

# **The Response of the Schools to Teenage Pregnancy and Parenthood**

## **Executive Summary**

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**Rand**



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## PREFACE

This executive summary reports the major findings of an investigation into how public schools in the United States respond to teenage pregnancy and parenthood. Conducted by The Rand Corporation for the National Institute of Education, the study examines school policies and programs for pregnant and parenting students. It assesses influences of policies and programs on the decisions pregnant students and teenage mothers make about their school careers. In so doing, it attempts to identify the types of policies and programs that meet the particular needs of pregnant students and teenage mothers.

This research should be of interest to federal and state policymakers, to local educators and practitioners, and to others concerned with teenage pregnancy and parenthood.

This executive summary focuses on the broad implications of this research. Readers wishing a more complete description should consult:

Gail L. Zellman, *The Response of the Schools to Teenage Pregnancy and Parenthood*, The Rand Corporation, R-2759-NIE, April 1981.



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## I. INTRODUCTION

Traditionally schools have viewed teenage pregnancy and parenthood as matters of personal and moral concern; many still do. However, school personnel now find themselves having to confront student pregnancy and parenthood as social and legal issues.

The reasons for this change are numerous and complex. More people in our society are engaging in sex and childbearing outside of marriage, and more pregnant students are deciding to keep their children. In addition, more school personnel now recognize that early parenthood leads to serious social consequences such as permanent withdrawal from school, restricted future educational and economic opportunities, and limited opportunities for the children of teenage parents.

But perhaps the greatest reason for changes within the schools has been a legal requirement. Title IX of the 1972 Education Amendments affirmed that pregnant students have the same rights as other students. It prohibited the expulsion or exclusion of pregnant students from any programs, courses, or extracurricular activities, although it did not require schools to set up special programs for them. If nothing else, schools found themselves unable to continue their customary practice of expelling pregnant students. Only a few have responded in a positive, constructive manner.

These few school districts developed affirmative programs to meet the particular needs of pregnant students and teenage mothers both before and after the passage of Title IX. The planners of these "pioneer" programs generally lacked specific models or information about successes in other localities. Consequently, they had to develop workable programs in a virtual vacuum.

This study aims at filling this vacuum. Section II shows how local education agencies (LEAs) have tended to respond to student pregnancy and parenthood, Section III defines different types of programs and suggests models that might be used in other localities, and Section IV states some general conclusions.

To complete this study, The Rand Corporation examined 12 special programs in 11 LEAs across the country. These LEAs range in enrollment from under 10,000 to over 200,000. Each LEA has a formal program to serve pregnant students or teenage mothers. (One district has two very different kinds of programs.) Yearly program enrollment ranges from a low of 24 to a high of 350, with the largest enrollments

generally in the largest districts. The oldest program dates from 1966, the newest from 1977. Ten were sponsored solely by an LEA, two jointly by an LEA and a local medical center.

## II. SCHOOLS' RESPONSE TO STUDENT PREGNANCY AND PARENTHOOD

For the most part, schools neither seek nor want an active role in dealing with student pregnancy and parenthood. Schools often see programs treating these issues as requiring money and administrative time that ideally should go for other activities. Moreover, these programs often involve schools in such volatile issues as sex education, contraception, and abortion, and they may alarm those who believe schools should avoid issues that traditionally have been the concerns of home and church. Indeed, the very existence of a pregnancy program may serve to impress upon the community the magnitude of the problem and may invite the community to blame the schools for the problem. Given this context, the institution of a special program for pregnant students most of all requires the interest and dedication of a specific individual—be it a teacher, community member, or superintendent. In most cases, this individual took the initiative to institute a special program after having seen a number of pregnant students abruptly terminate their educations.

Conservative communities usually needed either Title IX or similar state laws to make them set up special programs. Administrators in these districts saw only two legal responses: they could permit pregnant students to remain in regular classes or they could establish separate facilities for them. If they allowed pregnant students to remain in regular classes, they ran the risk of alienating the community by appearing to condone student pregnancy. Finding this alternative repugnant, they opted for the second one, which would isolate pregnant students from other students. They tended to view the pregnant student as an unwanted element in the schools, and they tended to see her dropping out as an inevitability that could not and indeed should not be avoided. With only one exception, programs we visited that were set up under these circumstances lacked the interest and commitment of local officials, who usually wished merely to comply with the letter of the law.

Regular schools in both liberal and conservative communities tend to view the existence of a special program as itself a sufficient response to student pregnancy and parenthood. These schools thus limit their role: they merely refer students to special programs. The issues of pregnancy and parenthood are rarely raised in regular schools, their principals rarely encourage teachers to identify and counsel pregnant

students, and their teachers rarely know much about how to respond to pregnancy other than to refer students to the special program. Staff members for the most part tend to close their eyes to the problem. School policies concerning such issues as transfers and tardiness serve to throw added obstacles in the way of pregnant and parenting students, and school counselors generally aid only those students who actively seek out their assistance. Consequently, staff in regular schools remain passive; they do not (or cannot) play much role in helping pregnant and parenting students, especially those who remain in regular schools rather than enter special off-campus programs.

## DECISIONS ABOUT PREGNANCY

Faced with an unplanned and generally unwanted pregnancy, the student must choose one of four options: adoption, abortion, marrying the father or another man, or keeping the baby as a single parent. This decision has long-term implications for a student's career, social status, and total well-being. To make a "rational" decision, she should explore all of these options in terms of their effects on her, on the would-be child, and on other family members.

Of the 119 young women we spoke with, all of whom had decided to keep their babies, no more than three carefully considered all four options.

Most immediately rejected adoption, which has become increasingly unpopular among teenagers in recent years. They gave two reasons for this action. First, a number were themselves daughters of unwed teenage mothers. Since their mothers had kept and raised them, they felt they owed at least this much to their unborn children. Second, many viewed adoption as an unmerited punishment for the baby. In no case did they mention that their child might be more wanted, might have a more intact family, or might be guaranteed a more secure future in an adoptive home.

Our sample of teenagers found abortion only slightly more acceptable, but many immediately rejected it on moral or religious grounds. In a number of cases, parents wanted daughters to have abortions, usually out of concern for their futures, while daughters rejected this option either because of a belief that it was immoral or because of an assumption that parenthood would not interfere with future plans.

Our interviewees rarely chose marriage, but they tended to give it the most careful consideration. Though many had received marriage proposals, typically precipitated by the pregnancy, most rejected them because of the belief that marriage would simply exacerbate an already

difficult situation and would isolate them from a supportive family environment.

Given these considerations, most decided to keep their baby and remain single largely because it was the least objectionable option. In so doing, they gave little or no thought to the costs inherent in this option. They considered neither the problems of child care and financial need nor the effects of this decision on their schooling or careers.

In almost every case, young women made these decisions without the assistance of school staff. Schools thus were unable to help students see that decisions about their pregnancies would in all likelihood have serious effects on their educations and on their career plans.

## DECISIONS ABOUT SCHOOLING

Less certain are the effects of schools and special programs on decisions about continuing in school. Students usually make these decisions at two critical junctures: after they have discovered they are pregnant and after they have delivered.

After they discover they are pregnant, students usually decide to continue or drop out of school prior to informing school officials about their pregnancy. These decisions greatly depend upon personal motivation and upon pressures from peer groups and family. In some instances, pregnancy seems the final straw: the student who drops out has already found school difficult or boring, has already experienced attendance problems, or has already had trouble caring for previous children. In other instances, pregnancy forces the student to affirm the importance of schooling: the student who remains in school must make a commitment in the face of numerous obstacles. Those students who remain often seek and receive guidance from regular school staff in choosing which school program to attend during pregnancy. However, the information they receive is sometimes biased or incomplete.

Many LEAs instituted special programs in the hope of influencing students to remain in school. Off-campus programs in conservative communities have experienced some success in this regard. In these communities, isolating pregnant students from other students may prevent at least the temporary dropout that would have occurred if pregnant students had been forced to remain in regular schools. It is more difficult to determine the effects of such programs in communities where pregnant students feel more free to stay in regular school. But even if special programs do not clearly prevent dropouts, they nonetheless provide the support and relevant learning that pregnant students need.

Students who drop out of school after delivery often do so because of the lack of satisfactory and convenient child care. Special programs that isolate students during pregnancy—but require return to regular school soon after delivery—do not help meet these needs, and indeed they may inadvertently encourage students to drop out of school at this point. Programs that continue services after delivery may be of more help in keeping mothers in school by providing direct assistance or by helping students to obtain help in the community.

### III. MODELS OF SPECIAL PROGRAMS

#### TYPES OF PROGRAMS

The special programs we investigated are of two basic types: inclusive curriculum programs and noninclusive programs.

*Inclusive curriculum programs* assume that visible pregnancy causes the greatest trauma to teenagers, and so they isolate pregnant teenagers in separate schools from other students. They offer a general education curriculum that emphasizes courses in such "relevant" subjects as parenting and child development. Few of these programs provide continuing services after delivery. They physically isolate the pregnant student from regular school, and they typically maintain relatively low academic standards. Enrollees usually must leave this kind of program soon after delivery. These programs tend to be expensive because of their low student/teacher ratio, and they usually serve only a small percentage of eligible students.

Inclusive curriculum programs generally succeed in providing what they intend—a warm, caring, sheltered environment that protects students during the period of pregnancy. Located away from regular schools, they allow embarrassed or harassed students to escape without dropping out of school. They also appear to succeed in teaching nutrition, prenatal development, and parenting.

Their underlying pregnancy-as-trauma model also contributes to their weaknesses. They focus on the period of pregnancy, not on the period after pregnancy, and thus they send students back to regular school at a time when they may be least able to cope with the transition. They also tend to offer coursework of low academic quality. They focus on "maintaining" the student, not upon advancing her academically. In the view of their proponents, academic courses should be secondary to preparation for childbearing and parenting. In several instances, we found that regular school faculty discouraged bright and ambitious students from transferring into inclusive curriculum programs because of their low academic standards.

In addition, LEAs have located most of the inclusive curriculum programs we investigated in the inner-city. Physical plants are run-down and educational equipment is outdated. Some educators believe these locations are appropriate since many potential enrollees come from the central city and nearby areas. Others decry these locations, arguing that student pregnancy is not strictly a minority phenomenon,

although inner-city sites make it appear so. In several cases, the special program site had earlier been a minority school. The "minority" label stuck, and as a consequence few nonminority students enrolled.

*Noninclusive programs* assume that the greatest trauma of pregnancy begins, not ends, with delivery, and they thus focus on helping the teenager adjust to the life she must lead after delivery. They try to help the pregnant student integrate the roles of student, teenager, and parent. These programs fall into two categories, *supplementary curriculum programs* and *noncurricular programs*. Supplementary curriculum programs provide coursework on parenting and child development for academic credit to students enrolled in regular classes during pregnancy and after delivery. Noncurricular programs do not grant credit, though they may provide relevant instruction. Enrollees in noncurricular programs may attend regular school, or they may be dropouts. All noninclusive programs provide such continuing services after delivery as counseling and child development information. A number also include child-care centers. Since these programs keep the pregnant student in a regular school, they avoid making her readjust to her regular school after pregnancy. Enrollees may remain in this kind of program long after their delivery, often until graduation. These programs tend to be less expensive than inclusive curriculum ones, and they frequently serve a larger percentage of eligible students.

Noninclusive programs usually provide what they intend—a continued service both during and after pregnancy. They focus on helping the student mother through the postnatal period of adjustment, and long after delivery many young mothers rely upon them for counseling and child care. Moreover, they do not require students to transfer in and out of regular school, a point at which the system most frequently loses pregnant and parenting students. Since students continue in regular academic courses, they do not lose academic momentum. In contrast to inclusive curriculum programs, noninclusive ones appear to have been located in schools that most need their services.

The major disadvantage of most noninclusive programs is that they require students to remain in regular school. Thus a student embarrassed about her pregnancy cannot escape into a protective environment. Moreover, the institution of a noninclusive program requires more than two or three potential enrollees in a single school. As a consequence, junior high schools frequently cannot economically justify noninclusive programs on their campuses.

Some patterns emerge in the relationship between motivations to establish a program and the long-term stability of that program. Programs initiated in response to legal pressures seem more secure even though administrators have typically done little to foster program quality. Programs initiated in response to recognized student needs seem



less secure though programs of this type are more likely to receive strong and continuing support from superintendents. Such support is always valuable, and during a fiscal crisis it may mean the difference between survival and extinction.

### SUCCESSFUL PROGRAM MODELS

In attempting to find successful program models, we discovered that localities do not keep the kind of information needed to assess the effects of programs upon students. No locality that we contacted could provide data on the number of students who drop out of school because of pregnancy, and only few could provide information on the number of pregnant students or teenage mothers who graduated from high school.

In the absence of adequate outcome information, we set up four process criteria in our attempt to find model programs:

- Percent of eligible students served
- Level of coordination with other community agencies
- Quality of resources available to the program
- Level of district and community support
- Extent and quality of services provided.

Using these criteria, we identified three "exemplary" programs. All are noncurricular. Two are primarily oriented toward service. One assigns to pregnant students counselors who provide tutoring and who help students find agencies in the community that will assist them both during and after pregnancy. The second program uses social workers, who visit participating high schools one day a week to counsel and refer, and concerned faculty members, who provide these services when social workers are not available. The third program is primarily oriented toward pregnancy prevention and medical care. It locates medical clinics in high schools and provides child care.

These noncurricular programs share a number of strengths. They assist the student from the time she discovers she is pregnant to the time she graduates. They offer services to the student whether she keeps her child or not. They serve a large percentage of students eligible for their assistance. They achieve a high level of commitment from community agencies. And, they are highly adaptable; they can be used in communities with both low and high numbers of pregnant teenagers.

## IV. CONCLUSIONS

Based on our research, we cannot advocate a single program model that would succeed in all localities.

To a significant extent, the success of a program depends on how well it fits its environment. Attitudes of the community, geographical dispersion of students, and number of pregnancies—among other environmental factors—must influence the kind of program model that a locality chooses. A very open and accepting community might wish, for example, to choose a noninclusive program since in that community most pregnant students will feel comfortable attending regular school. Rural areas and areas with relatively few pregnancies probably should not institute inclusive curriculum programs, which need relatively large numbers of students to succeed.

No single program model can meet the needs of all pregnant students. Each model has both strengths and weaknesses, but regular school staff rarely attempt to fill service gaps inherent in the program model. LEAs tend to view the mere existence of a program as a solution to the problem.

The relative success of any program depends moreover upon a number of factors, including the strong commitment of principals, superintendents, and government agencies.

At the school site level, principals can improve services by emphasizing that regular school staff should actively identify, counsel, and refer pregnant and parenting students. Principals who keep track of pregnancies and who establish clear policies concerning pregnancies signal to their staffs that they should pay some attention to such matters.

At the district level, superintendents can encourage LEAs to meet the needs of pregnant and parenting students. Superintendents can help establish new programs, and they can support existing ones. In addition, they can encourage the collection of information about pregnancies, provide funds for in-service training of regular school staff, and help engage public support for pregnancy programs. Superintendents moreover help pregnant and parenting students when they allow flexibility in policies concerning absences, transfers, course loads, and graduation requirements.

At the state level, state education agencies (SEAs) can provide great assistance in instituting and maintaining special programs. These agencies are the major funding sources for most of the programs in our sample. Few however have chosen to provide technical assistance

along with funds. Ideally, they should set guidelines, present program models, recommend priorities, and suggest sources of funding. They could also assure adequate evaluations of programs, something that is almost totally lacking.

At the federal level, agencies like the Office of Adolescent Pregnancy Programs could use their funds to help states develop, document, and evaluate a range of program models. They could also help institute and strengthen practitioner networks and lobbies that would provide encouragement and technical assistance to new and existing local programs.



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