

Adolescent Pregnancy in America: Causes and Responses

By Desirae M. Domenico, Ph.D. and Karen H. Jones, Ed.D.

Abstract

Adolescent pregnancy has occurred throughout America's history. Only in recent years has it been deemed an urgent crisis, as more young adolescent mothers give birth outside of marriage. At-risk circumstances associated with adolescent pregnancy include medical and health complications, less schooling and higher dropout rates, lower career aspirations, and a life encircled by poverty. While legislation for career and technical education has focused attention on special needs populations, the definition has been broadened to include single parents. This article encompasses a brief history of adolescent pregnancy in America, factors influencing adolescent pregnancy, and the consequences associated with adolescent pregnancy. The conclusion includes implications for educators, researchers, and practitioners.

Introduction

While slightly decreasing in rates in recent years, adolescent pregnancy continues to be prevalent in the United States, with nearly one million teenage females becoming pregnant each year (Meade & Ickovics, 2005; National Campaign to Prevent Teen Pregnancy, 2003; Sarri & Phillips, 2004). The country's adolescent pregnancy rate remains the highest among western industrialized nations, with 4 of every 10 pregnancies occurring in women younger than age 20 (Dangal, 2006; Farber, 2003; SmithBattle, 2003; Spear, 2004). Despite a 21% decline in the rate of pregnancy among older adolescents between ages 15 and 19, nearly 12,000 adolescent females under age 15 become pregnant each year (National Campaign to Prevent Teen Pregnancy, 2003; Rothenberg & Weissman, 2002; Sexuality Information & Education Council of the United States [SIECUS], 2002).

Adolescent pregnancy and childbearing are national problems that affect the community and society at large (Spear, 2004). Adolescent mothers become economically dependent due to their decreased educational attainment, the decision to keep and raise their children, subsequent high fertility rates, and greater occurrences of single-parent families (Brindis & Philliber, 2003; Farber, 2003). Not only is adolescent pregnancy economically costly, it poses various social consequences for teen mothers. Pregnancy is one of the reasons commonly cited by female secondary students for dropping out of high school (Brindis & Philliber, 2003). Rothenberg and Weissman (2002) found that 7 out of 10 females who became adolescent

mothers did not graduate from high school. Less than one-third of adolescent females giving birth before age 18 ever complete high school, and the younger the pregnant adolescents are, the less likely they are to complete high school (Brindis & Philliber, 2003; Koshar, 2001). Nationally, about 25% of adolescent mothers have a second baby within one year of their first baby, leaving the prospect of high school graduation improbable. However, if a parenting female can delay a second pregnancy, she becomes less at risk for dropping out of school and her chance of finishing high school increases (Kreinin, 1998).

Research reveals many adolescent females become pregnant intentionally because they see no other life goals within their reach (Winter, 1997). Plagued by poor school performance and low self-esteem, they have no realistic expectations about education or occupations; thus, pregnancy is viewed as an alternative path to economic independence and adult status (Brown & Barbosa, 2001; Farber, 2003; Rothenberg & Weissman, 2002; Turner, 2004). Usually adolescents who become teen mothers are already experiencing academic difficulties in school, have low educational expectations, and are not confident they will graduate from high school, or are attempting to escape abusive home situations (Coles, 2005; Koshar, 2001). Pursuing higher education or a career is not reasonably within their reach, and they may experience feelings of hopelessness or helplessness regarding their future (Rothenberg & Weissman, 2002). Coupled with a lack of positive role models and impoverished living situations,

adolescent females decide to become pregnant or they “drift” into pregnancy, as this decision appears to be their best option (Brindis & Philliber, 2003; Rothenberg & Weissman, 2002; Winter, 1997). It is equally important to recognize that adolescent pregnancy can be a positive life choice for females from certain ethnic or social groups (Tripp & Viner, 2005).

Adolescent Pregnancy in Early America

While many Americans have become increasingly concerned with the problem of teenage pregnancy over the past three decades, the truth is that teenage pregnancy has been a societal concern for more than three centuries (Luker, 1996). In previous centuries, adolescent pregnancy and the problems surrounding it were not specific to any age group, but instead were treated as part of broader social issues. Only since the 1970s has the issue of unwed motherhood become associated with teenagers (Luker, 1996). Subsequently, teenage pregnancy has gripped the attention of educators, policymakers, and the public, hence, being deemed an urgent crisis not only for the young mother and her child, but for society as well (Farber, 2003; Furstenberg Jr., 1991; Manlove, 1998; Spear, 2004).

In the Puritan communities of early North America, it was not unusual for an adolescent female to be a wife and mother because she was considered to be mature. Throughout the colonial period, the incidence of young motherhood and of out-of-wedlock births posed an economic burden on communities. In both the Puritan and colonial times, young mothers were punished, hastily married off, and considered immoral by the church (Farber, 2003; Luker, 1996). The nineteenth century

witnessed a decline in premarital pregnancies, which was partially attributed to greater church participation and more emphasis on self-control and self-discipline (Farber, 2003). Even into the mid-twentieth century, one-fourth of all American women were mothers before age 20. However, almost all adolescent mothers were married before the arrival of their babies, or they succumbed to the pressure to drop out of school to conceal the pregnancy (Hofferth, Reid, & Mott, 2001; Hymowitz, 1997; Luker, 1996).

If adolescent pregnancy and childbearing have been so common throughout American history, why have these issues received such mounting attention and concern in recent years? Adolescent pregnancy and early marriage among teenagers were more accepted in the 1950s because the young girl usually married the baby's father to legitimize the birth (SmithBattle, 2003; Zero Population Growth, 1997). As long as the end result of a premarital adolescent pregnancy was marriage, the issue remained virtually invisible to society (Farber, 2003; Furstenberg Jr., 1991; Hymowitz, 1997). In fact, it was not until the radical social changes of the 1960s that adolescent pregnancy became a more prominent and socially disturbing trend (Cherry, Dillon, & Rugh, 2001). In the 1960s, adolescents began having sexual intercourse at an earlier age and rejected hasty marriages to legitimize a birth, opting instead to remain in school (Furstenberg Jr., 1991). The country saw a 50% increase in the birth rate among unwed teenagers from 1960 to 1975, and the number of births to unmarried teenagers between ages 15 to 19 quadrupled from 1960 to 1992 (Furstenberg Jr.; Hogan, Sun, & Cornwell, 2000).

Today, while premarital sex is not condoned, nearly 47% of

secondary students have reported being sexually active before marriage (Center for Disease Control and Prevention [CDC], 2004; Santelli et al., 2004; Zero Population Growth, 1997). Despite high rates of adolescent pregnancy, the majority of American adults still believe teens should not be sexually active, non-marital childbearing is unacceptable, and unwed adolescent mothers are viewed in a negative manner (Hofferth et al., 2001; National Campaign to Prevent Teen Pregnancy, 2003; Zero Population Growth, 1997). This position is substantiated by a recent study of adolescent females who reported having negative views toward teen motherhood (Turner, 2004).

Factors Influencing Adolescent Pregnancy

For years researchers have examined risk factors related to adolescent pregnancy. Characteristics such as family structure, age at first intercourse, goals, and child sexual abuse have been associated with adolescent pregnancy (Farber, 2003; McCullough & Scherman, 1991; Stewart, 2003; Xie, Cairns, & Cairns, 2001).

Family Structure

Family structure is considered a major factor contributing to adolescent pregnancy and motherhood. Rosen (1997) found a growing number of American adolescent females lived in relatively unstable family situations and many became sexually intimate for a short-term sense of comfort. Parental rejection, or a lack of warmth, affection, or love, also led adolescents to seek relationships outside the family to boost their self-esteem (McCullough & Scherman, 1991). However, strong family relationships and two parent families have been found to lower the incidence of adolescent preg-

nancy (Weisfeld & Woodward, 2004). Hymowitz (1997) claimed parental influence was the most significant variable in adolescent pregnancy prevention. She concluded the absence of a father was the primary factor in teen girls becoming pregnant. It was also reported that adolescents whose parents communicated strong disapproval of sexual activity exhibited fewer risk-taking behaviors and were likely to delay sex until a later age (Manlove et al., 2002).

Age at First Intercourse

Today puberty occurs much earlier in adolescents, and first-time sexual encounters are taking place at younger ages, resulting in more sexually experienced adolescents (Xie et al., 2001). Between 1988 and 1995, the proportion of adolescent females who first had sex at 14 years old or younger practically doubled (National Campaign to Prevent Teen Pregnancy, 2003). There is not a direct relationship between the time a girl reaches puberty and the likeliness of her becoming pregnant; however, earlier onset of puberty combined with more peer pressure and less parental supervision results in today's adolescents being faced with making premature sexual decisions (Farber, 2003; Rodriguez Jr., & Moore, 1995). Adolescents whose mothers gave birth as teenagers or who have pregnant siblings are also more likely to engage in early sexual intercourse and become teen parents as well (Manlove et al., 2002; Xie et al., 2001).

Future Expectations

Often the phenomenon of intentional pregnancy is limited to at-risk, low-income adolescents because they are more likely to perceive their futures as bleak and motherhood as a better option (Davies et al., 2004). Usually adolescents who became mothers experienced academic diffi-

culties in school, or they attempted to escape abusive home situations (Koshar, 2001). Many adolescent mothers viewed postsecondary education as unattainable, and they possessed little awareness of their life options and career opportunities. Seeing no future for themselves and coupled with a lack of positive role models to follow, adolescent females chose to become pregnant, as this decision appeared to be their best alternative (Brown & Barbosa, 2001; Rothenberg & Weissman, 2002). Teen mothers viewed childbearing as the one thing they could do that was socially responsible, gave meaning to their lives, and offered hope for their futures (Rosen, 1997).

Sexual Abuse

Sexual abuse may alter perceptions about sexual behavior, leading an abused adolescent, especially females, to initiate sex at an earlier age and have more partners (Saewyc, Magee, & Pettingell, 2004). McCullough & Scherman (1991) speculated some teen pregnancies possibly resulted from unresolved feelings and behaviors associated with earlier sexual abuse. Although the majority of adolescent females claimed their first sexual experience was voluntary, Farber (2003) found about 40% of girls who first had intercourse at age 13 or 14 indicated involuntary or unwanted intercourse with an older partner. Herman-Giddens et al. (1998) reported that females who were sexually abused as children were three times more likely to become pregnant during their teen years and usually became pregnant at a younger age. Likewise, about two-thirds of adolescent mothers were previously sexually abused or raped by a father, stepfather, or other relative, and often suffered from low self-esteem and depression (Sarri & Phillips, 2004; Villarosa, 1997). Additional studies found

over 65% of adolescent mothers had babies by men who were age 20 or older, implying that a higher number of adolescent pregnancies may result from sexual abuse than previously thought (Klein, 1997; Villarosa, 1997).

Consequences of Adolescent Pregnancy

Adolescent pregnancy and childbirth impose difficult long-term outcomes and have adverse effects not only on the young mother, but also on her child (Hao & Cherlin, 2004; Meade & Ickovics, 2005). These negative consequences and outcomes have been documented over the years, and society tends to stereotype all adolescent mothers in an unfavorable manner (Camarena, Minor, Melmer, & Ferrie, 1998). Possessing an understanding of the factors associated with adolescent pregnancy and its consequences is necessary to effectively prevent and ease the costs of adolescent pregnancy.

Career Opportunities

Often pregnant adolescents are unaware of the various types of jobs available in the workforce. Pregnant secondary students have been found to possess lower career aspirations, attain less prestigious occupations, and experience less satisfaction with career progress, feel their future job choices are limited when compared to their non-pregnant peers. They were less likely to get a job or attend college (Hockaday, Crase, Shelley, & Stockdale, 2000; Nord, Moore, Morrison, Brown, Myers, 1992; School Board News, 1999). As a result, adolescent mothers often experienced a lack of meaningful and equal career opportunities, leading to a high rate of teen unemployment (Merrick, 1995). Childbearing at an early age has also been found to reduce a female's career opportunities to mostly non-professional occupa-

tions (Bissell, 2000). Additional studies reinforced the notion that adolescent motherhood was associated with unrealistic career aspirations, unequal career opportunities, and high unemployment rates among adolescent females (Drummond & Hansford, 1992; Merrick, 1995; Nord et al., 1992). Pregnant adolescents represent the portion of at-risk youth that commonly fall into occupations for which there is an oversupply of workers (Drummond & Hansford, 1992). Chartrand and Rose (1996) stressed the need for more career development theories that focused on at-risk persons, as these at-risk individuals are at the junction of race, gender, and class, often resulting in limited access to education and career opportunities.

As mentioned earlier, the best protection an adolescent female can have against becoming pregnant is to have life goals (Winter, 1997). Having positive attitudes about education and clear educational goals was associated with fewer incidences of adolescent births (Hockaday et al., 2000; Manlove, 1998; Manlove et al., 2002). Stewart (2003) theorized that adolescent females with high career aspirations may postpone early motherhood to focus on their educational and career goals. O'Connor (1999) found that academically-oriented females, meaning those with good grades, high test scores, and high educational aspirations, were less likely to give birth while still in high school. Other studies (Rodriguez Jr. & Moore, 1995; Young, Turner, Denny, & Young, 2004) reported adolescents with a high self-esteem and a belief they had future goals were less likely to experience an early pregnancy.

Adolescent Mothers' Futures
Many researchers have painted a dismal picture of the future for adolescent mothers. Young

mothers face poor life scenarios and bleak impending prospects for educational and economic well-being (Maynard, 1996; Tonelli, 2004). Sarri and Phillips (2004) implied young mothers were at risk for confronting many years of social and economic disadvantages. Adolescent mothers have often experienced medical complications and health problems during pregnancy, as many do not seek prenatal care (Sarri & Phillips, 2004). Children of teen mothers are more likely to achieve lower levels of education, suffer from lifelong learning disabilities, and are at risk for becoming young, unmarried parents themselves (Farber, 2003; Merrick, 1995; Rothenberg & Weissman, 2002). Generally, adolescent females had more children than women who delayed childbearing until their twenties, and this trend continues today (Maynard, 1996; National Campaign to Prevent Teen Pregnancy, 2002; Zero Population Growth, 1997).

Because adolescent mothers often lack work experience, educational skills, and job training, their future employment levels and earnings are minimal. Sawhill (2000) observed that adolescent mothers who did work were less competitive in the workforce, and many struggled to survive with low-wage or dead-end jobs. Many men responsible for children born to adolescent mothers provide little or no child support; thus a large number of adolescent mothers have remained disproportionately poor, depending on public assistance to support them economically (National Campaign to Prevent Teen Pregnancy, 2002; Nord et al., 1992; Rothenberg & Weissman, 2002; Sawhill, 2000). These grim statistics are the realities adolescent mothers must face concerning their futures.

Economic Consequences

In addition to the numerous so-

cial outcomes of adolescent pregnancy, various economic outcomes are also evident. Adolescent pregnancy and early childbearing is detrimental, for very often the young female is unable to attain sufficient education needed to compete in the economy (Sawhill, 2000). It is estimated that adolescent childbearing costs the nation roughly seven billion dollars annually (National Campaign to Prevent Teen Pregnancy, 2003; Rothenberg & Weissman, 2002). Adolescent mothers have relied heavily on public assistance and constituted nearly one-half of all welfare recipients (Maynard, 1995; Zero Population Growth, 1997). Such high levels of dependence on public assistance indicated widespread poverty in families of young adolescent mothers in America (National Center for Research in Vocational Education, 1992). Many Americans falsely assumed welfare encouraged people, especially adolescent females, to have babies. Given the United States provided less support for single mothers, and the welfare benefits have steadily decreased since 1973, Luker (1996) stated there was likely no correlation between the level of welfare benefits and the incidence of out-of-wedlock births.

Educational Outcomes

Timing of family formation is critical in the amount of education a young girl obtains (Hofferth et al., 2001). Becoming an adolescent mother has been associated with less formal education, often leading to poverty (Meade & Ickovics, 2005; Merrick, 1995). Adolescent pregnancy can pose major challenges to school attendance and completion, and it is one of the reasons commonly cited by female secondary students for dropping out of high school (Drummond & Hansford, 1992; Hao & Cherlin, 2004). Balanc-

ing school, a job, and childcare is often overwhelming for female adolescent parents and consumes time and energy that they could otherwise spend on school (Hofferth et al., 2001; Koshar, 2001).

Less than one-third of female adolescents who gave birth before age 18 completed high school. Additionally, for adolescent mothers experiencing a subsequent pregnancy within two years of their first delivery, the prospect of high school graduation is improbable (Kreinin, 1998; Meade & Ickovics, 2005). Hofferth et al. (2001) found that adolescent childbearing was greatly associated with reduced chances of completing high school and attending college, thus leading the researchers to conclude that today's adolescent mothers who are unable to obtain some form of higher education are at a disadvantage.

Koshar (2001) discovered that many adolescent females who became pregnant were already experiencing academic difficulties in school and therefore were at risk for dropping out. While many adolescent females on the verge of dropping out claimed becoming pregnant gave them the excuse to quit school, other adolescent females first dropped out of school and then became pregnant (Kreinin, 1998; School Board News, 1999). Academic success and a bonding to school have been associated with reduced adolescent pregnancy rates (Yampolskaya, Brown, & Vargo, 2004). Adolescents who had friends with high educational aspirations were less likely to engage in sex at an early age, thus reducing their chances of adolescent pregnancy and increasing their likelihood of completing high school when compared to adolescents whose peers did not have these characteristics (Manlove et al., 2002).

Poverty

Poverty is an additional consequence of adolescent pregnancy, often leading to poorer outcomes for adolescent mothers (Tripp & Viner, 2005). As many as 80% of unwed adolescent mothers grew up in extreme poverty and the likelihood their children will grow up in poverty is high. Many poverty-stricken adolescents accepted their pregnancy and viewed it as a means of improving their lives (Rosen, 1997). Adolescents subjected to disadvantaged circumstances, such as living in poor, racially segregated, high crime communities, or living in problematic or single parent families, were more at risk of becoming pregnant during their teenage years (Maynard, 1995; Sarri & Phillips, 2004). Manlove et al. (2002) reported adolescents living in poverty stricken neighborhoods were more apt to engage in sexual intercourse, often leading to adolescent pregnancy and childbirth. Maynard (1995) speculated that adolescent pregnancy and childbearing directly resulted in the intergenerational transfer of poverty.

Responses to Adolescent Pregnancy

Over the last half of the twentieth century, schools, communities, and government agencies have worked diligently to help combat adolescent pregnancy. There are literally hundreds of adolescent pregnancy prevention programs available to teens today, yet it is difficult for educators and practitioners to know which of these programs serve as "best practices" (Franklin & Corcoran, 2000). Successful programs are characterized as being multifaceted, incorporating not only abstinence, but also other topics including delayed sexual activity, life skills training, self-esteem, sex education, parenting skills, and contracep-

tion use (Tonelli, 2004; Zero Population Growth, 1997). The Institute for Educational Leadership (1997) suggested that schools extend educational opportunities in alternative schools, offer supportive learning environments for pregnant and parenting adolescents. School districts that have alternative programs meet the needs of parenting adolescents by scheduling later class times, offering pregnancy and childbirth classes, allowing students to gain graduation credits, providing access to services such as counseling and on-site nursing aides, and arranging quality childcare services (Essortment, 2007).

While adolescent pregnancy prevention programs offer countless support services to pregnant and parenting adolescents, not all support services are consistently available throughout the country and programs vary from state to state (Brindis & Philliber, 2003). Programs aimed at preventing pregnancy and parenting among adolescents must be long-term and comprehensive, while incorporating important components such as early intervention, sexuality education, counseling, health services, adolescent domestic violence, and youth development (Raphael, 2005; Rothenberg & Weissman, 2002; School Board News, 1999). National programs such as the Abstinence Education Program, funded by the welfare reform law and administered by Health and Human Services, offers federal grants to states for abstinence education activities including mentoring and counseling. The Adolescent Family Life Program, also administered by Health and Human Services, affords education and social services to teen fathers to help them realize their roles and responsibilities as a parent. In addition, many teen mothers receive medical assis-

tance, and family planning and reproductive health services through Medicaid, provided through Title XIX of the Social Security Act (Association of Maternal & Child Health Programs, 2006). Adolescent pregnancy is a complex problem, and there is a need for collaboration among various organizations to achieve successful pregnancy prevention programs, as only marginal success in the fight against adolescent pregnancy has been achieved to date (Brindis & Philliber, 2003; School Board News, 1999; Tonelli, 2004; Weisfeld & Woodward, 2004).

Recommendations for Practice

1. To increase adolescent females' self-efficacy, schools should incorporate curriculum that nurtures a sense of self-worth and productivity that can lend itself to the workforce. Beginning in ninth grade, delivery of such curriculum can be provided through Career and Technical Education classroom exercises, guidance career activities, and community school-to-work programs.
2. Students from impoverished backgrounds should be afforded opportunities to participate in long-term secondary programs that will enable them to establish career and educational goals and provide them the tools to achieve these goals.
3. Sex education curriculum prior to high school entry should clearly define the decision-making process for a sexual relationship, the outcomes of a sexual relationship, and the choice to abstain from sex without a sense of guilt.
4. Because families are often a support group for pregnant and parenting adolescents, there is a need for community outreach programs headed by social workers and health pro-

fessionals to assist families of these adolescents in teaching them to become independent, self-sufficient adults. Outreach programs should stress the importance of career aspirations for all pregnant and parenting adolescents, especially those with special needs.

Implications for Career and Technical Education

Federal and state governments can contribute in the effort to reduce adolescent pregnancy by providing stable funding for comprehensive educational and support services to pregnant and parenting adolescents (Institute for Educational Leadership, 1997). Students with special needs are at further risk for adolescent pregnancy; however, information regarding the number of adolescent mothers with special needs and their educational needs has not been previously recorded (Jones, Domenico, & Valente, 2006; Jones, Woolcock-Henry, & Domenico, 2005; Shapland, 1999; Yampolskaya, Brown, & Greenbaum, 2002). Inclusive vocational training for all students, including special needs students, is mandated and supported by a variety of national policy initiatives addressing transition services for students with special needs. These include: The Technology-Related Act for Individuals with Disabilities, Goals 2000- Educate America Act; School-To-Work Opportunities Act, and the Americans with Disabilities Act. Specifically, legislation for career and technical education has focused attention on special needs populations as early as the Vocational Education Act of 1963. The Carl D. Perkins Vocational and Technical Education Act of 1998 broadened the definition of disadvantaged populations to include single parents, which includes adolescent mothers

(Sarkees-Wircenski & Scott, 2003). The recent passage of the Carl D. Perkins Career and Technical Improvement Act of 2006 continues the support of single parents, including adolescent mothers, while preparing them for occupations that lead to self-efficacy (Association for Career and Technical Education, 2006). The federal welfare program, Temporary Assistance for Needy Families (TANF), requires adolescent parents who are minors to participate in school or training to receive aid (Center for Law and Social Policy, 2001).

Once pregnant and parenting adolescents gain a higher self-efficacy with realistic outcome expectations, they can begin to establish and work toward the attainment of career goals. According to Young, Martin, Young, and Ting (2001), programs that connect behaviors with outcomes and programs that promote the importance of higher education afford adolescent females the skills to develop realistic strategies for meeting life goals. Guidance programs that include career education and exploration opportunities have been found to provide exposure to postsecondary education and training options (McWhirter, Rasheed, & Crothers, 2000). An implication of this paper is the need for vocational special needs educators and career and technical educators to understand the necessity for building adolescent self-efficacy and intense education in linking pregnant or parenting adolescent females' outcome expectations with their goals regarding future career aspirations. Another implication would be to recognize the importance of assisting pregnant and parenting females from special needs populations in determining barriers to the workforce in an effort to enable them to reassess their career options.

Typically, Americans have been reluctant to deal with issues regarding sexuality and reproductive health (Zero Population Growth, 1997). However, society must assume the responsibility of educating teens about sex, adolescent pregnancy, and the negative effects of early motherhood on young females. The challenge of reducing rates of teenage pregnancy remains, and until America's youth are able to fully understand the consequences of teenage pregnancy, prevention programs, interventions, and counseling services must be accessible for all adolescents (McCullough & Scherman, 1991; Tonelli, 2004).

References

- Association for Career and Technical Education (2006). Perkins reauthorization. Retrieved September 7, 2006, from http://www.actonline.org/policy/legislative_issues/Perkins-new.cfm
- Association of Maternal and Child Health Programs (2006). State innovations to prevent teen pregnancy. Retrieved July 30, 2007 from www.amchp.org/aboutamchp/publications/teenpregnancyreport.pdf
- Bissell, M. (2000). The socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. *Canadian Journal of Human Sexuality, 9*, 191-204.
- Brindis, C., & Philliber, S. (2003). Improving services for pregnant and parenting teens. *Prevention Researcher, 10*(3), 9-13.
- Brown, S. G., & Barbosa, G. (2001). Nothing is going to stop me now: Obstacles perceived by low-income women as they become self-sufficient. *Public Health Nursing, 18*, 364-372.
- Camarena, P. M., Minor, K., Melmer, T., & Ferrie, C. (1998). The nature and support of adolescent mothers' life aspirations. *Family Relations, 47*, 129-137.
- Center for Disease Control and Prevention. (2004). Youth Risk Behavior Surveillance System Youth online: Comprehensive results-sexual behaviors. Retrieved November 20, 2004 from <http://apps.nccd.cdc.gov/yrbss/CategoryQuestions.asp?Cat=4&desc=Sexual%20Behavior>
- Center for Law and Social Policy. (2001, November). *TANF and teen parents with disabilities*. Washington, DC: Author.
- Chartrand, J. M., & Rose, M. L. (1996). Career interventions for at-risk populations: Incorporating social cognitive influences. *Career Development Quarterly, 44*, 341-354.
- Cherry, A. L., Dillon, M. E., & Rugh, D. (2001). United States. In A. L. Cherry, M. E. Dillon, & D. Rugh (Eds.), *Teenage pregnancy: A global view* (pp. 183-197). Westport, CT: Greenwood Press.
- Coles, C. (2005). Teen pregnancy and "internal poverty." *The Futurist, 38*(7), 10.
- Dangal, G. (2006). An update on teenage pregnancy. *Internet Journal of Gynecology & Obstetrics, 5*(1).
- Davies, S. L., DiClemente, R. J., Wingwood, G. M., Person, S. D., Crosby, R. A., Harrington, K. F., et al. (2004). Relationship characteristics and sexual practices of African American adolescent girls who desire pregnancy. *Health Education & Behavior, 31*, 85S-96S.
- Drummond, R. J., & Hansford, S. G. (1992). Career aspirations of pregnant teens. *Journal of Employment Counseling, 29*, 166-171.
- Essortment (2007). Pregnant teenage parents: Alternative programs. Retrieved August 14, 2007 from http://wi.essortment.com/pregnantteenpa_rzym.htm
- Farber, N. (2003). *Adolescent pregnancy: Policy and prevention services*. New York: Springer.
- Franklin, C., & Corcoran, J. (2000). Preventing adolescent pregnancy: A review of programs and practices. *Social Work, 45*, 40-53.
- Furstenberg, F. F., Jr. (1991). As the pendulum swings: Teenage childbearing and social concern. *Family Relations, 40*, 127-139.
- Hao, L., & Cherlin, A. J. (2004). Welfare reform and teenage pregnancy, childbirth, and school dropout. *Journal of Marriage & Family, 66*, 179-194.
- Herman-Giddens, M. E., Kotch, J. B., Browne, D. C., Ruina, E., Winsor, J. R., Jung, J., Stewart, P. W. (1998). Childbearing patterns in a cohort of women sexually abused as children. *Journal of Interpersonal Violence, 13*, 504-513.
- Hockaday, C., Crase, S. J., Shelley, M. C., II, & Stockdale, D. F. (2000). A prospective study of adolescent pregnancy. *Journal of Adolescence, 23*, 423-438.
- Hofferth, S. L., Reid, L., & Mott, F. L. (2001). The effects of early childbearing on schooling over time. *Family Planning Perspectives, 33*, 259-267.
- Hogan, D. P., Sun, R., & Cornwell, G. T. (2000). Sexual and fertility behaviors of American females aged 15-19 years: 1985, 1990, and 1995. *American Journal of Public Health, 90*, 1421-1425.
- Hymowitz, K. S. (1997). Lack of parental influence is a factor in teenage pregnancy. In S. P. Thompson (Ed.), *Teenage pregnancy: Opposing viewpoints* (pp. 82-92). San Diego, CA: Greenhaven Press.
- Institute for Educational Leadership (1997, November). *School-based and school-linked programs for pregnant and parenting teens and their children*. Washington, D. C. Retrieved July 15, 2003, from <http://www.ed.gov/pubs/ParentingTeens/>
- Jones, K. H., Domenico, D. M., & Valente, J. S. (2006). The incidence of pregnant and parenting teens with disabilities in FCS programs. *Journal of Family and Consumer Sciences Education, 24*(2), 24-35.
- Jones, K. H., Woolcock-Henry, C. O., & Domenico, D. M. (2005). A wake up call: Pregnant and parenting teens with disabilities. *International Journal of Special Education, 20*(1), 92-104.
- Klein, J. (1997). Sexual abuse is a factor in teenage pregnancy. In S. P. Thompson (Ed.), *Teenage pregnancy: Opposing viewpoints* (pp. 73-76). San Diego, CA: Greenhaven Press.
- Koshar, J. (2001). Teen pregnancy 2001- Still no easy answers. *Pediatric Nursing, 27*, 505-509.
- Krein, T. (1998). Keep kids from making babies. *NEA Today, 17*, 25.
- Luker, K. (1996). *Dubious conceptions: The politics of teenage pregnancy*. Cambridge, MA: Harvard University Press.
- Manlove, J. (1998). The influence of high school dropout and school

- disengagement on the risk of school-age pregnancy. *Journal of Research on Adolescence*, 8, 187-220.
- Manlove, J., Terry-Humen, E., Papillo, A. R., Franzetta, K., Williams, S., & Ryan, S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows. *Child Trends Research Brief*.
- Maynard, R. (1995). Teenage childbearing and welfare reform: Lessons from a decade of demonstration and evaluation research. *Children and Youth Services Review*, 17(1-2), 309-332. (ERIC Document Reproduction Service No. EJ508#810)
- Maynard, R. A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation Special Report on the costs of adolescent childbearing*. New York.
- McCullough, M., & Scherman, A. (1991). Adolescent pregnancy: Contributing factors and strategies for prevention. *Adolescence*, 26, 809-817.
- McWhirter, E. H., Rasheed, S., & Crothers, M. (2000). The effects of high school career education on social-cognitive variables. *Journal of Counseling Psychology*, 47, 330-341.
- Meade, C. S., & Ickovics, J. R. (2005). Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. *Social Science & Medicine*, 60, 661-678.
- Merrick, E. N. (1995). Adolescent childbearing as a career 'choice': Perspective from an ecological context. *Journal of Counseling & Development*, 73, 288-295.
- National Campaign to Prevent Teen Pregnancy. (2002, February). *Not just another single issue: Teen pregnancy prevention's link to other critical social issues*. Retrieved July 15, 2003, from <http://www.teenpregnancy.org>
- National Campaign to Prevent Teen Pregnancy. (2003). *Fact sheet: Recent trends in teen pregnancy, sexual activity, & contraceptive use*. Retrieved April 23, 2003, from <http://www.teenpregnancy.org/resources/reading/pdf/rectrend.pdf>
- National Center for Research in Vocational Education (1992). *Access to and use of vocational education in teen parent programs*. University of California, Berkeley: Zellman, G. L., Feifer, C., & Hirsch, A. E.
- Nord, C., Moore, K., Morrison, D., Brown, B., & Myers, D. (1992). Consequences of teen-age parenting. *Journal of School Health*, 62, 310-318.
- O'Connor, M. L. (1999). Academically oriented teenage women have reduced pregnancy risk. *Family Planning Perspectives*, 31, 105-106.
- Raphael, J. (2005). Teens having babies: The unexplored role of domestic violence. *Prevention Researcher*, 12(1), 15-17.
- Rodriguez, C., Jr., & Moore, N. B. (1995). Perceptions of pregnant/parenting teens: Reframing issues for an integrated approach to pregnancy. *Adolescence*, 30, 685-707.
- Rosen, R. (1997). Poverty is a cause of teenage pregnancy. In S. P. Thompson (Ed.), *Teenage pregnancy: Opposing viewpoints* (pp. 55-58). San Diego, CA: Greenhaven Press.
- Rothenberg, A., & Weissman, A. (2002). The development of programs for pregnant and parenting teens. *Social Work in Health Care*, 35, 65-83.
- Saewyc, E. M., Magee, L. L., & Pettingell, S. E. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual & Reproductive Health*, 36, 98-105.
- Santelli, J. S., Abma, J., Ventura, S., Lindberg, L., Morrow, B., Anderson, J. E., et al. (2004). Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *Journal of Adolescent Health*, 35(2), 80-90.
- Sarkees-Wircenski, M., & Scott, J. L. (2003). *Special populations in career and technical education*. Homewood, IL: American Technical Publishers.
- Sarri, R., & Phillips, A. (2004). Health and social services for pregnant and parenting high risk teens. *Children & Youth Services*, 26, 537-560.
- Sawhill, I. V. (2000, Winter). Welfare reform and reducing teen pregnancy. *Public Interest*, (138), 40-52.
- School Board News (1999). Curricular programs to curb teen pregnancy. *Education Digest*, 64, 38-42.
- Sexuality Information and Education Council of the United States. (2002). *Fact sheet: Teen pregnancy, birth and abortion*. Retrieved July 17, 2003, from <http://www.siecus.org/pubs/fact/fact0010.html>
- Shapland, C. (1999). *Sexuality issues for youth with disabilities and chronic health conditions*. An occasional policy brief of the Institute for Child Health Policy, Gainesville, FL. (ISBN 0-9700909-3-5)
- SmithBattle, L. (2003). Understanding teenage mothering: Conventional and unconventional wisdom. *Prevention Researcher*, 10(3), 1-4.
- Spear, H. J. (2004). Personal narratives of adolescent mothers-to-be: Contraception, decision making, and future expectations. *Public Health Nursing*, 21, 338-346.
- Stewart, J. (2003). The mommy track: The consequences of gender ideology and aspirations on age at first motherhood. *Journal of Sociology and Social Welfare*, 30, 3-30.
- Tonelli, M. (2004). The continuing challenge of teen pregnancy. *Journal of Pediatric & Adolescent Gynecology*, 17(1), 69-70.
- Tripp, J., & Viner, R. (2005). Sexual health, contraception, and teenage pregnancy. *British Medical Journal*, 330, 590-593.
- Turner, K. M. (2004). Young women's views on teenage motherhood: A possible explanation for the relationship between socioeconomic background and teenage pregnancy outcome. *Journal of Youth Studies*, 7, 221-238.
- Villarosa, L. (1997). Adult men are largely responsible for teenage pregnancy. In S. P. Thompson (Ed.), *Teenage pregnancy: Opposing viewpoints* (pp. 77-81). San Diego, CA: Greenhaven Press.
- Weisfeld, G. E., & Woodward, L. (2004). Current evolutionary perspectives on adolescent romantic relations and sexuality. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43, 11-19.
- Winter, M. (1997). Why teenage girls become pregnant. *Human Ecology*, 25, 14.
- Xie, H., Cairns, B. D., & Cairns, R. B. (2001). Predicting teen motherhood and teen fatherhood: Individual characteristics and peer affiliations. *Social Development*, 10, 488-511.

- Yampolskaya, S., Brown, E. C., & Greenbaum, P. E. (2002). Early pregnancy among adolescent females with serious emotional disturbance: Risk factors and outcomes. *Journal of Emotional & Behavioral Disorders, 10*, 108-116.
- Yampolskaya, S., Brown, E. C., & Vargo, A. C. (2004). Assessment of teen pregnancy prevention interventions among middle school youth. *Child & Adolescent Social Work Journal, 21*(1), 69-83.
- Young, T. M., Martin, S. S., Young, M. E., & Ting, L. (2001). Internal poverty and teen pregnancy. *Adolescence, 36*, 289-304.
- Young, T., Turner, J., Denny, G., & Young, M. (2004). Examining external and internal poverty as antecedents of teen pregnancy. *American Journal of Health Behavior, 28*, 361-373.
- Zero Population Growth (1997). Teen pregnancy: A major problem in the U.S. *Women's International Network News, 23*, 69-72.
- Correspondence about this manuscript may be sent to Desirae M. Domenico, Ph.D., Career Technology Department, Pebblebrook High School, 991 Old Alabama Road, Mableton, GA 30126. Electronic mail may be sent to dmdomenico@hotmail.com