killing basic curricula to help engage them in literacy. Hallman posited that because the school has *pregnant and parenting* in its name, they had focused overly on parenting courses instead of academic

ones. The educators recognized how important hip hop was to the students in a school that is not college track like the only other one in the midwestern city in which the study took place. The successful new hip hop program made the educators realize that students who have experienced stigma learn best when they are engaged in an authentic learning experience (Hallman, 2009). In another positive effort, Tolma et al. (2014) found that a pregnancy prevention program deferred second pregnancies and lowered risks for early delivery and leaving school. Tolma et al. also found it difficult to find schools with high pregnancy rates willing to participate in their study due to the uncovering of what is still seen as a social stigma.

Conversely, stigma and harassment persists over 40 years after Title IX was enacted not only by students but by teachers and school policy makers. Title IX does not allow the denigration of pregnant and parenting students by students, staff, or outside parties (U.S. Department of Education, 2016). However, many forms of harassment are still being reported like rude jokes and remarks about past sexual history and present pregnancies, gossip about present activity, and exclusion from school events, often to the point where the bullying gets severe enough for the students to not want or be allowed to engage in regular activities. Often the staff ignore the harassment (Greene, 2015; U.S. Department of Education, 2016). In spite of Title IX regulations, the ACLU (2017) reported that in practice, schools may hinder young pregnant and parenting students from persistence or even punish them or isolate them. The personal stories told by the students include being forced to attend substandard alternative schools by administrators and thus getting an inferior education, not being excused for absences by staff, and being the

objects of inappropriate remarks by staff and students, especially because beliefs about premarital chastity and pregnancy as a sickness are still held by many people both in the United States and other countries (ACLU, 2017; Barcelos, 2014; Moss-Knight & Carroll, 2016).

Still, some alternative schools intended to serve pregnant and parenting teens show the best intentions of policy makers. Oz (2015) volunteered at an alternative school in the rural Midwest two times a week to understand the school culture. The program was set up to empower students who were at risk. Young women who had become parents could bring their children to school with them, enroll in helpful parenting classes, and receive excellent educational opportunities. The school was based on inclusion (Oz, 2015).

Many researchers have studied the risks, both educational and general for pregnant and parenting teens (e.g., Andrews & Berger, 2013; Ng & Kaye, 2013; Oz, 2015; Persoskie, 2013; Rudoie, 2014). Not only do they have the risk of failing to persist in school, but they also have higher chances of getting good jobs or being employed at all compared to their male peers have left school (Andrews & Berger, 2013). Ng and Kaye (2013) analyzed a Midwest study on the foster care system, whose charges have a higher chance of first and second pregnancies in their teen years compared to those who grow up with families. Sexual activity is also significantly high for those in the foster system as young as 13 to 14 with almost one in five in that group reporting sexual activity (Ng & Kaye, 2013). By the time they leave the foster care system, they have 30% fewer

employment prospects than their peers, even if they have completed high school (Ng & Kaye, 2013).

Oz (2015) noted that pregnant and parenting students with disabilities may be at high risk due to poor social skills, sexual violence, and low expectations of parents and schools for their success. Rudoie (2014) found that many adolescents of low socioeconomic background see early motherhood as a positive status and need extra support to overcome their disadvantages. Persoskie (2013) found in an analysis on reports by the Bureau of Labor Statistics on teen risk perceptions that a significant majority did not believe certain risky events would happen for them even though a year later, high percentage of the adolescents did indeed experience the events such as pregnancy and dropping out of school (Persoskie, 2013).

In assessing general risks (other than educational), Carrion et al. (2013) posited that housing instability was a significant risk for teen pregnancy that has gotten little attention from researchers. The researchers found that those who did not experience housing stability had higher chances of dropping out of school, unsupportive parents, hunger, and low birth weight children (Carrion et al., 2013). Lapp (2015) argued that teen pregnancies were sometimes welcomed and sometimes not: neither planned nor complete accidents. Some cultural views of pregnancy involve placing a high value on young motherhood (Lapp, 2015). Akella and Jordan (2015) found that people of color of low socioeconomic status had the highest pregnancy rates among teenagers, and often due to cultural views the pregnancies were not viewed negatively.

On another cultural note, Lapp (2015) found from secondary research that poor women are less likely to terminate their pregnancies than middle class or wealthy women. Lau et al. (2014) investigated if positive attitudes toward pregnancy correlated with contraception use, sex education, family attitudes, and medical service history. Fifteen percent had positive attitudes toward about pregnancy and were more likely to be sexually active by choice than by force (Lau et al., 2014). Annang et al. (2014) explored high rates of STDs among African American teenagers and posited that parents should help to prevent such activity. Those who perceived their parents would be upset if they engaged in sexual activity were less likely to do it often (Annang et al., 2014). DaoJensen (2013) highlighted the attitudes of conservative religious people toward Bristol Palin's pregnancy through the lens of critical feminist discourse.

Some researchers explored education and support programs for pregnant and parenting teens. Andrews and Berger (2013) outlined many empowering policies of programs that had received government funding. In this annual conference, participants from many locations working with pregnant and parenting adolescents emphasized community reach out, extensive referrals to community programs, family and developmental work, education, and employment of skilled support staff (Andrews & Berger, 2013). Clark and Anderson (2014) emphasized the importance of preventive services to delay future pregnancies for pregnant adolescents and teen perspectives on leisure time. They found the expectant teenagers were shifting their perspectives to more child-centered leisure, so they could sacrifice for their children, though they knew it wouldn't be easy (Clark & Anderson, 2014). Patel et al. (2016) found that most (86%) of

pregnancies in their interviews of young women recovering from childbirth had unplanned pregnancies due to lack of access to birth control entailing having them replaced or refilled.

In exploring the literature, one can conclude teen pregnancy and parenting involves high risks for academic achievement, job prospects, and having what is considered by the mainstream culture as having a normal adolescent life. Teen pregnancy and parenting still carry a stigma, and the young women are subject to more risks than have their peers. Although U.S. public policy, mostly in the form of Title IX, has ostensibly protected this high-risk group, in practice, the young women face discrimination from peers and educators who do not carry out the policies fully, if at all in reported cases (ACLU, 2017). There is a gap in the literature on the policies, practices, and perspectives of public policy makers in government and school administrative roles who support and address the issues the young women face. Chapter 3 outlines the procedure for exploring these perspectives through semistructured interviews and document examination; how the data were collected and analyzed; and how the participants were protected ethically.



### Chapter 3: Research Method

My purpose in this study was to explore the policies, practices, and perspectives of educators and policy makers who have been involved with Title IX compliance for pregnant and parenting adolescent students. My purpose was also to make recommendations to improve practices based on the findings. My goal was to explore and identify practices through the perspectives of educators and policy makers that will ultimately facilitate academic progress for pregnant and parenting adolescent students and that comply with Title IX. The research design for this study was a case study, which involved semistructured interviews, observations of the participants' tone and body language during the interviews, and examination of policy documentation when provided. The findings might result in positive social change in the information provided to help in developing and modifying programs and policies to lessen social stigma and discrimination and increase academic progress for pregnant and parenting adolescents enrolled in secondary schools.

I organized Chapter 3 in the following manner: (a) the research questions and the rationale for choosing a qualitative case study; (b) the method employed, including instrumentation, and the actual procedures used for recruiting the participants; (c) the collection and analysis of the data; (d) the issues of trustworthiness including credibility, transferability, confirmability, and the procedures for protecting the participants such as informed consent and anonymity; and (e) a summary of the chapter.

#### **Research Design and Rationale**

The following research questions guided the study:

RQ1. What policies and practices have educators implemented in compliance with Title IX as they relate to pregnant and parenting adolescents?

RQ2: What recommendations do the school educators believe will improve policies and practices for the academic success of pregnant and parenting teens that may presently lack the appropriate monitoring to comply with Title IX?

My focus in the present qualitative case study was on public policies and programs for pregnant and parenting adolescents. In most studies, researchers use either quantitative or qualitative methods, or a combination of the two. Quantitative researchers use a variety of methods including surveys and predetermined instruments to test hypotheses or to find relationships between variables (Yin, 2014). They can also be used to collect numerical data from a large group of participants and provide a large base for generalizing results (McCusker & Gunaydin, 2015; Rhodes, 2014). The advantages of the latter are that bias can be eliminated and the study becomes more objective. Because I did not desire to develop hypotheses yet wanted a more in-depth view of the perspectives of educators who have been involved in following or making policies for pregnant and parenting teens, I chose a qualitative method. Miller (2016) posited that humans experience life in a multilayered, multifaceted way; thus, using analysis might be more appropriate for a study. Conversely, other researchers want their exploration of human nature to be more integrated (Miller, 2016).

In discussing qualitative research, Willig (2016) reiterated that rather than using hypotheses, qualitative researchers should focus on research questions built on processes instead of effects and causes. Willig emphasized the importance of phrasing research

questions so that they capture the full effect of the certain qualitative tradition being used (e.g., How do students learn from failure would fit the phenomenological approach based on participants' experiences?). Some of the most frequently used qualitative traditions are phenomenology, narrative inquiry, grounded theory, ethnography, and case study.

Researchers take a phenomenological approach when they want to focus on how participants describe their lived experiences. Human experiences have value and are thus worthy of study (Field, Lauzon, & Meldrum, 2016). Field et al. (2016) chose this tradition in the field of education to explore the experiences of outdoor education leaders so the researchers could obtain an in-depth understanding of job-related experiences in that field. Because the present study was focused on the viewpoints of educators on programs and policies for pregnant and parenting adolescents but not on the experiences of the latter, I disregarded phenomenology for my study.

Ethnography is used to research a group culture and is sometimes paired with grounded theory to develop new theories (Hoare, Buetow, Mills, & Francis, 2013). Hoare et al. (2013) combined the two in a study of how student nurses in New Zealand use information. Furthermore, the lead author was a nurse practitioner who experienced challenges in coming from the outside and attempting to understand the culture of the group from an inside perspective (Hoare et al., 2013). Denzin (2012) noted that ethnographers explore a shared phenomenon. Again, the participants would also be outside of the experiences and culture of pregnant and parenting teens and do not share it wholly. Further, due to the already chosen theory of incrementalism in public policy that

was used for the study, neither ethnography nor grounded theory would have been suitable.

Finally, researchers use narrative inquiry to acquire in-depth stories of those involved in an experience. Vance, Pendergast, and Garvis (2015) collected the stories of secondary school teachers who provide scripted emotional and social skills in pastoral care classes to increase the resilience of their students in this faith-based preparatory school. Vance et al. wanted to learn about the resilience of the teachers as they take on the additional role besides their own subjects. Vance et al. interviewed not only the teachers but also the parents and the managers in a series of three in-depth interviews each for seven participants. The researchers analyzed emerging themes that came from the participants' stories. Because I was seeking the perspectives of educators and not their experiences, narrative inquiry was not suited to my study.

Case study is the most suitable tradition for my study because it can answer questions on present problems in the fields of public policy and education yet does not force any specific path for the participants (Yin, 2016). Case study has been named the first qualitative method (e.g., Freud) and has reemerged, especially in psychology, education, and sociological fields (Willig, 2016). The perspectives of the educators regarding public policy and programs for pregnant and parenting students do not have to conform to preexisting classifications (Willig, 2016). Therefore, the researchers can independently find new meaning categories from the data (Willig, 2016). Case study has been used frequently in education (e.g., Baggett & Simmons, 2017), and it is particularly suitable for the present study on policies and programs for pregnant and parenting

adolescents in secondary schools. In-depth interviews and document review were used to collect data on the perspectives of educators on this socially vulnerable group.

### **Role of the Researcher**

My role as a researcher was that of an observer participant because the collected data were interpreted by body language, facial reactions, emotional reactions, and other details as the participants answer the interview questions. Both researcher and participants had varied access that shaped their perceptions in ways that are different from others. My role as an investigator allowed me to ensure my biases bias, beliefs, or personal feelings did not get in the way of data collection. All personal and professional beliefs are balanced by insider and outsider roles when interviewing a participant. I did not offer any opinions during the face-to-face or written interviews while gathering data but objectively presented questions and only necessary information.

When dealing with human subjects, as with any form of research, I the researcher ensured that no ethical boundaries were crossed while conducting this study. None of the participants I selected were personally connected with me or had worked with me in a professional/power relationship. I clearly explained and established all boundaries before the onset of the study and at the end. The participants had guidelines in place should any issues had occurred that would have crossed the line of ethical behavior. All ethical concerns were addressed with informed consent and emphasis on voluntary participation. If at any time the participant requested all data to be removed, I as a researcher was obligated to relinquish all data that may have identified that participant in any way. It was my responsibility that the participant did not suffer directly or indirectly from the study.

## Methodology

I selected a qualitative case study approach for this study because it involves getting the perspectives of individuals who have worked with policy and programming for pregnant and parenting adolescents in an educational context. To make the purpose of the study fit appropriately in the field of public policy, I discarded phenomenology, for example, for interviewing even formerly pregnant and parenting students would not involve public policy and programming. Rather, the goal is to obtain the viewpoints of the people who were responsible for or worked with programs that would lead to academic and social success for this vulnerable group of secondary students. Case study is suited for contemporary issues, yet no definite course is set for the participants; rather, any perspectives gathered in the data do not fall into set categories (Willig, 2016; Yin, 2016). Case study gives the researchers more opportunities to create new meanings from the collected data (Willig, 2016).

After IRB approval (IRB Approval #04-23-18-0369798), I gathered the data during indepth semistructured interviews in addition to examination of publicly available documents regarding present and past programs and practices related to public policy (particularly Title IX regulations) in secondary schools for pregnant and parenting students. The theoretical framework was incrementalism, which Flint (2014) demonstrated in a case study with participants and observers on children's health policies. The public policies were developed over 15 years (1982-1997) incrementally across the United States and at state levels. The findings from the present study might contribute to may contribute to positive social change by providing relevant information

that may be used as basis for program development and educational policy modifications. Modifications in programs and policies would contribute to minimizing student discrimination and positive academic progress among pregnant adolescent students.

### **Participant Selection Logic**

The sample of the study was 20 people from a larger population of individuals who are presently involved or had been active in creating educational policies, programs, or practices for pregnant and parenting adolescents: principals, teachers, and people responsible for local policies. If I did not get enough people at first, I planned to expand my search to other agencies and use snowball sampling to expand the base of interviewees. However, although I had no working relationships nor close friendships with the people I recruited, I have a few acquaintances who are involved in such programs who know others with whom I could network. Thus, snowball sampling yielded enough participants. Ten is an appropriate number to achieve saturation because I expected all my interviews to be face-to-face where I could observe body language and tone of the interviewees; however, I was able to recruit twice that number in the end, some of whom responded via phone interviews. I also examined documents publicly available or provided by the participants to triangulate the data to improve the internal validity of this research (see Azure, 2016).

The completed interviews of this sample population were transcribed and categorized manually on Excel spreadsheets. From the data, I discovered categories and themes that rose from the perspectives of these educators and policy makers who have worked with the young adults who have been pregnant and become parents in their

secondary school years. To be able to obtain enough people to interview, they were originally recruited from a large urban area in the Middle Atlantic States, but the number of participants expanded beyond that region. Still, all worked or had worked in U.S. public schools.

### **Instrumentation**

I, as a qualitative researcher, was the main instrument in data collection and analysis. The data were collected from in-depth semistructured interviews of 20 participants who have developed personal and professional perspectives of programs, public policy, and practices of providing education for pregnant and parenting adolescents in high school. Some of the interviews were face-to-face and audiotaped using a digital audio recorder, many others were recorded via telephone or Skype, and others were sent through email. The interviews continued until saturation was achieved. I collected more data through document examination on the public policies, programs, and practices for this at-risk population.

To gain facility in understanding participants' perspectives, one must realize that one's human failings could bring bias into the study (Chan et al., 2013). As the qualitative data collection instrument, to minimize influence over the study, researchers can mentally assess their own influence by bracketing and using a sort of diary to record their involuntary impressions during the interviews (Chan et al., 2013). Having the participants review the transcripts to ascertain their accuracy so that they can confirm the transcripts are indeed what they said about public policies, programs, and practices on the



education of pregnant and parenting adolescents also aided in keeping the study objective from my end.

### **Procedures for Recruitment, Participation, and Data Collection**

I sent a general description of my study to each of the educators, principals, and local policy makers, such as school board members, I hoped to recruit. In the e-mail, I asked their approval to collect data in face-to-face or written interviews. In the case of principals, I also solicited their consent to speak to staff educators who met the criteria of having had experience with programs and practices regarding pregnant and parenting students. I followed up the emails with phone calls requesting participation from interested parties. During the calls, I provided clarity on the goal of the study, to gather data regarding the perspectives of people who have been involved with policies, programs, and practices in the education of pregnant and parenting students.

When I identified the participants, I sent emails to their preferred email addresses both to introduce myself as the researcher and the purpose of the study. I made clear to them that their anonymity would be protected and that they could withdraw from the study at any point. Furthermore, their responses would not be shared with their colleagues or superiors. At that point, I sent them an informed consent form via email. Upon return of the consent form, I scheduled a time and place for the interview in a quiet and private setting of their choice either face to face or over the phone, the latter of whom revealed the private place in which they were interviewed (e.g., home office). Before beginning each interview, I reiterated the purpose of the study and the participants' part in expanding the knowledge base on public policy, programs, and educational practices

for pregnant and parenting adolescents. I explained that the interviews would be recorded on a digital device to be transcribed later and would last between half an hour to an hour or more. The participants also had an opportunity to review their individual transcripts as a matter of member checking.

In the interviews, I asked the participants 13 open-ended questions, which made them semistructured (Yin, 2014). Although the questions were set, some other responses might have come up, which might have enhanced the data, making it rich and in-depth. This format encouraged the participants to give their perspectives on the abovementioned phenomenon. As mentioned, I expected the interviews to last between 45 minutes and one hour, during which time, I was able to collect important policy data including local and state documents they might provide. Also, if data saturation was reached early, I might not have needed to interview all participants. The participants were reminded that they could leave the interview at any time without my asking questions. Finally, I asked the participants at the end of the data collection if they wanted to add anything they felt I had neglected to cover. I presented the following interview questions:

1. What goes on in the school is largely determined by the principal and teaching staff. What programs and practices are there in place for the education of pregnant teens?
2. What policies address pregnant students or those already parenting?
3. How is Title IX interpreted for implementation of practices for pregnant or parenting students? What are educators' understanding and interpretation of

Title IX as it relates to pregnant and parenting students in your area of jurisdiction?

4. What is the rate of absenteeism for pregnant and parenting students compared to students who are not pregnant or parenting?
5. What programs are available for parenting students after graduation?
6. How do differences in policies and procedures in schools affect the ability of pregnant students to learn the standard curriculum?
7. How might segregating teenage mothers from other students affect their social and emotional development?
8. What programs provide education and access to parenting students for success with providing for themselves and their children independently?
9. If you could change a school policy and procedure for pregnant students, what would it be?
10. How can the government policy be instrumental in improving programming to assist parenting teens?
11. Most school systems and schools have procedural expectations. Have you ever clashed with a policy with which you did not agree? And if so, how was it handled?
12. What are your recommendations for accommodating pregnant and parenting students?
13. How often as an educator are you given a voting voice?

Not only did I record the interviews and inform the participants that their words would be recorded and transcribed, but I also took notes by hand, including bracketing to prevent bias and add another dimension to the data analysis (Yin, 2016). After each interview was completed, I thanked each participant for taking part in the study and reminded them of the value that their perspectives would have for possibly developing public policy, programs, and practices to help pregnant and parenting adolescents achieve social and academic success during their high school years.

A few days after the completion of the interviews, I reviewed my notes and sent the digital recordings through email to a professional transcriptionist who had agreed to sign a confidentiality agreement. After I reviewed the completed transcripts for clarity and accuracy, I made sure that each participant got the opportunity to review his or her transcript by sending the individual transcriptions to the person I had interviewed. I then asked the participants via a phone call if they thought the transcriptions were accurate representations of their perspectives on public policies, programs, and practices for the education of pregnant and parenting teens and if any revisions needed to be made. I also asked them if they would have liked to take the option to see the completed study after it has been approved.

### **Data Analysis Plan**

Keeping in mind the research questions, the data were broken down into categories that reflected both the research questions and the interview questions regarding how educators understand and interpret Title IX as it relates to pregnant and parenting students; what policies are currently in place in their jurisdictions; and their

recommendations regarding policies to accommodate pregnant and parenting students. The transcripts were compiled and printed out at first to read through. Then, on computer, coding was done manually using tables on Excel spreadsheets. I investigated categories that became apparent themes based on the participants' responses. The data taken from the transcripts were analyzed by thematic codes that connect to this case study (Yin, 2016). I planned to start preliminarily with a manual coding system by highlighting key words and phrases that stand out and show common perspectives. I decided not to use a coding program such as NVivo, which is used to analyze qualitative data, but not without attempting a more thorough personal examination of the data. Even using one option, being able to organize coding and content and discovering themes led to the ultimate emerging themes that comprised the findings of the study to get an indepth point of view of the participants' perspectives of programs, policies, and educational practices for pregnant and parenting high school students.

I planned to develop an alignment between the theoretical framework, incrementalism, and the emerging themes that could demonstrate the foundation of public policy for this group of adolescents who are at high risk of not completing their secondary education successfully. I looked for similarities and differences among the participants' perspectives to conceive of relationships within the data. Then, as researcher, I could develop questions that might, for example, compare the perspectives of policy makers from the state to educators who work daily with pregnant and parenting teens. Thus, this qualitative case study engendered knowledge and understanding on public policy and practices for this group of students.

## **Issues of Trustworthiness**

### **Credibility**

For the internal validity of this study, I used triangulation techniques that comprised, in addition to the indepth semistructured interviews, the examination of public policy documents and other papers related to the programming and practices involved in supporting pregnant and parenting adolescents to be successful. Because of the interviews that were face to face, I was able to note body language, facial expressions, and changes in tone among the participants being interviewed. Probing questions were used during the interviews to get sufficient detail from each participant. Member checking also helped to ensure that the data were accurate according to the people who were interviewed. Due to the triangulation procedures, data saturation was expected to be achieved with up to 20 participants (Latham, 2013) as opposed to phenomenological research where often only interviews are used. Furthermore, because researchers who use case study do not compel participants to go in any one direction to give perspectives on contemporary issues, I as the researcher was able to come up with some new meaning categories that might arise from the data (Willig, 2016; Yin, 2011).

### **Transferability**

The external validity, or transferability, is the degree to which the findings of a study can be transferred to other contexts (Morse, 2015). I was able to provide detailed findings so that others researching the topic of education for pregnant and parenting teens can both understand the study and evaluate the results and eventually add to the literature in their own studies (see Morse, 2015). Transferability can be assured in the depth of data

generated, which was obtained not only from indepth semistructured interviews but also through participant observation and examining public and jurisdictional documents such as those found on state educational department websites and those provided by the participants. Therefore, the criteria for the participants led to recruiting professionals from three different areas of education: state policy makers, school administrators, and teachers, all of whom had similar and differing perspectives on the educational policies, programs, and practices involved in establishing educational opportunities for pregnant and parenting students.

### **Dependability and Confirmability**

To establish dependability and confirmability, I used triangulation, which involved getting different sources such as public policy documents to strengthen the data (Jones & Putney, 2016). Creswell (2014) defined triangulation as gathering evidence from a variety of sources to strengthen the rising themes and participant and researcher perspectives. I also used a strategy that involved keeping a journal with bracketing and personal assessments of what I observed during the interview process to lessen bias (Lincoln & Guba, 1991). That way, I could specifically record thoughts or biases that arose during the participant interviews.

### **Ethical Procedures**

At the start of the study, the participants noted their agreement to participate by signing informed consent forms that I provided. I used a password-protected device to transfer the data from the interviews on my recorder to the computer and then to the password-protected device, which assured the integrity of the data. Only I and the

transcriptionist who signed a confidentiality agreement had access to the data throughout the study. When the informed consent form was distributed by email to the participants, they returned the form by hand or through email with an electronic signature. They reviewed the form and interview questions prior to the data collection so they were able to understand the scope of the study and the information that was elicited.

I clearly informed the participants, both in writing and verbally at the start of the interviews that no responses from the study would be communicated to individuals or the organizations for which they work. Their answers would not be connected personally to them in any way that might result in penalties or incentives regarding their positions because the interviewees would remain anonymous, identified only as P1, P2, P3 etc. in the results. All the responses were used only for the study and they could exit the interviews at any time but also refrain from answering any question and retract any responses they may have wanted to strike off the record. Any materials related to the study, including my notes, transcriptions, informed consent forms, and electronic communications were transferred to the password protected device and will be destroyed after a 5-year period. Because the participants were not my coworkers or known to me as friends, there was no power relationships or interest conflicts to prevent them from being honest about their perspectives and experiences.

The data from this exploratory case study came from semistructured interviews of 20 educators who are presently involved or had been active in creating educational policies, programs, or practices for pregnant and parenting adolescents: principals, teachers, and school board members of a large state in the Northeast and beyond because



of snowball sampling. Using a qualitative case study method helped answer the questions on how or why (Yin, 2015) Title IX is not fully complied with in the case of educating pregnant and parenting adolescents. During the semistructured interviews that were face to face, I was able to observe the participants' tone, facial expressions, and body language and use bracketing (Chan et al., 2013) in addition to taking field notes. Finally, I examined public policy documents.

The units of analysis were the policies and practices of educators and policy makers involved with educating pregnant and parenting adolescents in secondary school. The data were triangulated through field notes, document examination, and written school policies, some publicly available and others voluntarily provided by the participants. The research instrument was 13 interview questions that directly answered the research questions. I ran a field test with one or two participants to test the appropriateness of the interview questions, and to make sure they are comprehensible and clear. That way, I was able to perfect the details of the interviews and get better insights into general interview protocols.

To find participants for the study, I first contacted educational leaders, providing a detailed explanation of the study and asking permission to contact educators in their jurisdiction as well as to post flyers in buildings and classified ads in local newspapers and social media. The participants who responded to the advertisements were contacted by phone, email, or social media depending on what information they provided through the responses to the flyers and ads. I found policy documents regarding Title IX and programs, practices, and policies for educating pregnant and parenting adolescents from

state and government websites as well as those provided by the participants (e.g., district budget documents, policy manuals, and local statistics on graduation rates).

### **Summary**

Chapter 3 presented the method with which I conducted the study. First, I explained in detail why I chose a qualitative method over a quantitative one and why case study was the most appropriate research tradition to elicit professional perspectives on the public policies, programs, and practices involved in the education of pregnant and parenting adolescents. Then I outlined the procedures for the study including how I recruited the participants, got informed consent, collected the data and interpreted the results. I outlined how I ensured the internal and external validity of the study and ethnically protected the participants' confidentiality. Chapter 4 provides the results of the study and Chapter 5 interprets it and offers conclusions and recommendations for further study.

## Chapter 4: Results

My purpose in this study was to explore the policies, practices, and perspectives of educators and policy makers who have been involved with Title IX compliance for pregnant and parenting adolescent students as well as to gather recommendations to improve practices based on the findings. My goal was to explore and identify practices through the perspectives of educators and policy makers that will ultimately facilitate academic progress for pregnant and parenting adolescent students and that comply with Title IX. Two research questions guided the study:

RQ1. How do the policies and practices educators have implemented comply with Title IX as they relate to programs for pregnant and parenting adolescents?

RQ2: What recommendations do the school educators believe will improve policies, practices, and programs for the academic success of pregnant and parenting teens that may presently lack the appropriate monitoring to comply with Title IX?

Chapter 4 has the following sections. First is a description of the research setting and any personal or organizational conditions that might have influenced interpretation and results. Next are participant demographics and characteristics relevant to the study, and then location, frequency, and duration for each data collection instrument as well as how the data were written or recorded. The data analysis follows, wherein I reveal how the process was used to move inductively from coded units to categories and themes. Issues of trustworthiness are discussed next. The results are organized according to interview questions that answer the two research questions, first on policies and practices regarding pregnant and parenting adolescents and then on what educators and major

stakeholders (e.g., school board members) would recommend helping these students achieve academic success. The last section is a summary of the chapter.

### **Research Setting**

I carried out the interviews in a setting chosen by the participants. There were no particular personal or organizational conditions that would have influenced the participants or their experience at the time the interviews were carried out that would influence interpretation of the results. No one exited the interviews due to expressed feelings of discomfort. I interviewed two participants in a school office, 10 in an office where they worked, three in their home offices, and five at homes.

### **Demographics**

Twenty participants took part in the interviews. All were in the field of education and ranged in age from 35 through older than 55 years. Nineteen of 20 participants held at least a bachelor's degree. Participant 4 declined to reveal his degree, listing himself only as an educator. One participant held a bachelor's degree, and another revealed he had a professional degree. Eight participants held doctoral degrees and nine held master's degrees. All participants revealed their gender; 12 women and eight men participated in the study. The participants came from diverse backgrounds. Five Black/African Americans, three Hispanic/Latinos, five Native Americans, and seven White/European Americans participated in the study. Thirteen participants were educators (teachers), three were administrators, and four were school board members. Table 1 presents demographic information about the 20 participants.

### **Data Collection**

Twenty participants took part in semistructured interviews, the main part of the data collection process. As stated in the section on research setting, the interviews took place in a variety of settings: at home, in a home office, at a work office, and at a school office. There was one interview for each participant ranging from almost half an hour to 55 minutes. The interviews lasted an average of 39 minutes each. The data were collected with my cell phone device that included a recording app. This recorder has password protection with a second pattern password for more protection. There was no variation in data collection from the plan presented in Chapter 3 and no unusual circumstances encountered.

### **Data Analysis**

After noting the collecting of data through the interview questions, I describe the process of moving inductively from coded units to larger categories and themes. First, I transcribed all the recordings myself making sure to present clear transcriptions devoid of disfluencies such as *um* and *you know*. All the semistructured interviews were face to face, and other than some issues when some participants changed the venue and time more than once or twice, they all took place within a reasonable period in a quiet place to aid in clear recordings. I then sent the completed transcriptions to each of the 20 participants for member checking, every single one of them. Not one of them made corrections. The consensus was generally, "Everything was as I said." I pasted all the transcripts in one large Word file and then sorted them according to each of the interview questions ( $n = 13$ ).

Table 1

*Participant Demographics*

No.	Age (y)	Gender	Degree	Ethnicity	Position
P1	55-64	Female	Doctorate	Black	Educator
P2	55-64	Male	Bachelor's	White	Administrator
P3	45-54	Female	Master's	White	Educator
P4	45-54	Male	n/a	Black	School board member/educator
P5	55-64	Female	Doctorate	Hispanic/Latino	Educator
P6	35-44	Female	Master's	Black	Educator
P7	55-64	Male	Doctorate	Hispanic/Latino	Educator
P8	35-44	Female	Professional degree	American Indian	School board
P9	35-44	Male	Master's	Black	School board
P10	45-54	Female	Doctorate	White	School board
P11	55-64	Male	Master's	White	Administrator
P12	45-54	Female	Master's	Black	Educator
P13	45-54	Male	Master's	American Indian	Educator
P14	35-44	Female	Master's	White	Educator
P15	45-54	Male	Master's	Hispanic/Latino	Educator
P16	55-64	Female	Master's	American Indian	Educator
P17	55-64	Female	Doctorate	White	Educator
P18	35-44	Male	Doctorate	American Indian	Educator
P19	55-64	Female	Doctorate	American Indian	Educator
P20	35-44	Female	Doctorate	White	Educator

After I sorted the responses to interview questions and other data (e.g., demographics, length of interview, etc.), I used the yellow highlighting tool to highlight phrases and words to do initial data coding. After that, I read through the master transcript a few times, particularly noting the highlighted text. At that point, themes became more apparent. The next time, I identified the themes more specifically and created a table in which I put the themes and examples from the text that fit. Finally, I developed a paragraph for each theme, shown in the results section.

### **Evidence of Trustworthiness**

The trustworthiness of a study involves its degree of rigor where the reader can have confidence in how the data were collected, interpreted, and presented in a manner that ensures high quality (Polit & Beck, 2014). To be trustworthy, a study must have credibility, transferability, dependability, and confirmability.

#### **Credibility**

Credibility is an important part of presenting truth in research. It is like quantitative internal validity (Connelly, 2016). Readers want to know if the research was conducted using procedures one might find in any other qualitative study—if not, one would want to know reasons the procedures varied from the usual case (Connelly, 2016). Credibility can be established with triangulation, member checking, and prolonged participant engagement during the interviews (Connelly, 2016). This qualitative case study was conducted like most other case studies using semistructured interviews, member checking, and field notes that included bracketing to eliminate bias.

**Transferability**

Transferability means that the findings of a study can be of use to other researchers in different settings (Polit & Beck, 2014). In qualitative studies, the researchers realize that much of the data comes from the participants in their study who have unique perspectives that would not be the same in a similar study (Connelly, 2016). Still, the indepth data that emerge from such studies are not vague but rich and detailed and would be of interest to those performing similar studies and thus transferable (Connelly, 2016, Mosalanejad, Dastan, Abdollahifard, & Pendar, 2018). Transferability was ascertained by making sure all the data were recorded digitally and then transcribed. I also reviewed the transcriptions carefully to make sure that all of them were complete. Engaging in such a process helped to ensure that the findings could be easily accessible and could be recreated if necessary.

**Dependability**

According to Connelly (2016), dependability is much like reliability in quantitative studies. Still, it depends on the study's nature as far as stability of conditions are concerned (Connelly, 2016). Consistency was strategized by keeping to a routine for each of the 20 participants. I called them until a date was confirmed (some changed the time and venue, but all ended up participating). I took field notes of the process during the interviews such as observations of tone and body language as well as any personal biases that arose. Then all the same interview questions were asked, and the resulting data collection was transcribed in the same manner. In conducting member checking, I called



all 20 participants after I sent them their transcripts asking if they wanted any changes. None of the participants did, so the data were ready to be organized and analyzed.

### **Confirmability**

As in the subsection on dependability, to ensure consistency in conditions, confirmability is like being an unbiased researcher in quantitative studies (Polit & Beck, 2014). My research process was confirmed through a consistent process of keeping detailed notes of my decisions in organizing data and analyzing them as the study went through collection and analysis phases. I showed the results and analysis to a colleague and conducted a member check of all the participants.

### **Study Results**

First, highlights of the data are organized by interview question. A total of 13 interview questions were aligned to the research questions and theoretical framework of incrementalism. Interview questions 1 through 8 addressed policies, programs, and practices at the different jurisdictions in which the participants had positions of teachers, administrators, and school board members. Interview questions 9 through 13 involved getting their recommendations for improving policy and exploring how much of a voice they had in effecting good practices for teaching pregnant and parenting adolescents in their districts.

#### **RQ1: Policies and Practices That Comply With Title IX**

**Interview Q1.** *What goes on in the school is largely determined by the principal and teaching staff. What programs and practices are there in place for the education of pregnant and parenting teens?* Interview Q1 elicited many responses that there were no

programs or practices in place for educating pregnant and parenting adolescents. Still, many participants who answered “none” had suggestions for what *should* be. More than half either answered in the negative or implied that there were no programs available in their school district, yet they had much to say on recommendations. P1 stated that there should be a focus on taking care of every child and not sending them away from their friends. P2 wanted to make sure the school nurse was informed so that, as a counselor, he could navigate resources with the pregnant adolescent as needed and help with the transition from leaving school and returning to school in terms of educational and support needs for her to be successful. P3 mentioned that education about pregnant teen health and that of her unborn child is unavailable. P4 believed there should be parenting classes, P5 personal development classes, P6 childhood classes, and P7 positive motivational classes. P8 emphasized regular course work and P10 complained that despite tax dollar were going for programs, none were available for pregnant and parenting teens.

P13 and P15 wanted an alternative school. P16 thought the frequency of classes should be three times every day so that pregnant teens “will get the same education as others.” P17 noted that there were “a lot of federal grants that can offer evening classes or weekend classes.” P18 stated that programs and practices “that must be included within the limitation of the wording of Title IX. If the word game can be played, then the kids will be saved and not given what they call a voluntary action, and it is not.” P19 complained, “The services out there is treating the teens as if they are a part of the special needs programs. The wording of Title IX must be altered to make sense for all.” Finally, P20 said,

[There are] none that matters to the success of the student. They say is no pressure but when given two bad options, which do you choose? For example, if someone tells you to jump off a building and they say, or you can jump with a parachute. It does not matter because you are still jumping.

The word *none* regarding the existence of programs and practices directed toward pregnant and parenting teens seemed to be the most prominent in most of the responses whether directly stated (in 10 out of 20 cases) or implied (in most cases).

**Interview Q2.** Interview Q2, *What policies address pregnant students or those already parenting?* got similar answers, only most participants acknowledged *no policies* for these students. All of the participants (except P1 who gave no answer) acknowledged either that there were no policies in place to address pregnant or parenting students or they were not aware of any. Many participants moved the responsibility to forces outside the school such as social services or “welfare” (P4, P5, P6, P14, and P15). Still, they do what they can as individuals on a case by case basis. P2 was not aware of specific policies but mentioned “teen parent resources available in the county. The biggest problem we have is attendance because of child care and we work through that on an individual basis.”

P3 stated that “there are no schoolwide policies... in my particular program, radiation is produced. All students must adhere to protection protocols regardless of pregnancy” and that “no changes are made for pregnancy.” P7 stated that Title IX was needed and is supposed to address policy “but it does not... it is very general and needs to be changed.” R11 mentioned “adjustments to making them comfortable while in class”

as did P13, that “teachers will just make them comfortable” and P19, “just to make them comfortable, but that’s not a policy.” It appears in the long-time presence of Title IX, policies are simply absent in addressing the needs of pregnant and parenting adolescents.

**Interview Q3.** Interview Q3 asked about the interpretation of Title I for implementation of practices for pregnant or parenting students as well as educators’ understanding and interpretation of the act in their area of jurisdiction. P1 emphasized that “any educational institution receiving federal funding must abide by the law. There are private or non-public educational institutions that do not receive federal funding are exempt from the Title IX practices.” P2 had heard no mention of Title IX for these students and that as a counselor he works “with students one on one for their success.” P3 felt that pregnant and parenting students “deserve an equitable education.” In a reiteration of the letter of the law, P4 stated, “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” She added, “This law covers the rights of pregnant and parenting students.” P5 admitted that there is no answer ‘because it’s never fair to all students.’ P6 was not familiar with Title IX “or the implications of teaching practices for pregnant/parenting students.” P7 had a detailed response:

Just because they are having or do have children doesn't mean they shouldn't get a fair chance at education. It should show educators and taxpayers that these people want to better themselves, not become the drop out moms they might have feared. Instead, they have a chance to get an education and earn a degree and become a

more productive member of society and be able to give their child/children a much better life than usual.

P8 offered three succinct words: “Restrictions, definitions, protocols.” P9 opined, “Let’s get more kids on the government dole, so bureaucrats can further protect their cushy jobs.” She added, “The question should be, not if I have a voting voice, but do they even care what I think or say, or are we all just bricks in the wall?” P10 saw Title IX as “implementation of practices,” and P11 believed “there is nothing currently for these types of students.” P12 noted that Title IX “is vague and does not represent all situations” and “needs to change.” P13 agreed that “changes are needed” because Title IX “tries not to discriminate against any student and education; however, students have a right regardless of race, religion, sexual orientation, or life circumstance.” P14, P15, P16, P18, and P19 all saw Title I as not allowing discrimination and P16 added that it is “also treating students as people.” P17 noted the Act “prohibits the discrimination of others regardless of their situation,” and P20 emphasized “no discrimination for any reason.”

**Interview Q4.** When asked about the rate of absenteeism for pregnant and parenting students compared to students who were not in a similar situation, there was a variety of responses, often with exact percentages. P1 did not answer. Though P2 did not know specific figures, this administrator based his answer on observations. He believed absenteeism was “slightly higher for students who are pregnant or parenting.” P3, in 6 years of teaching, had six pregnant students. P6 observed a low rate of absenteeism for five of them “since they were in the early stages.” Still, a sixth student “missed 6 weeks of school due to childbirth.” The other participants had the following short answers: P4,

“high”; P5, “50%”; P6, “kind of high”; P7, “89%”; P8, “much higher than”; P9, “60% or higher”; P10, “yearly”; P11, “40/60”; P12, “depends on the pregnancy and perinatal circumstances”; P13, “15%”; P14, “about the same in my area as drug use is heavily prevalent”; P15, “25%”; P16, “91%”; P17, “87%”; P18, “over 70%”; P19, “over 80%”; and P20, “50% or more.” Thus, eight out of 20 participants observed significantly high rates of absenteeism, and most others acknowledged fairly high rates.

**Interview Q5.** Interview Q5 was focused on the programs available for parenting students after graduation. Although P2 through P20 gave short general answers, P1 answered in significant detail based on a summary of a website from the Department of Education ([https://www2.ed.gov/about/offices /list/ocr/docs/pregnancy.pdf](https://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf)):

Programs can supplement pregnant and parenting students’ regular academic course work. This is not an exhaustive list of suggested programs and may not be applicable to every specific setting in a particular school. The programs are not legally mandated by Title IX. Prenatal, Parenting, and Life Skills Programs

Pregnant students may need prenatal programs to learn about nutrition, exercise, and caring for themselves while pregnant. Some schools have developed courses for credit, special classes during free periods, and afterschool prenatal care programs. Schools can assist students in accessing such programs provided by other entities, such as community-based nonprofits, and can even offer course credits to students who take part in such programs. Other programs may provide information and training in parenting skills and child development, including courses in child health and infant stimulation. Schools may also provide life-skills

courses to teach pregnant and parenting students (both young men and young women) lessons on time management, including balancing schoolwork and parenting, and handling finances, so that they can continue and complete school. These programs also help prepare pregnant and parenting students for the challenges posed by higher education and work, such as by providing job readiness training and mentoring services. Dropout Prevention Programs these programs identify students at a higher risk of dropping out, contact them, and encourage them to remain in or return to school. The programs can provide flexible academic options for pregnant and parenting students, so that they do not fall too far behind in earning credits towards graduation.

P2, a school administrator, had “no programs through [his] school [but] recommend county assistance agencies.” P3 also recommended county assistance/welfare programs because of “no programs available for parenting students after graduation.” P4 noted that “social services gives programs for teen mothers; they also help with working and child care.” P5 also talked about social services and added that was a necessary step “because they will only have a high school diploma to get a job.” P6, P7, P9, P10, P11, P12, P16, P17, P18, P19, and P20 all said, “Government programs for single mothers,” though P19 added “dropout prevention programs.” P8 mentioned “welfare programs” and P13 through P15 said “social service programs” with P13 also adding “dropout prevention programs.” It seems that not one participant was able to offer information about school programs for the transition from student to being on the job market or receiving social services.

**Interview Q6.** How differences in policies and procedures in schools affect the ability of pregnant students to learn the standard curriculum was the subject of Interview Q6. Although Interview Qs 1 and 2 elicited almost universal agreement that there was little in the way of Title IX policies and practices from higher levels, there was much said about local policies and practices for students to keep up with their peers, especially standards. All respondents gave specific answers except P20 who said, “I don’t want to answer that.” P1 believed “policies and procedures should support the real-life situations for a pregnant student to adjust to their active schedule.” P2 saw no difference in policies for pregnant students to “access the curriculum.” He noted, “All expectations remain the same, however, for absenteeism students are granted extended time to make up work. If necessary, some assignments may be waived which influences what the student learns.” P3 did not see “a need to have different policies/procedures for pregnant students other than those that may deliver during the school year. Assignments can be completed at home that cover the required curriculum.” P4 emphasized that “policy is set in stone and mandatory. Procedures are put in place by that school and can change. Students are safe if policies are in place from the top and that way they will receive the proper education as others.” P5 stated, “Standards provide a focus for reform efforts and all students must reach them, no matter the situation” and P6 emphasized that “students need to be focused and policies make them safe, not procedures unless it’s part of the policy.”

P7 acknowledged stigma: “The effect is tremendous due to being treated differently.” P8 noted that “focus is one of the greatest benefits of standards that often not given to student policies and procedures.” P9 noted the effects of separate policies:



“Keeping the policies and procedures separate is actually a good thing because ... education isn't a secret, keeping just a small portion of the student curriculum is the same as separation of population and hidden from the rest.” P10 emphasized the importance of standards as “an important tool for equity,” yet “evaluating whether students have met standards depends a lot on what standards you are using.” According to P11, “If all kids are required to meet the standards, all schools must work to make children reach them.”

P12 acknowledged the importance of standards because “[they] provide a yardstick for evaluating all aspects of a child’s learning.” The importance of structure is especially important for pregnant students according to P13. They “should be made aware that their life will require more structure to stay on task with school assignments; therefore, policies and procedure may be different between a non-pregnant student verses a pregnant student.” P14 did explain that things were different for pregnant and parenting adolescents: “Giving great policies and procedures offer supporters a level of standards; however, the policy must seek to help 100% of students operate in a world in which different is the norm all the time.” P15 spoke from the point of view of a school leader:

As an administrator, knowing what was required of students or whether standards were applied differently to different groups of children or even to different individuals within a class should be address by policies from the government and the procedures should be implemented in the school but the leave so much up to the principals and when it goes wrong, then they complain.

Like P7, P16 acknowledged the stigma: “The teen loses themselves and somewhat a family within the relationship with friends and even teachers.” P17 bemoaned the

tracking of students according to a teacher's perception of their intelligence from a clearly early age:

The United States, almost alone of the industrialized countries, assigns students to ability groups in kindergarten and Grade 1 based on an estimate that teachers make of their natural intelligence. And it's very clear from the research, and has been for decades, that by the time these students are in Grade 4, teachers can predict with unerring accuracy their entire subsequent academic career. For the students in the bottom half of this distribution that is the kiss of death; they end up performing well below their counterparts in almost all the other industrialized countries.

On a similar note (regarding tracking), P18 touted standards-based education: "I think the root meaning of standards-based schools and classrooms is very simple—the idea that all students can reach high explicit standards. That idea is a revolution; it is the antithesis of the idea of the sorting system." Finally, P19 felt that pregnant and parenting students lose "their identity of who they are."

**Interview Q7.** Interview Q7 tackled the stigmatic issue of separating teenage mothers from other students and how that practice might affect their social and emotional development. All participants cast aspersions on the idea. P1 stated: "I do not believe segregating teenage mothers from other students is a good idea. This type of segregation could cause psychological mistrust and question a teenage mother's ability to pursue her goals when witnessing different treatment" and P2 concurred. P2 argued, "I do not see segregating teenage mothers as an option in our school or in society. It makes them feel

different than other students like something is wrong from them.” P3 saw segregation as traumatic: “Segregating teens from other students is a form of discrimination. Being taken away from what is the norm from kids is a cultural shock.” P4 said that “the differences give the child false hope” and P5 noted, “The teen loses their identity of who they are.” P6, P7, and P8 talked about different kinds of effects: “It affects them mentally,” “It affects them physically,” and “The emotions of a child are always overboard so to lose friends is overwhelming to them.”

P9 through P20 also talked about negative effects of different kinds regarding separation of pregnant and parenting students. P9 stated, “They feel that they are not good enough.” P10 felt that “they feel lost.” Both P11 and P12 gave identical answers: “They feel abandoned.” P13 said that they felt abandoned and added they felt they were “not worthy as others.” P14 said, “They feel their goals are a big challenge and can’t see the opening at the end of the tunnel.” P15 said they felt “lost, lonely, and abandoned.” P16 explained, “The teen loses themselves and somewhat a family within the relationship with friends and even teachers.” P17 noted they feel “lost, lonely, and separated,” and P18 and P19 talked about “separation anxiety” and “anxiety and loneliness.” P20 said they “feel lost, confused.”

**Interview Q8.** The participants were asked about programs that provided education and access to parenting students for success with providing for themselves and their children independently. All but two participant noted programs, but they were outside the school system whether through social services, the government or postsecondary education. P1 said there were none and P2 talked about an LPN program

for training after high school: “If the students were diligent in coming to school, they will have perhaps earned employability certificates and have skills to enter the workforce and earn a sustainable wage.” P3 said that social services “and relocation to another school that can handle their situation” were options. P4, P6 through 9, P11, P14, and P17 through P20 stated, “Social services.” Most others (P5, P9 and P10, P13, and P16) mentioned “government programs.” Finally, P12 and P15 noted “higher education.”

**Themes associated with RQ1.** The following four themes arose from RQ1 regarding policies and practices that comply with Title IX:

1. Students face *stigma* from peers, educators, and the community, leading to social and academic challenges.
2. *Discriminatory segregation* leads to loneliness, poor decision making, and emotional disconnect.
3. Schools with high poverty and pregnancy rates face *gaps in government funding and support*.
4. Supportive programs exist but are largely *outside of the school system*.

## **RQ2: Recommendations to Improve Policies, Practices, and Programs**

**Interview Q9.** The participants were asked to name a school policy or procedure for pregnant students that they would change if they could. P1 argued that it should be “mandatory the student complete school unless there are some unforeseen circumstances. The student must complete a course (life strategies) to support the transition of becoming a new parent.” P2 felt that the subjects the pregnant and parenting teens were taught were different and they should learn “more of the same subjects” as their peers, which would

“in turn keep them on the same level. P3 wanted the “same class structure for all” and P4, P5, P8, P10, P13, P14, and P18 through P20 all agreed that completing school should be mandatory. P6 suggested “anytime courses” and P7 said that he “didn’t know.” P9 felt the Title IX “wording needs to be changed.” In addition to stating that school completion should be mandatory, P10 added that students should be held liable or pay fines if they did not. Both P11 and P12 mentioned Title IX wording. P11 remarked that there needs to be specific wording for pregnant teens and P12 that the wording “does not include all genders.” Like P6, P14 suggested “anytime classes for all situations.” Making “policies that work for all” was P15’s suggestion. P16 felt that “all school policies” needed to change, and P17 simply said, “Keep them educated.”

**Interview Q10.** The tenth interview question was on how the government can be instrumental in improving programming to assist parenting teens. P1 stated, “When federal funds are released, certain reports should be mandated to prove the school outcomes; if the outcomes are not favorable, an investigation should take place by the government.” P2 wanted “federal funding for programs.” P3 suggested “voting, federal funds, school testing scores, and funding.” As did P2, P4 noted there should be “federal funding for programs.” P5, P6, P8, P10, P15, P17, and P19 talked about changing “how federal funding for programs work” and P7 argued that the “government needs to follow up.” P9 took a strong stand that the “amount of funding” should be canceled if the scores of pregnant and parenting students “are not the same or better than others.”

P11 revealed, “There is no follow up to what the school does for the child except test scores and some teachers change to make their quota and keep their job.” P12 argued,

“Knock out the schools that are not providing the numbers needed for the teens. Every school should know if that pregnant teen is doing bad, good, or great.” P14 suggested “policy issues to reeducate in parenting and find ways to teach them parenting and find ways to teach them in being teenage mothers.” P16 felt that “teachers and staff [should] implement the policies needed for all kids to succeed.” P18 stated, “Let the teachers, parents, and teens have a voice and not a choice.” P20 explained, “Change how federal funding for programs work but they will not do that. They need for someone to fail and that make funding improve.”

**Interview Q11.** The topic of Interview Q11 was procedural expectations.

Participants were asked if they had ever clashed with a policy with which they did not agree. If so, they could reveal how it was handled. P1, an educator, did have a clash and explained she had to “write several letters to the principal and school board about making a student absent and not accommodating the student to allow her to make up the missed lessons even when she did attend school later that day.” P2 answered “yes” and said that he “voted with other members and [his] opinion was heard.” P3 answered “yes, voting and several conversations to change thoughts on policies.” P4 “never clashed” and “just voted.” P5 “clashed and voted and then walked out.” P6 said, “Yes, and argued my point.” P7 answered, “Yes, and I voted with other members and my opinion was heard.” Like P4, P11, P12, P17, and P20 never clashed and simply voted.

P9 answered, “Yes, and I voted with other members and my opinion was heard,” the same as P2. P10, a female school board member, had the negative experience of “being bullied during a vote,” but she filled out a complaint about the incident. P13 had

“several conversations to change thoughts on policies and it took several hours to finish voting.” P14 clashed because she was not “voting their way.” She “voted and walked out.” P15 and P18 also voted and left. P16 gave a more detailed answer: “Oh yes, honey, I voted and argued because I knew I was right. I told them it’s all about the kids and not about the money.” P19 not only voted and walked out but “told them to be professional and what if you were voting for your child?” She added, “They don’t think about that.”

**Interview Q12.** The participants were then asked for their recommendations for accommodating pregnant and parenting students. P1 recommended, “The platform for this law should be addressed as a living policy; the policy should change to address the needs of the pregnant and parenting students’ community.” P2 stated, “The education of all pregnant teens needs to have a platform, so they can keep up with the highest levels of all students of higher education.” P3 said that “laws should be changed to benefit the pregnant teen,” and P4 said, “Let them have a say.” P5 felt that they should have “a choice, not an option of bad or worst.” P6 recommended making “a policy for all.” P7 said that “the law should be addressed as a living policy” and P8 bemoaned that “nothing will change.” P9, P11, P13, and P15 stated that law should be made “that matter for all students.” P10 argued, “They have nothing to choose from except the option given.” P12 simply stated, “There needs to be a change.” P14 stated, “No response, no response. There needs to be a change.” P16 through P20 emphasized the need for “a policy for all.”

**Interview Q13.** Finally, Interview Q13 was used to ask the participants how often they as educators were given a voting voice. There was a variety of answers. P1 noted, “The process is very political and limited to express ideas. There is no easy process that I

am aware exists.” P2 mentioned “giving a voice and my opinion is taken in a vote and suggestions.” P3 and P6 both said that it was “seldom” and P7 “when needed.” P8 said only “10% of the time.” P9 stated that having a voting voice was “more often not than as.” P10 said “yearly” and P11 “rarely.” In a departure from the other participants, P12 said “all the time,” P13 “often during the school year,” P15 “often enough,” and P16 “100% of the time. They give suggestion boxes.” P14 said it was only “one time during the school year.” P17 retorted “Ha! Never. It’s a money game.” P18 emphasized the power of voting: “During every election cycle (local, state, federal).” P19 noted it was “always since I started home school, I felt my words and feeling were not being heard enough for the under-privileged students in need.” Finally, P20 specified, “Most of the time when there is an issue on the table.”

**Themes from Research Q2.** The following five themes arose from RQ2 regarding participant recommendations on how to improve policies and practices for the academic success of pregnant and parenting teens that may not comply with Title IX, making a total of nine emerging themes from the findings:

5. Recommendation for mandatory school completion and flexibility in curriculum
6. Recommendation for government and district accountability for programs and follow up
7. Educators often are denied a voice on programs and policies
8. Programs are needed for real life skills for pregnant and parenting adolescents



## 9. Pregnant and parenting teens need a national platform

### **Summary**

From the findings, it seems that despite Title IX's longevity in U.S. school systems, change has come slowly if at all in many instances in the case of schools providing support for the academic and social success of pregnant and parenting adolescents. The main reason given by the participants is the stigmatized status of students who are forced into becoming parents while they are essentially still children. The participants believed that discrimination exists mostly due to lack of federal financial assistance for schools of diversity, poverty, high school leaving, and high pregnancy rates. In other words, schools that have the highest pregnancy rates are already in areas of low socioeconomic status with high inequality compared to wealthier districts. Absenteeism rates for pregnant and parenting teens are high not only from medical and childcare issues but also, according to some participants, that the students are bored from not being challenged. There is a variety of negative situations and they often develop a "mental disconnect."

The participants had a variety of recommendations, which will be covered in more detail in Chapter 5. Some were offering more focused life skill programs, including support for real-life situations for pregnant students to adjust to their situations. Most participants believed that "segregating teens from other students is a form of discrimination" and leads to poor decision making. There is a paucity of supportive programs in schools because most such programs are outside the school and in the community. These young students need a public platform and a living policy to express

their preferences and find appropriate options. Participants also expressed concern for dependency on the “system.” Chapter 5 will conclude the study with recommendations, limitations, implications, and conclusions.

## Chapter 5: Discussion, Conclusions, and Recommendations

My purpose in this qualitative case study was to explore and identify the practices through the perspectives of educators and policy makers that will ultimately facilitate academic progress for pregnant and parenting adolescent students, which are supposed to comply with Title IX as well as to make recommendations to improve practices based on the findings. Teen pregnancy remains a significant problem in the United States because it puts the affected population at the risk of substance abuse, poverty, and stigma, all of which is associated with significant health risks such as depression, lower self-esteem, and isolation (Bermea et al., 2016; Killebrew et al., 2014). In this study, therefore, I sought to evaluate the policies and practices along with the opinions of educators and policymakers concerned with Title IX compliance for pregnant and parenting teenage students. The study findings indicated that there are few programs and practices tailored to suit the needs of these young students in U.S. secondary schools. In Chapter 5, I present the interpretation of the findings; the study's limitations; recommendations for policies, practices, and future research; implications of the research; and conclusions.

### **Interpretation of Findings**

The findings of this study confirm and extend knowledge in the field of public policy in a variety of ways. The study illustrates that there was a general feeling among the participants that there should be better programs to promote the quality of education among the students. Most participants confessed that they were insufficiently familiar with Title IX, a federal policy developed to extend equal rights to marginalized groups in academics and sports. The findings are interpreted by using the nine themes that emerged

from the analysis of data that also connect to the literature review and additional peer-reviewed studies. The first four themes are connected to RQ1 regarding compliance with Title IX, a government policy.

### **Theme 1: Stigmatization Leads to Social/Academic Challenges**

Teachers, administrators, and school board members are not opposed to addressing policy changes to make every teen comfortable. They acknowledged that change was needed but it was the status of the girls themselves that made it hard to make the changes. They believed that policy and procedures do not allow them to make the necessary changes due to the type of student a pregnant student was, the stigma that she faces from the time it is known she is carrying a child. The literature confirms the discrimination a pregnant student faces compared to others with medical problems. The U.S. Department of Education (2016) stated that pregnant or newly parenting students should not be required to certify their absence in the case of hospitalization or emotional and other medical conditions. Still, because of the stigma of being a pregnant or parenting teen, there is an uneven application, in practice, of Title IX.

P7, for example, acknowledged stigma, saying, “The effect is tremendous due to being treated differently.” Even a school in the Hallman (2009) study that uses hip-hop and other innovative methods, the school has pregnant and parenting teens in its name. It also has mostly lower academic tracked students enrolled. Thus, the school tends to be a one based on parenting rather than academics. Further, students can obtain a quality academic education in a nearby secondary school, yet students are generally referred to the former despite Title IX guidelines.

Stigmatization of young pregnant women carries into research. It was challenging for Tolma et al. (2014) to find schools with high pregnancy rates in which to conduct their study because few schools were willing to give consent, implying they could be branded as schools with such stigmatizing issues. Although it is true that Title IX bars other students, staff, or other parties from demeaning pregnant and parenting teens, the harassment continues including sexual harassment, damaging reputations, and spreading gossip about the victims. The U.S. Department of Education (2016) noted some egregious harassment directed at pregnant students to the point that not only can they not tolerate being in school but they often get no redress from the staff in acknowledging this extreme form of bullying.

Regarding incrementalism, enforcing public policy to protect students comes slowly with time or is even ignored or given legal workarounds in the rise of private schools, for instance (Greene, 2015). Although exclusion of continuing education for pregnant and parenting teens has been forbidden by Title IX for more than 45 years since its enactment, schools in practice continue to stigmatize their pregnant students from earning their due education (ACLU, 2017).

In the literature review, I outlined some of the cases that the ACLU (2017) has gathered, some of which include guidance counselors pushing girls into alternative schools for pregnant adolescents, which is not generally an equal education. The schools might not excuse a pregnant student for a medical appointment or allow her to make up work. The ACLU (2017) has compiled a multitude of cases where pregnant students tell their personal stories of being told by administrators, teachers, or guidance counselors

that they must drop out of school or must go to an alternative school, which offer the students a lower level of education than what they had been pursuing. The staff might also refuse to take excuses for medical absences, to make up missed work, or even outwardly show disapproval. The literature review went on to describe other cases involving discrimination against pregnant and parenting teens (ACLU, 2017). Similar problems exist in other countries as well.

In a study by Osok, Kigamwa, Huang, Grote, and Kumar (2018), 12 pregnant girls ages 15-19 were interviewed in an antenatal health facility in Nairobi, Kenya. Osok et al. also conducted a nine-item Patient Health Questionnaire (PHQ-9) on 176 respondents. Pregnant adolescents faced many challenges arising from social stigma and other societal issues. The results revealed that pregnant adolescents are challenged in four ways: they lacked basic care and provisions; they were depressed, stressed, and anxious regarding their pregnancies, they felt their work and educational opportunities were restricted after giving birth, and they often were in denial about their conditions (Osok et al., 2018). They worried about the future, for they felt strong lack of support and empowerment. Cultural and social norms in Kenya, especially related to gender and family structure stigmatized them. The most important finding was negative effects on their mental health due to feeling completely defeated and uncertain if they could care for the newborn child (Osok et al., 2018). Stigma was found heavily in the findings as well as the literature as well the emotional effects of discriminatory segregation from their nonpregnant peers.

**Theme 2: Discriminatory Segregation and Emotional Distress**

According to Title IX, “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” However, from the participants’ point of view, they felt schools did not see students the same and there is discrimination in that part of it that is untouched. Federal funding is less for schools that see diversity, poverty, leaving school, and high rates of pregnancies. The rate of absenteeism for pregnant and parenting students is on the higher end. From the interviews I got that most pregnant or parenting students are bored so many are not being challenged. Thus, they fall into a variety of negative situations.

All participants were opposed to segregating pregnant and parenting teens from their peers. According to P1, “I do not believe segregating teenage mothers from other students is a good idea. [It] cause psychological mistrust and question a teenage mother’s ability to pursue her goals when witnessing different treatment.” P3 discussed the trauma of segregation: “Segregating teens from other students is a form of discrimination. Being taken away from what is the norm form kids is a cultural shock.” There was much talk about the effects of segregation. Participants believed it affected students mentally, physically, and emotionally, especially due to loss of friendships and close contact with peers. Segregation has negative effects on self-esteem and students can feel lost, unworthy, abandoned, confused, and lonely, among other emotions.

A disconnect is present on some level, and these students find other things more important to draw their attention. They become mentally disconnected from what they

need to do to what they want to do and focus all their attention on one thing – emotional perseveration – thinking how they are perceived so that can change their brain waves in social context or “a disposition to experience prolonged emotional reactions once elicited” (Boyes, Carmody, Clarke, & Hasking, 2017, p. 570). As in stigma, most of the literature presented shows a gap between how Title IX is supposed to work in its mandates for inclusivity and how it is generally ignored in practice when pregnant and parenting teens are separated and segregated from the way they are supposed to be supported as part of the school community. Not only do many pregnant and parenting adolescents face discrimination and segregation, but their school also do through funding gaps, especially for schools that are generally in low socioeconomic areas with high pregnancy rates.

### **Theme 3: Funding Gaps for Poor Schools with High Pregnancy Rates**

Policy implications for opportunities to access education and prevent school leaving are significant. In the days before Title IX, only some local and state agencies addressed rights to education and freedom of discrimination based on gender, but such regulations were not ubiquitous throughout the United States (Guldi, 2016). After Title IX, discrimination ended up in penalties by stopping funding (Guldi, 2016). While a person can bring a lawsuit against a school district when Title IX standards are violated, schools still discriminate (Guttmatcher Institute, 2016). Funding that goes to alternative schools, often in low socioeconomic areas with high pregnancy rates, does not create equal conditions, especially in the face of schools violating regulations by questioning the intelligence and morality of pregnant and parenting teens (Guttmatcher Institute, 2016).



Furthermore, the participants did not see supportive programs inside their schools where most pregnant and parenting teens still attend school but rather on the outside, another theme in the findings. In the alternative schools, the academic and social treatment of the students does not equal that of the mainstream ones (Einhorn, 2015). Some participants were aware of Title IX and others were hardly cognizant of its existence. P1 emphasized the importance of abiding by the law if a school receives federal funding but mentioned that “private or non-public educational institutions that do not receive federal funding are exempt from the Title IX practices.” P2, on the other hand had never heard Title IX mentioned even though he is a counselor and works “with students one on one for their success.”

Perceptions of the pregnant and parenting students as a bad, immoral example to other students persists. Thus, the former either or not allowed or decide not to attend school activities. This discrimination is informal yet is persistent through local policies not in compliance with Title IX mandates. Such discrimination is devastating emotionally nonetheless and limit pregnant students from getting school resources from funding that should not discriminate based on socioeconomic or social conditions (Einhorn, 2015). The supportive programs that are available are mostly outside of the school community.

#### **Theme 4: Support Programs Mostly Outside School System**

Pregnant and parenting adolescents are spread around the world. Some countries may have responded as well or worse. Participants in the present study lived in different places throughout the United States, and it was commonly observed that there were few supportive services inside the schools. In the past, in response to large increases in teen

pregnancies from the 1970s on, school districts developed alternative schools as special programs or as separate schools (Amin et al., 2006). One such program in the United Kingdom provides skills training, parenting information as part of the program, and on-site childcare services. In addition, both the schools and agencies outside the school help motivate students to graduate (Rudoe, 2014). Unfortunately, not many programs of that caliber exist in the United States at least for almost all the 20 participants.

Most participants were aware of *no policies* for pregnant and parenting students. All the participants except one found no policies in place to address these students or that they at least had never had such policies brought to their attention. Several of the participants felt the responsibility for policies lay outside the school in the form of social services. Some mentioned “welfare,” but most of them felt they served students as individuals from their own sense of personal responsibility, case by case. One participant, though not aware of specific policies pointed out what was available at a county level and added that attendance was a huge issue due to child care responsibilities. The next five themes connect with RQ2 regarding recommendations to improve academic and social success for pregnant and parenting adolescents in their districts and throughout the United States. The themes were based partly on public policies and practices, partly on whether the participants had a voice in developing and carrying out such policies and practices, funding for real life skills, and the need for a national platform for these students so they themselves can add their voice to this important discussion.

**Theme 5: Mandatory School Completion and Curricular Flexibility**

Theme 5, mandatory school completion and curricular flexibility, ran especially through many of the answers the participants gave to Interview Q6 and Q9. Little was said in the interviews on Title IX in the first two interview questions, but much was said on local policies and practices in other responses, particularly standards, so that students would not fall behind their fellow students, though there was no golden ticket. Some participants believed in the importance of “real life skills” for pregnant and parenting students while others emphasized the importance of “accessing the [same] curriculum” as other students. Still, they believed it was important to be flexible. P2 emphasized that all expectations should be equal except for extended time for make up work with waived assignments in rare cases like when the students are giving birth, in which case they can be done at home. On the latter, P2 expressed concern that flexibility still might have a negative academic effect on students in the long run. Two participants essentially argued that standards should be followed in any situation and “students need to be focused and policies make them safe, not procedures unless it’s part of the policy.”

When the participants were asked for their feedback on ideal school policies or procedures for pregnant students, mandatory school completion was at the forefront of their responses. One participant felt school completion should be mandatory “unless there are unforeseen circumstances.” This participant advocated for an additional life strategies course. Nine participants especially agreed on mandatory school completion while others were more open to flexibility toward the same ends of academic success. For example, P6 and P14 suggested “anytime courses,” which would likely involve online learning. One

participant went beyond the mandatory concept and suggested a more punitive measure in which students would be held liable in a legal sense or be required to pay a fine if they were unable to unwilling to stay in school until graduation. Others felt that there needed to be specific wording in policies for pregnant and parenting teens and, implying responsibility for male parenting students that the present wording “does not include all genders.” The emphasis regarding mandatory school completion was on the need for “all school policies” to change so the result would be to “keep them educated.” In the face of such a heavy emphasis on programs that would invite curricular flexibility and mandatory school completion lies accountability on the part of the government and local school districts.

#### **Theme 6: Government and District Accountability for Programs**

In the theme of accountability for programs involving pregnant and parenting adolescents, funding is a major issue, for without funding, programs cannot be developed and launched. Accountability is the language of government, which is funding and programs. P7 argued that the “government needs to follow up.” Much needs to be done in the eyes of the participants. After Title IX was enacted, schools that were not in compliance with Title IX could be sued or have their funding withdrawn (Guldi, 2016). Still, lawsuits rarely happen, and the status quo continues, even though schools did violate Title IX standards. Thus, the federal government gave individuals the right to sue for school district violations or initiate complaints process with OCR (Guldi, 2016).

Though Title IX was enacted in 1972, and it has been in force for two generations, pregnancy under Title IX is seen as a frontier recently arrived in U.S. society

(Mason & Younger, 2014). Mason and Younger (2014) argued that the “specific protection against pregnancy discrimination ... has largely been ignored” (p. 1). Though their focus goes beyond pregnant adolescents and covers work leaves, health insurance, and protections in the workplace, they noted that some attention has been directed to secondary students with the goal of completing high school but not as much for people at all levels of college. Over 40 years after the enactment of Title IX, pregnancy appears to be a new phenomenon in the eyes of the law (Mason & Younger, 2014).

Because there was a general call for more focused life skill programs that would help young pregnant and parenting students adjust to their new circumstances, the paucity of such programs along with more academic support and flexibility calls for in-school programs. Outside programs should not be the only option for these young adults according to the consensus of the participants. These students, are suddenly thrust into an adult world before most of them are ready, and segregation and stigma lead to low self-esteem and poor decision-making skills. Thus, supportive policies, practices, and programs must be developed inside schools so that most of these teens’ needs can be met during the school day. However, many of the participants, well-meaning as they are, often unable to add their voice on such policies, programs, and practices regarding pregnant and parenting adolescents.

### **Theme 7: Educators Often Denied Their Voice on Policies and Practices**

Being denied a voice on policies and practices was spread among responses to different interview questions. There was sarcasm on the part of one participant on red tape and government inaction: “Let's get more kids on the government dole, so

bureaucrats can further protect their cushy jobs.” Then, she added a comment on if she has a voting voice in a frustrated tone: “The question should be, not if I have a voting voice, but do they even care what I think or say, or are we all just bricks in the wall?”

In being asked if they had ever clashed with a policy with which they disagreed, they outlined a few of their actions and sometimes outcomes. Sometimes they had positive results and other times not. One educator wrote “several letters to the principal and school board about making a student absent and not accommodating the student to allow her to make up the missed lessons even when she did attend school later that day.” Others stated in the affirmative that their voices were heard or they “never clashed” or they “clashed and voted and then walked out,” as did two other participants. Still, a female school board member claimed to have been bullied during the voting procedure to which she addressed a formal complaint. P13 had some influence on a vote, but it took hours to finish. Another participant had a prominent say in public because she “knew [she] was right,” emphasizing the students over the money. Finally, one told others as she walked out the door that others should be “more professional” and they should consider all students as if they were their own children. Although results were mixed regarding having a voice in the policy process, it is apparent in this study that educators do not always get equal professional respect in program development and the local voting process within the school community. As was seen throughout the findings, a need for real life skills for pregnant and parenting adolescents was voiced by many participants.

**Theme 8: Real Life Skills Needed for Pregnant and Parenting Teens**

In an age of accountability, autonomy does not always coexist with the former. Though based on higher education in Virginia, Blake (2006) succinctly highlighted the issue of conflict between accountability and autonomy regarding the freedom of educational institutions to initiate programs and help student needs. Policymakers were concerned about students they considered unqualified so that faculty could be more productive and certain programs could be eliminated. However, they “overlooked the question of how well institutions contributed collectively to state needs” (Blake, 2006, p. 44). That issue eliminated a school’s ability to give students a chance, which in the eyes of the professionals means providing support and opportunity for students who needed a chance to prove themselves and succeed in the world rather than give in to accountability measures that encouraged the enrollment only of students who were more likely to succeed than many of their peers (Blake, 2006).

One participant emphasized that it was necessary to change “how federal funding for programs work.” Other participants and researchers highlighted the need for practical skills. Although speaking of an alternative school in the United Kingdom, Rudoie (2014) argued that pregnant and parenting students face many challenges. Therefore, a program that involved skills training, school-provided child care, social services, and parenting courses will only encourage students to stay in school and learn essential skills along the way (Rudoie, 2014). P2 talked about an LPN program for training after high school to which students were referred. He felt that if the students would commit to coming to

school and the program, they would come out with certificates that would allow them the “skills to enter the workforce and earn a sustainable wage.”

In a study in a country in the Caribbean exists a program to help pregnant and parenting teens get good employment after having been helped with skills and persistence until graduation (Moss-Knight & Carroll, 2016). Moss-Knight and Carroll (2016) found that the students were regretful they did not have access to the useful programs and information before they got pregnant and thus might have decided to have better contraceptive protection or forego sex entirely at a young age. Moreover, Oz (2015) highlighted a demographic group that is seldom discussed: pregnant and parenting students with disabilities, who face higher risks in the absence of social skills and the presence of sexual violence and low parental and academic expectations.

### **Theme 9: A National Platform Needed for Pregnant and Parenting Teens**

Most of the participants believed that pregnant and parenting adolescents need to be heard. P18 stated, “Let the teachers, parents, and teens have a voice and not a choice.” A living policy is required to address their needs. They should have the ability to express their preferences regarding education and have appropriate options, a choice rather than *bad* or *worst* options, letting the teens themselves have a platform, a say in the public discourse. Participants acknowledged a level of dependence that will affect a person’s ability to succeed. Dependency on the system can be challenging at the expense of the pregnant or parenting student, which continues that dependency. They need to have a seat at a political table and the ability to express their issues, words, and feelings and



supported in the midst of the difficulties involved with cultivating issues or political ideas.

One idea that did not get attention in the participants' perspectives was the increasing political power of those who would deny all young students access to sex education and contraceptives. Although the pregnancy rate is decreasing in the United States, it still is the highest among developed nations where one out of every four U.S. women will be pregnant before the age of 20 (CDC, 2016; Kearney & Levine, 2012). Saul (1999) wrote about the decline since the peak in 1990, but highlighted differences among the states. Saul considered the "conservatives' threat to minors' access to contraception, teens and the need for confidentiality, and public policy implications" (p. 6). According to both researchers and the study's participants, pregnant and parenting adolescents do need to have a voice and a national platform so that they can have access to what they need to avoid future pregnancies and the economic and emotional downfalls of the stigmas, segregation, and discrimination that they still face over 40 years after the Title IX policy was enacted.

### **Summary of Findings**

The findings confirm and extend knowledge in the field of public policy. In general, the participants felt there should be better programs to promote quality education among pregnant and parenting adolescents. Most participants confessed they were insufficiently familiar with Title IX. Despite its longevity in U.S. school systems, change has come slowly, if at all in many instances, in supporting the academic and social

success of these students. That is mainly due to their stigmatized status of being forced into becoming parents while they are essentially children.

The findings were interpreted through nine themes that emerged from the analysis of data, which also connected to the literature review and additional peer-reviewed studies. The first four themes related to RQ1 regarding compliance with Title IX. The last five themes connected RQ2 regarding participant recommendations on how to improve policies and practices for the academic success of pregnant and parenting teens that may not comply with Title IX. However, the theoretical framework, incrementalism, enforces public policy to protect students comes slowly or is even ignored or given legal work arounds in the rise of private schools (Greene, 2015). Although exclusion of continuing education for pregnant and parenting teens has been forbidden by Title IX for more than 45 years since its enactment, in practice, schools continue to stigmatize pregnant students from earning their due education (ACLU, 2017). Therefore, these findings can be linked to incrementalism.

### **Limitations of the Study**

The study significantly relies on the perceptions of the participants, for it was based on 20 case studies rather than quantifiable research. The case study is comprised of individual participants who are subject to personalized perceptions. These semistructured interviews are predominantly based on participants' opinions, which can make the findings subjective rather than objective. Further, this sample from a population of educators, administrators, and school board members is small, which means that the study findings cannot be generalized for larger populations of numerous school

community members, educators, and policymakers in different states in the United States. Therefore, it would not be appropriate to generalize the findings obtained from a sample population of 20 participants. Instead, the findings can only be implemented in specific areas where the study was done.

Known difficulties in interviewing protected populations prevented me from interviewing young pregnant and parenting students. Still, the fact that their perspectives are missing, the students who live every day as people who are often victimized by stigma from their schools, their peers, and the general community. Such missing points-of-view do contribute to the limitations of the study, which only has the perspectives of people with whom they come in contact hours a week or hardly at all in the case of administrators, and even more so, school board members. It would have been not only ideal to have these young women's and men's (in the case of parenting teens) perspectives but such data would have put fewer limitations on the present study. The ninth theme, that students should have a public platform, comes into play in that case.

### **Recommendations**

Future studies should focus on expanding the sample size to promote the ability to replicate the study findings in the overall education system, which is because the sample size was relatively small. Having only 20 participants hindered the ability to reproduce the findings in other parts of the modern education system. Furthermore, future studies should focus on more robust study designs in attempts to deal with the subjectivity of the findings. One recommendation for future studies would be a qualitative survey with open-ended questions in which the researcher(s) would attempt to get data from educators

and administrators in all 50 states and U.S. territories on their perspectives on public policies, practices, and programs for pregnant and parenting adolescents under Title IX. Another recommendation along those lines would be to develop a similar survey on a Likert scale, in which the data could be quantified. In both cases, participants and respondents could be recruited through social media. The large participation would allow the data to be generalized across the United States more readily than the present study, which only had 20 participants.

In view of the social and emotional adjustments pregnant and parenting teens must make, more support is needed at the schools. For the schools that do have more holistic programs for these students, more research is needed to gauge their success. Two programs that come to mind are on-site childcare programs, coparenting programs, and supportive programs for boys who attend the same schools as the girls who are the fathers of the children. Mollborn and Jacobs (2015) found that adolescents who coparented their children experienced success in future and contemporary emotional, practical, and socioeconomic prospects as well as success in being present for their children. Mollborn and Jacobs discovered that larger family and social programs had deleterious effects on adolescent parents, often pushing them apart rather than bringing them together.

Lewin et al. (2015) found that fathers can have a positive role when they are involved with infant distress among teen mothers who have borne their children. Lewin et al. surveyed 119 mothers who participated in a trial of a primary care program that was pediatric and comprehensive. Twenty-nine percent of the young mothers were found to be depressed yet 78% of the fathers were involved with their children, visiting them at

least a few times a month, and 71% gave financial support to them. The researchers found that such involved fathers led to less distress in their infants as well as helping to buffer distress among the young mothers. Thus, Lewin et al. concluded that paternal involvement may offer protection to their children even before they were 6 months old and mitigate maternal depression postpartum.

In another study, Landers, Mitchell, and Coates (2015) found that residential fatherhood may have the most positive effects on the fathers themselves. The researchers used data from the National Longitudinal Survey of Youth from 1997 and used two models to estimate and analyze data “via fixed-effects negative binomial regression” (p. 1685). Fathers who did not live with their children were at risk for arrests in the future, while those who did had misdemeanor violations including marijuana use (Landers et al., 2015). Such programs would help support and educate and instill values into three people rather than the pregnant and parenting mother alone.

As for onsite daycare programs and other supportive services, many schools across the United States have successful initiatives, not only in daycare but other essential areas to support pregnant and parenting teens. Students for Life for America listed 17 schools that were supportive of adolescent mothers. One example is the Flagler Palm Coast High School. Its Teen-Age Parenting Program offers childcare at no charge onsite, classes for parenting, and even transportation (Students for Life, 2017). The goal of the program is to give these young students “a holistic education for teen parents involving personal, emotional, and academic integrity” (Students for Life, 2017). From the apparent success of the few schools that have made major progress in developing and launching

supportive programs for pregnant and parenting adolescents (both mothers and fathers), more research is needed toward learning about what can be done and influencing public policies in a positive direction for this vulnerable group of young students.

### **Implications**

The findings may contribute to positive social change by providing relevant information that may be used as a basis for Title IX compliance and local educational policy modifications. Modifications in policies and practices of educators may contribute to greater academic progress for pregnant and parenting adolescents. This study can contribute to positive social change in that the policies and practices regarding pregnant and parenting adolescents should have the same standards of excellence as have other students. If so, graduation rates might increase. Such high standards and success rates might influence other factors that later would help parenting teens down the line to contribute more effectively to society. Social change would result as the cycle of poverty, lack of education, and early teen pregnancy for their own children would decrease (Colander & Kupers, 2014; Moss-Knight & Carroll, 2013). The findings in this the study have the potential for transfer to educational policy makers at the local, state, and national levels. Then, educational outcomes for pregnant and parenting students could improve persistence to graduation and being able to find good jobs or continuing to college.

Regarding Title IX and local policies, this study can fill the literature gap and contribute to positive social change by highlighting how schools comply or do not comply to public policies mandating equal access to education for all students.

Supporting pregnant and parenting teens both formally and informally is congruent with

other, larger studies in which the researchers found less anxiety and better outcomes for pregnant women who are supported, which can lead to positive educational outcomes that lessen the chances of not persisting in education and repeating the cycle in the next generation (Bowman & Palley, 2003; Peter et al., 2017).

Change does not come quickly, and although Title IX has been in existence for over four decades, like the school integration policies of the 1950s and 1960s through today, positive changes come incrementally and even though pregnant and parenting students continue to face stigma and segregation from their peers from administrators, educators, and the general community, they will be able to better advocate for themselves when they get a public platform and schools will eventually see the value in educating all students. The results of the study emphasized that especially when real life skills and high academic standards are provided to pregnant and parenting adolescents, they have a much better chance of contributing positively to society. Several schools across the United States are good examples of maximized supportive services that have excellent success rates (Students for Life, 2017).

The study included various implications for professional practice. Educators can rise and support students, even if there are not significant funds to carry out all programs. One positive effort is in pregnancy prevention. One program helped to defer another pregnancy for young women who were already parenting a first child and lowered risks for early delivery and quitting school before graduation (Tolma et al., 2014). The findings might result in positive social change in the information provided to help in developing and modifying programs and policies to lessen social stigma and discrimination and

increase academic progress for pregnant and parenting adolescents enrolled in secondary schools.

The findings of the present study tended to steer more toward pointing out problems than having solutions. Many participants were not fully aware of Title IX compliance in their schools. Many saw young pregnant and parenting teens face stigma and being treated with disrespect from several quarters. Still, the consensus was that giving these students support and respect and setting up programs would result in not only persisting until graduation but also for going to college, the next educational level or training for a skill such as an LPN program that would guarantee employment. Several studies in the literature explored daycare programs so that teens could be near their children on campus as well as programs that encourage the young fathers to be involved with their children. The latter not only helps the children and supports the mothers, but it also can have a direct positive effect on the young men's future (Landers, 2015; Lewin et al., 2015; Mollborn & Jacobs, 2015).

Insights gained from educators and policymakers who are experienced in the educational field might raise awareness that much progress needs to be made to meet equitable standards for these students. The study can potentially offer new strategies to practice by identifying specific issues that need to be addressed after awareness has been raised. The study findings provide detailed insights concerning ways to promote education equality in the United States. The results of the study should advance knowledge in the discipline of public policy, for its main purpose is to get the perspectives of those involved with day-to-day education as well as policymakers. Last,



the present study will be significant to social change in that it will help to fill the gap in knowledge about specific ways that education for pregnant and parenting teens is being addressed or not compliant with public policy, primarily Title IX.

### **Conclusions**

The findings indicate that the education system requires radical measures to accommodate pregnant and parenting adolescent students. These measures will shield them from the risks associated with early pregnancies and leaving school before graduation. The study reveals the importance of raising awareness concerning the effects of teenage pregnancy and parenting in respect to Title IX federal policies and how they are applied at the local level. Positive social change will be attained when both policymakers and educators realize the importance of equally protecting and encouraging all secondary students to pursue and complete their education regardless of whether they become young parents in their adolescent years.

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