Teen Pregnancy: Community Support in Northfield, Minnesota

Independent Research/SoAn 373: May 2012

St. Olaf College

Emily Van Essen & Nicole Villa
Executive Summary
Teen Pregnancy: Community Support in Northfield, Minnesota

Abstract
The Centers for Disease Control and Prevention has just announced that the teenage birthrate has fallen to a record low of 34.3 births per 1,000 women aged 15-19, the lowest it has been since 1940, when data on teenage pregnancy and birth was first collected (Rampell 2012). The town of Northfield, Minnesota in fact, has a teenage birthrate that is far lower than the national average. But amid all the excitement over these declines in teenage pregnancy, and the focus on prevention that comes with it, it is much easier to forget about those teens who already are pregnant or parenting.

Through individual interviews with staff and volunteers, we sought to determine the nature and extent of resources available to pregnant and parenting teenage girls in Northfield. In addition to programs such as the Alternative Learning Center that are designed specifically for teenagers, we also included community resources that do not target any specific age group, such as the Crisis Pregnancy Center and La Leche League, with the aim of determining teenage mothers’ patterns of use of community resources. Three main themes emerged from this research: inter-organizational referral relationships, support for increased educational attainment, and the importance of family support.

Main Points

• Community resources are available through school-based, private, public, and medical organizations.

• Teens who suspect they may be pregnant often talk to the school nurse or guidance counselor before seeking out other assistance.

• Each year, Northfield Hospital has about six teenage mothers deliver; the Alternative Learning Center (ALC) currently has five mothers as students.

• Once a teenager connects with one organization, they are more likely to become connected with other assistive organizations.

• The Crisis Pregnancy Center and Rice County Public Health are the most well-known and commonly utilized organizations.

• Most people feel that the biggest challenges facing teenage parents are completing their high school education, having a strong social support system, and dealing with the loss of their peer group and normative adolescent experiences.

• Several problems can compound the difficulties of teenage pregnancy such as: lack of transportation, no or low-paying job, fear of disclosing information to family, and lack of medical insurance.

• Teenage mothers seem to have busy schedules, including school, employment, and caring for their children; many events targeted to teen parents are poorly attended, likely for this reason.
• One teen mother believes that family support is more beneficial than community support systems.
Abstract
The Centers for Disease Control and Prevention has just announced that the teenage birthrate has fallen to a record low of 34.3 births per 1,000 women aged 15-19, the lowest it has been since 1940, when data on teenage pregnancy and birth was first collected (Rampell 2012). The town of Northfield, Minnesota, in fact, has a teenage birthrate that is far lower than the national average. But amid all the excitement over these declines in teenage pregnancy, and the focus on prevention that comes with it, it is much easier to forget about those teens who already are pregnant or parenting. Through individual interviews with staff and volunteers, we sought to determine the nature and extent of resources available to pregnant and parenting teenage girls in Northfield. In addition to programs such as the Alternative Learning Center that are designed specifically for teenagers, we also included community resources that do not target any specific age group, such as the Crisis Pregnancy Center and La Leche League, with the aim of determining teenage mothers’ patterns of use of community resources. Three main themes emerged from this research: inter-organizational referral relationships, support for increased educational attainment, and the importance of family support.

Setting/Community
Northfield is a small town located in the southeastern portion of the state of Minnesota. According to the 2010 census, the population size is about 20,000 people, which is a 16.7% increase from the year 2000 (United States Census Bureau 2012). This population is a little over half female, and 19% are under the age of 18. Northfield is mostly white (88%), with the largest minority group being Hispanic (8.4%); although other minority groups are represented in Northfield, each makes up only a small portion of the town’s population (United States Census Bureau 2012). The majority of Northfield residents are well-educated: 96% have graduated high school and a little over half, 51%, finished at least their bachelor’s degree (United States Census Bureau 2012). This level of education may be related to with the two small, liberal arts colleges that are located in the town and which provide some jobs for residents that live in the town; average commute time for a Northfield resident is 18 minutes implying that many people work
close to home (United States Census Bureau 2012).

Northfield is located within Rice County. Although the original focus of this paper was to specifically look at the Northfield community resources, they stretch out into services that operate at the county level. Rice County has similar demographics as Northfield with almost identical racial-ethnic-display, but there is some variation in gender and age subcategories. Less than half of the population, 48.9%, are female, and of the total population of Rice County 3.6% are under the age of 18 (United States Census Bureau 2012).

Each year, the state of Minnesota distributes a survey to public high school students that are in 6th, 9th, and 12th grade at a public high school. The survey includes a section that corresponds to sexual relations, but these questions are only asked in the surveys distributed to 9th and 12th grade students (Minnesota Student Survey Interagency Team 2010). Results of this survey showed that the number of students who reported engaging in sexual intercourse decreased from 1992 to 2001, at which time the numbers seemed to plateau (Minnesota Student Survey Interagency Team 2010). The results of the survey were analyzed based on regions in the state; Northfield results would be mixed in with the Southeast Minnesota results referenced below.

Comparing results from 9th graders and 12th graders of the same year it is apparent that the amount of sexual activity increases with age. Among 9th grade females, 18% reported having sexual intercourse; 11% reported having sex on more than three occasions (Minnesota Student Survey Interagency Team 2010). This can be compared to 12th grade females, 51% of whom had sex and, of those, 45% had sex on
more than three occasions (Minnesota Student Survey Interagency Team 2010). This difference in amount of sexually experience would increase the likelihood of teenage pregnancy. While pregnancy occurs only in a minority of sexual encounters (according to self-report), 2% of 9th grade females and 4% of 12th grade females reported being pregnant at least once, but the study did not indicate the outcome of these pregnancies (Minnesota Student Survey Interagency Team 2010). Also, while the 9th grade females are talking less with their partners about preventing pregnancy, more reported having used a condom compared to their 12th grade counterparts. 72% of 9th grade females reported having talked to a partner about preventing pregnancy, 56% say they talk to every partner, and the majority of them, 66%, reported using a condom for sexual intercourse (Minnesota Student Survey Interagency Team 2010). While 83% of 12th grade females had a conversation with their partner about preventing pregnancy, 67% reporting that they talked with every partner, only 58% reported using a condom in their last sexual intercourse (Minnesota Student Survey Interagency Team 2010). Although condom use is not the only method of preventing pregnancy, it combines with the amount of sexual activity among teens to further develop a picture of the number of teens that may become pregnant.

For the state of Minnesota as a whole, the teen pregnancy rates have been decreasing since 1990, for females between the ages of 15 and 19. In 1990, there were 36.4 births for every 1,000 females between the ages of 15 and 19, in 2000 the rate was 29.5, and in 2009 the rate of births dropped down to 23.4 (Minnesota Department of Health Center for Health Statistics 2011). According to County Health Rankings for Rice
County, in 2011 there was an average of 21 births per 1,000 females between the ages of 15 and 19, showing that this pattern of decline in teen pregnancy is continuing. This teen pregnancy rate is about par with the national average of 22, and well below the Minnesota average of 27 (2012).

**Methodology**

As both sociology/anthropology and nursing students, we wanted to conduct research on a topic that was allowed us to combine knowledge and analytical strategies from both our areas of study. Public health issues seemed like an obvious choice, as this is a field that relies on medical and nursing knowledge, but focuses on prevention and treatment at a population level; this focus is conducive to analysis with a strongly sociological analytical perspective, as it requires a consideration of social and environmental, in addition to more traditionally “medical,” determinants of health. We ultimately chose teenage pregnancy and parenting as the topic for research because of our experiences in public health nursing clinical: through working with both Rice County and Steele County Public Health Services, we each encountered perceptions that teen pregnancy was common in these communities. Likewise, we both worked with many county-level services that provide services to teen parents but are often difficult to access. As a result of these experiences, we were curious about how teen parents themselves constructed the experience of teen parenthood, as well as the resources that were available to and used by them in Northfield.

Our research grows out of the existing body of knowledge on the topic of
teenage parenting, as well as the specific context of the Northfield community.

Although the teenage birth rate in Northfield is below the Minnesota state average, teenage pregnancy is viewed as a “hidden problem”: while many feel that it is a challenge (both in terms of pregnancy prevention and parenting assistance), there is a general feeling that it is not talked about very often within the community. We did not have a primary informant to act as a liaison between the research team and community organizations and members; however, prior to initiating our research, we conducted a brief informational interview with Professor Mary Carlsen, chair of the St. Olaf College Social Work Department. Through this interview, we were able to get a broad overview of this discipline’s understanding of teenage pregnancy, as well as to discuss areas of potential community resources that we might otherwise have overlooked. We also worked with Professor Mary Beth Kuehn, from the Nursing Department, to discuss potential contacts in the community, specifically school nurses and nursing staff at Rice County Public Health. In addition to helping us determine which people in these organizations might have the most information, Professor Kuehn also provided us with contact information for them.

Our initial contacts were with pregnancy- and parenting-related community organizations that we already knew existed in Northfield and which could potentially work with teenagers; we contacted organizational leaders by email or phone, using information available on the internet. In addition, we obtained some contact information (for the Northfield High School nurse, a Rice County Public Health nurse, and a representative of the Crisis Pregnancy Center) through mutual acquaintances.
Without having a centralized organization coordinating all of Northfield’s resources, we could not have a primary informant liaising with community leaders and organizations; as a result, each organizational leader who we interviewed was instrumental in extending the perimeter of our research. Most of our interview subjects gave us information about local resources that they knew of and encouraged teens to use; because of this contribution, we were able to secure interviews with representatives of many community resources that we would not have known about otherwise.

*Community Organizations*

We conducted individual interviews with leaders or representatives of 15 community resources that are available to pregnant and parenting teenagers. Whenever possible, both members of the research team were present during interviews in order to reduce the risk of researcher bias and allow for multiple interpretive perspectives during the analytical phase of the research; however, due to scheduling constraints, a small number of interviews involved only one researcher. The majority of our interviews were conducted in person, with only one conducted by phone. We used a semi-standardized interview format (Berg-2007), with a series of questions that were addressed to each subject. These included questions about the services offered, the frequency that teens used their services, what (if any) outreach and advertising strategies were used, what they feel are the biggest challenges facing teen parents, and whether they feel the Northfield community has sufficient resources to adequately support pregnant and parenting teens. In addition to the standardized questions, we also posed additional
questions to each interview subject based on the information and topics that arose during our discussion.

Community resources fell into four broad categories: private organizations, school-based resources, public assistance, and medical facilities. When resources could fit into multiple categories, we classified them based on their primary purpose. For example, the Rice County Public Health Family Planning clinic provides medical information, but has income-based eligibility requirements and refers clients to other facilities for actual medical examinations; thus, we classified this resource as primarily public assistance, rather than primarily medical. We interviewed representatives of two private organizations, including Crisis Pregnancy Center and La Leche League. We also interviewed seven people involved with resources available through the public school system, including: the high school nurse, the high school social worker, the middle school social worker, the director of the high school Alternative Learning Center (ALC), a representative of Early Childhood and Family Education who runs a teen parenting class at the ALC, a coordinator for the Connected Kids Mentoring Program, and the coordinator of EarlyVentures Learning Center—a daycare center licensed by the Department of Human Services as part of the Northfield Public School system.

Most public assistance programs represented in our research are operated at the county level, so many of these programs are based in Faribault, the county seat for Rice County. These resources are available to Northfield residents, and several of the programs have office space, albeit with limited hours, in Northfield itself. We interviewed seven representatives of public assistance programs, including the
coordinator of Northfield’s Babies and Blankets program, two Rice County Public Health nurses, the Rice County Social Services Intake social worker, and the former Director of Public Health for Rice County. In addition, we spoke to a former Juvenile Probations officer and the Services Coordinator for Greenvale Place Apartments, a Section 8 (low-income) housing development in Northfield. Finally, we interviewed two representatives of medical facilities, including a nurse practitioner at the local Allina Clinic and the Clinical Coordinator of Obstetrics at Northfield Hospital. In total, we conducted 17 interviews.

*Pregnant and Parenting Teenagers*

At the end of each interview with representatives of community organizations, we asked if they would be willing to take a flier advertising our study to teens [see Appendix A]. This flier invited young pregnant or parenting girls, ages 13 to 20, to share their story and experiences with us, indicated that minors would have to obtain parental consent [see Appendix B], and included our names and contact information. Along with the flier, we emphasized that interviews with teens would be informal, that they would be welcome to bring their children or interview in small groups with other pregnant and parenting peers, and that we were willing to meet in whatever location the teens were most comfortable with. Each interview subject to whom we offered a flier agreed to take one; several people mentioned that they knew teenagers who might be willing to participate, and offered to speak to these teens personally. However, only one teen responded to our flier; as a result, we only have limited information about teenagers’
perspectives on the available resources and the experience of being a young parent in Northfield.

*Strengths and Limitations*

Overall, our research was greatly strengthened by the willingness of our interview subjects to refer us to other community resources they knew about; this allowed us to capture a much broader picture of the resources available to pregnant and parenting teens in Northfield. In addition, the use of a semi-standardized interview technique allowed us to highlight major themes that emerged across several discussions of teenage parenting in Northfield, while still gathering information and perceptions that were specific to each organization or individual with whom we spoke.

The absence of any teen perspectives is a major limitation to our research. Without this perspective, we were unable to gather information about how teens perceive the local community resources (whether they are useful and accessible; what, if anything, they feel is lacking), what factors lead teens to choose whether to use available resources, and their sense of what challenges they face as parents.

*Literature Review*

*Construction of Adolescent Motherhood*

Since the mid-point of the twentieth century, the teenage birth rate in western nations has steadily declined, while the public discourse surrounding young mothers has grown ever louder. The most recent data from the Centers for Disease Control and Prevention show that, in 2010, there were 34.3 births to adolescents aged
15 to 19 for every thousand women in that age group (Rampell 2012). This is the lowest the U.S. teenage birthrate has been since it was first recorded in 1940, and continues the downward trend that began in the mid-1950s (Rampell 2012). Still, it seems, many will not rest until there are no children born to teens, except perhaps in the rarest of circumstances; adolescent childbearing, after all, is considered a problem, one so self-evident that no one would ever think to disagree. And so this begs the question: Is teen pregnancy truly a negative outcome in its own right? And what is gained – or lost – in thinking of it this way?

Adolescent childbearing has long been part of human society and was, at one time, the norm, even in the west. Some propose that the discourse began to shift over a century ago, when “adolescence” as a life stage was first proposed by psychologists (Wilson and Huntington 2006). Notably, adolescence was often associated with criminality and delinquency; combined with the loss of control over a large – and, increasingly, economically independent – segment of the youngest generation, the behavior of this age group has evoked considerable anxiety and concern in its parents (Wilson and Huntington 2006). At the same time, female sexuality has long been regarded with suspicion in the west, and this, too, grew uncontrollable throughout the twentieth century, as rising rates of female education and employment led first to economic independence, and then sexual independence. As a result, premarital and non-procreative sex have become normalized; so constructing adolescent sexuality as pathological can be seen as a way of maintaining some degree of control over female sexual expression (Macvarish 2010).
Although the notion of teenage childbearing as pathological seems to have been born of a moralizing discourse, such a narrative holds little merit in a society that resists the imposition of one’s moral principles onto others. However, the rise of science as a widely-accepted explanatory narrative has allowed the opposition to adolescent childbearing to persist. Much stock is put in research that links adolescent pregnancy with poor outcomes, both for mother and baby: teenage childbearing is associated with lower educational achievement, higher poverty, higher infant mortality, lower birth weight, and increased incidence of postpartum depression (Wilson and Huntington 2006; Macvarish 2010). Likewise, the privileging of quantitative over qualitative scholarship has served to erase the actual experience of teenage mothers – which often includes improved self-esteem and sense of purpose – from the body of knowledge, homogenizing the population of teenage mothers and leading to a concern that seems based not in morality, but in public health (Wilson and Huntington 2006; Edin and Kefalas 2005).

By continuing to construct teenage pregnancy and childbearing in terms of its relationship to risk, western cultures are able to persist in the “other-ing” of the adolescent mother, who becomes a social pollutant to be remedied (Macvarish 2010). But what is gained here? Some scholars suggest that there is economic benefit in this position: because the adolescent mother is guilty of “not planning and rationally choosing [her] future,” the stigma generated against her in western culture may drive other girls to avoid or terminate pregnancy with greater zeal, leaving them freer to pursue higher education, enter the labor market, and stay off public assistance
programs (Macvarish 2010:317; Yardley 2008). And indeed, adolescents who are already of a low socioeconomic status and who perceive little opportunity for improving their economic position are more likely to have favorable attitudes toward teen birth – and more likely to become pregnant, as well (Herman and Waterhouse 2011; Edin and Kefalas 2005). However, these women are also more likely to report a system of values that is starkly different from the identity-through-labor-market paradigm; rather, they indicate a sense of purpose and fulfillment through mothering that outweighs any perceived benefits of further education or more lucrative employment (Yardley 2008).

**Teen Viewpoint**

The typical female teenager spends the majority of her time in school working toward graduation day, but when a teenage girl gets pregnant, her experience and stressors change. Often, when the teenager suspects she is pregnant she confides this information first to the school nurse (Rentschler 2003). Although the nurse is the one teenage girls often initially confide in, they may learn about sex and pregnancy through other sources. Most teens get information about sex and the cause of pregnancy from friends; they also find information from local authority figures such as parents and teachers (Neuman and Beard 1989; Beers, Savio, and Hollo 2009). Parents ranked number one as the source that teens report learning about sex and contraceptives from (Neuman and Beard 1989). In addition to providing information, parents join extended family members, sexual partners, religion, and community resources such as food stamps as a source of support for pregnant teens (Herman 2006). In one study by
Rentschler, 70% of mothers reported that they did not want to talk to the child’s father because they questioned his emotional and financial abilities to assist in the situation (2003).

Most teen moms understand the importance of completing a high school education, but some teens nevertheless end up dropping out (Rentschler 2003, Herman 2006). According to a study done by Herman, out of sixteen girls, 10 dropped out of school either during the pregnancy or after the baby was born (2006). Overall, many teenage mothers reflect on motherhood as accompanied by a loss of the normal teenage experience because they have more responsibilities of being a parent (Rentschler 2003). As with most new parents, teenage mothers wonder about the duties of motherhood, but very few actually actively seek out information (Rentschler 2003). Teens consider the community to be a source of support, but often they rely more heavily on family (Beers - et al. 2009).

While teen pregnancy may be perceived as a negative circumstance, for some people it is a way to cope with a disadvantaged situation (Herman 2006). It also helps some teens be more motivated to finish long-term goals because of the desire to be a good mom for their child (Rentschler 2003). Because teens seem to know what affects the development of the baby, some made changes in life such as stopping drinking or smoking (Rentschler 2003).

*Breastfeeding*

Before the baby is born the teenage mother will likely have considered
whether she will bottle-feed or breastfeed her child. Teens may decide not to breastfeed because they feel uncomfortable with the act of breastfeeding or they lack the knowledge of how to breastfeed (Glass, Tucker, Stewart, Baker, and Kauffman 2010). The teenage mother may also struggle with identifying her breasts as something that can provide nourishment for her child, rather than being a sexual object (Podgurski 1995). However, studies have found that even when teenage mothers intend to breastfeed their children, the percentage of mothers who actually do so drops steadily the more time passes after delivery (Lizarraga, Maehr, Wingard, and Felice 1992; Glass et al. 2010). In a study done by Lizarraga et al, 72% of teenage mothers intended to breastfeed their child, either exclusively or partially, but within 48 hours after delivery, only 58% of the mothers were breastfeeding (1992).

Teenage mothers were more likely to breastfeed if they were older teens, married teenagers, were breastfed themselves when they were younger, or knew someone who had breastfed (Lizarraga et al. 1992). Likewise, according to a study conducted by Bitler and Currie, mothers that were in the Women, Infants and Children Program (WIC) were more likely to breastfeed, perhaps because of the extended length of WIC services allowed for breastfeeding mothers (2005). Those who wish to breastfeed while attending school face additional challenges. Teens are significantly more likely to exclusively formula feed after returning to school -- 71% are formula feeding once resuming classes (Lizarraga et al. 1992). The teen may not have access to a private area during the school day; those who are committed to breastfeeding and feel torn about the idea of being separated from the baby during the school day may be
more reluctant to return to school at all (Podgurski 1995).

**Social Support and Resiliency**

Social support is the earliest form of assistance that pregnant and parenting teenagers receive – or, in some cases, fail to receive. Although many teens are initially reluctant to share the news of their pregnancy with their parents (Benson 2004; Ehrlich 2003), families often become an important resource, for “emotional, instrumental, and economic needs of the teen mother”; in fact, at least 65% of parents eventually become supportive of their pregnant daughters, regardless of their initial reactions (Benson 2004:447). Family support is associated with higher self-esteem in adolescent mothers, perhaps due to a moderating effect of this support on the stigma they experience from other aspects of society (Benson 2004; Yardley 2008).

Emotional and physical support is needed for any woman going through a pregnancy, but it is especially important for a teenage mother. Studies show that pregnant teens are more likely than other teens to have depression, increasing their risk for postpartum depression after delivery (Beers et al. 2009). Because up to 40% of first-time teen mothers have had either a spontaneous or induced abortion (loss of a fetus before 20 weeks), those whose pregnancies are progressing normally may be experiencing a second or subsequent pregnancy (Beers et al. 2009). This history of abortion would make the pregnancy more stressful; in such cases, the mothers will be in need of additional social support.

Having strong family support during pregnancy often stems from strong pre-
pregnancy family bonds. For example, if a pregnant teenager and her mother have a positive relationship, the teen is more likely to rely heavily on her own mother for advice (Beers et al. 2009). Communication with their own mother is often fairly easy because the majority of teenage mothers live with their families (Hanson 1992). Family involvement is beneficial for both the teenage mother and the baby: teenage mothers with supportive families are often more likely to have father involvement, receive public assistance, and continue using birth control (Hanson 1992). Increased postpartum contraceptive use is particularly important, as up to 63% of teenage mothers become pregnant again within 18 to 24 months; another unexpected pregnancy is likely to serve as an additional stressor for these young women (Hanson 1992). In addition, Hanson found that if the baby’s father was involved in the pregnancy process, he would be more likely to contribute to the pregnancy economically, easing the burden of childrearing for the teenage mother (1992). Other social supports, such as a close family member or friend that the teenage mother can live with is also correlated with a greater likelihood of graduating high school and using contraceptives (McDonell, Limber, and Connor-Godby 2007).

Not only does social support make the process of childbearing and childrearing less burdensome for the adolescent, but it actually increases a teen’s resilience. Although adolescent mothers, as a group, are more likely to experience stressful or traumatic events throughout their lives than women who did not bear children as teens, those who have high levels of family support have a significantly lower risk of developing depression, even when controlling for the level of cumulative lifetime
traumas (Turner, Sorenson, and Turner 2000). Peer support has a similar effect: girls who participated in a support group for teenage mothers reported that, in addition to the overall benefits of the program, building a supportive peer network was the most important result of their participation (Dickinson and Joe 2010). Likewise, although many adolescent mothers have experienced stigma, those who have a strong sense of peer support are most likely to utilize active coping mechanisms such as verbally defending themselves (Yardley 2008). Peer support, like family support, helps adolescent mothers respond to stigma with resilience, allowing them to construct the stigmatizing experiences as unimportant, as related to others’ incorrect stereotypes, or as a motivator for future success (Yardley 2008).

However, neither teenagers’ inherent character nor the social support that has shaped them is fully responsible for resilience; rather, it has a structural component that depends on the nature and quality of the available community-based resources. If young mothers face structural barriers – such as an inability to obtain childcare during the school day – they cannot utilize the resources that are designed to help them plan and implement constructive responses to unexpected motherhood (Silver 2008). In a sense, resources that are not comprehensive in scope undermine the ability of adolescent mothers to exercise resilience, regardless of the social support they may otherwise have, leading to poorer outcomes for both mother and baby.

*Community-Based Resources*

Pregnant and parenting teenagers often come to rely, at least in part, on
community-based resources; whether publicly or privately funded, with or without eligibility requirements. These resources are organizations and programs based outside of the family that can provide financial, structural, or psychosocial support to young mothers. Many such resources, particularly public assistance programs, seem to be based in part on the idea of the adolescent mother as a confluence of risk factors; programs such as Women, Infants, and Children (WIC) or teen-centric parenting classes seek to reduce the risk of, or to prevent the child of an adolescent from becoming “the embodiment of future problems” (Macvarish 2010:319).

However, this is it not to say that such programs are without merit; although the individual characteristics of each resource are crucial, there is a body of research that shows that adolescent mothers can benefit from community-based support. One study found that adolescent mothers enrolled in a school-based parenting program providing education, peer and advisor support, and on-site childcare had significantly better outcomes when compared to averages based on national statistics databases (Sadler et al. 2007). In particular, girls who participated in this program reported greater confidence in the parenting role, higher educational attainment, and more competent mother/child interaction (as indicated by scores on the Nursing Child Assessment Teaching Scale). Notably, a demographic survey of the study participants revealed that they actually had less social support and more social stresses (such as homelessness) than a sample of adolescent mothers in the same community less than ten years earlier (Sadler et al. 2007); it follows that comprehensive community resources such as this one may have significant value for adolescent mothers who lack other sources of support.
Not all community resources, though, have such clear benefits. For example, an ethnographic analysis of teen mothers enrolled in a social services program have the advantage of low-income housing and modest financial support; however, without provisions for childcare, many mothers find it difficult to fulfill the educational or employment requirements of program participation (Silver 2008). Many struggled to access other resources, despite having a designated caseworker through this program, and ultimately left both the program and school due to the challenges they faced (Silver 2008). Likewise, research into the Community of Caring program, a private organization that focuses on education for young mothers, had mixed findings about efficacy: although mothers enrolled in the program scored significantly higher on tests of parenting knowledge, they also reported lower levels of parenting contentment (Miller and Dyk 1991). Curiously, mothers who participated at low levels actually had lower parenting knowledge, birth control use, and educational plans than the control groups (Miller and Dyk 1991).

Community-based resources with clear records of success seem to share one primary characteristic: comprehensiveness and continuity of services. Adolescent mothers may want or need the resources offered by a given organization, but if they do not have the tools and support to use them, those resources will go to waste; an organization with narrower goals is simply less likely to focus on the many facets that play into service access and utilization (Silver 2008). When given the opportunity to have a voice in determining which resources are most essential, adolescent mothers report that their needs are better met, that they learn more, and that they are better
able to access outside resources, as well (Dickinson and Joe 2010).

Theoretical Framework

Georg Simmel’s concept of “the stranger” proposes that the stranger is an inevitable feature of society. She is “a member of the group itself,” and yet is distinctly different and separate from it (Calhoun, Gerteis, Moody, Pfaff and Virk 2007: 298). The sharing of general traits between the stranger and the population calls attention to the fundamental differences between them: if they differ on the trait that is most salient, what is the importance of all the minor traits they do share? Because “the stranger is near and far at the same time,” her position within the society is less clear than that of the familiar person; she can participate within the society and still remain outside it, rejected, in a sense, from the true life of the community (Calhoun et. al 2007: 298).

The pregnant or parenting mother is inevitably a “stranger” in her own society, even if she participated fully in the community prior to her pregnancy. The experiences of pregnancy, childbearing, and childrearing are so fundamentally distant from the “typical” experience of adolescence that it pushes her into a liminal space between adolescence and adulthood: although she is now bound by the ties and responsibilities of motherhood, she has not had the formative experiences that society associates with “becoming” an adult. Likewise, her role as a mother does not entirely erase her desire for the experiences of youth, but it significantly limits her ability to participate.

However, while the status of “stranger” carries stigma with it, it can also be used to the stranger’s advantage. Part of being liminal is inevitably being mobile: the stranger
“comes... into contact with every single element” (Calhoun et. al 2007: 296). Being able to interact, to some degree, with all aspects of society, in addition to being notable for their inherent differences, the teen-mother-as-stranger is able to secure resources and assistance from her community that may not be available to the “familiar” individuals who don’t easily capture others’ attention.

Findings

I. School-based Resources

Alternative Learning Center

The Alternative Learning Center (ALC) is part of the Northfield Public High School system, but it offers a more flexible schedule than the traditional high school. Pregnant and parenting teens often transfer to the ALC because the structure of the school day is a better fit to their needs, although they are allowed to stay at the high school if they prefer. Some examples of the flexibility offered to teens include: leaving during the day for appointments, daycare service is provided (scholarships are available to cover the cost), and moms are allowed to leave class to go downstairs to breastfeed their babies. Some of the benefits of the ALC over the traditional high school include having the child in the building and facilitating graduation on time due to the flexible scheduling. Currently, the daycare has five children (four infants, one toddler) enrolled from ALC families [see EarlyVentures Child Care section below]. The building for the ALC was planned specially to meet the childcare needs for pregnant and parenting teens, so which is why the high school ALC is in the same building as early childhood daycare.
The ALC has a weekly parenting class on Thursdays that lasts one hour [see Director at Teen Parenting Class at ALC]. Fathers are also welcome to attend these classes, and a few of them do attend. There is a mixed structure for these classes: they usually have an educational objective for the day but also have time for everyone to share their own thoughts or experiences. This structure allows teens to simultaneously get information and have social support from other teen parents. Most teen moms do attend these meetings, and seem to appreciate having them. There is a separate ALC for middle school students; however, if a middle school student has a baby, she would be allowed to attend parenting classes at the high school ALC.

There are currently five mothers at the ALC; some are on track to graduate on time, and some are a semester behind. One girl is doing Post-Secondary Enrollment Option credits while she is at the ALC. The current ALC enrollment is higher than is typical for them; usually they only have one or two girls at a time, although it ebbs and flows. A few years ago, there were no moms at the ALC. This may be related to the daycare (as opposed to being due to an increase in pregnancies and births): by having on-site, inexpensive childcare, the costs, transportation needs, and inconvenience of childcare are significantly reduced. This makes it easier for teens who might otherwise have dropped out to go back to school.

The biggest challenges to teen parents that the ALC Director sees are balancing the roles of parent and student. If the baby has been sick or was up all night, finding alternative childcare can be difficult; likewise, because infants take so much energy, the teen mother may have difficulty concentrating on school or finding time to do
homework. The ALC Director thinks this county has very good resources available to
teen parents, and that teens utilize these resources effectively; particularly given the
size of the community, she feels that there are many resources.

**High School Social Worker**

The social worker at the high school is currently funded under the Special
Education Department, although she does work with other students in a smaller
capacity. These funding constraints limit her resources and the amount of outreach
she’s available to do within the school. This may change next year, because her funding
will switch to being half from Special Education and half from regular education.

Her interaction with pregnant teens is usually in the early stages, when they
are first thinking they might be pregnant. Sometimes this is “part of their drama” (i.e.
this is sometimes attention-seeking behavior), while other times students may have
actual reasons to suspect they are pregnant. When a teen comes in thinking she could
be pregnant, the social worker initially assesses what the teen’s needs are. She discusses
how pregnancy occurs, where and how to get a pregnancy test, and assesses their self-
esteeem (including whether they might feel like they need a baby as a source of love).

Usually if a student comes in, it is because she has already established a
relationship with the social worker or because a friend who has worked with her in the
past has recommended that the teen come in. Occasionally, the social worker will hear
from third parties about a potential pregnancy (i.e. a person coming in and saying, I
think ____ is pregnant); in this case, she provides listening and support, but will not seek
out the potentially-pregnant teen. She will provide educational information to the third-party person that she would have given to the pregnant student if she had come in, and may tell the person to encourage the student to come in and talk to her or someone else.

Although the school doesn’t “not support” teens, there are structural obstacles to being pregnant or parenting and attending school. As a result, most teenage mothers end up transferring to the ALC, where the schedule is more flexible. Because of confidentiality issues, the teachers may not know that a student is pregnant; information is only shared as needed. The administration may just tell the teachers that a student needs some extra support, without explaining what the situation is.

She thinks grief and loss (for example, of childhood and self-image) are some of the biggest challenges for pregnant teens. In addition, there is a shame-based culture around teen pregnancy that creates stigma. It is also difficult to finish school while raising a child. Another issue that sometimes comes up is a lack of family support.

**High School Nurse**

The high school nurse has a good relationship with the student body; she knows many of them by name and most of the students feel comfortable talking to her. Her office is located in the front of the school, where it is easily accessible by all students. She usually sees a couple of pregnant teens each year; this year, she has had two pregnant teens (one had an abortion, one kept the baby but switched schools). She thinks that about 70% of students who have pregnancy concerns come to talk to her,
likely because of her non-judgmental and supportive personality. Hispanic teens come in less often than other students; she thinks this is because of the language barrier, as well as because they are more familiar and more comfortable with the ESL teachers. In addition, students who have talked to her about their initial concerns usually come back to share the outcome.

When a student comes in thinking she might be pregnant, the nurse begins by asking when her last menstrual period was. If pregnancy seems possible, she helps them get connected to resources where they can get a pregnancy test. She always refers students to the Crisis Pregnancy Center, but has recently heard about the family planning clinic at the Northfield Community Resource Center. She also provides a lot of emotional support for pregnant teens, as well as education about alcohol, marijuana, and about providing a safe environment for the baby. In addition, teens with morning sickness may come in to her office to rest during class.

The biggest challenges she sees for pregnant teens are the lack of family support during and after pregnancy, which can lead to depression, chemical use, and anger. In addition, there can be a lot of parental pressure to abort; teens are likely to do so if they are being pressured because this “resolves the conflict.” However, pregnant teens receive a lot of peer support: the students are pretty accepting and supportive, especially among girls.

Usually the nurse does not interact with the parents of pregnant teens, although she does encourage the girls to talk to their parents and helps them get the courage to do so. In addition, parents who are supportive of their pregnant teens may call the
nurse for advice about how to manage issues related to pregnancy.

The nurse does not think there are enough resources available in Northfield; the only ones she knows about are the Crisis Pregnancy Center and the family planning clinic. However, she feels that teens are good at advocating for themselves and locating other resources. Many go to Planned Parenthood in Apple Valley for birth control, Plan B (emergency contraception), or just to have a more confidential environment (they are less likely to be seen by a neighbor, for example).

**Middle School Social Worker**

The middle school social worker has only been working in the middle school for a couple years (she previously worked in the elementary school), and has never worked with any pregnant students. However, there were a few pregnant middle schoolers several years ago. If a student were to come in to her because she thinks she’s pregnant, the social worker would ask about why the student thinks she’s pregnant and whether she has told her parents. If she hasn’t told her parents and is reluctant to do so, she would try to work with the student to set up a meeting with the parents so that a third party could be present when they tell their parents (provided this is something the student is interested in). After this initial involvement, the social worker would likely help the student get connected with other resources, including the school nurse, Planned Parenthood, or a public health nurse.

The social worker feels that the most common adult perceptions of teen pregnancy are “stereotypical responses.” Some adults question whether pregnant teens
should be in regular classes, or assume they don’t know how to parent because they’re young. She feels that other challenges include acceptance in the community, accessing resources to be successful as a parent (such as affordable daycare), and transportation as a barrier to accessing resources. Confidentiality is another challenge at this age, because it’s unclear whether this age gets the same confidentiality for reproductive issues that older teens do.

**EarlyVentures Child Care Center Coordinator**

The EarlyVentures Child Care Center was started six years ago and runs out of Longfellow School (where the ALC is located). It is licensed by the Department of Human Services and is part of the Northfield Public School system. Its original mission and purpose were to serve ALC families in order to enable teenage mothers to return to school; although this is still a priority, the daycare center has expanded to serve all families in the community. Although the daycare center is open to the public, they always save room for the children of ALC students. This can be difficult to gauge because the number of ALC families varies a lot from year to year; there are five ALC families using the daycare center this year, which is the highest it’s ever been. The child care center coordinator is not sure whether this is because there are more teens having children, or if it is related to higher rates of pregnant teens returning to school (and thus needing child care).

The typical cost for the daycare is $40 per day for infants, or $35 per day for toddlers. Some teens do pay this full price, but they can also get some cost assistance
from the ALC while they are enrolled. In addition, there is a Rice County daycare assistance program that they can apply for (although there is a long waiting list for it). The ALC director is willing to provide additional assistance in completing the application paperwork.

The ALC allows girls to leave class to breastfeed or if the child is sick; the daycare calls up to the classroom and the students can then go downstairs to the daycare to feed or comfort the child. This is consistent with the “open door policy” that they have for all their families. Not many of the teen moms breastfeed, but for those who do, they have rocking chairs in the main room; some moms who do not feel comfortable breastfeeding in this space may go find another room in the building.

The daycare does not do any direct education or classes for the mothers; however, they provide education via modeling (for example, the girls see how infant care is provided in the daycare or may see what toys are appropriate for children of a given age). They also share pamphlets and discuss any needs that arise. However, teen moms often don’t ask questions and may not want advice. The staff has to pay attention to boundaries when working with the ALC families so that they are able to offer useful advice or information without seeming judgmental.

The daycare holds events for all the families on a regular basis; these are all on weekends, except for open houses and conferences (i.e. parent/teacher conference), which are held on weeknights. There is poor teen turnout at all the events. In addition, they recently held a literacy event; it was open to all families but geared toward the ALC moms to promote reading to children. This event included free breakfast and free
children’s books. The ALC families were personally invited and given a flier, as well as reminded about it; however, none of them came to the event. The daycare coordinator thinks this may be because they did not want to return to school on a Saturday, or because they are busy and this was not a priority for them.

The teen moms rarely have any interaction with the older mothers. They have different times for picking up and dropping off children; likewise, while they may be in the room breastfeeding together, they do not talk during this time. However, there was recently an older mother whose child was becoming friends with the child of a teen mom, and the older mother was interested in setting up a play-date outside of daycare for the children. This may be a way that the teens get to know the older mothers a little bit better. Although the ALC moms do not interact with other moms from the daycare, they seem to be good friends with each other; they talk to each other in the hallways frequently and have gone out to lunch together as well.

The childcare coordinator thinks the biggest challenges for teen mothers are balancing all the demands (school, baby, family, and often a job), and coping with the lifestyle changes that come with having a baby. She feels that they have to grow up quickly and stop doing a lot of the things that are normal for teenagers to do; they are “robbed of the experience” of being a teenager. In addition, stigma and judgment from the community and from society in general are a big challenge for pregnant teens.

She thinks there are enough resources in Northfield for pregnant teens. In addition to the many organizations that help with teen pregnancy/parenting and low-income families, Northfield is also a welcoming and generous community for the most
part. The childcare at the ALC is a particularly useful resource because it allows the girls to finish their education more easily. One resource that she wishes were available for teen moms is a mentoring group; she is trying to set up a weekly support group (similar to Baby Stop, a peer support group for mothers, run through Early Childhood Family Education at the Northfield Community Resource Center) for ALC moms where they could get together and discuss any issues they have been having, among peers their own age. She thinks getting teens to attend something like this outside of the school day may be a challenge, but that it would be beneficial to them if they did attend.

**Director of Teen Parenting Class at ALC/ Babies and Blankets**

The weekly teen parenting class held at the ALC is structured into the school day, but attendance is not required for either pregnant or parenting students (they do receive extra credit for attending). The class is one hour long but spans two class periods, so that students only miss half of each academic class. The class has had up to 7 moms participating at times, but they currently have only about 3-4. The parents who participate in this class have children ranging from four months to two years. The director of the class thinks teens are likely to participate in this class because it is easy and convenient (just down the hall). Sometimes attendance is not consistent; for example, toward the end of the term when students are certain that their grades will be good without additional extra credit, attendance seems to fall.

The class covers topics such as parenting development, parent/child relations, family development, culture and community, and child development. This is the same
material used to teach Early Childhood Family Education classes (ECFE) for older mothers; however, the content and objectives of the class are geared toward teen parents. The class tries to encourage literacy and often gives out free books to parents. A new topic being added especially for teens is budgeting and finances. Every class has a consistent structure so that the students are comfortable and know what to expect, and there is always time allowed for questions. This group of students wants information and asks many questions; this may be because the director has built rapport with many of the girls whom she has known for several years. In addition, they have just introduced a “question jar” so that girls who are less comfortable with verbally asking questions can still get the information they need.

The director will refer the teens to other services if needs arise. She often makes referrals to WIC, public health, and Crisis Pregnancy Center. One thing she must consider when making referrals is that teens are often leery of social services. She also makes referrals to Babies & Blankets, a program through ECFE where teens can have home visits twice a month up until their child is age three. The parents must initiate this service themselves; Babies & Blankets does not contact parents who might benefit from the services.

The director thinks Northfield has a lot of options for teen parents, especially if they are going through the LINK center, located at the Northfield Community Resource Center. However, it is a matter of whether they are willing and interested in accessing them. She thinks that balancing all the roles of student, parent, and employee is a big challenge for teens; it is particularly challenging for teens to make school a priority
when they have so many other important things going on. Finances are a big challenge for some teens; although some have supportive parents and live at home, others live independently and don’t have much extra money even if they are connected with many social services. However, she thinks that teens would have a different perception of what is most challenging: they don’t seem to be as stressed or daunted by these challenges as she would expect, perhaps because they have a different view of responsibility. In addition, teen pregnancy doesn’t have the stigma that it used to; peers and society are more accepting, and there is a growing shift toward helping out those who have children rather than focusing solely on prevention. She is unsure what teen mothers would say is most challenging, but perhaps one of these challenges would be getting their parents to “back off” and let them be the parent.

Among the teens that the director has worked with, few of those who find out they are pregnant ever consider adoption. Many of them express a feeling that this would be akin to abandoning the child. One girl stated that “adoption was worse than abortion,” while another said that putting the baby up for adoption would be like “not taking responsibility for her actions.”

**Connected Kids Mentoring Coordinator**

Connected Kids Mentoring is a program based in the Northfield public schools. The goal of the program is to match at-risk youth (academic failure, truancy) with volunteer adults in the community. These student-adult matches are designed to, hopefully, provide non-academic support for the student. The adult is able to provide
the student someone to talk to and serves as an additional support system.

Mentors meet with their mentees once a week, for a total of about four hours per month. The relationships can be maintained throughout the summer, but they depend on the availability and accessibilities. Mentor-mentee relationships are usually set in place for at least a year to ensure a healthy, supportive relationship. It is believed that if relationships last less than six months they may cause more harm than good.

In the past three years there have been four or five different mentees who were pregnant or became pregnant/parents while working with a mentor. For these types of cases, the mentors let the mentees know that they are welcome to talk to them about any questions or worries they might have. Mentors often check in to ensure that the mothers are getting to their appointments and know about prenatal care. Because many of the girls in the program were themselves born to teenage mothers, an important role mentors play is letting the mentees know that they can break the cycle. Mentors are not allowed to give specific advice on what to do because of the possibility of crossing certain cultural or religious values of the mentee. The role of the mentor is “not to judge the mentees, but rather to accept them at where they are.” A commonly used metaphor about what mentors do is that they help break down the mentees’ “baggage” to make it easier for them to manage.

From the mentors who worked with members of the Latino community, some mentors feel that the Latino mothers are more likely to be accepting of their teenage daughter’s pregnancy; the community doesn’t have the same stigma as the white families seem to have possibly because the Latino girls have a Quinceañera celebration,
marking the time the fifteen-year old girl turns into a woman. The mentoring coordinator feels that the Latino mothers of these young women are not happy when the pregnancy occurs, but they are not necessarily angry.

The Mentoring Coordinator wants a support group available for the young mothers to collaborate together to help accomplish important tasks. An example of an activity this would involve would be a study group at night that would allow the teenage mothers to work with a tutor or complete online college education while someone is looking after their children. This coordinator believes that some of the biggest challenges are: 1) staying in school, especially when the baby is sick, 2) “going on” with day-to-day responsibilities, and 3) finding the resources that they need.

II. Private Organizations

Crisis Pregnancy Center

The Crisis Pregnancy Center (CPC) is 1.5 years old; prior to that, it was a different pregnancy center in the same location, called “Birth Right.” It changed name and function when the current director took over. The center offers pregnancy tests, pregnancy options, counseling and emotional support, community referrals (such as to the Northfield Community Resource Center), and the Earn While You Learn program; these services are available to all women, regardless of age. They do not give medical advice (i.e. they cannot say “you are pregnant,” just “the pregnancy test was positive”). They will be getting an ultrasound machine later this year, which the staff will be trained to use; a medical doctor will read the ultrasound reports. The staff receives 25 hours of
training to be a “peer counselor.” The CPC motto and mission statement is “Encourage, Inform, Support.”

They usually see about 8-10 girls per week (ranging in age primarily from teens to twenties); some of these are new clients, but many of them are girls who return each week for the Earn While You Learn program. If a client comes in and thinks she might be pregnant, the first step is to explain the services of the CPC and fill out paperwork. They explain that they cannot offer medical advice, that they will not make referrals for abortions, take a psychosocial history (including assessing what the woman’s plans are if it turns out she is pregnant), and determine what services the woman might be interested in. They then do an initial pregnancy test; if it is positive, they discuss options with the woman.

Many teens who come to the CPC have been referred by the high school nurse; most of these girls choose to parent. The director feels that there is a relationship between coercion and abortion, and feels that some of the girls who choose abortion do so without talking to the school nurse. In addition, she feels pregnant teens may be less likely to come to the CPC if they are “abortion-minded.”

In terms of postpartum support, the mothers are able to continue coming to the CPC for as long as they want. They have educational material about parenting for children up to four years old (including pregnancy, fetal development, diet, smoking, delivery, car seat safety, etc.). This is part of the Earn While You Learn program: participants come in to watch an educational DVD and complete a worksheet; they also have homework for each lesson. If they complete it, they receive Monopoly money that
can be exchanged for diapers, clothes, etc. in the CPC “store.”

Most teens who come to the CPC have heard of it through word of mouth and referral (especially referrals from the High School Nurse). They do almost no advertising, although they are working on developing brochures. Most of their clients are from Northfield, but they do sometimes see women from surrounding towns such as Faribault and Cannon Falls. One of the biggest educational needs they see in the teens who come in is sexually transmitted disease (STD) education: teens are highly uninformed about prevalence, risk, signs and symptoms, and the long-term consequences.

The CPC director feels that one of the biggest challenges facing teen parents is balancing the demands of parenting and education. Managing this balance requires a support person to help the teens meet their own needs, as well as care for the child and provide financial support. Many of their clients have unstable family structures (for example, due to divorce, tense relationship with parents, unsupportive parents, or the cycle of teen pregnancy), making this even more difficult. The biggest need in terms of resources for teen parents in Northfield is increased parenting education; the director feels that this could take place at the ALC, since many parenting teens enroll there.

La Leche League

La Leche League (LLL) is a national peer breastfeeding support group open to any pregnant or nursing women; part of their philosophy is that a family consisting of two active (though not necessarily married) parents is ideal, but they welcome anyone as a
member regardless of family structure. They have never had a teen mother as a member, although about ten years ago they did have a St. Olaf College student. Despite the lack of teen participation, the group would be willing to include any teen who was interested in participating. On occasion, the group gets a phone call from mothers of pregnant teens, in which case they provide some counseling and education over the phone, but the teens have never come to the meetings. Sometimes fathers participate, but the goal is to help women feel comfortable with nursing. Most of their members hear about LLL via the website, healthcare provider referrals, at Baby Talk, or via bulletins posted at the co-op and library.

The main goals of LLL are support and education for nursing mothers; both of these elements are crucial. LLL publishes a “guide to breastfeeding,” and the meetings usually have an educational element although they also focus on social support among the mothers. As far as the LLL leader knows, there are not resources or literature specific to teen breastfeeding.

They do not do any outreach to advertise to teens, but would be happy to have one join if she wanted. They feel that the members would be welcoming to a teen mother and treat her the same as the other/older moms, but that a teen would probably still feel uncomfortable or “feel different” in this setting. In addition, teens breastfeed at much lower rates than older women, due in part to lack of knowledge about breastfeeding and body image issues. Another group that is absent from La Leche League is Latino women; this community also has low breastfeeding rates because bottle-feeding is seen as more “American.” LLL does try to advertise to this community.
by posting fliers in Spanish and having interpreters available at meetings.

The LLL leader feels that the challenges for teen parents include loss of a peer group with similar experiences, curtailed education and employment opportunities, stigma, and family stress. In addition, the attachment to the baby makes it hard to put the baby in daycare but there may not be enough family support to have a family member watch the baby. Finally, financial considerations are a constraint on childcare options.

III. Public Assistance

Rice County Public Health Family Planning Nurse

The family planning program at the LINK center is part of Rice County Public Health (RCPH); this program is funded by a state grant from the Department of Health, allowing them to provide birth control and limited reproductive health coverage to people who lack adequate insurance. If clients meet the criteria to qualify for MN Family Planning Program, the nurse helps them to enroll in this, which as more comprehensive coverage than the RCPH program. However, it takes a long time for the paperwork for this program to be processed, so the client is given a RCPH Family Planning card; this allows them to be covered under the RCPH family planning program for four months. Clients who do not qualify for MN Family Planning Program are given the same RCPH Family Planning card, but theirs will be good for a year. This card allows clients to get free birth control prescriptions at Northfield EconoFoods pharmacy, pregnancy testing, Plan B, STD testing, and up to $350/year in prescription medications for STDs (for both
the client and her partner, if necessary). Teens and undocumented individuals don’t have income check requirements because RCPH knows they won’t qualify for the MN program.

About 7-10 teens come into the clinic each month, mostly ages 16-18 (although the nurse has seen teens ranging from 13-19). 98% of clients come in for the first time after thinking they might be pregnant and taking a home pregnancy test. The first priority is education, especially if they are under 16. The nurse discusses pregnancy and STDs (how STDs are acquired, possible future effects, and the fact that birth control does not protect against STDs). Regarding STD education, many teens don’t think it will happen to them, so she says she will “really try to scare them” by showing them pictures. In addition, she encourages young teens to talk to their parents about the fact that they are sexually active. They also talk a lot about the role of alcohol and date rape drugs, as well as values and ethics related to relationships. There are Spanish interpreters available for these appointments if necessary. Although the teens get much of this information during high school health classes, the nurse feels that there is a very different educational environment in a large classroom setting than in a one-on-one meeting, which makes it harder for them to absorb the information and take it seriously in school; in addition, she is unsure of whether the health classes cover birth control.

Although the teens do not have to come into the LINK center regularly (only once a year to renew the card), the family planning nurse tries to follow-up with them. For example, she will confirm with the pharmacies whether teens picked up their
prescriptions each month; if they have not picked them up for several months, she may call the teen to find out if anything is going on, or to discuss other birth control options if the one they chose is not working for them. If a teen becomes pregnant, they are no longer covered for the family planning program, but the nurse will help link them up with other Public Health services. These might include WIC, smoking cessation if necessary, nutritional education, and public health nursing. They also follow up with the client at six weeks after the baby is born (often via WIC) to determine if the client wants to re-enroll in the family planning program.

To advertise to teens and other women, the family planning nurse puts up posters in the trailer parks and low-income apartments (these are the areas where residents are least likely to qualify for other insurance programs or to have their own insurance). She also maintains relationships with the school nurse and local clinics, so she often sees people who came in by referrals. However, she feels that not enough people know about this program. Due to the location, though, this resource is used more by teens in Northfield than it is in its Faribault location (it is located within walking distance of Northfield High School).

She thinks one of the biggest challenges for pregnant teens is getting social support. They may be alienated or bullied, especially within the school system. She feels the schools should make accommodations for pregnant teens (for example, making exceptions to uniform or absence policies). In addition, getting linked with prenatal classes is very important.
**Former Director of Public Health**

The former Director of Rice County Public Health served in this position from 1986 until her retirement in 2010. Her role included hiring, policy, and budget; grant-writing; and managing the resources that Rice County Public Health offers. She wrote the original grant for the Family Planning program that is currently operating at the LINK center [see Rice County Public Health Family Planning Nurse]. One of the benefits of this program is that it has hours beyond the typical workday (other resources, such as Public Health’s Northfield City Hall office, only go until 4:30).

RCPH offers public health nurse home visits; this includes parenting education as well as answering any questions that parents may have. They also have two programs that are open to any parents in Rice County, with no need to qualify for enrollment. The first is a newsletter program: parents get a newsletter in the mail every two months that contains important information about child development, health, or milestones that is relevant to the age of their baby. The other program is Infant Follow-Along; parents receive surveys asking about the baby’s milestones, which they mail back to the public health office. A public health nurse reviews each of the surveys and contacts the parents if there are any signs of potential health problems.

Teens are able to access the RCPH resources independently from their parents, and they often do so. Because of the Minor Consent Law, all care related to reproductive health is confidential for minors. This includes birth control, family planning, and STD services. Most teens hear about RCPH services by word of mouth or referrals; they do have brochures, both in their offices as well as given to the school.
nurse, but the former director does not think that teens usually look at them or pay attention to them. Sometimes school groups come in to RCPH offices for an educational field trip (especially Faribault schools, such as the School for the Deaf). Because of the state restrictions on the family planning grant money, they cannot actually go into schools and provide any family planning services, including education.

While serving as the RCPH director, she participated in a series of meetings of professionals (attorneys, public health nurses, social workers) that discussed issues relating to teen pregnancy. One major theme that came up in these meetings was that some teens are planning their pregnancies because they want to be moms, perhaps as a way to fulfill a need for love. In addition, some teens see having a baby as a way to maintain a romantic relationship that seems like it might be ending soon. Likewise, the role of pop culture images (such as movies and magazines) makes pregnancy seem desirable. Another theme that emerged was the fact that many teens who get pregnant have been involved with older men (in their 20s), who often don’t stay after the baby is born.

The biggest challenges the former director sees for teen parents are completing their education (this can be harder or easier depending on how much family support for childcare they have), financial concerns, and still wanting to be and act like a normal teenager. In addition, pregnant teens seem to have less parental support than they did twenty years ago; they are being “pushed out” on their own, which can lead to economic problems and psychological distress. However, they do seem to form their own peer support groups. She thinks it is important to help teens see that their lives
aren’t over just because of the pregnancy; although she feels that preventing teen pregnancy is ideal, once it happens, they should be supported and people should “help them see the way forward,” so that they can finish their education, go to college, and still have a positive outcome. She feels that having a baby doesn’t have to be a negative thing that ruins their life.

She thinks that, overall, the resources for teen moms are adequate. There may be some gaps, such as resources for substance-abusing pregnant teens. However, she feels that the county is improving these services, and that they are better for pregnant teens than for the rest of the population because of the increased contact with healthcare providers.

**Greenvale Apartments Service Coordinator**

Greenvale Apartments provide Section 8 housing; the rent is set individually, based on each family/resident’s income. There are a few residents currently living here who do not have any income. Although the Service Coordinator is not a licensed social worker, she does provide many of the services that a social worker would do. When residents first move in, they meet with her briefly to get a welcome packet, she tells them about the services she provides, and makes sure they know that they can come in anytime they have questions or need help. She also writes a monthly newsletter for the residents. However, she does not go around to the apartments and offer help directly to people, except in emergency situations. She helps residents with finding jobs, finding and applying for county programs, and some counseling with mental health. She also
does youth programming (such as community events, ECFE and Girl Scouts coming to
the apartments weekly) and senior programming.

There are currently two young girls who are pregnant (one is 18, one is 20). They both live independently of their parents and have finished their high school
education. One of them is currently working, while the other is unemployed; both of
them have some family support (for example, both of them had help from their mothers
when moving in). In the past, there have been younger teens who were pregnant, but
this was before the Service Coordinator worked here. For these girls, she referred both
of them to the Crisis Pregnancy Center; she also talks to them about healthy
relationships and self-esteem issues. She meets with one of the pregnant women on a
regular basis; the other will just drop in occasionally. She also makes other referrals as
they are needed; for example, she might make referrals to the Community Action
Center food shelf or to public health nursing if appropriate. She has also been in contact
with the hospitals where the girls plan to deliver (Northfield and Owatonna), helping
them to understand what it will be like when they go into the hospital. They have also
discussed the logistics of getting to the hospital while in labor, how to arrange
transportation, and what to do if no one is able to drive them. In addition, she helped
them learn about writing birth plans; one girl wanted to work with a doula, so the
Service Coordinator helped arrange this. She has also been working with these girls to
discuss daycare options, whether and when they will return to work, and what family
planning options they may be interested in after the pregnancy (i.e., family planning
clinic at the LINK center).
Her mental health background is useful in her job, especially for working with pregnant teens. She feels that it helps her to normalize the teens’ experience and enable them to better manage any mental health symptoms or general life changes. In addition, she has been discussing postpartum depression, especially with one of the teens who had a traumatic experience with a previous pregnancy. When speaking with any resident about mental health issues, she helps them to identify a support system and works with them on developing a daily maintenance plan. In addition, if necessary, she will suggest that they see a therapist.

Teens (both pregnant and non-pregnant) rarely attend the community events that she runs; younger kids also don’t attend very often. She thinks they are more involved with school events and employment. Because her goal of community events is to have the kids be involved in “something healthy,” she is satisfied to know that they are doing something besides sitting at home and watching TV, and thus does not push the events on them.

She thinks the biggest challenge facing teen mothers is immaturity. She feels they are less able to identify bad relationships, as well as less equipped to raise a child. In addition, family or other social support “is key.” However, she thinks Northfield has some good resources. In particular, she thinks the Crisis Pregnancy Center is a great place, and that the Earn While You Learn program is very useful for teens (although she does think the name “Crisis Pregnancy Center” scares people away, and has discussed this issue with the CPC director).
Rice County offers services for new babies and new parents, with no income eligibility. For a newborn baby, a public health nurse will come for a home visit; typically they have 1-2 visits for home education. With teen mothers, the home visits will ideally be on-going and start prenatally; home visits may be monthly during pregnancy and continue after the baby is born. The frequency can vary, but if the teen parent lacks support she may have weekly home visits. There is also the Parent Aid program, which a public health nurse might refer the teen parent to: a professional staff member with experience in education makes weekly visits to the teen to offer education and help address questions, while the nurse only visits every 6 weeks. Public Health also usually refers teen parents to WIC, a federal program from the Department of Agriculture. This program has income requirements for eligibility, but enrolled parents receive education and vouchers for healthy food purchases. A final program is educational mailings that are sent to young parents who have children up to age three; these mailings include age-specific information about child development, milestones, safety considerations, etc., written in simple language.

Support groups that teen parents may attend are Baby Talk (Northfield) and Baby Stop (Faribault); however, these are not specific to teen parents. These support groups are for parents whose children are birth to about 12 weeks. Teen are more likely to attend these groups if they are being followed by public health. There is also a teen support group away from the ALC, which teen parents and their children may come to. There are currently 4-6 teens who participate in this group.
She thinks that teens feel like they are getting something out of these services, or else they would not continue using them. Teens who have good family support may not use public health resources as much. In addition, some teen parents might not receive assistance that they need because they are reluctant to have someone come to the home. Teens use the internet as another source of finding information and resources related to children and parenting. If teens are looking for support, there are useful community services that are available; however, if they are not actively looking, it may be harder to find out about some resources. In addition, older teens (16+) may be dropping out of school, which will pose additional challenges for them later.

One of the major challenges that this nurse thinks are facing teen mothers is lack of family support. Family is an important resource to help teens get connected to community services; in addition, teens who lack family support often do not have transportation, which is a huge obstacle. Since there is limited public transportation, getting to school, work, or daycare can be very challenging. Because these teens have limited income, affording a car is very difficult. In addition, families often encourage teen parents to stay in school (which will increase their success throughout life) and may be a source of child care for the teenage parents. Another challenge is organization; this is an important skill for filling out forms and other paperwork to enroll in community programs (such as health insurance support). Teen parents are still learning these skills, as shown by the fact that they often forget to pick up their WIC vouchers.

An obstacle to receiving public health services is that teens may not be open to the idea of outside services. If they have family problems, they may be afraid of
having public health come into the home for fear that social services will become involved; teens involved in substance use are especially unlikely to want home visits. In addition, teens may have preconceived notions or stigma associated with using public services. Likewise, dropping out of school is an obstacle to securing good employment and having a more stable future; it is difficult to convince a teen to go back to school if they have already dropped out.

**Juvenile Probation Officer**

Though she currently works as a probation officer with adults, this woman has worked as a juvenile probation officer in Rice County for over ten years. In this role, she supervises youth who have committed a crime (usually truancy or shoplifting). Girls who are on probation may be referred to the Hope Center; this is an organization that provides education about healthy relationships, self-esteem, and similar topics. Girls on probation receive community service hours from attending sessions at the Hope Center.

If one of the girls on probation is pregnant, the probation officer will make a referral to WIC and to public health nursing. In addition, she also works with social services; if a drug test (mandatory as a condition of probation) comes up positive for a pregnant teen, she will make a referral to child services. Risk factors that increase the likelihood of teen pregnancy for this population are having family or school problems, a history of mental health disorders, failed relationships, or having a family history of involvement in the criminal justice system. The response to a pregnancy can be very different among teen girls: sometimes, having a baby can turn the teen’s life around
(some girls say that “having a baby saved my life”). The last pregnant teen that this probation officer worked with was a 15-year old girl; her older sisters had also been teen moms, and it was a socially acceptable path in her community. However, other girls might try to hide the pregnancy, especially if they feel that their families will not be accepting of it. Finally, some lose their children to social services.

One of the biggest challenges for teen mothers is finishing school. The probation officer feels that the ALC is a good option for these mothers because teens who are on probation are required to be enrolled in school, and the ALC’s flexible schedule makes it easier to complete their education and get a high school diploma from here than from the regular high school. She feels there are enough resources in Rice County, though teens may have to make an effort to find them. Having a social worker makes it much easier for them to find resources and get connected with them. After the baby is born, transportation is a big concern for teen parents, who may not have their own car and lack public transportation options in small towns. Applying for healthcare coverage can be challenging as well, especially if the teen is an undocumented immigrant.

One concern that has come up within Northfield (as well as Rice County in general) is situations in which younger teens get pregnant by older men. For example, the probation officer knew of one case in which a 14-year old got pregnant by an older man; this is more common in the Hispanic community than among other cultures. The families are usually supportive of the teenager in these situations, and this is often accepted when the man is planning to stay and be there for the mother and child.

For pregnant girls who are involved in the criminal justice system, house arrest is
sometimes an option. Some prisons are not equipped to care for pregnancies, so pregnant women or girls who would be incarcerated may be sentenced to house arrest instead, especially if the pregnancy is high-risk. Being on house arrest includes a GPS-enabled ankle bracelet, but there are scheduled periods of time when they may leave the house (i.e., for doctor’s appointments). This is preferable because it is the least restrictive option and it is in the best interest of the mother and baby.

**IV. Medical Facilities**

**Allina Clinic Nurse Practitioner**

As a nurse practitioner working at the Northfield Allina Medical Clinic, she sees patients ages 12 and older for women’s health and OB visits. Most of her patients are high school and college age, or are women ages 40-60. The clinic has a relationship with both college campuses, as well as with the high school nurse. She also networks with other nurse practitioners in the area, in order to make sure that teens are aware of the medical options available. Teens often come in on their own (without parents) for birth control or STD testing. Although teens would be charged for these services in the same way as any other patient (out-of-pocket, public assistance, or using a family insurance policy), these services are confidential, even for minors.

If a teen comes in thinking she may be pregnant, the nursing staff will initially do a psychosocial assessment. They consider developmental needs, assess the relationship with the baby’s father (considering the possibility of abuse), and also assess social support. They assess whether the pregnancy is planned and/or desired. After confirming
the pregnancy, they provide education and information about adoption, abortion, and pregnancy. They will discuss and make referrals for abortion; however, a woman has to travel to the Twin Cities to get an abortion (there are four clinics in the cities where abortions are offered). Planned Parenthood is usually the best option for teens: they have a sliding scale fee system and are usually the most affordable. The nurses will also help teens or other patients sign up for Medicaid if they qualify. If they are uninsured but don’t qualify for federal assistance programs, Allina has the “Allina Partners Care” program that will cover costs at any Allina facilities.

When working with teens, the nurse practitioner tries hard to make sure the teens “feel supported, not shamed,” regardless of the situation that led to pregnancy. She reassures them that the visit is confidential and only information about life-threatening situations or abuse can be shared or reported. In addition, if a parent or other support person is present, she always asks them to leave for a few minutes at the end of the appointment so that the teen feels comfortable sharing any information about pregnancy or abuse (this would also be done for adult clients). She feels that it is important to have a safe way to contact the teens with test results or other information, so she tries to get the teen’s cell phone number or asks the patient to call the clinic back in a few days to obtain any test results.

The nurse practitioner feels that the biggest challenge for teen parents is not being developmentally ready to parent; they are “not done growing up” yet. By having a baby, they are giving up a peer group and the lack of responsibility that is usually a part of the teenage years. Some teens also struggle with a decision of whether to terminate
(for these clients, the nurses may try to focus on adoption as the best option), while some may decide to keep the pregnancy to fulfill a need for love. Teens are best supported during a pregnancy if they have a positive adult in their life, preferably a parent. This provides emotional and financial support, making it easier to complete their education. Other stressors might be abuse, chemical dependency, financial strain, or a lack of family support, including when the family dislikes the teen’s partner. She feels that Northfield does have adequate resources for pregnant and parenting teens.

**Family Birth Center - Coordinator of Teen Pregnancy Classes**

The coordinator of Northfield Hospital’s teen pregnancy classes has been the manager of the mother/baby unit and Level 1 nursery at Northfield Hospital for thirteen years; prior to this, she spent 8 years working as a nurse in a Neonatal Intensive Care Unit (NICU) and 6 years working as a labor and delivery nurse. Currently, Northfield Hospital’s Family Birth Center delivers babies who are at or above 35 weeks’ gestation; the one exception to this is in an urgent delivery situation in which there is no time to transfer the mother to a more acute facility. When this occurs, the hospital calls in a team to help with the delivery; the team is comprised of medical professionals who are trained in neonatal resuscitation and have more experience with these patients.

However, a team is not always immediately available; until they arrive, the staff at Northfield Hospital works to stabilize the infant (i.e., administering oxygen, starting IVs). Because the hospital is so small, all Family Birth Center nurses are trained in labor & delivery, postpartum, nursery, and breastfeeding care.
Childbirth education classes are available through Northfield Hospital to anyone living in the community, even if they plan to deliver at another hospital. There is a fee of $50 (this covers about 10-12 hours of classes); monthly breastfeeding classes are also available for $10. These classes involve groups of pregnant women and their support persons; they are almost always adults, but in cases where the group is small, a pregnant teen may be incorporated into these classes. Pregnant teens who contact Northfield Hospital are paired with a childbirth educator who has been trained to work with pregnant teens. The childbirth education for teens usually involves the pregnant teen and a partner/labor coach (often her mother or boyfriend); occasionally two teens and their partners may have classes together. Typically, they see about 6 teens per year through these classes.

The childbirth educator works around the teen’s schedule as necessary so that the classes are as convenient as possible. The teens often set up their childbirth classes near the end of the pregnancy, so they typically only have 2-3 classes before the baby is born and they will work with the same childbirth educator throughout. The educator tailors the classes to the teen’s individual needs. This includes determining what questions the teen has, addressing their anxieties and fears, and focusing on the teen’s priorities for learning. In addition, they use short periods of teaching and include multiple teaching strategies (such as books, lecture, video, demonstrations, or tours of the unit) so that the teen is better able to focus and learn. These teen childbirth classes have been funded through a Rice County grant for several years. Most of the teens who take these childbirth classes do ultimately deliver at Northfield Hospital; however, only
about 50% of the teens who deliver here have gone to the classes. Most of the pregnant teens who deliver at Northfield Hospital keep the baby; adoption is very rare.

There is a lot of individual variation in terms of how receptive the teens are to education and to the staff in general. Some pregnant teens feel very empowered for childbirth and to raise their child. The staff here thinks empowerment of teen parents is very important, and they try to encourage this by talking to the teen directly, not to her parents. They try to encourage the teens to make decisions and to act on their own opinions, as well as to help them develop in the parenting role and form a strong family bond. Likewise, the staff also tries to help the teen’s parents “guide” and offer advice without being controlling, so that the teen can become more independent as a parent. Most of the teens who deliver at Northfield Hospital appear to have good family support, particularly from their mothers.

Breastfeeding is less common among teens than older mothers. Teens often feel that “this is not for me,” and it may be difficult to balance breastfeeding with the social lifestyle that teens are used to having. The hospital staff tries to encourage breastfeeding due to the nutritional and attachment benefits; likewise, the community overall is supportive of breastfeeding. About 85% of mothers in this community initiate breastfeeding; longevity, however, is a challenge for breastfeeding mothers of all ages. The teen class coordinator feels that balancing the desire to still be a teenager with the need to be a parent is one of the biggest challenges facing teen parents. This is especially the case after the child turns one: the child then has more needs and is more
active, making it more difficult to have a schedule that is not centered around the child. This may affect the teen’s social life more than having an infant does.

V. Teenage Mother

Alternative Learning Center Student

This adolescent mother is a high school junior who is currently enrolled at the Alternative Learning Center (ALC) after going to school outside of Northfield prior to pregnancy. She learned about the ALC through her mother, who knows someone who works at the school. The teen mother said that adjusting to the smaller size of the school has been a big change and she finds herself wishing that class work were more challenging; she mentioned that she loves to learn and has always been a good student, involved in both academics and extracurricular activities. Although the ALC coursework is “easy,” she does enjoy the flexibility that the ALC offers: she is able to go to school half days, so she can work three to four nights a week and still have time to spend with her baby. Next year, she will be taking college courses through PSEO. She is excited to be taking more challenging classes, but she is worried about having to find a daycare that she can both afford and trust.

This teen mother lives with her own mother and her mother’s boyfriend, and has throughout her pregnancy as well. She finds that her family is very supportive; her mother has been supportive from the very beginning, and though her father was surprised by the news of her pregnancy, he became supportive. Likewise, although her boyfriend was unsupportive through most of the pregnancy, he became involved and
supportive once their son was born. While there are sometimes challenges within the family (for example, she feels that her own mother struggles at times to be a grandparent, rather than a parent), the teen mother said that her family’s support is essential to coping with the pregnancy and with parenting. For example, the day we met with the mom she told us that her six-month old baby was sick, so she was going to leave the baby home with her mom during school the next day. When she delivered at the hospital she had her boyfriend (the father of the baby) and her mother in the delivery room and she had some friends and other family members in the waiting room. Because there were so many people around she described her child’s birth as feeling “like it was a party.” Her parents and family members were very supportive and threw baby showers before and after the baby was born. She enjoyed being the center of attention for a moment. In addition, her family support has continued even as the baby has gotten older; her parents are often willing to babysit or provide some financial assistance.

During the pregnancy, this teen mother said that she had intended to go to use the services of some community organizations, but didn’t have time. In particular, she had always planned to go to Baby Talk, but she always had other commitments at the meeting times. In addition, she wanted to attend the Northfield Hospital teen parenting classes, but didn’t find out about them until shortly before she delivered; as a result, she wasn’t able to schedule a class. She did read some books before the pregnancy, but for the most part didn’t find them very useful. However, she really liked the book *What to*
Expect When You’re Expecting because she feels that it provided practical information about some of the questions and concerns she had after her son was born.

She does attend the weekly teen parent class at the ALC; she enjoys this class because the leader is really good at answering questions with giving many options. After the baby was born, she did have one home visit from a public health nurse, but is no longer receiving this service. Currently she is receiving benefits from Women, Infants, and Children (WIC), a program that she describes as “excellent,” stating that she “loves it to death.” The teen mom wished that there were more teen mother groups because it is awkward to attend parenting meetings with people who are older. She said that even though many people there were accepting, older parents didn’t understand the stressors that she was facing, particularly financial concerns. Initially after her baby was born, she planned to breastfeed in order to save money on formula; however, after two weeks, she lost her milk. Besides the financial cost of having to buy formula, she was also upset that she was no longer able to breastfeed, which she had found she liked. She described it as “the worst thing in the world” to be forced to switch to formula after getting attached to breastfeeding.

Some of the biggest challenges she has faced as a teen parent include: not being able to hang out with her friends as she was able to do before, having to plan around the baby, and learning to take care of someone else before herself. She expected that money would be a concern, but found that she is able to go shopping and buy items for the baby without wanting to buy things for herself. While becoming a mom is a significant change, she feels that it helped “changed her for the better”: she feels like
she has learned how to care more for other people, she knows how to be responsible and keep a budget, and she takes care of the household chores and the baby before taking care of herself.

Analysis

*Inter-Organizational Referral Relationships*

Many of the organizational leaders we interviewed discussed the importance of helping teenage mothers connect with other organizations whose resources will be useful. Even organizations that provide continuous support throughout pregnancy and the early years of childrearing (such as the Crisis Pregnancy Center, the ALC, or medical facilities like the Allina Clinic) cannot provide every type of assistance and support that teen mothers may need. As a result, it is essential for staff members to know what other community resources are available. Throughout our interviews, this theme was often repeated: individuals working in the mainstream public schools, in particular, all explained that making referrals to other community resources is one of their major goals when a teenage girl comes in with concerns about a possible pregnancy. In addition, the ALC director knew of many organizations providing resources for pregnant and parenting teenagers, and was willing to help students with any paperwork that was necessary to obtain their services.

Although referral relationships between all organizations are important, connections originating from the mainstream public schools, the ALC, and the Crisis Pregnancy Center may be especially useful for teens. These are the most visible sources
of support in the Northfield community and are likely to be among the first places that teens go when they find out they may be pregnant. The school nurse, in particular, indicated that students will come to her with pregnancy concerns before even having a medical confirmation; this puts her in a prime position to help students connect with educational, medical, and other resources at the earliest possible point in their pregnancy. Similarly, due to their frequent and on-going contact with pregnant and parenting teens, the Crisis Pregnancy Center and ALC staff are able to use their referral relationships with other organizations to help teens obtain resources as soon as the need for them arises.

Although many organizational leaders spoke of the importance of making referrals to other community resources, a curious sub-theme emerged surrounding knowledge of those other resources: several of our interview subjects felt that they did not know about many community resources outside the few they usually referred teens to. Almost everyone mentioned the Crisis Pregnancy Center; its prominence is likely due to its location in downtown Northfield, as well as the fact that its name highlights its goal of working with unexpected pregnancies. However, some interviewees explained that this was the only resource they knew about besides their own; the high school nurse, for example, had not known about any other resources until recently, when she found out about the Rice County Public Health Family Planning program. In addition, although many people mentioned Rice County Public Health as a useful community resource available to pregnant and parenting teens, few people who were not connected with RCPH themselves knew very much about the specific resources that they offered.
Finally, some resources, such as Babies & Blankets or La Leche League, were almost
never mentioned as organizations that someone might make a referral to. Increased
knowledge about other community resources within each organization’s staff could lead
to improved referral relationships, as well as increased utilization of these resources.

*Increased Educational Attainment*

Consistently through the interview process, individual after individual noted the
importance of supporting a teenage family, especially mothers, to continue on with
their education. The interviewees noted the importance of finishing education because
of the link between having a high school diploma or GED to the types of job
opportunities available in the future. This would mean that the family would have a
decreased number of stressors compared with a family that is headed by non-high
school graduates. Often interviewees stated that they believed one of the biggest
stressors for teen mothers was completing school while being a mom, but many of the
programs have tried to design their programs to help minimize this stressor.

Many of the organizational leaders noted that they tried to incorporate aspects
of their programs that would encourage people to stay in school. Programs such as Rice
County Public Health and Babies and Blankets will work around the young mother’s
schedule and will conduct home visits that will better suit a family that is busy with
school. The public school district has also developed the Alternative Learning Center
(ALC) specifically to help meet the needs of these mothers. There was a specific plan to
have a daycare located downstairs at the school, so students’ childcare needs would be
met during the school day; scholarships were granted to students who needed assistance paying for this service. They also provide students with a flexible schedule, making it possible for students to make it to doctor’s appointments or stay home with a sick child without compromising their ability to complete their classes.

Social support systems can increase the student’s ability to remain in school while pregnant or parenting. These support systems can include peers, staff members, local community members, and family; although family is a type of social support it will be talked about in more detail in the following section. Several of the interviewees noted that if the teenage mothers have someone to talk to, supporting and assisting them through the experience as needed, the mothers were more likely to feel like they were able to finish school; social support is therefore linked with increased educational attainment. This is one of the sole purposes of the Connected Kids Mentoring Program, which hopes to connect at-risk youth to adult volunteers to create a supporting relationship that can help alleviate stressors to increase the rate of young adults continuing on with their education.

*Importance of Family Support*

Though teens, like anyone, are situated amid multiple, overlapping sociocultural contexts -- the school system, family, peer group, employment environment -- the family is often primary. In addition to playing a major role in shaping teenagers’ beliefs, value systems, and expectations, family is also simply the social context in which teens have spent the majority of their time. As a result, the family is instrumental in providing
or withholding support for teenagers in stressful or challenging times, and in the case of adolescent pregnancies, the degree of family support available plays a major role in shaping the teen’s responses, coping strategies, and outcomes.

Almost every organizational leader we interviewed mentioned family support as an important component of pregnant and parenting teens’ adjustment to their new social role as mother. Likewise, many mentioned that lack of family support is a significant challenge for many pregnant teens in the community. Financial challenges are more pronounced among teens with poor family support: providing for a baby as a teen parent is simply easier if the teen’s own parents are supportive and willing to contribute, whether by providing housing, childcare, transportation, or actual monetary support. In addition several interview subjects discussed the psychological consequences of unsupportive parents for pregnant and parenting teens. They felt that these consequences could include depression, anger, or even just generalized distress.

However, not every teen experiences a loss of family support when she gets pregnant. Many people discussed working with teens who have a great deal of family support, including assistance with childcare or transportation; this is consistent with earlier research findings that a majority of parents ultimately become supportive of their pregnant teenager, even if they initially react with disbelief or disappointment (Benson 2004). In fact, one organizational leader mentioned having worked with a teen whose pregnancy actually served to improve her previously-strained relationship with her mother. Although this outcome is rare, it helps to highlight the varying effects that teen pregnancy can have on a family structure. Finally, there also seemed to be some
variation in how organizational leaders understood or interpreted the role of families in supporting pregnant and parenting teens. For example, the former Director of Public Health discussed the changing role of families throughout her twenty-year career, explaining that she felt that families are less supportive today, with more teens being “pushed out” on their own. Conversely, the Greenvale Apartments Services Coordinator also discussed cases of pregnant teens living apart from their parents, but characterized this situation as an opportunity for the teens to increase their independence.

**Theoretical Implications**

Simmel’s theory of “the stranger” lends a useful perspective through which to view the experience of adolescent pregnancy. Stigma was repeatedly mentioned as a challenge facing pregnant and parenting teens, and it is stigma that essentially characterizes the experience of the stranger. Because pregnant and parenting teens exist in the liminal space between adolescence and adulthood, not truly belonging to either one, it is easy for others to place judgment or blame on them. The loss of genuine belonging is compounded by stigma, especially in a society that so frequently constructs teenage pregnancy as a social problem to be “fixed.”

However, the pregnant teen in Northfield deviates from Simmel’s “stranger” in one essential way: she is not alone. There are currently several pregnant and parenting teenagers in the community, and the existence of multiple “strangers” can mediate the effect of isolation and stigma on any individual. The ALC, in particular, facilitates this: by having a safe space where teen mothers are likely to interact with each other, these
teens are able to form a community of their own. As a result, though they may face stigma and a sense of “stranger-ness” among other teenagers who were formerly their peers, or among other, older parents, they are able to obtain social support and belonging through their interactions and friendships with each other.

**Teen Perspective**

Family support has been essential to this teen’s experience of mothering. Since the baby was born, she has relied on family members for assistance with childcare. She expects this to continue in the future: next year she will be taking college courses in the Twin Cities metro area and will continue working her part-time job. Both of these will require her to have childcare, and her family has expressed a willingness to babysit when needed. While her family is supportive now, this is a change for some family members. For example, her father initially struggled to accept her pregnancy, though he has come to be more supportive and is involved as a grandparent. Likewise, despite the prevalence of support in her family overall, there has been some tension in balancing grand-parenting and parenting roles. The teen’s mother had recently found out about own fertility problem at the time when the teen got pregnant; since the baby was born, this grandmother has struggled to fill the role of grandparent rather than parent. The teen mom appreciates the support from her own mother but feels that she can get over-involved.

Community support has been less important to this teen mother than family support has been. Although she has been involved in teen parenting classes at the ALC
and intended to get involved in some other community programs such as Baby Talk, she has had little interaction with most community programs. Despite not being currently involved in any community programs, she expressed interest in the Crisis Pregnancy Center’s “Earn While You Learn” program which a friend of hers is involved in; she mentioned that she is planning to look into this program and possibly get involved with it. Because this teen mother is the only one who was available for an interview, it is impossible to know whether her experience is representative of the “typical” pregnant or parenting teenager in Northfield. It is possible that community resources play a much larger role in supporting teens who do not have the benefit of a supportive family.

Summary and Conclusion

Significant Results

Many of the organizational leaders that we talked to mentioned their hope that young mothers will be able to finish their high school education; almost all noted they felt that finishing high school was one of the largest challenges of being a teen parent. Out of our 17 interviews, almost half (41%) were linked specifically with the educational system in Northfield. This made us question how women who have not yet finished high school, or recently dropped out of school find resources. Unfortunately, many of the resource options that are left are public assistance: many of our interviewees mentioned an inaccurate but common underlying perception that all public assistance programs are only for low-income individuals and families.
Teen pregnancy is often a cyclical phenomenon: young people who grow up in families that are headed by teenage parents are more likely to become teenage parents themselves. These teens may grow up with additional stressors that could lead to an increased teen pregnancy rate. Likewise, their social context normalizes the phenomenon of teen pregnancy, especially if their families ultimately had positive outcomes. Although the scholarly literature clearly shows some degree of “intergenerational transmission” of adolescent pregnancy, it is less clear whether it occurs in cycles within communities as well. Several of our interview subjects feel that this is the case, at least in Northfield: they feel that the number of pregnant and parenting teens varies cyclically, especially based on their enrollment in the ALC. For example, while there have been years where no teenage mothers are enrolled at the ALC, in other years there are several; there are five teen moms enrolled this year, which is the highest they have ever had. Conversely, the Northfield Hospital teen parenting class coordinator reported that they typically see six teen moms per year, and did not indicate any cyclical fluctuation in that number. However, it is possible that high school enrollment of teen moms is not driven solely by the number of teen moms in the community; other factors, such as the ease of obtaining childcare, may influence the number of teen moms at the ALC, even if the total number in the community is fairly constant.
Potential Uses

Although many of our interviewees were found through a snowballing effect from references, we did find instances where individuals did not know about all the resources they could refer people to. And who can blame them? Organizations are in flux as funding, resources, and community needs change; many of the individuals we spoke to spend only a small percentage of their time working with pregnant and parenting teens, making it easy to lose track or forget about a community resource. This is why we developed a resource guide specifically for pregnant and parenting teenagers. We hope that this will be something that organizational leaders can access to serve as a reminder of resources that are available, and we hope that they can give them as a reference handout to young individuals who may be in need of possible resources. Pregnant and parenting mothers have a lot of things to manage, and hopefully this resource will serve as a central guide to choose services they find beneficial, helping them to obtain resources more quickly.

Further Research

Our research project only spans a four-month period from the initial idea to the final product, which limited the amount we could cover. We had one teen tell us her story, and we are very grateful to her for being willing to give up her time to talk to us. However, we would have loved to expand the teenage mother response section. Because individuals experience the world around them differently and likely have different backgrounds and stressors, the experiences each individual has would be
different. It would be nice to have a chance to talk with more teenage mothers to get a more complete picture of what is typical of the teenage mothers’ experience in the Northfield area. In addition, many of the organizations that we talked to worked to smooth the transition into motherhood, and help provide resources that would allow the mother to continue her education to graduate from high school. Although the resources may be out there, we didn’t talk to anyone whose main focus was to assist young mothers in completing advanced degrees; one person we interviewed did note that she would love for there to be more easily accessible information out there for teens about assistance programs that would help pay for college. Knowing where to find resources is half the battle to get the help that is desired, so it would be interesting to discover if any organizations know where resources are, if teens feel like they know where resources are to finish college, and what teenage mothers’ plans are for their future.

*Reflection on Process*

Originally we set out to examine how teens view the organizations relating to teen pregnancy and parenting, and learning where these mothers find support, particularly in the community. As the project developed we found that the focus changed to seeing what organizations and programs were available and how they linked together. During the brainstorming stage we had a goal of talking to five different organizations, and by the time we finished this we had interviewed 17 different people who help provide support for the teenage mother in some capacity or another. In a way,
as researchers, we were like a teen looking for assistance. We only knew of a couple places that we could look to to ask questions and find resources, but over time we found a web of interlocking organizations that recommend other services and people to talk to. The organizations we started with gave us direction to other places we needed to go to find out more, or in a teenage mother’s case, to get support. These additional support systems were there for us, but we needed to initiate the conversation. The programs are there for the adolescent mothers, and people are willing to help the young adult needs to make the contact and follow through to receive the support from these organizations. The help is out there, and it’s waiting.
Bibliography


<http://quickfacts.census.gov/qfd/states/27000.html>


Tell Your Story!

Are you a mother or currently pregnant? Between 13 to 20 years old? Then we would love to talk with you!

Two St. Olaf students are hoping to talk to some teenage mothers about their experience of being either a pregnant or parenting mother in Northfield. Feel free to bring your children with if needed.

If you have any questions or would be willing to meet please contact Emily and Nicole at nfldresearch@stolaf.edu

*Note: Written consent form needed to participate for individuals under 18 years old.
Appendix B: Project Information Statement

Dear Potential Participant,

We are conducting independent research as part of our Sociology/Anthropology major at St. Olaf College. Through this research project we intend to explore the experience of pregnant and parenting teenage mothers in Northfield and the perceived adequacy of resources available to them. This project will be qualitative research, with data gathered through interviews, focus groups, and observations.

There will be no monetary cost of participation in this research study. However, participants will be asked to commit to a minimum of one hour of interaction with the researchers. This can be in the form of interviews, focus groups, or observation at a community meeting. Participants will be asked about their experience with teenage pregnancy which may be an uncomfortable subject matter. If participants feel uncomfortable at any time they are allowed to opt out of participation or skip a question without any negative consequences.

Potential benefits to study participants include self-reflection and enhanced communication between the pregnant and parenting teenage community and the organizations that are available to work with them. Both teens and organization leaders will have the opportunity to discuss their perceptions of availability, needs, and potential areas of improvement.

Participation in this study is completely voluntary. For those of legal age, agreeing to meet with us for an interview or allowing observation acts as implied consent. For individuals under the age of 18, written consent MUST be obtained from the individual and her legal guardian. All information provided will remain with the researchers and will be destroyed on completion of the project (May 2012). All names and identifiable information will be removed in papers and presentations as all information will remain confidential.

A written paper, when finished, will be posted on the St. Olaf College Sociology/Anthropology webpage for people interested in reading the findings. In addition, in May 2012 there will likely be a poster presentation that will address our findings to the Northfield community (more information to come).

We would like to thank you for your consideration to participate in our research project. If you have any further concerns or questions, you may contact us at the following:

Researchers: General Questions (nfldresearch@stolaf.edu)
Emily Van Essen (vanessen@stolaf.edu)
Nicole Villa (villa@stolaf.edu)

Project Supervisor: Chris Chiappari (chiappar@stolaf.edu)
(507) 786-3815
**Consent Form for Minors**

I have received, read and understood the project information and was given an additional copy to keep. By signing this form I consent to participate or allow my child to participate in this study.

Legal Guardian: ___________________   Date: ________________

Participant: ___________________    Date: ________________

Investigators: ___________________   Date: ________________

_____________________________   Date: ________________