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The Perceived Impact of Alternative Specialized Education Services on Former Teen Mothers

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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MA, Wilmington University, 2008

BS, Springfield College, 2004

Dissertation Submitted in Partial Fulfillment

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Public Policy and Administration

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Abstract

Many teen parents face challenges when completing secondary education resulting in unsustainable family units. Previous researchers focused on services to teen mothers while completing secondary education, with little addressing the long-term impact of Alternative Specialized Education Services (ASES) as the former teen mother matured. This phenomenological study explored the perceptions of 8 former teen mothers (ranging in age from 20 to 54) of ASES' impact on their values and decision-making as they matured. Program theory was the overarching framework and values clarification the interpretive lens. Data were inductively coded and subjected to interpretive phenomenological and thematic analysis. Four themes emerged: (a) family dynamics, (b) socioeconomic status, (c) educational aspirations, and (d) ASES impact. Study findings provided evidence of the positive impact ASES made in equipping a vulnerable population with the tools necessary to achieve self-sufficiency and sustainability and strengthening fragile families who, then, required less government intervention. Findings indicated that ASES provide a valuable service that cannot be replicated in the traditional school environment and should be identified as part of the educational continuum, receiving support equal to instructional counterparts. Data also indicated that ASES is continually at risk due to the lack of funding as there are no current data supporting their value to educational instruction and family sustainability. The positive social change implications stemming from this study include policy recommendations to the Delaware Department of Education to fund ASES with the goal of improving teen mothers' sustainable self-sufficiency through improved educational outcomes.

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Dedication

This work is dedicated first to the holy trinity for enabling and equipping me to stay the course on this journey. Secondly, this work is dedicated to my miracle, Jalique Milan. You are the little girl I have always wanted. I love you now and forever with all my heart. Greater works than this shall you do. All things are possible when you believe. Finally, for the young women who said "yes", this is for you.

Acknowledgments

I would like to thank the Delaware ASES, its director, its faculty, and, especially, its participants. Without you, this work would not have been possible. Findings from this research demonstrate that the Program provides a valuable service for a deserving population. My appreciation is extended to my committee and my editor. Dr. Anthony Fleming, Dr. Paul Rutledge, and Dr. Angela Mai: Without you, completion of this process would have continued to be a goal. I am eternally grateful. Dr. Steven Matarelli, you made this all make sense. I am grateful for your feedback and your clarity. I will continue to live vicariously through your world expeditions. You are all amazing humans.

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Chapter 1: Introduction to the Study

Many teen women facing an unplanned pregnancy in the United States find that educational services provided by mainstream public education lack essential support structures and, in many instances, prohibit their continued secondary education due to the pregnancies. The rising number of unplanned pregnancies increased the number of unwed mothers in the United States seeking assistance to complete their secondary education (Hoffman, 2006). As a result, alternative specialized education services (ASES) originated in the late 1960s to assist young mothers with the task of parenting at an early age (ASES, 2019). Kost and Henshaw (2012) found that, by the mid-1990s, specialized services visibly reduced the incidence of repeated teen pregnancies. Stewart and Kay (2012) reported that the incidence of teen pregnancy began to decline in the 1990s and continues to decline. Amin et al.'s (2006) and Brakman and Gold's (2012) found that teen pregnancy decreased 44% in Atlanta, GA between 1991 and 2010 as a result of increased contractive use. Albeit, Herrman and Nandakumar (2012) found the incidence of teenage pregnancy continues to occur at a higher rate in Western cultures.

From 2009 to 2010, the United States reported the highest rate of all Western countries in teenage pregnancy between the ages of 15 to 19 (Herrman & Nandakumar, 2012; Kearney & Levine, 2012; Spear, 2002). Hamilton, Martin, Osterman, Curtain, and Mathews (2015) reported a decline (down 9% from 2013 to 2014) in teen pregnancy; however, Cox et al. (2014) related that teen pregnancy continued to have a negative impact on teen mothers. Becoming a parent as an adolescent hampers a teen mother's ability to find and maintain financially sufficient employment (Herrman & Nandakumar,

2012). Herrman and Nandakumar explained that, without a proper education, a teen mother's ability to achieve self-sustainability was hindered. School-based services offer the teenage mother a chance to be better equipped when making life choices regarding sexual activity and parenthood, as well support her aspirations to further her education (Basch, 2011). However, I found minimal information regarding the prolonged impact these services had on the former teen mother as she progressed beyond the secondary education process and matured in life.

Over the years, researchers have conducted studies to test the impact of ASES on teen mothers while they were enrolled (Amin, Ahmed, Brown, & Sato, 2006; Kost, 2015; Pillow, 2006; Stewart & Kaye, 2012). The major focus of these studies was on students currently engaged in the secondary education process and the immediate impact the supports provided on their success in completing their education and preparing the student for parenting responsibilities. To address this gap in the literature, I explored the lived experiences of former teen mothers attending ASES between the years of 1980 to 2015. Thus, through this phenomenological case study framed by Mohr's (1995) program theory my goal was to determine former teen mothers' perceptions of the impact of ASES on service delivery, values clarification, and their decision-making processes as they moved into adulthood. Chapter 1 includes (a) the study background; (b) the problem statement; (c) the purpose of the study; (d) the research questions; (e) the conceptual framework; (f) the nature of the study; (g) definitions; (h) assumptions; (i) scope and delimitations; (j) limitations; and (k) a discussion of the study's significance to practice, theory, and social change.

Background of the Study

When addressing the history of unplanned pregnancies, previous researchers have inferred that the rise of unplanned pregnancies in the United States was a result of the Sexual Revolution of the 1960s and 70s (Sprague, 2015). However, Sprague posited that the increased sexual insurgency actually began in the 1940s and 50s, before the sexual revolution, in a period known as the "Silent Generation" (p. 3), and reached epidemic proportions in the 1980s and early 1990s. Sprague posited that the change in sexual behavior was impacted by the advancement of rights for minorities, gay persons, and women including contraceptive and reproductive legislation. Sprague stated that the U.S. moral compass moved from a Victorian conservatism position to one exemplifying a "personal consumption and self-gratification" (para. 5) outlook. Sprague also reported that U.S. soldiers' introduction to relaxed European views regarding sex during early war campaigns also contributed to the Sexual Revolution (Sprague, 2015). Sprague surmised that premarital sex and unplanned pregnancy statistics were greater than those reported in mid-20th-century studies as people married at younger ages, some to cover up unplanned conceptions. According to Petigny (2004), during the 1960s and 1970s, increased contraceptives further propagated the *free love* movement as inhibitions continued to lessen based on the reduced concern of pregnancy.

ASES' objective is to influence personal choices regarding education completion, as well as personal responsibility (ASES, 2019; Kost & Henshaw, 2012). ASES services also provides supports to assist the student with continuing the secondary education process, as well as prenatal health care to ensure that the expectant mother and the

newborn maintained good health. However, Stewart and Kaye (2012) found that teen

decisions regarding sexual activity were premised on several internal and external

influences including community involvement, religious beliefs, and parental control, as

well as an increased aspiration toward higher education. The Delaware ASES opened its

doors in 1969 offering a comprehensive approach to services for expectant teen mothers;

an innovative approach at that time. The Delaware program promoted itself as being the

first in the nation to offer a "one-stop-shop" methodology to meeting the needs of

adolescent mothers by combining educational, prenatal, social services, childcare, and

personal counseling/mentoring services in one facility (Delaware Adolescent Program,

Inc. [DAPI], 2019). In correlation with Stewart and Kaye's findings, Delaware' approach

should encourage aspiration toward higher education and a better life.

Teen pregnancy negatively affects academic, physical, and financial experiences

for the teen mother and her children (Basch, 2011). Without an effective intervention, the

instance of teen pregnancy is likely to replicate through generations with resulting in

socioeconomic outlooks (Dawani et al., 2016). Those downtrodden trends do not just

affect the teen mother and her family. Reports showed that the United States incurred an

annual expense of more than nine billion dollars in 2010 in efforts to support the teen

pregnant/parenting population (Atkins & Wilkins, 2013; Danawi, Bryant, & Hasbini,

2016; Little, Henderson, Pederson, & Stonecipher, 2010). That high cost generated the

impetus for public policy targeting alternative forms of education designed to meet the

specialized needs of the teenage mother as she endeavors to continue her studies

(Kappeler & Farb, 2013). In 2010, during the Obama Administration, the U.S. Congress

created the Office of Adolescent Health and Teen Pregnancy Prevention to provide

financial support to initiatives with proven results in reducing the incidence of teen

pregnancy. These services are provided on a two-tiered platform. Those programs

demonstrating effectiveness after rigorous examination are considered Tier 1 and receive

most of the funds allocated for this initiative (Kappeler & Farb, 2014). Tier 2 programs

show strong potential in offering new services to the teen population (Kappeler & Farb,

2014). Upon review of sites receiving, or being evaluated to receive, funding, I noted that

Delaware ASES did not appear to be one of the programs chosen to receive such support.

To address the issue of teen pregnancy in the United States, DAPI (2019) created

ASES in 1969 to assist in meeting the needs of teen mothers. The goal of ASES is to

provide needed support to maintain school attendance and completion of the secondary

education process (Castaneda, 2011). These programs also offer specialized services to

assist the student in facing the challenges of parenting at a young age while continuing

toward plans for the future (DAPI, 2019). Griswold et al. (2012) and Pillow (2006) found

that these specialized services were necessary to ensure equity in the education and

support of young mothers. Several scholars have studied the impact of ASES on teen

mothers (Amin et al., 2006; Castaneda, 2011; Graham, 2012; Harris & Allgood, 2009).

They focused on students currently engaged in the secondary education process and the

immediate effect that ASES had on their progress and preparation for parenting

responsibilities (Amin et al., 2006). Basch (2011) and Dawani et al. (2016) reported that

one third of teenagers become pregnant with a likelihood of experiencing additional

pregnancies before the age of 20. Kost and Hershaw (2012) reported that rates for teens

pregnancy are highest in African American and Hispanic populations.

The focus of this phenomenological case study was on determining the perceived

impact of ASES on former teen mothers who attended between the years of 1980 to 2015.

Previous researchers studying teen pregnancy focused on ASES administered to teen

mothers during the adolescent stage and while engaged in the secondary education

process (Amin et. al., 2006). Additional research focused on the impact of ASES on their

personal responsibility choices as they related to sexual activity and the use of

contraceptives (Edwards & Allen, 2008). At the time of this study, a gap in information

existed on how and if ASES continued to affect the behavior and values of the former

teen pregnant/parenting mother as she advanced beyond the secondary education process.

I directed my inquiry toward former teen mothers' perceptions regarding the impact that

ASES services had on their continuing educational aspirations, family dynamics, and

socioeconomic status as they matured in life.

Problem Statement

According to its annual report, DAPI (2018) experienced hardship in service

provision due to unstable funding. At the time of this study, ASES was considered a

nonprofit organization and was not recognized by Delaware's education department as a

member of the instructional continuum. ASES received revenue in the form of grants and

donations but was not included in the education department's budget for funding. This

might be attributed to a lack of information regarding the impact of ASES on fragile

families. The motivation for this research was to provide that missing data to establish the correlation, or lack thereof, of ASES services to family sustainability.

Much of what has been studied about the teen mother population concerns the teen mother during her secondary education process and while she is receiving services through ASES (Amin et. al., 2006). As the research on these services illustrates, ASES were not only established to address the issues young mothers encountered as a student but also to impact values and decision-making beyond the secondary education process (Roxas, 2008). However, limited research has focused on ASES' long-term impact and sustainability as the young mother moves into adulthood, according to my review of the literature. Knowledge of the long-term impact of service delivery may assist ASES programmers with capitalizing on what is working well while strategizing to incorporate changes for greater impact thereby strengthening their programs and validating service delivery. This information may validate ASES programmers' efforts to impact fragile families in achieving sustainability requiring less government-subsidized intervention and supporting continued goal advancement, personal achievement, and self-sustainability.

Previous researchers studying ASES impacts have focused on short-term benefits while the student was completing the secondary education process (Amin et al., 2006). Based on my review of the literature, no researchers have queried these teen mothers' perceptions of ASES services received as they matured into adulthood. Furthermore, it was unknown if any ASES services impacted the former teen mother's family dynamic, socioeconomic status, and educational aspirations as she matured into adulthood and from the former teen mother's viewpoint. I found limited information on the ASES

services received by teen mothers. Prior researchers also did not examine the long-term impact regarding personal decision-making, values, or behavior modifications, including continuing education, as a result of ASES involvement.

Subsequently, at the time of this study, there was a gap in the scholarly research regarding the perceived impact that ASES services had on the former teen mother as she matured beyond the secondary education process. My research addressed how former teen mothers who participated in ASES programs, in Delaware, between the years of 1980 to 2015, fared after completing their secondary education. ASES has locations in each of Delaware's three counties: New Castle, Kent, and Sussex. ASES schools operate under the same educational curriculum and offer the same ASES for each location. Through this study, I identified former ASES students' perceptions of the services received and their perspectives on continuing family dynamics, socioeconomic status, and educational aspirations. I sampled former teen mothers who attended the ASES for their secondary education with staggered attendance dates from 1980 to 2015 while pregnant and during early parenting.

Purpose of the Study

The purpose of this research was to gauge the former teen mothers' perceptions of services received while in attendance at the ASES and their opinions of the long-term impact of ASES services on their family dynamic, socioeconomic status, educational aspirations, and decisions as they matured in life. The objective was to consider whether ASES program participation had a lasting impact and potential to strengthen and aid in maintaining self-sufficiency in the family unit. This may serve to strengthen vulnerable

communities by supporting the fragile family at its infancy. Basch (2011) and Dawani et al. (2016) posited that equipping these families with knowledge and skills, while encouraging continued work toward life goals, may reduce the population of those needing public assistance and bolster the economic future for generations.

I conducted this phenomenological case study with a purposeful sample of former ASES teen mothers using face-to-face interviews to gather data. Findings from this qualitative study may provide data for advocacy initiatives supporting policy improvements, resource maintenance, expansion of additional revenue streams, service improvement, and potential advancement of service models within the traditional school setting. In Chapters 4 and 5, I will present and discuss my findings regarding the former teen mothers' perceptions of ASES' impact on their families and the community.

Research Question

I sought to answer the following research question: What are the perceptions of former teen mothers on the impact of ASES delivery and its long-term effect on their values and decision-making processes as they have evolved into adulthood?

Conceptual Framework

I chose program theory as the overarching conceptual framework since, according to Chandler and Williamson (2013) and Larimer and Smith (2009), policies govern program activities that are considered foundational and are used to determine the expected outcomes for service delivery. ASES include policies, procedures, and objectives regarding interactions and functions designed to influence a young mother's transition into a parenting role while pursuing the continuation of her education.

According to Larimer and Smith, program theory includes these structural elements and their connection to the input and outcomes within an overarching model, "the set of beliefs that underlie action" (p. 144). Throughout this research, I considered ASES services as a study framework when collecting data from former program participants about their perceptions of the impact the services had on their values clarification, decision-making processes, family dynamic, socioeconomic status, and educational pursuits. According to Mohr (1995), program theory accommodates multiple theoretical explorations under its framework. In this study, I focused on former ASES participants' interpretation of their lived experience during their exposure to ASES and whether there was a continued impact for their families as they matured. Yin (2016) stated that the basis of qualitative research is to discover the "meaning" derived from an experience (p. 99). This method focuses on the lived experience of the participant and their interpretation of the events. According to Yin, the inquiry into this meaning illuminates how conceptual frameworks are established and enables the identification of emerging theories.

Moustakas (1994) proffered that phenomenological research consists of revisiting the phenomena to ensure thorough analysis which lends to the establishment of a construct that permits authentic depiction of the study focus. Moustakas further elaborated that the goal of this type of research is to establish the perceived meaning the study participant derived from the experience and can recount in detail. Empirical phenomenological research has three major steps. The first step is identifying the problem and the question that will address the phenomena (Moustakas, 1994). Moustakas conveyed that the second step is to collect data from study participants who are

considered "co-researchers" (p. 15). The third step is the review process for the data collected (Moustakas, 1994). In-depth scrutiny of the information is performed to uncover the meaning derived from the experience.

I included member checking of transcribed recordings and field notes in the design of this research to ensure that an accurate depiction of the experience and meanings was documented. Moustakas (1994) identified the rudimentary qualities regarding human science inquiries as elements that distinguish explorative research from empirically tested inquires. A qualitative approach considers a holistic review of the impact of the phenomena. There is scrutiny of the data for the lived experience and the meaning derived by study participants. Documentation of the exposure is received via direct contact with the focus group. The data is the key to unlocking new knowledge on human behavior and as validation of the need for new and further research. This type of research allows for the immersion of the researcher, as the study focus is usually one that signifies the questions the researcher may have on a topic or group. Moustakas believed there to be an inseparable connection between the experience and the "internal perceptions, memories, and judgments" of the participant (p. 47).

A values clarification lens was used when reviewing and coding participant responses to survey and interview questions identifying correlation to ASES program services due to the research considerations of impact to the family dynamic, socioeconomic status, and educational aspirations. Edwards and Allen (2008) defined values clarification as a behavior discovery process an individual undergoes to identify their espoused values and review the alignment of these values to their actions,

perceptions, thoughts, and decisions. Edwards and Allen concluded that values-clarification training influenced student choices in the areas of family life, time management, and structured living to assist students in developing a more defined values system that supported consistency in decision-making processes. Thus, values clarification provided an optimal lens for this research. Program theory is based on the premise that behavior is directly influenced by the experiences of an individual in changing environments with exposure to various learning opportunities which directly impacts how the individual formulates his/her values system (Larimer & Smith, 2009). This approach is not considered a clinical treatment but rather a learning experience that causes consideration of the individual's personal ideas, feelings, and valued life lessons that served in the development of his/her personal belief system. Swanson (2013) contended that responsibility is critical when the participant needs to consider the outcome of the decision made before acting.

My phenomenological case study was also constructed utilizing a philosophical advocacy/participatory worldview. According to Stover (2015) and Trickett (2011), advocacy/participatory and community-based participatory (CBPR) research should contain a plan to introduce collaborative opportunities and culturally-enhanced thinking that improves the voice of a population, incorporating an action agenda for change. Kidd & Kral (2005) indicated that the benefit of this type of research was the capacity to raise the consciousness of an environment. I included this worldview in the nature of my study.

Nature of the Study

This phenomenological case study was conducted to support advocacy efforts for service sustainability and resource acquisition, as well as to gauge the perception of equity in the education experience. I identified the value of the ASES process in strengthening fragile families and supporting them on a path to self-sufficiency. My findings may be used as a measure of policy and education administration regarding alignment with Title IX legislation ensuring equity in the service delivery process. Through this research, I captured information on the perceived impact of the quality of life for the former pregnant/parenting teenage mothers as a result of their involvement with the specialized services. I explored the former teen mothers' opinions of whether services assisted in shaping or clarifying their core values and if the support received had impact on their decision-making processes and responses as they matured to adulthood. Goals and aspirations identified during interaction with the ASES and the status or outcome of achievement are discussed in Chapters 4 and 5. A discussion of the former teen mothers' perceptions, of whether the services received were designed to impact their ability toward sustainability regarding the family dynamic and socioeconomic status, are also included in Chapters 4 and 5. In addition, an opinion of the overall value of ASES services versus remaining in the traditional school setting is discussed in Chapter 5.

This phenomenological case study focused on former ASES pregnant/parenting teen mothers who attended the ASES between 1980 to 2015 using purposeful sampling until saturation of findings (the point at which no new data emerges) was achieved. Phenomenology involves the examination of the experience of individuals of a

phenomenon (Sloan & Bowe, 2013) Merriam and Tisdale (2016) posited a case study is a study of a "bounded system" (pp. 38-39). Qualitative inquiry focused on the rigor of the investigation process and the depth of analysis when capturing, reviewing, and coding interview responses. According to Baker, Edward, and Doidge (2012), the motivation of qualitative research is to establish a significant diagnostic review constructed with richness, complexity, and detail. I used a pragmatist approach, which indicates equitable attention given to four identified elements (trustworthiness, triangulation, validity, and rival thinking) to establish credibility in this study, Yin (2016) explained that there is no standard process primarily identified with triangulation. Yin (2016) defined triangulation as the "intersection of three different reference points used to calculate the precise location of an object" (p. 87) or three different ways of validating accuracy in the procedural functions of the study. As I sought the perception of ASES services on former ASES participants, responses were triangulated based on each of the ASES locations to interpret collective comprehension in the responses to the survey questions. This approach also spoke to validity in the responses received, assuming the responses were truthful and received from the actual participant. A field study was also conducted to ensure reliability and validity of the study protocols. Member checking with participants regarding their respective interviews was conducted.

I collected data via face-to-face interviews held at the respective ASES locations, private meeting spaces in a public office building, and two college campuses and attended with participants representing each of the three counties in Delaware. These data were analyzed through open coding using the NVivo 12 software program. Interviews

were audio-taped and field notes were taken at each interview to assist in capturing a deeper meaning of participants' responses. Noted observations, documented in my notes, of visual responses assisted when using prompting questions, during the interview process, to obtain additional information. Field notes and transcribed interview sessions were drafted and a copy of the transcript was provided to each respective participant to assure accuracy in the information reported.

Definitions

Educational aspirations: A former student's ambitions to complete secondary education and pursue higher learning (Hass, 1991).

Family dynamics: The consistent practices by two or more family members when interacting. These interactions exist in one of two categories, cohesion (emotional attachment among family members) and flexibility (the familial unit's ability to adapt to change). Too much interaction results in enmeshment, too little indicates that members are disengaged. Halstead, Pavkov, Hecker, and Seliner (2014) posited that too little flexibility results in rigidity and too much results in chaos for the family unit.

Horizonalization: "Presence as inner preparation, internal awareness of space, and imaginative readiness as ways of entering into the therapeutic encounter, setting the tone, and conveying an alertness, receptiveness, and attunement to listening, hearing, and responding to whatever the person-in-therapy presents" (Moustakas, 1994, p. 123)

Perception: The subjective process of acquiring, interpreting, and organizing sensory information (Lavrakas, 2008). Lavrakas reported that survey questions that assess perception, as opposed to those assessing factual knowledge, are aimed at identifying the

processes that (a) underlie how individuals acquire, interpret, organize, and generally make sense of (i.e. form beliefs about) the environment in which they live and (b) help measure the extent to which such perceptions affect individual behaviors and attitudes as a function of an individual's past experiences, biological makeup, expectations, goals, and/or culture.

Phenomenology: A theoretical point of view advocating the study of individuals' experiences because human behavior is determined by the phenomena of experience rather than objective, physically described reality that is external to the individual (Sloan & Bowe, 2014).

Structural description: Description that "provides a vivid account of the underlying dynamics of the experience, the themes and qualities that account for 'how' feelings and thoughts connect" (Moustakas, 1994, p. 135)

Textural description: Description that addresses the cause and effect in the meaning of the experience (Moustakas, 1994).

Values clarification: An individual process of discovery and identification of significant beliefs, attitudes, opinions, and incorporating behavior that aligns with the adopted values (Edwards & Allen, 2008, p. 4).

Assumptions

Assumptions are considered uncontrolled but presumed factors in methodological research. There were elements of this research where the actualities were not explicitly known but implied and considered integral to the structure of the study. I assumed that all participants involved in this research freely volunteered and possessed the necessary

acumen, equipment, and skill to actively contribute to the research. I also assumed that

responses were truthful and provided to the best of the participant's ability. I adhered to

confidentiality requirements, as identified in the ethical standards procedures and set

forth by Walden University's Institutional Review Board (IRB).

I assumed ASES had an impact on the former teen pregnant/parenting mother

while in attendance and that the experience may not have been a transformative

experience for every participant. I assumed that the specific areas the former teen mothers

were asked to elaborate on held a level of significance to support the focus of the study. I

assumed that the information received may have indicated ASES had no real impact or

were not beneficial to the participants. I assumed enough responses were received from

the demographics of the survey as well as consents to complete the study interviews. I

also assumed that the conceptual framework and theoretical lenses associated with the

study were appropriate for the research based on a review of previous research. I assumed

that service delivery received in the three differing geographical locations of the state

(urban, suburban, and rural) would produce differing perceptions of service delivery

impact but maintain a core connection as a result of attendance at ASES.

Scope and Delimitations

The extent of this study and its findings was limited to previous ASES teen

pregnant/parenting mothers who participated in ASES between the years 1980 and 2015

in the state of Delaware. The longitudinal range consisted of a four to thirty-five-year

span with participant ages ranging from 20 to 54 years. This qualitative research utilized

an online survey instrument. The survey was used to determine study eligibility, to

capture descriptive statistics, and to identify a subset of participants who would

participate with the face-to-face interviews. For individuals who were unable to access

the online survey, a manual version was administered prior to the interview sessions to

determine study eligibility. This research did not include specific data on the fathers

associated with participants of this study.

Limitations

Limitations existed regarding generalizability due to the sample size. There were

limitations based on the representation of various cultures and ethnicities, as the focus

population was restricted to previous ASES attendees. The factors addressed in this study

were based on the community experiences of the population for the three counties of the

state of Delaware. Generalization to other communities and students of other states

having experienced ASES may not be possible. Historical documentation about program

interaction was not available prior to 2008 as the Delaware ASES experienced a flood

destroying archived data for earlier participants. The Delaware Department of Education

(DEDOE, 2016) did not measure ASES population leaving further statistical data

unavailable.

A survey, administered either online prior to or in person the day of the

interviews, was used to collect potential candidates' demographic information only.

Surveys completed online did not guarantee the authenticity of participant responses,

access to, and consistency of experiences for the participants during completion of the

research; thus, face-to-face interviews were used for further data collection. The study

focus included the former teen mother and failed to advance stratification of information

to the experience of the teenage father as ASES population consists of only female students.

<p style="text-align: center;">**Significance of the Study**</p>

My phenomenological case study explored the ASES as related to the lived experiences of former teen mothers participating in the services. I sought to provide historical insight on the preventative and supportive services received by former participants of ASES. To this end, study significance was relative to practice, theory, social change, and implications for improved policy and services.

Significance to Practice

I sought to identify a correlation between the ASES and the sustainability of former participants and their families, thereby showing a connection to services that may result in a reduction of needed government welfare interventions on a long-term basis. Findings provide insight to services that need strengthening as well as new initiatives to support the inclusion of the young fathers in service delivery, thus, working to increase familial support for the children. I sought evidence to identify the impact to goals prior to pregnancy and the aspiration and achievement of those objectives. Survey questions were designed to have the former ASES students consider and convey their perceptions of the impact of the alternative services and instruction.

Through this study, I also sought to identify the practicality of the services offered and if there was benefit to the former teen mothers as they progressed to adulthood. Recommendations for ASES endeavors, detailed in Chapter 5, may assist in stabilizing the experiences and supporting transition between school environments and increase

equity in the process. Findings could lead to the consideration of extending services to teen mothers, who choose to stay in the traditional school environment, by providing holistic support as they continue their educational journey.

Significance to Theory

My objective with this study was to identify the perceptions of former teen mothers about ASES they received and the impact those services had to their family dynamics, socioeconomic status, and continuation toward personal goals and educational aspirations. I used values clarification theory as the theoretical lens to gauge the perception of young mothers, identify and establish their values, align their beliefs with their behaviors when making decisions, and the long-term impact of those decisions. I also used program theory as the overarching conceptual framework to investigate the participants' perceptions of the program's method of service delivery and if their expected outcomes were realized.

This research supported the combined framework of program theory and values clarification lens as a reliable theoretical tool for evaluating participants' perceptions of phenomenon results. The interview responses confirmed the use of values clarification techniques in assisting the former teen mothers with identifying those beliefs they felt were significant and the way they would lead their families. Participants' beliefs were espoused to their behavior and decision-making processes with 62.5% indicating that they continue to use these principles up to this time. The program theory framework was validated as participants perceived the ASES services and delivery methods successfully

supported them in advancing toward, and achieving, sustainability for five of the eight

participants.

Significance to Social Change

With this phenomenological case study, I explored and identified specific

alternative services that had positive benefits for the former teen mothers and identified

opportunities for new service delivery. I queried the former teen mothers' perceptions of

whether the alternative program assisted in strengthening their at-risk families through

training/education, counseling, and skill building. Thus, I explored if the program

increased the opportunity for the family units to experience self-sufficiency, reducing the

need for community, state, and federal interventions over a prolonged period. According

to Hoggart (2012), pregnant/parenting teen mothers are viewed through a political lens as

plagued with social and moral disparities. Advocacy, supported by my findings, could

help change that stigma. A renewed viewpoint might encourage equity and continuity in

the support to obtain life goals, recognize the benefit of self-actualization, and promote

sustainability unencumbered by the judgments and opinions of previous choices.

Potential Implications

Through this study, I explored the social impact on families and communities as a

result of ASES, resource procurement opportunities, and service sustainability. I plan to

use the information obtained from the study to advocate on behalf of this population and

associated initiatives to support momentum toward achieving their goals and aspirations.

Swanson (2013) made the statement that "improving available resources and updating

interventions used with the adolescent population can ensure lifelong success for children

and teens" (p. 18). New funding streams and new service advantages could be realized. Co-parenting initiatives that promote inclusion and involvement of both parents, and their families, in the process of meeting the responsibilities of young parents raising their children is only one example of potential positive implications resulting from my findings.

Summary and Transition

Alternative specialized educational services were created to support teen pregnant/parenting mothers with the completion of the secondary education process, promote good prenatal care, and to provide reproductive education. They were originated to address the increased incidence of teenage pregnancies beginning in the eighties to early nineties (Stewart & Kaye, 2012). Over the years, the focus changed to include supports and encouragement for teenage mothers to strive for attainment of their personal goals. Associated literature, reviewed for my study, focused on pregnant/parenting teenage mothers while they were enrolled in the secondary education process and reported on the impact ASES had during their enrollment. With this study, I sought to answer the question of what the former teen mothers' perceived benefit of these services has been after completing the secondary education process and throughout adulthood.

Chapter 1 included: (a) an introduction to the study; (b) the background of the study; (c) the problem being addressed; (d) the purpose of the study; (e) the research question; (f) the conceptual and theoretical framework; (g) the nature of the study; (h) a definitions section; (i) assumptions; (j) scope and delimitations; (j) limitations; (k) and the significance of the study. Chapter 2, the literature review, will include: (a) the

literature search strategy; (b) literature review surrounding the study framework; (c) and

an in-depth review of prior literature related to this study. Chapter 3 will present the

research methodology, Chapter 4 the results, and Chapter 5 discussion, conclusions, and

recommendations.

Chapter 2: Literature Review

To grasp the extent to which ASES impacted the population, I examined previous studies relevant to the variables of this qualitative research. Those variables included ASES involvement, former teen pregnant/parenting mothers' age, program attendance, family dynamic, socioeconomic status, and educational goals. My focus was on the former teen mothers' perceptions of ASES and their lived experiences related to family dynamics, socioeconomic status, and educational aspirations as they progressed beyond secondary education and matured in life. Prior researchers focused on the reduction of the occurrence of teenage pregnancy and the strategies implemented (Allgood & Harris, 2009; Asheer, Berger, Meckstroth, Kisker, & Keating, 2014; Stewart & Kaye, 2012). According to my review of literature, few scholars have reported on former teen mothers' experiences after the completion of the secondary education process or their experience as they continued to mature.

In this chapter, I review research on the impact of ASES on family dynamics to illustrate the types of support systems used by and accessible to teen mothers and their perceptions of the benefits. I found it useful to compare the socioeconomic status of teen mother during and after ASES participation regarding public assistance involvement and improving sustainable families. The educational and personal goals of teen mothers regarding completion of a secondary education program and advancement to higher learning were also essential to this literature review. Attainment of additional education could have had a bearing on the former ASES students' personal choices after the ASES experience and as they matured beyond the secondary education process. I reviewed the

literature using program theory (Mohr, 1995) as the conceptual framework and values

clarification (Edwards & Allen, 2008) as it pertains to ASES as the theoretical lens.

Chapter 2 includes (a) the literature search strategy; (b) the conceptual and theoretical

lens; (c) a review of the literature on ASES, family dynamics, socioeconomic status, and

educational aspiration; and (d) a summary of key points.

Literature Search Strategy

I used peer-reviewed journal articles, books, web-based information, health data

sources, and historical data from the ASES program to generate the literature review. I

retrieved information from ASES historical records and from these databases: CINAHL

Plus With Full-Text, Academic Search Premier, SAGE Health Sciences, SAGE Journals,

Nursing and Allied Health Sources, PsycINFO, Educational Resources Information

Center (ERIC), ProQuest Central, ProQuest Dissertations and Theses Database, Thoreau,

Google Scholar, and SocINDEX with Full Text. In addition, I searched the website of the

Delaware Department of Education. Key terms such as *teen and/or teenage pregnancy*,

pregnant teens, *alternative education*, *family dynamic*, *socioeconomic status*, *educational*

aspirations and/or goals, *fragile families*, *teen births statistics*, *alternative programs*,

Title IX, extended families, *public assistance*, *values and behavior modification*, and

college attendance were used to obtain historical data and current sources. I chose the

articles and journals used in this study for their scholarly application and pertinence to the

subject. The information retrieved was incorporated into a literature matrix based on the

constructs being studied.

My initial search was between the years of 2010 to 2015; however, I continued to stay abreast of current research through the study's culmination in 2019. Studies whose authors cited newer research were also reviewed for incorporation into my research. There were few studies identified that took a retrospective approach to ASES and the impact on former pregnant/parenting teenage mothers as they progressed and matured. My goal was to find current information that pertained to the variables of this study or was relevant to my conceptual framework/theoretical lens and topic.

<div align="center">

Conceptual Framework and Theoretical Lens

</div>

The theoretical constructs incorporated in this study provide the foundational infrastructure of the review process for the study findings. A definition of the conceptual and theoretical methods provides elaboration on their specific purposes and their association within this research. Program theory (Mohr, 1995) was the overarching conceptual framework for the study while values clarification (Edwards & Allen, 2008) was the theoretical lens through which data were collected and evaluated.

Program Theory

According to Mohr (1995), program theory is the process of analyzing the extent to which "one set of directed human activities (X) affects the state of some objects or phenomena ($Y_{1........}Y_k$) and -at least sometimes – determine[s] also why the effects were as small or as large as they turned out to be" (p. 1). Larimer and Smith (2009) defined program theory as "the set of beliefs that underlie action" (p. 144). Larimer and Smith indicated that these beliefs do not have to be replicated on a larger scale; they can be specific to the experience of one program or policy. Program theory operates on the

premise that the existence of policy represents a theoretical belief of the expected

outcomes based on exposure to program services, assuming the objectives will act as the

catalyst to achieve the desired outcome policy indicates (Mohr, 1995). Mohr theorized

that three distinct elements are fundamental in program theory.

- Impact analysis or evaluation is "the process of relating cause and effect

  elements as well as their outcomes to program functioning. A firm

  understanding of these 'elements' is necessary in order that the evaluation

  results be reflective of the lived experience" (Mohr, 1995, p. 3) of

  participants.

- The research design is "established to ascertain the 'operative reasons' for the

  cause and effect that determine the outcome experienced" (Mohr, 1995, p. 3).

- Dissection is "the means in which the outcomes are validated" (Mohr, 1995,

  p. 3).

Examples of using program theory to evaluate outcomes include the impact of

legislation enacted for the mandatory use of safety belts in motor vehicle operation

(Guang-Ming, Newmyer, & Ming, 2017) and the smoking ban and cessation efforts in

public places (Farkas, Gilpin, Distefan, & Pierce, 1999). Guang-Ming et al. (2017)

confirmed that the use of some form of seatbelt restraint (lap-shoulder, lap-only,

shoulder-only, children seatbelt, or booster; the X factor) significantly lowered hospital

costs and reduced the number of fatalities (the Y outcome) by 50%. Gabauer and Gabler

(2010) reported that, according to seatbelt usage statistics, 80% of drivers adhere to the

mandate (p. 9). Farkas et al. reported that antismoking legislation resulted in "higher rates

of cessation attempts, lower rates of relapse in smokers who attempt to quit, and higher

rates of light smoking among current daily smokers" (p. 261).

The qualitative approach to identifying the connections between *X* and *Y* is

performed through establishing causal inference. Mohr (1995) related that "dual

conceptualization of causality" (p. 73) indicated there are two considerations when

establishing connection: physical (relation of events in the natural world) and factual

causation (relation between statements, truths, or facts). Program evaluation establishes

these connections in the manner that *X = factual* must be in place for *Y = physical* to

occur (Mohr, 1995). Program theory is an inductive process by which researchers

develop expectations beginning with the end or culmination of research and work

backward, known as an "outcome line" (Mohr, 1995, p. 15). An example from the current

research of working inductively to create the outcome line is, as follows:

- Self-sustainable single parent families (activity) > less government
  assistance/dependency, stronger communities (outcome) > single parent /
  fragile families given tools to strengthen themselves (activity) > stronger
  families/ households (outcome) > stronger single parent/ fragile families
  producing stronger individuals (activity) > increased individual values
  clarification and decision-making skills (outcome) > single parent/ fragile
  families having benefit of alternative education supports (activity) >
  establishment of sound values and decision-making processes (outcome).

According to Smith and Larimer (2009), the "causal linkages" represented would

be considered "sub-objectives" p. 145) or conditions that must be present to achieve the

outcome. Larimer and Smith indicated the need for incorporating this information if the desire is to have research report on whether there was an impact and elaborate on the why or why not. Mohr (1995) defined this as "formative impact analysis" (p. 2). When incorporating program theory, the endeavor is to present an accurate depiction of the perceived impact on the former teen mother's behavior, specifying the causality of the essential linkages.

Title IX legislation was enacted to establish safeguards for equality in the education arena for the pregnant/parenting teen mother and should be extrapolated to include the teen father as well. This amendment was legislated in 1972 and provided specific instructions regarding the care of expectant/parenting students in the educational environment (Ducker, 2007; McLaughlin, 2014). The Adolescent Health Services and Pregnancy Prevention Act of 1978 established prevention and treatment services for all students but specifically those experiencing pregnancy or parenting as a student. According to the United States Department of Education, Office of Civil Rights (DOE; 2015), these services were provided as "education, health, and social services programs from conception until at least two years after delivery" (p. 18). Information reviewed included a resource guide created to provide specific instructions to administrators regarding the appropriate implementation of Title IX safeguards into the education environment (DOE, 2015). In 1999, the DOE, the National Institute on Early Childhood Development and Education, and the Office of Education Research and Improvement co-sponsored a conference addressing school-based programs. According to McLaughlin, reports from that conference released data that "school-based programs reduced the rate

of low-birth weight babies [and] long term results indicated increased high school completion" (p. 37). Additional protections for this population were established as well.

The Adolescent Health Services and Pregnancy Prevention Act of 1978 made it illegal to discriminate against a student who is pregnant or parenting, has experienced a voluntary or involuntary pregnancy termination, and postpartum recovery. A federal mandate of the legislation requires education administrators to provide accommodations and promote inclusion enabling the pregnant/parenting teen to continue her education (McLaughlin, 2014). The same quality of instruction experienced by non-pregnant/parenting students should also be the experience of those students who parent at a young age. McLaughlin reminded that exclusion from "educational programs and/or extracurricular activities on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program" is illegal (p. 35). According to McLaughlin, exceptions to the standard educational leave policies must be extended to the pregnant/parenting student with no sanctions for absence due to the pregnancy, provided medical documentation is submitted to validate the leave. Any missed assignments should be available for the student to complete via assistance from the Title IX coordinator, also designated as part of this legislation. Care should be taken to identify appropriations for the student as this legislation is not specific to just the teen mother, these services should also be available for the teen father as well.

Although laws have been in place since the 1970s requiring accommodations in the traditional school setting, many school districts have not enacted a tracking system to

identify the pregnant/parenting teen (McLaughlin, 2014). McLaughlin pointed out that

without an identity, there have been little to no accommodations made, or monitoring

performed to ensure compliance. McLaughlin's research indicated only one legal

challenge to this amendment, recorded in 1984, for "a pregnant student who was denied

inclusion into the honor society despite having achieved the academic requirements" (p.

35). McLaughlin reported that school administrators felt she was not an appropriate

example of academic integrity as she had engaged in premarital sex. McLaughlin

indicated the tenets of the legislation are loosely implemented and variations to the

requirements are instituted. In lieu of requiring the creation of a service plan to address

the special needs of the pregnant/parenting teen, a Title IX coordinator was designated to

function in the role of a case manager. The case manager assists with connecting

pregnant/ parenting students with community and government services. According to the

DOE (2015), the Title XI resource guide elaborates on exceptions identified as part of the

"implementation regulations" (p. 1). The DOE reported that information from the guide

stated that "an educational institution controlled by a religious organization" would not

be required to adhere to the tenets established as part the Title IX amendment if

compliance would be contrary to religious doctrine (p. 1). There has been no formal

challenge to the execution of the Title IX legislation to date although Ducker (2007),

Pillow (2006), and McLaughlin reported the experience is less than equitable compared

to services offered for the non-pregnant/parenting teen.

Because of the lack of support and other stigmatizing behavior, the teen mother is

subject to deprivation, jeopardizing the fragile family, and requiring further government

intervention in the form of social welfare services. McLaughlin (2014) reported that teens

giving birth are more likely to drop out to find employment to care for their families.

According to McLaughlin, most of these teens obtain jobs that would "not compensate

them in a manner that would enable them to be self-sufficient" and would depend on

welfare programs to make ends meet (p. 36). McLaughlin reported that teen pregnancy

was made synonymous with receiving welfare services in the 1980s with this identity

being propagated by then President Reagan, giving this population the moniker of

"welfare queens" (p. 39). According to McLaughlin, ensuring this time additional

legislation was enacted to require young mothers receiving welfare services to live in

their parents' home and pursue some form of education or vocational training. The

responsibility was focused toward the welfare system and the extended family of the

young mother to provide care (McLaughlin, 2014). With the disconnect between federal

policy requirements and state implementation processes, the opportunity for this group to

experience discrimination was prevalent.

However, some states opted to create alternative education services outside of the

traditional school environment for the pregnant/parenting teen, such as the one focused in

this study. These states believed that the separation would remove the potential negative

impact to other students and provide an environment that promotes the continuation of

the education process while preparing the young mother for the responsibilities of

parenthood (Ducker, 2007; McLaughlin, 2014; Pillow, 2006). My research focused on an

alternative specialized education program that offered services to teen mothers prior to

the enactment of the Title IX amendment. ASES opened their doors in 1969, providing

the core services indicated by the legislation but also including daycare, transportation, counseling, life-skills, and mentoring programs (DAPI, 2019). ASES claimed to be the first in the nation to offer a comprehensive service approach to meeting the needs of the teen mother and the fragile family, although the initiative was offered outside the traditional school environment.

Through this research, I sought to determine what the perceived lived experiences were for former ASES participants as a result of services potentially influencing their decision-making and values clarification processes as they matured. The purpose of my study was to investigate the impact the ASES had regarding skills and supports to help the teen mothers continue to move toward their goals and aspirations. I sought to ascertain if the ASES influenced young fragile families in their pursuit of self-maintenance and sustainability, achievement of educational milestones to ensure economical provision, and strengthening of the family dynamic. I sought the view of the ASES from the perspectives of the former participants to inform future service delivery. The result of this study could be subsequently less interventional need for federal welfare programs on an extended basis, motivated individuals creating stronger family units who are self-sustainably equipped, and resulting in stronger communities able to maintain more efficiently. Some longstanding questions when defining welfare assistance include who gets the help, how much help should they receive, and who will be responsible for the financial and operative administration of service delivery? With the focus on providing supports to at-risk families, questions related to supporting their advancement

toward personal maintenance and self-sustainability, as well as empowering them to advocate for themselves, could potentially be addressed and resolved.

Values Clarification Lens

According to Fitzpatrick et. al. (2016), values research started with Rokeach (1973) who posited that values were premised on two primary planes, a worldview or state of being (terminal) and self-improvement, self-motivation (instrumental) objectives. Schwartz (1994) took the research on values further with the creation of an alignment classification system, "willingness to change versus preservation, and social evolution versus personal growth" (p. 7). Schwartz et al. (2012) extended research even further to include values socialization; thus, the process of values changing based on life-altering events. Edwards and Allen (2008) described values clarification as a process of beliefs, opinions, and ethics assigned importance by individuals, families, communities, and cultures. Edwards and Allen attributed Rath, Harmin, and Simon (1966) with the formal introduction of values clarification. Values clarification theory focuses on three major elements: identifying one's beliefs, attitudes and opinions; assigning importance to those deemed personally significant; and aligning behavior with the defined beliefs (Edwards & Allen, 2008). Although values clarification faded during the 70s, it experienced a resurgence in recent years due to a decrease in the moral compass that governs personal responsibility (Edwards & Allen, 2008). Authors, such as Leech, Adams, and Littleton (2014), Porter and Holness (2011); and Vejar (20148), posited that, as a result of declining values clarification, crime, promiscuity, and self-deprecating behavior increased.

According to Edwards and Allen (2008), values clarification assisted youth in critical thinking and embracing diversity. Values are guiding actions that govern how daily decision exchanges take place within an individual's environment and can dictate behavior (Edwards & Allen, 2008). Edwards and Allen explained that values are directly connected to an individual's beliefs and those of the family, friends, church, schools, and other organizations in the immediate community. Edwards and Allen affirmed that values include those beliefs most important to an individual and align behavior to espoused beliefs. Thus, values clarification is a reflective learning process based on the personal experience of assigning importance to beliefs, views, and opinions.

Alternative specialized education services were established to help teen mothers with acclimating to a parenting role while providing supports to influence young mothers with identifying the impact of their behavior to their families. ASES offers alternatives and tools to assist young mothers with maintaining and working toward accomplishing personal goals and the opportunity of self-sufficiency (DAPI, 2019). I selected the values clarification model as the theoretical lens for this study as ASES was designed to impact at-risk behavior concerning sexual activity, reproduction, parenting at a young age, and personal goal attainment. ASES helps the teen mother prioritize activities based on the associated value she attributes to those activities. Program participants were offered tools to plan for their futures through the impartation of information allowing young mothers to make decisions that were more informed. Bost, Cox, Burchinal, and Payne (2002) indicated that these types of supports have positive outcomes psychologically, physically, and socially.

Literature Review

I conducted, and organized, this literature review following the four major research focus areas: ASES, family dynamic, socioeconomic status, and educational aspirations. The research obtained identified measures taken to address the issue while the teen mother was completing the secondary education process. Little information was found addressing the impact of service delivery once the young mother completed the secondary education process and matured.

Alternative Specialized Education Services

Teenage pregnancies occur nine times more often in the United States than any other developed country (Pazol et al., 2009). Kost (2015) indicated that Delaware has the highest numbers, by state, in the United States regarding unintended pregnancies, 62 per 1,000 births between the ages of 15-44. According to Kost, this is a decrease from 2008 when the report indicated "70 per 1,000 unintended births" occurred (p. 9). Teen pregnancy costs the United States $6 billion in taxes and another $3 billion in service delivery for successful pre- and postnatal care, as well as assistance with providing basic needs to the family (Pazol et al., 2009; Vejar, 2018). Pazol et al. estimated these costs would be as much as $6.7 billion higher if current ASES initiatives were not influencing the reduction in the occurrence of teen pregnancies. Brakman and Gold (2012) suggested that teens were abstaining from sex or practicing safer sex with a decrease in risky behavior. Brakman and Gold indicated that 22.2% of girls in Atlanta, GA, age 15 to 19, used a contraceptive during their most recent sexual activity and attributed the increased use of contraceptives to the change in mindset as the young girls began to consider their

future and personal direction. Clearly, interventions have a positive impact on teen

pregnancy, but there is still much to be done. Pazol et al. reported that "410,000

adolescent girls between the ages of 15-19 became teenage mothers" (p. 419). For those

states experiencing higher rates of teen pregnancy, Pazol et al. reported the figures are

"tripled or higher still" (p. 419) than those with a lower incidence of teen pregnancy.

ASES was developed to create opportunities for teen pregnant/parenting mothers to

continue their education with services that cater to their physical, mental, and

psychological needs (Barnes, 2013; Graham, 2009; Henrich, 2005). Initiatives were

designed to keep the student motivated toward life goals and aspirations while continuing

in the education process.

　　According to Henrich (2005), three typologies of alternative education service

delivery exist. The first type consists of interventions designed to pre-empt a

circumstance or consequence before it can have an impact (Henrich, 2005). An example

of this type of intervention would be the Head Start Program (McWayne, Hahs-Vaughn,

Cheung, & Green Wright, 2012). The second type involves initiatives wherein inception

is in response to a negative behavior and mindset (Henrich, 2005). This type of response

can be an opportunity to change negative behaviors before more stringent or permanent

corrective measures are instituted. An example of this would the in-school suspension

process instituted by school districts to keep students in the classroom environment but

separated from the mainstream population as a punitive response to maladaptive

behavior. Another example would be book camps instituted to provide structure and rigor

to increase self-control and discipline in wayward youth (Henrich, 2005). According to

Henrich, the third service delivery is a temporary intervention providing support through

a specific crisis. This would be the classification of the ASES intervention experienced

by ASES pregnant/parenting teen mothers as services were designed to support the

prenatal, birth, and post-natal period through the conclusion of maternity leave. The

student's involvement in the program is voluntary although, in earlier years, participation

was actively encouraged by school administration and felt to be the best choice for a

young expectant mother (DAPI, 2019). Students attend the program during pregnancy,

receive at-home services during postpartum, and can return to complete the current

school year (DAPI, 2019). According to DAPI, the teen mother also has the option to

return to the traditional school environment after delivery. After the support was

provided, the student returned to the traditional education environment and regular daily

activities.

Characteristics of a successful ASES program are designed to be participant-

centered (Barnes, 2013; Henrich, 2005). The needs of the individual are incorporated

when creating supports for the behavior, which makes the student a stakeholder in the

development and implementation of services, thereby, increasing the potential for

effectiveness (Henrich, 2005). Measures identified in research to determine the

effectiveness of service delivery are indicative of an improvement in attendance, grades,

and graduation rates with a reduction in the behavior services are designed to address

(Henrich, 2005). When considering the phenomena of teenage pregnancy, service design

for this population needs to be fluid through the examples, as teen pregnant/parenting

mothers may be identifiable to the three ranges simultaneously. Patchen, LeTourneau,

and Berggren (2013) suggested assistance initiatives should be a coordinated effort with a team mentality, after identifying the specific needs of each teenage mother, and begin during the gestational period continuing to at least 24 months after delivery.

South Carolina implemented one such evidence-based service for the pregnant/parenting teen population utilizing a process referred to as Promoting Science-Based Approaches-Getting to Outcomes (PSBA-GTO; Duffy et al., 2012). PSBA-GTO established a 10-step system gathered from science-based approaches (SBA) for building best practices for aid and instruction to the population (Duffy et al., 2012). Duffy et al. conveyed that SBA is offered via community-based organizations (CBO) as well as school-based initiatives through the provision of training and technical assistance over a three-year period. Kan et al. (2012) referenced ten core service areas when designing programs and services to impact contraceptive use, adolescent health, and repeat pregnancy reduction. Duffy et al. (2012) used the tested data collected from research led on "healthiness philosophy and reasoning prototypes" for inclusion into helping strategies for teen parents (p. 373).

Most ASES were geared toward influencing the identified challenge on a temporary basis with no bridge of support when re-introducing the student back to the traditional school setting (Pillow, 2006). A relevant drawback to the ASES environment is that students adapt to the services offered to support the specific need and those changes are not carried over to the traditional school setting when the student returns (Pillow, 2006). According to Castaneda (2011), the opportunity to return to the ASES post-partum positively affected the teen mother, as she was more likely to continue her

education after pregnancy versus the teen mother returning to the traditional school setting. Castaneda suggested that an integration of the traditional and alternative educational experience be instituted to address the transition between the programs or as an option for teen pregnant/parenting mothers to complete the secondary education process.

According to Basch (2011), teen pregnancy shortened the educational process for young mothers on an "average of 2 years" (p. 614). Basch reported the cycle of teenage pregnancy is "66% more likely to repeat over the generations" (p. 614). Salihu et al. (2011); SmithBattle (2006); and Swedish, Rothenberg, Fuchs, and Rosenberg (2010) posited teenage mothers from lower economic statuses may experience greater challenges in the areas of entrance to medical care, housing, professions, and family/community support. Swedish et al. related that these conditions may have more of an impact on motivation than experiencing motherhood at a young age. SmithBattle (2006) reported that "60% of teenage mothers who drop out of high school do so before becoming pregnant" (p. 131). This information is in direct contrast to Strunk's (2008) report that "teen pregnancy is a common cause for young mothers to drop out of high school" (p. 14). Swedish et al. indicated that the educational, economic, and family status of the teen mother, prior to her experiencing pregnancy, is not generally considered as an antecedent when viewing this phenomenon. Swedish et al. also stated that these factors would have direct impact on the teenage mother's motivation to continue and pursue goals/aspirations when faced with parenting at a young age. Early pregnancy and the age of the teenage mother do not constitute that the young mother will experience a life of degradation and

lack (Swedish et al., 2010). A supportive family, with a stable economic picture, who are

prepared to assist the young mother in the continued aspiration toward personal life goals

can be the catalyst in changing outcomes (Schaffer, Goodhue, Stennes, & Lanigan,

2012). SmithBattle suggested that the "early pregnancy experience could assist young

mothers with arranging and restructuring their lives in preparation for their new parenting

role" (p. 131). SmithBattle also reported that African American teen mothers were "25%

more likely to pursue higher education as a result of teen pregnancy" than other

ethnicities (p. 131).

ASES located inside the traditional school setting, might play a significant role in

assisting young mothers with completing the secondary education process and

advancement to higher learning (Basch, 2011). Basch recommended the focus should be

on helping the relationship to set and strive to attain personal goals. Discussion regarding

becoming a parent at an early age should identify the challenges associated in the areas of

lack and discrimination (Basch, 2011; Clear, Williams, & Crosby, 2011). Simigui (2012)

also proffered that a connection to religious values served as a deterrent to sexual activity

at an early age. Without intervention, Morena, Sawhill, and Thomas (2010) indicated

teenage pregnancy reduced the probability of receiving a high school diploma by 5 to 10

percentage points and reduced annual income by "$1,000 to $2,400" (p. 134).

According to Basch (2011), as part of a school-based ASES, motivational

mentoring for students to set, or continue to pursue, established goals and develop

educational identity should be offered within the program. Basch also recommended a

counseling component, access to social benefits, encouraging a values system, and

supportive services to assist with attaining personal and educational goals that will further

strengthen the ability for the family to progress toward self-sustainability. Kan et al.

(2012) promoted building quality programs that provided support in the education

environment, and at home, with focused counseling services to decrease the instance of

lack in the lives of the teen mother and her children. Lagana-Riordan et. al. (2011)

demonstrated that students benefitted from stronger relationships with faculty and peers,

increased maturity levels, and greater awareness of social issues within their

environments. According to DAPI (2019), at the time of this study, these were services

offered through the ASES program.

  Funding such programs continues to present issue. Castaneda (2011) conducted

research for securing grant funding to offer services to the pregnant/parenting teenage

mother between the ages of 14-19. The service was designed to impact prevention and

intervention by increasing parenting skills, promoting social skills, and supporting the

student with completing, and plans to advance, their education (Castaneda, 2011).

Castaneda posited that ASES be offered to ensure pregnant/parenting teen mothers

receive the support needed to continue their personal development and provide the same

opportunities that existed for non-parenting students in the traditional school setting.

Reports indicated the largest number of teen pregnancies were of African-American and

Hispanic descent at an average of "126 and 127 per 1,000 women aged 15-19"

experiencing early parenting and the Hispanic teenage population the hardest to impact

(Kost & & Henshaw, 2012; Martin et al., 2010, 2012). Thus, ASES and assisting agents

must support the pregnant/parenting teenage mother on a level that considers her

background and provides service delivery that is culturally relevant to the young mother (and the young parenting male for future service delivery).

The Rosa Parks Academy provided services to teen pregnant/parenting mothers with the mindset of embracing ethnic differences (Roxas, 2008). This mindset was based on the Geneva Gay mode of incorporating culturally responsive teaching into the daily life experiences of the student (Roxas, 2008). This method of instruction focused on six specific areas (validating, comprehensive, multidimensional, empowering, transformative, and emancipatory) and Roxas reported it fostered the student's confidence and works toward encouraging their availability and openness in the education process. The premise of the service was to meet more than the basic needs of the teen pregnant/parenting mother in a manner she can relate to personally with initiatives that are specific to the cultural norms the teen mother experiences (Roxas, 2008). Atkins and Wilkins (2013), Castaneda (2011), and Herrman, Moore and Sims (2012) performed research that supported providing services that were ethnically thoughtful to the young mother's experience with no differentiation in care based on economic factors, race, culture, or sex. Castaneda proffered that providing the protective supports and resources in the educational atmosphere and encouraging the pregnant/parenting teen mother to work toward goal attainment assisted them with adapting to the responsibilities of young parenting. Castaneda's study contained multiple interviews, spanning various grade levels and educational areas, and was conducted with six instructors identified by program administrators, peers, and students as being the most socially responsible to the cultural necessities of the students (Castaneda, 2011; Kan et al., 2012; Roxas, 2008). The

phenomena of teen pregnancy were experienced greatest in the Hispanic and African-American populations (Salihu et al., 2011). Roxas (2008) indicated that 100% of the program participants graduated from the secondary education process and advanced to higher education with some receiving scholarships in the process. Rolf (2008) also demonstrated that teen pregnant/parenting students were further marginalized when their cultural experience was not considered in the design and implementation of a process supporting creation and advancement of life goals. The lens through which this phenomenon is viewed can also further stigmatize when regarded as a moral deficiency versus a national concern.

A study of Title IX legislation, as it related to educating teen pregnant/parenting mothers, was conducted to identify the equity in the education process for this population (Pillow, 2006). Per Pillow's findings, there was an absence of research, policy, and protocols between 1972 and 2002 identifying specific educational needs of this population. Title IX legislation was composed in 1972 and enacted in 1975 to ensure equity in the education process and activity opportunities for pregnant/parenting teens was comparable to non-pregnant/parenting teens (Pillow, 2006). Fershee (2009) reported that, in 1980, the Department of Health, Education, and Welfare (HEW) instituted a set of regulations with intent to ensure the original principles of the Title IX legislation. Those regulations were related to access, choice, and equality; and, Fershee indicated the protocols did little to change the experiences of the pregnant/parenting teenage mother. According to Fershee, the new regulation was weak regarding accountability of responsible administration and there were no reporting requirements for enrollment and

academic rigor within ASES. Additionally, Fershee related that there was a lack of monitoring mechanisms ensuring compliance with the HEW and Title IX tenets, as well as equity in the education process.

In this legislation, teenage mothers were given the choice of continuing in the traditional school setting or voluntary attendance at an alternative school designed to meet the specific needs of the expectant/parenting student (Fershee, 2009). Pillow (2006) indicated an abundance of information when considering this phenomenon from the aspects of psychological, sociological, health, political, and economic lenses but nothing from the standpoint of ensuring equity in the experience for this marginalized population. Pillow believed the lack of studies served to deepen the ostracism as it supported the views of looking at this phenomenon as a moral or social issue from evaluators outside the educational arena. Pillow suggested this was based on the political classification from which the phenomena was viewed. Fershee suggested that a consistent review of services offered through ASES be conducted to ensure equity in the experiences of pregnant/parenting teenage mothers. Fershee recommended accountability reflecting the same level of services for pregnant/parenting students as that received by non-pregnant/parenting students in the traditional school setting, as well as re-framing the political lens through which the phenomena were viewed.

Three areas contribute to the absence of information regarding the education process of pregnant/parenting teenage mothers: (a) information deficit regarding the application of Title IX; (b) little research in the secondary education process on the application of Title IX; and (c) an unsupportive environment as it pertains to educating

the teen pregnant/parenting student (Pillow, 2006). Fershee (2009) conducted a study

based on three similar areas of focus: access, choice, and quality. Fershee found a need

for increased study on the phenomena from the lens of ensuring educational components

are comparable to what non-pregnant students in the traditional school environment

receive. SmithBattle (2006) attributed the existence of significant leeway when providing

educational instruction to the pregnant/parenting teen due to failure to plan, lack of

resources, lack of statistics, and limited information identifying the facts and necessities

of the young mothers. SmithBattle indicated the district's failure to develop a policy for

these reasons. Pillow (2006) and Ducker (2007) suggested increased education on the

tenets of the Title IX legislation was needed beginning at the administration levels and

extending to pregnant/parenting teenage mothers. Dawani et al. (2016) suggested the

importance of drafting legislation that directly addresses the disparities experienced along

ethnic lines. Pillow advocated that the most important endeavor should be the re-lobbying

of the issue with scrutinization of "the moral and social characteristics of the teenage

mother to focusing the educational and policy equity in providing instruction" (p. 79).

     According to Ducker (2007), the 59% dropout rate for teenage mothers, after

giving birth, was contributable to the propensity of the teen mother to experience a

poverty state before conception. Ducker reported that, of the other 41% who do graduate

from high school, "only 1.5% would receive a college degree" (p. 445). Salihu et al.

(2011) posited that "19% may repeat pregnancy within 12 months, and 38% will repeat

pregnancy within 24 months" (p. 153). Ducker admonished that the ability to rise above

an impoverished state is increasingly difficult with multiple pregnancies. This condition

of disadvantage was indicated as cyclical for the teenage mother's children who were

prone to teenage pregnancy and an abbreviated education process (Ducker, 2007; Romero

& Silk, 2014). This tendency affects the ability to provide financially and simultaneously

complete the education process. Swedish et al. (2010) indicated that teenage mothers

were likely to have a significant dependence on welfare benefits to meet the basic family

needs.

Several initiatives were recommended for schools and administrators to ensure the

tenets of the Title IX legislation were realized for the teen pregnant/parenting mother,

support the completion of the secondary education, and promote the continuation of

educational goals (Ducker, 2007). Ducker suggested that pregnant/parenting students

should be fully apprised of their choices when ASES are an option without any coercion

on behalf the school administration. Administrators should ensure teen

pregnant/parenting students could participate in academically advanced curriculum and

intramural activities (Ducker, 2007). Ducker referenced several litigations regarding

schools attempting to censor the participation of pregnant/parenting mothers "violating

the Equal Protection Clause as well as the 14th Amendment" (p. 449). Ducker reported

that education and awareness are suggested requirements for all school administration

and instruction staff. No additional penalties or sanctions should be apportioned to the

teen mother that are not the standard practice of the school and not required of other

students (i.e. attendance; Ducker, 2007). The Pittsburgh school system, referenced in

Ducker's study, utilized a staff member to act as a liaison between the educational

institution and the teen pregnant/parenting mother. The faculty builds a relationship with

the student and advocates for their needs during the secondary education process and

when the student seeks opportunities to move on to institutes of higher learning (Ducker,

2007). According to Ducker, assisting the teen mother with opportunities to continue and

complete her education further strengthens her ability to increase her skills and

knowledge, an endeavor that has far-reaching benefits to the young mother and her

family. Kirven (2014) indicated a need to build inclusion into any program offered, thus,

extending services to the teenage father also.

Comparative research was conducted before pregnancy and before second

pregnancy initiatives offered at the community level (Salihu et al., 2011). According to

Salihu et al., these services were provided through a federally funded head start program

that targets the economically challenged region of East Tampa, Florida to reduce initial

and repeat teen pregnancies. Community outreach services were provided by a program

called REACHUP (https://www.reachupincorporated.org) in collaboration with other

community programs (Salihu et al., 2011). Salihu et al. reported that preconception

services were offered to participants between the ages of 10-19 years old. According to

Salihu et al., the focus of this group was "to educate, to change opinions, and to change

behavior regarding safe sex, planned-parenthood, and sexually transmitted diseases

(STD)," as well as avoiding domestic violence (p. 154). Four to five-hour monthly

sessions led by professionally trained organizers allowing unlimited participant

attendance was the method of contact (Salihu et al., 2011). Herrman et al. (2012) reported

that "safe sex" education needs to begin before sexual activity to promote informed

choices and ward off potentially hazardous behavior (p. 90). Post-conception services

focused on health and fitness in the context of personal relationships with partners, families, and establishing community connections (Salihu et al., 2011). Salihu et al. reported services were provided by professionally trained facilitators ranging from nurses, social workers, health, and medical specialists, as well as community outreach workers. Florida offers risk assessment follow-up to the program participants (Salihu et al., 2011) that assists in determining supportive services all new mothers may need. According to Salihu et al., these services were offered to influence a reduction in the number of repeat pregnancies. The results of Salihu et al.'s study indicated a significant effect on the reduction of new pregnancies as a result of the services offered through REACHUP. Salihu et al. reported that primary teen pregnancy was reduced by 60% in the area of service delivery which was an 80% greater reduction than the county and state experienced during the same study timeframe (Salihu et. al., 2011). Kan et al. (2012) reported similar findings indicating comparable impact in reducing repeat pregnancies. When Kan et al. conducted a follow-up study after the 18-month mark, there was no real change to report regarding pregnancy reduction. According to DAPI (2019), ASES aided the teen pregnant/parenting mothers serviced through community partnerships with sources that assist in promoting health and wellness for both the mother and infant.

According to Griswold et al. (2012), a study conducted in Rochester, New York reported on the impact of adding the Prenatal Care at School (PAS) program to the local educational experience for the pregnant/parenting teen mother. The program was an effort to improve school attendance, healthcare access, and education regarding the prenatal, labor, delivery, and birthing processes (Griswold et al., 2012). Previous research

supported the evidence that pregnant/parenting teenagers experience challenges with regular attendance in the education process as well as receiving necessary prenatal care (Hueston, Geesey, & Diaz, 2008). The Centers for Disease Control and Prevention (CDC, 2012) reported that, by the age of 22, only half of pregnant/parenting teen mothers would have completed the secondary education process. Hueston et al. indicated that attendance and participation were improved (school by 14.2% and prenatal care by 5.7% compared to the previous year before the PAS program was piloted) because of including the services into the everyday educational environment.

A study conducted in a rural Oregon town consisted of interviews with high school students where the incidence of teen pregnancy was indicated to be greater than other areas in the state (Little et al., 2010). Little et al. reported the education provided regarded sexual activity and teen pregnancy in a negative manner suggesting the phenomena to be a "risky behavior" needing rehabilitation instead of increasing knowledge of safe sex practices (p. 334). The research focused on the perceptions of students on the increased incidence of teen pregnancy and whether the phenomena was attributable to living in a rural area (Little et al., 2010). The Development Asset Framework, developed by the Search Institute, (https://www.search-institute.org) was designed to identify protective as well as risk factors. In line with this framework, the more assets the teen possesses, the less likely he or she will be to engage in unsafe sexual practices. The study indicated a teen's behavior was based on their attitude and personal views regarding at-risk behavior (Little et al., 2010). Amy and Loeber's (2007) research supported this and provided considerations to be incorporated into plans to address sexual

activity for this age group. Little et al. claimed this information assists school and community administrators with creating programs that are more efficient to promote informed, and more responsible, decisions regarding sexual behavior and reproduction. Little et al. reported the "student's perception of behavior risk to be a strong indicator of sexual activity for teens ages 15-19" (p. 334). Little et al. indicated that previous initiatives were based on "abstinence-only education", which gave the teens the perception that "pregnancy was unavoidable when engaging in sexual activity" and out of their ability to control. Little et al. recommended creation of an "abstinence-based" program incorporating the asset framework to promote students with the ability to establish empowered perceptions of choice (p. 341).

According to Patchen et al. (2013), research was also conducted for a program offered to teen mothers, in the District of Columbia, designed to "influence the incidence of repeat pregnancies" p. 644). Patchen et al. created a coordinated team (healthcare, social workers, and community supporters) of service providers working together to provide supports that addressed the specific barriers of each teenage mother. Patchen et al. planned to increase access to services that empower and create opportunities for skill building and provide information to assist teens in making better choices. Patchen et al. suggested that this would reduce the instances of teen pregnancy by changing behaviors. Participants remained engaged in the process through 24 months after delivery and were polled every six months for continued contraceptive use and subsequent pregnancies while remaining involved in service delivery (Patchen et al., 2013). Patchen et al. also documented the type of contraceptive used by the teen mother and percentages were

generated based on the total number of participants. Patchen et al. did not indicate if all follow-up was provided while the teen mother continued her secondary education process or if this service delivery continued after completion. Patchen et al.'s results supported the assumption that person-centered services have a positive impact on the reduction of multiple unplanned pregnancies and prolonged contraceptive use.

Research conducted by Schaffer et al. (2012) premised a different approach to service delivery than the model suggested by Patchen et al. (2013). The tenets remained similar, but the public health nurse acted as the coordinator of services through the continuum of care with direct contact made through home visits (Schaffer et al., 2012). SmithBattle (2006) also supported the concept of the school nurse being the catalyst for positive change regarding this population. Additionally, Barnes (2013) supported this concept and extended thinking to encompass the ecological systems (psychosocial, developmental, educational, and relationship) experienced by the teen mother influencing her decision-making processes. Barnes (2013) reviewed a grassroots initiative designed to influence the decision-making processes of teen mothers and gauge the effect to their personal experience. Barnes used a ten-step problem-solving tool to record participant responses when faced with daily decisions. Instructions were given during the first of six individual sessions held over a two-month period for six study participants (Barnes, 2013). Barnes used diaries to document the teen mother's responses at each step illustrating how decisions were achieved. Barnes collected data from the diaries weekly, as well as from observations during the sessions. The culmination of the study was a semi-structured interview with the teen mother that was evaluated using open coding

(Barnes, 2013). Identified themes from this research were consistent with previous research of teen mothers and the challenges faced with parenting at a young age (Barnes, 2013). Barnes also indicated that findings support the need for more effective service continuity and specialized initiatives that consider the specific needs of the teen mother. However, Dawani et al. (2016) argued that initiatives to address the issue of teen pregnancy need to encompass a major hurdle evident throughout the course of study on this phenomenon, the propensity for cultural inequalities. Dawani et al. suggested that new legislation should address the disproportions specifically for the ethnicities greatest affected by the teen pregnancy phenomenon.

The ASES identified in this qualitative literature review were examples of the services that are provided for the state of Delaware to affect the secondary education completion and advancement of teen pregnant/parenting students. The question the current research sought to answer was if the type of interventions offered through ASES assisted former teen mothers as they matured and advanced beyond the secondary education process. Did services influence the former student's ability toward strengthening and building sustainable families?

Family Dynamics

Information on the family dynamic was obtained from former teenage mothers through elaboration on the unit makeup during their attendance at the ASES, as well as the unit structure as it existed at the time of this study. Stewart and Kaye's (2012) follow up research was designed to gauge the changes in teen behavior as it pertained to five major areas: attitudes toward sex, family and social dynamics, education, community,

and media. Hueston et al. (2008) determined that an increase in reproductive education before, and at the onset of, pregnancy, as well as increased access to Medicaid services, increased the chances that prenatal care will begin in the first trimester. My research focuses on areas of peer and family relationships, school, and community.

Studies indicated that, due to better choices made by teens and consistent use of contraceptives, pregnancy rates have decreased considerably (Dawani et al., 2016). Rentschler (2003) found that teen pregnant/parenting mothers indicated changes in their behavior as a result of the pregnancy. According to Rentschler, there was a positive change in participants' attitude, increased motivation, and better emotional control. Rentschler reported that teen mothers described themselves before the pregnancy as being angry, confrontational, volatile, and lacked personal drive. Rentschler indicated that teens tend to model more of the behavior of their parents pertaining to sexual activity. According to Rentschler (2003), a barrier existed to open discussion with parents regarding views on sex and, while single-parent households have become a more regular occurrence, the family dynamic that teens experienced more often reflected the traditional two-parent household. Rentschler reported ambitions to further their education and a decrease in dropout rates, as well as more involvement in the teen's local community. Stewart and Kaye (2012) reported that more teens had a spiritual belief system. McHale, Waller, and Pearson (2012) provided statistics that challenged Rentschler's assertion of traditional family household compositions. McHale et al. indicated 11% of births were to mothers out-of-wedlock in 1970 versus two of every 5 or 41% in 2009.

While several studies demonstrated reduced pregnancy rates at a young age, statistics reflected that the United States continued to experience the highest rate of all Western cultures with 30% of the population experiencing pregnancy under the age of 20 (Hacker, Amare, Strunk, & Horst, 2000; Hueston et al., 2008; Maiden, Gunter, Martin, & Ehrenthal, 2014; Porter & Holness, 2011; Rentschler, 2003; Romero & Silk, 2014; Stewart & Kaye, 2012). An experimental inquiry conducted through the Pathways Teen Mother Project in South Carolina was designed to affect the occurrence of multiple pregnancies, improve high school completion, positively affect illicit drug use, and improve outcomes for the teen mother (McDonell, Limber, & Connelly-Godbey, 2007). McDonell et al. indicated the participants were pregnant/parenting teens from economically challenged communities who were age 18 and below. McDonell et al. used a random convenience sample for selecting study participants. Recruitment strategies included disseminating information through local human services agencies, churches, newspaper advertisements, local civic groups/community organizations, and the incentive of monetary compensation to recruiters and participants (McDonell et al., 2007). McDonell et al. made personal contact with prospective participants to explain the study and gain consent. A total of 197 partakers were obtained in an eight-month process that required re-strategizing for, and a reduction of, the original number of planned candidates (250 proposed to 200 actual; McDonell et al., 2007). There were 107 teens in the experimental group and 90 in the control group (McDonell et al., 2007). The Pathways Project experimental group consisted of offering supports in a two-year case management assignment to assist in connecting teens and their families with local services (McDonell

et al., 2007). McDonell et al. offered family involvement initiatives providing support methods for the family on ways to help the teen meet personal goals and teen pregnant/parenting support groups to build social community. McDonell et al. purported the Pathways Project as a means for developing leadership, life skills training, and leadership exposure to increase self-efficacy and produce civic involvement.

According to McDonell et al. (2007), participation in the initiatives of the experiment group was voluntary and participation choices were made by the teen with the support of case management. The control group consisted of students who did not have the benefit of case management services and were self-directed when accessing services for pregnant/parenting teens (McDonell et al., 2007). McDonell et al. used scaled questions unique to each dependent variable implemented in six-month increments up to two years from inception, in-group sessions, with day care services provided. McDonell et al. analyzed data utilizing "a mixed model alliance of variance" by testing the group assignments based on the identified variables and as it related to the five areas of consideration (p. 846). The results indicated that both the experimental group, as well as the control group, were relatively the same concerning the educational achievement remaining below standards (McDonell et al., 2007). However, McDonell et al. reported treatment students were closer to academic expectations and were more likely to earn their diploma/GED. McDonell et al. claimed treatment students had a more positive attitude toward refraining from the use of illegal substances. McDonell et al. determined the experimental group had fewer repeat pregnancies than the control group and practiced less risky sexual behavior. The experimental group was more likely to exhibit consistent

use of contraceptives (McDonell et al., 2007). McDonell et al. conveyed that students in the experimental group saw themselves as more stable and prepared for parenting responsibilities. McDonell et al. also determined that older teen participants in both groups indicated being better problem solvers with younger members of the control group feeling more supported by the family and community. McDonell et al. found that teens in both groups, who lived with their parents, felt they were better decision-makers and experienced greater drive to pursue higher education than pregnant/parenting teens living outside the family unit. Castaneda's (2011) research on school-based intervention and prevention initiatives for pregnant/parenting teens indicated that psychological changes, combined with becoming pregnant, were considered a two-fold development issue (p. 1). Castaneda demonstrated that, due to these stressors, young mothers might experience difficulty being emotionally available for their children.

To evaluate transitioning to the role of an expectant mother at a young age, Brubaker and Wright (2006) conducted qualitative research considering the "counter-stories that facilitate narrative repair" (p. 1214). A convenience sample of 51 African-American students attending a program for pregnant/parenting teens from a mid-southern inner city was the focus of Brubaker & Wright's research. Interviews were conducted with school attendance and evaluated using axial coding (Brubaker & Wright, 2006). According to Brubaker and Wright (2006), these stories provided insight on the correlation of caregiving received by, and given from, the teenage mother, and supporting the young mother with making a positive transition to motherhood. Brubaker and Wright posited this process helped participants maintain a "healthy self-perception despite the

view that the phenomena are due to morally delinquent behavior" (p. 1215). Brubaker and Wright (2006) determined the caregiving support enabled the pregnant/parenting teen mothers to overcome the stigmas associated with unplanned pregnancy and transition to the role and responsibilities of parenting. Brubaker and Wright (2006) reported that, when asked to identify those relationships that provided sustained and meaningful support, the teen mothers indicated immediate family and the boyfriend having impacted their ability to maintain a positive outlook. Byrd-Craven and Massey (2013) and Kirven (2014) also pointed out strong, supportive relationships assist in lowering the stress levels pregnant/parenting teen mothers experience that could be harmful during the gestational period, after delivery, and over time. Brosh, Weigel, and Evans (2007) indicated these types of relationships were considered informal but have more significance to the pregnant/parenting teen mother in accepting, acclimating, and growing into parenting role and motherhood.

In a study on the influence the male partner had regarding the intent to become pregnant, Clear et al. (2011) reported significant influence on the pregnant/parenting young mother. Clear et al. suggested the young mother was influenced greatest by those she feels closest to before becoming pregnant and after delivery. Clear et al. gauged the perceived impact the young mother felt the male partner had on the adolescent female's decision to become pregnant. Clear et al. used data extracted from the National Survey of Family Growth (NSFG) Cycle 6. Clear et al. found a greater number of teen mothers felt it was "not their intent to become pregnant, but it was the intent of the male partner for them to conceive" (p. 1864). Clear et al. reported this belief to be more prevalent in the

Hispanic population, particularly where significant age difference was a factor. Herrman et al. (2012) reported that 42% of adolescent males were sexually active and accounted for a large percentage of sexually transmitted diseases. Kirven (2014) and Martinez, Copen, and Abma (2011) specified that males were involved with teen pregnancy, but prevention strategies and comprehensive programs focusing on men, and young men, were less prominent. Weber (2012) also identified the double standard that existed when considering sexual activity. Weber reported that young women were taught to be modest and take more of a passive stance toward sex yet make the necessary preparations to ensure pregnancy did not occur. According to Weber, this deliberate planning went "against the grain of the nice girl persona" (p. 909). When pregnancy occurred, the female contended with the event tarnishing her reputation while the young male was said to have experienced a boost to his perceived masculinity (Weber, 2012). Research information on services for the male was provided to inform planning consideration for future ASES initiatives that may incorporate the male partner.

According to Weber (2012), the difficulty identifying teen males who may have been involved was due to limited data from their perspective and lack of acknowledgment of paternity by mothers less than 20 years of age. Weber portrayed teen fathers as "socially deviant, irresponsible, and unavailable" for their parenting role (p. 901). Weber focused on the experiences and reports on the phenomena from the teenage father's point of view. Weber elaborated on the perceived impact the young male faced with parenting at a young age, the associated stigmas, and his desire to not be viewed in a negative light. Weber conducted interviews with 26 teenage fathers and elaborated on

their perception of the teen pregnancy being viewed by their local communities as

contributing to deviance morally and financially. The research proffered that young

fathers were three times as likely to be part of families experiencing economic,

educational, and social challenges (Weber, 2012). According to Weber, the young fathers

included in the study identified with fathering a child under the age of 19. Weber's focus

group was selected through convenience and snowball sampling, and was representative

of varying cultures, ethnicities, and diverse socioeconomic families. Weber reported that,

while there existed a divergence in the makeup of the group, responses received from

questions asked during the study were quite similar. Weber discovered that the young

males interviewed in the study felt the power to control pregnancy "rests with the

woman" (p. 908). Weber found that teen fathers put the responsibility of avoiding

pregnancy on the female, implying that men are expected to be consumed with seeking

intimacy. Weber's findings supported the label that teen fathers were irresponsible and

unreliable when faced with parenting responsibilities at a young age. Weber suggested

the research be used to understand how teen fathers identify with teenage childrearing

and to build awareness for both parenting and non-parenting teens. According to Weber,

being informed of the stigmas associated with, and how responsibility is assigned, would

assist in making informed decisions regarding sexual activity and contraceptive use.

 Research conducted by Shah, Gee, and Theall (2013) extracted data from the

NSFG for teen mothers who had the support of the teen father versus those who did not

and the impact this type of support had on birth outcomes. Shah et al. pointed out that

young mothers experienced fewer incidences of low birth weight (63%) and successfully

delivered their babies two out of three times with no partner support. This contrasted to those with partner support who had a higher incidence of preterm deliveries. Shah et al. also indicated that those with partner support delivered babies of normal birth weight and carried to term more often than other groups. Parent et. al. (2013) reported that the assistance of female members of the support group, "grandmothers, aunts, and female family friends" (p. 259), also offered a significant amount of support to young mothers. .

According to Biggs, Combellick, Arons, and Brindis (2013), barriers to language, education, and the ability to access service supports for undocumented Hispanic adolescents promoted becoming pregnant at an early age. Biggs et al. found that some study participants viewed starting a family as their rite of passage into adulthood and relationship security. Starting a family early in life addressed feelings of isolation as a result of the immigration process and inclusion challenges experienced by this populace (Biggs et al., 2013). Coffel (2008) used a different approach to gauge how pregnant teen mothers viewed their relationships. Coffel incorporated a reading club that focused on young adult literature about teen pregnancy. Coffel reported that discussions about the novels encouraged the teen mothers to consider relationships with their partners and other family members, as well as personal responsibility choices made, compared to the heroines of the novels. Coffel sought to determine if the teen mothers felt that their lives held any parallels to the young mothers in the assigned reading. Three teen mothers met with Coffel for 5 hours, every other week, for two semesters. Coffel reviewed their responses to the readings to gauge their perspectives on the actual lived experience of teen pregnancy versus the information contained in the novels. In addition, Coffel

interviewed teachers and administrators of the students, as well as two older women who were single teenage mothers in the 60s and 70s.

"Four discourses," identified by Coffel (2008), were the novel antecedents to teen pregnancy: (a) the bad girl who is promiscuous, unambitious and rebellious; (b) economically challenged community; (c) poor family relations, under-educated parents, prone to at-risk behaviors; (d) and stigmatized by becoming a teenage mother (p. 46). Coffel (2008) proposed findings could assist the young population with defining the roles and relationship views of the young expectant parents and the families who supported them. Coffel shared that an understanding of how their pregnancy may be perceived by others in the community assists in preparing the young mother to face and overcome these types of challenges. Coffel also reported that this understanding helped the teenage mother academically to utilize critical thinking techniques when considering media regarding parenting at a young age. Coffel's initiative established community among the participants and sustained them in providing support for each other that partners and family members may not have been able to provide.

In their comprehensive metareview, Romero and Silk (2014) reported on the impact parent involvement (PI) has in "teen pregnancy prevention (TPP)," (p. 1340). Romero and Silk compared community-based sexual education programs with initiatives that focused on the parent being the catalyst for curbing premature sexual activity for young girls. Romero and Silk (2014) stated that "family values," or the lack thereof, were a hindrance when endeavoring to educate teenage students on sexual activity and related information, intended to empower the teen when faced with making personal

responsibility and reproductive decisions. Romero and Silk offered that the phenomena should to be addressed in a manner that encompasses the young parent, their parents, extended family, and other adults close to the individual as well as educators, medical professionals, and legislators. Duffy et al. (2012) suggested that those in administration in the helping field incorporate tested initiatives when seeking to support the parent in educating their teens, as well as stronger legislation in support of sex education.

Taking a different approach, Leech et al. (2014) implemented CBPR in which they considered the impact to the community in addition to the teenage parent. Leech et al. proposed that communities with an epidemic of teen pregnancy were also experiencing low economic status. Leech et al. reported the effects of the phenomena impact the educational process for all teens. The community was the focus of research so that new theories and helping methods were identified to support not only the young parent but identify methods of sustainability for the community as it provides needed support (Leech et al., 2014; Kidd & Kral, 2005). Leech et al. used Asset-Based Community Development (ABCD) theory to orchestrate research design to determine the community assets to be used as resources (Gavin et. al., 2005). Leech et al. identified relationships with women in the community who provided nurturing relationships that guided teenage mothers with how to care for their young families and themselves. This study focused on the community caring for the needs of itself.

Socioeconomic Status

The bulk of studies reviewed for the current research focused on the economic status of the former teen pregnant/parenting mother while she attended ASES and while

attempting to complete the secondary education process. Some scholarly projections

included the outcome of the young mother about how she and her family fared as she

matured beyond the secondary education process, especially if she was not successful in

completing her education (Ducker, 2007; Kan et al., 2012; Salihu et al., 2011; Turnage &

Pharris, 2013). Thus, this portion of the literature review considers the impact ASES had

on the young mother's economic outcome. McDonell et al. (2007) conducted a study on

an initiative offered to teen pregnant/parenting mothers in a rural area of South Carolina.

McDonell et al. and Turnage and Pharris (2013) reported that teen mothers were more

likely to do poorly academically, be behind their peers in the education process, and were

less likely to graduate. McDonell reported that teen mothers would earn less than their

non-pregnant/parenting counterparts with findings indicating their earnings had a

"discounted value of $5,873 annually over the first 13 years of parenthood" (p. 841).

McDonell et al. and Swedish et al. (2010) indicated that, even with the supporting income

of a partner, the former teen mother's income would remain less than that of a non-

pregnant/parenting student, if the secondary education process was not completed.

The instance of teen pregnancy tends to be more prevalent in economically

challenged communities (Little et al., 2010; Penman et. al., 2013). McDonnell (2007)

indicated that "83%" of teen pregnant/parenting mothers experience economic

disadvantage (p. 842). Penman et. al. (2013) indicated that the instance of teen pregnancy

is more likely to occur in neighborhoods that experience neighborhood-level income

disparity, low- level education completion, neighborhood disadvantage, and disorder.

McDonnell posited that these conditions negatively influence the teen mother's ability to

formulate productive individual and community connections that affect her choices regarding reliable interaction in problem-solving, decision-making, and stress management both personally and socially. McDonnell indicated that lack of self-discipline that could deter risky choices regarding drug and sexual activity were also a factor. To the contrary, Swedish et al. (2010) conveyed that students receiving ASES through the Mothers of Mount Sanai (MOMS) program fared better over time in the areas of education, socioeconomic status, and repeated pregnancies. McDonnell advocated that teen pregnant/parenting mothers would benefit from helping initiatives that increase intellectual, collaborative, and community aptitudes. According to McDonnell, the result of this exposure was that the young mothers showed personal responsibility, exhibited the tendency to remain in school, and experienced decreased dependency on public assistance programs. The community relationships established also assisted the young mothers in advancing toward personal and educational goals (McDonnell, 2007). Herrman et al. (2012) added a component that provided exposure to the real-life impact of child-rearing and the financial commitment for young fathers.

In association with higher education, McLaughlin and Randolph (2012) conducted research to gauge the perception of the supports needed for the student mother during the completion of higher education. McLaughlin and Randolph assessed the barriers, as perceived by the student mother, in the completion of a college degree. This information was vital to affecting the economic outcome of fragile families, as increased education is associated with increased earning potential (McLaughlin & Randolph, 2012). McLaughlin and Randolph suggested initiatives to support this population in meeting

their educational goals at the collegiate level. McLaughlin and Randolph found the

student mother's earning potential increases by $5,496 per year with a college degree and

would influence their realization of home ownership by 23%. McLaughlin and Randolph

reported that "90% of mothers with a college degree would no longer need welfare

assistance compared to 71% with only a high school diploma" (p. 69). According to

Gavin et al. (2005) and Maiden et al. (2014), pregnant teens were more likely to receive

medical services covered by Medicaid during and after delivery. Gavin et al. observed a

tendency indicating teens seek coverage later in the pregnancy, which may produce the

need for "preterm medical interventions and hospitalization" (p. 683). The report

evaluated the financial impact teen pregnancy may have on communities such as missed

earning potential, increased at-risk infant health disparities, and greater dependency on

public assistance programs to sustain the family (Gavin et al., 2005). Maiden et al.

reported 3.3% of all live births in Delaware, from 2008 to 2009, were unintended and to

mothers under the age of 18. According to Maiden et al., pregnant teen Medicaid

coverage averaged approximately 66.7%. Maiden et al. further indicated "75% of the

expectant population received this coverage and indicated payments for prenatal,

labor/delivery, and postpartum care" to be higher for teens when compared to costs for

women age 20-24 (p. 691). Maiden et al. (2014) concluded that Medicaid coverage costs

averaged $3 million for unplanned pregnancies during their study period. The total cost

of unplanned pregnancies for all age groups was estimated at $39 million annually for

Delaware (Maiden et al., 2014). Gavin et al. suggested that policymakers should consider

the financial reduction in medical costs as a result of pregnancy and prevention ASES

particularly as it relates to multiple pregnancies and pre-term complications. Gavin et al.'s finding supported the assumption that services offered through ASES positively impact fragile families with an introduction to early prenatal care, supports to personal goal attainment, family planning, and contraceptive education. Gavin et al. reported the long-term impact would strengthen fragile families and increase opportunities for self-sustainability.

In Biggs et al.'s (2013) mixed method inquiry, research focused on teenage Latina immigrants to gauge the impact immigration had on family structure, personal aspirations, and the decision to become parents at a young age. Biggs et al. reported, as a result of the immigration status of those who are undocumented, pursuing continued or higher education was as a lost opportunity. Mollborn, Domingue, and Boardman (2014) conducted research to ascertain the impact of social norms high school student communities employ regarding teenage pregnancy considering their socioeconomic status. Mollborn et al. defined norms as being the catalyst for indulging in risky behavior or the cause for the particular outcome experienced. Mollborn et al. pointed out, when students live in a community that affords progression and advancement opportunities consistently, teenage pregnancy is low. Subsequently, Mollborn et al. reported the opposite in economically depressed communities where the norms regarding teen pregnancy are not as prohibitive. Mollborn et al. indicated economic challenges are experienced more often in the African American and Hispanic communities when compared to other cultures. Mollborn et al. showed an increase in the incidence of teenage pregnancy for these communities.

Educational Aspirations

This section reviews literature to determine ASES's impact on assisting the pregnant/parenting teen mother in realizing their academic goals. Statistics on completion rates of the secondary education process, as well as the move to higher education, are covered. Equity in the instruction process for this population is considered as it pertains to the tenets of the Title IX legislation. Discussion includes previous research indications of successes, as well as areas of improvement needed, for continuation in support of the teen pregnant/parenting population. Porter and Holness (2011) submitted that school-based interventions are more effective when influencing the incidence of teen pregnancy and supporting the young mother with preparing for parenting responsibilities, continuing her education, and supporting motivation toward achieving personal life goals. Porter and Holness specified initiatives that incorporated services that provide a holistic approach to help the pregnant/parenting teen mother as more effective in realizing goals and the move toward aspirations. Porter and Holness' (2011) examples of holistic approaches included "case management, pre and postnatal care for mother and child, reproductive education, counseling, mentoring, and positive peer support" (p. 372).

The Mothers of Mount Sinai (MOMS) program by the Mount Sinai Medical Center in East Harlem, New York was the focus of Swedish et al.'s (2010) longitudinal study. According to Swedish et al., the focus of service delivery was to reduce repeat pregnancies by assisting teenage mothers through parenting education, scholastic mentoring, job training/employment opportunities, and reproductive/sex education. Participants also received incentives while taking part in the program in the form of

transportation vouchers and small gifts for their children (Swedish et al., 2010). Swedish

et al. included the Summer Employment and Training Program (SETP) offered as an

internship placement for students engaged in the MOMS program. According to Swedish

et al., during the four days a week placement, participants received monetary

compensation, free lunch, and transportation assistance. The teen mothers also received

job training in some of the medical center departments they assisted (i.e. Nursing

Education, OB/GYN; Swedish et al., 2010). Swedish et al reported that teen mothers

were required to complete the same type of screenings actual employment candidates

would undergo. Swedish et al. (2010) indicated that program participants age 17 and

under were "17% more likely to have completed the secondary education process or

obtain a GED, 6.3% more likely to attend college, and 2.6% more likely to graduate

college" (p. 317). Over their ten-year follow-up period, Swedish et al. (2010)

demonstrated that, at subsequent 17 and 24 follow-up intervals, education completion

rates continued to grow. Swedish et al. reported the median income for former program

participants ranged between "$20,000 and $35,000 yearly" (p. 318). According to

Swedish et al., some of the program recommendations indicated extending services to

teenage fathers, continued mentoring, and expansion of the program services.

Using students' perspectives, Little et al. (2010) focused the reproductive

perceptions of eighth-grade school students from a rural community in Oregon with an

increased incidence of teen pregnancy. Little et al. reported that the perspectives of the

students added insight to the increased pregnancy rates as well as ways to influence the

occurrence of teen pregnancy. Little et al. suggested more efficient ways to address

reproductive education and influence the decision to engage in early sexual activity. One

such result reported the students viewed pregnancy as a "consequence of having sex" but

did little as far as contraceptive measures to reduce risks of conceiving which, upon

occurrence, they saw as merely a fluke with no perceived cause (Little et al., 2010). Little

et al. determined this thinking was attributable to the reproductive instruction used to

educate students which encouraged them to practice "abstinence-only" (p. 340). Vejar

(2018) discussed the disservice to teens when choosing one method of information for the

topic of sex education instruction. Vejar felt a more comprehensive approach was

effective for empowering teens to make educated choices when deciding on sexual

activity and reproductive methods. Little et al. also indicated that, several months before

published statistics showing an increase in teen pregnancy, students in their research

related increasing pregnancy numbers, as babies were being seen by junior and senior

students as "the new accessory" (p. 340). Little et al. reported that students identified the

consequences of pregnancy at an early age as: financial struggles, loss of freedom,

inability to graduate and pursue higher learning, a negative reputation for the mother, and

a negative impact on the baby when growing up.

Research conducted for a review of two national surveys administered by Social

Science Research Solutions (SSRS) considered the opinion of teenagers and parents

regarding teen pregnancy (Albert, 2010). Albert reported that 87% of teenagers (between

the ages of 12-19) and 90% of adults (age 20 and above who may or may not be parents

of teens) believed that high school dropout rates were directly related to teen pregnancy.

Albert conveyed that both groups felt that, if teen pregnancy is significantly reduced,

high school completion will increase. Albert (2010) demonstrated that teenage boys and girls believe the rate of teen pregnancy is a real problem as their findings indicated 95% of girls and 93% of boys make decisions to avoid becoming or contributing to a teen pregnancy. Findings of Albert's study supported information provided by Stewart and Kaye (2012) indicating parents to be the most influential force in a teenager's decisions regarding sexual activity. According to Stewart and Kay (2012), teens who are close to their parents and feel supported by them are more likely to delay sex, have fewer sexual partners, and use contraception more consistently. Albert suggested that strong relationships with parents aided teens in making positive choices regarding safe sex and the use of contraceptives. Stewart and Kaye's findings also confirmed findings in Albert's earlier research that communication between teen mothers and their parents needed continued strengthening (81% of teens and 91% of adults agreed).

In 1980, the Department of Health and Welfare instituted a set of regulations with intent to ensure the original principles of the Title IX legislation regarding access, choice, and equality were adhered to (Fershee, 2009). However, Fershee indicated, the protocols established did little to change the experience of pregnant/parenting teen mothers as the new regulation was weak regarding accountability of responsible administrations. Fershee (2009) indicated that discrimination continues even with the existence of ASES. Shah (2012) provided examples of education discrimination taking place as late as 2009 and 2011. Shah (2012) related that the states of Georgia and Michigan did not permit the same level of at home education instruction for pregnant/parenting teen mothers as was received by students int the traditional education setting. The National Women's Law

Center (Kaufman, 2011; NWLC, 2010) advocated changing these practices in the states

mentioned and introduced legislation to require schools to track data on

pregnant/parenting teens. The NWLC (2010) also produced a student guide explaining

the tenets of Title IX legislation and students' rights as well as what to do when unfair

treatment is experienced.

Examples of areas of deficiency regarding instruction, access, and

accommodations during attendance at the ASES where provided by Luttrell (2014).

Luttrell stated that the level of education received at the ASES "does not meet the degree

of rigor experienced in the traditional school setting" (p. 5). Luttrell reported support

resources (libraries, specialized labs, and extracurricular activities) as often non-existent.

Luttrell also conveyed that the facility that ASES were housed in was sub-standard when

compared to the amenities of the traditional school environment. There was pressure put

on students from faculty and administration to attend ASES so as not to influence

academic ranking and attendance statistics, two data items used to determine future fiscal

year funding (Luttrell, 2014). Luttrell found an imbalance in the ASES student cultural

make up that existed in the 70s was still prevalent when reviewing program data current

at the time of that study. Luttrell reported that African American teens continued to

experience pregnancy at higher rates than other cultures. Although, Kost and Henshaw

(2012), Martin et al. (2010, 2012), Molborn et al. (2012), and Vejar (2018) indicated the

number of Hispanic teens experiencing pregnancy has increased significantly. Despite the

disparities noted, Luttrell found that the secondary education completion success of the

teen pregnant/parenting mother is greater with receipt of services from the ASES.

However, Shah (2012) reported that, even with ASES interventions, data published in 2006 on pregnant/parenting teen graduation rates indicated approximately half the teen mothers (51%) completed the secondary education process compared to 89% of non-pregnant/parenting teens.

Due to the compound challenges of the teen years, ASES are still vital to preparing teen pregnant/parenting mothers and fathers with parenting skills and tools for continued momentum toward life goals (Kirven, 2014). Kirven related these challenges to include "puberty, hormones, social acceptance, and dating relationships all occurring simultaneously during adolescent years" (p. 57). Kirven reported that, when an unplanned pregnancy is factored in, it serves to further "exacerbate the problems with social wellness and life functioning for the teenager" (p. 57). According to Kirven, the pregnancy adds an extreme level of stress to an already critical development period in the adolescent life and negatively affects the educational and economic futures of the mother and child. Kirven also reported that assistance initiatives should be "school-based" (p. 59) and aid both the teen mother and father, affording the ability for the young parents to complete the secondary education process and pursue higher learning while maintaining personal responsibility, health, and wellness. Kirven suggested virtual learning opportunities that would consider the post-partum period that the young mother would be unable to attend the ASES classroom setting. Kirven recommended the virtual break if the curriculum remains congruent to the traditional classroom instruction. Freeman and Simonsen (2010) reviewed several studies to gain knowledge about the causes of student dropout. Freeman and Simonsen and Kidd and Kral (2005) proffered that efforts to

impact high school completion rates should be multi-tiered, begin as early as elementary school with identifying the potential educational disconnect, culturally sensitive, and direct to the identified needs of the student. Freeman and Simonsen reasoned that, identification for the disconnect was determined by review of the student's family structure, support systems, family educational experiences, and economic status as well as the student's behavior and academic performance. To accomplish the objective of improving graduation rates, Freeman and Simonsen recommended a consolidated effort from educational entities, family, and community partners with supports from several service stakeholders. Freeman and Simonsen also recommended introducing supports to students who exemplify characteristics of disconnect during the middle school years and interventions should remain in place as follow-up based on the needs of the student.

For the pregnant/parenting teen, this means that service delivery would continue after post-partum and return to the traditional school environment to ensure opportunities to complete the secondary education process remain in place and to continue fostering aspirations toward personal goals. Sadler et. al. (2007) found that teenage mothers who benefitted from support systems that kept them connected to the education process fared better "economically, socially, behaviorally, and academically" (p. 122). Sadler et al. indicated that the instance of repeat pregnancies were lower and stronger development resulted for their children. Spear (2002) and Turnage and Pharris (2013) suggested the relationships established during the ASES experience assist in keeping students motivated toward education completion and aspirations toward life goals. Both studies indicated students benefitted from a supportive environment with peers and instructors,

which worked to boost confidence and motivation in their abilities to attain their life objectives and the responsibilities of parenting. SmithBattle (2007) identified areas of support consideration for education administrators, community vendors, and family. SmithBattle's sample consisted of 19 participants who were tracked from pregnancy, through delivery, and ten months after childbirth. SmithBattle reported that 14, or 74%, were on the path to graduation; both those working to complete graduation, as well as teen mothers who dropped out, experienced barriers. Challenges experienced were in family life with parents who were unable to support the teenage mother and new baby financially, requiring the young mother to maintain employment while caring for the newborn and endeavoring to complete her education (SmithBattle, 2007). According to SmithBattle, there were also obstacles faced in the academic arena when opportunities legislatively enacted were not made available to students (i.e. "homeschooling and denied access to ASES"; p. 366).

Community consideration was discussed regarding teen mothers required to maintain employment while completing school and meeting parenting responsibilities (SmithBattle, 2007). The motivation of the young mother to improve her educational skills and abilities to care for her family was identified in the research throughout this literature review. Most of the literature indicated young mothers became more focused when faced with teen parenting. Several scholars recommended educational entities be ready to take advantage of the increased interest to succeed ensuring academic supports are available to assist the teen parent in realizing their goals. These recommendations were posited to have far-reaching implications regarding graduation rates and community

impact as, with increased education, opportunities for financial independence become a reality for the young family reducing the need for long-term social benefits and other supports.

Summary and Conclusions

The primary focus of this research was to gauge the former pregnant/parenting mother's perception of the impact of ASES when considering ASES, her age, and attendance as she has progressed beyond the secondary education process and matured in life. The perceived impact to family dynamic, socioeconomic status, and educational aspirations will be discussed in Chapters 4 and 5. While the incidence of teen pregnancy was reported as declining, current statistics indicated the need for continued intervention. Studies indicated the United States continues to lead all Western industrialized countries in the number of teenage births experienced annually and the young family is most likely to suffer economic disadvantage and dysfunction. There is also the impact that caring for the fragile families experiencing life in this manner will have on the national and local economies.

Chapter 2 included literature review encompassing: (a) the literature search strategy; (b) program theory; (c values clarification lens; (d) ASES; (e) family dynamics; (f) socioeconomic status; and (g) educational aspirations. Chapter 3 will include: (a) the research design and rationale; (b) the role of the researcher; (c) participant selection; (d) population; (e) sampling procedure; (f) instrumentation; (g) recruitment and participation; (h) data collection; (i) data analysis; (j) field test information; (k) credibility; (l)

transferability; (m) dependability; (n) confirmability; and (o) ethical procedures. Chapter

4 the results, and Chapter 5 discussion, conclusions, and recommendations.

Chapter 3: Research Method

In conducting this qualitative study, I sought to investigate former teen mothers'

perceptions of the impact of ASES on their family dynamic, socioeconomic status,

educational aspirations, and decision-making in life. Participants in the study included

former teen mothers who attended the program between 1980 to 2015. I considered

participant age, involvement with ASES, and attendance when evaluating the former

pregnant/parenting teen mothers' perceptions of the impact of ASES services. This

chapter includes (a) the research design and rationale; (b) the role of the researcher; (c)

the methodology; (d) issues of trustworthiness, including ethical procedures; and (e) a

summary.

Research Design and Rationale

Merriam and Tisdell (2016) indicated that the theoretical approach in qualitative

research is inductive and theory can be discovered or expounded upon during or after the

inquiry process. Thus, the theoretical approach can be taken from the literature reviewed

and based on a researcher's discipline. After reviewing previous research conducted

regarding the impact of ASES on teen mothers, I identified two theories. I used program

theory (Mohr, 1995), which is rooted in my discipline of public policy and

administration, as the overarching conceptual framework for my inquiry into former

ASES participants' perceptions of their lived experiences. The other theory I used was

values clarification (Edwards & Allen, 2008). Edwards and Allen (2008) asserted that

values clarification has an impact on behavior and decision-making processes, which I

think is comparable to the objective of the ASES intervention.

A previous study conducted at an ASES in Baltimore inspired this qualitative research. Amin et al. (2006) administered a cross-sectional survey to teenage mothers who were attending high school. Amin et al. compared those who received services from the Laurence Paquin School (a middle/high school for pregnant/parenting teenagers) and those who remained in the traditional school environment during pregnancy. Amin et al.'s variables included educational aspirations, reproductive and contraceptive health outcomes, and the tendency to breastfeed. The researchers identified that Laurence Paquin students fared slightly better than those who remained in the traditional school system (Amin et al., 2006). Like Amin et al., I sought to report on the impact ASES delivery had on former participants as they progressed and matured beyond the secondary education process and life in general.

I also based this qualitative research design on an advocacy and participatory worldview. Marshall and Rossman (2014) defined participatory worldview as action research that stretches the status quo regarding traditional thinking and conveys the marginalized into the process of consistent advancement. Marshall and Rossman explained that, a participatory worldview includes regular evaluation of current ways of doing business to ensure the focus remains on the concerns of the population, amending the direction when necessary. They posited that participatory response speaks to the liberation of the disadvantaged by incorporating their voice in the plan to address what the relegated population identifies as distresses. Participatory response requires collaborative effort between the researcher and the study population and includes the reformation of objectives that would seek to improve the lived experience of a

marginalized group or organization (Kidd & Kral, 2005; Marshall & Rossman, 2014).

My objective was to assist in strengthening the ability of former teen mothers to

campaign for themselves. I also wanted to identify the necessities of ostracized and

subjugated people and provide empowerment opportunities through my research.

The qualitative methodology chosen allowed the former teen mothers in the study

to report on their perceptions of the impact of services on their values system and

decision-making processes. I gathered data via a demographics survey and in-person

interviews with participants from each ASES program location in each of Delaware's

three counties. (I used the demographics survey to ensure research eligibility.) I

audiotaped the interviews while taking notes to report participants' nonverbal responses

to the open-ended questions that I asked. The information was evaluated using the NVivo

12 software package to identify themes, meanings, and codes. The theoretical lens used to

gather data was values clarification theory (Edwards & Allen, 2008).

The objectives of the study were to determine how the recipients of the ASES

view the services received and the long-term impact (if any) of services as they matured.

I examined the ASES delivery and the former students' involvement to expound on the

impact ASES made and offer future influence on the teen pregnant/parenting population.

I used open-ended survey questions to gauge the perceived impact of ASES on former

teen pregnant/parenting mothers as they progressed beyond secondary education process

and matured in life. The survey incorporated questions regarding participants'

perceptions of the equity in educational service delivery from ASES compared to that

received in the traditional school setting.

Role of the Researcher

Because I was the main instrument for data collection in this study, I played an integral role in the research process. As such, my role was critical to the validity and reliability of this study. Lochtman (2013) stressed that it is crucial to the objectivity of the work that the researcher is adept at soliciting information and is aware of his/her own biases, personalities, and expectations in the process. The researcher must accurately and articulately relay the perceived reality of the research subject.

According to Merriam and Tisdell, (2016), qualitative research is the process of reviewing how meaning is derived from individual lived experience and translated into the values, beliefs, and behaviors an individual ascribes to in life. Braun and Clarke (2014) relayed qualitative research as the study of "words" as data and is analyzed for various associated themes and meanings. Qualitative research offers the opportunity to explore various interpretations of data based on paradigm construct, the research phenomena, and the researcher's experiences when combined with the responsibility of being the data collection instrument (Merriam & Tisdell, 2016). According to Merriam and Tisdell (2016), qualitative analysis regained momentum in the 1980s as a recognized form of inquiry challenging the superiority of empirically based studies since it provided a more subjective depiction of the impact to the study focus (see, also, Braun & Clarke, 2014).

In the role of the instrument, Merriam and Tisdell (2016) stressed that a researcher needs to be as equipped to observe as he/she is to ask questions and receive the response. Patton (2015) suggested that researchers prepare themselves for the data

collection process by practicing both inactive and nonparticipant observations at work, home, and social settings. According to Patton, becoming an assistant for another researcher gives the opportunity to experience the process prior to beginning data collection on the proposed project. Patton indicated that the exposure assists in preparing the researcher to compare the findings gathered from observation, interviewing, and analysis of related study documents. Patton noted that observations should involve the consideration of tangible, as well as intangible, factors that could affect the environment when collecting data. While I did not act as an assistant to another researcher, I did prepare for the study in several ways including as an observer, participant, and facilitator.

Before completing this phenomenological study, I regularly acted as an observer, and participant, initiating conversations with the clients and students for data collection and documenting the observations during the contact. This was done to assist in in my preparation for the data collection process when completing my research. During previous employment, my job entailed interviewing staff and agency customers to assist with alleviating issues in the benefit determination process as well as for hiring purposes. I conducted interviews daily in person and over the phone. In my current position, I observe student engagement and interaction to determine if my teaching methods are effective or if a different style of instruction needs to be introduced.

During the completion of a master's degree, I had the opportunity to plan and facilitate team-building seminars for the teaching, support, and administrative staff for ASES. An initial interaction was for introductions to all staff, short conversations, and observations to obtain an understanding of their experiences in order to design seminar

information that was pertinent to the topics of discussion. The daylong seminars were offered on two different occasions with action items provided to the program for continued work with team building and collaborating. These contacts occurred in 2008 and 2009.

To address biases, the study focus was not a group to which I belong or have regular contact. I incorporated member checking in the process to ensure the accuracy of the information captured. I completed observer notes throughout the process. I incorporated participant reviews to triangulate the efforts to identify biases, perceptions, and opinions that were contrary to producing authentic responses and hampering the objectivity in the data collection process. Janesick (2011) recommended the use of a reflective journal, which I incorporated into the triangulation process.

Methodology

Information in this section identified the population of this research as well as the rationale for choosing that group. The sampling strategy and the decision to incorporate the methods used are included, as well as the selection criteria. Participation confirmation is provided and the rationale for the sample number selected. Data recruitment and collection tools are elaborated on. Steps to complete the field study of the instrument are included. The data analysis plan is outlined with consideration of the ethical procedures to ensure credibility, transferability, dependability, and confirmability evident in the discussion.

Participant Selection Logic

The population chosen for this research was selected after having interacted with the program facilitators to provide team builder trainings to increase collaborative productivity within the organization. When reviewing the services and activities the program provided, the question of how service delivery impacts the young mother after she leaves the program, returns to the traditional school setting, and continues in life, was generated. The research was considered to have the former teen mother report on her experience at the ASES and her perception of the lived experience as a result of program exposure and as she matured to adulthood. Thus, participants consisted of former teen mothers who attended the ASES between 1980 and 2015.

I also gathered data from administrative staff to assist in establishing the logic model for the study and to provide understanding of the focus for service delivery from their perspectives. These data added clarity that assisted in ASES; which, in turn aided in study data interpretation. This participant group consisted of current and former ASES administrative staff.

Population. This qualitative research focused on the ASES program for the state of Delaware ASES for the state was administered in three geographic locations, one in each of the three counties representing an urban (New Castle), suburban (Kent), and rural (Sussex) service delivery experience (DAPI, 2019). The participant population was diversified to the extent of program enrollment with the ASES, which included ethnicity, grade level, county of residence, family composition, and the age of the participant.

The Delaware population was recorded as 897,934 in 2010 (U.S. Census Bureau, 2019). It increased to 967, 171 in 2018 (U.S. Census Bureau, 2019). Whites were the largest population in the state at 68.9% in 2010, which was estimated to have increased slightly to 70.4% in 2015 (U.S. Census Bureau, 2019). African-Americans were the next largest at 21.4% with Hispanics reported as 8.2% of the population (U.S. Census Bureau, 2019). The United States Census Bureau reported that, as of 2013, 14% of Delaware family households were female-led and 7% had children under the age of 18. The average family size was 3.19% with 30.9% of females never marrying (U.S. Census Bureau, 2019). According to the Census Bureau, the poverty rate for female-led households was 23.3% and increased when the age of children (18-under, 30.3%; 5-under, 32.7%) were considered. United States Census Bureau reports indicated that 88.8% of females age (25 and over) completed high school education or received an equivalency and 29.3% obtained a bachelor's degree or higher. According to records, females over the age of 16 made up 54.8% of the Delaware workforce (U.S. Census Bureau, 2019).

Sampling procedure. A purposeful sampling, as recommended by Braun and Clarke (2014) and Patton, (2015) was conducted to gauge the perception of services for former teen mothers offered through ASES and administered in all three counties of the state. Braun and Clarke posited that purposeful sampling is appropriate when a specific experience is the focus of study. My sampling population only included former teen mothers who attended ASES. The sample size was not definite but was achieved when saturation (the point at which no new data emerges) was identified in data collection. The sample consisted of former teen mothers who attended ASES between 1980 and 2015.

Participant information was sought from the ASES and contact made via program

referrals and other media sources (e.g., community advertisements, referrals, and social

media).

Sampling is the selection method by which a study focus is identified, ensuring a

size that will make the findings generalizable to the larger group typical of a quantitative

approach to research (Trochim, 2006). According to Merriam and Tisdell (2016), a

qualitative review is concerned with the lived experience when exposed to specific

phenomena and the transformation that results from the exposure, "the focus is on the

process, understanding, and meaning" (p. 15). Merriam and Tisdell posited that,

accomplishing this task does not necessitate generalization to a larger population. The

focus of qualitative review is on the personal meaning derived from the experience

(Merriam & Tisdell, 2016). Merriam and Tisdell stressed that this requires specific

reports with detailed phenomenological responses. To this end, I chose a representation

of subjects from each of Delaware's three counties. Each county represented a different

lived experience based on geographical location (urban, suburban, and rural). In this

study, I reported the perceived impact of ASES in the areas of family dynamics,

socioeconomic status, and educational aspirations of former pregnant/parenting teenage

mothers as they progressed beyond the secondary education process and matured in life.

The results of this study can be used to support advocacy efforts for service sustainability

and resource acquisition, as well as equity in the education process.

Instrumentation

The demographic survey (see Appendix A) and interview questions (see Appendices B and C) were drafted specifically for this research. The demographic survey was used to capture data characteristics about each participant and ensured the participant met research protocols as they pertained to the focus population. The next contact was the actual interview wherein questions were administered during the face-to-face meeting. The questions were crafted to address the areas of inquiry for the study: the lived experience as a result of exposure to ASES, the family dynamic, socioeconomic status, and educational aspirations.

Program observation notes were incorporated to provide more of an understanding of the actual experience while in attendance at ASES. These notes provided insight into the day-to-day functions of the program. ASES program policy and procedural documents pertaining to service delivery were utilized to inform on the perceived impact. The demographic survey and the interview tool were field tested to ensure the information retrieved aligned with and responded to the research question. The field test ensured the questions were appropriate and did not stigmatize the focus group. The field test also served to eliminate redundancy in the interview questions. Interviews were audiotaped using a Sony ICD-PX470 Stereo Digital Voice Recorder with Built-In USB Voice Recorder w/16G Class 10 Micro SDHC to aid in capturing interview responses and anything that may have been missed during note-taking. Participants were not offered video recording

Procedures for Field Test

To ensure the tool designed to retrieve data for this study accomplished the objective, I reviewed the script with a professional counselor who maintains a private practice. I asked that colleague to ensure the questions were relatable to the concepts and information sought for the research. The professional reviewer provided feedback to validate the interview script was properly worded in an open-ended format based on the ASES program goals, experiences, and outcomes. Additionally, I conducted a field test interview with a former ASES participant who received services prior to the period of the proposed research. The interviewer maintained research protocol (in all regards expect the timeframe of attendance) as the individual received services and reported on the perceived impact the program services had as she matured. The pilot participant provided an advanced perception as her exposure to ASES occurred prior to the actual study period. Historical documentation, as well as participant information, was not available prior to 2008 due to a natural catastrophe having destroyed archived program information. Participant information prior to 2008 was obtained from ASES in the form of an alumni spreadsheet that was articulated through the outreach program ASES conducted to gather information about past participants. The field test interview protocols did not deviate from what was proposed for the actual study (see Appendix B). The purpose of the field test was to ensure alignment of the interview questions to obtain findings that responded to the research purpose.

Procedures for Recruitment and Participation

Information for participants who attended ASES between the years of 1980 to 2015 was obtained from the ASES program (see Appendices D through F). Announcements were sent to introduce the study and the research purpose, as well as request contact for potential inclusion. Social media outlets such as Google, Facebook, and Twitter were used to further solicit former ASES attendees present during the study years and from all three Delaware counties. Information packets were mailed to participant homes with an option for the participant to have the information Emailed with a delivery verification receipt attached. The packets contained a description of the study, the purpose of the study, the rights of the individual regarding his or her participation, how the information obtained would be used, and security methods for protecting participant identities. A consent form to acknowledge voluntary consent to participate was included to be signed and returned in a pre-posted, self-addressed envelope provided for each participant. Instructions for obtaining the results of the study and feedback were provided (see Appendices C and D).

A week after the initial mailing, the survey instrument was either Emailed, or forwarded through traditional postal service, to participants. The participants received instructions to access the survey capturing demographic information and ensure the participant met the research criteria. A third contact took place approximately one week after the survey was sent as a reminder and to request participation. The culmination of the process was either by phone, Email, or regular mail contact to request a response if none had been received and the base target ($N = 15$) had not been reached. The total data

collection period consisted of 4 months. When completed surveys were received, face-to-face interviews were scheduled. A participation incentive, in the form of a $10 money order, was offered to those selected and distributed after the interview manuscript review. Eight participants were selected for the interview process. There were no remaining participants as the eight interviewed were the only participants who consented to be interviewed after completing the demographic survey.

Procedures for Data Collection

I administered a demographic survey to ensure that participant research qualifications and background criteria were met (see Appendix A). Braun and Clarke (2014) recommended collecting demographic information based on contextual connection to acquiring knowledge in the qualitative arena and elaborated on the importance of being able to compare the results of the data to the population focused. Braun and Clarke also indicated that APA requirements stipulate that an appropriate amount of demographic information should be provided to describe the focus group. Descriptive statistics such as age, residency (during attendance at ASES and current), marital status, living arrangements (independent or multiple family), racial/ethnic/cultural identifications, occupation, economic status, and research qualifications were captured. Household composition (single parent, two-parent), annual income, recipient of public assistance (past or current), the highest level of secondary education and/or college completed, first pregnancy/birth age, number of pregnancies, and duration of ASES attendance were assessed. Instructions for accessing the survey, as well as the interview process, were provided in the information packet.

I invited a subgroup of the demographic sampling for a face-to-face interview regarding their perceived experiences during attendance at ASES. Braun and Clarke (2014) defined interviews as a "professional conversation" in the pursuit of gathering a participant's perception of an experience in their words and through their personal construct interpretation (p. 77). According to Braun and Clarke, interviews are "the most common qualitative method of data collection" (p. 77). Data collection was initiated after Walden IRB approval (approval #09-07-18-0139313) was obtained and the demographics survey administered either online, by Email, or face-to-face, to ensure participation criteria was valid prior to scheduling an interview. A semi-structured interview instrument was created to gather required data that responded to the research questions. A semistructured instrument consists of open-ended questions that allow the participant to expound further on the experience in rich detail (Braun & Clarke, 2014). Braun and Clarke cited Rubin and Rubin (1995) as stating, "a qualitative interview is on target while hanging loose" (p. 78).

The next step consisted of scheduling interview sessions to last an average of 30 – 60 minutes per participant. Merriam and Tisdell (2016) suggested that the dexterity of being a "careful, systematic observer" is a learned skill (p. 138). Thus, qualitative researchers become adept at paying attention to subtle nuances and small occurrences that most people miss. Participants were sought from each Delaware County with interviews taking place at an identified ASES site to accommodate the respective participants. Interviews were held at ASES facilities, private meeting spaces in a public office building, and two college campuses. The one-on-one, semi-structured interviews

occurred within a 4-month period and lasted between 30-60 minutes each (IRB approval

#09-07-18-0139313). The interviews were digitally audiotaped for review and

interpretation. The logistics of the interview process, date, time, location, and name of

interviewee were documented prior to the start of each contact for identification and

transcribing purposes. The interviews consisted of open-ended questions for participant

response on the perceived impact of ASES services as she has matured. The focus was

specific to family dynamics, socioeconomic status, educational aspirations, and the ASES

experience. Saturation was achieved when no new information was forthcoming in the

data collection process. After the interviews were conducted, participants were informed

again of the reason for the research, how their responses and identities would be

safeguarded, and their desired method to receive a copy of the interview transcript was

determined. All but one participant received an incentive of a $10 money order after the

transcript review process. A phone consent and interview were conducted, and the

participant was asked to respond to email with her address after reviewing the interview

manuscript. The participant never responded with comments from the review or with the

address to forward the token. The administrative staff were not offered the incentive.

Since the member checking process can enhance data collection, I included these

aspects in my description of data collection. The interview responses and observation

notes were transcribed along with other pertinent ASES program information used in the

data collection process. Interview audio recordings were professionally transcribed.

Coding of the information utilizing the Nvivo 12 software commenced to identify

meaning and themes dissected from the interviews conducted (described in detail in the

Data Analysis Section). Transcript copies were provided to the research participants for member checking. Feedback from this process was reviewed to ensure authenticity of the experience and data received with suggested updates for information perceived as missed, not fully expounded on, or new information added, were incorporated. The results of the study were made available to participants via traditional mail or Email with a delivery receipt after the research was completed.

To prepare myself to be the effective instrument qualitative research requires, I utilized methods indicated by Janesick (2011) and Merriam and Tisdell (2016) to hone interviewing and observation skills. I began to journal observations made in my daily activities, as well as my thoughts, regarding information reviewed to prepare for my study. I endeavored to stay in the moment when observing, working not to miss subtle cues for when change occurred. I observed friends and family attempting to distinguish their words from what they may feel on a topic. I learned to read body language through my current employment interviewing clients for more than fifteen years. I use this skill to determine when there may be more information than what is being communicated or when the topic is uncomfortable. Subsequently, I developed the ability to recognize when the line of questioning may need re-phrasing or possibly a move to a new inquiry with a plan to revisit. I also conducted observations at the ASES facility for information regarding the supporting services and those who provide this care. I continued to sharpen these skills, becoming more aware of, and documenting, my thoughts in the process to identify and re-direct any thoughts or opinions that may impede or hinder the data collection process.

According to Saldana (2016), when analyzing visual data, the best approach is from "a holistic, interpretive lens guided by intuitive inquiry and strategic questions" (p. 57). Saldana (2016) also suggested this process should be very detailed using "rich dynamic words" (p. 57). I documented my initial impression, in the form of a researcher's journal, of the body language displayed and my perception of the participants emotional response to the questions asked during the interview. When reviewing the interview session for interpretation and coding, I re-evaluated my initial position regarding non-verbal communications received through the body language exhibited, as well as the response. I did this to gauge if my interpretation may or may not be accurate and possibly impacted by my personal biases. This type of reporting assisted in presenting the full impact of the participants' experiences and the feelings associated with communicating that data.

Data Analysis Plan

Qualitative data analysis begins with the information received through collection, being thoroughly reviewed utilizing methods provided as examples from two modified methods of evaluation (Moustakas; 1994). Moustakas indicated the process begins with horizonalizing or capturing the "comprehensive disclosure of the experience" (p. 123). According to Moustakas, Horizonalization ensures the researcher is present in the moment, fully available to capture every nuance of the experience. At this point, meanings are identified, listed, and organized by themes (Moustakas, 1994). Moustakas informed that this information is then used to begin the construction of "textural and structural descriptions of the experience" (p. 118). The textural descriptions provide a

cause and effect process while the structural description addresses the "how" regarding

the rich depiction on the impact of thoughts and feelings (Moustakas, 1994). Moustakas

explained that textures and structures are then combined with identified themes and

meanings to portray the essence of the experience for the study participant.

Two examples of modified analysis for phenomenological research were provided

by Moustakas (1994) for consideration: Van Kaam's (1966) psycho-phenomenological

method and the Stevick (1971) – Colaizzi (1973) – Keen (1975) method of analysis of

phenomenological data. Braun & Clarke (2014) provided examples of four of the more

commonly used approaches to data analysis for new researchers: thematic coding (TA),

interpretive phenomenological analysis (IPA), grounded theory (GT), and discourse

analysis (DA). According to Braun and Clarke, "TA has recently been added to the ranks

as a recognized method of analysis" (p. 174). Braun and Clarke explained that TA utilizes

an inductive approach and is associated specifically with the analysis process. Braun and

Clarke posited that TA allows a new researcher to become familiar with the fundamentals

of the analysis process without being encumbered with "theoretical constructs" (p. 178).

IPA, also said to be an easier method to incorporate for the novice researcher, informs the

full phenomenological approach to evaluating data (Braun & Clark, 2014). In its simplest

form, IPA is concerned with how both the researcher and participant interpret the

participant's perceptions of an experience (Braun & Clarke, 2014). Braun and Clarke

purported GT as best suited to discovering "influencing factors" (p. 186) and the social

constructs of the experience. Braun and Clarke also stated that GT is better suited to

larger studies with no time and monetary resource constraints and that a "lite version" (p.

186) or abbreviated process of this analysis is also established for smaller studies. Braun and Clarke identified some procedures specific to this type of analysis as "line coding, comparative analysis, memo writing, and theoretical sampling (full GT) and saturation." Braun and Clarke contended that DA was beneficial to "social processes or activities" of interest for the social scientist should not be considered private or based on an individual experience (p. 188). Braun and Clarke identified self, subjectivity, identity, memory, categorization, emotion, prejudice, gender, and sexuality as some examples wherein DA is appropriate. Braun and Clarke explained that DA is reliant on comprehension through the chosen methods of communication as "language creates meaning and reality, rather than reflecting it" (p. 330). IPA was the data analysis method I adopted to evaluate study findings as it is: (a) simple, (b) informs the full phenomenological approach, and (c) revolves around how both the researcher and participant interpret the participant's perceptions of an experience.

According to Merriam and Tisdell (2016), data analysis begins with the initial interview contact and observation with a study participant, as well as the first document read. The continued mining of data will produce themes and meaning that lends to the process of identifying theory and effective reporting of the findings (Merriam & Tisdell, 2016). In addressing validity and reliability in a qualitative review, Merriam and Tisdell posited that rigor is built in by the instrument (researcher) and participants, confirming correct interpretation of data, and a hearty narrative. Moustakas (1994) indicated the Stevick-Colaizzi-Keen modified method included four major steps when analyzing phenomenological data:

1. Obtain a full description of your (the researcher) own experience to the phenomenon.

2. From the orthographic transcript of your experience, complete the following steps:

    a. Consider each statement with respect to significance for description of the experience.

    b. Record all relevant statements.

    c. List each non-repetitive, non-overlapping statements. These are the invariant horizons or meaning units of the experience.

    d. Relate and cluster the invariant meaning units into themes.

    e. Synthesize the invariant meaning units and themes into *a description of the textures of the experience*. Include verbatim statements.

    f. Reflect on your own textural description. Through imaginative variation, construct *a description of the structures of your experience*.

    g. Construct a *textural- structural description* of the meanings and essences of your experience.

3. From the verbatim transcript of the experience of each of the other *co-researchers*, complete the above steps, a through g.

4. From the individual textural- structural descriptions of all *co-researcher's* experiences, construct a *composite textural- structural description of the meanings and essences of the experience*, integrating all individual textural-

structural descriptions into a universal description of the experience

representing the group as a whole (p. 122).

As recommended by Flick (2014), information obtained during the interview and observation process, as well as researcher journal notes, were transcribed immediately after initial contact. Thus, begins the procedure of categorizing and coding the thoughts and responses of the participant as well as those of the researcher (Flick, 2014). Braun and Clarke (2014) stated that a transcription notation system is necessary for comprehension of the breaks, pauses, and incomplete thoughts to be identified in correct context within the transcript. According to Braun and Clarke, the data review also allows for organizing responses based on the research questions, so the researcher is set to begin the filtering process of describing and explaining the findings. The investigator must ensure the interview guide and prompts given are specific to receiving responses that will address the research questions (Braun & Clarke, 2014). Once the interview is complete and each transcript prepared, it was forwarded to the respective interviewee for review to ensure thoroughness of interpretation, identification of missed or insufficiently interpreted information, and overall confirmation of the interview experience.

IPA was indicated by Braun and Clarke (2014) as a popular method of review within the "health, clinical and counseling arenas" (p. 180). Braun and Clarke contended that this type of review maintains that the person and the experience are indelibly intertwined. Braun and Clarke defined IPA as a "broadly contextual approach" since the focus remains on the person's interpretation of the experience (p. 181). Thus, the phenomenological element is the study of the person's experience. According to Braun

and Clarke, the interpretive aspect is the researcher trying to understand the person's perception of the experience, also described as "double hermeneutic" (p. 181). Braun and Clarke explained that the samples for IPA are generally small with participants exemplifying homogenous characteristics. The similarity (homogeneity) present my research was that all participants were teen mothers who attended the ASES. Braun and Clarke explained that other characteristics of IPA analysis are interviews that are generally semi-structured with orthographic transcripts of the process. According to Braun and Clarke, IPA shares characteristics of TA, can be used to interpret data from before and after research, and "focuses on life experiences that have implications for our identities as they unfold in a particular context" (p. 181).

Open coding was used when reviewing the transcripts immediately after the contact. Notations were made of data that was significant to answering the specific areas of this study. Data processing was assisted using the Nvivo 12 software for further interpretation. These data continued to be mined until categories and themes were transparent and easily associable to the theories the phenomenological case study was based on. The point of saturation was determined when the data mining process was complete. Rudestam and Newton (2007) encouraged researchers, especially those embarking on their maiden voyage in research, to be aware of data overload and being overwhelmed with the analysis of the information received. The software program selected assisted in the process of analyzing; however, I did the real work of determining the codes, interpreting meanings, and identifying themes.

Issues of Trustworthiness

Understanding is the primary focus of qualitative research (Merriam & Tisdell, 2016). The design of a qualitative review is how validity (how research identifies with reality) and reliability (the extent of replication ability) incorporate trustworthiness (Janesick, 2011). Thus, the theoretical constructs and worldviews must agree with the research design in order that the findings accurately respond to the research question at hand. Tracy (2013) proffered that research (a) be on a worthwhile subject; (b) the design be implemented with careful consideration of trustworthiness built in; (c) methods are clearly comprehensible; (d) is relatable to several groups; I offers a strong plan to advance knowledge; (f) responds to potential ethical issues; and (g) effectively builds a bridge between current thinking and future research. According to Janesick, reliability speaks to the frequency with which a consistent response is received but difficult to quantify in a qualitative study as the human perception is static and subjective.

Member checking was incorporated into this research as recommended by Patton (2015). The research integrated interviews and observations to gather data from each of the three Delaware counties representing an urban, suburban, and rural experience to the ASES. The research contained elements of phenomenological and case study methods to review the data. The findings were viewed through the values clarification lens with program theory being the overarching conceptual framework.

Credibility

The demographic survey was used as the first step in validating the study. Merriam and Tisdell (2016) indicated validity is a result of the findings accurately

reflecting the experience of the participant. The responses from the demographic survey were reviewed to ensure each participant met the research parameters regarding the timeframe and attendance. Face-to-face meetings and phone interviews were audiotaped and transcribed with a copy of each manuscript sent to the respective participant for member checking. Researcher notes were incorporated into the analysis and interpretation of the data.

Transferability

Because the focus of phenomenological research involves the participant's interpretation of the experience, Braun and Clark (2014) indicated no necessity with generalizing findings to a large-scale group as the experiences were specific to each individual and their interpretation. For the research conducted, transferability is limited to former participants of the ASES program between 1980 and 2015, as that was the study population. Transferability is further limited to the study's four areas of focus: family dynamics, socioeconomic status, educational aspirations, and ASES services. The objective was to capture the former teen mothers' perceptions of ASES impact in the four focus areas as they pertained their values impact when making decisions for themselves and their families as they matured.

Dependability

When determining dependability, Merriam and Tisdell (2016) related that the objective was to ensure the data obtained addressed the research question consistently in the current research, with the understanding that another study may produce results that vary. Triangulation assisted with ensuring dependability of the study findings as it

confirmed that the information collected was accurately based on the confirmation of the study participant. The interview questions were field tested by a doctoral level counselor actively operating a practice and teaching in the field. Suggested revisions were incorporated into the interview protocol to ensure open-ended questions, eliminate redundancy, and guide alignment of responses that would effectively address each focus area specifically and the research question in general. Procedures were designed based on the criteria set forth by IRB when conducting research on human subjects. Several reviews of the findings were conducted, as recommended by Trochim (2006), to relay meaning in rich, descriptive text with direct quotes from participants to further validate the experience. The four areas of focus, or major themes, were mined deeply to identify supporting themes that were then interpreted utilizing the meanings relayed by the study participants.

Confirmability

The results of the study were validated through member checking. Merriam and Tisdell (2016) stressed rigor in the research process and transparency in the methods used to collect and analyze the research findings. Several reviews of participant interview transcripts and audio recordings were conducted to ensure the essence of their experience was captured and communicated in the findings. Moustakas (1994) explained that phenomenological research is grounded in explicit reporting of the experience, as communicated by the participant, and interpreted by the researcher. I used phenomenology to create textural (activity) and structural (outcome) meaning.

Ethical Procedures

Social science research should be conducted in a way that presents the exploration yet leave the study participants in an uncompromised, desirably better, state than found (Creswell, 2009). When studying a marginalized population, the objective is not to have the research further stigmatize an already vulnerable group (Frankfort-Nachmias & Nachmias, 2008). Through this phenomenological study, I sought to shed light on services designed to empower and strengthen while supporting self-sustainability in teen pregnant/parenting mothers. The application to gain access to this population was completed as part of the proposal submission and approval process (IRB approval #09-07-18-0139313). I contacted participants who attended ASES from 1980 to 2015 to gain their voluntary inclusion. Through this research, I sought their perceptions of the services received and the services impact on the participant, as they progressed beyond secondary education and matured in life.

Although preliminary contact was made with the focus of the study, an official letter of intent with a copy of the proposal was sent upon receiving IRB consent to conduct the research (IRB approval #09-07-18-0139313). The participation documents were directed to the sample group, identified in the Methodology Section of this Chapter, providing an overview of the study intent with instructions on providing consent. Participants were supplied an information packet informing them of the purpose of the study and how the completed work would be utilized. That information packet also explained that data would be stored in a locked, password-protected environment for 5-years, after which it would be destroyed. It was also communicated that participation was

voluntary, and the right to withdraw could be exercised at any time. The pre-screening sample was larger than the actual interview sample to allow for voluntary departure. A copy of each participant's interview was transcribed and provided to the respective participant for member checking to ensure accuracy in reporting and interpretation of the information relayed.

The research was reviewed by members of academia for confirming the completion of the dissertation process, acceptance, and acknowledgment of the completion process for degree conferral. A copy of the study will be stored with Walden University and in ProQuest. A copy of the study will also be provided to ASES for the reason the research was initiated, for advocacy, and to report the impact of ASES on the teenage mother, her family, and community on ASES's ability to promote independently sustainable families.

All information pertaining to the study remained in my care while the research was being conducted. Research participants were assigned a pseudo-name in research findings to maintain confidentiality. The researcher was the sole repository for identity information regarding participants. Research to complete this dissertation was stored on a portable hard drive under lock and key through completion of the research, through conferral of the doctorate degree, and for a period of five-years thereafter. All information pertaining to the case study will be destroyed after 5-years thereafter in accordance with confidentiality guidelines established by Walden University. All hard copies of documents were scanned and shredded. Once the data collection process began, all interviews, coding software files, and supporting documentation was kept on a single,

individual portable drive. That portable drive was, and will be, kept under lock and key in my private file cabinet for a period of 5-years, after which it will be erased, and the storage device destroyed as is Walden University policy to ensure credibility and security.

Summary

Through this phenomenological study, I sought to inform on the perceived impact of ASES on former teen parenting/pregnant mothers as they matured beyond the secondary education process. The study involved participants who received services from the ASES between 1980 to 2015. Chapter 3 included: (a) the research design and rationale; (b) the role of the researcher; (c) specific details of the methodology; and (d) in-depth discussion of issues of trustworthiness. Chapter 4 will present the study results including: (a) field test; (b) research setting; (c) demographics; (d) data collection; (e) data analysis; (f) credibility; (g) transferability; (h) dependability; (i) confirmability; (j) family dynamics; (k) socioeconomic status; (l) educational aspirations; (m) ASES involvement; and (n) administrative staff interviews. Chapter 5 will present further discussion, interpretation, conclusions, and recommendations.

Chapter 4: Results

The purpose of my phenomenological research was to gauge former teen mothers' perceptions of the impact of services on their values clarification and decision-making processes as they matured. The research focused on former teen mothers in attendance at ASES between 1980 and 2015. When reporting on this information, my objective was to determine if the former participants felt the services continued to have an impact on their family dynamics, socioeconomic status, educational aspirations, and their use of ASES principles as they progressed into adulthood. A total of eight former teen mother participants and six administrative staff (past and present) were interviewed for data collection purposes. The staff members were included in data collection to assist in establishing the logic model for the study and to provide insight on their perspectives of service delivery. Staff members' perspectives were also helpful in clarifying the former teen mothers' views regarding service purpose and delivery methods.

Chapter 4 includes the study results. Key sections include (a) field test; (b) research setting; (c) demographics; (d) data collection; (e) data analysis; (f) evidence of trustworthiness; and (j) study results, which includes an overview of the four themes and 19 subthemes that emerged from analysis of the teen mother data. The key themes were family dynamics, socioeconomic status, educational aspirations, and ASES involvement. I also present findings from the administrative staff interviews I conducted. The chapter concludes with a summary of key findings.

Field Test

I conducted a field test of the data instrument while completing the proposal. The interview script used to collect data for research was reviewed by a practicing doctoral-level professional counselor. The counselor provided me with suggested edits, which I implemented to ensure that the questions remained open-ended and focused on the specific areas of inquiry. The field test assisted with refining the data collection instrument, prevented redundancy in the questions, and ensured opportunity for a detailed response during the interview. Stadtlander (2015) indicated that a pilot study can be incorporated into the actual data collection process, provided there are no changes to the study protocols. Data collection protocols remained consistent between the field test and actual study; thus, all responses were included in the analysis process. I also maintained protocols when collecting data from the administrative staff (see Appendix C).

Additionally, the IRB approved my request for a participant change to incorporate interviews with facility administrative staff (approval #09-07-18-0139313). This request was made to add context to the responses of the former teen mothers regarding program services and supports. These additional participant interviews also strengthened my research findings as they related to the overarching conceptual framework of program theory. According to Mohr (1995), the premise of program theory is that established policies and procedures are designed and implemented with the expectation of a specific outcome; thus, my understanding of the ASES program was essential to this study.

Research Setting

Data collection interviews took place at several locations, in both public and private meeting spaces. Initially, I planned to conduct the interviews at ASES facilities. However, I submitted an IRB request, which was approved (approval #09-07-18-0139313), to include private meeting spaces in a public office building and two college campuses. This change to the plan was necessary at the request of study members, for their travel convenience, and to ensure confidentiality and privacy of research participants. Community partnership agreements were obtained for each of the alternative meeting sites (see Appendices H through J).

I audiotaped interviews using a digital recording device. Copies of the study introduction letter, the demographic survey, the consent form, and the interview protocol were presented to interviewees prior to their interview via e-mail or at the face-to-face meeting. I provided a notepad and pens to participants to take notes during the interview process. After submitting another IRB request for a change in process and receiving approval, I was able to add snowball sampling to the procedures to provide study participants with a copy of the welcome letter to share with others they knew who met the research criteria (approval #09-07-18-0139313). For the convenience of the interviewee, bottled water and tissues were also provided during face-to-face interviews. Administrative staff did not participate in the demographic survey.

I scheduled the appointments at a time and location that was convenient to each study participant. Interviews were private with only the interviewee and me present. An additional IRB request change was submitted and approved to include phone interviews

to reduce participants' need to use leave time from employment to participate and to offer

easier contact during interviewing and during the member checking review after

transcription completion (approval #09-07-18-0139313).

Demographics

Included in the research welcome letter was a link for the former teen mother

participants to access an electronic demographic survey (see Appendix A). The survey

confirmed eligibility inclusion for the study by validating attendance and including

questions that pertained to the four focus areas of the research (family dynamics,

socioeconomic status, educational aspirations, and ASES). Through the survey questions,

I sought responses that spoke to the former teen mother's experiences during her time at

ASES, as well as her current experiences associated with the focus areas of this study.

Participant demographic responses are shown in Tables 1 through 5. The tables show

general demographic data (1), ASES interactions (2), educational achievements (3),

family dynamics (4), and socioeconomic status (5). Participants were identified as former

teen mothers, assigned a number, and referred to in this manner in the results (FTM #) to

ensure confidentiality. Table 1 includes general demographic data including the age,

ethnicity, marital status, and residency of the teen mother participants.

Table 1

General Participant Demographics

Former teen mother	Age at first pregnancy	Current age	Ethnicity	Current DE Resident
FTM #1	14	47	African American/Black	Yes
FTM #2	16	54	African American/Black	Yes
FTM #3	18	35	African American	Yes
FTM #4	17	53	African American/Black	Yes
FTM #5	14	43	African American/Black	Yes
FTM #6	16	48	Caucasian/White	Yes
FTM #7	13	41	Caucasian/White	Yes
FTM #8	16	21	Two or more races	No

Table 2 includes data on the time each participant was associated with ASES and if the

participant graduated high school.

Table 2

Participant ASES Interactions

Former teen mother	Years of ASES attendance	Attended more than one pregnancy	High school graduate	If No, highest grade completed
FTM #1	1986/87	No	Yes	N/A
FTM #2	1981-1982	No	Yes	James M. Grove
FTM #3	2001 to 2002	No	Yes	Graduate in 2002
FTM #4	1982	No	Yes	16
FTM–#5	2001-2002	No	Yes	N/A
FTM #6	1986	No	Yes	12th
FTM #7	1992	No	Yes	12
FTM–#8	2013-2015	No	Yes	N/A

Table 3 includes participants' educational aspirations and income.

Table 3

Participant Educational Achievements

Former teen mother	College graduate	No. degree / years attended	Degree received	Annual income (USD)
FTM #1	Yes	N/A	EdD	50,001 - 60,000
FTM #2	No	None	Masters	20,001-30, 000
FTM #3	No	2 yrs.	Associates	20,001-30, 000
FTM #4	Yes	N/A	Masters	under 20,000
FTM #5	Yes	N/A	Bachelors	30,001-40,000
FTM #6	No	2003	CNA certification	40,001-50,000
FTM #7	No	1	Medical assistant	under 20,000
FTM #8	No	N/A	N/A	30,001 – 40,000

Table 4 includes the immediate family demographics of participants.

Table 4

Participant Family Dynamics

Former teen mother	Marital status	Currently living w/parent/family members	No. of immediate family members	Family experiencing teen pregnancy
FTM #1	Divorced	Yes	5	Mother
FTM #2	Separated	No	3	Mother
FTM #3	Divorced	Yes	6	Mother
FTM #4	Living separately	No	0	Mother
FTM #5	Married	Yes	5	Mother
FTM #6	Married	No	2	Sister
FTM #7	Married	No	2	Sister
FTM #8	Separated	No	3	Father

Table 5 includes an overview of participants' socioeconomic status, including their

housing and public assistance circumstances.

Table 5

Participant Socioeconomic Status

Former teen mother	Housing	Public assistance	Past recipient of public assistance	If yes, how long? (yrs.)
FTM #1	I own a home but am currently living w/family.	Do not receive	Yes	2
FTM #2	Rent	Medicaid	Yes	"It was off and on 1981-1998"
FTM #3	Live w/family/friends	SNAP	Yes	17
FTM # 4	Rent	Do not receive	Yes	2
FTM #5	Own	Medicaid	No	7
FTM #6	Own	Do not receive	Yes	"Forever!"
FTM #7	Rent	Medicaid	Yes	10
FTM #8	Rent	Do not receive	Yes	2

Data Collection

Information to contact former teen mothers was received via ASES's alumni

spreadsheet. ASES administrators agreed to provide information obtained from alumni

for the research. The Data Use Agreement form was completed by the director of the

program (see Appendix E). A mass mailing of the study introduction/welcome letter was

sent to those who fell within the attendance time span. Follow up emails and phone calls

were also conducted. Advertisements regarding the study and the link to the demographic

survey were posted in local papers and on social media. Word of mouth was also used to

obtain former participants. Data collection lasted for a little more than four months as

responses to participate took approximately eight weeks to begin coming in. Research information and materials were sent via traditional and electronic mail.

A total of 13 former ASES participants completed the demographic survey with eight participating in the face-to-face interviews. All indicated their interest in the face-to-face interview. One participant made contact via email but would not respond to attempts to schedule a time to meet. The other four did not submit an email to forward the welcome and consent letters. The eight other contacts met the research criteria and were part of the face-to-face interview phase.

Former teen mother participant interviews were held at ASES facilities, in a private meeting space in a public office building, at two college campuses (see Appendices D and G through I), and by phone. Interview sessions with former teen mothers were conducted over the course of four months, averaged 30 to 60 minutes, and were recorded digitally to aid with transcription.

Interviews with administrative staff consisted of two current and four former facility staff members. Interview sessions averaged 25 to 45 minutes. Data from these interviews was collected within 10 days of the final IRB approval to include this group in the interview process.

A total of three IRB request for change forms were submitted. IRB change requests extended the collection period by approximately eight weeks. The first change request was submitted to alter my proposed participant data collection attendance time span from 2008 through 2015, to 1980 through 2015, to gain a more experienced report regarding the long-term perception of services and to ensure the appropriate number of

participants to validate the research. The initial weeks of data collection produced very few responses and I was concerned about obtaining enough participants for a valid study. The second change request was submitted to add snowball sampling to the data collection process. It also included a request to add phone interviews as well as additional locations to conduct interviews. This change was made at the request of study participants and to ensure confidentiality and privacy in the process. It was to also ensure accessibility for participants, eliminating the need to request leave time to participate in the interview and for member checking when reviewing transcribed notes with the ability to email to participants included in the second request. While consent was received from ASES to make the research possible and assistance extended with using the facilities as a meeting space, a few of the locations presented challenges regarding confidentiality of the participants and privacy during the data collection process. The request to include additional meeting spaces was necessary to maintain the integrity of the study. The third request involved adding interviews with administrative staff for ASES.

The request to add administrative staff was made after attending the 50th anniversary of the program and having the opportunity to meet some of the creators and originators of this service prototype. The ASES program was purported to be the first of its kind to offer comprehensive services to teen mothers to abate the instance of young mothers not completing the secondary education process (DAPI, 2019). The interviews were also added for insight and to gain the perspective of staff regarding program services and the impact intent for young mothers. Input from these participants filled

program theory logic model gaps. A new adult consent form was created reflecting the participation for this group on a more limited nature of inquiry.

Instead of conducting a pilot study, a field test of the instrument was completed by a clinically trained, PhD level counselor who currently practices in the field. It was recommended that questions remain open-ended and simplistic in language for ease of understanding. The review identified redundancy in the questions as well as those that would not obtain a response related to the research questions (see Appendix B).

To ensure data collection accuracy, transcribed notes were sent to each respective interview participant for triangulation. Study members were instructed that they could add to, or delete from the transcribed notes, and these changes would be incorporated into data analyses. Six of the eight participants responded via email that they were satisfied with the transcribed notes with no recommended edits. Several attempts to contact the remaining two participants went unanswered via email and phone contact. Four of the administrative staff responded that the notes were accepted, as is, with no changes. One made changes to their transcribed notes and this revised transcript was used in data analyses. Contact attempts were made with the one remaining participant who indicated having a desire to submit a revision; however, no revisions were received, and data processing began.

The token of appreciation gift was sent to seven of the eight former teen mother participants in the form of a money order for $10. I was unable to forward the token to the 8th participant as an address was not received for forwarding. Several attempts to

contact the 8th participant to forward their token and member checking transcribed notes

went unanswered. The token was not extended to the administrative staff of the program.

Data Analysis

The objective of my phenomenological study was to report on the former teen

mothers' perceptions of the impact of ASES as they matured. A total of eight former teen

mothers and six administrative staff interviews were conducted. Program theory was used

as the overarching conceptual framework with values clarification the lens used when

reviewing collected data. Program theory operates under the premise that there will be an

inferred outcome based on exposure to a specific effect (Mohr, 1995). Edwards and Allen

(2008), explained that values clarification is how espoused beliefs and attitudes are

formulated based on events that occur in life.

A transcription service was used to create the interview manuscripts. I used

NVivo 12 for thematic organization and coding procedures. The transcribed interviews

were uploaded and provisionally-coded based on the four areas of focus (family

dynamics, socioeconomic status, educational aspirations, and the ASES program).

Transcribed notes from administrative staff were initially coded this way but also

included node containers that addressed ASES delivery philosophy, program support,

expected service impact, and the future focus of the program.

The Stevick-Colaizzi-Keen data analysis, as modified and interpreted by

Moustakas (1994), was discussed in Chapter 3 as the method used for processing

collected data. Each statement was evaluated to identify unique phrases that spoke to how

participants derived meaning. The meanings were then used to identify themes; which,

were used to create a description of the textures and structures of the experience. This

method begins with the researcher's thoughts and proceeds through analyses of the

themes and meanings derived from the collection process. This process is then repeated

for each interview conducted. According to Moustakas, once this process is complete, a

"textural-structural description of the meanings and essences of the experience" is

included in a corporate report (p. 121).

TA was the next step as I read each transcribed interview while listening to the

audio recording. Saldana (2016) conveyed that this method provides a sense of being

back in the moment. The purpose was to hear emphasis that may be associated with a

participant's feelings on certain information whereas reading the transcript alone would

not provide this context. I considered this process the nearly-lived experience when

reviewing the data; a term Moustakas (1994) coined as "horizonalization" (p. 123).

During reviews, I paused the audio recordings and re-reviewed several times when I felt

key information, emphasis, or emotion were being expressed. This iterative process

supported the creation of information sub-containers on each of my primary focus areas.

Using these sub-containers to identify themes, I attempted to use the functionality

of the NVivo 12 software such as queries, word counts, and word frequencies. This felt

very mechanistic and devoid of intimacy from the real and raw responses I knew existed.

I went back to the interviews and reviewed the words in the transcripts, as well as

listened to those portions of audio, to identify associations between, and across,

individual experiences. I found that adopting IPA coding provided more support when

inferring themes. Braun and Clarke (2014) defined IPA as investigating the process of

how a person defines and interprets life experiences. Because the researcher is not able to access the person's world "directly," they will interpret the way the study participant interprets lived experiences. Braun and Clarke referred to this as "double hermeneutics (hermeneutics refers to a theory of interpretation): the researcher is trying to make sense of the participant trying to make sense of their world" (p. 181).

From my four overarching research themes, I identified a total of 19 supporting themes using TA and IPA coding. Under the family dynamic theme: family members who were teen parents, abuse and addiction, feelings and family impact, maturity, values and decision-making impact, and ASES impact. For the socioeconomic theme: family finances at pregnancy/birth, financial plans before and after pregnancy/birth, current financial state, and ASES services impact. For the educational aspiration theme: education at ASES, goals before and after pregnancy, accomplishments, and ASES educational support. For the ASES program theme: attendance decision, program environment and services, parenting preparation, new services and recommendation.

Evidence of Trustworthiness

According to Rossman and Rallis (2012), there are two required elements when determining trustworthiness of the research: (a) has the study been constructed with rigor and (b) ethical standards have been explicitly adhered to. Three change requests to the original plan were made and approved to ensure trustworthiness in the ethical standards and data collection process. These changes were necessary to protect participant confidentiality, to increase participation by tailoring the data collection process to the needs of participants, and to ensure participation would validate the research.

Trustworthiness was built into the research rigor as the objective was to seek and report on the lived experiences, and to expound on, the participants' interpretations of those experiences and phenomenologically interpreted. Rich, descriptive information was received about the experience and was mined to the point of saturation to identify associated meaning. According to Merriam and Tisdell (2016), this information addresses the following areas, determines whether confidence can be extended to the findings: credibility, dependability, confirmability, and transferability.

Credibility

When endeavoring to ensure validity in a study, Merriam and Tisdell (2016) reminded that "data does not speak for itself, there is always an interpreter…" and that a "phenomenon cannot be measured without changing it." (p. 242). Merriam and Tisdell explained that validity is determined by "the relationship to the purposes and circumstances of the research..." or the level of credibility associated to how effectively the findings address the lived experience (p. 243). Triangulation was incorporated into the research to address credibility. Participants completed a demographic survey to determine their eligibility to participate in interviews, which were also conducted with administrative staff. The information retrieved in both these methods was transcribed and each manuscript was sent to the respective participant of each group for member checking via Email. Six former participants confirmed the manuscripts and approved the information. Two members of the former teen mothers' group did not respond to this process, even after eight weeks of attempted contact. Five of the six administrative staff confirmed accuracy of the manuscript. One member of this group indicated changes after

reviewing, but the updated notes were not received after two weeks of follow up to request the updated manuscript.

The audio recordings of each interview were open-coded right after the interviews to capture my thoughts on the process. Structural notes regarding responses were also documented to review with other data. After transcription, the data was provisionally coded based on the categories, or themes, of information sought family dynamics, socioeconomic status, educational aspirations, and ASES. The research questions were drafted to address each of these areas specifically.

Transferability

Because phenomenological inquiry is concerned with the lived experience, the sample size can be relatively small and does not require generalization to a larger group since focus is on the personal experience and how the participant interprets that experience (Braun & Clarke, 2014). Transferability is limited to those individuals who attended the ASES program and using the four focus areas identified for this research. My research contained eight former teen mothers and six administrative staff (who were purposefully sampled) from ASES. As recommended by Merriam and Tisdell (2016), I tailored the interview questions to seek the in-depth discussion of each topic; thus, the "rich, thick description" (p. 256). The findings provided copious direct quotes from study participants to confirm the authenticity of the experience. Opportunities exist to expound on the research using a larger sample and focusing a broader area of data collection.

Dependability

When addressing dependability, Merriam and Tisdell (2016) indicated the

question to be asked is not "whether findings will be found again but whether the results

are consistent with the data collected" (p. 251). Thus, the consensus sought is agreement

that the data collected directly speaks to and confirms the results for the work undertaken.

Triangulation validates dependability (Merriam & Tisdell, 2016). I field tested the

questions for this research and found them to be appropriate to address the four areas of

inquiry for this study. The data retrieved during interviews, and the notes taken, were

electronically processed either through NVivo 12, stored in word processing software, or

maintained in the physical journal. The established protocols indicated in Chapter 3 were

adhered to, except for instances where changes were requested and IRB approved, to

ensure confidentiality during the interview meeting and convenience for the participants.

Confirmability

According to Tracy (2013), confirmability begins with choosing a provoking

topic, researched "with rigor and sincerity or transparency of methods, [and] a credible

process (p. 240). Tracy related that process "resonates with a variety of audiences, makes

significant contribution, attends to ethical considerations, and [includes] meaningful

coherence (interconnects literature, research, questions/foci, findings, and interpretations

with each other)" (p. 240). Audio recordings were reviewed on several occasions to

ensure anything considered significant (words, tones in voice, pauses, etc.…), missed in

the transcription process, was known and included in the data analysis. Transcribed

interviews were reviewed several times to ensure accurate quotation and authentic

reporting of the outcomes. There were three requested changes to the initial IRB research plan. Those requests were extended to ensure rigor, an ethical process, and a credible process that would resonate with the participants internally and the community at large.

Study Results

This section expounds on the findings of the research on the perceived impacts of ASES on former teen mothers as they matured to adulthood in the areas of family dynamics, socioeconomic status, educational aspirations, and ASES provided ASES. Program theory was used as the conceptual framework and values clarification as the theoretical lens when processing research data. Participants were identified as former teen mothers, assigned a number, and referred to in this manner in the results (FTM#). This section considers the participants' responses, as they addressed the research questions, and relates those responses to the identified themes. Braun and Clarke (2014) indicated that, when completing the discussion for phenomenological research using IPA for elaboration, a "theme-within case approach" is advantageous (p. 309) as it brings together the experiences of several participants for association to a theme. While not all participants' experiences were the same, most were able to respond to questions for each of the themed areas of the research. All participants attended ASES for at least one pregnancy and birth. Review of the interview manuscripts, the coding process, and analyses of data produced four major and 19 supporting themes.

Theme 1: Family Dynamics

The questions asked relating to this topic (see Appendix B) retrieved information about the items: family members who experienced pregnancy as a teen, emotional impact

and maturity process, family life at time of pregnancy, addictions and abuse, the family

and father, current family life, and ASES impact.

Family members experiencing teen pregnancy. FTM #1 stated that there was a

"generational curse within the family, part of the family dynamic" regarding teen

pregnancy as her brother, her mother, her aunt, and her grandmother experienced

pregnancy as a teenager. Seven of the eight participants indicated at least one family

member experienced teen pregnancy (see Table 6).

Table 6

Family Members Experiencing Teenage Pregnancy

Former teen mother	Family Member(s)	Age at Pregnancy
FTM #1	Brother	Age Not Provided
	Mother	16
	Aunt	17
	Grandmother	Age Not Provided
FTM #2	Sister 1	Age Not Provided
	Sister 2	Age Not Provided
FTM #3	Step Sister	13
	Step Sister	14
	Step Brother	18
FTM #4	Daughter	16
	Mother	15
	Grandmother	19
FTM #6	Sister	Age Not Provided
FTM #7	Sister 1	16
	Sister 2	16
FTM #8	Mother	19

Note. Breakdown of family members who experienced teen pregnancy.

Abuse and addictions. Abuse and addictions ranged from alcohol to opioids, and

sexual to physical abuses. FTM #1 and FTM #5 indicated their mothers had drug abuse

issues during the time of the participant's pregnancy and early parenting. FTM #6 and

FTM #7 indicated having had substance abuse issues themselves, after giving birth. FTM #2, FTM #4, and FTM #7 indicated a father, spouses, or significant others had issues with alcoholism. FTM #1, FTM #2, and FTM #7 discussed physical abuse that occurred after giving birth. FTM #6 provided information indicating she was mentally, sexually, and physically abused at the time she conceived both children as a teenager.

Feelings and family impact. FTM #1 indicated she was afraid and nervous when learning she was going to be a mother. She indicated that she was fourteen at the time and a lot was going on in the family. She indicated her mother figured it out first and shared it with the rest of the family: "Actually, my mother told my family, 'cause I was sick and she kept saying, "You're pregnant, I'm gonna take you to the doctor," duh duh duh. And so, my mother is the, um, news-person in my family. (laughs)."

FTM #2 had a similar narrative in that she was sleeping more than usual and her mother noticed. She was taken to the local clinic and the pregnancy was confirmed. She indicated feeling "like I had let them down, so I felt very devastated and I felt very isolated, as well." She was the youngest of 10 children and "felt like I didn't have anybody to talk to, and my parents were a lot older than me." She indicated her mother being in her early forties when she became pregnant with FTM #2. "She didn't know she was pregnant. She talked about her being upset that she was pregnant with me, and she's a bit over the years, she learned to love me, that kind of thing, but I did feel like I didn't know what to do." FTM #2 indicated feeling very isolated. "I felt very alone, at that time. I had these parents that my mom had a sixth-grade education, I think my dad had maybe a

fourth-grade education." They were from the south, born in the early twenties with very strict religious values.

FTM #3 was the only participant that indicated her pregnancy was not a mistake. She was 17 at the time of her pregnancy. "Honestly, not many know 'cause I've never really ... Actually, I haven't really told many people. I actually planned it." She stated she was from a large family and the youngest; she felt she wasn't receiving love.

- So, I felt as though if I had a baby, then I would get love. So, I kind of planned it. I had time to where I was cutting myself and all this other kind of stuff, 'cause it was just a way of just feeling something. Cause I felt like everybody was getting more attention than me.

She stated that she had a health scare at school and disclosed to the nurse that she was pregnant. The nurse informed the family.

- My parents were very, very disappointed. Honestly, my dad was so disappointed, [he] didn't talk to me. He didn't talk to me for about five months. My mother expressed that she was disappointed in me, but she didn't let that hinder anything. She still talked to me, and you know, we still had a good relationship. But far as my dad, we didn't speak. We weren't on speaking terms.

FTM #3 indicated the relationship with her father was restored during a car ride he invited her to take with him. He expressed his disbelief about her condition. Her father wanted to know about her goals. "So, he talked to me, and then he just asked me what my goals was. He's like, "Okay, you're about to have a baby, so now what are you gonna do.

Cause life is gonna change drastically for you, you know?" Afterwards, she indicated receiving a lot of support from her father. She indicated the biological father was also very happy but stated his parents were not.

- He was very happy. His parents weren't happy, cause they were old school, prejudiced. And yeah, they wanted me to have an abortion and everything else. As I got older, my family life was good. I had very loving, supportive parents that would do anything in the world. I mean, I got cars and all kinds of stuff. It wasn't too much that they didn't provide.

FTM #4 stated she was devastated when she learned she was going to be a mom.

- I had aspirations for myself, of course of attending college; graduate from high school, attending college. I was a big ... I played a lot of sports, so the biggest impact at that point in time was, "Oh my goodness, I no longer will be able to play sports. What will my family think of me? I'm 15 and will have a baby by the time I'm 16."

FTM #4 made the decision not to tell her family initially as she felt her stepfather would demand she have an abortion.

- I knew that was something I didn't wanna do. And my mom who is somewhat not as strong willed when it comes to him, I felt would have sided with him. So, I chose to wait til I thought it was past the time to actually have an abortion. I was probably close to almost 5 months or so when I actually told my mom.

When FTM #4 did make the decision to tell her mother, her mother let her know she already knew as she hadn't needed personal products for some time. "She said she felt that at that point I obviously must want the baby, and I would tell her, and so she waited me out." The relationship had ended between FTM #4 and the biological father when she learned she was pregnant. When he was informed of her condition, his initial response was to ask how she knew it was his. She confirmed he was her first and only sexual partner. A few months went by and the father came back to apologize for his initial response.

- I'm pretty sure I might have hurt your feelings that day when I said that to you." He's like, "But I want you to know that I had already decided in my mind that even if it wasn't mine, I was hoping we could get back together, and I was taking care of your baby."

FTM #4 indicated support from him, and his family was "100%." They eventually married and had two other children. She indicated her family life to be "very stable, middle class, everybody was going to school, everybody was working" at the time she learned she pregnant. She lived with her mother and stepfather who was in the military. Things changed when the pregnancy was disclosed to the family. Her mother experienced pregnancy at 15 so she could relate to how FTM #4 felt.

- My stepfather responded horribly. He was highly upset with me. Called me out of my name. Degraded me, told me what an embarrassment I was to the family. I was punished that day for the next six months, seven months, or however many months it was at that point in time. I could only go to school

and go to family functions. On the weekends, I had to actually come stay with

my grandparents… because of the disgrace he felt that I was.

FTM #4 indicated this atmosphere continued through the end of the pregnancy

and believes it put a strain on her mother and stepfather's marriage, which eventually

ended in divorce. When her child was born, she indicated the stepfather's behavior

completely changed. "you would've thought he was her father. He never apologized, but

it's okay. I've forgiven him because I totally can understand, but we've never talked about

it, but that was tough for me."

Life was "hell" for FTM #5 at the time she learned of her pregnancy.

- I was just coming out of a two-parent household, being homeless to finally

  getting ... feel like we were getting stable, but also carried a lot of trauma. I

  know for a fact that because of my trauma, that led to me even getting

  pregnant. It was at the time I felt like it was additional, "Why is this

  happening to me?"

FTM #5 was 14 at the time, "shocked, scared", and thought what was happening

was crazy. She felt the biological father was a source of support, "an escape" for when

she needed to leave her house. She stated her mother told her she was pregnant, stating

she was able to see the changes. The decision on whether to keep the baby was left to

FTM #5. She indicated the biological father's response mirrored her response, but she he

and his family were very supportive. Her father was leaving due to her mother divorcing

him. The relationship ended at that point, "He played no role in it at all." Her biological

father was not aware she was a mother until she was pregnant with her second child and living in a foster home.

FTM #6 indicated she was "16 and didn't know what was happening in her body." She indicated her pregnancy was a result of sexual assault by her stepfather that went on for several years. She indicated that the way she dealt with the abuse was to suppress it so each time she left her house, she pretended that it never happened. She described her emotions as a "whirlwind between being scared and frightened." She remembered not wanting to be pregnant, hiding from people, and not wanting to go to school,

- not so much because of my peers, but just because I didn't know how to balance the abuse at home and my body changes and how could I love this child once I started to even understand the concept of a child."

FTM #6 was four months along when she found out. She went to a local public health clinic for a pregnancy test, accompanied by her stepfather. Medical benefits were needed for prenatal care. FTM #6 indicated that her stepfather's plan was to use her and her sister to procreate,

- all I heard was there was gonna be more and more and more because there was gonna be a revolution. It was gonna be between the Blacks and the Whites. I don't know if you call it brainwashing, but it inserts to a mind that is not educated to that and just kept putting beliefs and more beliefs and more beliefs. I wasn't the only one being abused at the time. I had an older sister that was abused. But he just talked about making more children and more and

more children. I can remember just being numb. I don't know. I was just

numb. I couldn't talk to anybody. I didn't have anywhere to go.

The first word FTM #7 used to describe how she felt about her pregnancy was

"devastated. Well, I was 13 and I was scared." She indicated telling her sister initially.

The sister purchased a pregnancy test which was positive. They discussed how to give the

news to their mother. When the news was provided, FTM #7 indicated her mother took it

"rather well." After a brief pause, her mother asked about next steps.

- Okay, what do you wanna do? You plan on keeping it? You know you have

  options. And she went over the options with me, and of course, to me at that

  time there was no options. Abortion was not an option. Adoption was an

  option, so that was something to think about, but it was my baby, so I was

  gonna keep it. She made it quite clear that it was my baby, not hers. I was to

  raise him. She wasn't gonna have any parts of it, and by golly, she didn't.

FTM #7 indicated that her mother did help financially when needed "but she

made sure that I took care of that baby, and I was his mother." The biological father was

an alcoholic and abusive. His first response was to ask if the child was his. She said he

had no interest. She indicated it was a bad relationship and his family did not care for her

so there was no support from them. "The only support that I had, basically, was my sister

and my mom." She indicated home life at the time of her pregnancy was chaotic as her

mother was employed and covering the household expenses, and the stepfather was not

employed but ran the household. The mother also cared for young extended family

members.

FTM #8 was 16 when she found out she was pregnant. "I felt bad because I was not prepared or ready at all to be pregnant or be a mother. There wasn't really any other feeling. I was just really sad about it for a long period of time." Her mother noticed that she was not using personal products and questioned her. They were together when FTM #8 took the pregnancy test. Her mother's response was "what in the world? She was hurt but she was really supportive." FTM #8 described the biological father as "emotional and really sad too." She said he provided a lot of support the entire time and indicated that support remained current at the time of our interview. "It wasn't ideal, but he was definitely prepared to, if he had to, be there for whatever." The family was living with a friend of her mother's when she found out she was pregnant. Her mother was not employed at the time. FTM #8 indicated not having a good relationship with her mother and siblings prior to the pregnancy but indicated that changed with the birth of her child.

Maturity. Regarding the question about change in maturity levels, I identified that five of eight participants indicated no real impact to maturity as they had fulfilled a parenting role for siblings and younger extended family members prior to becoming pregnant themselves. FTM #1 stated "it was just like another child to care for, but this one was mine." FTM #4 indicated "once my mom had my sister, I pretty much became her caregiver as well…I was a mom, to me, way before I was a mom to my first daughter." Those who acknowledged a change in maturity, stated they felt they had to grow up fast because of the pregnancy. Although FTM #6 indicated that she felt very immature even after giving birth for the second time as a teen mother. FTM #8 indicated it "made me push myself to do different things and to do new things to make sure that I

could take care of her." FTM #2 felt she had just begun to understand maturity. "Maturity

has come now with me not getting married, being by myself, and finding myself. I think

I've gone all the way back to having that baby."

     Values and decision making. Participants were asked to elaborate on the impact

of the pregnancy to family values and beliefs, family values and decisions used when

making child-rearing decisions, and differences in the current values from the ones they

grew up with. Three participants were raised with a faith-based values system. FTM #1

reported being brought up with religious values until the time of her mother's addiction.

She indicated the family "went off the rails a little bit" but stated she worked with

extended family members to meet the needs of the family. She also received support from

the church family. FTM #1 indicated that her mother made decisions on a whim and left

her and the extended family to deal with the consequences. "She made decisions on the

fly, she'd be like, "I'm gonna just make this decision and y'all pick up the pieces. It was a

lot of y'all pick up the pieces." She indicated maturity, wisdom, and principles received at

ASES had assisted her with making decisions for her family as she matured. She has

earned several degrees and certifications and has supported her son with successful

completion of his degree.

     FTM #2 was from a devout Christian family with "religious beliefs that were

inflicted upon me. Everything you needed was in the church, and everything was on the

alter." She indicated that her mother was the pastor of the church and was generally

responsible for family decisions. The expectation was that the children would all be

college graduates achieving terminal degrees, active in the church, and pillars in society.

Several accomplished these goals, but FTM #2 indicated she struggled with living up to those expectations. She felt the early pregnancy brought shame to the family name and she saw marriage as a way to rectify this. She also saw it as a way to be released from the rigid belief system of her parents' home.

- We wanted to go to a homecoming. I've never been to a homecoming, I never went to a dance, I never got to go to the movies, any of that. we thought that marriage would get us out of there. The first marriage I was married for 13 years. The second marriage I was married 11 years. The third marriage I've been married now 11 years.

FTM #2 indicated being separated from her last spouse for three years. She indicated her decision-making skills were non-existent during pregnancy and early parenting, as well as in the marriages. "Just the good decision making, it wasn't there because I wasn't getting that good information." She felt she was in a place to learn this skill at this time in life but indicated it had cost her children a great deal. She indicated having lost one child to gun violence and the others all experienced incarceration. She has one child who is currently pursuing a college degree. FTM #2 earned a bachelors and master's degree and is currently a student for another master's degree.

FTM #3 stated "my family is Christian, so they're very Bible-based. Very, very, very Bible-based. I just know that as far as the belief, having kids out of wedlock was a no." She indicated that life was very strict (her parents were, and remained, pastors of a church) and she felt "somewhat isolated." She indicated that she initially decided to raise her children differently, not as rigid an upbringing as she experienced. FTM #3 indicates

that, with age, she decided to return to a more structured values system as she did not

want teen pregnancy to repeat itself in her children.

FTM #4 indicated "two different belief systems in my household" at the time of

her pregnancy and early parenting. Her mother had experienced teen pregnancy and

operated under the mentality that "I've done it, I've been there. It's okay, you can

survive." Her stepfather was of a different mindset regarding the condition. His view was

"you don't have sex, and you don't get pregnant until you're married, or that you can stand

on your own to take care of your family." These dynamics took a toll on the parents'

relationship which did improve somewhat after she gave birth. The parents did eventually

divorce. She indicated, during and after the pregnancy, she spent more time with her

grandparents and took on their values and beliefs, "the old way of doing things, and trust,

confidence, communication, having a big heart, being there to help people." FTM #4 felt

they served her well and she was grateful for their influence. She instilled the same value

system into her children. She felt the roles had reversed for she and her mother. Her

mother's values were "all over the place" after the divorce and FTM #4 said "Gosh, I feel

like your mom. You're not my mom." She felt ASES strengthened the values and beliefs

learned from her grandparents.

FTM #5 indicated that, even though her mother dealt with addiction issues. "She

taught me things even through the mess" such as looking after her younger sibling, be

protective of her children, care for them regardless, and make ways to give them what

they need." She reflected on the values prior to the end of her mother and stepfather's

marriage and what she learned afterwards to instill values into her children. She was

introduced to a faith base during her pregnancy and early parenting, by the paternal grandmother. FTM #5 believed she was the first educator for her children and should provide them with working knowledge of how things operate in society.

FTM #6 felt there were no values that she subscribed to that were received during the time of her pregnancies and early parenting. She states values were never discussed and decisions were made by the stepfather. The values she instilled in her children were "to be good, to be kind, to be honest, strive for what you want in life. It's your life. You are making the difference." She did not indicate whether she believed ASES had an impact on clarifying values and strengthening decision making skills. She believed that family comes first and that family should take care of one another. She felt as though the systems in place to protect children had failed her. If there was something that sparked a concern, she stressed not to ignore it. FTM #6 felt the laws had actually done more to protect the rights of the stepfather who abused her than protecting her and her children.

FTM #7 indicated respect and morals were values she grew up with and what she imparted to her children. She indicated the family had always been close knit. She was not aware of an impact ASES had on the way she identified values and made decisions.

FTM #8 stated

- we weren't really church goers at that time, and we didn't have any belief on a child before marriage, I don't think, because I'm the second oldest child, so all my younger siblings ... I'm sure they didn't really think much of it. They didn't really care. And as far as my mom goes, I don't really know what her beliefs were back then, I really don't recall if she had any specific problems about it.

When referring to her father, FTM #8 conveyed that "my dad definitely felt that way about having a child before marriage because my grandparents on my dad's side, they own the church and they were real religious." She created a values system that was different from what she experienced as a child. She made decisions differently stating that her mother "doesn't try hard enough for me." She indicated that relationships between her mother, siblings, and she were strained but indicated they have "warmed up to each other, and now we're really close."

Theme 2: Socioeconomic Status

I asked former ASES participants to respond to questions based on their family financial status during the time of pregnancy and early parenting, including: decisions about money as a result of pregnancy and birth, current finances, and ASES financial services and training offered. When considering their finances for the future, most of the participants indicated working prior to, or after, giving birth. FTM #1, FTM #3, and FTM #5 indicated that they built savings while working. FTM #3 shared, "I realized that I needed a job, 'cause kids are very expensive, and that I couldn't rely on my parents. Even though I could've if I wanted to, but I just wanted to establish that independence." Several participants indicated ASES had spurred them to begin planning for their financial futures. In addition to starting to save, participants relayed that needed supplies would be purchased and stored for later use. "So, what I did when I worked, I started stocking. Money and most likely, uh, things" (FTM #1).

FTM #1 stated that, even when dealing with her mother's addiction, the extended family, as well as the paternal family, members always made sure that she, her child, and her siblings were provided for.

- I would tell anybody I had the greatest family in the world, because of the fact the- we're still like that to this day, anything I needed, no matter what, I could pick up the phone and be like, "I- I need this, I- I need that." And she- they made it happen. And even with, um, my son's, um, grandmother on the paternal, grandmother.

FTM #1 indicated living with her mother and extended family members during pregnancy and early parenting. Both parents were employed but she described her mother as, "a working, functioning drug addict." She stated her mother worked the entire time she dealt with the addiction, but the funds were used to support the habit. "My family wouldn't give my mom a dime, but they made sure our lights were on, they made sure that our rent was paid, they made sure we had food." FTM #1 did not realize that because her father was employed at a local university, she would have been able to attend for free. She paid for college. Child support was not received although an order for support was established. She stated that her mother made sure she received public assistance for her and her child. The family lived in subsidized housing and, at times, with extended family. She stated that her father paid child support but was not active in her life. She indicated being a homeowner today but operated as live-in support for a family member dealing with an illness.

FTM #2 indicated being sheltered as she was the youngest of the family. She indicated her family took responsibility for the things she needed after her child was born. She stated,

- I felt like I had a perfect family. I think I was very spoiled. It was like I didn't have to do anything, that's why I didn't think I wanted to learn anything because they did so much for me. I didn't see it where they made me accountable.

FTM #2 stated her family provided for her and the baby until she was married. The biological father was not involved. She stated my "father put my son on his insurance, and it covered him, fully covered him." She indicated her father had not allowed the teen father to be involved. "It was morally that I wanted to make that wrong right, not so much for me, but for my family, for the family name, and the church and all, and so I married him. Instantly I saw who he was." At the time of our interview, FTM #2 related working toward a second master's degree and living in rental housing. She was employed part-time while pursuing this goal.

FTM #3 indicated she had full support from the father prior to birth. Support from him faded during postpartum. She indicated being part of a bi-racial relationship (she was African American, and the father was Caucasian) and the father's family did not approve. FTM #3 said "He was very happy. His parents weren't happy, 'cause they were old school, prejudiced. And yeah, they wanted me to have an abortion and everything else." The biological father actively provided financial assistance in preparation for the birth. After the birth, his support became less and eventually stopped. She indicated he felt

""because you was doing so much, I didn't have room to." She indicated receiving public assistance for herself and her child. In the beginning, support from her immediate family was not readily received, but that changed as the pregnancy progressed. FTM #3 indicated being raised in a very devout Christian environment. Her father expressed disappointment and withdrew from her for a time. They were able to reconcile once her father understood she recognized the changes that were needed and she took responsibility for her situation. She lived with her parents during the pregnancy and early parenting and continued to reside with them while pursuing higher education. Her parents did not receive any type of assistance; she felt they were financially stable while providing for nine children. Her father retired from the military and worked for emergency services while her mother owned a business. The parents are homeowners.

FTM #4 spoke of two dynamics existing in the home during her pregnancy. She states her mother was disappointed but supported her as she was also a teen mother. FTM #4 indicated the step-father was very upset, was verbally abusive and shunned her during the pregnancy. She stated this changed right after the birth. "You would've thought he was her father". She elaborated on the opinion of her family as "most people even to this day still say, "You've always had the model family. Everybody's always looked up to your family." FTM #4 reported that she was part of a military family and lived in base housing. Both her parents were employed and did not receive public assistance. She did received assistance for herself and the baby but her mentality with that was "public assistance is there to assist you in the time of need. It is not there for you to depend on."

She indicated making this statement during the time she was at ASES, but the idea seemed foreign as "some folks thought I was crazy."

FTM #4 reported the biological father and his family provided support before and after birth. Although at teenager himself, she indicated he was employed part time. "He was probably one of the ones that if he wasn't there, it would've made it much, much harder for me." She went on to marry him and have two other children. The marriage ended after 25 years as a result of the husband's issues with alcoholism. FTM #4 lived between mother and stepfather's house and grandparents' home during pregnancy and early parenting. She earned a degree in business, recently retired from a banking career, and owns several homes. She was acting as caretaker for her grandparents.

FTM #5 relayed that her family split just before she became pregnant. She indicated finding out, at that time, that the man she thought was her biological was her stepfather and they were a blended family. When the stepfather left, he took his children and the relationship ended for her. FTM #5's family received public assistance for the family. They lived in subsidized housing and remembers her mother struggling to make ends meet. The situation was particularly challenging as the mother dealt with addiction issues. FTM #5 indicated not informing her mother when she had money. She felt this was necessary to ensure resources were available to care for her child and her sibling. Because of the mother's addiction, she and her brother spent time in a foster home. This is when her biological father became aware that she was a teen mother. FTM #5 stated "it's sad to say, but if you know anyone who's on drugs, they are great when they're high, and when they're not, they're terrible." She felt she had an awesome mother. "Even when

she was the way she was, she was an awesome mom." FTM #5 indicated the teen father

and his mother were very supportive. "He was an escape. Even when he wasn't acting

right, she made sure she was available. Loving, introduced me to God." She lived with

her mother and in foster homes during pregnancy and early parenting. She married and

became a home-owner. She reported pursuing a master's degree.

FTM #6 presented a dynamic that, as a new researcher, I was not prepared for.

Her pregnancies were the result of sexual abuse by her stepfather. She indicated that she

and another sibling were abused for several years. FTM #6 stated she was also subjected

to mental abuse as she and the sibling were told they would be used to increase the White

population to be successful if war should break out with other cultures. "All I heard was

there was gonna be more and more and more because there was gonna be a revolution. It

was gonna be between the Blacks and the Whites." FTM #6 indicated she received public

assistance for her and her babies but that assistance was used to also provide for the

house. She indicated receiving cash assistance as the monetary support received from the

father to care for the children. Her mother purchased a crib and provided basic

instructions for caring for the babies. As an adult, she eventually signed an order

indicating she did not want support and when the stepfather passed, the children received

a survivor's benefit for a short time.

- I went to work at Super Fresh, and I think it lasted two weeks because nobody
  would drive me. I didn't have a license. I was forbidden to get my license until
  I was 18, and then I fought for it. I lived in a home where I was kind of being
  suppressed. As long as I didn't fight it, it was just normal.

The abuse was not discovered until FTM #6 was older and shared her experiences. She indicated little to no contact with her biological father but indicated he was wealthy but did not pay child support. "My father was a corporate man, earned a very good income. He retired recently. He was a senior CEO, vice president." There was contact made with her father to make him aware of the pregnancy, but she indicated no response from him. "I can remember calling my father and telling him, "Oh, I have great news. I'm pregnant, and I have bad news. I'm quitting school, complete silence on the other end of the phone." The biological father of the children is deceased. She lived with the mother and stepfather during her pregnancies and early parenting. She married and became a home-owner.

FTM #7 indicated having the support of her sister and mother. She did not discuss her biological father or his involvement but indicated living with her mother and stepfather. She also disclosed that she was involved in an abusive relationship with the biological father.

- It was a bad relationship. He was abusive. Like I said, he was an alcoholic... not much support in his family. They didn't like me, so it was always bad. The only support that I had, basically, was my sister and my mom.

FTM #7 indicated her mother's income was enough to support the family and she received public assistance for her and her baby. Her mother left the decision to her about whether she would keep the baby or terminate the pregnancy.

- She went over the options with me, and of course, to me at that time there was no options. Abortion was not an option. It was something to think about, but it

was my baby, so I was gonna keep it. She made it quite clear that it was my baby, not hers. I was to raise him. She wasn't gonna have any parts of it, and by golly, she didn't. She helped financially, but as far as babysitting or watching, she really didn't do that. It was my baby. She helped me when I needed it, but she made sure that I took care of that baby, and I was his mother."

FTM #7's biological father is deceased. She lived with her mother during pregnancy and early parenting. She reported current employment, marriage, and was renting. She indicated considering higher education in the future.

FTM #8 indicated receiving support from her mother who initially was disappointed but left the decision to have the baby up to her. She indicated the biological father was very involved throughout the pregnancy. "I received a lot of support from him throughout the whole entire thing and still to this day." She indicated the father's family was very supportive. She did marry the child's father, but they separated. FTM #8 indicated her biological father finding out about the pregnancy when she was four months. "I didn't talk to my dad. I saw him, I think I was four months pregnant and he actually tried to fight me." She indicated her father's family had a religious background and was opposed to giving birth prior to marriage. "My dad definitely felt that way about having a child before marriage because my grandparents on my dad's side, they own the church and they were real religious." FTM #8 lived with her mother during pregnancy and early parenting, indicating the family experienced instances of homelessness. She stated that her mother was not employed during the pregnancy and early parenting. The

family lived with a friend of her mothers. They received public assistance for her and the rest of the family. "We were pretty poor." She enlisted in the military and resided in base housing at the time of our interview.

Theme 3: Educational Aspirations

Questions asked for this theme dealt with the education process at ASES, educational goals before pregnancy and after birth, educational accomplishments, and how ASES supported educational goals. The participants reported mentors prompting them to consider life after ASES and high school, what that would look like, and what plans or preparations they could begin to stabilize their experience.

FTM #1 stated her mentor would say to her "Don't let- don't let this win, don't let this be- don't quit school because you're pregnant, and don't let high school be your only thing. Think about where you're gonna go at next." She did not recall specific services that focused on college readiness and the application process, but she stated she knew she needed more education. At the time of our interview, she reported employment as a public servant, operating a consulting business, and conducting public speaking engagements. FTM #1 additionally related pursuit of certification in early education and one day hoped to quit her full-time job and perform public speaking engagements around the world.

- Um, just like with anything I think the higher, more education you get, the more opportunities that you get to make more money, and I may as well be real, I'm a black woman living in America. Uh, it- we have to work harder, do more, you know, even with less sometimes.

FTM #1 earned a Ph.D. and several certifications and reported ongoing higher education engagement. At the time of our interview, she was a homeowner and considered herself financially independent. She attributed her educational status to the foundation begun at ASES. She indicated when attending ASES, she felt the academic aspects were less rigorous than the traditional school, but she was more interested in the life skills training she received. Increasing her domestic capabilities to be able to care for her family is what she enjoyed most from the program. FTM #1 felt these services were a great benefit as that type of training and instruction was no longer provided in the traditional school setting.

FTM #2 indicated, instead of going to work or school,

- I got married and went straight into a domestic violence marriage where he would not let me work and he would not let me go to school. Then eventually my mom kept talking and talking to him that he would let me go to school.

Over the course of three marriages, FTM #2 was able to pursue an education and, at the time of our interview, was currently a student for a second master's degree. She indicated reducing her schedule to part time work to accommodate her education. She indicated a desire to have her children grasp the advantages of a college education.

- I would always go get the information, bring it home to them, get the applications, give them some type of incentive, "If you do this, I'll do that." They got some certifications, they wouldn't go to college, they were just like me, because I just wanted them to see the other side of the way people live. That education don't make you better, but it makes you better off.

FTM #3 stated,

- before pregnancy, I had it all laid out. I was speaking to someone at the Navy.

  I wanted to go into the Navy. I wanted to be a RN. I had just a whole bunch of

  goals. I wanted to move away. I wanted to do this. I mean, yeah. Education

  was very important for me at that time.

After learning she was going to be a mother, she realized that plans would need to

shift to accommodate the start of her family.

- I realized that it would be harder, and I realized that I would have to put

  education on the back-burner because I needed to support my child. That was

  a little hard, because my family is ... education is very important. The fact that

  I couldn't do now what I wanted to do and what I knew would make my

  parents happy, it was hard, so yeah.

She relayed a similar experience to a previous participant regarding a mentor.

- I knew she said there's something about you. You're different. She said, "I

  know you're here for greatness." So, she said, "I believe in you." So, she said,

  "I'm gonna help you." She said, "cause I know you're gon' come back to me

  with a degree one day.

FTM #3 stated the decision was made for her by the experiences she encountered

when trying to raise her family as a single parent with no education.

- I felt like I hit rock bottom, 'cause I was living from paycheck to paycheck,

  struggling, trying to provide, constantly going to my parents for money, so I

was like, okay, you know what? Something's gotta give. It always came to

that moment where I'm like, okay, I gotta do something more to provide.

At the time of our interview, FTM #3 was a student completing an associate

degree with plans to graduate ang begin bachelor's degree studies. She was employed as

a public servant. She was also a Certified Nursing Assistant (CNA), a trained Emergency

Medical Technician (EMT), and a phlebotomist. FTM #3 pursued adult continuing

education courses after high school, to make herself more marketable in the job arena.

Her firm commitment to education was exemplified in the following statement, "I believe

that, without an education, that you're really not gonna get anywhere in this day and age.

You need a good education and a degree to be able to provide and to make a sensible

living. She indicated services from ASES having an impact on her financial outcomes.

"Just as far as savings and budgeting and all that stuff. It helped me a lot, because I still

do use that. I realize that I have bills and responsibilities, so ASES did help with that."

FTM #4 reported her motivation was always to pursue higher education. Upon

learning she would become a mother; her family took up the charge of keeping her

motivated toward that goal. Her mother encouraged her: "No matter what you do, I don't

want you to do what I did. So, when you graduate from high school, you need to go on to

college, and anything I can do can support you." Her grandparents encouraged her: "You

don't have a choice. You're gonna go to college whether you want to or not." They all

told her that, at that time, more than any other, it was important for her to complete

college education. She understood more clearly the importance of securing a financial

future for her new family. She completed a business degree from a local university, receiving trade certifications in human resource management and marketing.

FTM #4 recently retired from a career in the banking industry. She reported feeling financially stable and shared that she is "in a very good position to take care of myself since I was able to retire so early." She reported consistently promoting education to her children as well, encouraging pursuit of a career path that will have a demand now and in the future. At the time of our interview, FTM #4 was currently working part time and providing support for her youngest child who recently graduated from college (all three of her children have completed a college degree). She associated her career path to a mentor at ASES who prompted her to consider the banking industry. She researched careers in this area and decided to embark on a business education after ASES, high school, and graduation from a local university, and moved into the field. FTM #4 attributed the aspirations to pursue and achieve life goals began at ASES.

At the time of our interview, FTM #5 was employed with ASES and pursuing a master's degree. She was a homeowner and felt her family was financially stable. She credited ASES with starting her on this journey. "[ASES] is based on education. They want you to know that there's more to life than just what's going on right now." When reflecting on plans prior to ASES, FTM #5 stated,

- I was a criminal justice person. That was my goal. I was gonna be something in criminal justice. It went from being an FBI agent to a prosecutor. A local technical school offered criminal justice. That was me. Loved it. Again,

because I was here, I couldn't get my technical credit, but I loved [ASES] so

much I didn't care, I had to repeat.

After completing her high school education, she continued to Job Corp and

received a business clerical certification. She indicated choosing this direction as she

could receive an education and be paid at the same time, funds that would help with

raising her child. She went on to complete an associate and bachelor's in criminal justice

and reported currently pursuing a master's degree in counseling, working toward

becoming a school counselor.

FTM #5 indicated the push to stem from wanting more from life. Being in a small

town, "I realize a lot of us here are educated so it's kinda ... the job market it's tight." But

the example was most for her children. "I am hard when it comes to education. I'm not

saying that it makes you better than anybody else, but at least it gives you an edge."

Telling her children how important education was without them seeing it in her was not

the example she wanted to set. After Job Corp, she chose programs that would allow her

to pursue her education but also allow her to be available for her family.

- I think it was my economics class. I had a really great math teacher because I

  love to read, she would just let me stay in there. I realize she was giving me

  books beyond just regular books to read. I just remembered that she gave me a

  finance book, and I just realized she was just sliding me nuggets, and I wasn't

  even realizing it at the time.

She considered the future and planned toward that. Part of that was ensuring there was life insurance to prepare for the inevitable. Her focus was to provide an inheritance for her children and instill in them skills that will lead to financial stability.

FTM #6 stated that, prior to becoming pregnant, she knew she wanted to help people and volunteered at a hospital during her younger years. The move from the traditional school setting to ASES was positive as she indicated "traditional school was horrible. It was horrible. I didn't want to be there." She admitted not taking the education process at ASES seriously either.

- The teachers, I don't know if they were volunteered or paid staff, but they would come in and do their studies and they would leave. Most of it was more on you independently. I can remember blowing it off half the time. I didn't take it serious.

The center director at the time was able to get FTM #6 to consider the need for education. "Well, the director said that it was important to get an education. When I graduated, I graduated from a GED program. Both of my children were in the audience watching me graduate." She realized the importance of education when endeavoring to provide for her children.

- I wanted to continue on. I wanted to go to college. I wanted to be a social worker. I wanted to make a difference. Throughout the years, it was a big challenge. I came to college. I messed up. I got permission from the dean to try again, reapply for grants, and I gave up.

FTM #6 didn't give up on the goal of higher education completely as she was able to complete the CNA certification. "At this time, I don't know how it happened, but I was blessed to get a job at a local hospital with the understanding that I had to obtain my CNA cert within x amount of time." They would refund the out-of-pocket expenses to her upon completion. At the time of our interview, she was a caretaker for a relative with serious illness and also supported her children with childcare for her grandchildren. She also considered herself an amateur farmer, "I raise rabbits and pigs. I garden, I can." She reported that she and her husband were homeowners and she considered them financially stable, they only have the debt of "a Kia stupid Soul that my husband just bought last year." When asked if she felt ASES impacted her educational goals, she responded "I'm sure they would have if it went that far." She did not recall specific services that encouraged plans toward college.

FTM #7 indicated she aspired to attend college and become a lawyer. Those plans were still a goal while attending ASES and she felt she was encouraged to keep working toward her goals. After leaving ASES, she was not able to complete high school. Her plans changed at that point and she decided to become a CNA. And after this, she was able to complete her high school education. "I think it was awesome. It was hard work, but it was exhilarating. Just like now, working two jobs is exhausting, but at the same time, it's exciting, and I'm providing for my family, housing, and everything that we need." When asked to share what prompted her to seek the CNA certification, she stated,

- Well, I was a druggie for about three years. I was on meth, and my boyfriend, at the time, was pretty sick. He had high blood pressure and all kinds of

things. After we had gotten off meth and was getting clean, going to the

doctors and stuff, I was taking care of him, and I was like, I needed to know

how to take his blood pressure and how to take care of him, so I was like, you

know, I need to know what I'm doing, so I went to school and got my degree.

FTM #8 stated she was working toward stability for her family and has not ruled

out the idea of returning for more education. She indicated having no plans to attend

college prior to pregnancy. She received good grades in school but had no real motivation

for higher education. It was not a topic discussed within her family. She was not in

agreement with the decision to attend ASES; she stated her mother made the

arrangements for this to happen. "I was kind of mad about it, seemed like there was really

no benefit to it. I ended up liking it." She felt the work was not as challenging as the

traditional school, but she felt she understood the purpose for that. "[ASES] likes to make

it a little easier for the students because they know that the students are going through a

lot, so they don't want to put a lot of stress on them." After completing high school, FTM

#8 was briefly enrolled in college but dropped out as she did not feel it was for her. No

one in the family had obtained a college degree. She followed in the steps of an older

sibling by joining the military. She indicated aspiring to attend college at one time but

was discouraged by a family member and gave up on the idea. "My aunt told me, "Oh,

you'll never get into Michigan State. That's when my goal of college just kind of went

away." She believes a college education is important to securing the financial future of

the family and aspires to someday seek a degree in teaching.

- In the future, I definitely plan on, if I do go to back to school, I want to get a degree in English so I can be a teacher and that's probably it. I've always wanted to be a teacher, so I don't really think I'm going to stress myself for going to school for anything else, just English with a minor in teaching.

When asked if she felt the services from the program assisted her with establishing educational goals and plans for her future, FTM #8 responded,

- I feel like if you have a child, you're going to really want a career and you're going to want something stable and make enough money to support your family. It's definitely a good idea to obtain any sort of degree in my opinion. That's really like [ASES] was for. They just wanted to make sure that girls in all were finishing school. I think that to [ASES] that was really important.

Theme 4: ASES Involvement

Participants provided information on the decision to attend, their views on the program services and environment, parenting preparation, new service offerings, and whether they would recommend the program to other teen mothers.

FTM #1 indicated that one of her family members was one of the first participants when the program was offered. When she experienced teenage pregnancy, the decision was made by family that she would attend as well. FTM #1 indicated "I didn't care. I didn't care one way." She remembers programs that promoted parenting skills, encouraged reading to her children, taught participants how to plan and prepare nutritional meals, and taught sewing skills. The environment was "friendly, supportive, caring." She remembered the counseling received when one of her classmates lost their

child. The student came back to ASES for a time after the delivery and was able to share the experience with the other students. FTM #1 felt "that you probably wouldn't have gotten in traditional school, because there was no support around you to understand what it meant. More supportive environment to your, um, special condition."

FTM #1 felt that her academic abilities were strong, but she enjoyed attending ASES to learn more about domestic skills needed to lead a family. She referred to the life lessons learned from the program staff regarding skills needed to be organized and prepared when having to conduct business on behalf of her new family. She recalled the mentoring conversations that encouraged her to think about life beyond ASES and planning for her future.

- Because I knew I wanted to continue school, and that was one of the things that she had talked to me about, "What are you going to do when you finish high school? What are you going to do to still support, you know, your son?

FTM #1 believed the relationship building was significant and assisted with creating the support system the students needed. She indicated organization of important information and punctuality as two lessons she continued to use that were received from ASES. From her experience, she felt more emphasis needed to be focused toward the continuing education and college aspect. She suggested having more community partners to share and educate students could be some service initiatives offered in the future. FTM #1 indicated being a second-generation participant of the program (her aunt attended) and recommended young mothers to consider ASES as they will receive support that the traditional school system would not provide.

FTM #2 indicated the "haven" she felt ASES was for her. She remembered the environment being "very warm and welcoming." She was grateful to have a place where she was not being judged and was among others who related to her experience. She indicated the decision for her to attend may have been made by her mother and the traditional school guidance counselor. "I think it was a decision of the guidance ... I don't know. I think whoever talked to my mom, I think it was really without me." FTM #2 recalled the education component being much the same as the traditional school setting but having a less stressful atmosphere with smaller classes allowing more time for one-on-one interaction.

- They weren't just motherly, but they actually were educators themselves, so just seeing them being educators and having that positive environment and them talking to you about the education and showing you that your baby can be in the next room at a day care and you can still get your education and focus. I had that time to study, I had that time to be in the classroom setting."

When speaking of the program staff, FTM #2 stated

- I just think that each one had their own distinct personality and they brought to the table different areas that you needed the education in or just the skill or just being a mentor. Being able to look at them, because I was big on that. I was big on watching people, and that's how I learn. I learn by what I saw you do, not so much what you say. I did see them, they were on time. Their lesson plan was prepared. Everything was structured and they had such a good team,

they got along so well. I liked the spirit in the place with each other. Which is

something you don't always see.

FTM #2 indicated that she felt the program created a false sense of security

because the return to the traditional school environment would not provide the same level

of support and attention.

- Sometimes though, I think, that it gave me a little sense of not reality. Because

  sometimes what you get there you want to continue having that, and I got it at

  home, so when I had to go back to school, I didn't like. I think it made me not

  like school.

FTM #2 believed that teen mothers need the "more specialized support" in order

to be successful in life. She felt the ASES experience made her a better minister and more

effective helper as she endeavored to give attention personally and professionally. FTM

#2 stated that she felt the basics regarding caring for the child, life skills, and the need for

additional education were covered very well. She suggested that she would have

benefitted from more life skills, higher education discussions, and program follow up.

FTM #3's experience was the first counter opinion reported. She felt as though

ASES services were not impactful for her. She felt she learned a lot of what she needed

regarding child care and parenting from her family. She indicated "nothing new that they

brought to the table that I would say that would impact me." She indicated being

responsible for providing care to nieces and nephews which equipped her with the

knowledge and skill to be able to care for her child. When discussing the decision to

attend ASES, she indicated "It was forced on me. I didn't wanna go. I didn't feel the need

that I had to go, but it was one of the schools they said because of insurance purposes."
FTM #3 indicated that she was allowed to remain in the traditional school environment
until she reached five months, but at that time she was told "the fifth month, he said,
"You have to go." She indicated being able to determine values and make decisions based
on knowledge received from her family. FTM #3 stated the support of one instructor
assisted her with being successful at ASES and being able to graduate on time.

- Mrs. Washington, I love her to death. She worked with me, like, made sure to
  give me extra credit and everything. She made it possible for me to graduate.
  So, that was the only thing to impact me, because it let me graduate so that I
  could.

When asked if she would recommend the program to other teen mothers, FTM #3
responded,

- I would not have recommended it, but I've spoken to someone and I've heard
  of new changes and new things that they're doing now and then everything
  else, and yeah. I would recommend it now. But I think back then, I would've
  benefited more just staying in school. I think I would've learned more, and
  you know.

FTM #3 indicated having more support and friends in the traditional school
environment.

FTM #4 indicated she was aware of ASES services through friends who attended
the program. She indicated the decision was hers to move to ASES; although, her
stepfather wanted her to leave the traditional school setting. She stated that ASES was

like "a school within a school" in that the educational component continued as you

learned the skills needed to become a new parent and plan for the future. She felt the

teachers were as knowledgeable as those in the traditional school setting. Because of the

smaller number of students, one-on-one attention was provided when needed. The

support received at ASES was what impacted her the most. She stated that she "didn't

have the loving support at home, I at least got it there during the day." She reported that

the rigor and expectations were greater than the traditional school because instructors

were committed to preparing the young mother for the demands of parenting at a young

age. FTM #4 indicated the desire to be around people who were like her. She recalled

receiving education to prepare her for parenting, information to use when taking care of

herself, and eating healthy. She related that money management was discussed, as well as

what do when things were hard. "We talked about the struggle, and when that struggle is

real, like, "What do you do, how do you do it?" She indicated that she was encouraged to

keep the lines of communication open within the family to avoid situations that would

increase stress.

- ASES afforded me that opportunity to feel like I still had a family when I

  didn't feel like I had a family at home after I had told them about the

  pregnancy. I looked forward to getting up every day no matter how I felt and

  going to ASES because I knew that that was love.

FTM #4 indicated that participants were encouraged to share their experiences as

something one young mother is experiencing may be the help needed to handle or avoid

the same situation in another's life. She said that instructors were candid as when they

felt the young mother's thinking was askew, they supported but they maintained a standard. FTM #4 made time to give back to the program by volunteering and sharing her story with the young mothers to encourage them to continue toward their life goals. She indicated that she highly recommended ASES to young mothers as they provide a holistic approach to education and service delivery that traditional schools would not be able to.

When remarking on the ASES involvement, FTM #5 indicated she received information from her best friend who also attended the program. "I was the youngest of our crew, as we called ourselves. I believe she went to [ASES], and she told me about it." She attended an appointment to learn more about the program with her mother and the decision was made to attend.

- "We're not looking at you as a mistake, you can still get your education, and we'll teach you whatever it is that you think that you are lacking," and that's what sold me. Let me go somewhere where I'm with girls just like me, and I wasn't judged.

FTM #5 reported that she now works for the program and has the perspective of a participant in need of services and as staff providing the support. She indicated the motivation is not to have young mothers leave the program with the mindset of just being another teen mother. Rather, the goal is to have them leave and be confident in their abilities to be good parents and educated young women who know their value. She mentioned services she received that continue today such as financial planning, parenting skills, resource navigation training, mentoring, and the open environment that exists between the participants and the staff. The feeling of the program being a home

environment was reported again. She recommended ASES, not just because she works

there, but because she is a former teen mother and knows the program and the services

make a difference.

ASES services were introduced to FTM #6 during a visit to apply for public

assistance. She indicated the director of the program was a "very, very loving, kind

woman, nurturing. There was lot going on when I went to [ASES]." She stated the bus

driver, who was the director's father, was very encouraging. "Her dad would pick me up.

Her dad would take me home, and I loved the bus driver." While these were positive

lights, she indicated the program did not work for her. FTM #6 indicated she could not

"remember why I went to [ASES]. I don't know if it's because I wanted to continue my

education, or I just wanted to get the hell out of my home." She indicated not receiving

social work services and that no one inquired about her home life. She stated major focus

was given to a nursery the program would be offering at the time she attended. A lot of

time and energy was focused on this initiative which FTM #6 felt negatively impacted the

staff's availability for her and other students at that time. The plan was initially that she

would return to ASES after delivery, but the stepfather would not allow it.

- Because I think he wanted me to be away from possible questions or inquiries,

  which they failed me. I'm one of those kids that were failed through the

  system. I guess people didn't want to overstep their boundaries. I wish they

  had come after me and wanted to know why I was not attending school. I

  wished they had followed-up. I wish they had come to my home. I wish if

  they had seen something that was going on, they investigated just a little bit

more, a little bit further. Whether it was a good and healthy situation or if it

was a bad situation. I just wish that they would be more involved.

FTM #6 felt the program should have been, and needs to be, more involved with

follow up on the young mothers who attend. She conveyed that more questions should be

asked about the home life experience and action taken when necessary. She returned to

reflecting on the impact of the director.

- The director let me know that besides everything that was going on, you

    always have to remain positive and just don't give up. She is the one who kind

    of like, "Hey, [FTM #6's name]. How are you doing? She showed interest in

    me. I just wish it was more.

FTM #6 stated that the director inspired her to ensure her children were the

priority. She indicated the director was inspirational in assisting her with identifying

values. The director helped her to keep looking ahead and holding onto hope. When

asked if she would recommend the program, she stated "I didn't even realize that [ASES]

still existed." She indicated a desire to know more about the program and services offered

today before making a recommendation. She stated that human services programs are

needed, but that social workers who follow up after attendance should be added.

FTM #7 indicated that she came to ASES because she received "a lot of negative

attention" in the traditional school setting.

- Well, the traditional school's teachers were mean. They were telling me that I

    wouldn't amount to nothing. I would be nothing when I grew up, but at the

    [ASES] school, they were very supportive. They would tell me that regardless

of me being pregnant, I can get an education. I can have a career. I can do

whatever I wanna do. They were very supportive.

The negativity, in the traditional school, impacted FTM #7 to the point that she

refused to go to school. Her mother informed her that was not an option and obtained

information about ASES. She was told she would be attending ASES but stated she was

okay with it. There would be other students in her condition. FTM #7 indicated that she

liked the school and the services offered. "Once I started going to [ASES], I realized that

there was more to life than what I knew before." She felt she was provided needed

information and options to prepare for the responsibility of parenting. She indicated the

services encompassed what to expect and how to be a parent. She felt she was able to

identify values that would guide her new family and tools to use when making decisions.

FTM #7 indicated the services were about more than parenting, nutrition, and

proper feeding of newborns, banking information was received, and training on how to

create a budget. She recommended the program as she stated young mothers need

assistance on "how to be a parent, and prepare for what's coming, 'cause really they have

no clue." When asked about the impact ASES services had on her educational

aspirations, FTM #7 indicated,

- well, they were very supportive. When I would tell them that I wanted to be,

  back then, a lawyer, they were very supportive and telling me that I can go

  and be whatever, regardless of having a child, being pregnant, I can still be a

  lawyer, or whatever. They just provided information, prepared me for

  parenting, and yeah, things like that.

FTM #7 indicated the motivation to accomplish her goals remained. She attributed this to what she learned at ASES. She indicated being very grateful for the program and hoped it will be able to continue.

Like the previous FTM, FTM #8's mother took the initiative to obtain information about ASES and enrolled her. She was not opposed to attending and stated she felt "strong about the fact that [ASES] changed my life." She enjoyed being in an environment with other young ladies with the same experiences. She felt it easier to relate when discussing situations that occurred and how others handled it. FTM #8 indicated, prior to ASES, she had no plans for her future. "The instructors and the directors at [ASES] really just pushed me to realize that I'm young and I need to make sure that I have a plan to be successful, and for my daughter to be successful." She indicated that the classes were designed around the needs of the student, addressing the student's learning style, and the information they would need. She said that partner agencies would come in to provide education and training. She mentioned a nurse coming to the program and showing the young mothers how to do wellness checks on their babies. She indicated that the program assisted in helping her clarify values and provided tools to use when making decisions. There were trainings offered to provide information on discipline, which FTM #8 stated, she still uses today. She stated that she learned how to co-parent through the program which has helped in the transition of the marriage she was separated and had enlisted in the military. She indicated that she and her former partner work together well for the needs of the child. FTM #8 indicated that she would "definitely recommend"

ASES to other young mothers. She felt that they would benefit from instructors who take

a personal interest in you and your success.

Administrative Staff Interviews

The administrative staff were asked to elaborate on how ASES services came to

be, their involvement with the program, service needs and outcomes, perceived

challenges, program support, accomplishments, continued work, program impact to the

family dynamic, and socioeconomic status, as well as the educational aspirations and

preparation of young mothers for the future. Participants are identified by pseudonyms

and are listed as ASES Administrative Director (AAD #), ASES Center Director (ACD #)

or ASES Center Instructor (ACI #).

ASES beginnings and involvement. AAD #1 indicated that ASES originated

from an initiative to address the issue of unwed mothers not completing their high school

education due to pregnancy.

- Dr. Mckusik was a physician…and she presented Dr. Nix with an opportunity

  to find some solutions to handle the onslaught of young girls that were getting

  pregnant and dropping out of school and joining the welfare rolls. So that's

  what caused the start of [ASES].

AAD #2 indicated that the stigma of being a teen mother was greater during this

time and the program was set in place to impact the number of teen mothers not

completing a high school education. AAD #1 indicated that she has served ASES in

several capacities and over the span of nineteen years, beginning in 1994, as a center

director, board member, director of education, and, most recently, as executive director.

AAD #2 indicated being involved with the organization for nine years as a previous executive director.

ACD #1 began with ASES as a social worker between 2005-2006 and was promoted to center director. ACD #2 had similar beginnings; she started as a part time social worker and stated she "moved up through the ranks. I had to go to grad school in order to become a senior director." ACD #2 was one the first employees with the program, beginning in 1969 as a social worker when the first office opened, and she assisted with the expansion into other areas of the state. "I was interested in the program, as I said before, because the young ladies are stigmatized in the high schools or middle school."

ACI indicated program involvement was suggested to her during a temporary placement.

- Well, I was actually at the time doing a substitute teaching job and when the teacher came back, she had asked me what I was gonna be doing now. And I said well I guess I'll be looking for some other job. And she said you need to go and check with [ASES], it's the school for pregnant and parenting teens. And they really could use someone like you. And it sounded very interesting to me, so within the day I actually made the phone call and got an interview. And that's all she wrote.

ACI fulfilled an instructor role for nine years with ASES.

Service needs and outcomes. When asked to elaborate on their perception of the need for the program, the staff reported the following: ACD #3 said that young mothers

benefit from the support and being in an environment that reflects their experience. "You have all pregnant students that are located together, and it makes it a lot easier on them physically, emotionally, and just dealing with the baby and the problems that come along with being an early teenage mother" (ACD #3) "I am convinced that most of them would have just dropped out of school during the time that they were pregnant. And possibly would not, would have lost enough that they wouldn't have decided to go back" (ACI #1).

Teaching mothers how to advocate for themselves and their new families is another reason ACD #2 indicated ASES was necessary.

- A lot of the young ladies may not be aware of the resources. They don't know how to go about getting these resources, how to speak about and be a, I can't think of the word, but to stand up for themselves in order to get the proper resources and direction. So that's why I believe that the program is so very much needed, even at this point in time.

ACD #1 believed ASES assisted with maintaining life skill sets not taught in the traditional school setting and sometimes, not taught in the home anymore.

- There are some skills that are just lost in the educational system and just in general. Go with self-esteem, basic skills like check writing and how to manage your money, food shopping. Those are just lost skills that aren't being taught to this generation of children, our kids, and our teens.

When asked to elaborate on the service delivery focus, AAD #1 stated "the output that we are shooting for is to provide well rounded, income generating contributors to

society. Good parents who are capable of participating in healthy relationships." AAD #2 offered,

- I mean the primary goal is to make sure these young women finish high school. At the time that I was involved, tremendous needs all over the place, not just academically, but socially and emotionally. All kinds of needs. And so, my interest was to make sure that those needs were covered so they could be good moms and they could, you know, take away all the obstacles so they could graduate from school and have the skills and the tools that they needed to be successful in the future. So, it was kind of a holistic approach.

ACD #1 had several focuses when providing services to the young mother and specific outcomes as a result.

- They hear me say often giving up is no longer an option. Also, that you have to get an education, doesn't necessarily mean you have to get it at [ASES]. But you have to complete an education. I often say too, that the next time they get pregnant, it's by choice not by chance. And then, also, that they know their self-worth. And then the last one is providing them with a complete safe haven. I pride on making sure that my facility is a safe haven and they feel comfortable with communicating, with being here, and just being comfortable in and every matter that is.

The focus for ACD #2 was self-control and appropriate interactions.

- It was more so, not necessarily the courses, but just learning how to get along with mannerisms, that type of approach. Respect, self-esteem. How do I get

these young ladies to come to school on a daily basis? The environment itself

had to be conducive to learning. I wanted to be able to make sure that the

teachers understood what type of students that they were dealing with and to

keep their game face on, not to be judgmental due to the fact that these young

ladies were having sex. Those were my objectives of what I wanted to help

these young ladies to build.

ACI #1 indicated that her

- focus was to prepare these students for what was gonna happen when the baby

  came. And there was a nurse on staff, so she did a lot of the prenatal type of

  care. My job was more to focus on what was gonna happen once the baby got

  here.

ACD #3 had several service delivery focuses during her earlier years with ASES,

which encompassed a holistic approach to the needs of the young mother. Education

requirements, as set by the traditional school setting, were addressed. Transportation was

provided, not just to ASES, but to medical appointments and community services to

ensure young mothers the opportunity to apply for public assistance. Parenting skills

were taught, pre-natal and post-natal services for mother and child were in-house.

Mentoring supports were in place for the young mothers to keep them motivated and self-

determined, as well as to impact repeat pregnancies.

- The purpose of the grandparent program was just to nurture the parents of the

  young lady and to make sure that we could provide whatever type of

  assistance. Because, as you very well know, this is bringing a new baby into a

family environment at such a young age is a very emotional and stressful aspect. The purpose of the sisters program was to try to identify and to work with any younger siblings in hopes of preventing them from becoming pregnant.

Program challenges and community support. When discussing challenges, the program faces, the primary issues indicated were funding, staffing, facilities, and program maintenance. In addition, AAD #1 indicated the strategies to address teen pregnancy were "reactive and instead of proactive." Measures to impact the phenomena of early pregnancy are indicated to teach prevention, after the fact.

- We deal with pregnancy prevention as a response to teen pregnancy. We are doing outreach which enables us to do pregnancy prevention for high risk teens or to divert the decision to become a parent a second time prior to being self-sufficient.

According to AAD #1, when seeking assistance, the state's education department will re-route the program back to local school districts to supply financial support to ASES.

- I've met with the department of education in previous years and the comment was to go back to the school districts. So that's what I'm doing and there is support in that we have memorandum of understandings from all 19 school districts so that we can receive the students. However, that does not, as we have already noted, that does not mean that the money from the schools flows to the organization. So, but they will send their students here and they do

honor the credits that we award to the students that are in our care. I have

tasked myself with the responsibility of meeting with every school

superintendent in the state.

According to AAD #2, in its earliest days, ASES was funded by the state's

education department but the standards put upon them made it difficult to remain in

compliance. AAD #2 stated,

- the Department of Education was kind of adversarial to us. They were not as

  supportive as you might think. We had a contract with them at that time… and

  we couldn't meet some of the things that we had to do so the Department of

  Education was not supportive. The facilities that we were in… all kinds of

  issues that were an ongoing problem for us.

AAD #2 reported data that indicated the education department's adversarial

position may have been attributed to the handling of finances as the program incurred a

great deal of debt at one point, to the extent that closure seemed imminent. At one time,

staff assisted in grant writing and fundraising activities to generate resources. "I think it

was the fundraising to try to raise money to get the things that we thought were needed to

run the program." The program is no longer in jeopardy but continues to struggle with

meeting the basics regarding the needs of the students. The ASES annual report (DAPI,

2018) shows total expenditures for the program were $1, 327, 376 for FY18. The income

received totaled $945, 106, a deficit of $382, 270.

ACD #1 addressed the difference in service provisions between the two environments. ACD #1 felt that the lack of resources made it difficult to provide an experience that mirrors the traditional school setting enjoyed by non-parenting students.

- Finances. I can say that we do the best and even if there was a better word than best, with what we have. But finances, there's a lot of time that our girls cannot benefit from some of the things from the traditional schools just because we don't have the finances to purchase them.

The program locations were housed in older buildings in a couple of the locations. ACD #2 indicated these to be dilemmas she faced.

- Well we were in an old building, which was not very ... it was like a cold building. Cement block walls, cold floors. It was always important as to where you were in order to learn. How can I get materials and supplies that I would need to help build this school up where it would be something comfortable and warm to come into? My thing was more so about how can I keep these students and staff comfortable as they did their jobs?

ACD #3 indicated, in earlier days, there was a conflict with housing services in certain neighborhoods as there was concern the young mothers would be a negative influence on the community children. "We would move into a building and again, because of the populations that we were serving, some of the folks in the neighborhood didn't think it was a good idea. Because they thought we were promoting it." This was a mindset substantiated by former participant interviews indicating school administration seeing the presence of the young mother as a potential risk to other students.

AAD #2 conveyed that the school districts were amenable with providing assistance to the program and community partnerships were established to assist with providing life skills training. "There is an organization that's related to family and consumer sciences called FCCLA, Family Career Community Leaders of America, and it's a state-wide organization and they permitted us to participate in their activity." The focus for AAD #2, during her time at ASES, was spent restoring confidence in the program and rebuilding stronger relationships with community while generating new support for the program.

- Over time, we were able to develop all of those things, we were able to start building a good solid reputation. We started to have evidence-based information to share with our funders and with all the community so that we could actually show them, look we are working…and so we started to have a presence and people started to believe in us. So, I would say, by the time that I left, we had a fairly good reputation on all fronts.

ACD #2 recalled empowerment breakfast fundraisers were established that would invite the community in to see the activities and services offered and hear from the participants on the impact. ACD #2 spoke of supports through interns from local universities. "I've always liked to listen to their ideas. I was always open to other ideas, helping also for those interns to grow as well." According to DAPI (2019), partnerships exist with the United Way, Junior League of Wilmington, Parents as Teachers, First State Community Action Agency, and local banking establishments such as M&T and Artisans' Banks. ACD #2 conveyed that support from local churches and community

fundraisers helped provide supplies and equipment and the school districts assisted with staffing by recommending retired instructors to the program.

Accomplishments and continued work. One of the facility locations that had been on the market for some time, was finally sold (ACD #2). This particular site has "moved into a place where it is not costing astronomical amount[s] of money to further take money away from the direct services." Restoration of transportation services and a toddler room will return to this program site as a result of the sale and move (ACD #2). ACD #2 explained that the continued work will be building talented and equipped staff who reflect the mission and vision of the program. AAD #2 sees the financial turn-around and the re-establishment of the reputation of the program as one of her most significant accomplishments. She remarked on her desire to have more services geared toward teen fathers but reported that, ultimately, funding was still an issue with state of the facilities and maintenance concerns.

- I think that the fatherhood piece was important to me. I'm not sure it was as important to the organization, but it was very important to me, to be bringing the fathers into the picture, so I was kind of proud of that piece.

ACD #1 remarked on the transformation in some the young mothers. One former student completed her high school and college education and was able to come back to work at ASES as a nurse. "That was absolutely a joy to watch, just to see the young woman she became and is evolving to be. Just the resilience, not just to make it in life but to excel and all those great things." ACD #1 spoke of regretting that the program and state were not prepared to meet the needs of students who may have been involved in sex

or human trafficking activities. She also indicated having students each year who present

with homelessness, sexual assault, and domestic violence issues.

- About two or three years ago, I had the privilege of going to Kentucky to a

  domestic violence and sexual assault conference. It changed my mind. I

  learned about sex trafficking and human trafficking and Delaware is so far

  behind. So that is my only regret because I feel like that there have been

  young ladies that have come through the program, have been under my care,

  and they probably were suffering from sex trafficking and human trafficking

  and, because I was ignorant to it, I was not able to help them in a way that

  now, I would be able to help them. So that would be my only regret.

ACD #2 related the enjoyment of meeting former students who continued to excel

and are secure and doing well.

- My proudest accomplishment is to see these young ladies go to the next level,

  to the next grade, or even be able to graduate. I've met some young ladies who

  are out there working, really good jobs. Some of them are dental hygienists,

  administrative assistants, nursing students. Knowing that they are trying to be

  as productive as possible, that to me is most rewarding.

ACD #2 indicated a concern was that some of the ladies did not take advantage of

the services, did not plug into the concept of what the program was endeavoring to do for

them.

- For those who were there to get it, those were the ones. You had some that

  they really didn't care. They were just there because of. Some of them were

court ordered or what have you. But for those who were really in tune with

what [ASES] was offering them, those were the jewels that were in my eyes.

You have to grasp it while you can because you know you can always go back

to your home school. So, to me it was more so like a privilege to attend the

[ASES] program.

ACD #3 stated that services were provided using a holistic approach.

- I'm a very sensitive to the needs of our young people. I really believe my call,

  I love working with young people. And I love working with the young ladies.

  And the thing that just helped me, was I built a center of individuals who were

  caring, understanding, and also compassionate. And this is what we need in

  order to be able to relate to these young ladies. I always and my staff were to

  say, we always begin where a young lady was.

ACD #3 conveyed that the objectives were to keep young mothers healthy

mentally and physically so they would birth healthy babies. She confirmed her

commitment to this end as she indicated "I was in the program 37 and a half years. When

it came to dealing with the young ladies themselves, I never got burnt out trying to figure

out how to help them to succeed." She spoke of one student who came to the program in

the seventh grade and was able to complete her education, attend college, and is now a

social worker. She indicated that ASES's continuing work would be establishing services

that include the teen father. ACD #3 indicated that this was attempted several times in

one location and male staff was hired to attract young fathers to the program, but the

initiative was not successful. She also indicated addressing repeat pregnancies and her

staff worked very hard with the participants to ensure they were responsibly prepared to handle their reproductive choices. ACD #3 shared that staff felt they had failed the young mother in some way when they became pregnant again. She also stated that grandparents need to allow the young mother to care for the child and not assume they have to take over as that creates a negative dynamic that can translate to other areas for the young mother. "So, to wind it all up, I would say we need a grandparent's program, a father's program, and just something to counteract second pregnancies."

ACI #1 felt that she did the best job possible to prepare the young mothers to care for the nutritional and domestic needs of her family.

- I think I just provided these ladies with a pretty extensive education when it came to these areas. I think I had a really good relationship with the students. That's probably my biggest accomplishment. I did other things like had the girls cook a Thanksgiving dinner that, you know, all the teachers and staff and everyone came to.

Her regret was having to leave the program when she did due to a transition in responsibility of the program and loss of income. "I was very happy there. I probably would have finished out my career there. I just saw this is a mission where I could help young women raise their children."

Family dynamic impact. The intent for each program participant is to prepare them for parenting and to equip them with supports and information when deciding on their future (DAPI, 2019). AAD #1 stated,

- We are working to not only talk about healthy relationships but infuse some thinking about marriage so that that is not a foreign entity. Understanding career, what steps. I have a consultant that's going to all three centers that's helping each student to develop a plan. You know how we have the flip turn life plan, success plan- every student to walk out of here with a digital copy of her plan so you not only know where you're going as far as your education is concerned but you've got telephone numbers and email addresses of people that are waiting to assist you, that know you, that care about you.

ACD #1 discussed practical skills training to prepare the young to meet the needs of her family nutritionally and domestically. ACD #1 spoke of the partnership with an organization that works to impact the co-parenting capabilities of the young parents.

- We partner with Delaware Father and Family Coalition and a lot of different other organizations and make sure that they have that skill set, that they know that even if they're not with the father of the child, you still have to co-parent.

ACD #1 related that a well-known food pantry came in to provide training and services to young mothers on how to make the most of the benefits and funds they have when meal planning. "We literally have Food Bank here that will teach them the ins and outs of a grocery store. I never learned that. If you had to use state services like WIC, how to use them to benefit you." ACD #1 conveyed that local banking establishments came in to teach banking skills and money management. Field trips were taken to the hospital to prepare young mothers for what they can expect when delivery time comes. ACD #1 shared an example wherein the benefit of the hospital tour and understanding

some of the challenges that can happen at birth, assisted an older mother with understanding the process when this occurred during her delivery.

- She was like "I'm so appreciative" because her son was in the NicU. She knew what to expect and she knew what was going on in there. There was an adult who should have known and didn't. And she was just amazed that she wasn't aware of what was going on in her surroundings. So that just attests to some of the things that we prepare the young ladies for, whether they want to or not, whether they're ready for it or not.

ACD #2 recalled inviting several organizations, agencies, and community supports to share with the young mothers.

- I've had politicians come through. I've had leaders, CEO's. Not necessarily professional realm, but a nonprofit or those who did a craft. It was just a gamut of resources that would come through to just help make [ASES] what it was. A lot of exposure to a lot of greater things.

ACD #3 shared that services were offered from a holistic perspective when addressing family involvement.

- We try to deal with grandma as being the extended family. We have fathers that are involved in the lives of the young ladies. So, [ASES] teaches the young ladies how to just get everybody involved. As they always say, it takes a village to raise a child. I think the young ladies also know that the families and the community are their support systems.

ACD #3 stated that information received while at ASES assisted young mothers with accessing services and conducting business for their young families. "[ASES] has shown them how to network with other people. So, that their needs are being met for the child and themselves." ACI #1 remarked on the nursing services available within the program encouraging good health measures for the mother and child as something the student would not have benefit of in the traditional school setting.

Socioeconomic impact. According to AAD #1, partnerships with financial institutions that provide education and training on banking skills and money management will continue for program participants. Assisting the young mothers with a clear understanding of the planning and preparation needed to obtain their education, to have a career, and to experience the life and stability they want. AAD #1 shared that the experiences of young mothers do not always provide them with a family example of solid money management skills.

Again, it's gonna take more individualized discussions about plans because what we're finding is that they don't have a lot of people in their lives that have done well and so therefore they can't receive guidance from people that haven't done well with money.

AAD #2 described the specific services provided by community partners. This program exposed young mothers to real-life financial experiences enabling them to test their money management and decision-making skills. One of the partnerships provided training that helped young mothers identify their personality styles and taught skills to handle difficult situations. AAD #2 explained that the training was

- a wonderful program kind of like the Meyers Briggs type thing but it was a little bit different, a little bit more fun for students when they got to identify what their personalities were and how to mesh them with other people's personalities and what it meant for their futures.

ACD #1 discussed the particular program that she felt makes the biggest impact with students.

- Junior Achievement is one of my favorite field trips that we take where they actually have to play the part, you gotta pay the bills, put money in savings, put money away for college. They get hands on experience to see what it would be like if you had a minimum wage job or a job that pays a little bit more.

Educational impact. When considering the educational attributes of the program, AAD #1 shared that "it can be challenging to talk to them futuristically when so many of them are dealing with issues day to day. Money management is what we provide but we have to go more in detail." She indicated that there can be family challenges that hinder a young mother's ability to think or plan for the future. She reported that there was a consultant who helped students to write the plan and there was a coordinator who worked with students to implement their objectives. On the subject of education, AAD #2 discussed how the ASES program was able to rebuild the relationship with the education department who, in turn, agreed to pay for the SAT testing for students. AAD #2 also indicated the community partnerships and college tours to local universities spurred the student interest in higher education

- When I got there, people didn't even think about taking the SATs, that wasn't even on their radar screen and we were able to bring in programming that, by the time we left, half of our girls were taking SATs, applying for college and being accepted into college or exposed to scholarship programs and things like that. So, we tried to take them to places like Washington D.C. and New York City and Baltimore aquarium so they could see big cities and what was there in operation and be close to those kinds of things.

ACD #1 indicated that students were polled to see where their interests lie and were directed toward those areas.

- We find out what they want to do and if that's not college, we take them to the different places for like trade, like cosmetology or medical assistant. We really zone in on, my focus is to give them experience of things that they may not have thought about but also find out what they're interested in and then take them to see it.

ACD #1 shared that students participated in career research to create the plan and received support with implementing the steps to move toward their identified goals. Opportunities were created allowing students to shadow individuals working in their field of interest. This provided the student the opportunity to get a feel to see if this was truly the direction she wanted to take.

ACD #2 reminded that students needed to be aware of the expectations when pursuing their goals. She reminded that there was a price for advancement. "You work hard you can go and do whatever it is that you need to do, but you've got to put the work

in." According to ACD #2, a social worker provided case management for each student and acted as liaison between the school and the program regarding the student's academic progress.

- A social worker, and she was sort of, a part-time guidance counselor and she did keep in touch with their schools about their grades and their transcripts and we did try very hard to keep them up to date when it came to their, you know, their schooling. I know that all the teachers that were there did everything they could to encourage the girls to continue on with their education.

ACI #1 shared that she set up an educational corner with information from local colleges and universities as well as information on financial aid and scholarships. She maintained communication with school counselors on behalf of the students' considerations of higher education.

Values clarification and decision-making. When asked what impact ASES had on how the young ladies established their value systems and their decision-making processes, ACD #3 stated,

- I definitely do believe that [ASES] has made a big impact on the young ladies in terms of their decisions. Because they're being nurtured, they're being taught. And the young ladies, we teach them how to take care of business. How to make appointments, how to do resumes, and those types of things. If they were not at [ASES], they would not get that. If they were not at [ASES], many of them would not continue their education.

ACD #3 believed ASES provided the opportunity for young mothers to consider what they want for their family in the future and create the plan to move toward that reality. AAD #1 was confident that ASES had an impact in these areas but she also believed there was more work to be done. ACD #1 felt that the extent to which ASES can impact young mothers was determined by ASES's financial capabilities to provide needed services.

- We have made some inroad, some impact. Do I think we could have done better? Sure, but do I think we made the best bricks with the straw that we had? Absolutely. We just don't have the resources to attack everything the way we would like to. So, we do the best we can.

ACD #2 shared what the young mothers were encouraged to focus on during their time at ASES. "Make the best decisions for your life, for your baby. Take care of yourself, take care of your children. Education is important, those types of things." Additionally, ACD #1 posited that ASES's small number of students allowed more individualized attention for the young mothers. ACD #1 said the staff were more than program employees, they were mentors.

- Actually, I think that that is one thing that [ASES] has the privilege of doing for these young ladies because all the centers, pretty much, are small in comparison to the home school. So, you don't get overlooked. You don't get missed. When different things come up, we can help you with it and that challenges their values and morals and what they've been taught.

ACI #1 believed the program promoted the necessary maturity the young mothers needed to be ready to face the challenges of parenting at an early age. "I just think, for a lot of them, they grew up at [ASES]." She felt every staff person the young mother made contact with, imparted something that helped promote her toward a more positive experience for her future.

ASES future impact. ACD #3 proposed that, "if students from the traditional school system won't come to the program, that services from ASES should be extended to these students while in the traditional school setting. Regardless of their decision to attend, they will still need the support." She suggested using some of the alumni to share their experiences with students who opt to remain in the traditional school setting.

AAD #1 indicated ASES services needed to be

- making sure that we are helping them to think critically about end results before actions are taken and how to make healthy life choices. They have to be educated, if possible, a little bit faster because they're having life a little bit faster.

AAD #1 encouraged potential supporters to consider themselves, or their daughters, in the position of the young mothers of the program and consider the type of support and opportunities they would want for their child. She reminded supporters that the young mother's experience could happen to anyone. "We applaud them for being willing to go a road that was less traveled for their lives, not an easy decision to make as a young person but they said yes." Partnerships are the way to ensure the participants receive the services and knowledge necessary for parenting and to achieve their goals.

AAD #2 stated that the staff compliment was too small to be proficient in every area, so community support was key to the impact the program aspires to have. ACD #1 expressed a concern regarding the support the program received.

- It still bothers me that you know 50 years of service, that there are still people out there that don't know what we do. I just feel like there's no reason why we should be struggling for finances. You know we are acknowledged state-wide and we are the only agency in the nation to do exactly what we do and how we do it. So, it is a concern. You know I just pray fifty years from now, we are not still where we are, but we are you know building upon services that are able to provide for the young ladies.

ACD #2 would like to see the services better equipped to serve the Hispanic population and include young fathers.

Summary

The information in this chapter provided data on the lived experiences of participants to address the research question and elaborated on the process to obtain new knowledge on this subject as it pertained to the four areas of focus. Through this research, I sought the perceived impact of ASES on former teen mothers as they matured. The interview guide was created to obtain responses in the areas of family dynamics, socioeconomic status, educational aspirations, and ASES. The areas were used as the themes for the research resulting in 19 identified supporting themes. Interviews with program staff were conducted to support to the conceptual framework of the study (program theory). Thus, program staff data shed light on the focus and intent of service

delivery, highlighted additional information on expected program outcomes, and assisted in creating context for former teen mother participant responses. In addition to the four themes used for the research, three additional themes were identified: ASES beginnings and involvement, program challenges and community support, accomplishments and continued work.

The findings indicated six (75%) of the participants perceived ASES led to positive outcomes. All participants confirmed that services were needed and should continue for teen mothers. Six (75%) feel that the services prepared them for parenting and conducting life business as they matured. Seven (87.5%) of study participants felt the impact of services continues into their adult life and the skills received from ASES were still utilized through the time of our interviews. All (100%) indicated having aspired for higher education or advanced learning after attending ASES. Attendance at colleges, universities, certification programs, or military involvement resulted for all (100%) of the participants. Five (62.5%) of the participants indicated experiencing financial stability and six associated their knowledge of personal finances to have begun at ASES. Six (75%) confirmed the program services had impacted on their values clarification and decision-making processes which continued through the time of these interviews. Seven (87.5%) participants would recommend ASES to young mothers. One (12.5%) participant felt she possessed the necessary skills and abilities needed in preparation for becoming a young parent without the intervention of the ASES program. She did feel that the mentoring received from one particular instructor made it possible for her to graduate. One (12.5%) participant stated she felt the services "failed her" as the environment she

was subjected to resulting in her pregnancy, was not discovered by ASES staff and continued after her contact with the program.

Chapter 4 covered the study results including: (a) field test; (b) research setting; (c) demographics; (d) data collection; (e) data analysis; (f) credibility; (g) transferability; (h) dependability; (i) confirmability; (j) family dynamics; (k) socioeconomic status; (l) educational aspirations; (m) ASES involvement; and (n) administrative staff interviews. Chapter 5, discussion, conclusions, and recommendations, will include: interpretations of (a) impacts to family dynamics; (b) socioeconomic impacts; (c) educational impacts; (d) ASES impacts; (e) limitations of the study; (f) recommendations for ASES and (g) ASES; (h) implications for social change and (i) public policy; and (j) my overall conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

I conducted this phenomenological research to investigate the perceived impact of ASES on former teen mothers as they matured into adulthood. There were four areas of focus identified as themes when collecting and analyzing data: family dynamics, socioeconomic status, educational aspirations, and the program services offered. This chapter includes (a) my interpretations of study findings; (b) limitations of the study; (c) recommendations for ASES and future studies; (d) implications for social change and public policy; and (e) my overall conclusions.

Interpretation of Findings

In this section I consider the participant responses as they address the research question and relate to the identified themes. The purpose of my research was to investigate the perceived impact of ASES services on former teen mothers as they matured beyond the secondary education process. Four specific areas, or themes, were included in the study: former teen mothers' perceptions of the impact on family dynamics, the socioeconomic experience as a result of ASES interaction, impact on educational aspirations, and overall program service delivery. Values clarification (Edwards & Allen, 2008) was the theoretical lens used when processing collected data. Program theory (Mohr, 1995) was used as the conceptual framework for the research. The objective was to determine if there was lasting impact on former teen mothers and their families as a result of ASES attendance.

Research Question

What are the perceptions of former teen mothers on the impact of ASES delivery and its long-term effect on their values and decision-making processes as they evolved into adulthood?

Theme 1: Family Dynamics

This theme pertains to the experiences of former teen mothers and their families as they processed their pregnancies. I included the occurrence of other family members experiencing teen pregnancy, and the support that the teen mother received, in the theme. Unhealthy relationships in the form of drug addictions and sexual and physical violence were identified as supporting themes. Participants were asked to elaborate on their feelings, their perceived impact on their maturity, and the establishment of their values and decision-making processes as a result of ASES.

Three participants (37.5%) stated that their values systems and skills needed for parenting at an early age were in place from what they were taught in the family. One of the three participants attributed a good values system to her grandparents, saying "Thank God I took on the value system of my grandparents to be able to get to where I am today and instill that same value system in my children." All three indicated that caring for younger siblings prior to their pregnancy had given them basic skills, which ASES helped to strengthen.

All but one of the former participants (87.5%) indicated having other family members who experienced teen pregnancy. Five of the eight (62.5%) had multiple family members who experienced this phenomenon. All stated that ASES assisted in building

their confidence, restored their self-esteem, and made them feel valued after becoming

pregnant. Five study participants (62.5%) felt the services created a place of safety which

is an atmosphere ASES staff worked to foster in the program. One participant stated, "I

pride on making sure that my facility is a safe haven and they feel comfortable."

Four participants (50%) shared that they experienced physical or sexual abuse

from the biological father or spouse during their pregnancy and early parenting. One

participant expressed feeling that the ASES program failed her as she indicated the abuse

continued after having contact with the program. ASES staff conveyed that lack of

knowledge, information, and funding has caused a regretful inability to assist some

pregnant/parenting teen mothers who were subjected to human and sexual trafficking.

[ACD #1] stated,

- I feel like that there have been young ladies that have come through the

   program, has been under my care and they probably were suffering from sex

   trafficking and human trafficking and because I was ignorant to it, I was not

   able to help them in a way that now, I would be able to help them. So that

   would be my only regret.

Four of eight participants (50%) dealt with the addictions of either a parent or

significant other, and one (12.5%) indicated this was an issue later in life for her spouse.

Earlier studies indicated that an intervention to impact the behavior, risk factors,

educational completion, and preparation for parenting at a young age had a positive effect

on teen mothers (Brubaker & White, 2006; Stewart & Kaye, 2012). My findings aligned

with those studies as five of the eight (62.5%) former teen mother participants stated that

ASES enabled them to adapt more smoothly to the role of a young parent. They felt that ASES prepared them to be more organized and emotionally equipped to meet the needs of their families, enhanced maturity, and taught the process of identifying values and aligning decisions with core beliefs. One participant (12.5%) stated that there was no significant impact of services for her in this area as she stated that she acquired the necessary abilities from family members.

Theme 2: Socioeconomic Status

This theme encompassed information on the financial state of the former teen mothers' families at the time of their pregnancies and early parenting. Participants shared their views about money and financial responsibility after pregnancy and birth, as well as their opinion of the impact of ASES in this area.

Three of the eight study participants (37.5%) indicated seeking employment while pregnant and attending the program. Seven of the eight participants (87.5%) said family (immediate and extended) provided assistance during pregnancy and early parenting. One (12.5%) indicated being in foster care but receiving assistance from the biological father's family. During the ASES program, the mothers in the study created bank accounts and purchased and stored supplies for the baby. These participants instituted financial planning and preparation based on skills introduced at ASES that they continued to use at the time of our interview. ASES introduced participants to banking and budgeting skills through community partnerships. ASES participants partook in field trips to educate and broaden the experiences of the young mothers. One excursion allowed participants involvement into to managing personal finances based on specific salaries.

Five participants (62.5%) were employed at the time of this study; one of the five was employed part-time while completing a degree. One (12.5%) recently retired from a career in banking that she pursued at the suggestion of a mentor/instructor at ASES. Another participant considered herself an amateur farmer while also providing support for her grandchildren and an in-law. One participant was active duty in the military at the time of this study. Four of the eight (50%) were homeowners, two (25%) rented, one (12.5%) lived with family, and the last (12.5%) resided in military housing.

Administrative staff all spoke of the support of community partnership supports and resources providing instruction and training to the young mothers of the program. Community partners assisted with helping to establish bank accounts and money management skills. They assisted with creating budgets for use as the young mothers moved beyond high school, onto college or other pursuits.

Prior research indicated that teen mothers involved in a program that offers services to impact their socioeconomic experience fared better over time in the areas of education, socioeconomic status, and repeated pregnancies (Swedish et al., 2010). Turnage and Pharris (2013) discovered the earning potential for teen mothers was significantly impacted when the secondary education process was not completed. Two participants (25%) indicated their family received public assistance at the time of their pregnancy. Seven (87.5%) indicated that they had received public assistance during the time of pregnancy and early parenting. Only two (25%) indicated receiving public assistance service at the time of this study. These findings demonstrated that contact with

ASES impacted financial preparations for the future for seven of the eight (87.5%) participants.

Theme 3: Educational Aspirations

Participants elaborated on their educational experiences while attending ASES, their goals before and after pregnancy, educational achievements, and their perceptions of the support from ASES.

Five of the six administrators spoke of the initiatives of the program exposing young mothers to higher education. Field trips to local colleges and universities were conducted. Consistent connection with the counselors at the traditional schools was maintained to determine where the student was in the academic process, and what was needed to meet requirements when transitioning to higher education. Community partners, professionals in fields that young mothers were interested in, were invited in to speak to program participants.

One participant indicated she was encouraged by her mentor not to quit and not to let high school be all the education received. She was encouraged to continue planning for her future and to pursue higher education as knowledge increased the earning potential. In 2016, she completed a Ph.D. At the time of this study, she was currently a student seeking an early childhood education certification. Another participant was pursuing her second master's degree when this study was conducted and motivating her children to consider higher education and the benefit of it providing a more stable financial future. One participant recently completed an associate degree and was working to meet bachelor's degree requirements at the time of our interview. Another participant

had retired but indicated she engaged in consistent continuing education and additional training during her time in the banking industry. One participant was also pursuing a master's degree during this study and two others both completed CNA training prior to this study. One participant still desires to pursue additional education and another understands the importance of higher education but felt it was not the time for her to pursue it. She was in active service and planned to consider college at some point to pursue a teaching degree.

Previous research conducted by Turnage and Pharris (2013) demonstrated the connection between relationships established while in attendance at ASES and the participants' motivation toward educational objectives and life goals. Their research indicated the relationships created with peers and instructors bolstered the confidence and determination of the student to pursue and achieve desired goals both in education and life. Participants, in my study, also indicated feeling motivated by the services and supports of the staff in the completion of high school and pursuing higher education. Five of the eight participants (62.5%) were planning to pursue higher education prior to becoming pregnant. All but one (87.5%) completed a degree or received a certification beyond high school. Six (75%) attributed their motivation to the services and supports received from ASES. Each of these indicated having an instructor, or director, at the center they attended who encouraged, supported, and kept the conversation alive regarding the plans for taking care of the family in the future and the need for additional education.

Theme 4: ASES Involvement

Study participants indicated how the decision to attend ASES was made, their views on program services, the preparation for parenting, program staff, and environment. Suggestions for new services were received, as well as whether the participants would recommend the program to teen mothers. Barnes (2013) research provided insight that ASES were creating opportunities for teen pregnant/parenting mothers to continue their education in environments, and with services, that cater to their educational, physical, mental, and economic needs. Based on research conducted by Kost (2015) indicating Delaware had one of the highest rates of unintended pregnancies between the ages of 15 and 44, the need for interventions impacting this statistic was prevalent.

One participant (12.5%) indicated that she learned a lot in the life skills area and the information she received regarding the domestic tasks to help her care for her family. She also spoke of the lessons on organization and keeping the proper documentation available when needed to conduct business. Three participants (37.5%) felt the work was less rigorous than that of the traditional school but felt this may have been done on purpose so the young mothers would not feel overwhelmed with all the changes taking place. Three (37.5%) felt the work was as challenging as academic rigor in the traditional school setting. One participant (12.5%) did not remember the work and another (12.5%) stated that the work was not a challenge but indicated she did have issues passing a class due to her actions. Seven participants (87.5%) felt the environment was warm, supportive, safe, and caring. One (12.5%) associated those feelings to a program director

and another staff member but did not remember feeling supported by other staff or program services.

All (100%) indicated the mentoring relationships were the greatest asset for them when attending the program with five (62.5%) feeling as though all center staff acted in the capacity of a mentor, including the bus drivers. "They weren't just motherly, they were skilled at what they did." Six of the participants (75%) felt the ASES environment provided a holistic approach when assisting the student and believed that type of service was something the traditional school environment was not prepared to provide. Six of the participants (75%) were grateful to be in an environment with others who shared the experience of becoming a young mother.

The participants appreciated the ability to attend school with their child and felt that being able to fulfill the role of mother during the school day, when needed, was comforting and encouraging. Five (62.5%) of the participants alluded to the challenges with their families coming to terms with the initial news of the pregnancy and not being available for the young mother. The ladies indicated that ASES provided what was lacking at home in nurturing and support and information to help dispel the fears and anxiety they were experiencing with the new development. "It gave me somebody that made me feel like, you know, you weren't worthless."

Six (75%) indicated that they would recommend the program to other teen mothers. One (12.5%) initially said she would not recommend ASES but also stated that she received information on the recent ASES that caused her to change her mind so, subsequently, she would recommend the program. One participant (12.5%) said she

would need to know more about the services offered currently, and the follow up after attendance, before she would make a recommendation. She stated that she did not realize the program was still in operation until hearing of this study.

Limitations of the Study

The basis of phenomenological research is reporting on the lived experience as defined by the participant and interpreted by the researcher (Moustakas, 1994). Face-to-face interviews were conducted with eight former teen mothers who experienced services from ASES. Interviews were also conducted with six staff members of the program to add context to the logic model for the study.

One limitation, to this study, I identified was the ability to generalize to a larger population based on the small sample represented. Transferability will be difficult due to the size and method of sampling (purposeful and snowball) as this study included former participants of a specific service delivery program in one state. The data collected was specific to the experience of the included participants and may not be replicated when sampled on a larger scale including several states or programs who provide similar services. This limitation also impacts generalization to other cultures or ethnicities since the experience was specific to the cultural make-up and ethnic origin of the students in this study.

During analyses, I discovered discrepancies in the information provided on the demographic survey and the statements made during the face-to-face interviews. One reason may have been that the survey was completed online prior to the face-to-face interviews and participants may not have been comfortable with disclosing information

electronically. There were also instances when participants and administrative staff could not recall certain aspects of service delivery during attendance/employment at ASES due to the amount of time that had passed since their involvement with ASES.

The amount of interaction was also a limitation as the contact of some participants may have taken place over a longer duration which may have impacted their experiences. At the time of this study, ASES actively serviced teen mothers and had made attempts to include teen fathers but made no progress. Thus, stratification of results did not include the father.

Historical data beyond 2008 from the program was unavailable due to the destruction of records during a flood. In-depth information from the program was limited to the annual report published on the website, the student handbook which was a daily operational guide for student conduct, and brochure information obtained at the program's 50th anniversary celebration.

Additionally, my abilities as a novice researcher may have inadvertently impacted the collection and analysis process as there were some participant responses I was not prepared for and felt ill-equipped to address. My objectivity when documenting the experience may have been impacted. Maintaining objectivity was a challenge during some interviews as I felt a few of the participants sought acknowledgement or affirmation that their experience was understood and wanted me to validate their feelings. The time constraints (a few participants indicated a brief window of availability) placed on a few of the interviews may have impacted participants' ability to respond thoroughly and their

ability to be fully present in the experience. Potential participants may have felt the token of appreciation was not worth the time they would invest in the process.

Recommendations

This study focused on the perceived impact of service delivery on former teen mothers as they matured and the ASES impact to their values clarification and decision-making abilities. The areas of investigation I explored included family dynamics, socioeconomic status, educational aspirations, and ASES. Based on my findings, participants perceived services had lasting impact beyond the secondary education process and as they matured. I found that participants created more stable, self-sustained families as a result of contact with the ASES. I determined that services positively impacted the participants' motivation to complete high school and pursue higher education or additional training. ASES provided a nurturing and supportive environment that promoted participants to respond positively to the task of parenting as a teen mother. ASES promoted them to continue working toward goals and aspirations that they had prior to pregnancy. ASES mentoring support bolstered their emotional strength to face the challenges of becoming a young mother and acted in lieu of not having this motivation from parents or extended family.

ASES-Specific Recommendations

Several study participants indicated ASES needed a follow-up process for program participants to check on them and to encourage continued involvement of former teen mothers as mentors to other teen mothers. ASES needs to add more daily living and domestic skills training to their program. ASES needs to promote higher education more

thoroughly and ensure that pathways to higher education or trade schools are available for young mothers. Child care services need to be restored to every campus and re-introduce the onsite parenting and mentoring support when caring for the child. Increased initiative to gain the participation and support of the fathers needs to occur promoting both young parents to attend parenting classes strengthening their abilities to support one another in the co-parenting process.

This program should not be seen as merely a nonprofit, but as an alternative school choice with the same level of financial support allotted other districts and per Title IX legislation. Services need to be extended to the traditional school setting for students who opt to remain in that environment. ASES would still benefit these students with services beyond the scope of what the nursing staff would be able to provide.

Recommendations for ASES Programs and Future Study

When considering recommendations for continued work, completing this study on a larger scale, possibly in a larger state that offers several forms of aid to the teen parenting population, would produce more generalizable results. The representation of other cultures and their experiences with this phenomenon should be researched. A universal effort to include young fathers in ASES programs would be beneficial and further research should be conducted to that end. More acknowledgement of the experience of teen fathers and more research on their experience is needed. Any state offering ASES services should review the processes to ensure that support and funding mirror the stipulations set forth in the established Title IX legislation. Thus, closing existing loopholes that would provide opportunity for education departments and districts

the opportunity to improve the service standard for this population while, potentially, minimizing expenses. My findings, as well as other studies on this population, should be given serious consideration and additional measures should be taken to promote the opportunity for more sustainable, self-reliant families.

Implications

This study was conducted to receive information to support the hypothesis that ASES work to strengthen fragile families at their formation. The implications are far-reaching and begin with the individual. The phenomenological qualitative method selected to complete the research was chosen to report the experience in the rich, descriptive words of the individuals who experienced the services. Participants communicated what the impact to their values clarification and decision-making has meant to them personally, their families, and their ability to maintain and sustain independent of interventions. This case study explored ASES in the state of Delaware. The impact to social change was considered from an advocacy and participatory worldview, as well as policy changes that would positively impact this population. Hope remains that the negative lens through which this phenomenon is seen, will change from one of moral deficiency to one that acknowledges life happens and, at some point, assistance may be needed to continue forward.

Social Change

Teen pregnancy is viewed as a phenomenon with negative connotations regarding the outcomes of the young mother and her family (McLaughlin, 2014). This study demonstrated that positive intervention can impact this experience with the potential to

keep the young mother on track and assist her in establishing life goals and aspirations

for herself and her family. The specialized support provided by ASES addresses some of

the most critical areas directly impacting self-actualization and self-determination toward

life goals. Services include continuity in the education process, public assistance service

connection, mentoring, pre and post-natal health monitoring for mother and child, higher

education and trades exposure, financial management and planning, and life skills

training (DAPI, 2019). Sustainability can be developed with the young mother

experiencing a supportive environment encouraging personal and professional

achievement. Stronger individuals create stronger families by building the mentality of

self-determination, achievement, and support within themselves and in each other. The

impact spreads to the community as stronger families promote stronger, more sustainable

communities with members who can produce and have the ability to give back to

continue the growth process. Stronger individuals, families, and communities need less

intervention and require less support because they are self-motivated with the tools

needed to address, and work, toward resolving their internal issues. Less government

intervention in the form of subsidies and public assistance reduces the need for oversight.

The following is the outcomes line created to exemplify the process of program theory

used as the conceptual framework for this study.

- Self-sustainable single parent families (activity) > less government
  assistance/dependency, stronger communities (outcome) > single parent /
  fragile families given tools to strengthen themselves (activity) > stronger
  families/ households (outcome) > stronger single parent/ fragile families

producing stronger individuals (activity) > increased individual values

clarification and decision-making skills (outcome) > single parent/ fragile

families having benefit of alternative education supports (activity) >

establishment of sound values and decision-making processes (outcome)

The evidence presented in this research speaks to the positive outcomes

experienced by participants of ASES. This is accomplished with limited levels of

resources and assistance; commodities that could be available if the program was

included as a permanent element of the secondary education process. While the

occurrence has declined, the incidence of teen pregnancy is not likely to cease to be an

issue. Specialized services will be needed to ensure young mothers have every ability to

achieve life goals at the rate of those not experiencing parenthood an early age. Title IX

legislation indicates an expectation that the opportunities for young mothers should

mirror those experienced by non-parenting students as it pertains to qualified staff,

adequate facilities, classroom technology, and academic resources (Ducker, 2007;

McLaughlin, 2014; Title IX Resource Guide, 2015). The program of focus in this

research (ASES) depends heavily on grants, fundraising, and donations to cover

operating costs. Very little support is received from the state's education department. The

lack of funding directly and negatively impacts the experience of young mothers when

attending ASES. Including ASES as part of the educational process would impact the

disparity between the experiences of pregnant/parenting and non-pregnant/non-parenting

teens by providing much needed resources and support.

Policy Making

This, and other research, has produced evidence that ASES positively impacts the teen parenting experience by improving outcomes for pregnant and parenting teens. However, support is needed to assist these programs with the much-needed work that ultimately benefits the nation with productive, contributing citizens. These individuals are more capable of realizing their potential through goal achievement and equipped to experience self-sustainability. ASES is considered a nonprofit when, in reality, it is an educational entity that holistically meets the needs of a vulnerable population and has proven to have impact with improving their outcomes. Why then would ASES be considered a nonprofit?

There are direct linkages from the program to the educational establishments with a symbiotic partnership that works to improve the education, family dynamics, socioeconomic, and mental functioning of the students. Those students are then more prepared to complete the secondary education process which benefits ASES, as well as the traditional school district, when reporting statistical data on completion rates. Legislation initially enacted, indicated supports for this population be included in the traditional school setting. Addendums to the policy enabled outside establishments (McLaughlin, 2014), such as ASES. One recommendation was to provide access to ASES services as an option in both the traditional school setting as well as the alternative location. The data tracking process should continue when the young mother decides to attend ASES with funding allotted for that student at the traditional school, accompanying the student to ASES.

Continued support is needed through more partnerships that serve the students

(both mother and father) and the program financially, academically and professionally. In

light of legislative decisions ending federal subsidies to organizations who directly

impact this experience (Planned Parenthood), an increase in teen pregnancy could be on

the horizon. Further research on a larger scale would serve to determine a more

generalized impact of ASES on former teen mothers as well as on the service initiatives

having greatest effect. One participant indicated that contacts are needed for "new

partnerships with people who aren't looking for potential customers."

Conclusion

The lens through which the topic of teen pregnancy is viewed, one of a moral

deficiency, needs to change as every human either has or will take the wrong turn in life

impacting serious consequences to their future. The objective is not to determine who is

worthy of assistance. Rather, the objective is to ascertain if providing support will change

the experience for that individual, their family, and community for generations. The

initial investment seems worth the effort. The lens should be one of setbacks happening

in life but with support provided, pathways to self-actualization, stability, productivity,

and contribution can be the outcomes experienced.

My findings indicated that ASES does make a difference in the lives of young

mothers and, hopefully soon, young fathers. ASES requires the same measure of support

afforded every other educational facility in existence in the state. The entire education

process is vital to the individuals served, their communities who receive them as

productive citizens, and the entire nation, benefitting from citizens who produce and give

back for continued growth.

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Appendix A: Demographic Survey for ASES Research

This survey will be used for demographic information about the potential study participants. It will also be used to identify candidates to participate in face-to-face interviews for the proposed research. Your participation with responding to the survey as well as your decision to participate in the face-to-face interview is completely voluntary. You will not be asked to provide information that identifies you as a participant and your identity will not be disclosed at any time during the research process. Please provide an honest response to the questions below to the best of your ability.

The questions will ask for information about you as the former ASES participant and your family experience.

- How old are you? _____
- Ethnicity:

    o Caucasian/ White _____

    o Hispanic or Latino _____

    o African American or Black _____

    o Native American or American Indian _____

    o Asian/ Pacific Islander _____

    o Other _____

- Marital Status: 1. Married; 2. Single; 3. Divorced; 4. Widowed; 5. Other (separated, living with unmarried partner): _____

- Current DE resident: _____

- Age at 1st pregnancy/birth: _____

- Currently living with parent or family member: _____

➤ Household Size: _____

➤ What year(s) did you attend ASES?: _____

➤ Did you attend ASES for more than one birth: Yes _____ No _____

➤ Housing: 1. Rent; 2. Own; 3. Living with family/friend; 4. Subsidized housing; 5.

   Other: _____

➤ Your annual household income: _____

  o under $20,000

  o $20,000 - $30,000

  o $30,000 - $35,000

  o $35,001 - $40,000

  o $40,001 or $50,000

  o $50,001 - $60,000

  o $60,001 - $75,000

  o $75,001 or above

➤ Currently Receiving Public Assistance: _____

  1. SNAP _____

  2. Medicaid _____

  3. TANF/GA _____

4. POC _____

5. WIC _____

6. Did not receive _____

7. Prefer not to say _____

➢ Past recipient of welfare benefits: Yes _____ No _____

➢ If yes, how many years?: _____

➢ Are you a high school graduate? Yes _____ No _____

➢ If no, Highest grade completed: _____

➢ College Graduate?: Yes ____ No ____

➢ If yes, what type of degree?: associate ___ bachelors ___ masters ___ PhD ___

➢ College years completed: _____

➢ Parent experienced teen pregnancy: Mother_____ Father _____

➢ Sibling experienced teen pregnancy: Sister _____ Brother ____

➢ Would you be willing to participate in a face-to-face interview? _____

Please respond to the following email address if you would like to be considered for the
face-to-face interview portion of the research. If selected, a research information packet
will be sent to you. A date and time for the interview as well as the location, will also be
provided.

The email address is: **malinda.hudson@waldenu.edu**

Thank you for completing the survey.

Appendix B: Former Participant Interview Protocol

INTERVIEW PROTOCOL

For

The Perceived Impact of the Delaware Adolescent Program

Services on Former Teen Mothers

Interviewer: Malinda Hudson

Location: _____

Date: _____ Begin Time: _____ End Time: _____

Study Description:

This phenomenological study will investigate the lived experience of the former teen mother who attended the alternative specialized education services (ASES) program. Data will be obtained from a demographic survey and face-to-face interviews with former ASES participants to gauge if services had impact on the family dynamic, social economic status, and educational aspirations of former program participants. Information will also be collected on the former participant's views of the ASES. This information is being reviewed to determine the perceived impact of ASES after the participant has moved beyond the secondary education process and as she has matured in life. Finally, program and values clarification theories will help with identifying the influence ASES had on the individual regarding behavior consideration and decision-making processes.

Part II

Family Dynamic

➢ How did you feel when you learned you were pregnant, and you were going to be

a mother at the age you were?

➢ How did you tell your family and what happened when you did?

➢ Tell me about how the father responded to the news of your pregnancy.

➢ Tell me about the support you received from the father? What kind? (physical,

emotional, moral) If not, why?

➢ Describe your family life at the time you learned you were pregnant. How were family decisions made?

➢ Describe how your parents responded to learning about your pregnancy.

➢ Describe how your pregnancy impacted the family beliefs and values system?

➢ Tell me what you noticed about the impact of the pregnancy on your maturity process?

➢ How did ASES services assist you with preparing to become a parent?

➢ Tell me about any other family members who experienced pregnancy at an early age.

➢ Tell me who you lived with when you first learned you were pregnant? Where did you live?

➢ Tell me about the support you received from your family? What kind? If not, why?

➢ How was the decision made to attend ASES?

➢ How do you feel about ASES helping you make choices for your family? For an example, the values and decisions used when deciding how you would raise your child.

➢ Describe how you felt about family prior to becoming pregnant.

➢ How did ASES change your views regarding how to care for and strengthen your family? How did services change you regarding how you value family? Include the father?

➢ How is your value system and the way you make decisions different from what you experienced from your parents in your childhood? Describe how you feel ASES impacted you in this area?

➢ Tell me about any particular services you received that impacted how you care for and interact with your children/spouse or partner?

➢ Would you recommend ASES? Why or why not?

➢ Tell me about family life now (married, dating, single, child(ren), father involved, living arrangements).

➢ Describe any values and decision-making beliefs learned at ASES you continue to use when interacting with children, spouse or partner? How has your belief and decision-making changed as you have matured?

Socioeconomic Status

➢ Tell me about your family finances when you found out you were pregnant. (mother and father employed, housing, covering expenses, public assistance)

➢ Tell me about what decisions you made financially after learning you were pregnant and after giving birth.

➢ Describe the financial support received from the father at the time of pregnancy and birth.

➢ Tell me about the financial support received from the father currently.

➢ What services did you receive at ASES that helped you learn about making financial decisions? Describe those particular services and explain how they impacted you while attending ASES.

➢ Tell me about your current financial state (employed, student, public assistance, child support, rent/own/subsidized housing).

➢ How has the knowledge and information received from ASES impacted your financial values and decision-making as you have matured?

Educational Aspirations

➢ Tell me about the move from the traditional school environment to ASES?

➢ What was the education process like while at ASES (as challenging, available resources, tutoring)?

➢ Tell me how ASES supported you towards studies and higher education.

➢ Tell me about any of your educational goals before pregnancy. Describe how they changed after you became a parent?

➢ Tell me about the degree(s), certification(s) or trade(s) you have obtained.

➢ Describe how you view obtaining a degree, certification or trade and the ability to provide for your family.

➢ How did you make the decision to attend the education, certification or trade program (online, distance or traditional)?

➢ Do you feel services offered by ASES supported your educational goals? Why or why not?

Alternative Specialized Education Services

➢ In your opinion how did ASES prepare you to become a young parent?

➢ Tell me your opinion of ASES administrators and instructors, the facility.

➢ Describe the ASES environment (friendly, supportive, caring, no different from traditional school)?

➢ In your opinion, describe the significance of ASES to teen mothers?

➢ Tell me how the services you received from ASES impact the way you viewed your future? Planned for your future? How do they continue to impact you now?

➢ Were there services you would have liked to have had while at ASES? What were they?

➢ What effect has ASES had on your maturing process?

What else would you like to say about the ASES?

Appendix C: Administrative Participant Interview Protocol

INTERVIEW PROTOCOL
For
The Perceived Impact of the Delaware Adolescent Program

Services on Former Teen Mothers

Administrators, Directors, and Facilitators

Interviewer: Malinda Hudson

Location: _____

Date: _____ Begin Time: _____ End Time: _____

Part I Study Description:

This phenomenological study will investigate the lived experience of the former teen mother who attended the alternative specialized education services (ASES) program. Data will be obtained from a demographic survey and face-to-face interviews with former ASES participants to gauge if services had impact on the family dynamic, social economic status, and educational aspirations of former program participants. Information will be collected on the former participant's views of the ASES.

Interviews will also be held with administrators, directors, facilitators (past and present), to add perspective to the interview responses from the former teen mothers as well as assist in the clear articulation of the logic model (program theory) used for this study. The administrators, directors, center directors and facilitator's interviews would be used to support the logic model of program theory and establish the context of the former participant's experience while attending the program. Administrators et. al. will not be included in the demographic survey and no information from interviews conducted with former participants will be shared with the administration group.

This information is being reviewed to determine the perceived impact of ASES after the participant has moved beyond the secondary education process and as she has matured in life. Finally, program theory and values clarification theories will help with identifying the influence ASES had on the individual regarding behavior consideration and decision-making processes.

Part II Interview Questions/Prompts:

Administrators and Directors Questions
Please elaborate about the impetus of ASES. How did ASES come to be?

Discuss your involvement with ASES. How did you come to the program?

Please talk about your service delivery focus when leading the program/students.

Please discuss the challenges faced during your time in leadership.

Please elaborate on the program support (community partners, traditional school assistance) experienced.

Please discuss your greatest accomplishment at ASES.

What would you say was your greatest regret and why?

Please discuss the focus (sustainability, service delivery, maintenance) for the program moving forward.

Please elaborate on your perception of the impact ASES has had on the young mother's values clarification and decision-making processes.

How would you say ASES prepared/is preparing young mothers to build strong and stable families?

In what way did/does ASES promote the young mother to consider her economic responsibilities?

Discuss how ASES encourages young mothers to continue toward educational aspirations and life goals?

Please elaborate on your perception of program services and supports to the young mother with preparing her to lead her family into their future.

Center Directors and Facilitators Questions
Discuss your understanding of the need for ASES.

Discuss your involvement with ASES. How did you come to the program?

Please talk about your service delivery focus when leading the program/students.

Please discuss the challenges faced during your time at ASES.

Please elaborate on the program support (community partners, traditional school assistance) experienced.

Please discuss your greatest accomplishment at ASES.

What would you say was your greatest regret and why?

Please discuss the focus (service delivery) for the students moving forward.

Please elaborate on your perception of the impact ASES has had on the young mother's values clarification and decision-making processes.

How would you say ASES prepared/is preparing young mothers to build strong and stable families?

In what way did/does ASES promote the young mother to consider her economic responsibilities?

Discuss how ASES encourages young mothers to continue toward educational aspirations and life goals?

Please elaborate on your perception of program services and supports to the young

mother with preparing her to lead her family into their future.

Appendix D: Letter of Cooperation from ██████████████████████████

██████

███████████████████████████
███████████████████
███████████████████

5/18/18

Dear Ms. Hudson,

Based on my review of your research proposal, I give permission for you to conduct the study entitled <u>The Perceived Impact of the</u> ████████████████████████████████ <u>on Former Teen Mothers</u> within the ██████ services network. As part of this study, I authorize you to <u>contact former participants in recruitment efforts for your proposed study. I consent to the collection of data regarding</u> ████ <u>services from former participants and support the member checking process to ensure accuracy and clarity in the information collected</u>. I understand that a copy of the research will be provided to ████ for review and use. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include <u>provision of former participant information of contact inclusion in the site-planned alumni meetings for potential participant recruitment, program information regarding services and supports provided to participants, and the use of facilities when conducting the face interviews.</u> We reserve the right to withdraw from the study at any time if our circumstances change.

I understand that the student will not be naming our organization in the doctoral project report that is published in ProQuest.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

███████████████████
███████████████████
███████████████████

████████████

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix E: Data Use Agreement

DATA USE AGREEMENT

This Data Use Agreement ("Agreement"), effective as of <u>5/18/18</u> ("Effective Date"), is entered into by and between <u>Malinda S. Hudson</u> ("Data Recipient") and ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ ("Data Provider"). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set ("LDS") for use in research in accord with the HIPAA and FERPA Regulations.

l. <u>Definitions.</u> Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the "HIPAA Regulations" codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.

2. <u>Preparation of the LDS.</u> Data Provider shall prepare and furnish to Data Recipient a LDS in accord with any applicable HIPAA or FERPA Regulations

Data Fields in the LDS. No direct identifiers such as names may be included in the Limited Data Set (LDS). The researcher will also not name the organization in the doctoral project report that is published in ProQuest. In preparing the LDS, Data Provider or designee shall include the data fields specified as follows, which are the minimum necessary to accomplish the research: <u>listing of former participants for contact and information on program services and supports (program and student manuals and brochures.</u>

3. <u>Responsibilities of Data Recipient.</u> Data Recipient agrees to:

    a.   Use or disclose the LDS only as permitted by this Agreement or as required by law;

    b.   Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;

    c.   Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;

    d.   Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and

    e.   Not use the information in the LDS to identify or contact the individuals who are data subjects.

4. <u>Permitted Uses and Disclosures of the LDS.</u> Data Recipient may use and/or disclose the LDS for its research activities only.

5. <u>Term and Termination.</u>

    a.   <u>Term.</u> The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.

    b.   <u>Termination by Data Recipient.</u> Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.

    c.   <u>Termination by Data Provider.</u> Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.

    d.   <u>For Breach.</u> Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.

    e.   <u>Effect of Termination.</u> Sections l, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

6. <u>Miscellaneous</u>.

    a.   <u>Change in Law.</u> The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.

    b.   <u>Construction of Terms.</u> The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.

    c.   <u>No Third-Party Beneficiaries.</u> Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations. or liabilities whatsoever.

    d.   <u>Counterparts.</u> This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

e. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

DATA PROVIDER

Signed: ▉▉▉▉▉ Signed:

Print Name: ▉▉▉▉▉▉▉▉▉

Print Title: ▉▉▉▉▉▉▉▉▉

DATA RECIPIENT

Malinda S. Hudson

ame: _Malinda S. Hudson_

tle: _PhD Student_

Appendix F: Program Initiative Oversight and Data Use Agreement

Program/ Initiative Oversight and Data Use Agreement

███████
█████████████
████████████████

5/18/18

Our employee/practicum student, [Malinda S. Hudson], is involved in the [phenomenological research to determine the perceived impact of service delivery as former ████ participants have matured. The study seeks the perceived impact on the family dynamic, socioeconomic status, educational goals and the perception of ████ services. The study will be conducted using program theory as the overarching conceptual framework and values clarification as a theoretical lens for data collection and evaluation purposes.] The initiative which will be conducted under our organization's supervision within the scope of our standard operations. We understand that [Malinda S. Hudson] seeks to write about this initiative as part of a doctoral project for Walden University. To this end, we agree to share a de-identified dataset with the student for doctoral project purposes, as described below.

I understand that the student will be naming our organization in the doctoral project report that is published in ProQuest.

The Walden University Institutional Review Board (IRB) will be responsible for ensuring that the student's published doctoral project meets the university's ethical standards regarding data confidentiality (outlined below). All other aspects of the implementation and evaluation of the initiative are the responsibility of the student, within her role as our employee.

The doctoral student will be given access to a Limited Data Set ("LDS") for use in the doctoral project according via the ethical standards outlined below.

This Data Use Agreement ("Agreement"), effective as of 5/18/18 ("Effective Date"), is entered into by and between Malinda S. Hudson ("Data Recipient") and ████████████████ ("Data Provider"). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set ("LDS") for use in the doctoral project **in accord with laws and regulations of the governing bodies associated with the Data Provider, Data Recipient, and Data Recipient's educational program**. In the case of a discrepancy among laws, the agreement shall follow whichever law is stricter.

l. *Definitions. Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for*

purposes of the "HIPAA Regulations " codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.

2. *Preparation of the LDS. Data Provider shall prepare and furnish to Data Recipient an LDS in accord with any applicable HIPAA or FERPA Regulations*

3. *Data Fields in the LDS. No direct identifiers such as names may be included in the Limited Data Set (LDS). In preparing the LDS, Data Provider or shall include the data fields specified as follows. which are the minimum necessary 10 accomplish the doctoral project:* [**1**. Contact information for former participants of the program having attended between 1980 and 2015; **2**. Program handbooks or manuals regarding the services provided and identifying expectations for participants.]

4. *Responsibilities of Data Recipient. Data Recipient agrees to:*

   a. *Use or disclose the LDS only as permitted by this Agreement or as required by law;*

   b. *Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;*

   c. *Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;*

   d. *Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and*

   e. *Not use the information in the LDS to identify or contact the individuals who are data subjects.*

5. *Permitted Uses and Disclosures of the LDS Data Recipient may use and/or disclose the LDS for the present project activities only.*

6. *Term and Termination.*

   a. *Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.*

b.   *Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.*

c.*Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.*

d.   *For Breach. Data Provider shall provide written notice to Data Recipient within fen (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.*

e.   *Effect of Termination. Sections l, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.*

7.   *Miscellaneous.*

a.   *Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties ' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.*

b.   *Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.*

c.   *No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations. or liabilities whatsoever.*

d.   *Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.*

e. *Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.*

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly

executed in its name and on its behalf.

executed in its name and on its behalf.

ral Student

Malinda S. Hudson
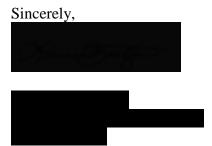PhD Student

Appendix G: ███████████ Partner Agreement

Letter of Cooperation from a Research Partner

███████████
███████████

10/29/18

Dear Ms. Hudson,

Based on review of your research introduction letter and in consideration of your request, I agree to assist with providing private meeting space in the form of a vacant office or unused conference room maintained by the ███████████. We understand that our organization's responsibility only involves the provision of a meeting space to assist you with maintaining confidentiality for your research participants. We will not be responsible for or required to aid in any other form and we reserve the right to withdraw from this agreement at any time.

I confirm that I am authorized to grant you access to meeting space which adheres to agency policy regarding facility use by external vendors. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB. We acknowledge that ████ will have no rights to the information obtained during the meetings or inclusion in any aspect of the research process. We further understand that ████ will not be named in the published doctoral project report.

Sincerely,

███████████

███████████

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the

email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix H: ████████████ Partner Agreement

Letter of Cooperation from a Research Partner
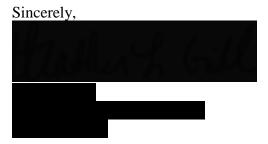
████████████
████████████
████████████

10/26/18

Dear Ms. Hudson,

Based on review of your research introduction letter and in consideration of your request, I agree to assist with providing private meeting space in the form of a vacant office or unused conference room maintained by the ████████████████████████████ ████████████████████ We understand that our organization's responsibility only involves the provision of a meeting space to assist you with maintaining confidentiality for your research participants. We will not be responsible for or required to aid in any other form of your research activities and we reserve the right to select the private meeting space based on our internal work schedules or withdraw from this agreement at any time.

I confirm that I am authorized to grant you access to meeting space which adheres to agency policy regarding facility use by external vendors/parties. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB We acknowledge that ████████████ will have no rights to the information obtained during the meetings or inclusion in any aspect of the research process. We further understand that ████████████ will not be named in the published doctoral project report.

Sincerely,

████████████
████████████

Walden University policy on electronic signatures; An electronic signature is just as valid as a written signature as long as both parties have agreed 10 conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix I: █████████ Partner Agreement

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