

A PLAN FOR RURAL PREGNANCY PREVENTION
AN AFRICAN-AMERICAN PERSPECTIVE

A THESIS

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by

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THESIS ABSTRACT

A Plan for Rural Pregnancy Prevention: An African-American Perspective

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The purpose of looking at pregnancy prevention from an African-American prospective was to determine if using non-traditional methods and people to work with rural African-American youngsters could make a difference in the county's pregnancy rate. Also, to study the effectiveness of training responsible community workers that became counselors to the teen-age treatment groups.

The hypothesis predicted that if we used methods that are based on Africentric values the girls would respond by becoming more self-accepting, thus lowering the perceived need for having a male validate their entering womanhood. My hypothesis regarding community workers being trained and given major responsibility for helping to guide youngsters lives predicted they would become model employees and productive community leaders. The findings supported both of these hypothesis. The most important finding argues for greater inclusion of this methods in working with African-American youngsters that make up a lower segment of this area population.

Our study included forty (40) African-American teenager girls, ages 13 & 14 years old, that are considered to be at-risk for early unplanned pregnancy. This study allowed me to concentrate on quantitative factors that are influenced by cultural viable that historically have been denied and/or unidentified.

Although many questionnaires, forms and other instrument were used for gathering data, one-on-one contact proved the most beneficial for the teenager and her adult counselor. It was though this contact that conclusion were drawn and a pregnancy prevention plan was put together.

The primary concern of this study was to identify factors that compose the predicable success of rural pregnancy prevention programs for teen-age African-American females. It was hypothesized that if characteristics could be identified as being unique to this population, we could design a culture-specific theoretical base on

which to structure our intervention strategies.

The data that was elicited proved to be cultural-specific and significant to help in providing the frame-work for the development of an effective pregnant prevention program.

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CHAPTER I

INTRODUCTION

Teen-age pregnancy is a problem all over the country, with about one million teen-agers giving birth each year. In the rural areas the problem appears to be overwhelming. Tennessee's rural areas are not exempt. The 1985-1987 statistics on pregnancy rates for women ages 10 through 17 in Tennessee listed three rural West Tennessee counties, Tipton, Lauderdale and Haywood, served by Children and Family Services as ranking second, fourth and sixth highest in incidence of teen pregnancy. (Appendix A)

Children & Family Services - agency is a non-profit 501 (3) c, that works with low-income people in four rural West Tennessee counties, Tipton, Lauderdale, Fayette and Haywood. The agency, called C&FS, has worked with high risk pregnant women. Also, some work had been done to help young girls prevent second pregnancy.

The need to add a pregnancy prevention component to our agency's program became very evident when "State Health Statistics" showed Tipton County ranked number two (2), in teen pregnancy for the state. Such a program would have to be structured to meet the needs of the young women to be served.

Development of a plan for the pregnancy prevention program would consist of the following stages.

- Stage I -** Read materials from other projects, in state and out of state, of other teen pregnancy prevention programs.

Stage II - Select community women that are interested in working with community youngsters. Women that are willing to be trained for long-term employment.

Stage III- Identify at-risk individuals, having them field test the questionnaires and forms. Determine which instruments will be included in the plan.

Stage IV- Complete the report that will be used to plan an effective pregnancy prevention program.

A review of several successful programs provides a basis for including the observation of the impact of community paraprofessional to working with high-risk teens in their own communities. All successful reviewed programs showed staff consistency, confidentiality, accessibility, free services involvement of parents and provisions of educational and social services contributed to the programs success.

All successful programs need a method of evaluation, therefore my plan will include an evaluation process. A professional will be recruited to help with this process. We will be able to demonstrate quantifiable results after three-years of implementation. Information on participants, families, numbers of contacts, nature of contacts and etc. will be collected and compared to area with no intervention/prevention programs.

STATEMENT OF PROBLEM

Historically little information can be found regarding rural adolescence development, specifically cultural relevant intervention models or African-American youngsters. It is the noted exclusion of African-American and other non-white from social research that leaves a significant gap in the data needed to analyze, clarify and understand the needed components for a successful rural African-American Pregnancy Prevention Program.

Denial of ethnic, racial, sexual and cultural differences as key determinants in the failure of any community focused endeavor based in minority areas. Special emphasis must be given to variables such as sex, race, class and cultural orientation if we want these plans to work.

Traditional studies usually compare white females to Black families. There is little white recognition given to cultural variables that create the unique characteristics found in the Black Socialization Process.

Dr. Dorothy Jeffries-Anderson, noted Black Male/Female Relationship Expert has done on-going studies of African-American lifespan development and how this relates to sexual maturity. These studies allow program developers to test her findings through use of her various self-developed data collection instruments. This data can then be utilized to develop a workable pregnancy prevention program.

Pregnancy among teen-age female population in Tipton County was at an all-time high in 1985. African-American female made up only twenty per-cent (20%) of

the child bearing age population, but made-up eighty per cent of the teen-age pregnancy population and ninety-five per cent of the single parent group. These statistics make the need for a pregnancy prevention plan desirable as well as extremely necessary.

A successful pregnancy prevention plan must include those proven effective components clearly shown in all effective programs studied. These components are staff consistency, confidentiality, accessibility, parent involvement, culturally relevant, free and flexibility services.

The following evaluation report is the first of a three year project funded by the Kaiser Foundation, in its attempt to reduce the incidence of adolescent pregnancy. This particular project is significant and unique in that it is targeted toward an all Black group of female adolescents who come from rural communities. Second, project will be staffed and facilitated by an all Black team of professional and para-professional women.

The need for more extensive data on the culture-specificity of rural life is an area that has long been neglected and negated as a significant area to study. It is also significant that we generate data that is not projective but based on the realities of the participants involved in the study. Thus, we have attempted to eliminate any assumptions about what life experiences contribute to the sense of isolation or the excessive number of adolescent pregnancies that are steadily increasing among rural Black families. What we have tried to do is to "ask" appropriate questions; to "listen" for realistic responses and "hear" the true essence of the girls' existence from an approach of equality and acceptance.

Children & Family Services, Inc. is known to be culturally-sensitive, staff intensive, community involved and strategically located, so as to provide leadership to help curb the high incident of teen-age pregnancy among the African-American population of teen-age parents in Tipton County. A pregnancy prevention plan can provide the foundation for an effective, efficient, self-fulfilling pregnancy prevention program that can be replicated in any rural area that has the key elements for a successful program present in their communities.

DEFINITION OF TERM

The following terms have special meanings as they relate to this study. Their meanings are listed below.

- Success** - Favorable result.
- G.E.D.** - Graduate Equivalent Diploma - This certificate is given to persons sixteen years and older that pass an approved state test, instead of completing high school.
- At- risk** - Youngsters that live in circumstances that are most conducive to problems.
- High-risk** - Youngsters at greatest risk for problems.
- Tri-Counties Area** - Rural West Tennessee counties of Tipton, Lauderdale and Haywood.
- JWBLAQ** - Jefferies/Winbush Black Life-Span Assessment Questionnaire.
- BFSS** - Bright Futures Supportive Services is the name of the teen pregnancy prevention program.
- Piers-Harris Self-Concept Scale** - Cultural Sensitive Assessment created to assess Black children real feelings about themselves.
- Mentors** - Persons that youngsters look to for guidance advice and direction. A person that demonstrates interest in a child.

Natural Helpers - Women who are employed by C&FS,
that live in the communities and show a
genuine concern for the girls that they
work with.

Jefferies-Winbush Black Life Span Assessment -

Dr. Dorothy Jefferies-Anderson and her associates
created this assessment to gain more information
for African- American youngsters. **(used with her
permission)**

The Black Sex-Role Questionnaire - Assessment to
determine how Blacks define or see their sex-roles.

Rural West Tennessee - The twenty (20) counties west of
the Tennessee River, down to Shelby County line.

Dr. Dorothy Jefferies-Anderson- Dr. Jefferies-Anderson
has a PhD in Physiology and Counseling. An
independent consultant, she is male/female
relationship expert. Previously in Memphis, now in
Conneticut, but continues her involvement
in the Rural West
Tennessee area.

CHAPTER II

LITERATURE REVIEW

Any investigation of the literature reveals that most findings lead to a predominance of shallow speculations on the sexual virility of Black males and the wantonness of Black females. The validity and appropriateness are highly suspect since the speculations usually originate from designs that compare Black and White differences. Contrary to traditional speculations, I assume a more objective posture. This discussion and interpretation of Black female sexuality is more of a descriptive reporting of the feeling and thought of 40 Black females adolescences..

Findings from this study indicate that Black females receive a sexual orientation based on a culmination of ancestral, historical, and personal experiences. The myriad of experiences that make up Black American life produce a distinct socialization process for most Black females. Black women face a unique situation in that the sexual values they learn from their parents are counteracted, not only by the conditions under which they live, but also by observations of their parents' violation of the moral code they teach their daughters.

There is little doubt that most Black families are relatively conservative in their attitudes toward sex, however, environmental conditions are not conducive to a strict adherence to rigid sexual codes. Many young girls are distressed to see adult role models advocate puritanical attitudes while engaging in more liberal sexual behaviors. Thus, the double messages that are communicated leave parents with only

limited control over the young female's adherence to rigid sexual guidelines.

Data from this study revealed that several respondents engaged in sexual exploration at a very young age. An initial reaction to an 10 year old engaging in sex relations is typically one of shock, horror, and moral indignation. From a very tight, middle-class frame of reference such behavior appears to offer a moralistic point of validity and widespread sexual speculations are grounded in truth.

Hammond and Ladner (1969) offered a more realistic interpretation of sexual imaturation in Black communities. They contended that the child observer may imitate the open sexuality expressed by adult figures. Furthermore, an imitation that may occur at such an early age is not appropriately interpreted or evaluated by the child. Secondly, poor living conditions mean that many Black females are exposed to many dimensions of sex long before her White middle-class counterparts become aware of its existence. It is conceivable to find that Black females have their first full sexual intercourse some years earlier than the typical White middle-class female (Hammond & Ladner, 1969, pp. 44-45).

There are a number of speculations that could be made about early sexual exploration among young Black girls. One prevalent factor that encourages early sexual exploration is the recurring sense of apathy that shrouds many low-income families. Overwhelming conditions that foster joblessness, poverty, poor housing, and high crime rates leave very little energy for maintaining tightly structured moral lives. Furthermore, any objective comparison that is made between socialization practices adhered to by the dominant society and non-White groups must acknowledge the existence and impact of these factors on healthy development.

A second factor that must be taken into account is the role of the young girl in early sexual activity. It is biased to assume that all Black females are willing participants in initial sexual liaisons.

The process of socializing Black children must simultaneously occur on two levels. First, the child must be taught all behaviors that are sexually appropriate. At a very early age, she learns exactly what is expected of little boys and little girls. Secondly, parents must teach those tasks that are racially appropriate for her identified group and, in turn, the child must become indoctrinated with all accepted and/or valued customs.

In most Black families, there is a dichotomous standard employed when teaching appropriate social and sexual behaviors. Young males are taught to explore, to expand, and to develop open attitudes toward their physical and sexual prowess. In contrast, girls are denied opportunities to expand aspects of their social and sexual development. All social activities are keenly monitored and interaction with male peers is highly restricted. Girls are taught to be nurturers and to seek out fidelity, intimacy, and love. Obviously, the messages received by boys and girls are oppositional and the effects often surface in unsuspected ways. Although the solicitous concern expressed for females may be admirable, particularly when some communities are highly dangerous environments, the psychological significance of the messages conveyed to Black children may not have a positive outcome.

Young black girls who have not received healthy, clear-cut messages about their sexuality and appropriate roles will not be able to competently handle the tasks associated with sexual development.

Data were generated on female roles and responsibilities during adolescence. A cross-tabulation was conducted in Description of Self and Roles/Responsibilities to gain insight into how the perception of female tasks changed during this key development periods. In Table I there is evidence that the respondents were typically traditional in their perception of adult female roles.

TABLE 1
PERCEPTIONS OF FEMALE ROLES DURING ADOLESCENCE

Roles (N = 40)	Positive Descriptors		Negative Descriptors		Mixed Descriptors		Other		Row Total	
	n	%	n	%	n	%	n	%	n	%
Mother	3	7.5	2	5.0	5	12.5	2	5.0	12	30.0
Daughter	1	2.5	1	2.5	1	2.5	0	----	3	7.5
Sister	1	2.5	0	----	0	----	0	----	1	2.5
Friend	2	5.0	2	5.0	1	2.5	3	7.5	8	20.0
Wife	0	----	0	----	3	7.5	0	----	3	7.5
Lover	0	----	0	----	1	2.5	1	2.5	2	5.0
Homemaker	0	----	0	----	1	2.5	0	----	1	2.5
Breadwinner	0	----	1	2.5	2	5.0	0	----	3	7.5
Working										
Mother	0	----	0	----	1	2.5	0	----	1	2.5
Other	1	2.5	1	2.5	3	7.5	1	2.5	6	15.0
Total	8	20.0	7	17.5	18	45.0	7	17.5	40	100.0

According to the findings presented in Table II, 30% of the respondents cited "motherhood" as the primary function of adult women. Many respondents reported that they fantasized about becoming mothers with perfect husbands and middle-class life styles. Thus, the perceptions valued by Black female adolescents perpetuate the traditional view-point held by most American females (e.g., competent, contented, serene nurturers with model families).

An inspection of Table II reveals that throughout adolescence 63% of the respondents anticipated having a professional career. However, only 20% of these respondents described themselves in positive terms. As typical of most adolescents, 45% of the respondents were uncertain in their perceptions while 17.5% had negative images of self. Further inspection of Table I reveals that 15% of the total sample anticipated having a variety of occupations that did not fall within any predesignated category, while only 5% of the women anticipated having an unskilled job.

TABLE II
ANTICIPATED OCCUPATIONS COMPARED TO
DESCRIPTION OF SELF

Description of Adolescent Self (N = 40)

Occupational Choices	Positive Descriptors		Negative Descriptors		Mixed Descriptors		Other		Row Total	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Skilled	0	----	0	----	1	2.5	0	----	1	2.5
Semiskilled	1	2.5	1	2.5	1	2.5	0	----	3	7.5
Unskilled	0	----	1	2.5	1	2.5	0	----	2	5.0
Professional	4	10.0	3	7.5	13	32.5	5	12.5	25	62.5
Business	1	2.5	0	----	0	----	0	-----	1	2.5
No Response	0	----	1	2.5	0	----	0	-----	1	2.5
Other	2	5.0	1	2.5	1	2.5	2	5.0	6	15.0
Total	8	20.0	7	17.5	18	45.0	7	17.5	40	100.0

BACKGROUND FOR PLAN

Teen-age pregnancy is a problem all over the country. But in rural areas the problem appears to be overwhelming. The purpose of this plan is to address or target African-American adolescent girls who live in the services area. C&FS is a non-racial, not-religious, non-fraternal organization providing comprehensive educational, social and recreational services under a family of inter-related, yet independent programs. The existing family of programs seeks to impact on the lives of the community members to whom these needed services are least available.

This plan has a "mentor" component that is vital to the success of any program that deals with this population. The women who serve as mentors or "Natural Helpers" must develop a reciprocal relationship with these youngsters who might not have access to personal, career and educational opportunities due to their rural environment.

The basic ingredient for success is a trusting relationship. Only people can make that happen. Therefore, the plan will call for careful selection of Natural Helpers. The minimum educational requirement is a high school diploma or a *G.E.D. But, the equally important requirement is love, respect and commitment to young people especially African-American youngsters.

The targeted population appears to be more "at-risk" than other ethnic groups. The rural Black female appears to be significantly hard pressed to cope with pressures of teenage sexuality, increased child-abuse and frequent incidences of family violence and/or apathy. Black youth who once found themselves "protected" from inner city ills

are no longer able to rely on rural isolation as an escape from contemporary social concerns. Thus, many young rural girls find themselves caught up in a triple dilemma of being in isolated communities. Limited outside resources and lack of individual awareness create a sense of apathy and absence of personal power especially among rural teenagers.

It is very evident that these "high-risk" children lack self-esteem and self motivation. As a result many of these children have fallen victim to teenage crime, violence, substance abuse and teen pregnancy. Thus, a plan to address any of these problems would be definitely needed. Also, the action to address either problem would help to reduce or eliminate other related problems.

"The age group of greatest risk is early teens and/or pre-teen girls, starting at age nine (9). Because it is critical that these girls be followed through high-school, it is practical (cost consideration) to start at first year of teens, thirteen (13). This is a crossing over period for rural girls. They are no longer considered a child, but they are not certain about becoming a woman. Although, while it is desirable to start as early as nine years, a program beginning with girls age thirteen can work." Jeffries (1988)

Also essential is the program title. It must not be stigmatized with a name that denote "expecting pregnancy". Girls must feel that they are part of a special group of peers. They do not want to be seen publicly as having early sexual experiences. Therefore, the name of the program is important. A name like "Bright-Futures" or "Teen Connections" does not give a clue that early pregnancy prevention is the ultimate goal

The plan will show number of youngsters per worker, type of forms for selecting

kinds of activities and length of time for best results. The plan will be to arrange a combination of effective materials, an appropriate setting and necessary people in written documents for a workable pregnancy prevention project in Rural West Tennessee for teen agers.

TARGET POPULATION

Views on the causes of unwanted pregnancy indicate that puberty is first vulnerable stage, followed by a second stage of mid-adolescence. Adolescent women are likely to become pregnant soon after they become sexually active. One study shows that one fifth of 544 women became pregnant within six months of becoming sexually active. This data, and the fact that among sexually active female adolescents are least likely to use contraceptives, suggest that the target population must include adolescents ages 13-14 years.

BLACK ADOLESCENT DEVELOPMENT

Lewis (1988) describes three phases of adolescent development that are experienced by young girls. She states that the process of development is tenous and stage-oriented with no definite boundaries. Development is a proces but the three indentifiable boundaries are clearly marked by specific tasks and characteristics.

They are:

Early (Pre-)Adolescence - occurring between ages 10-14. Emphasis is on biological and physical maturation is almost complete. Sex-related development continues as body fat increases around hips, thighs, calves and pubic hair growth increases. Sex hormones increases and girls asume a womenly appearence. Emotionally, family relationships undergo much strain as the child moves further towards in individuation.

Mid-Adolescence - occurring between 14 and 17 years; later physical changes are approximately 95% complete. Emotionally, the child is closer to

peers and contacts outside the family. Much strain is placed on the adult caretakers as they attempt to understand the numerous changes and mood-swings experienced by the female adolescence.

Late Adolescence - Emphasis is on emotional and cognitive developmental process. The child tries to reconcile her need to be separate and her frequent need to be dependent on family; there is a need to identify her individual and female selves with the corresponding outside perceptions of her self-worth.

A great deal of time is spent in trying to clarify values, make decisions and weigh consequences of proposed behaviors and actions.

In addition to normal development processes, the child is pressed to acquire a cultural identity in line with her feminine identity. Questions and issues are centered on perceived values of self, group affiliation and overall feelings of self worth.

A cultural dilemma is also created as the girl struggles with the issue of what is more important, being female or being Black. The conflict may resolve itself in the exhibition of a number of inappropriate behaviors, attitudes and social consequences.

TEEN-PREGNANCY

The outcome of adolescent pregnancy has created negative implications and consequences for all aspects of society. Specifically, we can review health related statistics (Tennessee Department of Health, 1986) to identify some common problems

resulting from adolescent pregnancy. Department of Human Services (1986) report that children born to adolescent mothers are at greater risk of abuse and neglect.

Using a sample of all children born in Tennessee who were three, nine and fourteen years old during FY (1986) some 23% had been born to teen mothers. However, 37% of all of the three, nine and fourteen year olds reported abuse or neglect in FY (1986), had been born to teen mothers.

INTERVENTION

The lifestyle of the rural adolescent female is very similar to that of her Black urban counterpart. Unfortunately, living in a rural community does not isolate one from the contemporary problems facing most teens. There is still the struggle to separate from family, formulate an identity of self and develop a relationship or perception of the world-at-large.

Particular concerns of the Black female adolescent are further impacted by some debilitating factors. According to Baker (1982), the following variables are likely to affect normal Black development. For example:

Child is likely to live with one or neither parent;

Child is likely to have their father die;

Child is disproportionately more likely to live in a government operational institution;

Child is more likely to have a working mother who earns minimum wage or less;

Child is more likely to be placed in special class or repeat a grade.

The listed factors indicate that by mere virtue of being Black and female, the adolescence has an array of social, political, historical, and economic issues to contend with, before she can make any major moves toward acceptance of sexual and group identification.

The primary objectives of the pregnancy prevention plan is to create and provide culture-specific activities for African-American adolescence in Tipton County. The county like the other served by Children & Family Services is disproportionately represented in teen-pregnancies, substandard housing, school drop-out rate and level of poverty. Second, the plan will attempt to increase the perceived life options and personal competencies experienced by both project staff and participants.

The plan provides an effort to reduce the negative perceptions associated with being rural Black female adolescents.

CHAPTER III

METHODOLOGY AND PROCEDURES

This study was developed as a result of the growing concern about the increased incidence of pregnancy among teen age girls, ages 10 - 17 in our tri-county area. The group survey and individual interview methods were used to gather information from the participants in this study.

Forty-five Black females, 13 years of age and living within the geographical boundaries of the Tri-County service area, which is a rural community, were identified as at-risk individuals. They were selected to field test the questionnaires and forms.

The questionnaires were developed by Dr. Dorothy Jefferies, Human Development Counselor and Independent Consultant, Memphis, Tennessee. Dr. Jefferies was affiliated with Vanderbilt University, Nashville, Tennessee for Doctoral Studies.

Three separate instruments were administered. They were the Jefferies-Winbush Black Life Span Assessment Questionnaire, The Piers-Harris Self-Concept Scale and The Black Female Sex-Role's Development Questionnaire. Each instrument was selected to elicit individual and group data regarding self-concept, Black female development and sex role identification.

Initially, each girl was asked to complete a demographic data profile and then was scheduled for an in-depth interview. Each interview lasted approximately 35-45 minutes and was conducted by a Black female evaluator. Having

the evaluator of the same sex and race as the participants hopefully increased the culture specificity of the survey questions and increased openness and authenticity of the responses given.

A second group meeting was scheduled and each girl was asked to complete a self report inventory on self-concept (Piers-Harris). In order to avoid any discrepancies due to various reading levels, each item was read by an evaluator. A third contact was scheduled to administer the sex role survey. Again, the evaluators read each question aloud to increase accuracy of data.

There was no further contact with participants for approximately two months. The participants were given pamphlets, books, the use of video and telephone numbers for questions to be answered. At the end of the second month, the participants were administered the Piers-Harris Scale to obtain post test data.

The original sample consisted of forty-five Black female adolescents, all of whom were thirteen years of age. At the end of the two months, there were only forty participants. Five of the girls moved to unknown whereabouts and was not available to complete the post test.

The collected data was interpreted by Dr. Dorothy L. Jefferies. She scored it to give an indication of need in the community.

Dr. Jefferies gave our agency permission for revision and reprint for use in our agency's program.

PARTICIPANTS:

The targeted population is 13 years of age. The participants were recruited Tipton County. None of these participants had no known pregnancies or births at the time of acceptance into the program. The 40 participants were recruited from the same communities. or school.

STAFF:

As stated previously, the entire staff and management of the BFSS Project will be facilitated by adult Black women who are either professional staff or "Natural Helpers" from the same targeted communities. The evaluation and data collection utilized in this study was also designed and implemented by Black females. Thus, the intent is to provide a rigorous analysis on Black female development and provide culture-specific controls to reduce the possibility of research bias and interpretative assumptions from contaminating the findings.

PROGRAM:

The plan was designed to elicit developmental data on the tasks and characteristics associated with rural adolescent development.

Initial data on sex role development and self concept was collected on each participant. The Black Sex Role Survey provides baseline attitudinal data on role expectations, gender identity and sexual values among the respondents. Results from the preliminary data will be compared with additional data to be collected.

The Piers Harris Self Concept Scale was used to determine level of self esteem

and perception individual relationship to significant others and the general environment.

PROJECT DESIGN/DESCRIPTION MODEL

Target: Thirteen (13) year old Black Female who lives in Tri-County area.

Recruitment: Door to Door, agency referrals, school, etc.

Criteria: Any 13 year old who has no known pregnancies, but who are considered high risk due to another family member's early pregnancy, an increase in community's reported pregnancies, etc.

Number:	Treatment	Control
	40	40

Geographic

Location: Participants will be recruited from:

- Tipton County (program site)
- Lauderdale County - 15 miles
- Haywood County - 27 miles
- Fayette County - 33 miles

Staff: Four African-American who are residents of the Tri-County area. As Natural Helpers, two Black Females as consultants, one Black female Program Director and a Black female as Agency Director.

PROCESS:

1. **Program receives referral.**
2. **Initial contact is made by a Natural Helper from that particular county** (Introduction of Program).
3. **Second contact made by Natural Helper to schedule first home visit.**
4. **Meeting with Parent and Child** (Introduce program, explain activities, get intake forms completed.) **(45 - 60 minutes)**
5. **Home visit #2.** Complete all paper work, arrange transportation for 1st group session; schedule next home visit. **(45 - 60 minutes)**
6. **Get Acquainted Session.** First Group Session (1 hour rap session with Natural Helpers acting as facilitators). Initial interviews with Consultant and Group's Completion of Peirs Harris Survey. **(5 hours)**
7. **Weekly home visits made by Natural Helper.** If visit is cancelled or missed telephone follow-up. **(60 - 90 minutes)**
8. **Second Consultant Visit** - Complete remaining protocols, interviews, etc. **(5 hours)**
9. **Group sessions scheduled for every other week.** (2 x per month) **(5 hours each)**
10. **Third Consultants visit.** Post data collected on Peirs Harris; Evaluation Group with participants. **(5 hours)**
11. Phone contact maybe initiated p.r.n. by either participant or helper.

BFSS PREVENTION MODEL WITH 13 YEAR OLD GIRLS

PROCESS OBJECTIVES	POTENTIAL MODERATING	OUTCOME OBJECTIVES	IMPACT OBJECTIVES
2 - 1 hour counseling sessions per month (12 months)	SES	Participants will: express concrete educational vocational or career aspirations.	Reduction of early pregnancy among black adolescent females in a rural community.
2 - 4 hour life planning group activities on: a. Career Options b. Educational options c. M/F Relationships d. Personal Development	Community Size	Make personal/ phone or written contact with an identified female in a chosen occupation.	Delay Sexual Activity Among High Risk Black Female Adolescents
1 off site recreational activity or field trip 4 x per 12 month period		Exhibit negative attitudes toward early parenting and/or leaving school.	N-40 (13 years of age)
Follow up contact every 30 days for three (3) years.		Exhibit positive behaviors/ attitudes toward personal improvement, post school training, etc.	

CHAPTER IV

ANALYSIS OF DATA AND FINDINGS

ANALYSIS OF DATA

Dr. Dorothy L. Jefferies, our Consultant from Human Development Counseling and Jefferies & Associates, Memphis Tennessee, analyzed the data obtained from the survey instruments.

Piers-Harris Self Concept Scale

The data obtained from this instrument (Appendix E) indicated that there was a significant increase in reported self concept scores. The pre-test group scored answers positive, 36 out of 40 times. However, post-test data indicated this was an overall increase of 9 points for the group. Thus, the post-test positive answers were given, 27 out of 40 times.

Individually, the average increase was significantly higher. It should be noted that two of the participants dropped in reported scores but the 1 to 2 point drop did not appear to indicate any significant areas of concern nor was the overall group score significantly impacted.

The data on self-concept was analyzed according to key development categories. They were: Behavior, Intellectual, Physical Appearance, Anxiety/Self Confidence, Popularity/Peer Relationships and Happiness/Life Satisfaction. A comparison of these areas indicate a positive increase in appropriate responses. Although one has to consider individual variation in interpretation of value oriented

items, there appears to be valid consistency in group and individual responses. Items such as "I do bad things" are subject to individual morals and values but the validity counts because of the individual's judgement of "good and bad".

Demographic Data

The following demographics were compiled based on self report data obtained from the Demographic Profile Sheet. The generated data provided basic information on housing, religion, recreation, responsibilities, work experience, career goals/occupational choice, future plans and perception of self and others.

Housing--According to the data, 44 per cent of the respondents lived in public housing and 56 per cent lived in private housing. Average family size consisted of 5.1 persons. Seventy-five percent of the respondents came from single parent families headed by mothers. Thirteen percent came from two-parent families; 6 per cent lived with a grandparent and 6 per cent lived with a step-parent.

Religion--Religion was reported as a significant factor in most of the respondent's lives (81%). Thirteen per cent stated that they attended church on a frequent basis and 6 per cent stated that they did not attend church except for special occasions. Specific religious affiliation were: Baptist - 44 per cent; Church of Christ - 31 per cent; Methodist - 12.5 per cent and Other - 12.5 per cent.

Hobbies --Participants were asked to report any hobbies or recreational activities. Reported activities included: Girl Scouts, reading chorus and watching television. A significant 44 per cent reported active athletic involvement such as basketball, swimming and tennis as major pastime events.

Responsibilities--A significant 50 per cent of the participants reported household tasks and child care responsibilities as major chores. Other tasks included school work (13%) and 37 per cent reported no special responsibilities.

Work Experience-- Many of the participants reported having work experience in a variety of settings. A total of 44 per cent stated that they had worked on an outside job for pay. Specific jobs included the following: babysitting (4); picking cotton (1); housekeeping (1) and picking peaches (1).

Career Goals/Occupational Choices--- The following careers were reported as future occupations. They were: medical doctor (4); actress (2); housewife (4); factory worker (1); coach (1); teacher (1); beautician (1); lawyer (1); basketball player (10) and chef (1).

Future Plans --Thirty-eight per cent of the girls reported plans to attend college, 25% stated that they would get married right after high school. One student stated that she wanted to live a long life. Two respondents stated that they expected life to be "long and hard". A third girl stated that she did not have any plans for the future other than "just being responsible". Finally, one of the girls planned to work in local factory and one planned to get a "good job" (non-specified) and buy a "nice" house.

DESCRIPTION OF SELF

Each girl was asked to describe herself using as many adjectives as possible. The following descriptors indicate the most frequent characteristics reported. Characteristics such as "friendly, caring, funny, quiet and smart" were mentioned by several girls. Other characteristics focused on physical descriptors such as height,

weight, skin tone, hair (length), etc. Overall, a significant number of the girls reported positive perceptions of self. Those who reported negative perceptions typically cited common concerns such as complexion, hair and/or weight.

It was important to determine whether the girls considered anyone to be a special person or significant other in their lives. 100% of the girls reported "yes" that they did have a favorite adult person who made them "feel special". 38% reported "mother" as the most significant person in their lives. However, when asked about favorite persons, only 13% cited mother. In contrast, 25% reported "grandmother" as their favorite person. Analysis of the data indicated that "mother" was often viewed as disciplinarian and was frequently reported as being in conflict with the respondents, especially regarding rules, restrictions, etc.

Fathers were regarded as a significant other by 6.2 per cent of the sample and most favorite by 13 per cent. These findings are not easily generalized because of the low representations of fathers who were present in the lives of the respondents. Or, the girls were influenced by the mother or other family members' positive or negative attitudes. Other identified special people included teachers, coaches and older siblings.

Generally, analysis of the *JWBLAQ (Appendix D) indicated that this group of girls are in pre-adult stage of development. They are currently dealing with such tasks as resolution of group identify conflicts--being Black and female and what that means outside of the immediate family structure. The struggle for autonomy and

independence is normal and age appropriate but many young girls become stuck in this phase unless they are equipped with the cultural tools needed to develop positive

self identity in addition to acknowledgement of and acceptance of who she is and perception of her position and affiliation with the world at large. Thus, the respondents are at a good basic point of continuing to complete the special tasks assigned to Black females in a progressively healthy manner. The primary tasks being to solidify a positive acceptance of self, exploration of future and a move toward separation and independence. Activities provided through **BFSS appear to offer not only appropriate intervention to prevent teen pregnancy, but the use of Black families in a mentoring posture offer an even stronger influence -- the acceptance of self as a potential Black woman.

SEX ROLE DEVELOPMENT

A total of forty girls completed the sex roles survey. This questionnaire was designed to elicit attitudinal data on sex role development among Black female adolescents. The instrument was designed specifically for this project and focused on areas of physical maturation, body image, sexual identify and interpersonal relationships.

The survey was administered to the group and each girl was asked to complete a pre-coded form to maintain confidentiality. Also, several items on the survey were considered to be highly sensitive in nature. Items such as "Have you ever been pregnant?" might prove to be uncomfortable areas of discussion.

General items were designed to elicit information regarding teen pregnancy, attitudes towards males, dating patterns, etc. Results from the survey indicated that 87% of the respondents reported positive perception of body image. Specifically, 80%

reported positive feelings about specific facial characteristics (e.g. looks, smile, teeth, eyes and nose). In contrast, 13% stated negative responses regarding weight, height, hair or complexion-skin tone. Sixty-seven percent of the respondents had started their menses and sixty percent reported negative feelings about the inconvenience/discomfort of "periods." A total of 53.3% were knowledgeable about body changes, maturation processes and biological functions of the female body. In addition, these girls reported that they had discussed all, or at least some, of these issues with a significant female adult.

Sixty percent of the respondents reported an active interest in boys and 13 percent state that they are currently "involved with a boyfriend." General perceptions of males typically focused on physical characteristics such as "pretty eyes," "fine brod," or "cute." However, when queried about males as potential dating partners, the data shifted drastically. A pattern of negative attitudes and some stereotyping was definitely present in a majority of the responses. A large number of the girls seem to give males all of the sexual power over whether and when intercourse should occur. Statements such as "They only want one thing;" "They take what they want and then leave you;" or "They use you and then talk about you" leaves one to conclude that these young females are already formulating negative perceptions of males, and, although they profess to "like" boys, they are expecting to be eventually used, hurt, abandoned or constantly suspicious and on emotional guard. This data should be noted as significant in planning future interventions and program activities. Preteen females are desperately in need of preparation and advisement of dating choices, exploration of relationship options, and discussion of male sexuality and general relationship issues.

Ninety-four percent of the respondents stated that they are highly supervised by parents and older siblings. Only six percent reported that they are currently dating and reasons for not dating ranged from parental restriction, fear of pregnancy to age limitations. Thus, sexual activity was reported to be limited among participants. Ninety-four percent stated that they were not currently involved in a sexual relationship--periodic nor regular. However, the romantic notions expressed by some of the respondents imply some confusion regarding dating, sex roles (males and females) and ideas about romantic love. Fifty percent of the respondents stated a belief in teenage love and stated that they believed in the ability to remain "faithful" and maintain a long term "one on one" relationship. Eighty-five percent of the respondents stated that teenagers should not engage in sexual intercourse but responded that should a girl become sexually active, she should at least be in love and should only have sex with one boy at a time."

Ninety percent of the respondents planned to get married at an average of 22.2 years. Sixty percent indicated a desire for children, ten percent stated "maybe" they would consider children and thirty percent stated absolutely no plans to have children. It should be noted that many of the girls who were adamant about not having children were either from large families where they had a great deal of child care responsibilities or were those who felt that they were not "really" wanted by a parent.

In the event of becoming pregnant, the girls were asked to list their options and to anticipate parental response. Fifty percent of the girls reported that their families would be supportive. When queried as to why, responses were general. For example, "because they love me" or "because they don't believe in abortion." Reasons for non-

support were precise and graphic, such as "they would kill me before I had the baby," "my whole family would disown me forever." It should be noted again, that the respondents as a group seem to be more concerned with external rules and restrictions as opposed to exhibiting or stating a personal position on the subject. This pattern was noted on several other occasions and particularly during any of the group discussions.

When compiling the list of concerns faced by adolescent girls, teen pregnancy was cited as a number one concern by 85% of the respondents. Peer pressure, "wanting to be liked," and the fear of peer rejection were considered to be second and third choices. Other concerns mentioned by individual respondents were: being watched by family member; not being trusted to do anything on your own; being ignored by everybody; having too many brothers and sisters, and, as one girl so concisely summed it up--"just plain old growing up and trying to get there."

Perception of life options and career goal did not appear to be of significant importance to respondents, or they were not aware of available options. Only 15 percent reported a desire to pursue a stated career goal (e.g. attend medical school). Most of the girls were very narrowly focused on immediate goals such as making the basketball team or running track, getting a job in one of the local plants. Specifically, 55 percent focused on plans to finish high school, "18 percent focused on getting married " and 27 percent planned to get a job in town.

SEX ROLES DEVELOPMENT

Findings:

A total of forty females were administered the Black Sex Roles Survey. The test was administered as a group and each respondent was asked to complete a pre-coded form to maintain confidentiality and to encourage openness in recording individual responses.

The form was designed to elicit data regarding perception of gender identity role expectations, sexual values, body image and attitudes towards males.

General items were interposed with provocative and/or highly sensitive items to minimize any discomfort regarding sensitive issues (sex, pregnancy, abortion, etc.).

Observation made by this evaluation revealed no major discomfort on problems with the survey. All of the respondents seem to understand the language, wording and intent of the question asked. Total time allowed for the survey was 40 minutes.

Results from the survey suggested that Black females are typically preoccupied with body image. Seventy-eight percent (78%) rated physical appearance and desire to change as a major area of concern. Particular emphasis was on physical make-up, body size, etc. Ten percent (10%) of the respondents expressed a desire for different facial features (eyes, nose, lips, etc.). Twenty-two percent (22%) desired a change in skin color or complexion tone. Frequent responses were:

"I'm too dark and black";
"I wish was light skinned like S with long hair";
"I know I'm pretty because I'm light skinned".

Other variations of desired change related to hair length, texture, etc.

What appears to be surface expressions of teenage dissatisfaction is actually indication of low to minimal feelings of self esteem. To desire changes in weight is coincidental to Western Society's preoccupation with self. However, the underlying theme of desiring impossible skin changes or hair textures, hints of the continuation of old stereo types and myths.

One-hundred percent (100%) of the respondents had matured to the point of experiencing menstruation. Ninety-eight percent (98%) reported negative feelings about the menses and the implications that has for females. Specifically, irregular "periods" "painful menses" and just the general inconvenience of the "curse".

On the other hand, the respondents were noncommittal about their perceptions of the positive aspects of being female. Most responses related to physical make-up ("I look cute in dresses") to "I cannot think of too many things other than having a lot of responsibility."

When asked about boys 96% stated that boys were "cute", "look good", etc. When asked the negative about boys: "they only want one thing"; "they just use you or hurt you"; "boys cannot be trusted".

The perceptions and attitudes toward males seem to set the ground work for later conflicts between adult males and females. The contention that males are "suspects" and that females are and should be "suspicious" of them becomes the typical back drop for conflicts that frequently undermine healthy psycho-sexual development, particularly among Black families.

Furthermore, the stressor of being "on guard" in a natural setting and phase of

development such as dating seems to encourage the female to assume the role of "powerless victim" and empowers the male to take advantage of her sexuality.

The lack of personal power or feelings of powerlessness leaves the average female with a sense of no control over her own body and thus she is at risk to succumb to his sexual urgings.

This thought seems to be validated in the significant number (65%) reported a concerned fear of becoming pregnant. These same respondents stated that a program such as BFSS would help them not get pregnant. Again, the emphasis is on the female's lack of personal power. The idea seems to be that "pregnancy" is something "might happen to you simply because you are a female".

The attitude toward teen sexuality appears to be relatively conservative among this sample population. Eighty-seven percent (87%) stated that sex among teens is not appropriate. The remaining 13% responded with a variety of answers but the most frequent answer was: "If you're in love, its okay". Only 3 % stated that teenage sex is appropriate.

Thus, we see a pattern that suggests that teens basically "happen" into sex and as we are aware, they give little thought to the consequences of irresponsible intercourse. However, the pattern makes sense if the female feels that she is:

- a. Reacting to someone else's decision (peers/males);
- b. unable to say no because he wants too;
- c. convinced that pregnancy is something that you just fear without personal recourse.

Finally, a total of 90% stated that they were not sexually active. Of the 10% who stated that they were sexually active, only 3% reported that they have sex on a regular basis. The other 7% reported that they had sex on a one time or infrequent basis.

Overall, the focus of rural Pregnancy Prevention Plan for adolescent females might consider the following program goals:

- a. To increase a sense of personal empowerment among rural Black females;
- b. to increase the participant's experience in proactive decision making skills;
- c. to increase opportunities for adolescents males females to experience positive social interaction.

Findings

The data derived from this study should be closely reviewed and noted as a "red flag" on a much needed area of investigation. In studies involving female development and issues related to this area of development, many social concerns have a different significance for women and still more so for Black females. The current onslaught of teen pregnancy, child abuse, incest and other forms of sexual abuse now pervade the lives of many young girls. Emphasis must be put on increasing feelings of personal worth and empowerment. Girls must experience structured opportunities for exploring role options, assertive behavior and other trial and error means of positive modeling would increase the individual's ability to make age appropriate decisions for self.

A second area to be explored is the emphasis placed on skin tone, hair and perception of self worth. Many young girls continue to internalize many sexist and racist attitudes towards self and other group members. The implied value of "light skin versus dark skin," or "boys can do many more things than girls," could significantly impact the psycho-social development of these girls. Proactive programs designed to increase positive self concept are sorely needed, especially among rural teenagers.

Finally, preteens need an extensive course in interpersonal relationships. Young females need to understand the dynamics of male-female relationships, selection of dating partners, dating patterns and sex role development.

A pregnancy prevention plan must address self-concept and other personal areas that teen-agers find important.

A pregnancy prevention plan from my agency will encourage these findings.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The months spent in contact with the forty (40) girls gave me a clear indication of the need for more services, especially those that concentrate on personal growth and development, which are developmental factors in choosing alternatives to early child bearing.

Having worked with high risk pregnant women for eight years, the need for early pregnancy prevention was acute in my mind. The project allowed me to verify the assumption that girls need to feel good about themselves first and they will eliminate the negative behavior that causes pregnancy, drug-use or school failure.

The forty young women with whom I worked closely were considered at highest risk because of economic status, appearance, teen-parent history in family and behavioral problems.

The parents of each girl gave written consent. They expressed appreciation for my interest in their child.

The two key factors for an effective pregnancy prevention program are (1) caring-concerned person who will accept and respect the girls and allow them to trust that all will be confidential, (2) That a program must not be stigmatized with a title that is negative like "pregnancy prevention." The girls must be given a positive setting, that is non-threatening, for an open honest exchange that will allow changes in behavior to occur.

Important is the fact that all Natural Helpers working with this population found the need to continue their own education. They further established a bond with these youngsters that goes beyond a working relationship. All Natural Helpers showed remarkable improvement in job interest, performance and educational advancement. All have established themselves as valuable employees for Children & Family Services Agency.

FIELD PLAN - 1989

(Written, Implemented as BFSS Program)

Introduction

My field project will be the implementation of a Pregnancy Prevention Program. It will operate in Tipton County, serving fifteen, thirteen year old teen-age girls. The name of the program will be Bright Futures Supportive Services (BFSS). This name is selected because of the positive image that it evokes. The essence of BFSS will be the lay-home visitors, known as Natural Helpers. They will visit the identified teen-agers weekly and conduct group interactions once each month. Natural Helpers are community women that have similar background like the girls they work with. But, because of guidance, love, and support from families and friends these women were able to overcome problems and become productive citizens.

The overall goal is to redirect teen-agers that are at high-risk for becoming pregnant. The girls are selected by Natural Helpers from the community, or from referrals by other girls, or community people. Each girl and her parent will be approached by a Natural Helper and told about the program, she will be solicited to participate.

Each girl will be assessed by a professional to discover her strength and weaknesses. An Individual Program Plan will be written to help each girl discover her maximum potential. The plan will be structured to allow the girls to make choices about the direction of her future. While keeping in mind her background, lifestyle, family support and compatibility with Natural Helper.

The project will be fully implemented in six months and will be evaluated after another six-months of observation of staff and Bright-Future clients. This project will take one year to implement and access. But, the impact can be everlasting. This project can pave the way for on-going activities in rural communities, especially working with high-risk minority teen-agers.

The project will take place in Tipton County, rural West Tennessee. The home-visitors and teenagers will be residents of Tipton County. Groups will be held at the Children & Family Services Agency. The agency is a community focal point for children.

My personal training and experience is in Health and Social Service issues. I have been a Licensed Practical Nurse since 1968 and I worked eight years for the Tipton County Department of Human Services. But, my commitment to children has been with me, since I became an adult.

We have children that are now adults and each child has adjusted as they moved from one growth phase to another. This has not been the case for other children in our neighborhood. Although, when our children were home we had an opportunity to help a few because they were often in our home. Now that my children are no longer in the home I have continued to help through community involvement. Children & Family Services was started by a group of us, seven years ago (name changed in 1991). We provide services for low income minority families in three of Tennessee's poorest counties, Tipton, Lauderdale and Fayette. We have provided programs never offered to the Fraizer Community population before Children & Family Services.

Target Area Background

Tipton County has a population of approximately 33,000. Covington is the county seat with a population of about 8,000. Of these city residents, 36% are low income minority, living in the Northwest area of town, known as the Frazier Community. The young people that we assist know that we are part of their community. Although we cover the entire county, most of the African-Americans are in Covington in the general area of our office.

There are limited opportunities for young people in the area. C & FS offers the only source for recreation, community involvement and employment within the community.

Tipton County ranks second in the State of Tennessee for counties with highest teen-age pregnancy rate. Among this population African-American girls rank highest. Therefore, a pregnancy prevention program sponsored by Children & Family Services, Inc. for high-risk African-American girls should prove very beneficial.

Mission Statement

The purpose of Bright-Future Supportive Services is to provide training for selected teenagers, helping them learn to postpone early sexual activities, thereby preventing early pregnancy.

We expect to stimulate each girl's interest in taking responsibility for her own future. To offer alternatives to early sexual encounters by providing information that will allow participants to know it's alright to say "No". To provide structured group-sessions for participants to learn personal hygiene and improve basic skills.

Goals and Objectives

- Develop a project document that will describe a unique option for Tipton County African-American teen-agers.
- Identify and train community helpers to work with these girls.
- Identify and select project participants.
- Involve program participants in the development, implementation and evaluation process.

Planned Activities

- Review other teen-age pregnancy programs and develop a project document for implementation in Tipton County.
- Recruit & hire three (3) adult supervisors.
 - a. Thru community contact identify women that have a history of being supportive to youngsters - Approach these persons about opportunity to earn extra money by helping in the project.
 - b. Ensure that staff is familiar with projects goals & objectives by providing orientation and on-going training.
- Contact High School Counselor, Human Services personnel to develop a list of potential at-risk teen-agers.
- Involve Natural Helpers in the selection process of the participants.
- Plan monthly group activities around participants needs.
- Natural Helpers will report progress of participants on weekly basis.

- Project evaluation will include input from Natural Helpers, participants and community leaders.

Assessment of Feasibility

The Bright Futures Supportives Project appears to be long overdue in Tipton County. Six years ago Tipton County did not have as high teen-age pregnancy rate as today. If a project had been implemented when the incidence started to increase, Tipton might not be second in the entire state.

Our experience with the Maternal-Infant-Health-Outreach-Worker (MIHOW) Project and using the home-visitors model for high-risk pregnant women, make us believe the project will succeed for non-pregnant girls. Our experience with training, motivating and guidance to these women provides us with the most valuable resources any project need. These resources are commitment and manpower. All other obstacles can be dealt with as they arise. But, people committed to helping other people is a must for this kind of program.

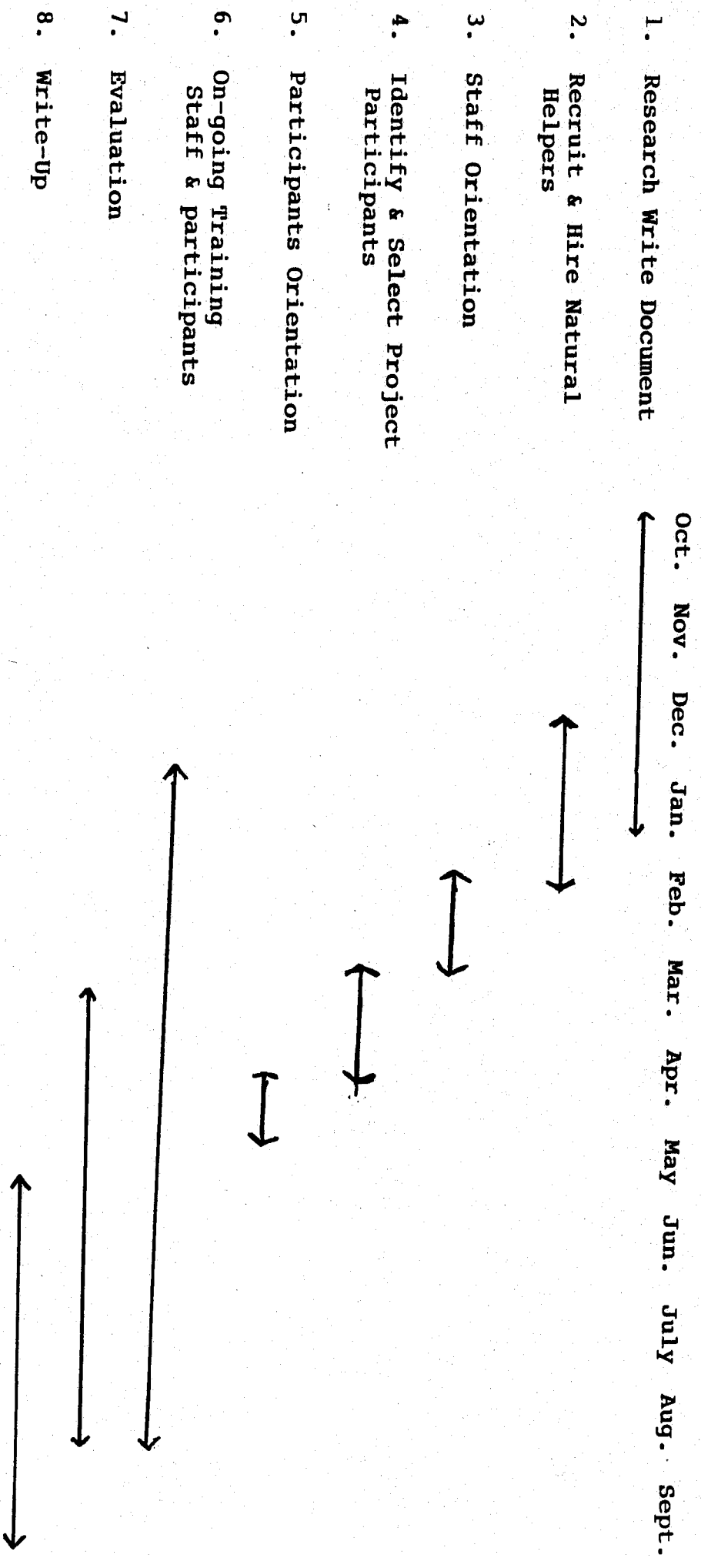
Evaluation

A professional will be used to assess the participants. She will be asked to write an evaluation of changes in participants. She will be asked to write an evaluation of changes in participants. A critical analysis will be obtained on the effectiveness of the project from a professional point of view.

Participants will be given periodical questionnaires to judge if information is being retained. This information will be used with other participant information to evaluate the effectiveness for the participants.

All the information gathered will be used for a written report about the effectiveness of the program and the potention for duplication throughout the rural area in the state.

TIME TABLE OF ACTIVITIES



APPENDIX A

1985-1987 RESIDENT TEENAGE PREGNANCY RATES* BY COUNTY
AGE OD WOMEN: 10 THROUGH 17 YEARS
IN DESCENDING RANK ORDER

COUNTY OF RESIDENCE	NUMBER	PREGNANCY RATE	COUNTY OF RESIDENCE	NUMBER	PREGNANCY RATE
Shelby	5333	35.3	Hambleton	178	19.3
Tipton	214	30.5	McMinn	153	19.3
Hamilton	1544	30.2	Jefferson	105	19.0
Lauderdale	116	29.7	Hardin	79	18.8
Davidson	2298	29.3	Scott	81	18.8
Hardeman	141	28.8	Roane	168	18.8
Madison	398	27.9	Weakly	103	18.6
Haywood	124	27.8	Anderson	215	18.5
Dyer	178	27.0	Greene	180	18.5
Rhea	133	27.0	Sevier	144	18.5
Marshall	92	26.9	Carroll	92	18.5
Cocke	140	26.3	Putnam	152	18.2
Campbell	184	25.6	Overton	58	18.2
Bedford	129	25.6	McNairy	75	18.1
London	124	25.4	Lincoln	83	18.0
Lake	34	25.1	Wayne	48	17.9
Gibson	214	25.0	Lewis	39	17.8
Hickman	68	25.0	Sequatchie	32	17.6
State	20,899	24.6	Clairborne	85	17.5
Giles	109	24.6	Trousdale	18	17.1
Coffee	170	24.3	Lawrence	109	16.9
Bradley	318	23.3	Morgan	56	16.9
Marion	109	24.4	Sullivan	411	16.6
Knox	1220	22.9	Meigs	24	16.6
Benton	58	22.8	Warren	100	16.5
Blount	303	22.5	Hawkins	131	16.3
Mauzy	209	22.2	Jackson	26	16.1
Henry	105	21.9	Washington	249	16.0
Dickson	128	21.6	Williamson	197	15.6
Robertson	159	21.6	Polk	42	15.5
Macon	63	21.6	Chester	39	15.5
Fayette	117	21.3	Cheatham	73	15.5
Dekalb	53	21.3	Houston	19	15.1
Montgomery	351	21.1	Humphreys	46	15.0
Rutherford	355	21.0	Smith	40	14.8
Monroe	121	20.9	Decatur	28	14.7
Bledsoe	36	20.9	Grainger	45	14.3
Union	47	20.9	Carter	123	14.1
Grundy	60	20.6	Fentress	42	13.9
Franklin	122	20.5	Van Buren	13	13.6
Clay	27	20.4	Hancock	17	13.3
Wilson	230	20.3	Pickett	11	13.2

COUNTY OF RESIDENCE	NUMBER	PREGNANCY RATE	COUNTY OF RESIDENCE	NUMBER	PREGNANCY RATE
White	70	20.0	Stewart	20	13.0
Henderson	82	19.9	Johnson	32	12.8
Crockett	55	19.9	Moore	10	11.5
Cannon	36	19.8	Unicoi	28	11.5
Sumner	361	19.7	UNKNOWN COUNTIES	64	10.5
Perry	22	19.6			
Cumberland	110	19.4			
Obion	116	19.3			

* Rate is per 1,000 females age 10 - 17

SOURCE: STATE CENTER FOR HEALTH STATISTICS

**PIERS-HARRIS SELF CONCEPT SCALE
BFSS-PARTICIPANT RESPONSE**

The following questions were interpreted to report group data on level of functioning among participants.

	Percentage Response	N=40(Pre-test)	N=40(Post-test)
I.	Behavior:		
a.	I do many bad things.	100%	93%
b.	I am obedient at home.	31%	7%
c.	I am often in trouble.	94%	80%
d.	I think bad thoughts.	100%	93%
e.	I can be trusted.	19%	93%
II.	Intellectual/Academic Status:		
a.	I am good in my school work.	19%	7%
b.	I am smart.	12.5%	13%
c.	I am dumb about most things.	94%	100%
d.	I am a good reader.	31%	93%
e.	I forget what I learn.	94%	80%
III.	Physical Appearance/Body Image		
a.	I am good looking.	31%	20%
b.	I have a pleasant face.	31%	27%
c.	I have a bad figure.	12.5%	80%
d.	I am strong.	31%	7%
e.	I am a leader in games/sports.	69%	33%
IV.	Anxiety/Self Confidence:		
a.	I cry easily.	94%	13%
b.	I worry a lot.	88%	67%
c.	I am often afraid.	94%	93%
d.	I get nervous when the teacher calls on me.	81.2%	47%
e.	I am nervous.	100%	67%
V.	Popularity/Peer Relationships:		
a.	People pick on me.	94%	67%
b.	I am among the last to be chosen for games	100%	87%
c.	It is hard for me to make friends.	94%	93%
d.	I have many friends.	25%	7%
e.	I feel left out of things.	94%	87%
VI.	Happiness/Life Satisfaction:		
a.	I am a happy person.	0%	7%
b.	I am unhappy.	100%	93%
c.	I like being the way I am.	38%	7%
d.	I wish I were different.	100%	80%
e.	I am cheerful.	12.5%	13%

Average Level of Self Concept 58% Pre-test
77% Post-test

THE PIERS - HARRIS
CHILDREN'S SELF CONCEPT SCALE

THE WAY I FEEL ABOUT MYSELF

NAME _____

AGE _____ MALE/FEMALE _____

GRADE _____ SCHOOL _____

DATE _____

Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

- | | | | |
|-----|---|-----|----|
| 1. | My classmates make fun of me. | Yes | No |
| 2. | I am a happy person | Yes | No |
| 3. | It is hard for me to make friends. | Yes | No |
| 4. | I am often sad. | Yes | No |
| 5. | I am smart. | Yes | No |
| 6. | I am shy. | Yes | No |
| 7. | I get nervous when the teacher calls on me. | Yes | No |
| 8. | My looks bother me. | Yes | No |
| 9. | When I grow up, I will be an important person. | Yes | No |
| 10. | I get worried when I have a test in school. | Yes | No |
| 11. | I am unpopular. | Yes | No |
| 12. | I am well behaved in school. | Yes | No |
| 13. | It is usually my fault when something goes wrong. | Yes | No |
| 14. | I cause trouble to my family. | Yes | No |
| 15. | I am strong. | Yes | No |
| 16. | I have good ideas. | Yes | No |
| 17. | I am an important member of my family. | Yes | No |
| 18. | I usually want my own way. | Yes | No |
| 19. | I am good at making things with my hands. | Yes | No |
| 20. | I give up easily. | Yes | No |
| 21. | I am good in my school work. | Yes | No |
| 22. | I do many bad things. | Yes | No |
| 23. | I can draw well. | Yes | No |
| 24. | I am good in music. | Yes | No |
| 25. | I behave badly at home. | Yes | No |

26.	I am slow in finishing my school work.	Yes	No
27.	I am an important member of my class.	Yes	No
28.	I am nervous.	Yes	No
29.	I have pretty eyes.	Yes	No
30.	I can give a good report in front of the class.	Yes	No
31.	In school I am a dreamer.	Yes	No
32.	I pick on my brother(s) and sister(s).	Yes	No
33.	My friends like my ideas.	Yes	No
34.	I often get into trouble.	Yes	No
35.	I am obedient at home.	Yes	No
36.	I am lucky.	Yes	No
37.	I worry a lot.	Yes	No
38.	My parents expect too much of me.	Yes	No
39.	I like being the way I am.	Yes	No
40.	I feel left out of things.	Yes	No
41.	I have nice hair.	Yes	No
42.	I often volunteer in school.	Yes	No
43.	I wish I were different.	Yes	No
44.	I sleep well at night.	Yes	No
45.	I hate school.	Yes	No
46.	I am among the last to be chosen for games.	Yes	No
47.	I am sick a lot.	Yes	No
48.	I am often mean to other people.	Yes	No
49.	My classmates in school think I have good ideas.	Yes	No
50.	I am unhappy.	Yes	No
51.	I have many friends.	Yes	No
52.	I am cheerful.	Yes	No
53.	I am dumb about most things.	Yes	No
54.	I am good looking.	Yes	No
55.	I have lots of pep.	Yes	No

- | | | | |
|-----|---|-----|----|
| 56. | I get into a lot of fights. | Yes | No |
| 57. | I am popular with boys. | Yes | No |
| 58. | People pick on me. | Yes | No |
| 59. | My family is disappointed in me. | Yes | No |
| 60. | I have a pleasant face. | Yes | No |
| 61. | When I try to make something, everything seems to go wrong. | Yes | No |
| 62. | I am picked on at home. | Yes | No |
| 63. | I am a leader in games and sports. | Yes | No |
| 64. | I am clumsy. | Yes | No |
| 65. | In games and sports, I watch instead of play. | Yes | No |
| 66. | I forget what I learn. | Yes | No |
| 67. | I am easy to get along with. | Yes | No |
| 68. | I lose my temper easily. | Yes | No |
| 69. | I am popular with girls. | Yes | No |
| 70. | I am a good reader. | Yes | No |
| 71. | I would rather work alone than with a group. | Yes | No |
| 72. | I like my brother/sister. | Yes | No |
| 73. | I have a good figure. | Yes | No |
| 74. | I am often afraid. | Yes | No |
| 75. | I am always dropping or breaking things. | Yes | No |
| 76. | I can be trusted. | Yes | No |
| 77. | I am different from other people. | Yes | No |
| 78. | I think bad thoughts. | Yes | No |
| 79. | I cry easily. | Yes | No |
| 80. | I am a good person. | Yes | No |

AGREEMENT FORM
BRIGHT FUTURE SUPPORTIVE SERVICE

I, _____ give my permission
Mother's Name
for _____ to participate in the
Daughter's Name
Bright Future Supportive Services (BFSS) Program.

I agree that my daughter can work with the personnel of C&FS and especially with MIHOW Natural Helpers assigned as Counselors/Teachers.

I will allow my daughter to be visited by the Natural Helper, and allow her to go with the Natural Helper for in-center trainings and other enrichment activities.

I will be responsible for asking questions of my child and the workers to insure that materials used in teaching and counseling is agreeable with me.

I understand that all information will be confidential and that I can withdraw from the project at anytime with no questions asked.

Mother's Signature _____

Client's Signature _____

Date _____ Witness _____

Address _____ City _____

Telephone _____

BLACK SEX ROLES SURVEY

VARIABLE:	CODE #	COLUMN
1.	Physical Maturation 1 - Yes 2 - No	_____
2.	Feelings about looks 1. Positive emotional response (happy, good, etc.) 2. Negative emotional response (sad, bad, etc.) 3. Mixed emotional response 4. Other 5. No Response	_____
3.	Likes about physical appearance 1. Hair (color, texture, length, etc.) 2. Height and weight 3. Facial features (complexion, eyes, etc.) 4. Physique - body shape 5. Other 6. No response	_____
4.	Dislikes about physical appearance 1. Hair (color, texture, length, etc.) 2. Height and weight 3. Facial features (complexion, eyes, etc.) 4. Physique - body shape 5. Other 6. No response	_____
5.	Changes in the way you look 1. Hair (color, texture, length, etc.) 2. Height and weight 3. Facial features (complexion, eyes, etc.) 4. Physique - body shape 5. Other 6. No response	_____
6.	Monthly cycle 1 - Yes 2 - No	_____
7.	Feelings about monthly cycle 1. Positive emotional response 2. Negative emotional response 3. Other 4. No response	_____

VARIABLE: CODE # _ _ _ _

COLUMN

8. Have you talked to anyone about you
1 - Yes 2 - No 3 - Not Applicable

9. First interested in boys at what age

10. Do you have a boyfriend?
1 - Yes 2 - No

11. First good thing you remember hearing
about boys?

1. Positive physical characteristics
2. Negative physical characteristics
3. Positive social characteristics
4. Negative social characteristics
5. Other
6. No Response

12. First bad thing you remember hearing
about boys?

1. Positive physical characteristics
2. Negative physical characteristics
3. Positive social characteristics
4. Negative social characteristics
5. Other
6. No response

13. Are your activities closely supervised?
1 - Yes 2 - No

14. Are you dating now? 1- Yes 2 - No

15. Have you ever been in love?
1 - Yes 2 - No

16. Have you dated someone from a different
race? 1 - Yes 2 - No

17. Have you experienced sexual intercourse?
1 - Yes 2 - No

17b. If yes, what age?

18. Sex on a regular basis? 1 - Yes 2 - No

18b. If yes, what age?

VARIABLE: CODE # _ _ _ _

COLUMN

19. Feelings about sex between teenagers _____
1. Positive physical responses
2. Negative physical responses
3. Positive social responses
4. Negative social responses
5. Other
6. No response
20. Have you ever been pregnant? _____
1 - Yes 2 - No
21. Have you ever worried about becoming pregnant? _____
1 - Yes 2 - No 3 - N/A
22. Have you ever had an abortion? _____
1 - Yes 2 - No 3 - N/A
23. Would your parent be supportive if you were to get pregnant? _____
1 - Yes 2 - No
24. Plans to get married? _____
1 - Yes 2 - No
25. Plans to have children? _____
1 - Yes 2 - No
26. Parental advice? _____
A - Father 1 Yes 2 No
B - Mother 1 Yes 2 No
- 26a. 1. Personal _____
2. Social _____
3. Educational _____
4. Other _____
27. Hardest thing about being a teenager? _____
1. Peer Pressure (Sex and Drugs)
2. School - Grades
3. Dating
4. Parents lack of trust
5. Other
6. No response

VARIABLE: CODE # _ _ _ _

COLUMN

28. Best thing about being a girl? _____
1. Positive social response
 2. Positive emotional response
 3. Positive physical response
 4. Other
 5. No response
29. Worst thing about being a girl? _____
1. Negative social response
 2. Negative emotional response
 3. Negative physical response
 4. Other
 5. No response
30. Program suggests _____
1. Social
 2. Educational
 3. Cultural
 4. Recreational
 5. Other
 6. No response

BLACK LIFE SPAN ASSESSMENT QUESTIONNAIRE
Birth - 12 years

Name: _____ Group # _____

1. Were you born in (Check One)

- _____ a. Urban area (inner city)
- _____ b. Suburban area
- _____ c. Rural area

2. Did you live in (Check one)

- _____ a. an apartment
- _____ b. a house
- _____ c. a trailer
- _____ d. a duplex

3. Were your parents..... (Check One)

- _____ a. married
- _____ b. separated
- _____ c. divorced
- _____ d. never married
- _____ e. widowed

4. What was you mother's occupation?

_____ (specify job title)

5. What was your father's occupation?

_____ (specify job title)

6. How old was your father when you were born? _____

7. How old was your mother when you were born? _____

8. What was the highest level of education completed by your father? (Check one)

- _____ a. Elementary
- _____ b. High School
- _____ c. College
- _____ d. College +

Page 2

9. What was the highest level of education completed by your mother? (Check one)

- a. Elementary
- b. High School
- c. College
- d. College +

10. How many people lived in your household? Identify the person and his/her relationship to you. Respond in the spaces provided below.

_____ Total #

Relationship to you

- _____ a.
- _____ b.
- _____ c.
- _____ d.
- _____ e.

11. How many brothers do you have? _____

a. ages: _____; _____; _____; _____; _____;

12. How many sisters do you have? _____

a. ages: _____; _____; _____; _____; _____;

13. Do you have a hobby? _____Yes _____ No

14. What was your favorite childhood story? _____

What was your favorite part? _____

15. Describe yourself as a child? _____

16. Did you have a nickname?

- a. yes (specify the name) _____
- b. no

Why were you called by this name? _____

17. Check all that describe your father.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> a. happy | <input type="checkbox"/> f. rigid | <input type="checkbox"/> k. hardworking |
| <input type="checkbox"/> b. sad | <input type="checkbox"/> g. distant | <input type="checkbox"/> l. lazy |
| <input type="checkbox"/> c. strong | <input type="checkbox"/> h. affectionate | <input type="checkbox"/> m. abusive |
| <input type="checkbox"/> d. weak | <input type="checkbox"/> i. responsible | <input type="checkbox"/> n. loving |
| <input type="checkbox"/> e. carefree | <input type="checkbox"/> j. irresponsible | <input type="checkbox"/> p. other (specify) |
| | | <input type="checkbox"/> q. Not Applicable |

Explain _____

18. Would you say that you had a very close-knit family?

- a. yes
- b. no

19. Would you say that you had a happy childhood?

- a. yes
- b. no

Explain: _____

20. Describe the happiest memory of your childhood?

(Probe) _____

21. Describe the unhappiest memory of your childhood?

(Probe) _____

22. Who was the most significant person during your childhood?
(Check one)

- | | | | | |
|----------|-------------|----------|-------------|----------------|
| _____ a. | mother | _____ f. | grandmother | Specify: _____ |
| _____ b. | father | _____ g. | aunt | |
| _____ c. | sister | _____ h. | uncle | |
| _____ d. | brother | _____ i. | teacher | |
| _____ e. | grandfather | _____ j. | other | |

23. Describe the bad feelings you most often experienced? (Probe)

24. Describe the good feelings you most often experienced? (Probe)

25. What do you want to be when you grow up? (Probe)

26. If you could change anything about your childhood, what would it be?

(Probe) _____

27. Do you remember any significant deaths during your childhood?

- _____ a. yes
- _____ b. no

(Probe) _____

28. Do you remember any significant births during your childhood?

- _____ a. yes
- _____ b. no

(Probe) _____

29. Did you have any major operations, accidents or illnesses during your childhood?

- _____ a. yes (Specify)
- _____ b. no

(Probe) _____

30. Did any one in your family have any major operations, accidents or illnesses during your childhood?

- _____ a. Yes
- _____ b. No

If yes, what relation was the person to you?

- | | | | | |
|-----------------------------|-------------|-----------------------------|-------------|----------------|
| <input type="checkbox"/> a. | mother | <input type="checkbox"/> f. | grandmother | Specify: _____ |
| <input type="checkbox"/> b. | father | <input type="checkbox"/> g. | aunt | |
| <input type="checkbox"/> c. | sister | <input type="checkbox"/> h. | uncle | |
| <input type="checkbox"/> d. | brother | <input type="checkbox"/> i. | teacher | |
| <input type="checkbox"/> e. | grandfather | <input type="checkbox"/> j. | other | |

31. Did you have any specific responsibilities as a child?

- a. Yes
 b. No

Give specifics _____

32. Did your brothers/sisters have any specific responsibilities as a child?

- a. Yes
 b. No
 c. not applicable

Give specifics _____

33. Do you feel that your parent(s) made a difference in the way they raised you and your brothers/sisters?

- a. Yes
 b. No

(Probe) _____

34. Was religion a very important part of your life during your childhood?

- a. Yes (Specify religion _____)
 b. No

(Explain) _____

35. How often did you attend church?

- _____ a. more than once a week
- _____ b. weekly
- _____ c. bi-monthly
- _____ d. less than once a month
- _____ e. other (specify) _____
- _____ f. no applicable (speciy reason: _____)

37. Describe yourself as a child.

(Probe) _____

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