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**AN HISTORICAL CASE STUDY:
THE PREGNANT MINOR PROGRAM AT
GARFIELD HIGH SCHOOL 1975-1999**

by

William E. Law

**A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Education**

University of San Diego

2000

Dissertation Committee:

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ABSTRACT

The researcher conducted an historical case study of the Garfield High School Pregnant Minor Program (1975-1999) which is one of three pregnant minor programs in the San Diego Unified School District. The primary purpose of this study was to provide data about the history and background of this program which may be significant to the decision makers who develop policies regarding pregnant minor programs in the district. The second purpose of the study was to provide data which may be helpful to community members, educators, policy makers, and student-parents about the issues and problems faced by students-parents which would, hopefully, lead to policies and procedures which better publicize the services available to student-parents.

A review of the literature included the historical underpinnings of services to pregnant minors in the United States, the connection to special education, and the incipient integration into the public schools beginning in the late 1960s. Additionally, an overview of pregnant minor programs in California enriched the data, and provided a base of comparison to the Garfield High School context.

The methodology of this historical case study utilized the three-part typology of Maxwell (1992) which necessitated data acquisition in a descriptive, interpretive, and theoretical format. The researcher gathered relevant district and site documents regarding the program. Additionally, the researcher conducted observations of the pregnant minor program, ancillary services, including those for the Teen Dad, child care, medical support, counseling, Pregnant Minor Support Group, and instructional programs. The foregoing data was supplemented with interviews of the current director of the pregnant minor program, the director of alternative education for the SDUSD, the former principals of Garfield High School, and most of the present and former teachers in the program.

The study yielded the conclusion that the issue of teenage pregnancy

had been politicized and enmeshed in a litany of social, ethical, and economic factors. Furthermore, the mere mention of the term evokes a wide range of intellectual and emotional fixations on the socially unacceptable act that resulted in the pregnancy, rather than the attendant needs of the pregnant teenager, and the birth of a healthy baby. Additionally, the linkage of teenage pregnancy to race and low-education appeared to be merely the characteristics that emanate from the context of the economic circumstances those teens and their babies inherit. One of the most disturbing trends within the issue of teenage pregnancies was the declining age of the mothers, 12-14, and the increasing predation by much older males with the majority of “fathers” well over 25 years old. Finally, the overwhelming evidential conclusion was that a majority of the teenage moms had been victims of child, and sexual abuse. It is hoped with this data as a foundation, that the discussion will evolve from one surrounding the immoral act to the requisite education and services needed.

The primary recommendation of this study was that future researchers develop a movement towards building a theoretical Model Service Provider Program for Teen Parents. The construction of a theoretical model would present to researchers, educators, and service providers, dealing with pregnant teens, a data base and references for the development of teen parenting programs in order to provide a more consistent and relevant attention to the needs and the futures of these young families.

Patricia Hernandez: A Day in the Life-Care and School

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DEDICATION

This dissertation is dedicated to Lou Ray Checkert. Daily, for over twenty years, she provided the girls of the Garfield High School Pregnant Minor Program with love, talent, grace, and an unlimited giving spirit which nurtured and touched their hearts and minds. May her retirement be blessed with good health, peace and harmony for many years to come.

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DR. PATRICIA LOWRY: A sincere thank you for the hours of care and attention to this worthy project. You are a scholar with the heart of an angel.

DR. EDWARD KUJAWA: Your assiduous attention to detail and flow of logic has engendered a document worthy of your signature.

DR. JERRY AMMER: Your forceful intellect and incomparable background have enlivened and enriched the process.

The following individuals, in a rough historical progression, assisted in the data gathering and general orientations of this dissertation.

1. **LOU REY CHECKERT:** Retired, SDUSD Teacher 1975-1996
2. **JUNE CLEAR:** Former Teacher with SDUSD, Currently Teacher in Sun City
3. **BOB CALHOUN:** Retired, SDUSD Director of Home-Hospital
4. **JOLYNN LINGLE:** Retired, SDUSD Teacher and CA. Nurse of the Year
5. **JUDY KIRSTEN:** Current Teacher at Garfield High School
6. **HARRIET THOMPSON:** Current Teacher at Garfield High School
7. **FREDERICK WEINTRAUB:** State Special Education Monitor, California, and Professor at California State University, Northridge
8. **MARY ANN SHINER:** Current Principal at Riley High School, Los Angeles
9. **CAROL SIMONSON:** Current Teacher at Twain Junior/Senior High School
10. **LUIS VILLEGAS:** Current Assistant Superintendant with SDUSD
11. **SHERRYL GODFREY:** Current Teacher at Garfield High School PMP
12. **NANCY PAULIS:** Current Teacher at Garfield High School PMP
13. **STEVEN SAVEL:** Retired Principal of Garfield High School
14. **GEORGIANA GALAS:** Retired Principal of Garfield High School
15. **LIZ SPURGEON:** Current Nurse and SANDAPP Caseworker with SDUSD
16. **MARGO PARKS:** Current District Counselor SDUSD
17. **MARY NIEHAUS:** Retired Nurse with SDUSD
18. **ROBERT AMPARAN:** Retired Administrator for SDUSD
19. **ALEX WEIR:** Current SANDAPP Caseworker with SDUSD

CHAPTER ONE

The Problem

Statement of the Problem

Many educators appear to have limited knowledge of educational programs for alternative high school students, especially those designed for student-parents. The two primary reasons, ostensibly, are due to the relatively brief history of pregnant minor programs within the context of public schools, since the early 1970's, and relatedly the paucity of research and information about these programs nationwide. This historical case study of the Garfield High School Pregnant Minor Program, in the San Diego Unified School District (SDUSD), traced the historical background of pregnant minor programs in the public schools in the United States. It was the expectation that the broader context may provide replicable data which might be valuable and applicable to many pregnant minor programs.

It was the additional purpose of this study, hopefully, to provide data which analyzed the relevant issues and needs of the students in the Garfield Pregnant Minor Program. Furthermore, based on the findings of this research, it is hoped that the data will be utilized by decision makers in the SDUSD so that they might better serve the needs of pregnant teens. Additionally, school board members and other community members might benefit from the data about the services provided by this program. Moreover, educational equity further necessitates that these pregnant teens stay in school,¹ and that school districts promulgate and promote

policies congruent with that ideal.

Most school districts now provide some services to parenting students as formal programs, as in the SDUSD, and most districts feature policies and programs regarding parenting students with a focus on the students.² However, according to Adler, most districts do not address the issue of publicizing programs then identifying, and assisting pregnant students, as a means of addressing school dropouts.³ Therefore, this case study addressed the issues and concerns of the program among district personnel as they related to policy formulation.

According to Meyer, "Pregnant teenagers need intensive support and strong social programs in the community to which they belong. They must take higher funding priority than other government programs, for their own sake, for everyone else's, and for the children."⁴ It is hoped that this historical case study of the Garfield High School Pregnant Minor Program provided useful data to district personnel in order to promote policies which may better serve the needs of student-parents. Additionally, this study, hopefully, will provide data for principals of the feeder schools so they might make more informed decisions in assessment and placement to better serve the needs of pregnant teens.

Background of the Problem

According to the American Civil Liberties Union Fact Sheet 1996, more than one million teens became pregnant each year and nearly 60% of these young women carried their pregnancies to term.⁵ That statistic placed a tremendous

responsibility on the public school system to provide the requisite services to these young mothers, and teen fathers. It was the responsibility of school districts to provide free and appropriate public education (FAPE- P.L. 105-17

Reauthorization of IDEA of 1997) for all students, regardless of condition.

Brindis and Jeremy documented a strong relationship between pregnancy and the issue of school dropouts, reduced earnings, and welfare status.⁶ Since the early 1970s, pregnant minor programs became a necessary element of the high school curriculum. Phipps-Yonas noted that teen parents enrolled in special programs experienced fewer repeat pregnancies and more use of birth control than those teens not enrolled in special programs; furthermore, they also stated that teen parents involved in pregnant teen programs completed more education and vocational training than nonparticipants.⁷

Nathanson noted that early pregnancy was not inherently detrimental to infant survival, but was correlated with socioeconomic circumstances that were damaging to the infant's and mother's health, regardless of age.⁸ The solutions to socioeconomic problems can be addressed when all student-parents received the requisite education to raise their relative economic status. As a corollary to this point, Upchurch and McCarthy found that most female dropouts left school before they got pregnant and that teens who got pregnant while still in school were not likely to dropout. Furthermore, Upchurch and McCarthy maintained that about 50% of teenage parents dropout before they conceive, about one-third are enrolled

in school when they give birth, and about one-sixth are enrolled when they become pregnant but dropout before the birth.⁹ That data suggested that pregnant minor programs were not only a key for the problem of addressing dropouts in a general manner, but valuable in heightening the awareness among pregnant minor/student-parents of the future-family issues being raised in the contexts of teenagers' lives.

Methodology

This researcher proposed to conduct an historical case study of the pregnant minor program at Garfield High School, which is one of the alternative high schools within the SDUSD. Case study was appropriate not only because it best addressed the research questions, but because it provided the methodology which can capture the rich description and human elements so critical to the program.¹⁰ Case studies, as Casey stated, can help us understand the rich human experience as an ongoing, and constructive reality derived from the narrative exchange.¹¹ Narrative methodology (interviews) in this study anchored the human dimension through the interviews of the former and current teachers and administrators of the program. The case study methodology, according to Merriam, provided the data format as to how those participants made sense of their lives.¹²

Importance of the Study

The primary importance of this case study of the pregnant minor program at Garfield High School was to raise awareness among district personnel of the needs, concerns, and culture of these young parents. Seiferth and Tyree noted that

as increasing numbers of teen mothers are keeping their babies, school districts must focus attention on the need to prepare these mothers to be competent parents.¹³ Kellam added that a highly relevant education serves to keep them in school and fosters school completion.¹⁴ Teen mothers, not so served, might present a plethora of future problems for society. If school districts can provide for these student-parents, and they remain in school, then equity is served if they become integrated into the democratic process. Furthermore, if it is the duty of educators to educate all students, then equity demands that students who do not fit the traditional tract, must also be served.

The construction and future of democracy, according to Thomas Jefferson, essentially rests on the shoulders of educators to cultivate an educated citizenry.¹⁵ Student-parents deserve an education that promotes their value in the democratic process which is equitable in the Jeffersonian tradition. Student-parents who are encouraged to continue their education provide the foundation for the next generation of citizens.

The researcher defined *equity* as that which one needs to do well in a given society. It is equitable when the educational system provides the requisite learning to promote functional family units which are the foundational building blocs for the development of democracy. For instance, if pregnant teens dropout and do not learn basic parenting skills, and nutritional needs of their babies, then this could present serious societal problems in terms of increased welfare and health care

costs, and might increase future delinquency rates. It is equitable in a democratic and social sense to provide the requisite services to address the needs of these mothers and their babies, and school districts must be informed as to what the needs and issues are, which is supported by Hanson, who argued that, "Adolescent childbearing is strongly related with repeat pregnancies, school dropout, poverty, and prolonged dependency."¹⁶

If one of the functions of education is to promote equitable education, then the educational system must meet the needs of as many students as possible including student-parents; herein, lies the necessity of pregnant teen programs and, the value of this case study.

Another important aspect of this study was that of teachers doing research. Madeline Grumet stated that teachers must let the world into their culture.¹⁷ It is important for the reader to traverse the Garfield High School context, however vicariously, and be made aware of the problems and issues that teachers and student-parents face each day. Thus, the reader learns of a culture not just in a programmatic sense, but in an experiential sense as the historical case study unfolds.

Finally, another important aspect of this case study was that it may increase the researcher's consciousness of the student population he serves, and may cause him to be a more informed and effective teacher in the classroom. This awareness is more acute as the students in alternative schools have many issues beyond

academic ones which tend to interfere with learning, and hopefully, this study will provide increased insight to handle this particular population of students. If this study increased the researcher's ability to teach these students, then this exercise in research is justified.

Purpose of the Study

The major purpose of this historical case study was to generate a qualitative research document, and to provide useful data to decision-makers about the issues and needs of student-parents in the Garfield High School Pregnant Minor Program. Furthermore, this study was intended to educate district personnel about the historical aspects of student-parents and how the Garfield program can better reflect the needs of student-parents. Moreover, because of the aforementioned data, it is anticipated that decision-makers in the SDUSD will promulgate and engender more informed policy to better serve student-parents. Educators can serve no higher purpose than to substantively nurture these young family units. These student-parents are an important part of the next generation of citizens and their incorporation into the democratic process is of critical importance, both in terms of educational equity and building civic responsibility.

Finally, it was the purpose of this study to not only increase the knowledge base about student-parents in the Garfield program, but to provide data that could be utilized by other districts as they formulate and develop policies regarding student-parents.

Research Questions

The research questions include the following:

- (1.) What is the historical background of pregnant minor programs in public secondary schools in the United States?
- (2.) What is the historical background of the pregnant minor program at Garfield High School in the San Diego Unified School District from 1975 to the Winter term of 1999?
- (3A.) What are the essential educational needs of the pregnant teens in the pregnant minor program at Garfield High School?
(3B.) What are the services provided in the pregnant minor program to service those needs?
(3C.) How does the program provide for the immediate future needs for these beginning families?

Assumptions Related to the Study

It was assumed that many educators understand very little about the pregnant minor program at Garfield High School, and pregnant minor programs in general. Hopefully, highlighting the Garfield program might assist other school districts to look more systematically into their programs as well. It was assumed that this study may narrow the information gap and lead to more informed decisions and policy for educators in the SDUSD, and, hopefully, the conclusions could lead to

similar permutations of policy in other districts. It is further assumed that the problem of teen pregnancy will not be short-term, and that the issues associated with these student-parents will continue to present challenges to the educational system as districts struggle to develop and effectively promote policies to better serve this population.

Limitations of the Study

The primary focus of this case study was to investigate the pregnant minor program at Garfield High School. It was not intended to explain or delineate the programs and problems of other districts, even though there might be similar forces and characteristics present in other contexts.

The historical scope of the pregnant minor program was from its inception in March of 1975 to 2000. This study did not address the other two pregnant minor programs in the SDUSD, Twain Pregnant Minor Program, and Lindsay Summit, although there might be significant similarities in terms of dynamics and issues. It was expected that this study will yield viable data toward the construction of a theoretical base for alternative education programs serving student-parents, although this was not the presumptive justification nor purpose of the study.

CHAPTER ONE

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CHAPTER TWO

Review of the Literature

Introduction

Perry v. Grenada (1970) stated “Equal protection of the law is more than an abstract right. It is a command which the state must respect, the benefits of which every person may demand.”¹ Thus, began the legal and legislative action regarding the rights of pregnant teens, and their relationship with the public schools. Inherent in the Supreme Court’s argument was the establishment of educational equity for teen mothers, and led to an expanded role of the federal government in the services provided to that population.

The purpose of this chapter was to provide an overview of the issue of pregnant minors in the public schools of the United States since 1950. The review also focused on the concept of educational equity as it applied to services available to pregnant teens in alternative education programs.

According to Morley, alternative education is, in a general sense, more of a perspective or ideal than a particular procedure or program. It recognizes that all people can be educated and that it is in society’s interest to ensure that all students are educated to at least a high school mastery level.² Gutmann took this mastery one step further when she argued that a “democratic society must educate all educable children to be capable of participating in collectively shaping their

society.”³ Although Gutmann is not referring to equity per se, she is making the connection to educate all children which essentially is the central issue in equity because she is arguing for an education which empowers and franchises students into the democratic process. More specifically, as Title IX of the 1972 Education Act requires, all children and young adults must be educated regardless of race, gender, physical condition, or socioeconomic background. In one statement Gutmann inculcated the connection between education and its requisite relationship to educational equity because she argued for an education which empowers and franchises all students into the democratic process which was the presumptive base of this study.

Historical Perspective of the Problem

Rhode found that “Although teenage pregnancy has recently emerged as a major social ‘problem,’ its frequency is by no means a recent social phenomenon.”⁴ According to Zellman, until the 1960s virtually no one worried about providing educational services of any kind to pregnant and parenting teenagers.⁵ Furstenberg noted that up through the late 1960s, programs for pregnant teens were typically located in hospitals.⁶ School services at that time, according to Klerman and Jekel were primarily provided in home studies.⁷

Prior to 1970, if a student became pregnant she was removed from the public school, and sent to a private home for unwed mothers, or to live with a relative. This exclusion of pregnant teens from public schools in the United States changed

dramatically because of two events which began in the early 1970s: (1) *Perry v. Grenada Municipal Separate School District* (1970); and (2) Title IX of the 1972 Educational Amendments. Those two events culminated after the 1960s, a decade of tremendous social, economic, and political change.

Perry v. Grenada (1970) involved two female high school students in Mississippi who challenged the board policy denying unwed mothers admission to public school. The plaintiffs successfully argued that such policy violated the equal protection clause of the Fourteenth Amendment of the Constitution. The federal court agreed and said:

Equal protection of the law is something more than an abstract right. It is a command which the state must respect, the benefits of which every person may demand..... Our constitutional system safeguards extend to all- the least deserving as well as the most virtuous.⁸

The court further noted that the classification of girls as unwed mothers was definitive:

After the girl has the baby and has the opportunity to realize her wrong and rehabilitate herself, it seems patently unreasonable that she should not have the opportunity to go before some administrative body of the school and seek readmission on the basis of changed moral and physical condition.⁹

The court did make it clear that school boards could exclude a child from public education if she possessed a lack of moral character.

The moral character issue notwithstanding, services for pregnant teens dramatically changed with the passage of Title IX of the 1972 Education Amendments which emphatically stated that "No person in the United States shall,

on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal assistance.”¹⁰ Title IX did not contain any provision or potential exclusion relative to the issue of moral/physical condition as raised in *Perry v. Grenada* (1970). As the females were the ones becoming pregnant, pregnant teens could not, therefore, be denied educational services. Another development, according to Zellman, was a shift in attitudes and societal tolerance toward premarital sex and pregnant teens.¹¹

Historical Perspective of Pregnant Minor Programs

Historically, teenage pregnancy was virtually ignored by most public schools. When a student became pregnant, she was not welcome on the traditional high school campus. She was often sent to another town or institution to have her baby.

Prior to the 1970s, options for pregnant teens were limited. Placement in privately funded homes such as the Francis Crittenton Homes, and the possibility of living with a family friend or relative provided the extent of the options. In San Diego, options were the residential program of the Salvation Army’s Door of Hope, the Girls’ Club, and the home hospital teachers which were available in both the county and city school districts. It must be noted that most girls gave up their babies for adoption through the 1960s, but that was to change dramatically in the 1970s.

In the 1960s the federal government began to take interest in the issue of teenage pregnancy. Demonstration projects to allow pregnant teens to stay in school, and help them return after delivery were started but the success rate was low.¹² The 1960s also became a time of dramatic social change. "One of the reasons for the large numbers of unwanted teenage pregnancies is the dramatic increase in sexual activity among young people which has not been matched by a correspondingly large increase in contraceptive use."¹³

After the passage of the Title IX legislation, as stated earlier, public schools began to develop special programs to deal with the needs of pregnant teens to keep them in school. Many school districts stated that "...they preferred to do more than to comply with the legal requirements forbidding the exclusion of pregnant students from school."¹⁴ The impetus to comply may have been related to the exclusion of federal funds for discrimination, and the further impetus that teen mothers staying in school resulted in more ADA (Average Daily Attendance) funding.

As the federal government's role in pregnant minors increased, in part due to the Title IX legislation, the U.S. House and Senate passed legislation creating the Office of Adolescent Pregnancy Programs. In 1981, the Adolescent Family Life Program replaced the previous program.¹⁵

In 1984, the Carl Perkins Vocational Education Act was passed and contained the largest set-aside of vocational training dollars targeted to female populations in

U.S. history.¹⁶ Thus, both the public schools, vocational training centers, and private monies were serving the needs of not only teen mothers, but all single parents or homemakers.

According to Bachrach, sharp decreases in relinquishments for adoption among teenage mothers during the 1970s focused attention on the need to prepare young mothers to be competent parents.¹⁷ The emphasis on parenting skills was particularly relevant to young mothers who lived with their babies, and many districts developed programs to teach these skills. The growing acceptance of teen pregnancy and consequent increases in the number of teen parents, as Zellman noted, led to program innovations.¹⁸ According to Smith, isolating pregnant students no longer was deemed necessary, and academic options were not constrained.¹⁹

With the number of teen pregnancies increasing, the public perception was that there was an epidemic. Although 93% of teenage women delayed pregnancy, as Males argued, the public perception, primarily driven through the media, was that there was an escalation.²⁰ Burdell supported that argument and added there was, "...no escalating epidemic of teenage pregnancy and that the public crisis has been exaggerated for a range of social, historical, and political reasons is not a new insight to researchers in the field."²¹ Moreover, as Furstenberg, et al., argued, the perception of an escalation was significantly mediated by the fact that most young women now reject early marriage rather than legitimizing their pregnancies

through unwanted marriages.²² Males concluded that researchers alluded to increases in the number of pregnant teens because of the generalized increase in teens rather than because the rate of pregnancy increased, when in fact the rate has decreased.²³

Teenage pregnancy became more of a political ploy, than one of an educational and curriculum-driven dilemma. Citizens on both sides of the political spectrum used the issue of pregnant teens to serve their particular self-interests. That position was supported by Rhode who stated, "No significant progress can occur as long as Americans view the issue in terms of traditional family values rather than contemporary adolescent needs."²⁴ Burdell further noted that, "Key curriculum issues in relation to school-aged mothers have not been raised. However, it would be difficult to overemphasize the lack of focus on the school experiences of pregnant school-aged women by those of us involved in curriculum and educational policy."²⁵

Educational Equity

Most of the literature includes equity within the concepts of racial diversity, gender, and economics. Despite this restriction, there was material on the general application of educational equity and some relative to student-parents which were summarized in this section.

Negrone argued that educational reform or restructuring must inculcate change which addressed all the areas affecting education including all the constituencies.²⁶

It was apparent in the literature that equity was variously applied and subsumed under terms such as equality, excellence, reorganization, reform, and improvement. According to Brown, educational equity was achieved when all students received high quality curricula and instruction.²⁷ Inherent in Brown's definition was achievement, and access to educational resources which can be described as equality or any similar term. Whichever term was used by the various authors, the meaning and implication were fairly similar in construction and were used as such in this summation.

According to Gutmann, "Democratic education aims at the empowerment of free and equal citizens."²⁸ If citizens are to become free and equal, alternatives must exist within the educational community to address the needs of all students, including student-parents. Gutmann further noted that if we desire democratic education then, "...adults must be equipped by their education and authorized by political structures to share in ruling."²⁹ Democracy was safe, as Thomas Jefferson noted when influence over government was shared among all the people.³⁰ The burden placed on education was to provide citizens with that participatory legitimation, and nowhere was that more needed than by the students who needed alternative programs and student-parents who had not been successful in the comprehensive high schools, whatever the reason. The safety-net of district programs must educate all students toward the democratic ideal with its empowering potential and capacity.

That argument was implied by John Dewey who wrote that the “...conception of education as a social process and function has no definite meaning until we define the kind of society we have in mind.”³¹ If we have in mind a democracy based on educational equity, then the educational apparatus must sustain and imbue all of its citizens with that social and political sense, and that would certainly include student-parents who were not only raising themselves, but the next generation of citizens.

Equal opportunity (equity) will become a norm as Coleman stated when, “...each member of the social system is easily able to imagine himself exchanging places with anyone else in the system.”³² Perhaps Coleman’s standard was draconian, but it placed an interesting perspective on what constitutes equality to one researcher and the reasonableness that teen mothers receive the education and training they need to sustain a viable and growth-enhancing future. If we are to serve the ideal of educational equity, then the issues and needs of this population must be researched and developed.

Public Policy and Pregnant Minors

Rhode noted that, “Much of the problem stems from disputes over the nature of the problem. Is the primary issue morality, fertility, or poverty? What choices should adolescents’ make in sexual relationships, and what is the role of the state?”³³ Thus, the issue of pregnancy was rooted in the social, and political fabric which not only varied relative to different historical periods, but has often led to

decision makers, as argued by Rhode, faulting teens for wanting, "...too much too soon in sexual relationships."³⁴ Rhode further argued that the variation in public policies was further characterized by issues of bias in social class, race, and gender.³⁵ If American society desires equity and democratic education, then decision makers must not design and enforce policies which inculcate the longstanding biases of race, gender, and class. One of the solutions offered by Rhode to alleviate the biases was to require policy initiatives which, "...not only increase birth-control information, and assistance, but also respond more effectively to education, employment, health, and welfare needs."³⁶ The basic parameter or guideline for public policy would establish solutions to meet the needs of the student-parents which are a societal and equity issue, not an individual one. Rhode continued with the assertion that, "We must find ways to improve school programs and reduce dropout rates."³⁷ That was the tall order for pregnant teen programs across the country, and to which the Garfield High program was aimed which not only served educational equity, but also democracy.

The drastic changes in communities in American society since the 1970s, as Coleman argued, resulted in, "...the loss of intergenerational closure that has attended that decline, has made how to organize education more difficult to resolve."³⁸ The fracturing of families created the need for society and more specifically, public schools, to address the needs of student-parents. Coleman suggested that one of the possibilities might be to mobilize parents into a new

community which would build for the future.³⁹ As it stands now, the problem of teen pregnancy was essentially placed on the school districts, nationwide, with substantial variation in terms of sufficiency of services provided for teen mothers.

The building of student and public awareness and improving the education of students, though, required the political institutions to become involved. Negroni stated that community leaders must be confident that the voters, despite ethnic/racial or economic background will support what is “right” for all children.⁴⁰ That statement engendered and alluded to much of the controversy and volatility surrounding the needed changes in education, and to a great extent identified the difficulty in not only incorporating change within school districts, but that change required citizens and policy makers to challenge their value systems.

If citizens want to foster democratic education, then public policy must engender an arena which, as Gutmann stated, “...leaves maximum moral room for citizens deliberately to shape their society, not in their own image, but in an image they can legitimately identify with their informed, moral choices.”⁴¹ Rhode paralleled that argument and stated that much of the dispute regarding teen pregnancy was primarily moral.⁴² Contextualizing the problem in terms of morality which Gutmann did indirectly through the notion of democratic obligations, and Rhode did directly, solidified the nature of the problem and its policy implications firmly within the issue of democratic education and democracy.

Zeichner maintained that if citizens desire a democratic community, then all

parties to that community must be empowered to have substantive input in decision making which would include students, teachers, and parents, not just policy makers.⁴³ If society is to effectively address the needs of student-parents, their participation must be incorporated into the process of decision making. For democratic education to be viable, it should include those participants and empower their lives, despite the problems they may present for the school system, and that would be efficacious not just in a political and social sense, but, more importantly, in an ethical/common good sense.

Educators have not been at the center of research and policy construction regarding the school-aged parent.⁴⁴ Concurring, Burdell argued that, "...noticeably absent in educational literature is any substantive direct theoretical contextualization of the pregnant and/or mothering student in the public school setting."⁴⁵ Furthermore, what would be categorized as research and policy related to the school-aged woman who was pregnant or a parent was engaged in not by educators but by researchers and policy experts in the fields of public policy.⁴⁶

Summary

The researcher delineated the critical importance of pregnant minor programs within the context of public education. Since the demise of the generational support system, as argued by Coleman, rightly, or wrongly, the onus fell on the public schools to enter a multitude of arenas, previously uncharted, since the late

1960s to serve the needs of students. There was no greater imperative than providing education and parenting skills to pregnant minors and student-parents. It not only became necessary in an equity sense, but requisite if the American society truly desired democratic education.

Rhode and Zeichner clearly established that the issue of teen pregnancy has been inherently rooted in the political arena, and that democratic solutions require that policy makers and citizens challenge their moral positions. What sufficed as public policy regarding teen pregnancy was characterized by biases which have not promoted equity or democracy. If we are going to balance liberal individualism and civic virtue as Gutmann argued, then all students, regardless of situation and characteristic, must receive a viable, growth-enhancing education. That is our duty, our incumbrance, and our destiny if the principles of democracy are going to sustained in the twenty-first century.

CHAPTER TWO

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CHAPTER THREE

Methodology

Introduction

The researcher proposed to conduct an historical case study of the pregnant minor program at Garfield High School, which was one of the alternative high schools within the SDUSD. The case study was appropriate not only because it best addressed the research questions, but because it provided the rich description and human elements, as Geertz noted, necessary in qualitative studies.¹ Case studies, as presented by Casey, help us to understand the rich human experience as an ongoing, and constructive reality derived from the narrative exchange.²

Narrative methodology anchored the human dimension both through the interviews of Luis Villegas, Lou Rey Checkert, the two current teachers in the program, Sherryl Godfrey and Nancy Paulis, and through the researcher's personal observations of the pregnant minor program and its support services. Merriam stated that the case study methodology provides the mechanism to describe how those participants made sense of their lives, and what they might propose as public policy for heightening student, educator, and community awareness.³

Methodological Overview

Qualitative research is organized, according to Wolcott, into three basic data-gathering techniques which are observing, interviewing, and archival research.⁴ Using Wolcott's distinctions as a heuristic model, this case study

utilized all three methods. The three-part methodology not only meet Quantz's call for a blending of methodologies, but would also be synchronous with his basic parameters of critical ethnography.⁵ Quantz defined critical ethnography as, "...reproduction or rewriting of a social group's culture..., and becomes critical by elaborating some of the repeated themes of that dialogue." ⁶ Thus, this case study collected the recurring themes, and those emergent themes provided the basis for the subsequent analysis of the program, augmented by the researcher's observations.

Prior to the 1970s, most educational studies were quantitative, but in the past twenty years the legitimacy of qualitative research has been well established.⁷ Educational research owes a great debt to those few educational anthropologists and qualitative sociologists who laid the groundwork for the emergence of qualitative methodology in education in the 1980s.⁸ The researcher utilized interviews, observations, and document analysis to conduct this case study. In other words, qualitative methodologies fit the research questions and the problem under investigation. Quantitative analysis would negate the possibility of utilizing the stories of the participants which not only drive and construct the interaction, but enrich its ongoing reality.

The term qualitative research, as used in this study, includes any kind of research that produced findings not arrived at by means of statistical procedures.⁹ It was expected that this historical case study yielded the reality of the pregnant

minor program at Garfield High School in the SDUSD, stated not only in the words of the many interviewees, but also, in the observations of the program and its ancillary services.

Strauss and Corbin maintained that not only do certain questions lend themselves more to qualitative research, but also that qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little was known.¹⁰ The goal was to provide the rich description of Geertz which, hopefully, created the reality of this unique context, and the vitality and human experience which permeated that setting.

Geertz noted that he “borrowed the notion of ‘thick description’ from Gilbert Ryle”, and it is this thick description which is the object of ethnography.¹¹ An example of the term would be description which went beyond the mere physical setting to an extrapolation which allowed the context to become a vivid experience to the reader, and which captured the essence of the interaction. Thus, thick description, according to Geertz, “... presents an image only to exact the sort of piled-up structures of inference and implication through which an ethnographer is continually trying to pick his way.”¹² This was the standard on which this study was conducted.

Historical Research

Cohen and Manion stated that the value of historical research in education was unquestioned and the outcomes can bring great benefits to those in education and

to the community.¹³ It was the presumptive beginning of this case study that decision-makers in the SDUSD should be provided with the history and on-going issues being experienced by student-parents so as to, hopefully, better serve those students.

Good and Scates noted that each school system and activities therein represented a story of evolution and development.¹⁴ The emphasis on historical methodology in this research project was to augment the case study data by providing a lineage of development so as to better understand and more accurately describe the present being experienced by the teachers and student-parents. If those in education and in the community want to fully understand the present context, they must also be made aware of what has been and what continues to be in this program.

Historical research methodology was utilized to study the entire twenty-three years of the pregnant minor program at Garfield High School and followed the four questions that Gottschalk recommended: 1. Where do the events occur? 2. Who is involved? 3. When did the events occur? 4. What kinds of human activity were involved?¹⁵ These four questions provided the framework for the historical methodology of this case study and, hopefully, resulted in a more detailed and accurate depiction of the reality of the context.

Case Study

This case study essentially followed the parameters established by Becker who

stated that the justifications of case studies were basically twofold: “to arrive at a comprehensive understanding of the groups under study” and “to develop general theoretical statements about regularities in social structure and process.”¹⁶ Hunt, similar to Becker, stated that social research, of which case study is one example, essentially contained two parts. The first was that the researcher attempted, “...to identify with those they are observing and to empathize with their experiences, ideas, and values in order to share their social reality.”¹⁷ The second part required the researcher to, “...stand apart and consider the observations in the light of existing data from comparable studies and of accepted social science concepts and theories.”¹⁸ Hunt further noted that case study methodology does create serious problems regarding generalizability to other contexts.¹⁹ This caveat does imply the necessity of Hunt’s second characteristic which required a cooling-off period for the researcher to regain objectivity and the requisite accuracy of description. Case study does present certain problems regarding human bias and emotion, but the researcher was well aware of them prior to entry. If this study was to have external validity, bias must be kept under control.

Merriam stated that if studies in education were to be believed and trusted, they must, “present insights and conclusions which ring true to readers, educators, and other researchers.”²⁰ Despite the obvious biases, the researcher described the realities of these sites which, hopefully, created understanding in the reader, and met Kemmis’ call for “conceptual stabilities which are platforms for understanding

and for action.”²¹

Qualitative case studies were particularly useful in education, and this study of the pregnant minor program was no exception. Erickson argued that case studies should try to make the “familiar strange and interesting again-everyday life is so familiar that it may be invisible.”²² As Yin stated, case studies were appropriate to research questions of how and why and those two questions were exceedingly important in this study of the pregnant minor program.²³ Moreover, Stake argued that this methodology extends the reader’s experience because “previously unknown relationships and variables can be expected to emerge from case studies leading to a rethinking of the phenomenon being studied.”²⁴ The researcher created a description and analysis which, as accurately as possible, reflected the understanding of the world those people experienced.

Interviews

Oral history was the primary method of data acquisition for this case study. Oral history, as defined by Sitton, “...is the process of interviewing living historical informants to record their recollections and reminiscences of the past.”²⁵ Interviewing was important in this case study because of the lack of written materials in the archival records. Additionally, interviewing was one of the important methods upon which to derive the essence of the reality of the pregnant minor program, through the words of its teachers and administrators which is supported by Ferrarotti who noted that interviews are most appropriate in “Social

abstractions like 'education' which are best understood through the experiences of the individuals whose work and lives are the stuff upon which the abstractions are built."²⁶ This avenue of inquiry, as Seidman argued, offers "...access to people's experience and the meaning they make of it...."²⁷

Spradley's presumptive beginning is that all cultures consist of "...tacit knowledge in which we know things we can not express in direct ways."²⁸ Therefore, it is the function of the interviewer to "...make inferences on what people know by listening carefully to what they say, by observing their behavior, and by studying their artifacts."²⁹ Spradley further noted that the interview process has three explicit purposes. First, to direct the conversation to elicit the cultural knowledge of the interviewee. Second, that the interviewee essentially becomes a "teacher" of the culture. Third, that the questions posed in the process of interviewing "enables the collection of a sample of the informant's language utilizing the 'verbatim' principle."³⁰ This three-part process, hopefully, not only grounded the data within the context of the participant, but further created the data within the language and reality of the informant. Thus, the role of the researcher was to provide the comfort zone and questions so as to create the atmosphere and organization of questions to portray the reality of setting. It is hoped that this method of interviewing provided the basis for a reasonable level of validity and reliability.

Validity and Reliability

Guba and Lincoln viewed validity in educational research as a positivist notion, and they have substituted the word “authenticity” as a more appropriate concept.³¹ However, Wolcott questions whether validity is relevant in qualitative research.³² Maxwell, with a similar position to Guba and Lincoln, stated that “...the issue is understanding, and that understanding is more important in qualitative research than validity.”³³ Additionally, Maxwell structured the issue of understanding and developed his typology which categorizes three types of validity which are descriptive, interpretive, and theoretical.³⁴ This case study utilized the first two types, descriptive and interpretive. The reasoning for not including Maxwell’s third type, theoretical, was that this case study provided historical data which may or may not have application to other contexts. Additionally, since few case studies have been conducted on pregnant minor programs, the researcher focused on a methodologically sound study in description and interpretation which can in the future be drawn on with other studies, as they develop, to build a theoretical construction. This study was not intended to be the definitive study for an operationalized model, but rather the insipient beginnings of a data base for future studies on pregnant minor programs. However, Guba and Lincoln’s stance on the issue of generalizability is aptly summarized in the following and correlates with the researcher’s viewpoint:

It is virtually impossible to imagine any human behavior that is not heavily mediated by the context in which it occurs. One can easily

conclude that generalizations that are intended to be context free will have little that is useful to say about human behavior.³⁴

Maxwell's descriptive validity is essentially defined as "...the factual accuracy of the account."³⁵ This standard has been fulfilled with the data from the district, and the site, and through the researcher's observations, although the observations have emerged in the second type. interpretive. Interpretive validity is defined by Maxwell as "the behaviors, events, and objects of a culture, and what they mean from the participants' perspective."³⁶ Maxwell further stated that interpretive validity presents problems of validity, and has no real similarity in quantitative methodology. One way to mitigate the validity dilemma, according to Maxwell, is for the researcher to infer from the interpretive accounts "...grounded in the language of the people studied and rely as much as possible on their own words and concepts."³⁷ The interpretive analysis, then, is based on the meaning and perspective of the individuals within the context, not only that of the researcher. This is analogous to Spradley's demand that the interviews produce "verbatim" language,³⁸ which has been the model for this research study.

The researcher made every effort possible to accurately select and describe the "generative themes"³⁹ of the pregnant minor program and the reality these students and teachers share, in hopes of creating understanding with the reader.

Research Design

The researcher utilized the basic three- component analysis as offered by Wolcott, as discussed earlier in this chapter.⁴⁰ First, the historical data (national and district-wide) was obtained from general research sources, Frederick Weintraub at California State University Northridge, interviews of district and site support service personnel, and augmented by interviews of past teachers and administrators of the program. Included were: the past Director of Alternative Education, Luis Villegas; the present director, Robert Amparan; and the founder and former teacher of the program, Lou Ray Checkert. The aforementioned data was further augmented by the two former principals at Garfield High School. Second, the researcher gathered personal observations of the pregnant minor program and ancillary services provided by Teen Dad, SAPID, SANDAPP, TEEN LINK CONNECTION, WIC, school nurses, and medical assistance of other outside agencies. Thirdly, the researcher gathered the records and data available at the site, as well as relevant district data on the program to supplement the observations and interviews. Finally, the researcher compared the accumulated data to the concept of educational equity as established in Chapter 2.

Due to the fact that the SDUSD has no objections, the actual names of interviewees and sites have been utilized. The inclusion of true names provided an extra dimension of reality to the study.

Data Collection

Entry to the Population

The researcher is a teacher in the SDUSD currently working at Garfield High School which is one of the three alternative schools in the SDUSD. Employment at Garfield provided a relatively easy access to the documents published by the district pertaining to the pregnant minor program. The site principal, Steve Savel, granted permission to conduct this study. Employment at Garfield also provided easy access to the pregnant minor program as it is located at the rear of the school. This proximity gave the researcher a unique opportunity to study not only the context of his employment, but has led to an enriched understanding of this population of students. Although the researcher has been teaching at Garfield High School for only three years, it raised a curiosity to investigate this program and its relation to the issues faced by this population of students.

As stated above, Garfield High School was chosen due to the researcher's placement there as a classroom teacher. Many of his students are associated with the pregnant minor program, so that addition was an obvious inclusion.

The other reason for this choice of a site is that the researcher worked previously at Morse High with the then husband of Lou Ray Checkert, Ross Warfel, and this working relationship provided many discussions about the pregnant minor program which his wife joined in September of 1976. It should be noted that the Garfield program is one of three programs for pregnant minors in

the SDUSD.

Additionally, the researcher obtained permission for the study from Dr. Peter Bell who is the Director of the Planning, Research and Evaluation Department in the SDUSD.

Selection of Subjects

The researcher chose to interview three district people, two administrators and one teacher, who had a considerable length of service in alternative education in the district. Those three were: Robert Calhoun who served as Assistant Director of Home Hospital/Physically Handicapped from 1970-1982; Luis Villages, who was the Director of Alternative Education from 1985 to 1997; and Lou Ray Checkert who joined the Garfield Pregnant Minor Program in September of 1976 and retired in June of 1997. Added to this list were the two former principals of Garfield High School, Georginne Galis and Steve Savel.

Protection of Subjects

All subjects signed the human subject's form as identified in Appendix I. This form provided the interviewee with the opportunity to preview all transcripts of the interviews and the opportunity to make further comments and corrections as needed. All the interviews in this study were of administrators and teachers who were or had been involved in the various contexts associated with the pregnant minor program at Garfield High School and the nationally known person previously cited. The potential harm or stress to those administrators and teachers

has been minimal due to the fact that the interview questions were limited to descriptions of the programs and needed changes which would improve the delivery of service to the student-parents. As this was an integral part of their daily routine, these questions did not pose serious problems which threatened their well-being, employment, or career in the district. The researcher did not interview any students, as the focus was more from the organizational, historical, and descriptive perspective, relative to policy. Finally, only one of the participants demanded anonymity, but all other references were presented.

Data Analysis

The historical overview of pregnant teens, and pregnant teen programs in the U.S. were combined with the historical data of the Garfield High program which not only enriched the data base, but established the similarities and differences which, hopefully, provided a more comprehensive analysis. Furthermore, to supplement the study, the researcher visited the first, fully-self-contained pregnant minor program in California, Riley High School, located in Watts. The interview of the principal of Riley High School, Mary Ann Shiner, with her thirty-year career working with pregnant minors, brought an immeasurable dimension to this study. The data collected from Mary Ann Shiner provided not only an additional historical source regarding pregnant teens in California, but provided a base of comparison to the Garfield High School Pregnant Minor Program. There were significant similarities between the two programs, and those were noted in chapter

four. This holistic approach, it is hoped, yielded not only a more extensive portrayal of the dominating issues facing student-parents, but yielded useful data for the construction of a theoretical framework for this population. The qualitative research methodologies of interviews and observations data, hopefully, provided Geertz's thick description, and context-bound analysis which laid the foundation for policy implications and recommendations made at the conclusion of the study. The themes and issues raised not only established the human dimension for policy makers, but also created reality-based data regarding student-parents in the district. It is imperative that district personnel and the community be informed as to the realities these student-parents experience, not necessarily in a preventive sense, but in an educative sense.

The intended purpose of this study was to not only increase awareness of the pregnant minor program to district personnel and students, but to generate more informed policy making which would better reflect and be consistent with the needs of these students.

The data for this study came from the interviewees, district publications, observations of the pregnant minor program and its ancillary services. The ancillary services included the programs Teen Dad, day care, medical support, counseling, Title I and IX support, and tutorial services. Those sources were compared to the conceptions of educational equity as established in the literature review.

Background of the Researcher

The researcher has been a teacher for the past eighteen years, all in the SDUSD. Additionally, the researcher is employed as a teacher in humanities at Garfield High School, after spending fifteen years as a social studies teacher at Morse High School.

The interest in alternative education began during the doctoral studies at the University of San Diego (USD). With the persistent statistical data indicating a dropout rate of nearly one-third of the students in the SDUSD, the philosophical orientation toward the common good began to germinate the seeds of this dissertation. The placement at Garfield High School significantly raised not only the desire to become more educated in the general field of alternative education, but embedded a desire to raise the general consciousness within the district of this pregnant minor program. Additionally, the course work at USD served as the ethical light which not only illuminated the necessity of this study, but also sparked the duty as a teacher and citizen to shed light on programs not readily understood, and to write about the reality these students and teachers share.

Thus, the researcher's philosophical, emotional, and experiential consciousness was tied to this historical case study. The chosen methodology challenged the writer's research and writing talents, and served the dual purpose of serving the professional and personal needs within the construction.

Summary

The researcher chose to conduct an historical case study on the pregnant minor program because this methodology more faithfully and substantively addressed the research questions, and provided the context for the rich description and human elements so critical to historical data. An example of thick description would be description which goes beyond the mere physical setting to an extrapolation which allows the context to become a vivid experience to the reader. Case studies help us to understand the rich human experience, as Casey stated, which prevailed in this context, and provided not just raw data, but a chronicle, a story, of the lived experience of these participants. This format provides for decision makers a more enriched understanding of the program, and will, hopefully, result in better policies regarding pregnant minors, not just in the SDUSD, but those in other districts.

Decision makers need to be become informed through the “walk a mile in my shoes” theme which dominates descriptive research. Reliance strictly on statistical data and cost/benefit ratios can not only limit common good concerns but might seriously injure these developing family units by not providing the whole picture to decision makers. Strauss and Corbin noted that case studies are an effective way to uncover and understand what lies behind any phenomenon about which little is known. As no studies have been conducted on Garfield’s pregnant minor program, this case study was an important first step to enlighten policy makers and

students.

Perhaps the greatest problem of conducting case studies lies in the areas of validity and reliability. Guba and Lincoln have substituted the word authenticity as a more appropriate concept. Authenticity and Maxwell's descriptive validity place a heavy burden on the researcher to provide a factual account of the context. This demand for a factual account is supported by Spradley's caution to produce "verbatim" language when coding and interpreting interviews of the participants within a case study. Thus, with these caveats in mind, the researcher proceeded with this case study and faithfully and accurately described the "generative themes" which pervaded this culture, in the hopes that this will assist decision makers in the formulation and enactment of policies regarding student-parents.

CHAPTER THREE

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40. M.R. Grumet. "On Daffodiles That Come Before the Swallow Dares." Cited in E.E. Eisner and A. Peshkin, (Eds). Qualitative Inquiry in Education: The Continuing Debate. (New York: Teachers College Press, 1990). 116.
41. Wolcott, "Posturing in Qualitative Research." p. 23.

CHAPTER FOUR

Data Collected

Introduction:

No human experience is as once so transiently private and lastingly public as an unintended pregnancy. When the mother herself is a young adolescent, only partially educated and almost wholly economically dependent, the pregnancy is inevitably enmeshed in a ragged tapestry of personal, interpersonal, social, religious, ethical, and economic dimensions.¹

The above citation captured the essence of the social and psychic dimensions that emerged from this historical case study of the pregnant minor program at Garfield High School in San Diego, California. All of the data gathered generated and made explicit the complexity of the problem of teenage pregnancy, and the difficulty involved in the construction of an educational program to permeate and positively effect those teen parents, and their collective and private futures.

The researcher conducted an historical case study of the Garfield High School Pregnant Minor Program from 1975 to 2000. The data were gathered from both the archival records of the San Diego Unified School District, from the interviews of many of the teachers, administrators, and support persons involved in the program during the time-frame as stated above, and from the researcher's own observations of both the Riley High School program in Watts, California, and the Garfield program.

Politics and Poverty: Teenage Pregnancy:

In 1987, the National Research Council reporting on adolescent sexuality stated:

Adolescent pregnancy and childbearing are matters of substantial national concern. Even the analysis and description of these phenomena; much less prescriptions for altering present trends, are highly controversial. There is, nonetheless, broad agreement that the personal and public costs resulting from unintended pregnancies and untimely birth are far too high to countenance an indifferent response. Discontinued educations, reduced employment opportunities, unstable marriages, low incomes, and heightened health and developmental risks to the children of adolescent mothers are a few of the most obvious and immediate personal costs.²

The foregoing citation not only delineated the purpose and need of pregnant minor programs, but also addressed the requisite demand for researchers to study the contextual conditions which predisposed certain populations to early childbearing. This historical case study delineated some of those conditions, and, hopefully, created the interest for others to carry the torch of further investigation.

Rhodes and Lawson stated, "In many cultures, over many centuries, teenage pregnancy and childbirth have been a normal reproductive pattern."³ Therefore, adolescent pregnancy and childbearing are not new phenomena in the course of United States history. Although the rate of teenage childbearing decreased substantially this century, increased rates of sexual activity, illegitimacy, and welfare receipt raised public concern.⁴ Moreover, although the adolescent birth rate has declined in recent decades, Coley and Chase-Lansdale noted that

American teenagers do not exhibit significantly different patterns of sexual activity, and use contraception less consistently than European teenagers.⁵ Nevertheless, according to Hayes, “The simultaneous emergence of several social and demographic changes have made these issues more visible over the past two decades.”⁶

According to Woodman, “Teenage pregnancy has been a troubling issue since the middle 1950s, when birth rates among teens were actually higher than they are today.”⁷ The 1960s and 1970s in the United States witnessed a tremendous change in attitudes, ethics, and characteristics regarding teen parents.

Addressing the problems associated with adolescent pregnancy only recently became an explicit priority for national policy. The Adolescent Health Services and Pregnancy Prevention and Care Act of 1978 was, essentially, the first federal legislation to focus solely on the problems of early sexuality and pregnancy. The other important federal legislation dealing with poor families and teen parents was the Family Support Act of 1988 which provided federal monies for education and employment training for single mothers, with the intended purpose of strengthening their economic self-sufficiency.⁸

The politicalization of teen pregnancy produced, ironically, what Gordon called, “... a putatively apolitical reaction: the attempt to redefine teenage pregnancy in amoral, objectivish terminology.”⁹ Denying the moral dimension, in the twentieth century, which had been definitional to the liberal professionals, is

now being strongly faced by the conservative political movements.¹⁰ Gordon further stated, “The regulation of sexual behavior and women’s sexual and reproductive rights are essentially moral matters, inconceivable in the absence of ethical claims.”¹¹

A newly discovered trend raised questions concerned with the role of the male in teenage pregnancy. Moore, et al, found that a large proportion of teenage mothers have experienced sexual abuse and forced sexual intercourse prior to their early initiation of sex.¹² That finding was supported by Jackson who stated, “Contrary to public perception, pregnant girls are more often victims than perpetrators of immoral behavior.”¹³ The United States had the Western world’s highest rate of adult men impregnating teenage girls. It also had the West’s highest rate of fathers failing to meet paternal obligations to their children.¹⁴ The implications to teen pregnancy, and this study were that services rendered to only the teen mother ignored the important role of the father. Moreover, as Hanson stated, “...if males are to become more responsible toward both sexuality and parenting, they may need to be approached in terms of their own service needs beyond those of their female partners.”¹⁵ That point was raised, later in this chapter, regarding the reluctant, and vanished teen dads, and the role of the gang member in teen pregnancy in San Diego.

What characterized teenage pregnancy was the dominance of three factors, according to Jackson, which were: education, race and income.¹⁶ Furthermore,

Jackson argued, "... substantial evidence shows that most teenagers who give birth were living at or below poverty levels." ¹⁷ It must be stated that these three factors clearly emerged from this historical case study. Most of the data pointed toward the economic aspects of the problem, from Mary Shiner's program in Watts, California to Lou Ray Checkert's in San Diego, the connection of poverty and pregnancy can not be denied.

The linkage of teenage pregnancy to race and low-education appeared to be merely the characteristics that emanate from the context of the economic circumstances those teens and their babies inherit. That argument was corroborated by Lerner and Galanbos who stated that successful solutions to dealing with teenage pregnancy involved changing relations between the individual and the multiple levels of the context within which the young person is embedded. ¹⁸

Males, a noted researcher on adolescent pregnancy, stated, "America is at war with adolescents." ¹⁹ Males' argument was that official declarations and the media involved themselves in gross hyperbole, for example, "...teenage violence wild in the streets, and save money on schools, spend more money on prisons." ²⁰ He further stated that whether the issue be teen violence, STDs (socially transmitted disease), or teen pregnancy, the political "usage" of those issues clouded the discussion, and denied the overwhelming fact that they were all tied to poverty. ²¹ Taking a similar position, Gordon argued, "...that the moralizing of

both the left and the right have contributed to a harmful discourse on teenage sexuality.”²² Moreover, Jackson argued that by allowing symbolic politics to outweigh reasoned research, effectively sidestepped the real issue, which was the role of structured economic forces which condemned single mothers to poverty.²³ Furthermore, Furstenberg stated many people worried that teenage pregnancy had reached “epidemic” proportions, yet teenage women right now were having babies at about the same rate or less than for most of the century.²⁴ The “epidemic” years were the 1950s when teenagers were having twice as many babies as in previous decades, but few people worried about them.²⁵ What changed was that in the 1950s almost all teen mothers were married by the time they delivered their babies, now most teen mothers do not marry the father of their babies.

Out of wedlock births became more common around the globe, not just in the United States. In Europe, the proportion of babies born out of wedlock doubled and tripled in the past twenty years.²⁶

The Alan Guttmacher Institute’s two-year study of teenage sexuality concluded that pregnancy and birth were rare outcomes among American youth. When they did occur, poverty was the most profound characteristic.²⁷ In 1994 the Guttmacher study found that 38% of 15-19 year olds were living in families with incomes at or below the poverty guidelines. But, of the one in ten teens who became pregnant or caused a pregnancy, the rate skyrocketed to 73% living in poverty.²⁸ But, of the one in 25 that became teen parents, the rate went to 83%

living in poverty.²⁹

In California, the most significant factor characterizing teen parenting was poverty.³⁰ Opulent, suburban Marin County, California, which had the state's lowest rate of youth poverty, also had the lowest teen birth rate. Impoverished, migrant-worker dominated Tulare County, which had the state's highest teen poverty, also had the state's highest teen birth rate.³¹ Moreover, according to Males, that pattern was evident on a national basis as well: States with higher youth poverty rates consistently had higher teenage birth rates.³² That argument was further substantiated by Thom who stated, "...immigrant children's pregnancy and crime rates are disproportionately high because of increased incidence in their families of the social factors which result in poverty and its associated problems."³³

The Allen Guttmacher Institute found that pregnant youths were not a random sample of adolescents. Only about 15 percent of all girls became pregnant before the age of 18. Half of those obtain abortions.³⁴ As a corollary to this point, it must be stated that two-thirds of all teen mothers are eighteen or nineteen years old.³⁵ Poverty, not maternal age, was the biggest factor in unhealthy babies.³⁶ The link to poverty was further corroborated by Repke who found that two-thirds of the children of teen mothers lived below the poverty level by the age of six years.³⁷ Finally, Coley and Chase-Lansdale stated that 73% of never-married teenage mothers went on welfare within 5 years of giving birth, but so did 66% of never-married mothers in their early 20s.³⁸ The conclusion then was that the

problem of teen pregnancy extended beyond the teen years, and became intertwined in the pattern of adult mothers, and their poverty.

Widom and Kuhns found that childhood abuse and neglect were not associated with increased risk for promiscuity and teenage pregnancy.³⁹ However, the opposite was noted by Smith who found, in a longitudinal study of 7th and 8th graders, that there were significantly higher pregnancy rates among those students who had experienced childhood maltreatment and that the effect was not confined to those with sexual abuse history.⁴⁰

Hanson found that adolescent childbearing was strongly associated with repeat pregnancies, school dropout, poverty, and prolonged dependence.⁴¹ Moreover, Hanson argued that several specific findings pointed to the central role of the family in sexual activity, decisions about pregnancy resolution, pregnancy outcomes, and life chances for teen parents, which lended support to the inclusion of family members in services to teen mothers.⁴² Furthermore, Hofferth and Hayes stated that the consequences of teen pregnancy were considerably more negative for young mothers and their babies who lived independently than for those who lived with their families.⁴³

Another social change which took place in the mid-twentieth century was in the lives of wealthy and middle-class women. Furstenberg stated:

Whereas in the 1950s and 1960s most American women had their first babies either during or just after their teen years, now affluent women are waiting until their thirties, forties, and- given new advances in reproductive technology- even later to have their first babies. Thus,

a sixteen-year-old mother seems much younger today than she did in the fifties and sixties, when she was only a few years younger than most first-time mothers. This revolution has had little effect on the lives of poor women (that is, those who were poor before they ever became pregnant). Such women have held to the traditional pattern of bearing children early in life. So although it is true that young mothers tend to be poor women, it is much more meaningful to say that poor women tend to become young mothers.⁴⁴

Again, the linkage of teen pregnancy to poverty was overwhelmingly confirmed by the research data gathered in this study, and this was consistent with the patterns of teenage pregnancy within the context of the Garfield High program discussed later in this chapter.

Programs for Parenting Teenagers:

Intervention programs that target parenting teenagers with the emphasis on building their human and social capital and their life chances have had predominantly disappointing results.⁴⁵ Moreover, Coley and Chase-Lansdale noted that these intervention programs targeted teenage parents on welfare or who have dropped out of school, and that these programs emphasized, in an educational sense, the attainment of a GED, not a high school diploma.⁴⁶ Maynard argued that many intervention programs failed to increase teenage mothers' rates of employment or earnings or decreased their use of welfare.⁴⁷ Finally, Coley and Chase-Lansdale concluded, "...striking and disturbing commonality in almost all teen pregnancy programs and interventions is their inattention to the children of teenage parents."⁴⁸ One of the recommendations of this case study was that same argument that further research needed to be

conducted on not only the children of teenage parents, but longitudinal studies on the teen parents themselves five years after graduation from high school.

One of the more important changes in the government's role in dealing with teenage parents was the passage of welfare reform, more specifically, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The main provisions of the law involved the following:

- (1) Entitlement to cash welfare benefits is abolished;
- (2) families can receive benefits for no longer than five years, over their lifetimes;
- (3) recipients are required to work 20-30 hours per week after two years of benefits;
- (4) minor mothers are required to live with a parent or guardian and stay in school;
- (5) mothers are required to identify the fathers of their children and cooperate with child support enforcement.⁴⁹

This law impacted the teen mothers in this case study and was noted as an important factor in keeping the teens in school by several of the interviewees.

Historical Background of Pregnant Minor Programs in the Public Schools of the United States:

One of the sources for background information on pregnant minors and their connection to special education was provided by Frederick J. Weintraub who was serving as a Special Education Compliance Officer for the State of California, and, coincidentally, assigned to work with the San Diego Unified School District's non-

compliance during this research. Weintraub worked for over thirty years in special education, and has published several books on the general subject of special education, one of which, *Special Education in America: Legal and Governmental Foundations*, was cited in this research.

When approached about the topic of pregnant minors, and special education, he began:

One of the things that many people don't know is that the relationship of pregnant teens and special education goes back to the early 1800s. During the Articles of Confederation federal land was given in the state of Florida to establish a school for the deaf. When the public schools got heavily involved was in the post-Civil War period through to the turn of the century. A lot of it tied to immigrant populations.⁵⁰

The connection of special education, the public schools, and the needs of immigrants groups, as cited above by Thom, was an on-going point of analysis and pattern for teenage pregnancy. Immigrant groups not only had a long history with special education, but also with the history of teenage pregnancy. Weintraub continued with the linkage of immigrants to urbanization and socio-economics:

So it is interesting to engage in debates these days about minority representation, and too many African-American kids as being mentally retarded. There was a period of time when there was an imbalance, if you went into New York City, you would get a disproportionate number of Jewish kids in the programs for the mentally retarded. The point of the matter is, the issue of immigrant populations, or minority populations and its impact on balances have an over-representation in special education. A lot of that, probably less about ethnicity, and a lot more about economic or socio-economic issues.⁵¹

The above linkage to urbanization was a critically important point for this case study, because often the analysis and critique of the problem of teen pregnancy were cloaked in terms of race and ethnicity, rather than urbanization and the attendant clustering of poor people in the cities. (See Farber, Males, Moore, et al.) Moreover, the composition of those groupings vary over time, as Weintraub has stated. Therefore, the composition of the various groups changed, but not the context, the city. The urbanization linkage was also tied to immigrants and health issues. Weintraub explained:

Many of the classes in the middle 1800s were called “Steamer Classes” which came from the steamer trunks and steamer ships, and they were heavily children of immigrant parents, and a lot of them having health problems. So, you had kids with tuberculosis, for instance. If you were to go to Michigan you would have found a program called the “Fresh Air Camp,” which started as a camp for kids with tuberculosis, and was run by special ed. The whole impact of social conditions on special education, on immigrant populations, the need to take care of problems, including moving kids out of their home situations, were all under special education, run by the state.

By the 1930-40s there was a tremendous expansion of these services in school districts throughout the country. A lot of these services were as a result of social advocacy, and because of the urbanization, particularly after W.W. II, and an increase in the number of settings that could sustain low-functioning. One could argue that the more society develops technologically, the result is more disabilities. For instance, thirty years ago on a farm in Alabama, what the hell was a learning disability? Didn't mean that there were not kids with learning disabilities, you didn't have to read to be functional in that environment on the farm. But, as society changed, a dramatically different set of expectations developed. This is happening today, all of a sudden we need higher standards.⁵²

The connection of teen pregnancy to morality was a consistent and pervading theme in this research, as stated earlier in this chapter. Prior to the 1960s, the dominant attitude towards teen pregnancy was one of exclusion, as almost all pregnant teens were expelled from public high schools. In fact, by 1967, only 35 programs existed in the United States for pregnant teens.⁵³ Weintraub explained the prevailing attitude at the time:

One of the problems was if a girl became pregnant, she could not go to school because she was of poor morals, and other children should not experience or see these things. So, basically, as soon as it was determined you were pregnant, you were gone.

So you had public school programs for pregnant girls, usually as part of a home hospital or separate-site classes. Starting in the 1900s, there were the Florence Crittenton Homes that pregnant girls were sent to. The homes were provided monies as a charitable function, much as the United Way is today. They were nicknamed the "homes for wayward girls." Basically, the word got out that you were going to live with your aunt for awhile, and you went to a Florence Crittenton home and the baby was given-up for adoption. But, these homes also had an educational component. In some cases that component might be run by the public school. (You could return to your town and resume life as a virgin.)

By the 1960s, most of the formulas for funding special education included pregnant teens. This was to change, though, in the 1980s, as special education became more of a public obligation, than a public charity. School districts began to eliminate from special education that which was not obligated to be part of special education. A majority of the states, prior to the late 1970s, had gifted education still a part of special ed., but that was the exception rather than the rule. The reason why was they were always **voluntary not obligated programs**.⁵⁴

Weintraub's linkage of morality and teenage pregnancy was supported by other researchers. Gordon stated, "Teenage pregnancy as a social problem signifies, of course, improper sexual behavior among girls, and sexual norms have significantly shifted, amidst great conflict, during the past century." ⁵⁵

Noticeably absent, (males) and notably present, (female) the point of "fault" was often on the role of the female which might be a continuation of the "original sin" construction. Gordon also concluded, agreeing with Males, that the issue of teen pregnancy was medicalized with metaphors such as epidemic, disease, infection, plague, and individuals "at risk." ⁵⁶ Weintraub continued with the issue of the social unacceptability of pregnancy:

Until recently, there was only one way to become pregnant. The act that you engaged in to become pregnant was socially unacceptable. So, the point is if you were a young woman, who was not of age of majority, and you became pregnant, it meant that you had engaged in a behavior that was socially unacceptable, and was at least an image far out socially unacceptable. Also, there was not a lot to protect yourself in that regard. So, if that occurred, society did not want others to associate with you, not because of the pregnancy, but because of the behavior you had engaged in. So, we created institutions for these girls, always under the guise of helping the individual, and also for the purpose of segregating the people from the rest of society that we did not want society, for a variety of reasons, to experience.

Who this person is, (pregnant teen) is a very different image in people's minds today which in some ways is more compassionate than in the past. ⁵⁷

Weintraub discussed the evolution of the changed attitude toward pregnant teens as being more compassionate, but that compassion was not translated in

terms of the governmental agencies serving the needs of pregnant teens. Those gaps in service needs became a dominant theme in this research, and were developed and expanded later in this chapter.

The First Pregnant Minor Programs in California: Riley High School in Watts, California, and McAllister High School in Los Angeles, California:

Another important resource for this historical case study was Mary Ann Shiner, the principal of Riley High School since 1973, who worked with pregnant minors for over thirty-five years in California. Mary related that prior to the 1950s, pregnant teens were housed in the Francis Crittenton Homes, and almost all of those girls gave their babies up for adoption. Girls came from all over the country, not just California, to have their babies and then returned to their home as if nothing had happened, having relinquished their babies to adoptive parents. The schooling they received in the Francis Crittenton homes helped them with how to care for their babies, but not high school coursework. The Francis Crittenton Homes began in 1883 as refuges for prostitutes, but later in the early 1900s became almost exclusively havens for unwed mothers.⁵⁸ Because of the secrecy involved with the Crittenton homes, there was no sending of records to their schools, so education became a moot issue.

Mary Ann Shiner continued that in the 1960s that was to change. She stated:

In Los Angeles, they started placing teachers in health centers all over the city. They started out with a class at Southeast Health Center, which was the first actual class that wasn't a maternity home, and that was for girls living at home.

Then they had them in South Health Center, Poicoma Health Center, all over the city. They had rooms in the health centers themselves where they conducted classes. But, they (girls) were still not able to go to their schools. This way, they could go to school and not dropout.

At that time, these centers were under Whitney High School and part of special education, and the girls were considered “other” health impaired, and that is how they were under the blanket of special education. Of course, they were not really health impaired, but it was a way to get funding for the program.⁵⁹

Mary Shiner stated that in Los Angeles the first pregnant minor programs were started by Dr. Dorothy Lyons, in 1965, who wrote a grant to establish high schools specifically for pregnant teens. The first center for pregnant girls was established at Southeast Health Center. She continued that at that time the girls would give their babies up for adoption which was the common pattern nationwide prior to the middle 1970s.

By the late 1970s early 1980s, almost all the pregnant girls kept their babies. Mary Shiner related that the attitude now was that if you got pregnant it was your responsibility to raise it. Furthermore, if one of her students decided to not keep her baby, she was advised to not tell anyone, because the students can be so cruel. Mary Shiner also stated that by the time the girls got to her program, it was too late for an abortion, and physicians do not like to do late abortions, especially on teenagers.

Shiner isolated, in part, the problem of teen pregnancy within the characteristics of economics and low-educational levels. That conclusion was supported by many

researchers including Thom, Males, Gordon, and Coley and Chase, all cited above.

Mary Shiner argued:

This attitude (of abortion or adoption) is tied not to race and ethnicity, but to economics and educational level. I would go with that explanation almost 100 percent. The wealthier and more educated families, on the whole, who want their daughters to go on to college, favor abortion. The poorer families, who don't have that educational background, don't have those options, are more likely to encourage the girl to keep the baby, and are ready to accept the baby and raise it themselves, if necessary. They have different expectations. I think that has more to do with economics, than culture. If the families are more affluent, and more educated, they are more likely to not keep these babies. I've seen white kids, black kids, Latino kids, they all conform to this pattern.⁶⁰

Mary Shiner's argument was supported by Farber who stated that there were differences by class, but not by race, and that lower class mothers had maintained a "personal fable" regarding their invulnerability to becoming pregnant during unprotected sexual intercourse.⁶¹ That was supported by Ralph, et al. who found that 86% of pregnant adolescents knew about contraceptives at the time they became pregnant.⁶²

Mary Shiner stated that another factor in the late 1970s which, to some degree, contributed to the increase of girls keeping their babies was the welfare system.

The welfare system made it possible for a girl, if she were old enough, she could get welfare payment and go out on her own with this baby, or live with several other girls with the baby in an attempt to make an independent living situation. I think a lot of girls saw this as an opportunity, and the welfare money made these things possible, which weren't available earlier. Also, welfare was willing to pay more if the girl stayed in the family unit, and kept her baby. I'm not saying that is why they went out and got pregnant, but, after the fact, this is one thing that made them

more able to keep the baby, rather than give it up for adoption.⁶³

As Weintraub stated earlier, pregnant minor programs were funded under special education in most states. That changed in California in 1981, as pregnant minors were no longer considered obligated populations, most school districts, including Los Angeles Unified and San Diego Unified, placed pregnant minor programs under secondary education. At Riley High School, Mary Shiner was successful in receiving grants from organizations and agencies dedicated to the care of pregnant teens, which replaced some of the lost funding.

Another change came in 1972, according to Mary Shiner, was the Necessary Small High School Bill.⁶⁴ It provided federal money for pregnant minor programs and funded the first full-service programs in the state at Riley High School and McAllister High School. Those two sites were chosen because their student populations were both under three hundred students. Mary Shiner explained:

So, they created two administrative units, McAllister serving one-half the city and Riley the other. The push, per se, for this bill came under the general plan for expanding continuation schools. Most small high schools in the state are not for pregnant girls, they are for other kinds of needs. So, now we were getting funding from special education, and small high schools sources.⁶⁵

Mary Shiner entered as the principal of Riley High School in 1973, one year after its opening. She stated all academic courses were taught, and girls could earn their high school diplomas. She related that in the late 1960s there had been a shift statewide to strengthen the academic courses, but the Riley program was still able

to provide information on parenting. Shiner stated that another change was that in the past the girls relinquished their babies for adoption, and went on with their lives. Thus, the problem of them dropping out of school, wasn't an issue. She continued that the girls are now constantly encouraged to stay in school, even after the baby was born to keep them from becoming dropouts.

The one downside of the Riley program, and most pregnant minor programs in the state, was that it was a small school, and could not offer the wide selection of courses as a comprehensive high school, thus, Shiner stated, her goal was to send those girls back to their regular schools, and all schools provided child care. She continued that, on the whole, the program was effective in terms of prenatal and nutritional training while the girls were pregnant, but they must be mainstreamed back into the regular academic program because the Riley program cannot offer the selection of courses of a comprehensive high school. The reduced selection of courses issue was also raised by the teachers in the Garfield High School program, and the strategy was to encourage mainstreaming as soon as the students were prepared to resume their education and child care was arranged.

Mary Shiner related that recruitment for the programs was handled in many different ways. She stated that referrals came from a variety of sources, which included health centers, bus drivers, and other schools. Mary Shiner added that people in the neighborhoods regularly referred them.

Similar to the Garfield program, Shiner administered to every girl on intake a

mathematics and reading test. Those scores provided a starting point for course selection and appropriate reading level for materials. With a wide range of ages, from 12-18 years, she stated that the program established three levels of materials relative to reading levels, and those strands worked with the majority of students. One of the strengths of the program was that the girls worked at their own pace on a contract system based on points. As many pregnant teens missed school for a variety of emotional and physical reasons, an individualized program was ideal because work was done at home. Mary Shiner commented that if students in a comprehensive high school missed two or three weeks of school due to illness, in most cases, they received failing grades, or were dropped. The Garfield program was essentially the same in terms of the independent study option. Theoretically, the student could miss several weeks of attendance, but if the work was completed at home, she returned to school without missing a step.

As stated earlier, one of the disturbing trends across the country was that the girls in pregnant minor programs were getting younger and younger. In California, from 1984 to 1994, births to teenage girls under the age of 15 nearly doubled.⁶⁶ Mary Shiner related that when she entered Riley High School in 1973 she was dealing mostly with eleventh and twelfth graders, and that was sustained for a long-time. By the middle of the 1980s, however, the majority of the students were 13-15 year olds which made them ninth and tenth graders. Furthermore, Shiner related that more younger students were getting pregnant across the country, not

just in California. As in the San Diego Unified School District, increased numbers of pregnant teens came from the middle schools where they were not accepted and, in fact, received sharp criticism from fellow students and staff members. As Shiner stated, the senior high girls were more accepted by their peers, but this was not true with the younger students. Many of the older students stayed in their senior highs, and we don't see them. Again, it was much more accepted than it used to be.

The problem of school dropouts was particularly significant among teenage parents. Statewide in California, 68% of the teenagers who gave birth in 1994 had not completed high school, and 17% had an 8th grade education or less.⁶⁷ That issue was also a concern in Shiner's program, and was consistent with the Garfield program. Shiner explained:

When they didn't keep their babies, they didn't dropout. Now, she is going to have the baby for the next eighteen years. So, often, that is when they dropout, not when they are first pregnant. They just have no access to child care. Most of the children centers won't take babies, until they are toilet-trained, so they are in limbo for two-three years. We have found that if they are out of school for two to three years, that is the "kiss of death," they never go back. We talk to them that they can always finish high school later, or they can go to junior college without finishing high school.⁶⁸

To further address the dropout problem, Shiner related that she regularly had guest speakers from the adult schools in the area, and they discussed the option of how the girls could obtain a high school diploma without returning to their regular high school. Additionally, she stated that the real goal was to make these girls

economically independent, and that choice was supported by the new welfare legislation, discussed earlier, which demanded they get a job and become self-supporting.

Another issue raised by Shiner was that over one-third of the babies were born to single parents. Statistics in California stated that in 1995 two-thirds of teenage mothers were unwed at the time of birth.⁶⁹ Although the rate was much higher at the Garfield program, the single parent issue further necessitated that child care be provided. She continued that child care was a serious problem in Los Angeles because there were only a few SAPID programs which provided nursery care. The San Diego Unified School District has done a better job of providing nurseries for their students which had six high schools that provided SAPID child care, but that number was still inadequate, and resulted in long waiting lists. A long waiting list translated to a further delay for the teen parent to return to school.

Another pressing need, cited by Shiner, and also a concern in San Diego, was the inadequate counseling time assigned to pregnant minors. She stated that all of the counseling was done by outside agencies that she recruited over the years, but none was provided by the school. That was also true at the Garfield program.

Shiner continued:

What has been consistent over time is that these girls are in a crisis situation, and all of them need counseling, and a lot of help in dealing with how to plan their lives, how to set goals, to making decisions. A lot of these girls need counseling for their many problems. The pregnancy, in my opinion, is not the main problem. Most of these girls were in trouble before they became pregnant. They had either

dropped out of school, or they had serious family, personal, or emotional problems. The pregnancy just exacerbates all of this.⁷⁰

Another alarming trend that Mary Shiner noticed was the number of repeat pregnancies, and this has increased since Cal-Learn went into effect. Cal-Learn was the state welfare program, similar to SANDAPP in San Diego, which provided case workers for pregnant and parenting teens, and provided money as long as the girls stayed in school. But Shiner stated that the repeaters were coming back to school, pregnant with their second child. The problem of second pregnancies was noted by the California Teenage Pregnancy Statistics which cited that in 1993, 23.4 percent of all teenage births represented repeat births to teenagers.⁷¹ Mary Shiner explained the pattern:

The first boy is gone, and there is a new boy, and there is a certain cache about having another baby. The boy wants her to have his baby. It is the macho thing to do. And so the girl will usually give in. I don't see that most of these girls are seeking to get pregnant. Mostly, they want the guy, and they see pregnancy as a way to further the relationship. It doesn't work real well, but it takes awhile for them to learn that. Some, of them never learn it.⁷²

Again, the need for extended counseling services was required to at least provide an option for these girls. As Alex Weir, the case manager for SANDAPP in San Diego, stated: "The issue is self-esteem."⁷³ Counseling, provided the opportunity for teens to address the underlying issues which appeared at the core of the initial pregnancy, and the repeat pregnancy.

Mary Shiner concluded with the observation that, essentially, two things were happening with the problem of teen pregnancy: the age of marriage was going up

and the age of puberty was going down. That conclusion was supported by

Furstenberg, Coley and Lansdale, and Males cited previously. She stated:

We now have girls having their period at 10 or 11 years old, and they are not getting married until they are twenty-three or twenty-four. This creates a whole different problem, than we've had before. It has nothing to do with the individual, per se. Again, it is an evolutionary change, more so than even a cultural change. There are fewer and fewer places for these uneducated kids without high school diplomas, there is really no where for them to go. The only real avenue is for them to go back to school, and that is what they hated in the first place.⁷⁴

As stated in the introduction, the issue of teen pregnancy presented many dimensions, and the remedies won't be constructed within a singularity of solution.

This conclusion was supported by Shiner at Riley High School, and was supported by the data generated from the Garfield High pregnant minor program.

Pregnant Minor Programs in San Diego, California:

In September of 1938, pregnant minors in the SDUSD were given the educational option of a newly installed program called the Home Teachers Program.⁷⁵ Due to the fact that pregnant minors, at that time, were not allowed on district campuses, the itinerant teaching was the only choice if a pregnant young lady wanted to continue her education both during and after the pregnancy. The first pregnant minor program in the San Diego Unified School District was started by Richard Johnson, Director of the Home Hospital Program, at the Girl's Club in Southeast San Diego in September of 1952.⁷⁶ According to Jolynn Lingle and Bob Calhoun, by the late 1960s, the pregnant minors moved from the Girl's Club to the Salvation Army's Door of Hope in Kearny Mesa. The Door of Hope girls,

came from all over the country, not just from San Diego, and, almost exclusively, gave their babies up for adoption. That practice was to change dramatically by the late 1970s.

Bob Calhoun began the first pregnant minor program in San Diego Unified on July 7, 1970 at the Snyder Continuation High School.⁷⁷ (The program was eventually installed on the Garfield campus in March of 1975.) The board formally approved transportation for the girls on Sept. 29, 1970.⁷⁸ The initial transportation was provided in taxi cabs which picked-up to three girls. The Snyder program was primarily aimed at the health issues of the pregnancy; the emphasis on academics came later in the 1970s which was detailed later in this chapter. The Grossmont High School District began their first pregnant minor program in 1972, at Grossmont High School.

Jolynn Lingle was one of the significant sources for this historical case study because she was not only one of the teachers who started the Garfield program in 1975, but also because she received, in 1998, the California Nurse of the Year award after twenty-four years of serving pregnant minors in San Diego Unified. Lingle stated that she witnessed a tremendous variation in the way that pregnant minor programs were operated in California. She explained:

For instance, in Brawley, California the girls are still picked up in a van, and they are then taught in the basement of a church, and they put the soup on in the morning. They have an art class, English, social studies, and then they drive them home again. We've come a long way in this district. We have sophisticated programs. The new facility at Garfield High School has tremendous possibilities for new approaches.⁷⁹

Mary Ann Shiner, supported Lingle's statement, and related:

In Los Angeles, when they keep the baby, we've got a worse problem than when they were pregnant. Now, there are a lot of places they can't go with the baby. They must have child care, for example, so they can go to school. We are very lacking in childcare for infants. Only five high schools, out of fifty-five, have child care programs. That is only senior highs, none of the middle schools have access to childcare. There are only two exceptions, San Fernando has access to a child carecenter run by the YWCA, and they take infants. The other, Ramona High School, has grades seven through twelve, has a child care center. But that is for the whole city of Los Angeles, and that is not much.

Bakersfield, California has a child care center at every one of their five high schools. So, things are very different, depending on where you are. This is just such a mammoth problem, and there are so many of these girls.⁸⁰

Lou Ray Checkert, a teacher in the Garfield pregnant minor program for twenty years, stated that the services for pregnant minors vary dramatically from city to city:

Every city, every program are so different in the way they handle pregnant teens. For example, University Hospital, and Mercy Hospital both have teen obstetric programs. Not all medical groups have those kinds of programs. The other programs just address the woman having a baby, not exclusively the teen. Teens have so many different issues than women do, especially now with drug use so bad.⁸¹

The major explanation for the variety of differences in programs from state to state and even city to city, was that until the passage of the Title IX Educational Amendments in 1972, the legal authority for education stemmed from the states, not the federal government. Furthermore, Weintraub stated that the states delegated much of the operative responsibility to local governments and school

districts, which further opened the door to community variation.⁸²

Historical Background of the Garfield High School Pregnant Minor Program:

The Administrators:

Robert Calhoun, as Assistant Director of Special Education in 1970, related that in the late 1930s the SDUSD established the Home Teachers Program for any student who was ill, and this included the “temporarily disabled” teen mothers. The principals, in the district, according to Robert Calhoun: “... did not want the pregnant teens to contaminate the other students, so to continue their education, the home teachers would intervene and get them through school.”⁸³ The teachers were stationed at the Salvation Army’s Door of Hope where it was the mission to take care of pregnant minors. At that time, girls came from all over the United States because pregnant girls would be sent to live with an aunt, relative, or friend of the family. All of the girls lived on site, and were taken care of by the Door of Hope personnel. Robert Calhoun continued:

This was the situation when I came on as director in 1970. For its time, it was a very effective program with a great emphasis on adoption which was to change drastically within a few years. But by the 1970s, other districts had been developing programs, so people in the district, developed a special-day class for pregnant teens, funded by special education, to provide prenatal care and a continuing education for these students. The state legislature was aware that these girls were having low-birth weight babies and an abnormally high percentage of handicapped children.⁸⁴

Calhoun related that he started the first class for pregnant minors at Snyder High School in September of 1970. The first teacher was Kathy

Gehring and the counselor was Fran Patterson. He added that one of the public relations problems he had was that the girls arrived in taxi-cabs, and that many people in the community and several staff members complained about the special treatment, so the cheaper taxi-cabs were replaced with the more expensive school buses.

Calhoun continued that the numbers of girls kept increasing so the program was moved to the Garfield site in March of 1975.⁸⁵ The principal, of Garfield High School, 1975-1986, was Georgianne Galas, and according to Robert Calhoun, she fully supported, and welcomed the pregnant minor program. There was no program that would not be welcomed by Georgianne. The reason for the final placement at Garfield High School was, according to Robert Calhoun:

We finally had the combination of the expertise of the teachers to teach the subjects pregnant minors needed, a site where we were accepted, and the vocational component were all there. After all those years and trials and tribulations, when we got to Garfield we finally came together and had a great program. The Garfield program also included child care, initially in the classroom, and beginning in 1977 in a separate nursery under the SAPID program. The nursery was in an adjacent bungalow.⁸⁶

The federal government passed the Title IX Educational Amendments of 1972 which changed many of the characteristics of the programs for pregnant minor programs, as discussed earlier in this chapter. The Title IX legislation provided many options to pregnant teens across the country. By 1975, there were four options for pregnant teens in the San Diego Unified School District: they could go to the Garfield pregnant minor, the Door of Hope, stay at their own school, or go

on home-teaching. Calhoun added that what really bothered him was the large number of pregnant girls before the law was changed who did not have those choices.

During the time-frame when Mr. Calhoun supervised the pregnant minor programs for the district, 1970-1984, decisions were made by consensus, and decisions weren't made until all agreed on what was to be done. That democratic decision making took a slightly different turn when Luis Villegas took over in 1985. He essentially felt that the teachers were doing a competent job, and they would contact him if there were problems.

When Luis Villegas, as an Assistant Director of Special Education, took over in 1985 his principal responsibility was to evaluate the instructional program, and budgetary issues, and make sure they followed district procedures. He continued with the following:

Part of my assignment was to better connect the pregnant minor student to the general education program and master schedule. The premise of the teachers, who are great people, was to provide a kind of sterile and isolated environment for their clients because if we don't, they are going to get some bad influence from the kids in the general population of Garfield or Twain. The teachers were concerned about the embarrassment and concerned about the dietary behavior of the youngsters, so they wanted to be sure that certain foods were consumed. They didn't want them around smoke because at that time we did allow smoking, and things of that nature.⁸⁷

Villegas further related that when he became director he observed that the SAPID teen parenting program and the pregnant minor program were not

operating together, and that a better connection between the two was needed. He further stated that although the two programs were funded from different sources, the SAPID is entirely state money, when the child was born, the teen then entered the SAPID program, so those two programs needed to work more closely together.

Mr. Villegas continued with the alarming trend he noticed in the late 1980s, and that was the ages of the fathers of these babies. This observation was supported by the research, cited earlier, that the fathers were in their middle to late twenties, and were preying on these young girls. He continued:

...a significant number of the girls were being impregnated by adults, and I took up the banner that even though the young pregnant girl did not press charges against the father, the state would. When I'm talking about adults, I'm talking about the average 23-24 years old, and the girl being around 13-15. The other thing we came across, which was disturbing, was the fact that there were young girls as young as 10 or 11 getting into the pregnant minor program.⁸⁸

According to Villegas, not only were some of those males getting away with that behavior, but that some of the girls in the program were pregnant by the same guy. That increased incidence concerned legislators in California to change statutory rape laws, Sections 261.5 (a-d), which stated that sexual intercourse with a minor more than three years his junior was a felony.

Another disturbing trend he observed was the number of second pregnancies which was, also, a concern cited by Mary Shiner at Riley High School, earlier in this chapter. Villegas related:

When a child returns with a second pregnancy, this is not a time for celebration. It means we have not done well. The rate up until last year was 2-3 percent, not large, but still a concern. If we have a good program we would have no repeaters. You must remember that when a kid returns with a second child, this is all before they are eighteen.⁸⁹

As stated above, when Luis Villegas took over the supervisory role of the pregnant minor programs, in 1985, the district's goal was to upgrade and solidify the academic program. At the time, the pregnant minor programs wanted to be isolated. Villegas claimed that the instructional program suffered because the teachers didn't allow the kids into the master schedule. That was changed, and the girls were encouraged, especially in higher mathematics courses, to take classes in the regular school.

He added that another area of needed improvement was the counseling for the girls because of their younger ages. Villegas continued that the average age of the girls was 13-14 years, or ninth and tenth graders. That situation was witnessed at Riley High School which Mary Shiner discussed earlier. One positive, according to Villegas, and was that the girls entered the program earlier, there was a higher probability they graduated from high school.

By the late 1990s that changed, according to Villegas. There was a strengthening of the academics in the program with increased numbers of girls graduating from high school, and the counseling program was improved. The new school, which opened in September of 1998, included a room in pregnant minor specifically established for counseling and outside services.

Another issue that Luis Villegas saw as playing an important role in pregnant teen programs, both in a preventive sense and “now” based manner, was the Mentoring Program for teen moms. One of the more interesting developments of that program was the number of professional women who had been teen moms, who now served as attorneys, military officers, principals, cooks, chefs, police officers and one chief of police. Villegas related that the problems experienced by teen parents were also characteristic of older moms. He added:

We have a tremendous number of 20-24 year old moms, who are poor, and lack prenatal care. So the problem goes beyond the teen mom, and the high school pregnant minor program. The health issue is one of the driving forces behind the pregnant minor.⁹⁰

Luis Villegas ended with the observation that what needed to be done with the pregnant teen programs was to place more emphasis on ensuring the girls developed independence and self-sufficiency. Those girls needed strong counseling in terms of relationships and how to deal with older men. That conclusion coincided with Mary Shiner’s need at Riley High School for more counseling for the pregnant teens, including training in relationships with men.

In July of 1997, Luis Villegas was promoted to Director of Special Education in the district, and replaced by Robert Amparan. Amparan stated that when he came on board his first contact was with Jolynn Lingle at the Twain Pregnant Minor Program. He explained:

Jolynn and I discussed some of her concerns, and she took the time to explain what was going on. I, subsequently, met the district counselor.

Margo Parks, and she explained where the sites were located, and their relationship to SAPID.

My first contact with the Garfield Pregnant Minor Program came on June 8, 1998. That meeting was called by you (the researcher), and at that meeting I met Robert Calhoun, and the teachers in the Garfield program. At that meeting I was given a brief overview of the history of the program by Robert Calhoun, and listened to the various concerns raised by the teachers.⁹¹

The Principals:

Georgiana Galas was principal of Garfield High School from 1975-1986, although she opened the school in 1973 as a satellite school for Snyder from 1973-1975. She related:

When we began in 1973, we only had four teachers and a counselor, and the pregnant minor program did not begin until March of 1975. One of the reasons we started Garfield High School was because the girls could not return to their school of residence. Once the girl was pregnant, she was booted from the school and came to Snyder. At Snyder, they stayed as long as they could. Unfortunately, at that time, after they had their babies, they did not return to school. So, we did not want this to happen, and we wanted them to get their high school diploma, so the pregnant minor programs were started. The programs were designed so they could bring their babies to school, and complete their education.⁹²

Georgiana Galas was the principal of Garfield High School when Lou Ray Checkert began teaching in the pregnant minor program in 1976. She stated that Lou Ray really had an effect on the program. She continued that Lou Ray was a loving and caring person, which carried over to the students.

Georgiana concluded by stating that the reason the pregnant minor program was located in the back of the school was not out of shame, but because of the

safety of the toddlers in the nursery, and because of the babies crying which disturbed the high school classes.

The other principal of Garfield High School who was interviewed requested to remain anonymous, but the substantive remarks are summarized in the following statements:

I remember back in the late 1950s early 1960s rumors and gossip would be done about that young lady to the point one day I'd look up and that young lady was not in school anymore. Then the story was that she wasn't in town anymore, she was out of town, living with a relative. The sadness for me was I never saw that lady return to school. I think what happened, quite literally, that young lady became a high school dropout. This was the general pattern at the time. This was in the state of New Jersey, and talking to other friends and relatives, this appeared to be the pattern across the country. This was to change, though by the late 1960s.⁹³

The administrator continued with the observation that many school officials were concerned with the large numbers of girls who were dropping out of school due to pregnancy. One of the ideas presented at the time was to create programs for pregnant minors, like the Garfield program, so as to keep those girls in school.

Another plus for pregnant minor programs, the administrator stated was that the girls were teamed with a physician with regularly scheduled visits. The girls also received instruction from the teachers on prenatal care, correct nutrition, exercise, so the girls became more knowledgeable about their impending delivery.

The administrator related that the enriched funding for pregnant minor programs came from many sources. The enriched funding came directly from the state, not out of the ADA (average daily attendance) money. Another important

service, which was funded by a combination of state and federal monies, was the infant-lab or SAPID child care program. The administrator added:

We also have enriched formulas for teacher-student ratio, and that would be one-to-twenty. That fits with what the district's alternative education ratio is, and differs from the district's comprehensive school ratio of approximately one-to-thirty. I absolutely believe this is critical for, again, the unique nature of the young ladies who are involved in this pregnant minor program. We have enriched counseling formulas, and, again, at our school we would average about one hundred twenty-to-one counselor-student ratio, versus four hundred fifty-to-one at a comprehensive site. This is critical because the counselor gets to know the counselees at our school, all of the pregnant minor students are with one counselor. This is a real strength because the counselor can be a central hub for the students, the teachers, the physicians, the doctors, it is nice for the support services to be able to do "one stop shopping." ⁹⁴

The administrator further stated that the level of instruction delivered in the Garfield pregnant minor program was fabulous. He added that he was amazed at how well those teachers did in that program.

The Garfield Pregnant Minor Program: 1970s:

Judy Kirsten Opened the Program in March of 1975:

The Garfield High School Pregnant Minor Program began in March of 1975 with three teachers, June Clear, Kathy Gehring, and Judy Kirsten, as a substitute for Gina Crudo. The next school year, September of 1975, witnessed a reduction to two teachers, June Clear and Kathy Gehring. Jolynn Lingle entered the program in October of 1975, as a substitute for June Clear. June Clear returned from pregnancy leave and went to the Door of Hope. Judy Kirsten stated

the following about the beginnings of the program:

I got involved with the Garfield program because I knew the then counselor opening the program, Connie Strohbehn (Pazan). She called me up, and said they need a long-term sub, and would you consider doing this? I went and interviewed for the substitute position with Bob Calhoun, who was then head of the program. It was in special ed. at that time, and he was an Assistant Director of Special Ed.. The reason he gave me the job was that I had participated in the writing of a book on children called, *Knee-High San Diego*, and I was very excited to join the program. I kind of took on a counseling role with the girls because they were busy setting up curriculum, and one of things the girls needed a lot was to talk-out their problems, they were all in crisis. Then it was summer vacation, and I stepped out of the program.⁹⁵

Judy then related essentially how the program worked on a daily basis for those first three months. She stated:

Well the girls arrived in the little yellow buses, as did all the special education kids. One of the initial problems was to convince the girls that it was okay to come on the little yellow buses, with special education kids.

The intake was done with a home-visit in order to enroll them. We always had a district counselor who was in charge of enrolling the girls. The district counselor was the main referral person for the district. This person was in charge of all the paper work, getting the transcripts, cumulative folder, all that detail stuff.⁹⁶

Kirsten further related that the start-time was 8:00 a.m., and because the girls were bused, everyone was on-time. The academic courses were divided up among the teachers and their respective backgrounds. Kirsten stated that when she began in 1975 there was nothing specified in terms of curriculum, so the teachers developed their own courses in response to the needs of the students.

Lunch was delivered to the program on carts from the front site and there was always extra milk. Kirsten stated that the extra food came later as the nutritional problems of pregnant teens became evident to state and local officials.

Kirsten related that there were no other services provided at that time, 1975. This meant that the teachers were the labor coaches, and that would occur, sometimes at 3:00 a.m., and the district permitted that teacher to come late the next day. Judy added that it was the beginning of lamaze, and Jolynn Lingle became certified as a lamaze instructor.

The textbooks came from Twain which was also the center for special education and home hospital services. Kirsten further related that the home teachers had begun a library and Garfield pregnant minor teachers were encouraged to utilize that resource because pregnant minor did not get any books from Garfield, at that time. Again, according to Judy, the major problem was the lack of child care because the girls could only stay enrolled through the semester in which they delivered. At this time, there was no child care outside the program. Of course, that same problem existed for Mary Shiner at Riley High School, as previously noted. (It wasn't until 1978 that the SAPID nursery was started.) The lack of child care forced many of the girls to drop out of school, and that was unfortunate.

Jolynn Lingle Entered the Program 1975-1976:

Jolynn Lingle taught in the Garfield program in its first full-year of existence.

beginning in October of 1975, as a long-term substitute for June Clear. She co-taught with Kathy Gehring. According to Jolynn, the purpose of pregnant minor programs was to prevent low, birth-weight babies. The linkage to special education was that it was the only program which had the flexibility to support pregnant minors. Most states, at that time, included pregnant minors in special education because they were considered temporarily disabled. Jolynn continued that Bob Calhoun, the Director of Home Hospital-Physically Handicapped, was primarily concerned with the emotional and physical needs of the students, and the academics were secondary to those needs. At that time, the teachers made a home visit as part of the intake process which assisted the determination as to what needs were important to each student. Jolynn responded to those needs by continuing her education. She explained:

I took it upon myself to immediately get certified through Red Cross for child birth education. Then I enrolled myself in 1977 in the UCSD Child birth Certification Program which was administered through their medical school. By being kept current, I could dispel the myths, and give accurate information, and when I heard the girls giving wrong information, I could discuss that immediately and make the corrections. That, is the strength of a self-contained program.⁹⁷

Jolynn Lingle continued and stated that, at that time, all academic courses were geared to the family, child care, parenting, and the pregnancy. The curriculum was totally involved in their needs, like learning kitchen math, kitchen physics, and how to read a thermometer, etc.. That changed in the early 1980s when we had to teach all the subject areas required for graduation. She stated:

When this happened we started to design our contracts, we began to use the books which were required to that point, which we are still doing today. We use the same textbooks as the regular school.

In this team-teaching situation, we are responsible for all the required courses and electives, so each teacher is responsible for up to 50-60 contracts, per year. We have followed all the new standards. We still have to hold back some time for the pregnancy issues, because we have a purpose, and the purpose is to prevent low-birth weight babies.⁹⁸

According to Jolynn, recruitment was handled by word of mouth. When a girl got pregnant she went to the nurse at her school of residence, and the nurse would contact Bob Calhoun or pregnant minor, and the intake was arranged, which included a home visit.

The primary support service provided in the 1970s was transportation funded through special education. At that time, the girl was picked-up at her home, and returned. The academic day was the legally required 4 hours for all special education classes. The girls came to class and they had their books and assignments, and one day per week, a Red Cross lamaze person would come in.

The teachers, Jolynn continued, were required to keep track of the hours, and write the credits and grade the papers. The class size was normally thirty girls, and, typically, when they left they could go back to their regular school.

The SAPID Nursury Was Added to the Program-1977:

Another important part of the program at that time was the inclusion of the babies in the classroom. Cribs were set up for the infants, and the rule was that if

the baby cried, it was the responsibility of the baby's mom to respond. That avoided the situation of some other student dropping someone else's baby. Jolynn stated that an incident in Los Angeles, in 1977, whereby an infant was dropped by another student, ended the inclusion of the babies in the classroom, and that was one of the forces that resulted in the SAPID (Student-Age Parenting and Infant Development) nurseries being installed on high school campuses across the state. The SAPID nursery was officially installed on the Garfield High School campus on September 26, 1977.⁹⁹

Another service provided at that time was a nutrition break which was supposed to be extra protein. Jolynn related that at first it was very good because the teachers could design some of the snacks the girls liked. From the late 1980s on, food services provided cheese, and cheese products which contained too much fat and were too binding.

Jolynn Lingle concluded with the statement that the trend, across the country, was to mainstream the girls and give them itinerant teaching in child-birthing which was shown to be not as effective by the TAPP research,¹⁰⁰ out of San Francisco State. Jolynn explained:

The TAPP studies have clearly shown that the self-contained program cuts the low-birth-weight baby rate in half. We are losing a lot of the self-contained programs. However, when the Cal-SAFE(SB1064) program begins on July 1, 2000, the SAPID and pregnant minor programs will be combined, which will allow the teachers at the individual sites to design their own programs. Cal-SAFE will place these two programs under one set of funding. A certain amount of money will be given, your a.d.a. will be subtracted

from that amount, and whatever is left is to be spent by the sites, on whatever support services the site's feel is necessary to serve the pregnant teens.) Then, we will be recognized, again, as a program that's viable with state regulations, and that is going to be very, very, good.¹⁰¹

Lou Ray Checkert Began Her Twenty Years in the Program, 1976-1997:

Lou Ray Checkert entered the Garfield High School Pregnant Minor Program in September of 1976, in the second year of its existence, co-teaching with Harriet Thompson. Lou Ray, prior to September of 1976, had a one year assignment teaching Consumer and Family Studies at Santana High School. She was hired by then Director of Home Hospital, Robert Calhoun, and began her twenty year career running the Garfield High School Pregnant Minor Program.

Lou Ray Checkert's awareness of pregnant minor programs began when she was a senior at Kearny High School, in San Diego, in 1963. She recalled an incident which left a lasting impression regarding the issue of pregnant teens being removed from the local high schools. She stated:

When I was in my last year at Kearny High there was a young women there who was pregnant by her long-time boyfriend. Our vice principal at that time, took a stand because the young woman only had two months to graduate. But you could tell she was pregnant, but as long as it didn't become an issue, she could stay and graduate. Everyone else just kicked them out of school. Maybe they made it to adult school, and maybe they did not. So, pregnant minor programs evolved to keep kids in school. Our society loses tremendous amounts of money and talent when any young person drops out, but when you have a teen mom, who drops out of school, her life and her baby's life suffers.¹⁰²

Lou Ray Checkert continued that she remembered the pregnant teens being

picked-up in taxi cabs in the early 1970s which, as stated earlier, was the transportation plan for Bob Calhoun's initial program for pregnant teens at Snyder Continuation in the San Diego Unified School District. Lou Ray continued that there was considerable criticism from community people, at the time, who complained that those young girls were being coddled, so the district stopped the taxi cab service and started using school buses which were more expensive. The school buses continued to transport the pregnant teen to and from school, although the buses no longer pick up the girl at her house, rather at certain cross-streets near her home. The cost of the school buses was significant and comprised a huge portion of the budget for the program.

Lou Ray Checkert taught in the Garfield pregnant minor program for twenty years, and she stated that the way it worked was that you had a teaching partner, and the two worked together to determine what were the respective academic strengths and weaknesses, and then negotiated what each taught. By early 1978, Lou Ray stated that although her background was in home economics and language arts, she developed an interest in teaching mathematics, so she started taking mathematics classes. In addition to extra mathematics courses, she also took classes in prepared childbirth, science, and economics.

Lou Ray explained that the Garfield program permitted the opportunity to be responsive to the needs of the kids. She related:

Sometimes, on hot days we would take the kids and their books to the park, and sit under the trees, and have class there. You can not do that

in most high schools. If we had a youngster without family support, we would take her to the doctor, and we would go with her to have her baby. I've been with these girls when they've had their babies, and that is a tremendous experience.¹⁰³

Harriet Thompson Joined Lou Ray Checkert 1976-77:

Harriet Thompson taught in the Garfield Pregnant Minor Program from 1976-77 with Lou Ray Checkert, but prior to that she had been teaching at the Salvation Army's Door of Hope in San Diego, California. She stated:

As far as the day-to-day running of the program, we were very autonomous. It was a good thing because each site had a different clientele. Door of Hope students were living on the campus, naturally, and were from back east. A lot of them were white girls, older, 16-18, as opposed to 14-15 at Garfield. It was easier to set up tutoring there, the older girls helping the younger ones. We had this nurse who would teach lamaze with the guided imagery which we would also use for other things.¹⁰⁴

Harriet stated that the co-teaching arrangement with Lou Ray was that Lou Ray handled the prenatal/parenting and home economics, while she handled the academics. Harriet explained:

Lou Ray really worked on sewing and cooking. The clientele was different than the Door of Hope, younger, browner. Almost all the Door of Hope girls gave their babies up for adoption. Almost none at Garfield. I was in charge of the academics. It was rather daunting because we had students from seventh all the way to twelfth graders. A lot of needs, but it seemed, lower level needs.¹⁰⁵

Another difference Harriet observed was that the Door of Hope girls headed to college after they secured adoptive parents for their baby. That was not the case for the Garfield girls in the 1970s, early 1980s. Harriet stated that college wasn't

a realistic consideration. Instead, Lou Ray spent a lot of time cooking, sewing, and taught them the domestic skills they needed to be good moms because that was the type of girls we were getting.

Recruitment for the Program:

Lou Ray stated that recruitment was handled by word of mouth, rather informally, although it is supposed to work through the school nurses and counselors and they would recommend the pregnant minor program. She continued that Garfield had a good reputation, so there was always a demand for the program. What wasn't acceptable was when the site personnel coerced the girls into going to pregnant minor, because they did not want pregnant girls on their campuses. That coercion ended by the early 1980s, as teen pregnancy became more accepted.

Harriet Thompson related that the district had a network of recruitment and intake which basically involved the following:

The district counselor contacts the counselors in the district schools, as well as the school nurses. The comprehensive high school people contact the district counselor with referrals, and the paperwork begins. The district counselor makes sure the district nurses know of the program. The nurse, at Garfield is partially funded by the pregnant minor program, and so there is another person in the network, and that is why our nurse must spend one day a week in pregnant minor.¹⁰⁶

The connection to Garfield High School was, on occasion, a problematic situation. Lou Ray Checkert stated that Garfield had the reputation as a gang

school. So, when the parents came to the meetings the staff had to reassure them that Garfield was a safe place, and that the pregnant minor program was isolated in the back. As stated earlier, the placement in the rear of the school had many benefits, particularly regarding safety and crying of the infants and toddlers in the nursery, but also provided a certain level of isolation, if the girls felt uncomfortable about being seen by other students. Lou Ray continued that she preferred to have the program separate from the school. She stated:

One reason is because when there is a fight, my students are not involved. Sometimes, I have kids that need to not be involved with the kids up front, and usually they are very open about it. One time, I had a student whose father of her baby was murdered by someone who was in the general gang which was the dominant gang at Garfield, and she was back in pregnant minor. That really became a problem. At some point in time we had to ask her to leave, not because she did anything wrong, but because there was gang stuff going on back and forth between her home-boys and the home-boys here. So, there are a lot of good reasons why it is wise to be separated.¹⁰⁷

Judy Kirsten Entered the Program 1979-91:

Lou Ray Checkert stated that Harriet Thompson left the program in June of 1977 and her new teaching partner was Sue Skidmore. After two years, the district down-sized the pregnant minor programs from three to two, so Sue was dropped from the program. The district down-sized because of declining enrollment and fewer pregnancies, so that left two programs, one at Bandini and one at Garfield. The teachers at Bandini were Jolynn Lingle and Carol Simonson, and Judy Kirsten and Lou Ray Checkert at Garfield. A corollary to the down-sizing was that the local schools began keeping more of their pregnant students

which was a significant departure from the exclusionary policy of less than ten years prior.

Increased Emphasis on Academics:

Judy Kirsten, as stated above, re-entered the Garfield program in September of 1979, and noticed several changes since her initial three-month service in 1975. She related the major difference was that the academic expectations were quite different. The program now required contracts for all the courses for graduation which, Judy replied, was an efficient way to be organized.

Judy further stated that in September of 1980 she and Lou Ray decided to split the teaching assignment with Lou Ray taking mathematics and science, and she took history and language arts. Lou Ray still did the physical education and prepared child birth classes. At that time, Judy added that there was no parenting class, so she instituted a parenting class.

By the end of the Vietnam War, Judy Kirsten related that the program started to get large numbers of southeast Asian girls. Some of the girls were Hmong, who had no written language, and no English. She commented:

It was always interesting trying to teach them, but what lovely, people. In general, they were also married, even if they were thirteen. Even at thirteen, they would have been married, an arranged marriage, and they were part of a very sheltered family situation, and culturally very much supported. They would not be even five foot tall, tiny little petite girls who would have eight pound babies. Often, they would have bigger and healthier babies than the American girls. We were just amazed by that, they were so healthy. Even the thirteen year olds were having big healthy babies. We also got Vietnamese. Cambodian, they were a little different because they usually

had a little English, they had more schooling. We started to see some of them who weren't married.¹⁰⁸

At that time the ESL (English as a Second Language) component was added to the program. She stated that with the Hispanic kids we were a K-12 one-room school house. Additionally, Judy added, that through her networking she connected with the community clinic in Linda Vista which started putting out material on pregnancy in the various southeast Asian dialects. Spanish materials were never a serious problem. A significant portion of the budget was spent on ESL (English as a Second Language) materials, and the money was always available.

When Judy Kirsten returned to the Garfield program in September of 1979 she also brought selected girls from the Door of Hope with her. That changed the racial/ethnic proportions because the Door of Hope girls were white. Judy stated that the Door of Hope girls were fairly traditional, white, middle class people who were hiding the pregnancy which was in sharp contrast to the black and Hispanic families who were more accepting of the pregnancy. But, despite the differences, the girls adjusted and adapted to the variety of cultures in the classroom.

The Increased Need for Counseling:

The other significant issue was the lack of counseling for the girls. In the late 1970s and early 1980s, Judy explained that the allotment for counseling was only one day per week. The problem was that the counselor spent most of the time on class changes, not counseling kids. Judy admitted that she and Lou Ray adjusted

by ensuring that one teacher handled the crisis and the other handled the teaching and course work. Again, that option was available and viable in a two-teacher setting.

Another reason for the need for counseling time was explained by Lou Ray:

A lot of the girls have been molested, a lot of them have been molested by family members, and there is a lot of anger towards their mom for not protecting the daughter. Some have not faced up with their anger, but it comes out in classroom discussions. All of these girls felt betrayed.¹⁰⁹

The Garfield Pregnant Minor Program in the 1980s:

The Program Moved Out of Special Education:

Beginning in July of 1981, the State of California passed SB 1870 which removed pregnant minor programs from the obligated programs of special education.¹¹⁰ One component of SB 1870 was Section 6 which stated that if school districts continued to finance pregnant minor programs, they qualified for a 9% increase per pupil of general ADA (average daily attendance) revenue. The extra funding, however, was to be allocated for transportation, instructional settings, new programs, and class size reduction. In response to SB 1870, the San Diego Unified School District changed the funding and administration, in the 1982-83 school year, for all pregnant minor programs from special education to secondary education. Luis Villegas explained:

At the time, prior to 1981, being pregnant was considered a temporary, physical disability. The district moved away from this and said no it was not a disability, it was a mistake, not a disability. So the dollars got moved around at the

state level, in early 1982, SB 1870, and it became more of a school operation. In July of 1982 it was under the auspices of the school, and the school provided some nursing time. There was then little involvement by the district. It came under my involvement in Alternative Education in 1991. In 1985 I was the supervisor of the pregnant minor programs at Twain and Garfield, but that was when I was an operations manager. By 1991, I was the Alternative Education Instructional Team Leader.¹¹¹

The Garfield pregnant minor program was administered from 1975 to 1982 by the home hospital program, headed by Bob Calhoun. Lou Ray stated that the state changed the funding, SB 1870 discussed earlier, and the program moved to being administered by secondary education, and the on-site principal. That change created a number of problems beyond the decreases in funding. She stated:

One of the important aspects of being administered by home hospital was that the program was open year around. With the office open, the intakes could be processed in the summer with little lag time to get them started in the program. Another change was that we were now under the site principal and that lengthened the process of admission into the program. Not only did Georgiana Galas have to get the application, and permission from the school nurse, and then to the girl's family to be signed, to the doctor to be signed, then back to the school nurse, then to the head counselor, and then we got the youngster in the program.¹¹²

Lou Ray Checkert added that the new state law SB 1870 meant that pregnant minor had more money than other programs in the district, also that extra funding resulted in continued busing and more money to buy books and materials. She continued that the extra money was needed because the pregnant minor program required texts and support materials for sixth through twelfth graders, and at multiple levels of reading difficulty.

SANDAPP Was Added to the Program:

Another change in the early 1980s that had a significant impact on the pregnant minor program was the emergence of SANDAPP (San Diego Adolescent Pregnancy and Parenting Program). Judy Kirsten, who returned to teach in the program in September of 1979, stated that in the 1980s the girls possessed a litany of needs for services that she and Lou Ray could not possibly have served. Lou Ray stated that the girls' needs were, at times, almost overwhelming and that she and Judy needed to have assistance with crisis intervention. Lou Ray related that, prior to SANDAPP, when a girl was in crisis, and was kicked-out of her house, for example, one of the teachers handled the situation and called the various agencies who solved the problems. Lou Ray described a situation which exemplified the complexity and range of issues, beyond academics, the teachers faced:

We had, at one point, a thirteen-year-old who had been molested by her mother's boy friend, since she was eight years old. So Judy contacted the district's attorney's office because there was a court order prohibiting this man from having contact with this child. It was this case which led to SANDAPP getting involved with the girls, largely through Judy's efforts. From then on, these types of issues were handled by that agency. Thus, we could deal more with the education and academic issues.¹¹³

In 1985, Judy Kirsten, through her networking, heard that there was a plan to put demonstration projects of an experimental program in eight cities in California. Judy wrote and received the grant that installed SANDAPP in the Garfield pregnant minor program. She related:

This experimental program originated from CACSAP (California

Association Concerned with School Age Parenting) which had been active in northern California. The people in CACSAP felt that the case management model was the appropriate one for pregnant teens. They got funding from the state legislature to start demonstration projects to see if it worked. This was at a time when there was a tremendous amount of agencies with duplicating efforts, thus the case management model became popular.

Essentially, you were paying a counselor-type of person to be an expert in all the resources that were in the community, and their concern was not their own agency, but their client's interests. The job was to get the client to the various support services. So, we wrote the grant, and we won the grant and the local committee voted that it should go to San Diego City Schools to be administered. Five of the eight were based in schools, three in agencies or Dept. of Health.¹¹⁴

Due to Judy Kirsten's grant, SANDAPP case managers were added to the Garfield program, and the Twain program. The case managers provided a tremendous service to the pregnant teens because if a student was kicked-out of her house, had no food, no place to live, no resources, the case manager solved those problems, instead of the classroom teacher, which was the situation prior to 1986.

The Ages of the Pregnant Teens Decreased:

Another change which occurred in the program in the 1980s involved the ages of the girls upon entrance. The issue of younger mothers was discussed earlier in this chapter by Luis Villegas and Mary Shiner. Lou Ray Checkert related that the student- age slowly decreased as the years passed. She stated:

Our student age is much younger than it was in 1976. Most of the teen moms of the kids when I first started were at least sophmores, (tenth graders), and a lot of juniors and seniors. The age has gone down over the years. I find with a lot more of my youngsters its been harder

because you see more of them being taken advantage of. When you look at a 17-18 year old who is pregnant by a boyfriend that she has been going with for awhile, it's not as heart-breaking than a 13 year old who has been taken advantage of by an older male. The district attorney's office has a program for about five years now, prosecuting statutory rape those older males on younger females, and that is much more of a problem now than it was back then, twenty years ago.¹¹⁵

Increased Allotment for Nurse Time:

Another problem in the program in the early 1980s was the lack of allotted nurse time for the pregnant teens. Judy Kirsten stated that she began to network with other schools in the county, and with CACSAP (mentioned above regarding the beginnings of SANDAPP). Coincidentally, CACSAP's annual convention was held in San Diego in the spring of 1982, and Judy connected and joined one of their committees. At the same time, she also connected with the March of Dimes and discovered that there were yearly grants available for worthy projects. Judy wrote a grant requesting a full-time nurse who would divide time between the two pregnant minor programs, Garfield and Twain. The nurse was Sandy Wright and together they constructed an elaborate guest speaker list, which still existed. The guest speaker program translated to approximately one speaker per week who discussed topics which ranged from drug abuse to child abuse.

The Garfield Pregnant Minor Program in the 1990s:

The 1990s, according to Lou Ray Checkert, brought new populations of students to the program. She stated that when she first started at Garfield, in 1976, there was a mixed racial population. Then for awhile, in the early 1980s, the

Door of Hope girls were bused over to the program. She stated that, on the whole, the Door of Hope girls were a very unhappy group of kids because they were in an institution, and missed their families.

Lou Ray continued that for quite a while the program had a largely Hispanic population. After the busing routes changed in the early 1990s, the population was mostly African-American.

By the late 1990s, the student population was fairly evenly-mixed which was what Lou Ray preferred, from a teaching standpoint. She explained that the kids behaved better in a racially balanced class. She stated that all of the classroom fights involved kids of the same race. Furthermore, she added that there had been interracial disagreements, but never fights except within the same race. The racially balanced classroom had a better social atmosphere because the girls didn't feel alone and isolated.

Lou Ray stated that the issue of race/ethnicity in the program had always been tied to the busing pattern for the districts' two pregnant minor programs, Garfield and Twain. She related that during the 1970s and early 1980s pregnant girls south of Highway 94 went to Garfield, and that was changed to the girls south of Interstate 8 because that pattern produced a better racial balance. (San Diego is divided by these two east-west highways, and the southern districts contain lower income homes and apartments.) In the 1990s, the pattern had been that girls south of Interstate 8 go to Garfield, and north of Interstate 8 go to Twain.

Harriet Thompson Returned to the Program 1992-1995

Harriet Thompson returned in September of 1992. She observed a major change and that centered around the academic instruction. In her absence, the program was switched from special education to secondary education, as stated earlier. The change in academics meant that the emphasis was stronger toward academics, and the girls were expected to not only receive prenatal/parenting training, but work steadily towards a diploma. Lou Ray was responsible for the prenatal education and Harriet's responsibility was the academic courses. As the program contained many younger girls, the curriculum was simplified to the clientele, and Harriet stated that the program went from dealing with students heading to college, to dealing with students who had not learned to write a sentence, or to add columns. With that vast range of students, Harriet stated, it was difficult to find the middle ground.

Harriet further detailed the troubling trend of younger girls in the program:

We had a lot of students, again, who were younger and younger, and that was depressing to me. We had a student we had to boost up to the seventh grade, because we weren't licensed to teach sixth graders. The youngest one we ever had was eleven years old. The father of the baby was her father, just really a child. The kids we saw were really needy, much less maternal instincts, or skills. They seemed to have fewer role models. It was just a real change. Lou Ray and I always, and this was her idea, included each semester a Baby Day, which was the first semester we saw our girls leave, so we observed them with their babies all day long. For good or for ill, it would make us double-worry about how they would fare as parents ¹¹⁶

Another change Harriet observed was the inclusion of the SANDAPP workers

in the program. She stated that SANDAPP was a middle-management level safety-net which helped girls without resources access public services. The pressure was now on the girls to stay in school, or they must become employed.

Prior to returning to the pregnant minor program in 1992, Harriet was a language arts teacher at Crawford High School. While at Crawford High School, Harriet had a pregnant student who had remained, and not gone to a pregnant minor program. She stated that the major difference between that girl and the ones at Garfield centered around self-concept and confidence. Furthermore, the Garfield girls, on average, were: "...needy, awfully needy, amazingly needy. A lot of them are missing-out academically on building a future." Harriet added:

That student at Crawford was on the fast track going to college. She had her name in for scholarships and she wasn't going to let go of her dream. She had a lot of family support, a lot of these kids don't have, she had goals, which a lot of our kids don't have, beyond I gotta get a boyfriend and keep him kind-of-thing.¹¹⁷

The Issue of Adoption:

Lou Ray Checkert stated that there was not a baby placed for adoption in the past fifteen years. So, adoption was really not an issue. However, there were babies placed out of the nursery, but only a few. The issue of adoption was utilized in the 1970s, but that changed in the 1980s. Again, she continued, the student population changed, and the attitudes in society changed.

The Relationship with Administrators and Site Principals:

Lou Ray Checkert stated that all the administrators were supportive of the

program, and solved the problems, despite the budgets constraints over the past twenty years of her tenure. Similarly, most of the site administrators were supportive, and there was a certain amount of benign neglect which was a benefit. But, Lou Ray added, they conducted a tight academic program which didn't need to be supervised.

There was one incident that Lou Ray admitted that involved an unidentified administrator who wanted to combine the pregnant minor girls with the regular Garfield students. Lou Ray stated that the only time that mixing had been successful was when a girl needed a higher level math credit, and she was motivated to go to a regular classroom in the school. But, the younger students were too distracted and some were embarrassed, so it was advantageous for them to remain in pregnant minor. The other argument presented to the administrator was that it was inadvisable to mix sixth, seventh, and eighth graders with the Garfield students. Lou Ray further commented:

The pregnant minor kids are here because they choose to be here because they have physical problems or illnesses that make it necessary for them to be here, or they have emotional problems, or they need more t.l.c., they need the self-contained classroom. The kids want what is offered here, with the constant reinforcement, the discussions on prepared child birth, things like that. If a pregnant girl lacks family support and is in crisis, she needs pregnant minor. When somebody gets their emotional needs, as well as their academic needs met, then they produce a better product, the baby.¹¹⁸

Sherryl Godfrey Entered the Program Replacing Harriet Thompson, 1995-on:

Sherryl Godfrey entered the pregnant minor program in September of 1995,

and joined Lou Ray. She taught the humanities courses, and was credentialed in counseling which added another dimension to the services provided to the girls.

Sherryl stated that they maintained approximately 40 girls per semester, although the optimum limit was eighteen or nineteen. When they had their baby, they had to leave, and went to another program. However, if the program was not full, the girls stayed for the remainder of the school year. Since there was no age limit, the program had sixth graders, who were twelve years old, up to twenty-one years old, but that was an exception. The age range placed a tremendous burden on the teachers in terms of the number of academic courses.

The Intake Process:

Sherryl Godfrey stated that intake was handled by Margo Parks for the past nine years. Margo Parks was the district counselor who processed the paperwork. To enter the program the girls must have received a referral from their school's nurse, and then Margo took over. It was Margo's responsibility to collect the immunization records, and the academic records.

Overview of the Program From 1995-1998:

Sherryl Godfrey stated that in 1995 the program was half Hispanics, and half African-American, and maybe one or two percent Asian. By 1998, the program was almost all Hispanic. That change was explained as being attributed to the location of the new Garfield High School campus, in September of 1998, next to City College. The community surrounding the school was primarily

Hispanic. Additionally, there were many Hispanics who lived around the San Diego Trolley, so access was convenient. One of the stops for the trolley was in front of City College, adjacent to Garfield High School.

The girls that did not use the trolley, Sherryl stated, used the school buses provided by the district. The school buses provided were convenient and most of the girls utilized that service.

The academic program was the legal minimum of four hours. Sherryl stated that the program began at 8:45 a.m. because it was difficult for them to get up early. Furthermore, they had physical problems like morning sickness, and that time was used for doctor appointments.

Sherryl stated that sometimes the girls took courses at Garfield, like chemistry, which were difficult to teach. But, primarily, they stayed here: "... because they had more pressing problems than just being pregnant, and they had other things going on in their lives. They needed a lot of nurturing and support, and that was why there is a need for this program."¹¹⁹

Sherryl continued that all academic courses were taught, anything that was needed for a diploma was covered. In the event that the two teachers felt unqualified to teach a particular course, someone was brought in who was qualified. Those qualified persons included USD counseling students, and sometimes teachers on staff, including the researcher, came in to teach a class or classes. The girls usually averaged four to five credits per semester which,

according to Sherryl, was good considering they were only in the program four hours per day.

Breakfast and lunch were provided daily, and delivered by school staff. The girls were entitled to an extra snack. The nagging problem, of course, was nutrition, but effort was made to effectively reduce the problem by encouraging the girls to eat more fruit and vegetables.

Attendance was reasonably stable for most of the girls because, according to Sherryl, they loved the program. She stated an example:

Kids come to school when they are over-due, even though they are two centimeters dilated. But they say they would rather be here than sitting at home. They must really like it here. Steve, the former principal at Garfield, has raced a few girls to the hospital over the years.¹²⁰

One welcomed addition to the program was case worker, Kelly Salas, who handled the women's issues group with the kids. According to Sherryl, Kelly also handled child custody and court problems. Kelly was on a grant which was effective through June of 1999.

To enrich the prenatal, and family studies courses, Sherryl stated that doctors from UCSD were regularly scheduled to teach about breast-feeding, and related issues. Other speakers came to teach lamaze, and anything to do with babies, and healthy relationships, because many of the girls were not in healthy relationships.

Two other services provided were the SANDAPP case workers who handled the girls on AFDC, and the SAPID program which operated the nursery and child

care. The problem, according to Sherryl, was that there were more babies being delivered than students leaving Garfield, so the lack of child care was an issue. Sheryl concluded that the nursery was invaluable because it kept the girls in school.

Nancy Paulis Entered the Program Replacing Lou Ray Checkert, 1997-on:

Nancy Paulis joined Sherryl Godfrey in September of 1997. Nancy's academic background was in mathematics and science which augmented Sheryl's social science background. Nancy stated that there was considerable community support for the pregnant minor program. She stated:

There are many community information sources we access in the program. Examples would be Planned Parenthood, County Health Department, adoption services, both public and private, who we schedule regularly, usually twice per year because our population grows over the year.¹²¹

The number one issue that Nancy cited was the problem of child care, as stated earlier by Lou Ray, Sherryl, and Judy. She explained:

The main issue now is the gap between the girls who are high-up on the waiting list for the nursery, and those low on the list. There is a service gap there because if they do not have child care, they don't come to school. Many times this year I've watched the girls getting promises from their boyfriend's mom or their mom to watch the baby, and inevitably these care-offers fall through.¹²²

The girls were reluctant to use private child care because of the reputation and problems of persons being accused of and some convicted of serious crimes.

Nancy also stated that the move to the new school provided access to child care, at City College, for those students who graduated from Garfield High School. But

that program was not an option for most of the girls, because the majority of the girls were fifteen years old, and credit-deficient, so the only choice was the SAPID nursery on site.

One of the newest social services programs provided by community resources was the TEEN-Link Connection (TLC) which offered counseling for the teen dads and the families of the parenting teens. That counseling was successful, and the teachers included a regular visitation for TLC speakers and counselors.

The other important support service person that came on site to talk to the girls was Ellen Howenstein. Sherryl added:

A person from the district offices comes, Ellen Howenstein, in once a week to talk about HIV, AIDS, and she doesn't just talk about those two issues, she includes relationships, birth control, STD's and many different issues. She takes requests from the kids, and they do drawings and maps, discussion groups.¹²³

Nancy Paulis stated that there were serious and dramatic nutritional needs in the program. As the majority of the girls were on AFDC, they qualified for the WIC program (Women, Infants, and Children) which provided coupons for nutritious food for pregnant women of all ages, and those with low-income. But there were problems associated with that available food, Nancy explained:

There are girls who say that the families are eating the food, which is against the rules, but we have poor and hungry people out there, and there is food in the house and there isn't this is mine, that is yours.¹²⁴

But, according to Nancy, the problem was not with the WIC coupons as much as that the food provided at the school was not adequately nutritional. She related

that the typical breakfast was crumb cake, and juice, and for lunch the food was from the school menu. The school menu fare consisted of Taco Bell burritos, submarine sandwiches, salads, but there were never enough salads for every girl. Nancy added that there was never enough yogurt, and the girls loved yogurt, but food services never sent sufficient quantities.

Nancy Paulis concluded her remarks on the issue of nutrition with a rather stern criticism of the school district's policies and implementation of food services. She stated:

I also find it unconscienable of the district to continue to ignore our pleas for better nutritional food for the girls. Again, if you look at who is important in society, pregnant teens are pretty low on the list. And without strong site and district leadership, we can only do so much.¹²⁵

One of the bright spots concerned with services provided pregnant teens in San Diego, was that the local major hospitals entered a new relationship with the MEDICAL patients. Nancy stated:

One of the things that has changed, and I know this by looking over Lou Ray's notes, is that the major hospitals are now courting the MEDICAL patients. So Sharp, Mercy, Scripps, and Alvarado hospitals want to come and talk to our girls, and they provide them a lot of incentives by providing free car seats, free formula, a lot of goodies. Ten years ago, there was a huge lack of services regarding prenatal care because many physicians would not seek MEDICAL patients.¹²⁶

The Persistent Problem of the Second Pregnancy:

Earlier in this chapter, Mary Shiner and Luis Villegas expressed their concern

regarding the problem of second pregnancies. Nancy Paulis concurred with this assessment, and she added:

Another issue for us is trying to prevent a second pregnancy. Statistics have shown that over fifty percent of the girls get pregnant again within the first year. I know we stress birth control education a great deal, but we really don't have a support system for the girl who is going to get pregnant again, we really haven't figured that out. We haven't identified the risk factors as to why these girls get pregnant so soon. We do have girls in the nursery with two children, and are continuing their education. I think that part of this is due to a family pattern. But, again, we have no tracking of these girls, no history upon which to draw and build on. The reality of this job is that we are really caught-up in the day-to-day functioning of the program. I would welcome anyone who wanted to put such a system, that would track these young women to see what is happening to them, one, two, three, five years after graduation.¹²⁷

Although the Garfield second pregnancy rate was not that high, maybe 5%, what concerned Nancy Paulis was the continued increase in the number of younger girls, who were more susceptible, statistically speaking, to repeat pregnancies.

Inadequate Nursing Time for Pregnant Minor:

Sherryl Godfrey stated that pregnant minor was funded so that the school nurse provided one full-day per week in the program. Sheryl explained:

The nurse is supposed to be with us the full day. That has never happened, ever. She always gets pulled away by the Garfield staff. No one seems to think that pregnant minor is a priority for her, and it is really frustrating. We have complained over and over again. She has tried to hideout here, then we screen her calls, to see if they involve an emergency. This is really frustrating because one of the main reasons for the girls being in here, is to be healthy, and they need someone who is that knowledgeable. We now give the girls nursing notebooks, which helps.¹²⁸

The school nurse was Elizabeth Spurgeon and she stated that the complaint of

inadequate time spent with pregnant minors was valid. She explained:

The problem with being the nurse on this campus, is that the site problems overwhelm me, and little time is left for the pregnant minors. They don't feel they are getting me one day per week, and they are paying for it out of their program and I'm constantly being pulled away. What would be ideal is that there would be another nurse here to handle the Garfield medical problems, and I would just handle the Garfield and Twain pregnant minors.¹²⁹

The Role of the Fathers in the Program:

As was true in Mary Shiner's program in Watts, California, the fathers of the babies in the Garfield program were not visible, with few exceptions. Additionally, she stated that most of the fathers were in their twenties and thirties and did not want to be associated with the pregnancy.

Sherryl Godfrey explained the situation with the fathers of the babies:

There needs to be a class for the teen dads, where they can watch the videos, and learn the parenting skills. Right now, it is only run as a support group that meets once per week. The dads come in here and they are awkward with the babies because they don't know, but you can't blame them. A lot of the dads are in their twenties, some are in the Navy, and at sea. Some have other problems and are in jail. Most of the fathers are not in the picture.¹³⁰

Godfrey's statements about the teen fathers were supported by the findings of Samuels, et al who concluded that contact with the baby's father was the most important variable in predicting the adolescent mother's adjustment to parenting.¹³¹ Moreover, Samuels, et al. further noted that the teen mother's relationship with the baby's father play an important role in parenting her baby.¹³²

Alex Weir, a case worker for SANDAPP, described another alarming

dimension to the problem of teen pregnancy, and that was the role of the male gang member. He stated

Another dimension of this problem is that of the gang member, who "gets stripes" by how many babies they make. These young girls then become the target. You have to truly understand, and it took time for the state to understand this, that 65-75% of these young ladies are not pregnant by teen fathers. They are pregnant by older men. 15 year old girls with 55 year old men.¹³³

Alex Weir was also the case worker who ran the Mens Group, formally called the Teen Dads program. He stated that one of the strategies was to have other teen fathers talk to other young men about the costs of raising a child. He stated:

The teen fathers can tell their peers the cost of formula, transportation to and from the doctors, the cost of buying shoes, diapers. The peers begin to understand, maybe I better start practicing safe-sex.¹³⁴

The Daily Routine at the New Garfield Site, September of 1998:

In September of 1998 the new Garfield High School was opened for its first full academic year. Included in the construction of the facility was a three-room center for the pregnant minor program. As stated earlier by Luis Villegas, and Lou Ray Checkert, the new facility was designed in the three-room format because of the increased population of middle school girls in the program. The three-room format allowed one room for counseling and food preparation, and the other two rooms permitted the separation of the learning environments of the middle school and high school girls which worked well in 1998, according to Sherryl Godfrey and Nancy Paulis.

Sherryl Godfrey stated that the daily routine involved the arrival of the girls on the district supplied buses around 8:45 a.m.. The first hour she taught the humanities class, which was a generic type of reading, vocabulary class. The reason for that being that the range of abilities and needs varied significantly. In the humanities time, basic skills were taught like, paragraph writing, grammar, and the students were assigned stories to read.

Following that course, the girls had an hour of independent study time. The students were enrolled in five to six subjects, so the academic load kept them busy. After that they did an hour of physical education which included long walks, and Nancy Paulis engaged them in stretching exercises. Sherryl stated that the physical education was almost all pregnancy related.

After lunch, Nancy Paulis taught the family studies, and prenatal care, labor, and delivery. That segment was particularly realistic and intense, because all aspects of pregnancy and birth were captured either on c.d. roms, or film. Birth control, and sex education were taught which included a lot of slides, films, which reduced the fear of the delivery process. The parents of the girls signed a waiver prior to enrollment, so the issues of sex and delivery were never a problem. The buses picked-them-up at 12:45 p.m. outside the school.

Sherryl concluded with a tribute to Lou Ray Checkert. She stated.

Everything we do in this program is based on Lou Ray's twenty years of trial and error. It has worked so well, and been so effective, for so many years, we've done our own thing and everything has been great. Lately, there has been such a curriculum thrust that

is tearing down the other things we do in here. That is the problem when the curriculum is not need based, but standard based.¹³⁵

Supplementary Services- An Overview:

SAPID (Student-age Parenting and Infant Development) program began in the San Diego Unified School District in the 1978-79 school year. At that time, the program was administered under the direction of the home economics program, and, in 1999, by Child Development Division. SAPID provided child care to San Diego Unified students with babies, with the expressed purpose of keeping them enrolled in school.

Alex Weir continued that the pregnant teens appeared to fit a pattern. He stated:

All of the young brothers and young sisters that we get are folks who are very angry, angry at their lifestyle, angry at what surrounds them, and their escape is pregnancy. Their escape is if I get a child I can get my own grant, or I can move-out with my boyfriend, and make it on my own. This seems to be something that is handed down to them. They must learn, not from a role model, but from experience.

When these girls get pregnant, the parents reject them, don't want to deal with them any more. We get a phone call that says a child has just been put out on the porch. Some of our jobs is to find housing. Most of these young girls are raising their babies alone.¹³⁶

School Nurse Services, Elizabeth Spurgeon 1996-1998

Elizabeth Spurgeon served as both the Garfield High School nurse, and was a SANDAPP case worker. many of her clients attended Garfield and Twain pregnant minor programs. She stated that the process of intake was as follows:

After the initial intake review, we assess whether they are a low, medium, or high risk kid. We now have a girl with a long history of grand mal seizures who is pregnant. We also deal with diabetes, quite a bit of high blood pressure, so we do a lot of teaching about nutrition, and the effects of salt, etc.. Some of the girls don't see the importance of taking their prenatal vitamins. I give them a binder which is called, *A Healthy Mom-A Healthy Baby*. This binder contains as much info as possible regarding the medical problems, facts, and issues associated with pregnancy and early child development.¹³⁷

Elizabeth Spurgeon stated that once the baby is born, ideally, there was a home visit, although that ideal was not maintained. She continued that the girls stayed home for about three weeks, longer if the doctor felt it necessary. The girl was permitted to stay in the pregnant minor program until the end of the semester. The preparation for the return to a regular school program was described:

Prior to the delivery, we try to have them plan ahead. What are you going to do after the baby is born? What plans do you need to make? Are you eligible for SAPID child care? There are six SAPID sites in the district. We don't call for them, but we give them the phone numbers to call. We try to develop their sense of independence. What are the academic plans for after the baby is born?¹³⁸

One of the revealing pieces of information received in almost every intake was 90% of them admitted that they were not using birth control. When asked why not, most responded with I didn't think it would happen to me. The issue that distressed Elizabeth was the following

More and more, I'm finding the girls want to get pregnant. I had a 15 year old in this program last semester who had a miscarriage, and three months later, she was back again, pregnant. She wanted that baby. As I get older, we have a plan and a chart, but it isn't necessarily right for everyone. I still tell the girls, if you want to get pregnant, get a puppy first. In some cultures, if you haven't had a baby by the time you are 16-18, something is wrong with you.¹³⁹

One of the most important services involved in the pregnant minor program was SANDAPP (San Diego Adolescent, Pregnant and Parenting Program) which provide state funds for pregnant and parenting teens. The purpose was to provide services like transportation to and from school and the doctors' offices, diapers, prenatal and after-birth care until they graduate from high school. To receive these services the teens must remain in school. After graduation, they can then move into Cal-LEARN, funded by the state of California and the County of San Diego, which was the welfare reform program which offered services to any young man or woman in California who received aid, not MEDICAL, from the Department of Social Services, and was mandated to attend the SANDAPP program. According to Alex Weir, a counselor for the Department of Social Services, the girl's commitment was to attend school, on a regular basis, and keep maintained a "C" or above average in order to inherit a bonus. That bonus came in fifty dollar increments, per month, and a five hundred dollar bonus upon completion of high school.

Alex Weir further detailed the extent of the services and goods provided by Cal-LEARN:

We provide diapers, strollers, baby-cribs, all the necessities that a young mother or father need to raise a baby which they couldn't afford to purchase. We also provide car-seats, the highway patrol has a class, and then provides a free car-seat after the training.

If their grades fall below a "C", there are sanctions of 100 dollars, in 50 dollar increments. This can go on as long as they are in the program. We see every client, face-to-face, once a month. Every

three months we must see them in their home.¹⁴⁰

The District Counselor, Margo Parks, 1990-1998:

Margo Parks served as a district counselor for the pregnant minor programs in the SDUSD for the past nine years. She was the initial contact person for the district, and handled all the intake screenings for pregnant teens for the Garfield, Twain, and Lindsay Summit programs. Margo detailed the following:

During the initial screening, I try to determine which of the district programs would best suit the young ladies. They can choose Garfield, Twain, Lindsay Summit, or go on a home hospital arrangement. One of the problems I see is that the girls that choose to stay at their home school, often don't get the full prenatal care that is provided daily at our three sites. The trend is to tough it out at the comprehensive school, but many of them end-up dropping out. If they don't dropout, the district's child care programs (SAPID) are only located at six schools. There is a growing problem with the lack of child care in the district. Another alarming trend is that girls are becoming sexually active prior to 7th grade. We have a growing population of 12-13 year old girls getting pregnant. At this age and in this condition, I feel they need information, not academics, so they can have a healthy baby. They need brain food. Once pregnant, surprisingly, they start liking school again. What I try to do is tie the baby to the need for academics and a better future. Garfield High School always has a waiting list for their pregnant minor program.¹⁴¹

The Garfield High School Pregnant Minor Teachers Speak: The Future, Needs, Further Concerns:

Itinerant Teacher:

Lou Ray Checkert, after teaching twenty years in the pregnant minor program at Garfield, recommended that there be an itinerant teacher hired, as the Grossmont Union High District installed several years ago. As an interesting

side-note, the Grossmont District's itinerant teacher for pregnant minor was Suzanne Skidmore (Gleeson) who taught with Lou Ray in pregnant minor, as discussed earlier, from 1977-79. Lou Ray suggested that this itinerant teacher handle both Twain and Garfield girls. Lou Ray continued: "The thing that you need to understand is that by the time a young lady is on bed-rest, she feels pretty ill, and so she may not be up to working on her own. She may need that visiting teacher for a variety of emotional and academic reasons." Lou Ray explained further:

I would set it up so that she (the teacher) got notification from any of the pregnant minor programs, or any of the schools of residence, of a youngster who was having fairly serious health problems. Then she would have some sort of sign-up and mileage, to document the time spent with the girls, and the mileage traveled. She would tutor, get homework, give tests. This is basically, what the Grossmont District has set-up.¹⁴²

Lou Ray next suggested that human development be taught in the middle schools. She presented the argument that a woman's prenatal health care began with her first period, and how she ate, and took care of herself. All of these factors affect the baby's health. The issue was not about sex education, it was about human development and nutrition because a lot of these babies entered homes raised by family members, who probably don't have the current health information.

Need for More Counseling

Harriet Thompson stated that the program needed to be more tied to the on-

site academic classes, and that more counseling is needed. She explained:

These kids are so needy. More support, underneath, how to stand on your own two feet, how to say no, how to get on phone and make the necessary appointments. We have to spend so much time on things you would take for granted.¹⁴³

Need for Follow-up Studies on Garfield Pregnant Minors After High School:

Both Nancy Paulis and Harriet Thompson suggested that there was a serious need for longitudinal studies which tracked these girls one to five years after high school. The long-term studies, hopefully, might indicate what the effects were of early pregnancy and the programs that dealt with those early births.

Sherryl Godfrey stated that the trend in San Diego Unified was that the girls were choosing to stay at their own schools, or go on independent study. But that choice was not for everyone, and many need extra support. Sheryl explained:

Some administrators say that we are coddling them, babying them, and supporting the fact that they are pregnant. When in reality, we are just treating the problem after it happened. We give them all of their prenatal care, and they know more about babies than most people do that are pregnant.¹⁴⁴

One former administrator in the district noted: "I would love to see the day when a toddler pulls on her mom's arm asking where are you going, and mommy replies, mommy is going to college. That is a powerful image, and a positive projection to that toddler. That mom becomes a great role model."¹⁴⁵

Summary of Findings

Chapter four detailed the historical background of pregnant minor programs in the United States. As previously stated, the public schools, prior to 1970, expelled

any pregnant teenager from school, primarily due to the argument that she was a person of low morals, and would be a bad influence on other children.

Prior to the 1970s, pregnant teens were handled by social service institutions such as the Florence Crittenton Homes and the Salvation Army. Some public school districts did provide home hospital services to pregnant teens. More precisely, there were, in 1967, 35 special education programs that served pregnant teens in the United States.¹⁴⁶ Formal or self-contained pregnant minor programs in the public schools, did not begin in the United States until the early 1970s. The number of programs increased to 225 by the end of 1972,¹⁴⁷ ostensibly due to the supreme court case of *Perry v. Grenada* (1970), and the passage of the 1972 Title IX legislation, both of which made it illegal to deny a public education to a teenager merely on the basis of pregnancy or having a child. After 1972, the number of programs increased dramatically.

The Garfield High School Pregnant Minor Program began as a pilot program in March of 1975, and later on July 1, 1975 received full funding.¹⁴⁸ The Garfield program was the first fully, self-contained program installed by the San Diego Unified School District. Initially, child care was handled in the same classroom as the pregnant minor program, by September of 1978, the SAPID program provided full child care for the teen parents in an adjacent building.¹⁴⁹ By 1986, the SANDAPP program began, and that provided case workers for most pregnant and parenting teens. All social services for the teen parents were handled by the

case-worker who would oversee and manage health, medical, and counseling services, as needed. SANDAPP relieved the teachers in the pregnant minor program from being the prime resource for crisis intervention and needed services, and then shifted more of their time to academics, as well as instruction in prenatal, and family studies.

The purpose of pregnant minor programs, whether through public or private institutions, was to insure a healthy baby and mother, as well as to teach basic parenting skills to the teen parents. The Garfield High School program has done an incredible job trying to nurture and teach the needy population it serves. The majority of its clients were some of the most needy in San Diego, more specifically, poor and troubled pregnant teens. Those girls entered the program with many needs and issues which exacerbated the already difficult and involved process of pregnancy. The “extra” burdens required the services of many persons, beyond the classroom teachers. The teachers’ daunting tasks were to provide a solid foundation of prenatal and parenting training, as well as a strong academic program which, hopefully, culminated in a high school diploma, not a GED, and to post-secondary education and career training. As most of their teen mothers graduated from high school, the Garfield program had great success in meeting those responsibilities. Further commentary on the issues faced by the program and recommendations for the future will be forthcoming in chapter five.

As almost all interviewees stated that they would like to see the need for the

program to cease, there was hope on the horizon. In 1996, Congress passed the Teenage Pregnancy Reduction Act which provided in-depth evaluation of promising teenage pregnancy prevention programs.¹⁵⁰ Experts on teen pregnancy indicated that such an evaluation was needed. The three year evaluation was funded \$3.5 million per year. The bill required that a report of the evaluation's results made to Congress, and the results disseminated to the administrators of prevention programs, medical associations, public health services, school administrators, and others.

CHAPTER FOUR

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CHAPTER FIVE

Summaries and Recommendations:

Overview of the Purpose of the Study:

The major purpose of this historical case study was to generate a qualitative research document that would provide decision makers with information related to program design, instruction, and support services to better serve the students in the Garfield High School Pregnant Minor Program. A second purpose of this study was to educate district personnel about the historical aspects of student-parents and how the Garfield program serves the needs of student-parents. The second purpose tied the issue of teen parents to educational equity because if the needs of student-parents were met in the early development of those family units, hopefully, their futures would be better served, as a result of the program and its ancillary services. Moreover, it was anticipated that the data provided by this study, would engender more informed policy to better serve student-parents in the district.

Research Questions

The research questions were the following

- (1.) What is the historical background of pregnant minor programs in public secondary schools in the United States?
- (2.) What is the historical background of the pregnant minor program at

Garfield High School in the San Diego Unified School District from 1975-2000?

- (3a.) What are the essential educational needs of the pregnant minor teens
In the pregnant minor program at Garfield High School?
- (3b) What are the services provided in the pregnant minor program to
service those needs?
- (3c.) How does the program provide for the immediate future needs for
these beginning families?

Summaries of Data For the Three Research Questions:

Summary of Data on Research Question # 1:

Services for pregnant teens in the public schools, essentially began after 1972, as an ostensible response to *Perry v. Grenada* (1970)¹ and Title IX of the Educational Amendments of 1972 which made it illegal for public schools to deny an education to pregnant and parenting teens, and illegal for any institution receiving federal funds to deny an education or services to a pregnant teen. By the end of 1972, there were 225 programs for pregnant minors in the public schools.² That number increased dramatically by the end of the decade, in that most school districts provided services to pregnant teens

Prior to 1967, most pregnant teens, who weren't married or who stayed at home, were housed in the Francis Crittenton Homes, or utilized the home hospital services offered by some school districts. The majority of those babies were

placed for adoption. As stated in chapter four, the act those pregnant teens had engaged in was so socially unacceptable, that separation and exclusion were the only remedies.³ Society had to be protected from that contamination of immorality, especially children in the public schools. The result was that society created institutions which contained the nemesis, and the product of the act, the baby, who was placed for adoption. The institutions created and the families' responses to handle pregnant teens varied tremendously from place to place, urban to rural, city to town, and family to family. Typically, the homes created for pregnant teens had an educational component tied to special education that varied tremendously from institution to institution. Some school districts had separate facilities for pregnant teens, and some placed them on home studies, but most districts expelled them. Specifically, only 35 public school districts had services for pregnant minors in 1967.⁴

As the twentieth century advanced after World War II, particularly with respect to urbanization and the social/moral reformulations of the 1960s, pregnant minors became integrated into the public school system across the country. The politics of exclusion, exercised since 1900, was supplanted, in the 1970s, by a more integrated and compassionated treatment and attitude toward pregnant teens

Pregnant minor programs essentially started in the early 1970s, not only as a response to the federal regulations under the federal regulations of Title IX Amendments to the Education Act of 1972, but because society needed to address

the dropout rate of pregnant and parenting teens, despite their immoral behavior, which had previously kept them excluded from public schools. Researchers specifically argued that exclusion did not serve educational equity, and that education must be continued and maintained for pregnant and parenting teens because they had created the next generation.⁵

As the pivotal importance of education can not be denied, the service needs of those new families became the incumbent duty and trust of the public schools and the governmental programs. As presented in chapters two and four, the issue of teen pregnancy was significantly politicized, and the politics of the “tabooed” sexual act distorted and thwarted the incumbent duty and trust of the service needs accorded this population.⁶ Moreover, as discussed in chapter two, the research of Rhode and Zeichner clearly established the linkage of teen pregnancy to the political arena, and that the duty to decision makers was to challenge their moral positions so that public policy would reflect the multiple needs of teen parents.⁷ The linkage of teenage pregnancy, as discussed in this research, to democracy and educational equity was undeniable. The federal courts and congress mandated educational equity to pregnant teens, and certainly, as Gutmann argued in chapter two, the inherent moral obligations of democracy have increased the burden upon public schools to address the needs of those young families.⁸

The research clearly showed, in Chapters 2 and 4, that adolescent pregnancy and parenting were linked to increased levels of poverty, low educational

attainment, repeat pregnancies, and prolonged dependence on social welfare programs, than those adolescents who weren't parents.⁹ As presented in this research, the purpose of pregnant minor programs, and the various attendant service agencies was to level the playing field, so these parents, hopefully, became integrated into society as productive citizens, and their children weren't raised in poverty.¹⁰ Truly a noble expectation, but the complicated mosaic of poverty was not easily nor completely refashioned. The embedded, endemic and redundant problems of teen pregnancy and poverty presented serious challenges to all programs assigned to solutions.

Pregnant minor programs in Los Angeles, similarly, began with Francis Crittenton homes, and home hospital programs, as Mary Shiner stated. The major difference in the development of their programs, compared to San Diego, was that the initial teen pregnancy programs in Los Angeles were established in health centers across the city.¹¹ More specifically, the health centers were administered and funded by Whitney High School through special education, respectively. The first center was the Southeast Health Center in 1963. As detailed by Mary Shiner, in 1965, Dr Lyons wrote a grant to establish high schools for pregnant minors, and the first classes were conducted at Southeast Health Center. By 1972, two high schools, Riley and McAllister, were established and operated fully, self-contained programs

Summary of Data on Research Question #2:

One program which had considerable success in California was the Garfield High School Pregnant Minor Program in the San Diego Unified School District. It began in March of 1975 as a full-service, one-room school house. The program included the requisite academic courses, prenatal and parenting courses, and child care, all in two connected bungalows located at the rear of the alternative high school. Within three years, September of 1978, the SAPID (School-Age Parenting and Infant Development) nursery was added which relieved the classroom of the constant attention to the infants.

The Garfield Pregnant Minor Program was funded and supervised by special education, and the home hospital department until 1983, when it was transferred to general funding administered under secondary education. The major reason for the new arrangement was that there was an effort made by the state legislature to bring Special Education into compliance with state law. That effort resulted in the passage of California SB 1870 which no longer required school districts to finance voluntary special education programs, like pregnant minor.¹² However, if school districts continued to fund pregnant minor programs, SB 1870-Sec. 6 provided a 9% per pupil increase in funding. Pregnant minor programs continued in California.

The instructional program in the 1970s and early 1980s was designed, primarily, to decrease the numbers of low-birth weight babies, and babies born

with birth-defects. Thus, the program was significantly structured on prenatal, nutritional and parenting instruction. In the beginning, the program included many girls who gave their babies up for adoption. By the early 1980s, there were almost no babies given up for adoption. That was due to the evolving social/political attitudes of the 1960s and 1970s, and the changed populations of the program.¹³

By 1983, the funding changed, as stated above, and the instructional emphasis was now primarily on academics, and high school completion which was continued through 2000.

The program, since September of 1975, contained two teachers with a class maximum of 40 girls. The girls came to school on district supplied school buses, and remained for four hours of instruction, the minimum statutory requirement. The academic program included prenatal and parenting classes, as well as a full regimen of required courses for a high school diploma. Child care, since 1977, was provided by the state funded SAPID nursery. The purpose of the nursery was to provide child care for the teen parents, so as to keep them in school. The research indicated that 50% of teen moms drop out of school if child care was not available.¹⁴

In September of 1998, the Garfield program moved to the school's new site on the east side of the San Diego City College campus. The new structure contained three rooms for the pregnant minor program, and that arrangement permitted the

separation, for instructional purposes, of the younger middle school girls, and the high school girls.

One of the most disturbing trends was that the girls in the pregnant minor program were slowly getting younger. Whereas in the 1970s, the majority were 11th and 12th graders, the majority in 1998 were 9th and 10th graders with an increased number of girls under 13 years old. The trend was nationwide.¹⁵

The second disturbing trend was the age of the fathers, also nationwide.¹⁶ The fathers of the babies were in their twenties and older. The trend was not unnoticed by the state legislature which made it illegal, statutory rape, for a man to have sex with a minor female more than three years his junior, California Penal Code 261(a-d).

Summary of Data Research Question #3a:

Many of the girls who recently entered the program were 13-15 year olds, and significantly lacked credits for graduation. This had dramatically effected the program because it prolonged the educational process, and prolonged the period of time for child care in the nursery, and all of the support services. For example, if a girl required 3 5 years for completion of a diploma, that meant her place for child care was occupied for 3 5 years. The nursery only handled twenty infants. Where was the space for the new student's child? The solution was a waiting list which led to a further delay in the girl's education because most can not attend school without child care.

Summary of Data for Research Question #3b:

A significant portion of the data collected was associated directly or indirectly with the multitude of needs of the girls when they entered and continued in the program. Most of the girls lived in poverty, and had a litany of personal problems beyond the problems attributed to the pregnancy. Being 13-14 years old and pregnant was a compounded problem in and of itself, but when added to the attendant problems of being an adolescent, poor, depressed, and in an unstable family situation, the cumulated sum was almost overwhelming. The pregnant girls came to school cold, upset, tired, hungry, and some, abused physically and mentally- not optimal conditions for an uncomplicated, and health pregnancy.

The substantial support system was the saving grace for the program. SANDAPP (San Diego Adolescent Pregnancy and Parenting Project) case workers supplied food, residence, transportation, cribs, strollers, diapers and other needed supplies for the baby. WIC (Women, Infants, Children) supplied extra coupons for nutritional food for the mother and baby. TeenLink Connection supplied counseling groups for the families of the parenting teens. SAPID supplied free child care for as long as the girl stayed in school. The SDUSD (San Diego Unified School District) supplied corner-to-corner bus transportation to and from school, for the three pregnant minor programs. The local hospitals, including Sharp, Mercy, and Alvarado, provided medical information with guest speakers, and free car seats, formula, and diapers. Were these services sufficient to offset the

problems in their personal lives and community?

Summary of Data to Research Question #3c:

The question stated above lingered on in most people's minds who worked with, and tangential to, those pregnant teens. The issue of teen pregnancy was surprisingly complex, and interwoven with conflicting values, expectations, political agendas, and different approaches to the what "needed to be." The roots of the issue were embedded in layers of social, political, economic, and religious factors which, collectively and ideosyncratically, shaped the community from which the girl's pregnancy and personal history were emanated and interwoven.

The pregnant minor program provided a strong academic and medical background for the pregnant teens. As Sherryl Godfrey stated, "The girls leave here knowing more about pregnancy and delivery than many adult women."¹⁷ Whether the program provided an adequate healing of the problems varied from student to student. There unquestionably was a tremendous effort made by many people to serve the multitude of needs of those teen mothers.

Recommendations:

This case study utilized the three-component analysis of Maxwell, as discussed in Chapter 3, which are descriptive, interpretive and theoretical.¹⁸ The data in this dissertation clearly provided extensive interpretive and descriptive research on pregnant minor programs in California, particularly the Garfield program. However, the survey of the research indicated no national studies which would

begin to compile either a data base or theoretical base from which to frame a model for dealing with teen pregnancy or pregnant teen programs. What is needed is that future researchers develop a movement towards building a theoretical Model Service Provider Program for Teen Parents. This theoretical model, consistent with Maxwell's formulation, could be centered around the following four-part construction:

1. Dropout prevention for teen parents;
2. Continued need for identifying and accessing human and health services;
3. Parenting training for management of child and self; and
4. Self-Advocacy and Self-Identity involving economic survival, social integration, family planning, and independence from social services.

The construction of a theoretical model would present to researchers, educators, and service providers dealing with pregnant teens a data base and references for the development of teen parenting programs in order to provide a more consistent and relevant attention to the needs and the futures of these young families.

Inferences from Study

What has clearly emerged from this case study is that there is a legitimate need for researchers to delve into the "dirty little secret" of teen pregnancy, and begin the monumental task of building a conceptual and theoretical base aimed at the needs of these future parents including a concerted pregnancy prevention plan for the reduction in the number of teenage parents. The construction of a theoretical

model will probably not be forthcoming without the mutual cooperation of researchers, teachers, and social service personnel to forge viable policies in dealing with the teen parent problem. The mutuality of concern regarding teen pregnancy must enjoin the theoretical researchers with the contextual players. The purposeful goal would be needs assessment and remedy with the ultimate aim of reducing the number of teen parents. It is, perhaps, not realistic to expect university researchers, teachers, and service providers to eliminate the attendant effects of poverty and the socio-economic conditions thereof. However, it is possible that a research-based intervention strategy, presumably based on the previously mentioned model, might not only improve some of the aforementioned elements that lead to adolescent pregnancies, but also might lead to public policy that better addresses the linkage of the problem to the remedy while empowering others to lend their involvement into the political fray.

Finally, the research has clearly shown that the nature of schools and education was a contextually derived, political construction. Thus, the individuals engaged in learning and working within the community schools, were intimately linked and interposed with the ideological structures of race, class, and gender. The question then becomes: What will be the institutional, and research commitments to the needs and futures of pregnant and parenting teens as a result of this case study?

CHAPTER FIVE

ENDNOTES

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Anonymous Administrator. Former Principal with the San Diego Unified School District and Garfield High School. Interviewed on May 19, 1998. Tape recorded.

Calhoun, Robert. Retired Assistant Director of Home-Hospital for San Diego Unified School District. Interviewed May 5, 1998. Tape recorded.

Checkert, Lou Ray. Retired teacher for the Garfield High School Pregnant Minor Program to whom this dissertation is dedicated. Interviewed on March 25, 1998, and on March 31, 1998. Tape recorded.

Galas, Georgiana. Former Principal of Garfield High School. Interviewed on May 5, 1998. Tape recorded.

Godfrey, Sherry. Teacher in Pregnant Minor Program at Garfield High School in the San Diego Unified School District. Interviewed on May 29, 1998. Tape recorded.

Kirsten, Judy. Teacher at Garfield High School in the San Diego Unified School District. Interviewed on April 1, 1998. Tape recorded.

Lingle, Jolynn. Retired teacher, formerly teacher at the Pregnant Minor Program at Twain Junior/Senior High School. Interviewed March 17, 1998. Tape recorded.

Paulis, Nancy. Teacher at Garfield High School in the Pregnant Minor Program. Interviewed March 20, 1998. Tape recorded.

Shiner, Mary Ann. Principal of Riley High School in the Los Angeles City School District. Interviewed July 22, 1998. Tape recorded.

Simonson, Carol. Teacher in the Pregnant Minor Program at Twain Alternative Junior/Senior High School in the San Diego Unified School District. Interviewed on July 29, 1998. Tape recorded.

Thompson, Harriet. Teacher at Garfield High School in the San Diego Unified School District. Interviewed March 30, 1998. Tape recorded.

Weir, Alex, III. Case-manager for SANDAPP. Interviewed on May 8, 1998. Tape recorded.

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