

Teen Pregnancy in West Texas: The Case of the TPC Alternative School

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Abstract

Adolescent or teen pregnancy is a phenomenon that has been studied on virtually every aspect of the scientific field. Everyone seems to be looking for the one “cause” or the “answer” to prevent teen pregnancy. The findings of this study indicate that there is no specific single “cause” or “answer,” as this is a multi-faceted problem. Teen pregnancy and teen parenting are a result of a culmination of factors; how these factors affect the mother-to-be and her decisions leading up to the pregnancy is unique to the individual.

This article examines numerous influential factors teens may or may not consider while making decisions regarding sexual activity. The case study of 62 students enrolled in an alternative, accelerated credit school provided invaluable information on how the teens felt about their condition and drew comparisons between the findings of the study and the literature on teen pregnancy.

Keywords: teen pregnancy, TPC alternative school, teen pregnancy programs, sexual activity

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Teenage pregnancy is a really widespread phenomenon in the US. The US has the highest level of pregnant teens among industrialized nations. Understanding the reasons why teens become pregnant, as well as preventing teens from becoming pregnant, is a multi-level problem: one that cannot be explained without looking at the whole picture. There are several different standpoints and angles one must study prior to understanding teen pregnancy; societal and cultural attitudes and defined norms, personal beliefs and influential factors, among others, must all be taken into account. Although there is a tendency to talk only about teen mothers, one would have to look at the implications of teen pregnancy for both mothers and fathers.

Review of Literature

The U.S. Census Bureau reports an estimated national population of 307,006,550 for 2009, a 9.1% population increase from 2000 (United States Census Bureau, 2009). Commonly referred to as a “melting pot,” the United States is home to people of various nationalities and ethnicities, each bringing unique traits to an already diverse population. A breakdown of the US population according to the US Census Bureau (2009) shows that people of Hispanic and Latino origins are now in the majority with a total population of 545,596,008. Whites account for 223,965,009 people of the total population, Asians for 13,164,169, and African Americans account for 37,131,771 people. Alaska Natives, American Indians, Native Hawaiian and other Pacific Islanders account for the minority of the population with 2,866,059 people.

The US is a multicultural society, thus many different norms and values are integral to its development. Individuals predominantly associate with people or belong to groups that have similar thoughts and ideas. Eventually, social changes occur as a result of the conflicting social patterns, especially in the differing belief patterns on sex and sexual behavior.

Wellings et al. (2006) studied sexual behavior on a global level and found that sexual behaviors change in response to demographics, socioeconomic changes and even worldwide communications. Demographically speaking, changes have occurred in the age of menarche, the age of marriage, and the way people move within and throughout communities and even nationally. Socioeconomic level changes can include changes in education, poverty-levels and employment (Wellings et al.). The introduction of the internet has changed communications globally; people from virtually every area of the world are now able to communicate easily, inexpensively and frequently, an occurrence that has only been available in recent decades.

Prior to the Wellings et al. (2006) study, Carpenter (2001) performed a study about the importance of virginity and the attitudes toward virginity loss in the US. Carpenter explained that up until the 1920's virginity was considered sacred by many and salvaged until marriage. It was during the 1920's that more and more young people began to engage in sexual intercourse, relinquishing their virginity to men they intended to marry. As time continued, women's views on sex and virginity continued to change as well, and by the 1960's young people began having intercourse with partners they did not intend to marry. During the 1980's, more women began taking charge of their sexuality, believing that virginity was “an embarrassment or unwanted constraint” (Carpenter, p. 129). Carpenter (p.128) continues her analysis with the importance of virginity stating that “in the contemporary west, sexuality constitutes a central feature of identity” and that “individuals are to a great degree defined by themselves and others, both socially and morally in terms of their sexuality.” The sexual revolution that occurred in the 1960's is thoroughly examined within the Wellings et al. and the Carpenter studies. As mentioned, individuals feed off the society to develop their thoughts, ideals and values; the sexual revolution of the 1960's played a big part in shaping new ideals and values about sex. The introduction of the birth control pill allowed people to begin to change their views about sex. Up until this discovery, men and women participated in sexual acts fearing the great risk of conception; men could seek pleasure while women would fear conception (Spear, 2003). It was after the FDA approved the contraceptive pill, that women were able to have sex for pleasure and enjoyment rather than for reproductive purposes only (Spear, 2003). Unbeknownst to many, the approval of the contraceptive pill paved the way for changes among other facets of life.

The culture in the US has changed in such that teenagers are beginning to act older sooner; they seem to be less motivated and their perception of reality is skewed. As a result, more teenagers are engaging in sexual activity and more and more of them are becoming parents; of the 4,251,095 babies born in 2008 in the US, over 750,000 were born to unwed teenage mothers ages 10 to 19 (Hamilton, Martin, & Ventura, 2010). These numbers show that teenagers are making poor choices in regards to sex.

Many of the influences on teenage sexual activity are a result of what they see and what they perceive to be the truth. Much of the exposure teens experience about sex and relationships is through television, magazines, books, music and the internet. Researchers have conducted countless studies as to the impact the media has on teenagers. Brown et al. (2006) found that in certain instances, the media act as a “superpeer” to teenagers, and are one of the larger influences on a teen's choices regarding sexual activity. Brown et al. (2006) along with Chandra et al. (2008) found that teenagers are impacted by the attitudes toward contraceptives and the seemingly no-risk portrayals of sex in the media. Brown et al. (p. 1019) suggest that teens are more apt to be influenced by the media because it “provides models of attractive older adolescents engaging in risky behavior that may not be condoned in the teen consumer's own peer group.” In fact, the Chandra et al. (2008) results indicate that early pregnancy is influenced by sexual content in television shows.

Since, according to Brown et al. (2006, p. 1019), “adolescents consistently cite the mass media as important sources of sexual information,” it is important to familiarize oneself with what the media releases to teens. MTV, usually associated with teenage viewers had begun airing a show entitled *16 and Pregnant*, which averaged 2.4 million viewers for its second season, 40% more than season one (Gorman, 2010). *Sixteen and Pregnant*, according to Jessica Grose (2010), was developed in conjunction with The National Campaign to Prevent Teen and Unplanned Pregnancy (2010) as a way to educate teens of the hardships associated with teen parenting, by documenting the experiences of an expectant teen mother throughout her pregnancy.

For the younger teen audiences, The National Campaign to Prevent Teen and Unplanned Pregnancy (2010) has joined forces with ABC Family to promote *The Secret Life of the American Teenager*, a TV drama depicting the life of a 15 year-old high school student. Although, according to reports from the New York Daily News, The National Campaign to Prevent Teen and Unplanned Pregnancy is not involved with the writing or direction of the show; the organization is involved in the public service announcements aired throughout the show. Unlike *16 and Pregnant* (Goreman, 2010), *Secret Life* deals with fictional characters in fictional situations, but very much promotes the sexual attitudes of teenagers in a high school setting.

According to Moyer-Guse and Nabi (2009), shows such as *16 and Pregnant* (Goreman, 2010) may not have the same effect on viewers as shows such as the *Secret Life* may have; their study shows that participants who watched a show similar to *16 and Pregnant* (Goreman, 2010) were less likely to change their minds about sex and birth control as were participants who watched a drama with a pregnancy scare such as the *Secret Life*. Moyer-Guse and Nabi (p. 46) discuss their results by saying, “a message that is hidden inside of a story may overcome some of the resistance people have to being told how to behave,” and continue the discussion by adding that “the impact that dramatized stories have on people's beliefs and intentions depends a lot on the individual viewers, and not just the message –but our results suggest the effect can be there.”

Aside from reality television and dramas, the US society has also experienced changes in publicizing teen pregnancies, especially of teens that hold “celebrity” status. The pregnancy of teenage girls such as Jamie Lynn Spears and Bristol Palin was publicized all over the world, glamorizing the fact that they were pregnant and unmarried (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2010). This type of idolization of pregnancy, along with changes in views of teen sexuality has had tremendous impacts on the younger generations.

Problems from glamorizing teen pregnancy or teen sex issues have impeded girls from making responsible choices regarding sex. According to The National Campaign to Prevent Teen and Unplanned Pregnancy (2010), teen pregnancy and birth rates are increasing due to the use of less contraception, more teens having sex and the failing sex education school system. Because of the glamorization of teen pregnancy, more and more girls are under the impression that raising children is much like playing “house” with their friends; the true challenges and hardships of raising children is not something that they consider. Because teens do not think things through, birth control is not a concern and having sex with multiple partners or multiple times presents no consequences.

Of course, aside from the culture in which the teen is raised, the teen's family must also be considered when researching the influences impacting a teen's decisions. Research has proven that a teen's home life is also a good predictor of the choices teens make in regards to sexual activity. Adolescents from families that have experienced changes in the household are more likely to become sexually active than those whose family has remained stable (Pearson, Muller, & Frisco, 2006). Once the family structure has changed, there are many outcomes that can influence teen decision making. Single parenting by either a mother or father could occur or the introduction of a step-parent can happen, each factor has an impact on teen decision making.

A study by Castrucci, Hobbs-Lopez, Lewis, and Seyeh (2010, p. 998) suggests that the most dramatic growth in Texas in the coming years will be among Hispanic women, “ages 15–19 years old who are expected to increase in numbers by 89% to approximately 431,000.” Hispanic women will make up the largest proportion of this age group at 47%. White women will make up the next largest proportion at 35%, and African Americans will make up 12%. Female Hispanics are most likely to be teen mothers by 20. This is also true for adolescent individuals who live in the southern states. Texas, New Mexico, Oklahoma, Arkansas, Mississippi, and West Virginia all have the highest birthrates of the states within the United States. Teenage birth rates are lowest in the northeast/new England region with more moderate rates (20-29 births per thousand) along the east coast and the northwest. Overall, regions with a dominant southern culture are more likely to have higher teen birth rates than the rest of the country.

The Pearson et al. (2006) study found that both girls and boys in a white single mother household were not influenced by the closeness of the relationship they had with their mother; yet, Latinos and Latinas are influenced in their sexual decisions by living in a single-mother household. As we continue to look at the influence a mother has on her child's decisions concerning sex, it is important to interject that girls whose mothers were teenage mothers themselves are also at a higher risk of becoming teenage mothers (Raneri & Wiemann, 2007). The probability of an adolescent having multiple births is higher when the adolescent has a poor relationship with her mother, the family shows little to no support, and the adolescent's mother did not finish high school (Raneri & Wiemann, 2007).

Fathers and stepfathers are also important factors concerning the family structure

influence on adolescent decision-making. First, it must be said that the occurrence of single-father households is not as common as single-mother households; therefore, findings on the subject are somewhat limited. Single-father households of non-Latin origins are positively related to the adolescent's decisions concerning sex (Pearson et al., 2006). Girls living with single fathers have a more increased risk of becoming sexually active than do boys, which lends argument to the fact that fathers treat sexual activity with regards to their daughters and sons differently (Pearson et al., 2006).

Aside from a mother's and father's influence on sexual decisions in a household, siblings must also be considered. Oftentimes, it is the older sibling in a family that will have the greater impact on the younger siblings, especially in matters where the children feel embarrassed to ask their parents for guidance. According to Kowal and Blinn-Pike (2004), because older siblings often look after their younger siblings, they are often more apt to provide information about safe sex practices and promote less risky sex acts even if they do not practice this particular type of sex themselves. Sister-sister relationships are often more nurturing than sibling combinations of opposite sex because females tend to be more nurturing towards each other (Kowal & Blinn-Pike).

Sibling relationships should not be considered good substitutes for parent-child talks about sex; although their usefulness should be considered by those who are researching preventative measures. Embracing the influence an older sibling has on a younger child can be channeled to influence abstinence or promote safer sex practices (Kowal & Blinn-Pike, 2004). For the parent(s), older siblings can provide information about the trends in sexual activity of the younger generations; they could help them with current terms and definitions so that they can better communicate with the younger sibling and they can also influence the younger siblings to talk to their parent(s) about sex (Kowal & Blinn-Pike, 2004). A positive relationship between older and younger siblings is necessary for the lines of communication to remain open, but according to the Kowal and Blinn-Pike (2004) study, the impact older siblings can have on younger siblings is helpful to the parent(s), the younger sibling and the older sibling alike.

According to Meier (2003) religious attitudes have also emerged as outside influential factors for teen sexual activity and teen pregnancy. She found that the relationship between religion and adolescent sexual activity is based primarily on the attitudes and views of the adolescent rather than those projected by the parents. Although parental attitudes influence adolescents, they are oftentimes not the best behavioral predictors since the adolescents are "defining themselves separately from their parents" (Meier, 2003, p. 1047).

Meier (2003) reports that males and females who were more permissive about sexual activity were more likely to have intercourse and religious beliefs were less likely to deter them from doing so. The Meier (2003) study considered the adolescent's views and attitudes on sex, including religious attitudes as well as those of the parents. The results of that study showed that females were more apt to follow the beliefs of their parents and therefore postpone their first sexual intercourse until later in life. Ultimately, Meier (2003, p. 1047) concluded "that there is a religiosity effect on first sex" for females; "that there are substantial attitude effects on first sex" for both sexes; and "that there is no evidence of religiosity adaptation after first sex." Strayhorn and Strayhorn (2009) agree with the Meier study, but also caution that the research done on religiosity and teen pregnancy is oftentimes done at an aggregated level and should not be used directly to impact individuals.

Sex Education Programs

Establishing programs on teen pregnancy can be empowering. These programs are often used in schools to educate both boys and girls to prevent teen pregnancy. Schools across the US have utilized predominantly abstinence-only as opposed to comprehensive sex education courses as part of their formal curriculum. As with any other facet of teen pregnancy, debate arises as to the effectiveness of these types of programs, if they should be continued or if the influential factors outweigh the effectiveness of the program used. The differences between the two programs are pretty straightforward, but bear mentioning. Abstinence only programs promote abstinence until marriage and do not endorse any type of birth control to prevent pregnancy. Birth control is discussed in this type of program, but only minimally and is deemed ineffective (Kohler, Manhart, & Lafferty, 2008). Comprehensive sex education programs include information on abstinence and birth control methods for both females and males, which can be used not only to prevent pregnancy but also to protect against STD's (Kohler et al., 2008).

Kohler et al. (2008), explains that federal funding has been made available for programs that promote abstinence only sex education. It is reported that Congress allowed the passage of Section 510(b) of Title V of the Social Security Act specifically for the purpose of promoting abstinence-only sex education as well as establishing a criteria for those programs. Over 467 million dollars of federal fund have been allocated from 2001-2008 to continue to establish and promote abstinence-only sex education as the approved method of reducing teen pregnancy rates and/or the spread of STD's (Kohler et al., 2008; American Civil Liberties Union, 2006).

Although funding for comprehensive sex education training has not been as abundant or approved by the federal government, comprehensive sex education is being taught to some teens around the nation. In fact, comprehensive sex education has been linked to more positive numbers in the reduction of STD's and the teen pregnancy rate (Kohler et al., 2008). Kohler et. al. (2008, p. 349) found that "comprehensive sex education programs were significantly associated with the risk of teen pregnancy and were marginally associated with decreased likelihood of a teen becoming sexually active compared with no sex education."

Pregnancy prevention programs also take place within the school in the form of sex education. This may occur at different ages which depend on each individual school district. The State of Texas has implemented five amendments on sex education. Some of these amendments include requiring health education in public schools to be evidence based, emphasizing abstinence as the only way to avoid sexually transmitted diseases and pregnancy, and also that the curriculum emphasizes abstinence while also giving information on contraceptives, communication skills and allowing students not to participate if parents provide a request that the student be excused (Brown, 2015, p. 1).

University, community college and even high school students debate in the classroom the two main types of sex education. These two positions are very left and right wing oriented. Debates discuss the topic of sex education classes of schools teaching abstinence or information about contraception and which is more beneficial to adolescent and society. A study conducted in New York took a sample of male and female (majority) high school students and discovered that 47.4 % have had sexual intercourse and 33.7% were sexually active at the time of the survey, while of those who were active 60.2% had used a

condom(Eaton, et al., 2012, p. 1). Thus they found that roughly, about half of high school students in the United States have engaged in sexual intercourse.

Education on the anatomy of the same and opposite sex is very important in health and hygiene classes and teaches how pregnancy happens. How can schools prevent teenage pregnancy from happening? By enforcing abstinence on students the school system will use what some may call a scare tactic. Instructors may show gruesome photos of sexually transmitted diseases or use statistics in a negative way to illustrate birth control as ineffective. Sex education classes that focus on contraception teaches how the use of condoms will help prevent any sexually transmitted diseases or infections and the different types of birth control to prevent pregnancy. This class also focuses on how to communicate with adults and signs of a healthy relationship.

It is important to understand that neither a formal abstinence-only program nor comprehensive sex program is going to impact a teenager's decision on its own merit; other factors, many of which were previously discussed will also have to be taken into account. Sex education programs provide a medium for adults and teenagers to speak about sex; they are meant to be used as elaboration, not as a substitute for parental guidance.

Federal Prevention Programs

Even outside of the school system the government funds a few main prevention programs such as the Teen Pregnancy Prevention (TPP) Program, Personal responsibility education program, Title V abstinence education, Adolescent Family Life Program, and a few other federal programs. These programs can take place in community centers, churches and many other public programs.

The TPP program seeks to fund curriculum based programs that will educate adolescents about topics that include responsible behavior, relationships, pregnancy prevention along with youth programs that will reduce risky behavior. Some of these programs may provide or promote service learning, academic support, and more opportunities to be involved in sports or art programs.

On the other hand, the main components of abstinence education is that the programs purpose educational programs to teach the social, psychological, and health gains of abstaining from sexual activity. It promotes that abstinence from sexual activity is expected of all school aged children outside of marriage. To enforce that abstinence is the only way to avoid health problems, STD's and pregnancy outside of marriage. That within a monogamous and mutually faithful marriage is human sexual activity expected. It teaches that sexual activity outside of marriage will create negative psychological and physical effects. It incorporates that birthing children outside of marriage will most likely affect the child, the parents, and the society in a harmful way. Encourages adolescents and demonstrates how to reject sexual advances along with alcohol and usage of drugs may make them more prone to sexual advances. Lastly, these programs teach the importance of attaining self-sufficiency before engaging in sexual intercourse.

Goesling, Lee, Lugo-Gil, and Novak (2014) provide a good update on the findings from the Department of Health and Human Services on programs that are meeting the criteria for evidence of effectiveness. They identified four new programs meeting the criteria. The programs are:

- Health Improvement Program for Teens (HIP Teens),
- Project IMAGE,
- STRIVE (Support to Reunite, Involve and Value Each Other), and
- Families Talking Together (FTT).

Taken together, these programs serve diverse target populations and reflect a range of programmatic approaches, from HIV and STI prevention to family-based interventions. (p. 1)

Further, the Adolescent Family Life (AFL) program consisted of two different factors, care and prevention. According to Solomon-Fears,

The Adolescent Family Life (AFL) program, created in 1981 (Title XX of the Public Health Service Act), was the first federal program to focus on adolescents. It was created to support demonstration projects that provide comprehensive and innovative health, education, and social services to pregnant and parenting adolescents, their infants, male partners, and their families. From 1998 to 2009, federal teen pregnancy prevention efforts in the AFL program and in general relied heavily on using abstinence-only education as their primary tool. The appropriation for the AFL program was \$16.7 million in FY2010 and \$12.4 million for FY2011. The AFL program did not receive any funding for FY2012. (2013, p. 2)

The AFL's care programs include programs that are required to provide education, health, and social services. Some specific services focus on career and life planning, job training, social and decision making skills, and safe housing. This program also supports other projects that hold interventions for pregnant and parenting adolescents with their infants, partners, and family members to relieve some of the negative effects of early childbearing. Additional care services also include nutrition counseling, pre and post-natal care, vocational services, and continuing their education. The second factor of the AFL prevention program consisted of activities and education that would encourage adolescents to postpone any sexual activity until marriage. This portion of the AFL has been used to help fund abstinence only programs (Solomon-Fears, 2013)

Methodology

Participants

The participants for this study were chosen from a population of teenage mothers attending the Teen Parent Center (TPC) in Odessa, Texas. Established in the late 1970's, TPC's vision was to allow teen mothers the opportunity to care for their children while attending school in a comfortable environment for both mother and child. Referral to the school was often made by principals and other school officials as well as by parents; the

decision to enroll at TPC was strictly optional to the student and their parent/guardian. At certain points the school allowed also teen fathers into the classrooms, but that ended soon after its conception. The TPC School closed its doors in 200, thus teen mothers were integrated in the school system, to the great disappointment of many supporters of its usefulness in the community.

Students at TPC were able to gain credits at an accelerated rate, thereby allowing for early graduation or regaining credits they may have lost due to time taken at the baby's birth. The classes offered at TPC were for the most part traditional, although classes focusing on parenting and child health and wellbeing were also offered. With this wide variety of classes, mothers learned how to care for their children as they continued their education. In addition to classes other opportunities to transportation, available social workers, health clinics and child care were all provided so that the student had everything she needed to finish her education.

With a population of 237 during the 2006-2007 school year, the TPC principal allowed 62 of TPC students to meet with UTPB research students at the TPC campus at a designated secure area. Ages of these students ranged from 13 to 20 (see Figure 1). All of the participants were females of different ethnic backgrounds. All of these students were parents to one or more children and all had agreed to be interviewed for purposes of this study. Because many of the participants were minors, Informed Consent Statements were given to the principal and signed by the parents of the minor children. The Informed Consent Statements were given directly to the adult participants (18 and older) for signatures.

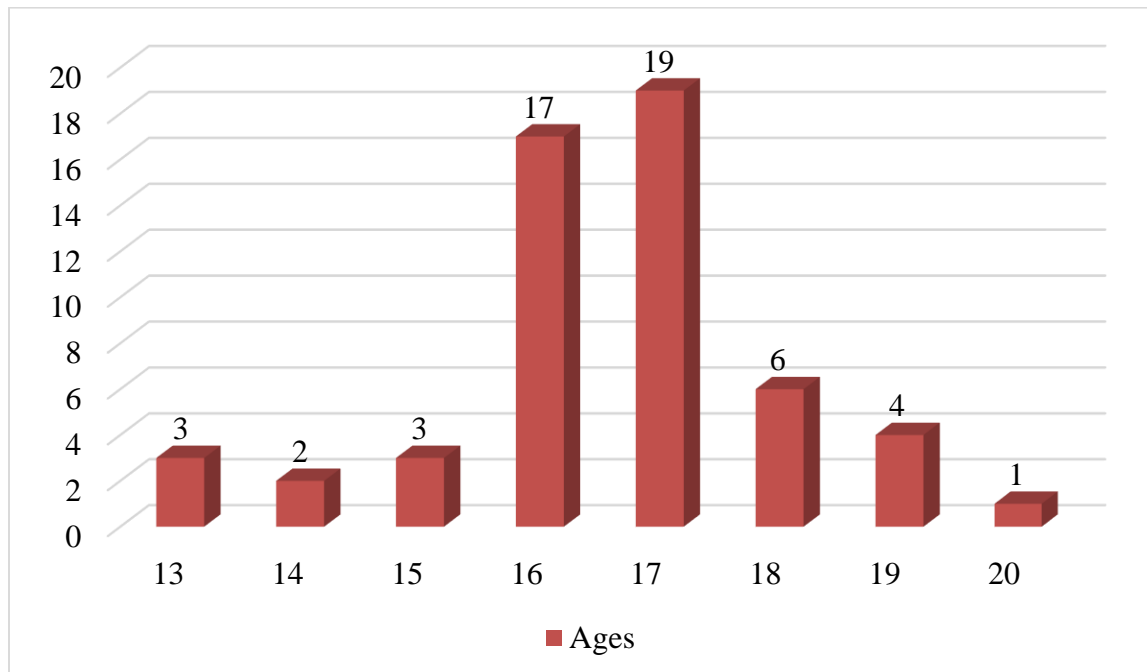


Figure 1. Ages of participants.

Data Collection

Each participant of the study met privately with a UTPB student in an interview-style setting. The questionnaire "Discussion on Pregnancy," was created through the efforts of the

class contribution under the professor's direction. It was subsequently sent to Sociology and Psychology faculty members to verify the validity and reliability of the instrument. When the questionnaire was modified according to the suggestions given, it was added to the University IRB form and sent in for approval. When approval was granted by the IRB and the High School system administration and parental consent was secured, the actual research process began. The student researchers were carefully trained to assure the ethical and confidential standards of the study. Questionnaires containing 24 open-ended questions were read to each participant and answers were recorded by the participating UTPB students. UTPB students were encouraged to make the participant feel as comfortable as possible, as well as to remind the student that they enjoyed perfect anonymity and the information gathered was to be used for educational purposes and that no personal information would ever be identified to promote utmost privacy.

Questions contained in the questionnaires were formed to gain the most possible information the participants were willing to share. Many of the questions focused primarily on experiences in school, while others focused on current events occurring in the teen parents' lives. Standard questions such as age, ethnicity, and current grade were asked to provide the demographic background of the participants. These questions were all open-ended to encourage further discussion between participant and interviewer. Many of the questionnaires contained comments beyond the scope of the question, eliciting more information about the concerns and struggles teen parents face.

Questionnaires were reviewed for completeness; questionnaires that were missing information were removed (7 in total) to prevent skewing of the results for any given question. Complete questionnaires were then coded for the information pertinent to the current study. All coded information was entered into a spreadsheet and then filtered into categories to gain a better understanding of occurrences and trends. Charts using the Microsoft Office Excel 2007 software were also created to visually enhance the data findings. Once the spreadsheets and charts were created, the data obtained was then analyzed and interpreted.

Results

Concurring with the information reported by the United States Census Bureau (2009) and Dehlendorf, Marchi, Vittinghoff, and Braveman (2010), 71% of the teen parents at TPC were Hispanic. The majority of the teen mothers were Hispanic, followed by Whites and Blacks, concurring with the results of many current similar studies. (see Figure 2).

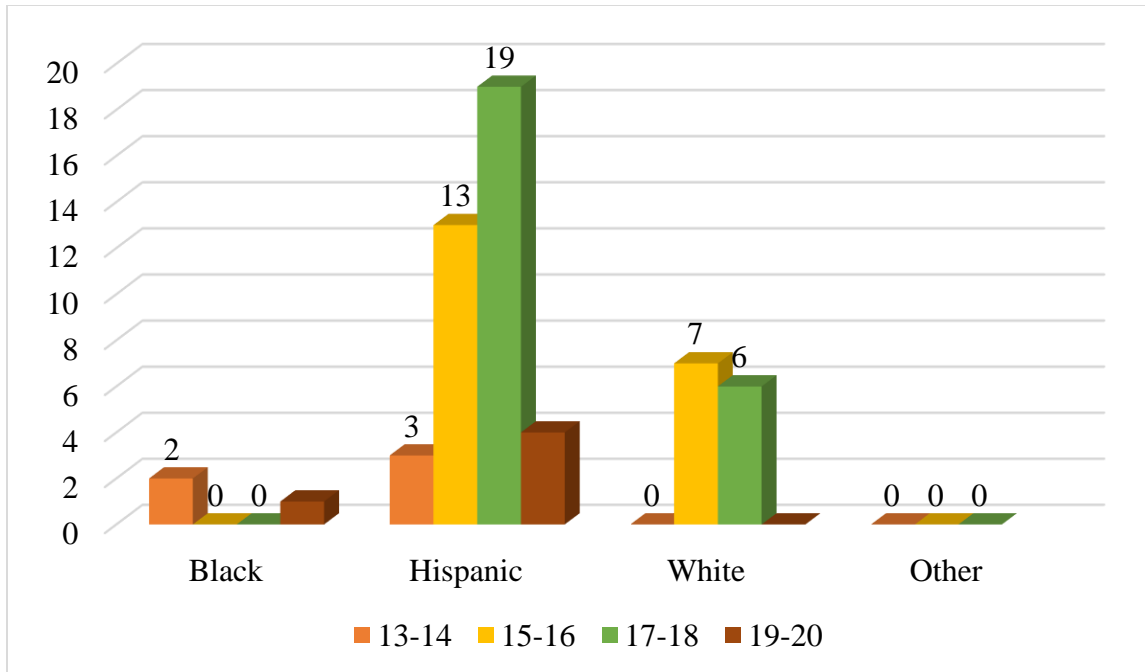


Figure 2. Teen parents by age and race.

Dehlendorf et al. (2010, p. 195), states that “differences in sexual activity, contraceptive use, and access to health services” are influential in adolescent pregnancy. Oftentimes, as explained by East, Reyes, and Horn (2007), adolescents are influenced by what they see at home. The East et al. study reports that adolescents with sisters who were teen parents themselves were at a higher risk of becoming teenage parents. In fact, siblings were twice more likely than females of the same age within their city and five times more likely to become teen parents when compared to state statistics.

East et al. (2007), continues the discussion of risk factors for teenage pregnancy by discussing the mother's role in a teen's life. According to East et al., children of teenage mothers are at a significantly higher risk to becoming teenage parents themselves as opposed to those whose parents postpone becoming pregnant later on in life. The importance of these risk factors is the direct relationship between teen parenting and negative outcomes for both parent and child. At TPC, many of the students claimed to be living with their parent, most often their mother. It is important to consider the East et al. study when looking at the number of TPC students living at home and those who state that their mother has been the most influential adult person in their lives. Teen parents most often resided with the maternal grandparents; this was especially true when the teen mother was of a younger age (see Figure 3).

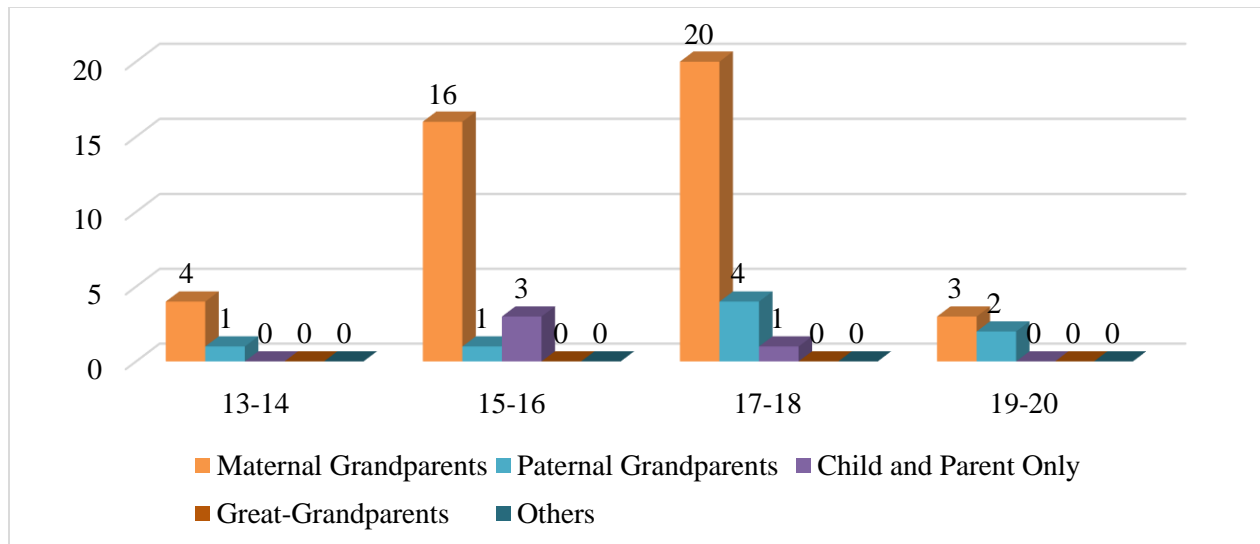


Figure 3. Teen parents living arrangements.

The educational goals of teen parents were also examined. Influential factors act almost as predictors to what the teen parents' futures can hold. Often teen pregnancy occurs in somewhat of a cycle; having a teen mother is likely to result in a teen daughter's pregnancy. Teens were most often influenced by their parents. Although peer groups do present certain influence factor, the influences between families are oftentimes stronger (see Figure 4).

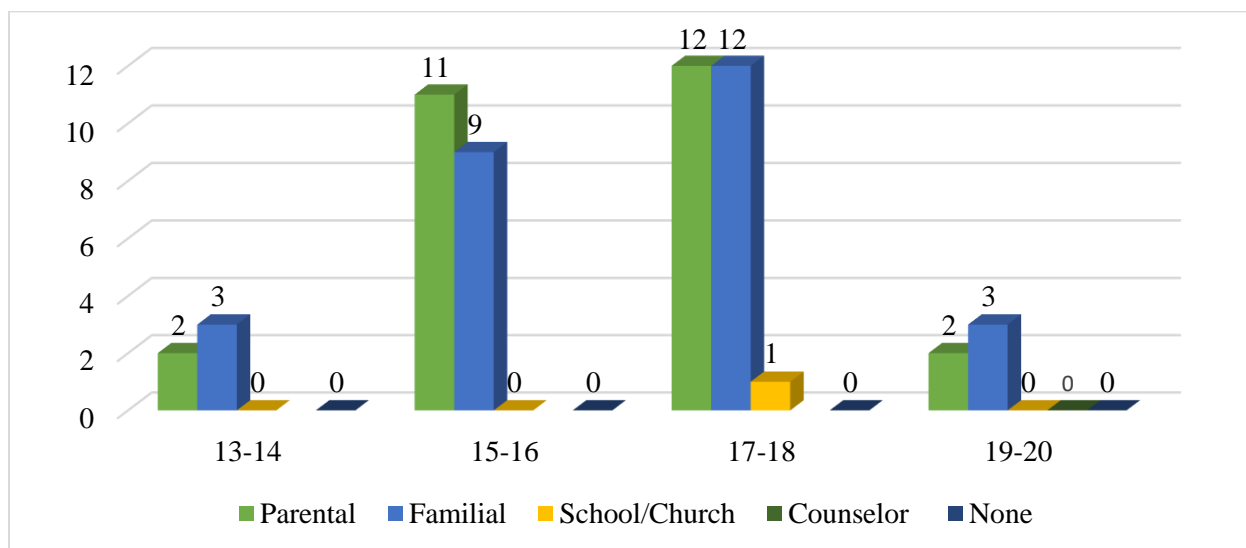


Figure 4. Teen parents and cited influential adults.

Many of the teen mothers at TPC had a desire to continue their education after school, while others felt that school was simply not an option for them. Only a few parents said that they were either undecided or did not see college in their future plans. The

majority of teens in our sample, who expressed a desire to continue their education and go to college, were older, single, and Hispanic. The white teens followed, with the black teens at the lowest level (see Figure 5).

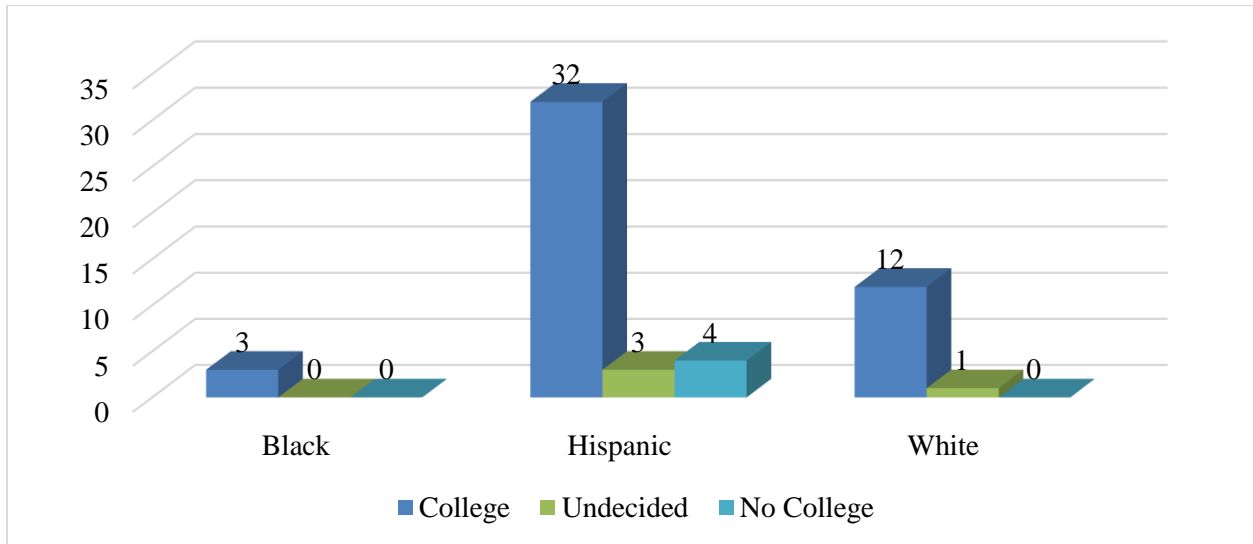


Figure 5. Teen parents' race and future educational plans.

The majority of the teens felt that they would continue their education beyond high school (see Figure 6). All of the younger teen parents had a desire to continue their education beyond high school along with many of the other teen parents. Older teen parents were either undecided about their future educational goals or do want to continue their education beyond high school.

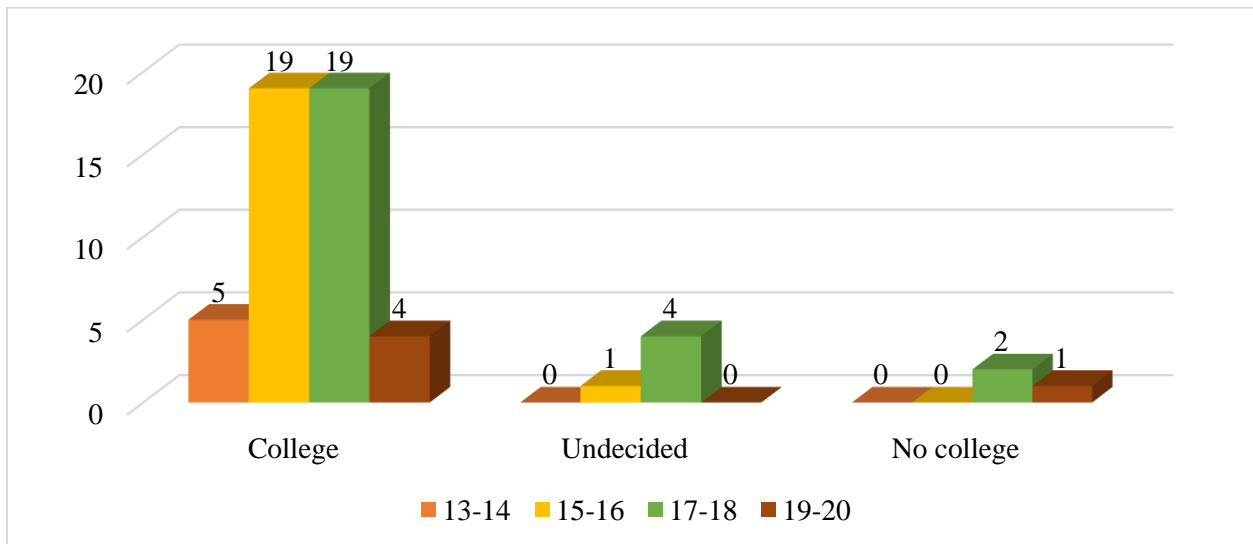


Figure 6. Teen parents' age and future educational plans.

Single teen parents represent the larger number of the population. Single teen parents are also the majority of those wanting to pursue their education beyond high school (see Figure 7).

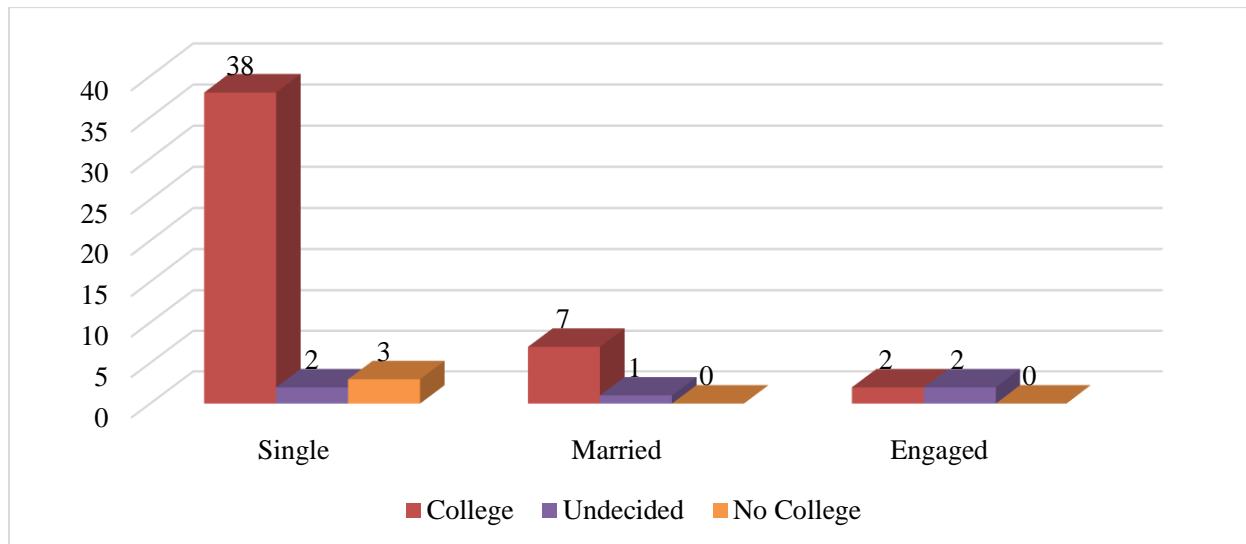


Figure 7. Teen parents' marital status and educational plans.

Summary of Trends in the Data

The following are some of the trends that seemed to be prominent among the respondents. The trends are based on their responses.

- Sex education should start before 9th grade.
- Relationships with peers and teachers are especially important to teenage girls.
- Students need more encouragement and help with schoolwork in order to keep them from dropping out.
- Having supportive adults around is a key element to keeping kids in school.
- Pregnant teens need assistance in finding financial aid and completing schoolwork.
- Pregnant teens are more likely to stay in school if they have positive relationships, available daycare, and a faster way of graduating.
- TPC needs more money to expand.
- There needs to be more awareness of TPC, its mission, and its students among the wider community to remove the stigma associated with it.

- Students want school staff to take genuine interest in them, support them, and be capable in carrying out their professional duties.
- TPC should focus on expanding their medical/science classes or work with nearby colleges so girls can pursue these career paths.
- Pregnant teens' major concerns are completing school, caring for children, and having positive relationships.
- Teens need to be educated about ways to deal with stress.
- Positive relationships, graduating, and financial aid are major concerns for pregnant teens.

Discussion and Conclusions

Studies performed in the realm of teen pregnancy are broad in scope and focus on the various aspects of the subject. To date, there has been no 'primary causes' for why teens engage in sexual activity or why when they do, they do not take precautions to prevent unwanted pregnancies. Although people have studied teen sexual activity in the past four decades, we can only conclude that certain influences impact their decisions; we are unable to establish a causal relationship to the millions of teens who become pregnant each year. It is important that studies continue in this field of study; by raising public awareness and reaching the teen population will help in terms of reducing the overall effect teen pregnancies have on the society as a whole.

Through this particular study, we are better able to understand the findings found by researchers around the country. As many have found, a vast majority of teen pregnancies occur in the Hispanic culture; at TPC, many of the respondents were Hispanic and some of them were on their second or even third child prior to finishing high school. This particular population also had the highest number of married participants; this is often due to the values of the family, many believe that in order to honor the families of the soon-to-be teen parents, marriage prior to the birth of the child is a necessity. Although not as popular in the Black and White cultures, it is often considered if the soon-to-be-parents are a biracial couple where a Hispanic is either the mother or father. For those teens considered single without the possibility of marriage, the maternal grandparents often step in to offer help to the teen mother. Grandchildren become an extension of the nuclear family and oftentimes, the grandparents and parent become interchangeable in the life of the child.

Changing views in sexual activity have helped to change the traditional views on parental roles and family makeup. The more children are exposed to sex through the media, what they see at home and changing norms throughout the society, the more their decisions are going to be less predictable. While analyzing the responses of the TPC students, it became apparent that most of these adolescents made decisions based primarily upon what their partner wanted or because of the "fun factor." It seems that many of the participants were oblivious to what parenthood actually involved or how to care for a child. Many of them, through their responses, seemed to hold very child-like views about parenting or child health. For future generations, this attitude could be detrimental to their health and well-being, both physically

and emotionally. Understandably, these teens could be disadvantaged to think otherwise, especially in households where both parents work, where there are no other siblings and where their role models are on popular television shows or movies which promote sex as a form of entertainment and parenthood as an easy task. Again, the aforementioned could be only one of several causes of teen pregnancy or it could not be a factor at all; it would depend solely on the teen receiving the message as well as other factors in the teen's life.

At TPC in Odessa, it was quite complex to figure out why the participants of this study made the decisions they did since the questionnaire was limited to certain aspects of the teenagers' lives. Teenage pregnancy may be considered a social problem, caused by many interconnected factors. One factor is lack of positive relationships with teachers, peers, and perhaps family members. Another factor is mounting stress and feelings of discouragement regarding success in school. Finally, a serious factor may be the inadequate sex education programs that focus on abstinence, thus not informing the teens fully of the dangers they may be facing if they get involved in sexual relations.

Nonetheless, the results of the study lend support to the idea that teens are concerned with the quality of their relationships with important adults, and that important adults (specifically parents, teachers, counselors, and other school staff members) can help to decrease the teenage pregnancy rate through the formation of close relationships with teens, as well as through improved sex-education. The formation of close interpersonal relationships is paramount; sex education is not as effective if teens do not have role models who will communicate social norms in an effective manner. Further, these findings imply that sex education could be improved by teaching kids parenting skills, ways of dealing with peer pressure, and ways to continue education and achieve their goals. These findings also imply that increasing public awareness/understanding/acceptance would be helpful.

Successful teen pregnancy prevention can only be achieved by taking a multipurpose approach. First, school staff must be willing to bolster students' support systems by becoming mentors as well as instructors. Second, schools must provide students with more educational resources, such as tutors, to help students succeed academically. Third, sex education must be improved and fact-based, providing teens with as much information regarding sex and childcare as possible, so that teens understand the responsibilities associated with engaging in sexual activity and having children. Fourth, parents and other family members should play integral roles in sex education and pregnancy prevention programs.

Strengths/Limitations/ Future Studies

This particular study presented several difficulties, many of which prohibited us from adding solid evidence to the continuing study on teen parenting. Finding a starting place also presented difficulties; the abundance of information from other studies was astounding, and filtering the information to the Permian Basin was much more difficult than first perceived.

The researchers were extremely careful with the questions they asked the students. The responses from the TPC students posed problems in coding the data and filtering out which questions would elicit the most usable answers for the current study.

For future studies, a longitudinal study would be helpful in determining why adolescents chose to engage in sexual activity at early ages, what they felt was the most important influential factor in their decision, how they feel their decisions have impacted their lives, and if they became pregnant what their future plans would be. After the initial

contact, many of the same questions should be asked to determine the developing maturity of the participant. Other questions with regards to preventing other girls from making the same decisions, the differences between what they initially thought parenting would be versus what they are actually experiencing would also be helpful. Checking on the development on the child would also be helpful to future studies. Continuing the study, after initial contact, would allow the researchers to gauge what the parent has been telling the child about sex and what decisions their child has made with regard to sexual activities. This could quite possibly answer some questions on teen pregnancy as the result of a recurring cycle.

Furthermore, it is important to examine in depth the participation of the school sex education programs. Their effects on students' sexual involvement decisions are important dimensions in understanding teen pregnancy.

Concluding Remarks

In conclusion, through this study we were able to gain significant information about teen pregnancy from the young women immediately involved in the situation. Although, the ages and immaturity of the TPC students were quite shocking, it soon became clear that those were immediate factors in their sexual activity decisions. Serious social changes involving most of the social institutions may only be able to prevent teen pregnancy. A good start may be for parents to monitor what children watch on television and on social media with regard to sexual activity. They should also be able to talk to their children about sex and about the importance of their decisions, otherwise, they would be taking a gamble with what the kids are taught outside the home and through the social media. Although there is not a clear cut answer on how to prevent teen pregnancy, this study has shown that the family is one of the most influential factor in a child's life; as such, there is a need to ensure that whatever the circumstances, children feel comfortable talking to the adults in their home. The school sex education programs also need to be more comprehensive and provide truthful and clear information on the effects of unprotected sexual activities other than just pregnancy. The seriousness of contracting venereal diseases is not stressed enough through programs that place emphasis only on abstinence, thus increasing the dangers not only of pregnancy but of life threatening diseases. Young individuals need to hear the truth and make thoughtful decisions about their lives and the society around them.

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