

The Building Strong Parents Project (BSPP)

A Policy and Advocacy Action Plan

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SOCW 612: Advanced Administration Practice: Program Development

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December 4, 2022

Abstract

There is an alarming rate of teen pregnancy in Tunica, Mississippi. To address these concerns, the Building Strong Parents Project was developed as an intervention method to decrease these rates and address the concerns of the community. This project is striving to provide an effective resource to the community in hopes of reaching a large demographic and being accessible to teen parents. Although there are many preventative measures that could take place, our team feels the need to address the current population due to the lack of services available that specifically cater to teen parents. Investigators have created an assessment to determine what the community is seeking. There are plans to gather insight into the community members' views of the current programs provided to the community. The program will gather participants that are willing to share their viewpoints and gather the necessary information with the use of an interview guide. This research will help inform and influence the various programs being implemented by the investigators. Building Strong Parents Project offers several programs that can benefit teen parents at any stage they are at. These include stages such as pregnancy, newborns, toddlers, etc. Support groups and mentoring services are offered by this program to cover the emotional and social support teenagers will need throughout all stages.

Keywords: teens, pregnancy, parenthood, support, skills, development, mentor, training

Introduction

Background of the Problem

There is a widespread need for assisting pregnant teenagers, and the numbers reflect the gravity of the societal situation. Mississippi has a teen birth rate of 29.1% per 1,000 women (Stribling, 2022). Mississippi has a high rate of adolescent parents, some of whom are struggling to care for their children, according to the research. This program is searching for ways to assist sexually active teenagers in the community. The goal is to provide adolescents with resources that will not only aid in reducing teen pregnancy, but also help parents achieve academic, monetary, and social success. This will include initiatives that collaborate with schools as well as provide youth with access to resources from organizations in their communities. The target of these initiatives are individuals. These individuals are teens in the stages of pregnancy as well as those currently experiencing parenthood. To gain insight into helpful resources, teens who are or have experienced these circumstances will be the focus of the program's study. Their first-hand experience will be used to formulate useful initiatives.

The population targeted includes pregnant teens between the ages of 15-18 in Tunica, Mississippi. This population will cover girls who are expecting or have already given birth to a child. A few service initiatives assist in preventing teen pregnancies in Mississippi. Making Healthy and Responsive Teens has several programs attempting to educate teens about sexual health. Creating Healthy and Responsible Teens (CHART) is the first. CHART creates and runs programs and initiatives to make sure that Mississippi's young people have the knowledge, skills, and resources they need to make smart decisions about their sexual health (Teen Health Mississippi, 2020). They also collaborate with organizations and adults who engage with young people to make sure they are equipped to meet the specific sexual health needs of Mississippi

teenagers. Even though CHART does not talk about teen pregnancy directly, they do teach teens about sexual health, which may keep them from getting pregnant. Another initiative under "Making Healthy and Responsive Teens" is called Focus 4 Teens Mississippi (Focus4Teens). This program seeks to prevent teen pregnancy in Mississippi by enhancing the ability of community-based health centers to provide youth-friendly sexual and reproductive healthcare, as well as to enable youth-serving organizations to establish linkages and referral systems to these partnering health centers (Teen Health Mississippi, 2020).

Another program in Mississippi at the Delta Health Alliance is Delta Futures. Delta Futures works in the Mississippi Delta, which is a very rural and high-needs part of the state. The Office of Population Affairs (2017) says that Delta Futures makes courses that are accurate from a medical point of view and that they take into account the cultural needs of the people they serve in nine public school districts. They work closely with a Community Advisory Group and a Youth Leadership Group. These groups give advice about the project and help get other groups and young people involved (Office of Population Affairs, 2017). Delta Futures offers its participants a supportive environment, chances for healthy youth development, treatments that take trauma into account, and connections to five rural health clinics. It has an impact on children in middle and high schools, as well as on clinics, faith-based organizations, and community groups that assist young people in the Mississippi Delta.

There are also programs that support men and women with pregnancies. Healthy Families is a program run by the Mississippi Department of Human Services (MDHS) (Mississippi Department of Human Services, 2019). This program helps parents who need help with a new baby, pregnant women of any age, and children under the age of three. They achieve this by connecting women with professionals who are equipped to answer their questions. They are

provided with information like what to expect during different stages of pregnancy and infancy, prenatal care, and services to seek out. Unfortunately, the research did not show any programs that specifically cater to teen pregnancy in Tunica County, Mississippi.

This program aims to help support teen moms and their financial situation by finding ways to support sexually active teens in the Tunica County area. The group noticed that there is a large group of teen parents in Mississippi and that many have trouble caring for their children. The goal is to provide teens with resources that not only help reduce teen pregnancies, but also help teen parents be successful academically, financially, and socially. The group would like to provide teenagers with assistance through food service programs that give babies proper nutrition and offer after-school programs to care for children while the parents study or learn new skills. This program may also connect them to jobs or opportunities that are feasible with a newborn, among other things.

Uniqueness of the Program

Teen mothers can get help early on through the Building Strong Parents Project (BSPP) at Baptist Memorial Hospital-DeSoto in Southaven, Mississippi. This hospital is the nearest to mothers in Tunica, Mississippi. The Building Strong Parents Project was started because of the Teen and Pregnant Program (TaP) at Nationwide Children's Hospital in Columbus, Ohio (Nationwide Children's Hospital, 2022).

The purpose of the Building Strong Parents Project is to act as early as the second postpartum day. An adolescent mother between the ages of 15 and 19 who is on her second or third postpartum day is an excellent candidate for this program, but any teen mom who seeks treatment from this hospital is eligible to receive services.

The Building Strong Parents Project has programs that will help with the relationship between parents and children, self-sufficiency and life skills, and mentoring. The parent-child bond must be strengthened for positive growth to occur (Milteer et al., 2012). According to research (Milteer et al., 2012), a healthy parent-child relationship is crucial to a child's development. This program will help people build strong relationships by having a social worker lead two support groups per month. These support groups will include other adolescent parents, but they are also available to other relatives or friends who are deemed to be supportive people in the teen parents or child's life. Teen parents will learn life skills twice a month as part of the program. This will help them take better care of themselves while raising a child. Each session will center on a topic chosen by the facilitator or voted on by the clients. Clients will learn how to care for a newborn, handle money, and set goals in this engaging life skills session.

Mentoring is a service with a more personalized approach. To remain in the program, a client must meet with the mentor at least twice a month. However, it is strongly advised that participants meet with the mentors on a weekly basis, especially if the client has a newborn. Mentors will be assigned based on compatibility and experience. Mentoring will be paired with home visits every two months to show that the program is invested in the child's growth. The client's level of stability and their home situation will help facilitators make this determination.

While teen pregnancy is a major concern in Tunica, there are few services in place to assist the target population. There are multiple hospitals in the region, and some of them appear to attend to the health of pregnant women. Unfortunately, there is still a significant gap in other parts of the region that assist this demographic. Because the schools in the region solely teach abstinence, there is also an education gap in that area. While some programs are available, their services are limited.

The nearest hospital is Baptist Memorial Hospital-DeSoto in Southaven, Mississippi. This facility provides traditional women's health care but does not provide services for teen moms. Because this hospital offers so many different services, it can be hard to figure out what help is available for young mothers. The Aaron E. Community Health Center is another public facility that provides a variety of services. They are dedicated to offering complete service to their clients. They provide general prenatal and family planning services, as does Baptist Memorial Hospital-DeSoto. None of these facilities do enough to address teen pregnancy in the area in a more holistic way.

One of the few organizations that focus on pregnant mothers is the Care Center in Southaven, Mississippi. Their entire range of services is free and confidential. They provide information to parents about abortion alternatives as well as social services. The majority of organizations in Tunica, Mississippi, are concerned with preventing teen pregnancy. Consider the abstinence-only education component. Mississippi has tools to assist teens who become pregnant. Due to the scarcity of programs in the area, this program would stand out. There are no support groups at the facility. Women who are pregnant get medical care in hospitals, but they don't get any social, emotional, or parental support.

The Building Strong Parents Project has a unique approach because it specifically caters to teen parents between the ages of 15 through 19. By focusing on this age range, the program can focus on the development of both the child and the young parent. It can help them get used to their new lives as parents and also help them grow into strong, independent people. This approach addresses the high rate of teen pregnancy in the area by giving attention to the population in question. The hope is to reduce the high rates of teen pregnancy.

Literature Review and Evidence-Based Practices

Exposure to Sex

Various socioeconomic, medical, and educational factors tend to affect the teen parent demographic. These factors either heighten the risk of teen pregnancy or are a result of the pregnancy. One of the major social factors that seemed to increase teen pregnancy rates was exposure to other teen pregnancies (Danawi et al., 2016). Another study focused specifically on intergenerational teen pregnancy and found that living in a household with a teen parent can increase the likelihood of teen pregnancy in that home. This team found that having a pregnant teen sister can increase teen pregnancy in younger siblings by 4.8, and if the mother is also a teen parent, the risk increases by 5.1 (Wall-Wieler et al., 2016). This can be caused by various factors, such as family mentality and attitudes toward teen pregnancy. A study that looked at how teen mothers and mothers who did not have teen parents behaved differently gave some interesting insights. It was found that mothers of pregnant teens often began to monitor their younger children less, decreased their communication about sex and contraception, and were more open to teen childbearing (East, 1999). On the flip side, it was found that young women who became pregnant as teens were less likely to have talked to family about sex, started dating younger, and selected younger ages as better times to have a child (Diaz & Fiel, 2016). Teens agreed that sexual intercourse and teen pregnancy could be prevented or postponed if they were able to have open and honest conversations with their parents regarding sex (Bogan et al., 2020)

Sexual Health Education

WHO (World Health Organization) defines sexual health as having access to complete and accurate information about sex, knowing the risks of having sex without protection, being able to get sexual health care, and living in a place that supports sexual health (2022). Most of these needs can be met by giving teens a complete sexual education in school, which can also

help them live safer lives. Unfortunately, not all states require sex education, and some promote abstinence-only. The same states that do not require contraception to be taught held the highest teen pregnancy rates in 2010, with Mississippi having a rate of 76 pregnancies per 1,000 women, and Texas and Arizona following with a rate of 73 pregnancies (Kost & Henshaw, 2014). Having an educational gap on contraceptives costs the public about \$9.4 billion annually and doubles the chances of teen pregnancy in young women who did not use contraception during their first sexual encounter (Martinez & Abma, 2015). These young women will later face possible complications often found in teen pregnancy, such as low birth weight, higher rates of neonatal mortality, and increased preterm birth (Pennman-Aguilar et al., 2013; Chen et al., 2007). Teenagers are more likely to experience these issues, and babies born to adolescents that become teen parents 15 or younger have the highest rates (Chen et al., 2007). This can be exacerbated by other factors but programs that focused on the mother and child's health while also providing access to healthcare resources were effective in lowering the risk of low birth rates among pregnant teenagers (Root, 2021).

Consequences of Teen Pregnancy

There are also behavioral and emotional consequences brought on by this social issue. Hodgkinson and his colleagues (2014) found that teen mothers are more likely to be depressed than adult mothers and teens who are not pregnant. They experience lower feelings of self-worth and seem to withdraw from activities (Diaz & Fiel, 2016). Others tend to lose their social support, which can isolate them and worsen their mental state. Friendships during pregnancy are important because they increase the likelihood of school completion since teens still feel a social connection to school (Humberstone, 2018). Friends and other psychosocial interventions do not show much positive impact on positive mental health, but they do have a moderately beneficial

impact on school attendance (Laurenzi et al., 2020). Unfortunately, not all stay, and about 50% of teen parents end up graduating high school, which is lagging in comparison to their peers (Watson & Vogel, 2017). These teens often report less engagement in school by spending less time reading or working on homework (Diaz & Fiel, 2016). Resources like school counselors and sports can also offer students a buffer and prevent them from dropping out. If counselors are aware of their school's stigma and interact with these teens in a positive manner, they can increase education attainment in these groups and counter negative experiences (Dowden et al., 2018). Education attainment in this group is critical due to their socioeconomic status. Teen pregnancy typically affects young women living in low-income backgrounds (Lee, 2010). Continuing education would benefit them in various ways and give them a better chance of leaving poverty.

Many programs in the United States help teenagers who are pregnant or in parenthood. While some programs focus on education, others teach participants practical life skills or even provide mothers with housing. Before making a program that will help this group, it's important to know what has worked and what hasn't worked in the past. There are both positive and negative components to every program, regardless of what it is. Some of the advantages this paper will highlight are the capacity to continue or complete education, the importance of a holistic approach, the emphasis on teaching life skills, and the importance of strengthening different types of partnerships.

Education

For pregnant and parenting teenagers, continuing their education is essential to success. Only 50% of teen parents graduate from high school, making it extremely challenging and perhaps impossible for them to get their diplomas when they become pregnant or start raising a

child (Watson & Vogel, 2017). A hospital program that prioritized education and being a well-rounded parent discovered that adding a mentoring component might help boost graduation rates (Killam et al., 2016). Although this initiative had a good goal, it inevitably failed since so few of the participating teens enrolled in higher education and even fewer graduated (Killam et al., 2016). The literature made it clear that even though this program didn't work, continuing education still makes a difference. The Makiure project recognized the benefits of providing pregnant and parenting teens with continued education; however, the problem they ran into was that their participants would also need to have access to childcare (South-Paul et al., 2014). No matter the age, finding childcare may be challenging. If one lacks the financial resources to do so, as many teen parents do, it can be even harder. Hope Academy increased its graduation rate to 100% by being able to support all the new aspects of its students' lives, including by offering on-site daycare (Brouwer et al., 2019). Although Hope Academy has been tremendously successful, there was one area where it might have been enhanced by taking a more holistic approach and by putting more of an emphasis on the mental, physical, and emotional well-being of parents, which other initiatives have been successful at doing (Brouwer et al., 2019)

Holistic Approach

It is critical to take a holistic approach when assisting pregnant women and parents of teens, as this new phase of life will have an impact on their mental health. Adding parenting responsibilities can seriously complicate a teen's mental health as well as their ability to develop empathy, sensitivity, and responsiveness toward their children (Kingsley et al., 2018). Teenagers already experience significant stress from trying to fit in, succeed academically, and figure out who they are in the world. A successful school-based program called New Heights offer one-on-one support through case management and home visits, among other strategies (Harding,

Zief, et al., 2020). The research by Harding and his team also showed that the most successful of the six programs they looked at were the ones that helped teens one-on-one (Harding, Knab, et al., 2020). A holistic strategy also entails meeting the unique requirements of the clients or population. By continuing to gather data on its clients, the Passport Parenting Project (P2P) was able to ensure that the specific needs of its clients were satisfied and that they functioned effectively (Lieberman, et al., 2020). Teaching life skills and how to be self-sufficient is another thing that makes programs work for this group.

Self-Sufficiency

These teens are going through so many changes that they require a lot of new support in addition to learning new life skills to deal with their new way of life and help them become independent. Success for many teenagers during this period depends on them becoming self-sufficient (Harding, Knab, et al., 2020). That is what Hope Academy strives to do. Hope Academy uses an evidence-based methodology called “The Strengthening Families Protective Factors Framework” (Brouwer et al., 2019). Parent and life education, early childhood education, mommy support groups, and academic preparation are the four elements used in this practice (Brouwer et al., 2019). This has been found to be very helpful for these teen parents in reaching their graduation goals and getting used to their new lives. A life skills group that provides education about budgeting, parenting, anger management, counseling services, and even addictions is one way that some housing programs also encourage these life skills (Kingsley et al., 2018). The Maikuru Project was another program that used a mentor program to teach self-sufficiency and prevent repeat teen pregnancy and had some success; however, this program struggled with retention (South-Paul et al., 2014). A focus on these aspects can be incredibly helpful in other aspects of being pregnant and parenting teens.

Strengthening Partnerships

Enhancing co-parenting relationships and making connections in the community were two more things that were found in the research. It was discovered that community collaborations affected the long-term viability and effectiveness of programs (Radcliff et al., 2018). Radcliff and his colleagues were able to do this and demonstrate its success within programs that support pregnant and parenting teenagers (2018) by working in collaboration with numerous programs and demonstrating ways to improve the partnership. The services offered by these community-based programs have a collective impact by increasing the relationship among community-based, non-profit organizations (Radcliff et al., 2018). It has also been demonstrated that co-parenting serves as a protective factor for both parents and children. It has been demonstrated that effective co-parenting has a direct, favorable effect on children's behavioral results (Lewin et al., 2015). The ability to share the load with another parent not only benefits each parent but also benefits the children.

Conclusion

A program's success or failure depends on several elements. Research shows that many pregnant and parenting teens find that continuing their education is crucial to their success, as is having access to daycare and life skills training. Educating these teens in self-sufficiency is beneficial since it gives them the opportunity to learn how to support themselves in the future without the help of these programs. Co-parenting partnerships along with community partnerships have also shown to be helpful in a successful program for teens. It is important to note that effective programs can use different strategies and there is no one-size-fits-all approach to serving teen parents (Harding, Zeif, et al., 2020).

The literature review enables this project to recognize what has and has not worked in the past so that the positives can be enhanced and the correct improvements may be enacted. The review reveals that employing interventions such as comprehensive sex education and continuing education, psychoeducation on topics like self-sufficiency, co-parenting, increased communication with teens' parents, school-based counseling, one-on-one mentorship, community collaboration, offering access to childcare, and life skills training will lead to much better overall outcomes. The literature review also shows what is needed to adopt a holistic approach when seeking to assist pregnant or parenting teens and their children.

Problem Statement

The program investigators know there are high rates of teen pregnancy in Tunica, Mississippi, and understand that enabling strong relationships, improving self-sufficiency, and serving clients with a holistic approach can improve teen pregnancy outcomes. But investigators do not know what keeps teens from getting good prenatal care or what they think they need to make their needs come true. These reasons are why it is important to explore more hospital-based programs that focus on early intervention, taking place during the crucial stages involving adjustment to parenthood.

Needs Assessment Research Plan

Need for the Program

Mississippi has a high teen birth rate of 29.1% per 1,000 women (Stribling, 2022). Research reveals a widespread need for assisting sexually active teenagers and pregnant teenagers in the state, considering the high percentage of adolescent parents present in society. While there are several current service initiatives focused on preventing teen pregnancy or supporting men and women with pregnancies, none of them specifically cater to Tunica County,

Mississippi residents where The Building Strong Parents Project will be implemented. The BSPP seeks to serve sexually active teens by giving them resources and education that will reduce the number of teen pregnancies, while serving teens who do get pregnant via mentoring, life skills training, and group counseling. Resources such as food services and after-school care can be provided to teens with babies. Clients could also be helped by getting connected to jobs or opportunities for income to support their child's growth.

Statement of Purpose

The purpose of the Building Strong Parents Project is to determine and meet the needs of sexually active teenagers to reduce the number of teen pregnancies in Tunica county, as well as to meet the needs of those teens who are already pregnant or parenting mothers. The lives of parents and children are both emphasized, to reduce teen pregnancy or else raising more responsible parents when pregnancies do occur, which will lead to healthier child development as well as the best overall outcome for parents.

Research Question

The research question is, what are the perceptions of Tunica County teen mothers and their families regarding the importance of addressing the barriers to supporting pregnant and parenting teens and meeting their basic needs, offering them required skills training, and confronting any issues related to healthy child development? In other words, what are the perceptions of the Tunica County teen mothers about how these problems are currently addressed?

Research Hypotheses

In the null hypothesis, it is proposed that there is no relationship between the perception of the Tunica County teen mothers and their families regarding the importance of addressing the

barriers in supporting pregnant and parenting teens' basic needs, skills, and future child development and how the issues are currently being addressed. The alternative hypothesis asserts that the perception of Tunica County teen mothers on the importance of addressing the barriers supporting pregnant and parenting teens' basic needs, skills, and future child development does affect how the issues are currently being addressed.

Research Variables

The study has no independent variable, while the dependent variable includes the perceptions of residents in Tunica, Mississippi. Controlled variables are level of education, personal biases, age, background, and other demographic information. Extraneous variables include how the participants interpret information, as well as participant and overall research bias surrounding the focus of the program.

Methodology

The methodological approach for this study will be qualitative. Semi-structured interviews will be utilized, which is an ideal choice for this project because it will allow respondents to answer open-ended questions which can be tailored to keep their answers within relevant boundaries without limiting them. A quantitative approach would not give respondents the opportunity to give specific and original information critical to understanding the needs of this population. A semi-structured interview will provide researchers with the chance to comprehend why the problem is the way it is, as well as how to go about addressing it (Miles & Gilbert, 2005).

Population and Sampling

The population of this study will be centered around biological females between the ages of 15- 45 years old who reside in Tunica, Mississippi. Participants must have some previous

knowledge of teen pregnancy in the area and be capable of verbally expressing their perspectives on the issues in question. Participants must also be capable of sharing their concerns and voicing their opinions amongst a group of other women in the community. This study encourages participation from women of all races and ethnicities. Participants may be disqualified if their concerns cannot be expressed with respect to others in the room.

The sample will be collected by using the snowball sampling method. This method allows participants to expand the recruitment by referring other people in the community that may benefit from the research. For the females between the ages of 15-18, forms will be sent to the local high schools and have running ads on social media like Instagram and Tik Tok. For women who are 19 years and older, there will be advertisements placed in supermarkets, Facebook, and local shopping centers. These platforms and locations are catered to females within the age ranges stated above.

To gain permission to survey and recruit clients for semi-structured interviews, the team would need to get in touch with the administration of local high schools and natal care agencies in the Tunica County area. Given that a portion of the population would be minors, parental consent forms are needed for their approved participation (see Appendix H).

Data Collection and Analysis Plan

To collect data for this program, semi-structured interviews will be conducted. The duration of these interviews will be between 30 and 45 minutes. Before the client may take part in these interviews, they must first complete the consent form (see Appendix G). In the event that the participant is less than 18 years old, the minor assent form must be signed on their behalf by a parent or legal guardian (see Appendix H). Interviews will be conducted by one of the staff members, who will be in control of the process. The interviews themselves will not be video

recorded, but the audio will be captured, so no information is lost in the interview process. Not only will detailed notes be written during and after the interview, but notes will also be extracted from the audio recordings by other members of the team. Along with the interview, an interviewer's guide will be developed (see Appendix E). This will guarantee that the interviews are all conducted in the same manner and that the interviewers are informed of the procedure throughout.

Investigators will engage in a data analysis process to answer the following research questions:

1. What are the perceptions of Tunica County teen mothers and their families regarding the importance of addressing the barriers to supporting pregnant and parenting teens and addressing their basic needs, skills, and future child development?
2. What are the perceptions of Tunica County teen mothers about how these issues are currently addressed?

First, a 30 to 45-minute semi-structured interview will be created and utilized to answer both of these qualitative research questions and to determine current needs as well as how they are presently being addressed. Asking open-ended questions framed by applicable boundaries will allow for an array of answers that fall within the parameters of the study. An interviewer's guide will be created along with the interview to guarantee consistency between interviews and to keep interviewers informed of the process throughout (see Appendix E). The audio of the interviews will be recorded and then transcribed accordingly. This will be followed by coding all the data so as to draw accurate conclusions from it that will benefit and adequately meet the needs of pregnant or parenting teens. Any field notes taken before or throughout the interview process will also be utilized as needed to sufficiently answer both research questions.

The goal of this project's research question is to determine what Tunica County residents, in particular pregnant and parenting teenagers and their families, think about the current obstacles that might prevent them from meeting their fundamental needs and developing their skills and future children. The objective is to specifically comprehend what residents are most eager to learn and what they need to be effective parents.

The second issue this project wants to identify is how these problems are being solved and whether they are being solved effectively. Additionally, this project wants to hear from these teens and their families on what they think should be changed for them to better succeed as new parents.

Ethical Considerations

This topic deals with two vulnerable groups that include minors and pregnant individuals. Some ethical considerations are the risk of participating in this study. There is a psychological risk to participating and investigators plan to protect participants by offering counseling services. Investigators also understand the stigma surrounding the topic and propose anonymity to protect the individuals. The investigators will use a variety of tools to protect human participants and their data. To begin, human participants will be given consent (see Appendix G) or assent forms (see Appendix H) that give a detailed overview of what participation will consist of. The proper signature will affirm consent and participants or guardians are free to rescind their consent at any given moment. No names or ages will be shared in the findings. To further protect individuals, information will be stored by last name and first initial only. To reduce the chances of someone finding participant data, all information must be locked away. Any data gathered will be organized on a shared Google drive that only program investigators will have access to. The

drive will only be accessed through private password-protected devices. If any physical copies are needed, investigators are to keep them stored away in a locked cabinet.

Program Proposal

Program Goals and Objectives

The target population for the Building Stronger Parents Project is pregnant or parenting teens. While this population is the main target, this project provides services that can include members of the teen's family. The goal of providing these services is to give expectant parents a roadmap for navigating parenthood and the skills needed to do so. There are four activities that the program is hoping to implement as part of the interventions shared with this community. The various activities this program would like to implement are mentoring groups, life skills training, parent-child support groups, and peer support groups. Mentoring groups will include volunteer mentors from the community and service recipients which are likely to be pregnant or parenting teens. Mentors will meet with their mentees once every week at a minimum. If the partners choose to increase the frequency of meetings, they can at their discretion. Mentors are to use this time to answer any questions and give the parents advice or share their journey. They are also to provide guidance in areas like learning to keep their identity even as a parent, how to incorporate new responsibilities, and making friendships during these circumstances. The goal is to help the parents feel less alone, receive guidance from someone who has been in their shoes, and have another resource to gain information when they feel lost. The life skills training group will last 10 weeks. Each week, skills trainers and service recipients will meet at a designated location for a parenting workshop. This group will meet twice a week for 1-hour sessions. Teen parents will have the chance to learn skills that can help make raising their children easier. The training will include the management of emotions, teaching what is developmentally appropriate at each

stage, as well as basic skills like changing diapers or swaddling. The parent-child support group and the peer support group will both be held by licensed facilitators. Participants in these groups would include teen parents. In the parent-child support, the children and parents of the teen parents are also welcome as service participants. The goal of the support groups is to give teens a chance to share their experiences and relate to others around them. It gives them a chance to find support amongst people in similar predicaments and can escape judgment. In the parent-child support groups, facilitators will encourage and give instructions on how to better the parent-child relationship. It will call for lessons and activities to promote bonding between the parent and child as well as promote the creation of a safe space for the child. Facilitators for the peer support group will encourage the sharing of any feelings and concerns that comes with early parenthood and introduce activities that will help alleviate these concerns as well as show the parents how capable they are. These support groups will meet once a week for an hour at a designated location. Support groups are continuous and parents are suggested to attend regularly during the 3-month duration.

The desired result of the mentoring program is to provide these parents with access to immediate support from someone experienced. Mentors can offer support on the parent-child relationship as well as teach these teens how to separate their identity from parenthood. They can provide tips and tricks on adjusting to new schedules, ways to tackle different developmental stages, and how to keep sane. In life skills training, the results should be seen immediately in attendance. The program would like 75% attendance from the participant group and see a level of understanding amongst the group. The program is aiming to have the same amount of participation in the peer support group. An immediate result to aim for with the parent-child support groups is having them understand their current stage in life.

Each of these goals has intermediate benchmarks which the program will be evaluated against. For the mentoring service, this program will evaluate participants for signs of effective parenting and interest in becoming a mentor. For the life skills groups, there will be an evaluation of the knowledge the teenagers have acquired from the program. The teens will be evaluated on their retention of information and determine if it has been of use in their life. At this point, the teenagers involved should have acquired the motivation and skills to create a plan for their parenting and incorporate those lessons. The parent-child support group is meant to prepare teenagers for the different developmental stages and share helpful tools. The program would like to see new faces in the support groups around this time and have the teenagers share this service with others in the area. The peer support group is aiming to show the progression in the level of support these teenagers feel. The evaluations will gain an understanding of how helpful the facilitators were and how the program helped foster a sense of support.

The long-term goals the program is hoping to see are in the participants directly. This program hopes to produce a series of parents who have retained long-lasting skills to raise their children. Recipients will show signs of self-sufficiency and show improvement in their life. The program is giving these teenagers classes to reach these levels of independence and by understanding concepts and showing retention of this information, they will likely meet the long-term goal. This level of independence will also be fostered through support groups. The long-term goal of these groups is to connect people in similar situations and give them the tools they need to no longer require the program services. Another goal is that through their experience, they see success in their life and recommend this service to other teenagers who are in need. This program also hopes to lower the rates of teen pregnancy and the rates of repeated pregnancies. The programs would like the support given by the groups to give these teenagers a

protective measure against repeated pregnancies. The mentoring program is created to eventually build mentees. The goal is that by these teenagers having the support system they need can share their knowledge with others. The teenagers could also influence the teens around them to be more careful and help reduce their peer's chances of teen parenthood.

Stakeholder Analysis

Potential stakeholders for this program include pregnant or parenting teens, shareholders, the community, local high schools, and related programs (see Appendix A). Teen parents or soon-to-be teens are motivated by their needs and expect a beneficial service. Shareholders are investors or lenders who have the financial motivation and determine if this program is something worth investing in. Related programs are service-motivated, and since they provide for similar or the same populations, they might be considering a strategy to collaborate. Teachers and administrators are educationally motivated and might hold interest in this program if they see the benefit this can have on their students. The community has cultural and social motivations for being a stakeholder. Communities hold stakes because they gauge how beneficial this service is to community residents.

Access and Method

The strategy for this project will be to contact local high schools and organizations that work with the target population by phone call or Zoom. This will also put the program in contact with several pregnant and parenting teenagers as well as these organizations. Additionally, program managers will post information on social media sites like Facebook and Instagram to let the community know what the program hopes to accomplish and how the community can help. Investigators will communicate with program shareholders via email, phone calls, and Zoom.

When working with local programs and organizations, the BSPP team plans to have a meeting with them face-to-face or via Zoom and, if possible, ask them to complete a survey as well. Investigators will conduct a quick interview with the high schools in the area. The BSPP team will conduct a semi-structured interview with pregnant and parenting teens (see Appendix E). A survey will be distributed to the community. To gain their support, the team will meet with shareholders and provide them with this project's SWOT Analysis Matrix (see Appendix C) to describe the project, the issue, the people it can benefit from, and the associated costs.

Stakeholder Engagement

The program's services are geared toward pregnant and parenting teenagers, so they are the program's primary target demographic. These teens have a vested interest in the program, correctly understanding and meeting their demands. Potential shareholders, lenders, grant writers, and donors all have a financial interest in the venture. Having this program work with other programs or organizations that help pregnant or parenting teenagers is a good way to make sure that this group gets the best help possible. This program must benefit rather than hurt both service suppliers. Due to the social repercussions of being pregnant and mothering minors, the surrounding community and the general public are also potential stakeholders with a big say in this population's opinions and ideas. When teenagers become pregnant at school, it impacts the students, instructors, and administrators, changing their behavior and making them more likely to support or oppose the population of interest. Another focus should be on the press, which will assist investigators in spreading the news about the program and identifying potential service recipients. Understanding who the stakeholders are in this program has an impact on how program investigators engage with them.

Stakeholders with Negative Views

Stakeholders who may have negative feelings about this research include students, instructors, and administrators. Their behavior may alter, making them more likely to support or oppose the population of interest. Given that the target demographic consists of young adolescent parents, it is critical to recognize that these young teens are easily affected at this age. It is critical to deal with this set of stakeholders correctly. This could be addressed by making mentor groups and counseling available to program participants. This might potentially establish a secure space for clients to share their concerns and how they will be negatively impacted, and then battle those concerns. The community surrounding these young teens is also an important stakeholder, particularly when it comes to contributing opinions and issues concerning young pregnant women. The previously mentioned mentor groups and counseling could also help with this.

SWOT Analysis

Strength

A strength that this program has in communication is access to various platforms. This program has access to email, phone, instant messages, and video chats as forms of communication. This allows program creators to be able to use various avenues to contact shareholders, participants, or others invested in this program. These various tools give the program a variety of ways to communicate and can help with protecting anonymity in some cases. The program also has access to various organizational tools that keep data in order. It allows the team to store information on safe drives that are only accessible by those who have been given permission. This information can include data gathered from articles, journals, and information gathered from program participants. The team benefits from having access to their institution's database, which provides them with the information necessary to create a program.

This resource allows investigators to access data and information that could improve or give direction to the program. One of the program investigators also provides strength through their intellectual property. Their firsthand experience and observation of mentorship programs impacting teen mothers can help in the direction of this program. All of the program investigators have had the training to facilitate interviews and research (see Appendix F), which will be an important requirement for the needs assessment. The investigators are working alongside a supervisor which can be used as a tool to help ensure the program has a reachable goal and is treating participants humanely.

Weakness

The fact that none of the team members reside in the target geographic area where the project is intended to be implemented is this project's first major weakness. This will make it much more difficult to involve the community, gain support, and carry out the project. This indicates that the team does not have any specific contacts in the region on whom they may rely. Additionally, this will make it more challenging to secure funding for the project. Employee and participant loyalty will likely be higher at comparable organizations that are local and have established programs. Since this program would be entirely new, it would be considerably more difficult to demonstrate its effectiveness and gain support for its implementation.

Opportunity

Building Strong Parents Project provides many opportunities for the community. There is a lack of resources in Tunica, Mississippi that cater to pregnant teens and improves their parenting. The Building Strong Parents Project adds a flexible and convenient resource for the community. Being that this program is in the hospital, many new teen parents can easily access this program as soon as the mom delivers. Unless mothers choose to birth elsewhere, the local

hospital is available to all demographics. Baptist Memorial Hospital-DeSoto is available to many people from various income households as this hospital accepts major health insurance such as Blue Cross Blue Shield and offers financial assistance for those who cannot obtain insurance. Missouri is a state ruled by republicans which the majority can be categorized as pro-life. Due to this belief, this program allows teens who have chosen to keep their child by providing the resources they need to become a supportive parent to their newborn and adjust to parenthood. The Building Strong Parents Project, has a mentorship program that pairs teen mothers with experienced mothers who can help them navigate parenthood. This mentorship will not be picked randomly, but a questionnaire will be filled out to find the best match for the mentee on an emotional and cultural level.

Threat

There are several threats to the success of the proposed program that need to be addressed to prevent possible harm. First of all, the program could be placed at risk because none of the group members designing it live in the Tunica, Mississippi area where the program will be established based on the high percentage of teens who become pregnant in the area as well as teens who struggle with parenting in a healthy manner. This means the program will start without any links to local contacts or names of social service organizations in the area that focus on the same population. Local programs are more likely to dominate a larger segment of the market and are usually more capable of acquiring products and supplies for less money given the established connections they have developed with various vendors over time. Local programs are also more likely to have an influence on the community and be able to persuade community members to adopt their line of thinking. It would be easier to garner resources locally, and advertising close by would be easier, too. Another threat is related to the newness of the program. Little is known

about what works or does not, and risks must be taken that could result in financial loss or possible harm to others. However, these threats can be minimized and accounted for by seeking collaboration with local organizations and programs that have a long standing in the community and who also serve the pregnant or parenting teen population—only in a different way, so that programs are complementary rather than conflictual. The proposed program can add novelty to a more traditional local social service and help build the community by implementing ideas based on a current and updated needs assessment.

Utilizing SWOT Analysis

Strength

Having multiple communication platforms enables platforms to communicate in ways that are appropriate for the situation. It also allows investigators to provide sensitive information via voice communication. This reduces the likelihood of someone discovering this information and prevents sensitive information from leaking. Programs with access to organizational tools can also protect sensitive information. It also assists the team in keeping participant information organized and easy to read for data retrieval. Researchers can use the institutional library database to inform their programs and conduct research on the topics they are interested in. Having a supervisor to guide the program's direction is beneficial in keeping things on track to completion. The investigators can conduct the interviews themselves, reducing the need to outsource.

Weakness

The team will return to the area multiple times to make relationships and find a local ready to assist with project implementation. To address the financial and loyalty issues, the program creators intend to ask local organizations how they got started and if they have any

suggestions. In addition, investigators will meet with an organization that may be willing to sponsor this project as part of or through their organization. This would increase participant and staff loyalty to the initiative. If at all possible, investigators will speak directly with shareholders to demonstrate the effectiveness of the programs and present a compelling argument supported by research.

Opportunity

Some possibilities include adding new community resources, which are currently lacking. Making these available to the majority of expectant moms in the area, particularly because it is at a hospital and major insurances are accepted, increases the likelihood that they will deliver there rather than be referred to this program. Mentorships provided by the program also allow mothers to connect emotionally and culturally.

Threat

Competition from local organizations, which are more likely to have contacts, resources, and financial donors, is one of the threats. They can also participate in community building, promotion, and service distribution more simply, and they have better access to nearby products and supplies.

Evaluation Plan

To assess the efficiency of the program initiatives, different assessment forms will be created and distributed to participants at the appropriate times. Attendance data from sign-in sheets and questionnaires that collect feedback on the effectiveness of the program will be the most direct data sources. Each meeting will employ sign-in sheets, and evaluations will be done at the intake of a new client, quarterly to see client progress, and three months after they have finished the program. A staff member, ideally a social worker, will carry out these evaluations

when a new client applies to the program and requests services, as well as throughout and after their participation in the program. Near the end of the program, attendees will also have the option to fill out a feedback survey via Google Forms, which would be strongly recommended. To ensure the effectiveness of the evaluation, the project's team will refer to the Program Evaluation Toolkit created by Stewart and his team (2022). This will guide the team through the evaluation process and provide the best possible outcome. With this method of evaluation, the team will be able to determine how many clients the project was able to serve as well as whether or not the clients received the intended benefits of the project. With such knowledge, the project might need to be reassessed to determine if its ultimate objectives are still attainable or if they need to be altered to better meet the needs of the community.

To gather and evaluate the program's progress, investigators will be creating various assessments using sites like Google Forms and SurveyMonkey. Evaluation forms will be created and distributed for each initiative. These evaluation forms will determine the participant's satisfaction with the service, the level of support that they have received, how pleased they are with the program, and other program-specific questions indicating if they benefited from the service in an intended way. These answers will be compared to the participants' previous base levels that were measured at the start of the programs. For the mentoring program, investigators plan to include a section where participants can show their interest in becoming a mentor. This section will include a small assessment of skills and tools the participants hope to pass along to future mentees to determine their level of understanding and passion for this project. Another benchmark for the mentoring program is that groups are meeting less frequently and the parent reports an increased level of independence and social support. The skills training program will develop a separate assessment to administer to the participants. This will review the information

that the parents have retained and also give the teenagers a chance to show how they have been incorporating and improving their lives with the new skills. This assessment will have a mixture of closed and open-ended questions to get an understanding of how participants have been benefiting from these training sessions. These questions will be formulated from previous content presented in the meetings and teenagers will be given scenarios to show mastery of this information. There will be a guideline to grade against so investigators can determine the level of proficiency reached. Peer and parent-child support groups will each have small survey forms to determine the level of support the teenagers have felt throughout the sessions. During this survey, participants can also share lessons that they felt were beneficial versus those they felt were not as helpful. Parents can scale their confidence in different skills or lessons learned. Participants will also be able to go into detail on methods that were conducive to providing support and improving the program. Positive and well-reflected answers will be a sign that these parents are responding well to intervention. To determine the overall success, the support groups must reflect 75% attendance. Facilitators will provide sign-in sheets to gather this information and see the level of participation amongst the teen parents.

Proposed Program Resources

Mentoring will take place 2 hours per week in the 3-month program. Staff will include one mentoring coach or the program manager, who will receive training at a higher level in all activities related to pregnancy or parenting, specifically for teens. In addition, five mentors will receive extensive training in coaching teen girls who are either pregnant or who have already had a child to be better mothers both before and after birth to make them adequate parents capable of raising a healthy child.

Life skills training will require 2 hours per week in the 3-month program. One life skills coach should be trained to teach multiple living skills related to pregnancy or parenting in teens, including anything related to taking care of the physical, psychological, and emotional needs of both teens and children. One assistant to the life skills coach can be trained on the job under the coach's authority. The parent-child support group meets an hour per week for 3-months. The staff includes one counselor with an LCSW degree and one assistant or PRN Counselor also with an LCSW degree. The peer support group meets an hour per week in the 3-month program. The staff includes one counselor with an LCSW degree and one assistant or PRN counselor also with an LCSW degree. Volunteers are not required in the program but would be very welcome. They could contribute by teaching a specific life skill, sitting in for a staff member who is out, being a greeter or host, or engaging in any other applicable activity.

Proposed Sustainability Plan

Building Stronger Parents Project will develop a financial sustainability committee, which will begin working in the planning phase of the program so it can influence the entire process and so that duties are not put off so long that a sudden crash takes place. This group of individuals will meet monthly and will professionally thank and update those who fund the project regularly. They will write a business plan to anticipate projected costs and what resources will be needed to sustain the program. This will include creating an annual budget, setting specific financial goals, identifying stakeholders, developing a marketing plan, and determining a specific action plan for carrying out sustainability efforts. Details about what will be done, by whom, and by when will be decided during this time as well. This will require collaboration with the general financial committee as it secures ongoing funding, applies for grants, and maintains constant contact with shareholders. The committee will also work with the evaluation committee

to determine whether or not the program is successful in terms of services and staff and volunteer work quality. In this way, the program's strengths can be capitalized on and the weaknesses found can be addressed (see Appendix C). Another committee the financial sustainability committee will want to meet with is marketing, along with fundraising. In addition, the committee will work together with other organizations focused on pregnant or mothering teens so that resources and strategies can be shared.

Another major way the program will assure sustainability is by seeking to meet the needs of all the stakeholders involved. For example, for pregnant or mothering teens, it is critical that their lives and the lives of their children be bettered by the program. For shareholders, a program worth investing in is required. For related organizations and programs, no competition or clashing should take place so that there is only mutual assistance. For local high school teachers and administrators, the student population should benefit from the program in terms of pregnancy prevention or parenting. Finally, for the community and particularly for women, the need is for residents in the area to benefit from the program socially or culturally. Consistent communication will take place regularly with all stakeholders to ensure that everyone's needs are being met and addressed.

The sustainability of this project is also supported by its utilization of holistic services, well-trained staff and volunteer workers, and community engagement activities. The intended outcome of healthier pregnancies or parenting for the client population, as well as healthier development for their children, will allow for the program's ongoing usefulness and sustainability in the community.

Limitation

The first limitation of this project is that none of the team members physically live in the target region where the initiative will be implemented. This will make it much harder to implement the project, acquire support from the community, and involve the community in the program's development. This suggests that the group has no specific contacts in the area on which they may rely. Additionally, this will make finding finance for the project more difficult. Loyalty among employees and participants will probably be higher at comparable local organizations with well-established programs. It will be much harder to prove this program's effectiveness and win support for implementation because it would be brand-new. Another limitation that arises from this issue is the program's ability to run the program. It can be difficult to communicate effectively when program creators do not live in the area as the volunteers and facilitators helping run the program. Limitations can arise if there are concerns or questions regarding the project and the program creators and volunteers are not on the same page. Volunteers will see the social impact but are unable to change anything until the whole program is taken into consideration. Solutions will take longer to develop since program developers and volunteers will have to find times to meet. This could also increase the amount of time before the solution can be implemented which could affect the success of the program initiatives.

Conclusion

Becoming a new parent while also being a developing adolescent is an experience many have not lived through. In Tunica, Mississippi teen pregnancy is a prevalent issue that the community has not fully addressed or specifically supported. Throughout this program development process the difficulties of teenage pregnancy, lack of resources, and the culture of the community have been considered when creating this program. The Building Stronger Parents Project is an evidence-based program catered to this vulnerable population. This program targets

some of the areas in which the Tunica County community is lacking. Services that have been created to target lacking resources include mentor groups, support groups, and skills training. After careful research, program investigators found that Tunica County lacked resources to support teen parents and give them resources to cope with this new adjustment.

The Building Stronger Parents Project's programs offer vulnerable teens a chance to learn how to be strong and independent members of society. The program also provides teen parents with the opportunity and encouragement to finish their education. This will be done by assisting this demographic in developing these abilities and growing their confidence in parenting. They will be better able to care for their family and get better employment later in life, which will enable them to show their children more love and support. At the end of this program, teen parents will hopefully report an increased level of confidence, knowledge, and comfort in their parenthood journey.

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Appendix A

Stakeholder Analysis Table

Project Title: Teen Pregnancy and Parenting

Date: 10/28

Group Members: Ilesia Bonilla, Gina Bucy, Angie Edwards, Sarah Evans, and Minda Ruba

Stakeholder	Characteristics	Main Interest	Fears and expectations	Potential impact	Priority	Recommendations	Responsibility
<i>Identity of individual or group/s.</i>	<i>What sort of person or group are they?</i>	<i>What are their main interests and/or motivations?</i>	<i>What is their potential reaction to the project? What do they expect from the project?</i>	<i>How important is their impact on the project? (low, med, high, critical)</i>	<i>Rank the importance of the stakeholder to the success of the project (critical, high, med, low).</i>	<i>Implications for your project planning. (e.g. keep informed, involve in planning, etc.)</i>	<i>Who in your cohort will implement the recommendations?</i>
Pregnant or Parenting Teens	Teenagers who are pregnant or have given birth to a child	Needs-based	Needs met or not; beneficial service	Critical	Critical	Administer semi-structured interviews, admit into program, engage in evaluation process	Ilesia
Shareholder	Lenders, investors, grantors, etc.	Financial	Support or oppose program; a program worth investing in	Critical	Critical	Involve in planning throughout; remain in consistent communication	Gina
Related Organizations & Programs	Provide services to same client population	Service-oriented	Collaborate or not; programs complement one another versus clash	High	High	Involve in planning, keep informed, work alongside	Angie

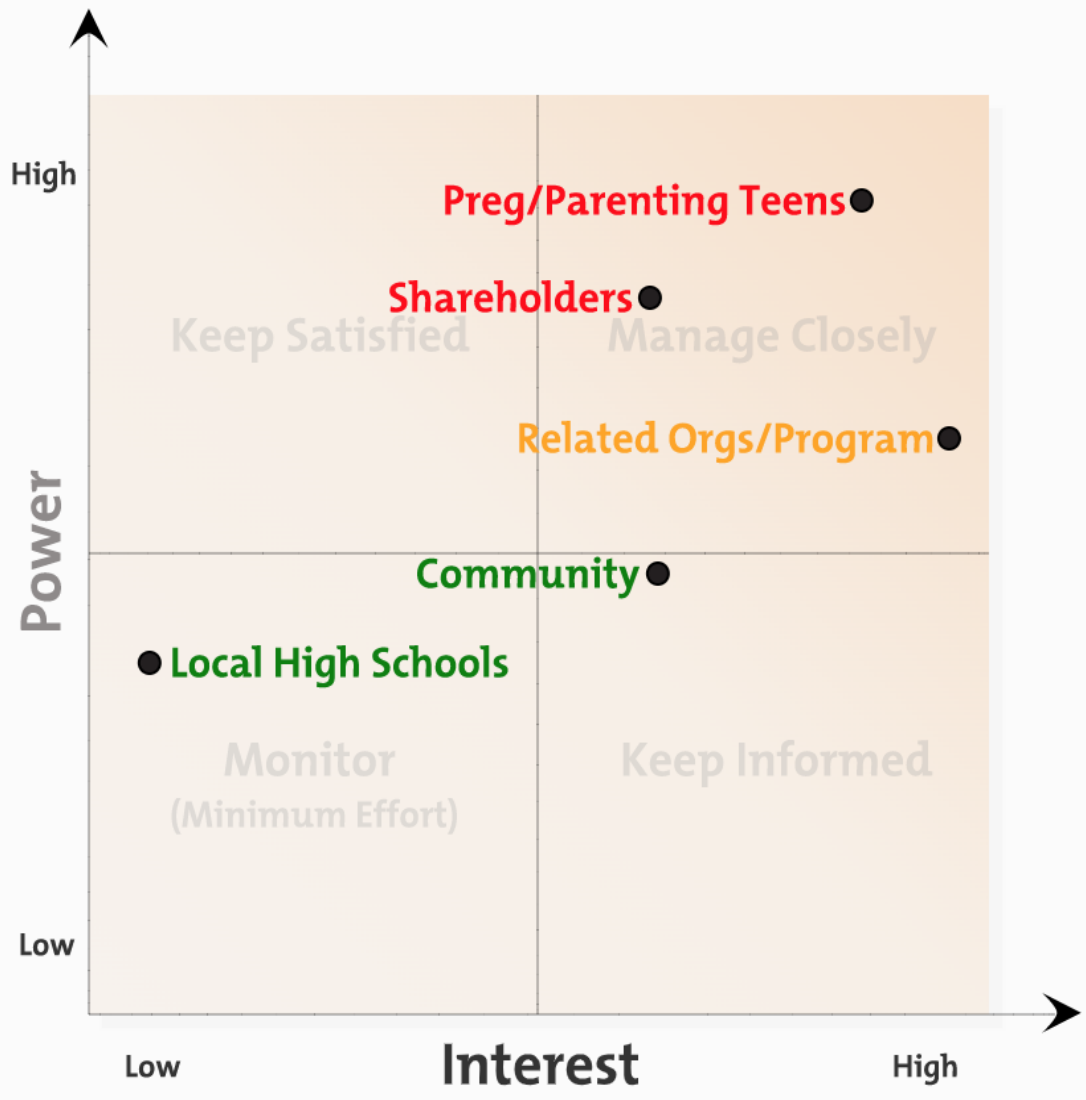
Local High Schools	Teachers, administrators, etc.	Educational	Model behavior of clients or else support or oppose them; student population benefits from program in terms of teen pregnancy or parenting	Medium	Medium	Engage in psychoeducation	Sarah
The Community	Particularly women	Cultural/social	Support or oppose program; surrounding community benefits from program services	Medium	Medium	Administer semi-structured interviews	Minda

Appendix B

Stakeholder Power-Interest Grid

Project Title: Teen Pregnancy and Parenting

Group Members: Ilesia Bonilla, Gina Bucy, Angie Edwards, Sarah Evans, and Minda Ruba



Appendix C

SWOT Analysis Matrix

	Helpful to achieving the objective	Harmful to achieving the objective
Internal (Attribute of Organization)	<ul style="list-style-type: none"> - Access to various communication platforms. (email, phone, instant messages, and video chats) - Tools protecting participant anonymity - Access to various organizational tools that keep data in order and protects privacy - Access to their institution's database which provides information necessary to inform the program. - Program investigators firsthand experience and observation of mentorship programs impacting teen mothers can help in the direction of our program. - All of the program investigators received interview and research training. - A supervisor which can help ensure the program has a goal and is treating participants humanely. 	<ul style="list-style-type: none"> - None of the team members reside in the target geographic area - Initiatives are new to the area which can create hesitancy amongst the community and investors.
External (Attribute of Environment)	<ul style="list-style-type: none"> - The Building Strong Parents Project adds a flexible and convenient resource for the community. - The program is in a hospital making it easily accessible to the public. - A strong mentor group by pairing individuals with emotional and cultural similarities. 	<ul style="list-style-type: none"> - The program will start without any links to local contacts or names of social service organizations in the area that focus on the same population. - Local programs can dominate a larger segment of the market and acquire products and supplies for less money. - Local programs have more influence on the community. The program's newness is a threat.

Appendix D

Logic Model

Program Title: Building Stronger Parents Project

Team Members: Ilesia Bonilla, Gina Bucy, Angie Edwards, Sarah Evans, and Minda Ruba

Statement of Problem: Insufficient care for pregnant and parenting teens

Inputs Stakeholders?	Outputs		Outcomes (Impact)		
	Activities	Participants	Short Term	Medium Term	Long Term
Teen Parents	Mentoring <ul style="list-style-type: none"> - Care and concern - Spiritual encouragement - Support emphasis 	Mentors & Service Recipients	Provide teen parents with immediate support from an experienced mentor. (Adjustments of parenthood) (i.e sleeping arrangements, scheduling, self-care)	Previous mentees becoming mentors Efficient teen parenting among clients	Decline of teen pregnancy rates in Tunica, MS Decline of repeated teen pregnancy in Tunica, MS
Life coaches/ Group Facilitators	Life Skills Training <ul style="list-style-type: none"> - Jobs & Money - Staying in school and setting goals - Independence 	Life Coaches & Teen Parents	Teen parents grasping the concept of staying in school and setting goals. 75% of program participants will attend	Parents show retention of life skills knowledge through the mid point check (5 wks) Teen parents are able to use learned concepts and put them into	Teen parents are able to become a self-sufficient adult. Teen parents teach developing children the life skills learned.

				<p>practice within their own lives.</p> <p>Teen parents have created a plan and are on their own track with their desired goals influenced by the life skills classes.</p>	
Social Workers	<p>Parent-Child Support Groups</p> <ul style="list-style-type: none"> - Childbirth education - Postpartum support - Prenatal groups 	Facilitator & Service Recipients	Teen parents are learning the importance of their current stage.	<p>Teen parents are prepared for their next steps in parenthood.</p> <p>Teen parents are referring other clients to the program due to their successful experience.</p> <p>There is an improvement in the parent-child relationship</p>	
Social Workers	Peer Support Group	Facilitator & Pregnant or Mothering Teens	75% of pregnant or mothering teens will attend the peer support group.	Peers mark progress in feeling supported	

Appendix E

Interview Guide

Perceptions Surrounding Teen Pregnancy

Investigators: Ilesia Bonilla, Gina Bucy, Angie Edwards, Sarah Evans, and Minda Ruba

Hello, my name is _____, and I am one of the investigators helping conduct the interviews for this study. I would like to thank you for taking the time to assist with this study and being willing to share. Before we begin, I would like to remind you of the purpose of this study along with highlighting important information. This interview will take anywhere from thirty to forty minutes long. I will be asking a series of questions that target any known barriers against teen parents receiving care, shortcomings of natal resources, and your perception of teen pregnancy. Everything you say will remain private and no personal or identifiable information will be shared. I am a mandated reporter so if you mention abuse, neglect, or have made a plan to harm yourself or others, I am required by law to call it to the proper authorities. By signing the consent form, you stated that you understand this information, are agreeing to be in this study, and are comfortable answering the questions. Once again, this signature is not binding so you can withdraw your consent at any moment. All information will be destroyed after the withdrawal of one's consent unless the investigators are given permission to continue using the data gathered. With that being said, do you consent to the use of this recording device for documentation purposes? If not, please feel free to opt out of the study. If you have any questions or concerns about the consent form please let me know.

1. **Questions that address: What are the perceptions of Tunica County teen mothers and their families regarding the importance of addressing the barriers to supporting pregnant and parenting teens and addressing their basic needs, skills, and future child development?**

What is your view on the state of resources addressing teen pregnancy in Tunica County?

Do you believe there are sufficient resources targeting this issue?

In what ways do you believe these agencies or resources are trying to address or help teen parents?

Do you think there are barriers against teen parents accessing resources to meet their basic needs?

If YES, what is your opinion on the effects of these barriers?

If NO, please explain your view on how their needs are met

If a class was offered to help support and give information to teen parents would you attend this class or recommend it to others?

2. **Questions that address: What are the perceptions of Tunica County teen mothers about how these issues are currently addressed?**

Do you think Tunica County has tackled issues in the natal healthcare service industry?

Have you seen any improvement within the community with how the high teen pregnancy rates are being addressed?

How familiar are you with the interventions in the community regarding teen pregnancy?

If you are able to change how the community addresses teen pregnancy, what would you suggest, and why?

For context, have you or anyone in your immediate family experienced teen pregnancy?

Appendix F

Team CITI Training Certificates

Course Participants: Ilesia Bonilla, Gina Bucy, Angie Edwards, Sarah Evans, and Minda Ruba



Completion Date 19-Sep-2022
Expiration Date N/A
Record ID 51293656

This is to certify that:

Ilesia Bonilla

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University



Verify at www.citiprogram.org/verify/?wd76cc401-412c-433c-971a-6c0e9ccda4eb-51293656



Completion Date 25-Sep-2022
Expiration Date N/A
Record ID 51710401

This is to certify that:

Gina Bucy

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University



Verify at www.citiprogram.org/verify/?w73f28092-50dd-4c7e-8ac5-d594cb000cfd-51710401



Completion Date 21-Sep-2022
Expiration Date N/A
Record ID 51542010

This is to certify that:

Angie Edwards

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University



Verify at www.citiprogram.org/verify/?wf9da764e-5bb8-4f00-b2c2-26340d7848b4-51542010



Completion Date 19-Sep-2022
Expiration Date N/A
Record ID 51415307

This is to certify that:

Sarah Evans

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University



Verify at www.citiprogram.org/verify/?wf1c9cc28-26f8-442f-96c1-1ecd2a8c3e19-51415307



Completion Date 11-Sep-2022
Expiration Date N/A
Record ID 51386281

This is to certify that:

Minda Ruba

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University



Verify at www.citiprogram.org/verify/?w0ffdac9e-7827-4e14-ae85-392283dec4c7-51386281

Appendix G

Consent Form

Perceptions Surrounding Teen Pregnancy

Investigators: Ilesia Bonilla, Minda Ruba, Sarah Evans, Angie Edwards, and Gina Bucy

What is the purpose of this study?

You are invited to participate in a research study to help us better understand the Tunica County residents' perceptions of the barriers against teen parents and how they are being addressed. The conductors of this study are Ilesia Bonilla, Minda Ruba, Sarah Evans, Angie Edwards, and Gina Bucy. They are Social Work masters-level candidates at Southern Adventist University and are conducting this study to gather insight into community perceptions. This form explains who qualifies, how the study will be conducted, the rights of participants, and any added risks. Please read this document carefully and feel free to contact either Angie Edwards or the faculty supervisor, Professor Laura Racovita, before signing. They will be able to address any questions or concerns one might have about participation in this study. Their contact information is available at the bottom of this form. The written consent form should be torn away and presented to an investigator before the first interview. Participants under 18 must acquire parental consent on their assent forms and present them to an investigator.

Who can participate?

You can participate in this study if you meet the following:

- You are a woman and/or have a uterus
- You live in Tunica County
- You are over the age of 15
- You have some previous knowledge of teen pregnancy in Tunica county and/or experienced pregnancy, birth, or parenthood

How does this study work?

To collect data for the program, investigators will be conducting semi-structured interviews. The duration of these interviews will be between thirty and forty minutes. Before the client may take part in these interviews, they must read and sign the consent form. In the event that the participant is less than 18 years old, the consent form must be signed on their behalf by a parent or legal guardian. Interviews will be conducted by one of the investigators who will be facilitating the process. The interview will not be recorded visually but audio will be captured so no information is lost during the interview process. Detailed notes will be recorded during and after the interview as well as extracted from the audio recordings. Other investigators will have

access to these recordings and be able to develop notes and gather data from them. Along with the interview, an interviewer's guide will be developed. This will guarantee that the interviews are all conducted in the same manner and that the interviewers are informed of the procedure throughout.

Is this mandatory?

Participating in this study is completely voluntary. You can decide if this is something you would like to do and if not, you are free to change your mind at any time. There will be no consequences for backing out or revoking your consent. If you choose to not take part in the study at any point, all information will be erased unless investigators are given permission to use the material

What are the benefits?

It is important to understand there is no direct benefit from this study. A way to benefit from this study is to have the opportunity to share your opinions and perspectives on this matter. This study will allow you to express your thoughts and concerns about the quality of resources in the Tunica area and how to address these issues. The responses can hopefully be used as a guide to improving resources in the Tunica County area.

What are the risks?

The risks of participating in this study are quite low. There are risks of discomfort when speaking about the topic and thoughts of others' perceptions. There is also risk when considering one's own situation during the interview if the experience was traumatic in any sense. Investigators will provide a counselor to combat these risks upon request.

Are there any costs?

There are no costs to participate in the study but traveling expenses should be considered to reach the study's location.

What do I get out of this?

You will be assisting in research by sharing your perceptions of community resources. This could potentially inform changes to improve resources and access to health care for vulnerable groups like pregnant teens.

What is Confidentiality?

Confidentiality means that anything you share with the investigators will be kept private. The information and results from this research will be shared and viewed by professors and other

audiences for scholarly purposes. These audiences will not be aware that you participated in this study or even which results were produced by you. Confidentiality will keep you anonymous unless investigators receive direct permission from you to reveal identifiable information like name or age. To protect this anonymity, investigators will store all sensitive material in password-protected computer files.

There are limits to confidentiality and as mandated reporters, the investigators are required by law to make a report if there is mention of neglect or abuse. The investigators are also required by law to make a report to state child welfare or law enforcement agencies if there are any concerns of harm to anyone, especially children, the elderly, or the disabled. Appropriate authorities are also to be contacted if there is a threat to harm oneself.

Consent to Participate

I, _____, have received and read the study procedure described. I understand my rights as a study participant and am aware of the risks involved.

By signing below, I understand that I will be voluntarily agreeing to participate in this study and allow the use of my data in this study. I also understand that this signature is not binding and can choose to revoke my consent at any time without penalty.

Print Name: _____ Date: _____

Signature: _____

Contact Persons

This study has been approved by the Institutional Review Board of Southern Adventist University. For any questions or concerns regarding this study please contact the following individuals:

Angie Edwards - Email: asedwards@southern.edu

Professor Laura Racovita - Email: racovita@southern.edu

To file any complaints or reports regarding this study or its investigators, please contact the faculty supervisor or the Institutional Review Board.

Southern Adventist University Institutional Review Board -

Phone Number: 800-768-8437 Email: irb@southern.edu

Professor Laura Racovita - Email: racovita@southern.edu

Appendix H

Minor Assent Form

Perceptions Surrounding Teen Pregnancy

Investigators: Ilesia Bonilla, Minda Ruba, Sarah Evans, Angie Edwards, and Gina Bucy

What is the purpose of this study?

You are invited to participate in a research study to help us better understand the Tunica County residents' perceptions of the barriers against teen parents and how they are being addressed. The conductors of this study are Ilesia Bonilla, Minda Ruba, Sarah Evans, Angie Edwards, and Gina Bucy. They are Social Work masters-level candidates at Southern Adventist University and are conducting this study to gather insight into community perceptions. This form explains who qualifies, how the study will be conducted, the rights of participants, and any added risks. Please read this document carefully and feel free to contact either Angie Edwards or the faculty supervisor, Professor Laura Racovita, before signing. They will be able to address any questions or concerns one might have about participation in this study. Their contact information is available at the bottom of this form. The consent form should be torn away and presented to an investigator before the first interview. Minors must have their parent or guardian sign the form before they can participate

Who can participate?

You can participate in this study if you meet the following conditions:

- You are a woman and/or have a uterus
- You live in Tunica County
- You are over the age of 15
- You have some previous knowledge of teen pregnancy in Tunica county and/or experienced pregnancy, birth, or parenthood

What if I am / my child is under 18?

Participants under the age of 18 must get their parent or legal guardian's signature for consent to participate in this study. By signing this form, the parent or legal guardian is giving permission for the minor to participate in this study. Under this consent, the minors will be able to participate in interviews, have their data recorded, and give investigators permission to use the results in their study.

How does this study work?

To collect data for the program, investigators will be conducting semi-structured interviews. The duration of these interviews will be between thirty and forty minutes. Before the client may take part in these interviews, they must read and sign the consent form. In the event that the participant is less than 18 years old, the consent form must be signed on their behalf by a parent or legal guardian. Interviews will be conducted by one of the investigators who will be facilitating the process. The interview will not be recorded visually but audio will be captured so no information is lost during the interview process. Detailed notes will be recorded during and after the interview as well as extracted from the audio recordings. Other investigators will have access to these recordings and be able to develop notes and gather data from them. Along with the interview, an interviewer's guide will be developed. This will guarantee that the interviews are all conducted in the same manner and that the interviewers are informed of the procedure throughout.

Is this mandatory?

Participating in this study is completely voluntary. You can decide if this is something you would like to do and if not, you are free to change your mind at any time. There will be no consequences for backing out or revoking your consent. As a minor, the parent can also withdraw consent and investigators will remove the participant even if the minor is willing. All information gathered will also be erased unless the consenting party gives investigators permission to keep it in the study.

What are the benefits?

It is important to understand there is no intended direct benefit from this study. You or your child might benefit from the opportunity given to share your opinions and perspectives on the quality of resources in the Tunica area.

What are the risks?

The risks of participating in this study are quite low. There are risks of discomfort when speaking about this topic and the perceptions of others. There is also a risk during the interview process if the participant had a traumatic experience during their pregnancy. Investigators will provide a counselor to combat these risks upon the request of either the participant or parents/legal guardians.

Are there any costs?

There are no costs to participate in this study but traveling expenses should be considered to reach the study's location.

What do I get out of this?

You will be assisting in research by sharing your perceptions of community resources. This could potentially inform changes to improve resources and access to health care for vulnerable groups like pregnant teens.

What is Confidentiality?

Confidentiality means that anything you share with the investigators will be kept private. Not even parents or legal guardians will be given access to the information shared by minors. The information and results from this research will be shared and viewed by professors and other audiences for scholarly purposes. These audiences will not be aware that you participated in this study or even which results were shared by you. Confidentiality will keep you anonymous unless investigators receive direct permission from your parents/legal guardians and you to reveal identifiable information like name or age. To protect this anonymity, investigators will store all sensitive material in password-protected computer files.

There are limits to confidentiality and as mandated reporters, the investigators are required by law to make a report if there is mention of neglect or abuse. The investigators are also required by law to make a report to state child welfare or law enforcement agencies if there are any concerns of harm to anyone, especially children, the elderly, or the disabled. Appropriate authorities are also to be contacted if there is a threat to harm oneself.

Contact Persons

This study has been approved by the Institutional Review Board of Southern Adventist University. For any questions or concerns regarding this study please contact the following individuals:

Angie Edwards - Email: asedwards@southern.edu

Professor Laura Racovita - Email: racovita@southern.edu

To file any complaints or reports regarding this study or its investigators, please contact the faculty supervisor or the Institutional Review Board.

Southern Adventist University Institutional Review Board -

Phone Number: 800-768-8437 Email: irb@southern.edu

Professor Laura Racovita - Email: racovita@southern.edu

Consent to Participate

Participant: I, _____, have received and read the study procedure described. I understand my rights as a study participant and am aware of the risks involved.

By signing below, I understand that I will be voluntarily agreeing to participate in this study and allow the use of my data in this study. I also understand that this signature is not binding and can choose to revoke my consent at any time without penalty.

Parent/Legal Guardian: I, _____, the parent/legal guardian have received and read the study procedure described. I understand my child's rights as a study participant and am aware of the risks involved.

By signing below, I ensure that I have reviewed this material with my child. I understand that I am voluntarily agreeing for my child to participate in this study and allow the use of their data in this study. I also understand that this signature is not binding and can choose to revoke my consent at any time without penalty.

Participant

Print Name: _____ Date: _____

Signature: _____

Parent/Legal Guardian:

Print Name: _____ Date: _____

Signature: _____