# Achieving Results with Pregnant and Parenting Teens: Success of a School-Based Program

UNIVERSITY

Ann M. Dozier, PhD.\* MaryLou McCloud†, Jean Carroll† and Kelly Conn. MPH\*

\*Department of Community and Preventive Medicine, University of Rochester School of Medicine and Dentistry; †YWCA of Rochester and Monroe County. Rochester NY

### **BACKGROUND**

Teen pregnancy is well documented to result in short and long term social, economic and health disadvantages for both the mother and infant.

An upstate New York urban community experiences high rates of teen birth - among ~3100 births to inner city women. >13% were to teens.

### Other community characteristics

- •78% of children live below the poverty line •9th highest in childhood poverty
- •27% of the adult population has < high school education
- Significant unemployment and violence

### Among women giving birth

50% are African American: 19% are Hispanic •54% have unintended pregnancies

•nearly 70% have Medicaid-funded deliveries,

### **DESIGN / METHODS**

The YWCA has a long standing, community funded, school-based program working with inner city pregnant and parenting teens. The program's overall purpose is to increase their ability to become healthy self-sufficient

#### Program services

•On site case management at six high schools and a Young Mothers alternative program (during pregnancy)

Individual and group counseling and home

- Annual participation averages 10 hours of individual contact and 7 hours of group ·Assist young mothers with health care, child care, income, housing, and mental health issues.
- Broad eligibility criteria
- •Links to other programs e.g. Out of School program (for drop outs and graduates); young fathers services
- Enrollment occurs throughout school year •Caseload 20-25

# **PARTICIPANTS**

|                          | 06-07 | 07-08 | 08-09 | 09-1 |
|--------------------------|-------|-------|-------|------|
| # Enrolled               | 203   | 205   | 187   | 196  |
|                          | %     | %     | %     | %    |
| Remained Active          | 82    | 76    | 79    | 78   |
| Enrolled Prior Yr        | 9     | 23    | 40    | 35   |
| Dropped out <sup>1</sup> | 18    | 13    | 10    | 6    |
| Closed <sup>2</sup>      | 0     | 12    | 12    | 22   |
| Living on Own            | DNA   | 13    | 36    | 21   |
| Non Senior <sup>3</sup>  | 54    | 53    | 39    | 44   |

Dropped out of high school <sup>2</sup>Closed = no contact for 60 days, no longer interested in program, moved out of the district, refused) 3 Excludes those in special education

Among participants nearly 75% are African Americans, in grades 7 to 12 (median=10) and

range in age from 14 to 21 (median=17).

# **OBJECTIVE ONE**

# Improve School Attendance

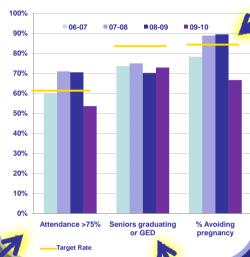
At the end of the school year, 65% of participants enrolled in services for six months or longer will achieve a school attendance rate of 75% or higher.

### Results

For two of the four years, the objective was achieved.

- Data abstracted from absent days as reported on participants' report cards; report cards unavailable for several students each year
- •Rates calculated only on individuals who had participated in the program for at least 6 months. •Most attendance issues trace back to lack of support at home; especially with older students who
- •Students arriving after 2nd period are not counted in the daily attendance. Also students go to school but do not always show up for class.

# **OUTCOMES**



# **OBJECTIVE TWO**

### Increase Graduation Rates

Among program participants who are seniors in September, 86% will graduate or complete GED by the following August.

### Results

In no years was this objective met but rates exceeded both state targets and local school district overall rates

- •New York State target is 55%; district graduation rates are consistently below state target
- Data obtained from report cards each reporting
- •The program continues to work with seniors who did not graduate to re-enroll them in school (e.g. as of September 2009 among the 17 that did not graduate by August, 10 had already re-enrolled in school).

## **OBJECTIVE THREE**

# **Avoid Subsequent Pregnancy**

Among participants with at least 18 months of program participation, 85% will have avoided a repeat pregnancy.

### Results

In two of the four years this objective was met

- •This outcome was assessed through information provided by participants •Only assessed for girls who were in the program for at least 18 months (2 school terms) or more.
  - •Nationally 66% avoid second birth for 24 months [Alan Guttmacher Institute]
- •Staff provided information on healthy relationships and the consequences of repeat pregnancies through groups and presentation. One on one conversations were undertaken with participant pertaining to birth control methods being used, abstinence and date of last check-up. All staff has attended a variety of trainings on adolescent sexual behavior.

# CONCLUSIONS

- •This replicable school-based program combining individual and group work achieved noteworthy results among retained pregnant and parenting teens living in poverty.
- Obtaining and utilizing primary outcome data is critical to assessing progress and early identification of problems.
- Evaluation using guasi experimental design would add to generalizability of results

### STRENGTHS & LIMITATIONS

### Strenaths

- Consistent implementation across multiple schools
- •Detailed program data on participant exposure
- •Close working relationship with schools provided access to participants and key evaluation
- •Program provided for home visits and other individualized follow-up
- Integrated program that includes an out of school program for both graduates (to get work or additional training) or for drop outs to re-engage in school
- •School data were obtained from documentation rather than self report

### Limitations

- Retention of some participants proved challenging
- •Not all schools were amenable to providing data each year
- Unable to adequately evaluate program outcomes due to lack of a comparison group

oported by: United Way of Greater Rochester, New York State Department of Health and City of Rochester CDBG and U.S. Department of Health and Human Services For additional information contact MaryLou McCloud at MMcCloud@ywcarochester.org