A DESCRIPTIVE STUDY OF
BARRIERS TO IMPLEMENTATION OF
PREGNANCY PREVENTION PROJECTS IN NORTH CAROLINA
PUBLIC SCHOOLS

by

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(ABSTRACT)

This descriptive study was conducted to identify barriers encountered by school systems, health departments, and other health care agencies while implementing pregnancy prevention projects in public school settings. The following questions were addressed in this study:

1. Do identifiable barriers exist that prevent the implementation of programs to serve adolescent parents in public schools?

2. Do common characteristics exist among school systems and health care agencies which implement pregnancy prevention projects?

3. Do school systems, community health care agencies, and health departments experience similar barriers during the implementation of pregnancy prevention programs?

Eight sites were selected, four each from the categories of Delayed Implemented and Promptly Implemented Sites. Key
persons involved with the initial project implementation were interviewed using a semistructured interview guide. Tape transcriptions and field notes from the interviews provided data for subsequent coding and classification around major themes.

Three barriers were identified that were common to all sites: access to contraceptives; access to abortions; and religious opposition to the project, or a specific project activity. Much of the religious opposition involved issues related to dispensing contraceptives, abortions, and the secular nature of the projects.

An overwhelming majority of persons interviewed felt that pregnancy prevention and service delivery to adolescent parents were important issues for the school systems. A past working relationship appeared to be common to joint operated projects.

An unstable funding cycle, staff recruitment, and staff retention were common barriers to project operators. Staff recruitment and staff retention were also impacted by the year-to-year funding cycle. There is also some indication that school system operated projects experienced fewer problems during implementation and enjoyed considerable support among the school staff and the community.
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DEDICATION

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CHAPTER I
INTRODUCTION

Pregnancy among school-age girls has increased, and pregnant students are now a visible group on many school campuses (Klerman and Jerkel, 1973). In 1972, the National School Public Relations Association concluded from a study that most school districts have largely ignored pregnant teens and teenage parents. The typical response to this problem in many districts has been to pretend it does not exist. Traditionally, pregnancy has ranked as the primary reason for female students who drop out of school (Sex Information and Education Council, 1974).

In 1981, the Alan Guttmacher Institute published its second major study on teenage pregnancy. The study, "Teenage Pregnancy: The Problem That Hasn't Gone Away," again called attention to the problem and urged agencies to address this growing concern.

In the past, social and health agencies have been the focus of concern in developing strategies for dealing with adolescent pregnancy. This focus of responsibility now seems changing as educational institutions are called upon to face the problem.
Typically, most school districts develop programs to address educational or social problems. Because teenage pregnancy is a very common problem, the current trend focuses on students remaining in school during pregnancy. Therefore, school districts are seeking to address this problem through the development of various types of programs.

Apparently, North Carolina has recognized the need to address the problem of teenage pregnancy. In the 1985 session of the North Carolina General Assembly, lawmakers appropriated 1.9 million dollars to fund pregnancy prevention projects for two years (1986-87).

Funding was provided to local county agencies (i.e., health departments, school systems) to develop model programs to deal with the prevention of adolescent pregnancy and to improve the health of pregnant adolescents and their infants. A total of thirty-three projects were funded (see Appendix B). Twenty-one projects were funded from the original legislative act, and twelve additional projects were added through the redirection of federal/state discretionary programs' funds within the Division of Health Services (see Appendix C).

All of the projects sought to develop a unique approach to teenage pregnancy prevention based on their particular community attitude toward the problem. Therefore, various
intervention strategies were implemented. Several projects were school based and included counseling, referral services, school clinics, and curriculum development. Other projects were classified as joint school-agency projects. These projects provided both school and often health agency services to adolescents. Still other projects worked with adolescents outside the public agencies and schools.

Statement of the Problem

Descriptive data regarding barriers to implementation of the teenage pregnancy prevention programs in North Carolina Public Schools are nonexistent. Such data are necessary for planning future programs.

Purpose Statement

The purposes of this study were:

(1) to provide descriptive data regarding the implementation of model pregnancy prevention programs;

(2) to identify barriers to the implementation of model adolescent parents and pregnancy prevention programs;

(3) to describe local board of education policies for pregnant students and adolescent parents in the programs selected for this study;
(4) to identify problems encountered by joint-agency sponsorship of programs.

Limitations of the Study

(1) The study will be limited to an examination of the implementation of eight of the twenty-one model school-based programs funded by the North Carolina General Assembly.

(2) The study will concentrate on activities that were initiated during the first two years of the programs.

(3) Identification of promptly and delayed implemented project activities are based on self-reports submitted to the North Carolina Division of Health Services.

Research Questions

1. Do identifiable barriers exist that prevent the implementation of programs to serve adolescent parents in public schools?

2. Do common characteristics exist among school systems and health care agencies which implement pregnancy prevention projects?
3. Do school systems, community health care agencies, and health departments experience similar barriers during the implementation of pregnancy prevention programs?

Definition of Terms

For purposes of this study, the following definitions apply:

SCHOOL AGE PARENT: Any male or female student who has a child and is less than nineteen years of age.

PREGNANT ADOLESCENT: A female who is pregnant and less than eighteen years of age.

BARRIERS: Any action by an organization, individual, or agency that obstructs the implementation of the project or any of its components.

LOCAL EDUCATION AGENCY (LEA): A local school district within the state of North Carolina.

PRIMARY OPERATOR: The agency or organization that is responsible for implementing the project, making decisions on project objectives, and delivering services to project participants.

SCHOOL BASED HEALTH PROJECT: A local school district or school that provides health services to pregnant and non-pregnant students.
SCHOOL BASED EDUCATION PROJECT: A local school district or school that provides pregnancy prevention education to pregnant and non-pregnant students.

SCHOOL AND COMMUNITY BASED PROJECT: Services provided to pregnant and non-pregnant students through a joint effort of a school district and community or public agency.

PROMPTLY IMPLEMENTED PROJECTS: Projects that were implemented with minimum problems and began service activities as scheduled.

DELAYED IMPLEMENTED PROJECTS: Projects that experienced major difficulties during implementation and delayed service activities.

TEENAGE PREGNANCY RATE: The number of pregnancies to females, fifteen to nineteen (15-19) years of age, as related to the female population of the same age group. This number is expressed as a certain rate per 1,000 teenage residents of a county of the same age group.

Research Design

This study was descriptive in nature. The researcher visited eight of the twenty-one sites and interviewed the project director, principal, school staff, central office supervisor, and other key personnel identified by project personnel as having an important role in the project implementation. Descriptive data were collected from key
actors within the organizations involved in the implementation of the projects. The intent of the study is to provide descriptive data from the perspective of the key actors on barriers they encountered during the implementation of the project.

Four of the projects selected for this study have demonstrated some success in addressing their goals based on quarterly reports submitted to the North Carolina Division of Health Services. Also, a report from an external evaluator commissioned by the North Carolina General Assembly provided additional data on the project's accomplishments.

An interview guide was developed (see Appendix D). The interviews were semi-structured and the interview guide allowed the researcher to probe for additional information on items. Also, many opportunities were provided for respondents to explore areas not listed on the interview guide.

Eight of the thirty-three projects were selected using the classification developed by the Maternal and Child Health Branch of the Division of Health Services (See Appendix B). The projects were classified under four divisions based on their primary services and activities. The following taxonomy was developed by the Division of Health Services:
1. School-Based Health Services Projects
2. School-Based Education Projects
3. School and Community-Based Projects
4. Community-Based Education Projects

This study focused on school-based projects; therefore, community-based education projects were excluded from this study. Eight projects were selected from each agency group identified as primary operators (community agency, health department, school system).

This classification is similar to a classification developed by Poe, Davis and Kavanaugh (1984) in describing various programs designed to address the problems of adolescent pregnancy prevention and adolescent parents in Virginia.

Bertie High School served as a pilot site for testing the interview schedule and defining the scope of persons identified to be interviewed. This site has a program identified as school-based but was excluded from the selection because the researcher served as principal of the school.

**Significance of the Study**

According to the North Carolina Department of Human Resources, there has been little data gathered on the first year of operation of these teenage pregnancy prevention
programs. Planning and implementing future pregnancy prevention programs can benefit from experiences of the model program's first year of operation. Furthermore, collecting and analyzing the data presented in this study will provide direction and insight to agencies that contemplate developing programs to help alleviate the problem of teenage pregnancy.

A review of the literature reflects that very little research has been done on barriers to implementation of pregnancy prevention programs. Findings from this study will contribute to the literature.

The study was designed to serve as a useful document to persons in government policy-making positions, health care agencies, public school personnel, and other groups that have an interest in teenage pregnancy and adolescent parents. Furthermore, it identified objections to policies and program development among the various factions of the school community.

It is possible that this study may also receive some attention as the basis for policy development by the North Carolina Department of Public Instruction and the North Carolina General Assembly, which recently funded model programs for pregnant students/mothers in selected school systems and communities in North Carolina.
Specifically, this study is intended to provide the following data to decision-makers:

> a description of the model pregnancy prevention programs after two years of operation
> a description of various types of programs that have proven to be effective in serving adolescent parents
> a listing and discussion of possible barriers to the implementation of school-based programs and Local School Administrative Unit policy development
> recommendations for State Department of Public Instruction and Local School Administrative Unit policies on pregnant students and adolescent parents
> suggestions for appropriate program models.

**Organization of the Study**

This study is divided into five chapters. The first chapter includes the following sections: the introduction, the statement of the problem, the purpose statement, the definition of terms, the limitations of the study, the research questions, the research design, and the significance of the study. The second chapter presents a review of literature pertaining to this study on the national and state levels. The third chapter, Methodology, describes the selection of cases, the procedures developed to collect data, and the method used to organize the data
for analysis. The fourth chapter describes the qualitative data and provides a detailed background on each case. Finally, Chapter Five presents the summary, discussion, conclusions, and recommendations of the study.
CHAPTER II

REVIEW OF LITERATURE

Introduction

This chapter is organized in the following categories: (1) the nature of adolescent pregnancy and its impact on society; (2) the scope of the problem nationwide; (3) the scope of the problem in North Carolina; (4) federal and state adolescent pregnancy policies; (5) federal and state barriers to pregnancy programs; (6) pregnancy prevention and adolescent parent programs; and (7) a summary of literature reviewed.

The Scope of the Problem Nationwide

Background

A concise description of the scope of the problem is discussed in this section which includes background information on teenage pregnancy.

During the last two decades teenage pregnancy has gained the attention of researchers. According to a study by Forrest, Hermalin and Henshaw (1981), during the 1970's "an estimated 2.6 million unintended pregnancies were averted
among teenagers because of their enrollment in family planning clinics. Nearly one million unplanned births and 1.4 million abortions were prevented" (p.116). Pregnancy was the leading cause of female students dropping out of school in the 1970's (Neill, 1979).

Consequences associated with adolescent dropout and parenthood include the following: less education; reduced employment opportunities; increased risk of divorce and poverty; psychological consequences; effects on the young mother’s family (Consortium on Education for Employment, 1981). Another consequence of the 1980’s for teenage mothers and their babies focused upon high medical risks. Teenage mothers do not obtain appropriate nutrition and medical care during pregnancy (Moore, 1982, p. 131). Moore (1982) also discovered that an early birth by an adolescent parent is a strong predictor of early marriage.

Many researchers have cited the enormous cost of adolescent pregnancy and childbearing to society (Tees, 1983; Bolton, 1980). The Alan Guttmacher Institute (1981) reported many health, social, and economic consequences of teen childbearing. Among these are that infant death risks are twice as high for teen mothers as for mothers in their twenties; mothers fifteen and younger are twice as likely to have low birth weight babies; teens having babies interfere
with their educational opportunities and preparation for careers.

Weiner (1987) offered additional statistics. He predicted that each year more than a million American teenagers would become pregnant, with four out of five unmarried, representing a distressing flaw in America's social fabric. Many of America's teens become pregnant in their mid teens. Approximately 30,000 of them are under age fifteen. Forty percent of today's fourteen year olds will become pregnant before age twenty. The result of a Harris poll released in November, 1985 suggests that eighty-four percent of American adults view teenage pregnancy as a serious national problem.

The Alan Guttmacher Institute (1981) also suggests that teen pregnancy imposes lasting hardships on both the parent and child. These teens are more likely to live below the poverty level. Half of those who give birth before age eighteen complete high school (as compared to ninety-six percent of those who postpone childbearing). Teens earn half as much money and are more likely to depend on welfare. Their offspring have high rates of illness and mortality. The children of teen mothers also experience educational and emotional problems later in life. The report shows that 8,200 girls who gave birth at age fifteen or under were daughters of teen mothers. A disturbing trend is that
nearly half of the black females in the United States are pregnant by age twenty. The pregnancy rate among black females ages fifteen to nineteen is almost twice that of white teenagers.

According to a study of early childbearing and completion of high school, Marsiglio and Mott (1985) reported fewer than one half of teens who gave birth before age eighteen completed high school by their twenties. In 1979, Neill also noted this pattern in a report by the American Association of School Administrators. In addition, Compton (1987) reported that each year over 300,000 babies are born to teenage girls who have not completed high school. Unintended pregnancies account for three out of four of the one million teenage pregnancies each year. Most of the teenage parents who decide to raise their children remain unmarried and leave school. These mothers experience psychological, financial, and logistical difficulties. They are often destined for a life of poverty or reliance on welfare.

McCellan (1987) summarizes an edited collection of research articles on teenage pregnancy. She provided the following summary comments: young adolescents have achieved a level of physiological maturity; this physiological maturity is not matched by either their emotional or social development; teen parents tend to be spontaneous,
unrealistic, romantic, and incapable of anticipating rationally the consequences of their sexual behavior; teen parents are unable to identify or appreciate the cost of premature parenthood. According to McCellan, to be effective, educational programs need to recognize and address the incomplete emotional and moral development of teenage mothers. "Teenagers require programs that do more than provide information about human reproduction and contraception or encourage abstinence from sexual behavior" (p. 282). In addition, Gunn (1987) found that in a three generation study, many children of teenage mothers are destined to repeat their mothers' struggles, particularly in the area of educational achievement. Perhaps by focusing upon the research of Marsiglio and Mott (1985), Compton (1987), McCellan (1987), and Gunn (1987), parents, school administrators, social agencies, and others who focus upon teenage pregnancy as a major issue can make inroads to diminish the problem.

**Characteristics of the Problem**

The problems associated with adolescent pregnancy include such divergent negative outcomes as: 1. higher rates of infant mortality; 2. higher rates for birth defects often associated with biological immaturity and poor nutrition; 3. greater rate of mental retardation in children born to
mothers under the age of twenty; 4. increased rates for spinal injuries, head injuries, asphyxia, and epilepsy, which are related to the low birth weight often found within this group of children; and 5. the increased potential of a reduction in intelligence (Bolton, 1980). Other problems associated with teen pregnancy include dropping out of school, unemployment, and feeling impelled to marry someone who one might otherwise have not elected to marry (Bolton, 1980).

Teenage pregnancy is a major concern of school administrators. Kenney (1987) reported that about sixty-five percent of school administrators view teen pregnancy among the top ten problems facing their school system.

A number of problems are associated with teenage pregnancy and parenthood. Potential and long term problems associated with teenage pregnancy are identified as follows: 1. perpetuation of a cycle of poverty; 2. possible long term psychological effects of the young women who choose to terminate the pregnancy; 3. fracture of relationships in families with few resources to deal with this crisis; 4. inability to cope with the demands of parenting, resulting in child abuse, substance abuse, and chronic depression; and 5. lack of acceptance, isolation, and alienation, resulting in lowered self esteem and lowered expectation for life goals (Bonjean and Rittenmeyer, 1987). Factors which have
led to the problems of teen pregnancies and unwed motherhood include: 1. dramatic changes in the attitudes that have swept through American culture over the past thirty years such as the stigma of illegitimacy being removed; premarital sex becoming positively conventional, and the sexual revolution moving from college campuses to high school, junior high, and grade school; 2. the desire among teens to be like their peers (sexually active); and 3. teen girls' ignorance of scientific facts regarding reproduction.

Racial Assessment

According to Weatherley (1985), the evidence suggests that adolescent pregnancy and parenthood are related to the larger societal problems of poverty, racism, and sexism. Corrective efforts must ultimately address these intractable problems. A study by the Alan Guttmacher Institute reveals a shocking prevalence of teen age pregnancy among white as well as black Americans. Racial differences are observed with regard to the outcome of premarital pregnancy. Fewer blacks have abortions; fewer marry during their pregnancies; and more pregnant blacks than whites have illegitimate births (Zelnik, 1980).

There also appears to be some variation among ethnic groups regarding childbirth. Mott (1986) found some differences among certain population subgroups. Among white
adolescents, those who have their first births are no more likely to have a second birth. By contrast, black adolescents are more likely to have a second birth soon after the first birth. Hispanic women generally are more likely than either black or white women to follow up with an early second birth. Mott (1986) also reports that whatever their age at first birth, black mothers are far more likely than whites and Hispanics to expect to obtain higher education and to expect fewer children (p.226).

In contrast to Mott, Battle (1987) reports that adolescent pregnancy seems to impact disadvantaged social groups, especially minorities. Battle noted that nearly sixty percent of all black children are born out of wedlock. Black adolescent females between fifteen and nineteen are the most fertile of that age group in the industrialized world. Half of all black adolescent females become pregnant. Government programs partially support almost half of all black children.

In 1987, research by Ennis provided findings similar to Mott's. Given comparable economic and educational levels, blacks are no more likely to become pregnant than are white adolescents. The discrepancy in the pregnancy rate among whites and nonwhites results from economic factors rather than race. The higher percentages of minority youths are economically disadvantaged (Ennis, 1987).
Nationwide Overview

The Children’s Aid Society of New York City, one of the largest family agencies in the country, noted that many babies delivered to teenagers either wind up in foster homes or are abused, thus adding considerable cost. In Illinois, state officials report that teen pregnancies cost $853 million in medical care, welfare, and other social programs in 1984. During this period, the United States spent approximately $8.6 billion on income support for teenagers who were pregnant or had given birth.

In 1985, over 60,000 adolescents, ages ten to nineteen became pregnant in New York State. Of these, almost 26,000 gave birth and over 33,000 terminated their pregnancies. Approximately 1,700 are aged ten to fourteen years. Of the total, fifty-nine percent were white and thirty-nine percent were black or from another ethnic group (The New York State Council on Children and Families, 1985).

A significant number of teenagers become pregnant soon after the birth of the first child. In a interview with Wallis (1985) of Time Magazine, Kay Bard of Planned Parenthood of Atlanta reported that fifteen percent of pregnant teens become pregnant again within one year; thirty percent, within two years. Despite their harsh experiences, teenagers remained indifferent about birth control.
After a study of teenage pregnancy in five European countries, United States researchers cite the following dilemma faced by American society: 1. American teenagers seem to have inherited the worst of all possible worlds regarding their exposure to messages about sex; 2. movies, music, radio and television tell them that sex is romantic, exciting, titillating; and 3. premarital sex and cohabitation are visible ways of life among the adults teens see and hear. Yet, simultaneously, young people get the message that good girls should say "no." However, teens did not receive information concerning contraception or the importance of avoiding pregnancy (Jones et. al. 1985, p.61).

Recent research suggests that pregnant teens and adolescent parents need not resign themselves to accept a permanent second class status. In 1988, Vinovskis reported that adolescent mothers are not necessarily locked into a life of poverty and limited economic mobility. Alternatives that adolescent mothers face may be a result of a change in society's attitude about adolescent parents and a general acceptance by schools and social agencies of the clients. Results from projects in Baltimore and New Haven suggest that pregnant adolescents experience diverse outcomes several years after the birth of a child.
Overview of North Carolina

In North Carolina (NC) during 1984, of 480,677 adolescent women ages ten to nineteen, twenty-nine percent have been sexually active; fifty percent of sixteen to eighteen year olds have been sexually active. The greatest increase was among white teenagers. Of those sexually active, twenty percent became pregnant (24,848). One out of every eleven teenage women ages fifteen to nineteen became pregnant in 1984. Over nine hundred pregnancies occurred to girls fourteen years old or younger (North Carolina Department of Human Resources, 1984).

Additional statistical data from the NC Department of Human Resources on adolescent pregnancy in 1985 included that there were 14,319 birth to teens. Fifty-five percent (7,894) of all births to teens are out of wedlock, and over 1200 unmarried high school adolescents have a second or higher ordered pregnancy. About sixty-seven percent of these pregnancies are attributed to minority adolescents. Seventy-two percent of teen pregnancies are out of wedlock. The maximum monthly Aid to Families with Dependent Children (AFDC) payment for a teen mother and one child is $194. In NC during 1985, seventy-five pregnancies a day were reported (North Carolina Coalition on Adolescent Pregnancy, 1987).

Besides the commission’s report, in the 1985 session the General Assembly appropriated two million dollars to the
Department of Human Resources (DHR) to be made available to local communities for adolescent pregnancy prevention programs; then another $400,000 was earmarked to fund programs that had not qualified under the initial DHR guidelines (Ennis, 1987). In 1985, the General Assembly also authorized the Legislative Research Commission to study the teaching of adolescent sexuality in public schools. Another commission study has authorized a session to study adolescent pregnancy and premature birth prevention to determine what private agencies, public agencies, and health departments are doing to cope with the problem (Ennis, 1987).

The North Carolina General Assembly mandated through a statute that all public school systems develop a comprehensive health education program for kindergarten through ninth grade by 1988. Comprehensive School Health covers a broad area and includes family living, growth and development. The mandate allows local school boards to implement programs or courses that would comply with the law. With this mandate the legislature also provides each local school unit a health education coordinator. The statute and funding reflects the General Assembly's commitment and interest in the health care of public school children.
The estimated public cost of teenage childbearing in the 1986-87 fiscal year in North Carolina was $232,922,000. This figure includes federal and state money spent on welfare, medical care, and food assistance for families begun by a girl under the age of twenty. Other non-public cost adds an additional $37,078 million to the above figure for a total cost of $270 million during the two fiscal years (Newsletter of the NC Coalition on Adolescent Pregnancy, 1988).

Policies

While teenage pregnancy continues to be a nationwide concern, society has not developed national educational policies to deal with the prevention of pregnancy and the outcomes of adolescent parenthood (Adler, Bates and Merdinger, 1985). The National Research Council (1987) convened a panel of distinguished researchers and practitioners in the field of adolescent sexuality that issued a two volume report. Volume one identifies three goals of the panel for policy and program development with a discussion of respective strategies and interventions for each goal. Volume two includes a collection of research reviews on various aspects of adolescent sexuality and statistical data. The three goals of the panel include the following: 1. to reduce the rate and incidence of
unintended pregnancy among adolescents, especially among school age teenagers; 2. to provide alternatives to adolescent childbearing and parenting; and 3. to promote positive social, economic, health, and developmental outcomes for adolescent parents and their children. In sum, federal or state policies seeking to promote school based services must offer adequate program funds as incentives.

The need for more effective policies regarding teenage pregnancy appears to be warranted. A real war on poverty needs to correct the economic system, basic employment, and wage problems. Instead, the war on poverty of the '60's attacked such individual problems as the lack of educational and vocational training. As a focus on policy, Simkins (1984) stated, "the philosophy guiding the distribution of federal funds was crisis reactive rather than preventive. Indeed, our past welfare efforts were more akin to applying a band aid when major surgery was indicated" (pp.49-50).

Weatherley (1985) suggested that a more effective federal policy would seek to compensate for differences in local capacity, eliminate basic service gaps, support local planning and coordination, and emphasize prevention. "The mechanisms for accomplishing these objectives exist in federalism that sought to use federal aid and direction on behalf of disadvantaged groups. These include formula grants to states based on need and fiscal capacity, renewed
efforts to assure greater health care access especially for poor adolescents, and federal mandates and funding to encourage sex education in the public schools with wider availability of family planning services" (p.22). Weatherley (1985) also suggested that the lack of a national policy commitment to pregnancy prevention contributes to the high rate of adolescent pregnancies (p.20).

As a buffer to the possibilities of reduction of funding for programs serving adolescents, Chilman (1978) suggested that there is a need for "better evaluation of these programs and of the various models they use. Evaluation needs to be directed, of course, to outcome objectives. The objectives of such programs as sex education and counseling and services to unwed parents are frequently not clearly defined" (p. 282). Besides securing funds, a program evaluation also can serve to obtain support from the community for an effective program (Poe, Davis, and Kavanaugh, 1984).

Local boards of education are also involved in developing policy for pregnant teens and adolescent parents. Greene (1984) offered advice to school boards considering pregnancy prevention programs. According to Greene when a school board decides to implement a program that will serve adolescent parents, it needs to consider several questions:
1. Where will the program be located?
2. Will the standard attendance regulations apply to pregnant students and/or to teenage mothers?
3. Will in-service training be provided for staff?
4. How will pregnancy be verified?
5. What services will be provided to teenage fathers?
6. Can pregnant students or teenage parents be barred from membership in the National Honor Society? (p. 3).

Greene (1984) also offered school boards advice when they are faced with tough, and perhaps, unpopular policy decisions regarding teenage pregnancy which may conflict with community values: "The board needs to make clear to the community that providing programs to help students complete their education isn't the same as a board endorsement of teenage pregnancy" (p.3).

There is no easy solution to the problem of adolescent pregnancy and childbearing (Hayes, 1987). Efforts to alleviate the problem "will ultimately require a sustained, coordinated commitment by policy makers, service providers, parents, and teenagers themselves" (Hayes, 1987, p. 293). In summary, states have taken little or no policy action to deal with the problem of teenage pregnancy despite increasing pregnancy and birth rates among adolescents, according to the results of recent survey responses from thirty-four state legislators.
Barriers

Numerous barriers prevent the effective delivery of services to adolescent parents. In 1979, Cannon-Bonventre interviewed over one hundred Boston teenagers to find out their view of problems, needs, and acceptable resources. Regarding agencies serving teenage mothers, Bonventre found that contrary to the needs, service providers offered little concrete assistance. A lack of interagency coordination also existed. Care typically ended after pregnancy with agencies forcing clients into adversarial relationships.

To ascertain the community's support of sex education, Young and Roth (1982) sent a survey questionnaire to 371 public school superintendents in Arkansas to identify schools offering a program of family life/sex education. Previous studies on the subject have indicated that the lack of community support has been a major barrier to implementing programs. Young, however, found that a majority of parents and the general public do support sex education programs.

In 1983, Harris et al. studied the implementation of a sex education program in Suffolk County, New York. The study revealed that parents objected to publicly sponsored programs that could not provide moral guidance that accompanied sexual information. By assessing community needs and values, the health department was able to take a
positive step toward developing a teenage pregnancy prevention program.

Adler, Bates and Merdinger (1985) cited results that suggest that many school officials in Rhode Island are interested in providing some type of services to adolescent parents. Often school officials face financial constraints, however.

Evaluation studies have yielded valuable information on the nature of barriers faced by locally developed programs. In 1985, Weatherley assessed ten programs in four states serving adolescent parents. He examined the material, managerial and political prerequisites to comprehensive program development that are absent in some localities. Public schools in poor districts rarely could afford to undertake special programs that diverted resources from the regular instructional curriculum. Weatherley (1985) also identified a number of barriers which tend to impede program development and maintenance. He summarized evaluation of programs serving adolescent parents and made the following points.

* Few programs receiving federal funds have much flexibility in their use. Federal funds tend to have specific limitations.
* The presence of state funds contributed to the success of many projects raises problems of equity and adequacy.
None of the states have staff resources for technical assistance or oversight of local grantees.

The discretionary grant process locks in funding to the initial successful applicants.

Funders are reluctant to terminate existing programs to support new ones.

Managerial and political prerequisites as well as administrative tasks necessary for successful program development stretch to the limit the capacities of the organizations and their staff. Local leadership seems to play an important role in the project's success.

Specialized leadership roles identified are administrative leadership, grantsmanship, political leadership, institutional leadership, and outreach recruitment.

Several conditions facilitate agency coordination. These conditions include a service climate supportive of community planning, staff resources to support community coordinating efforts, and a history of successful social welfare planning and coordination (Weatherley, 1985).

The capacity and willingness of the social welfare community and local elites to address the issue often determine the funding possibilities for programs in many communities. Pregnant teenagers lack a vocal constituency
to lobby for resources since adolescents and their families are not inclined to call attention to their situations (Greene, 1984). The service providers are predominantly female. Yet, the resources needed to mount and sustain services are largely controlled by males who often share less than sympathetic attitudes toward sexually active teenage girls.

Interagency coordination is a major barrier to service delivery to adolescent parents. Firestone (1987) conducted a study in Pennsylvania on the coordination of education and social services in three program areas: teenage pregnancy, drug abuse, and services to preschool children. Firestone found that interagency conflicts and service blockages were problems for coordination. For teenage pregnancy, institutional survival concerns were the primary contributor to interagency conflict. Firestone made the following conclusions and recommendations:

1. coordination can increase the cost of service by increasing the demand;

2. coordination can facilitate complementary interest;

3. arrangements that minimize competition between agencies should be established;

4. regulations contribute to coordination problems;

5. coordination is facilitated when programs have a clear purpose compatible with the philosophies of other involved parties;
6. local coordination councils should facilitate coordination;

7. planning and adjustment to facilitate coordination must continue after new projects have started;

8. increased resources are often needed to reduce service blockages (ERIC Abstract No. Ed2910002).

A report by the West Virginia Department of Education (1987) on adolescent pregnancy, parenting, and prevention made four recommendations in its summary: 1. develop a comprehensive state plan to address adolescent pregnancy; 2. establish an Office of Adolescent Health Services to oversee services to adolescents; 3. increase advanced training opportunities for health, education, and social service professionals who work with high risk adolescents; and 4. develop local case management systems to ensure coordination of health, education, and employment at the community level.

Several additional factors reveal currently existing obstacles to outreaching adolescents in the area of contraceptive programming on the state level. A major obstacle is found at the school level. Advocates have met with resistance from school administrators who fear widespread community disapproval. Shapiro (1981) discovered that this fear is largely unfounded.

Some parents believe that their role as sex educators of their children is being usurped by new programs. Some community members are opposed to the notion that values
clarification and decision making skills are an integral component of some sex education programs (Shapiro, 1981).

A major psychological barrier to teenagers using contraception devices is that planning of some sort is required, and planning implies both intent and responsibility. Many teenagers have not yet accepted themselves as being sexually active. Taking a diaphragm on a date clearly indicates to teenagers and partners that teenagers expect and want to have sex (Morrison, Samulon and Aellman, 1981).

Shapiro (1981) identified attitudinal, social, and educational barriers that tend to "disable" adolescents in their access to sexual learning: 1. attitudinal refers to community residents who have mixed and ambivalent attitudes toward sexual learning for all adolescents; 2. social refers to the opportunity to test out different roles; and 3. educational includes reluctance on the part of administrators, teachers, and parents to initiate and support sex education programs in their schools.

Identifying potential sources of opposition is crucial for two reasons: to gauge reasons for opposing expanded sex education efforts; and to assess the strength of opposition. Persons opposed to sex education often have similar objections to specific programs. These individuals question
the qualification of the teacher and program leaders (Shapiro, 1981).

Burt, Sonenstein and Freya (1984) concluded an evaluation of thirty-eight adolescent parent programs with "some impressions which might promote and fund services for pregnant and parenting teens. These impressions cover the need for adequate case management, client records, and client tracking. There also is a need for greater emphasis on services to parenting teens" (p.14).

Concerning interagency coordination, an inherit problem exists in on-going services for adolescent parents because it requires coordination of at least three service sectors in the community: the medical system; the school system; and the social service system. Community agencies must hold discussions prior to receiving funds if their clients are to have access to services other than those provided (Burt et.al., 1984).

Burt et. al. (1984) argued that comprehensive programs must both assess clients' individual needs and provide or arrange for services to meet those needs. According to Burt, responsibility must be assessed for monitoring individual cases to make sure that clients get available services according to their needs.

The attitudes of school personnel often discourage teenagers from continuing their education. There may be a
lack of flexibility within the school to accommodate the young mother's needs. For many students, it seems easier to quit school (McAfee and Geesey, 1984, p. 255).

Dryfoos' (1985) experience in family planning clinics suggested that parents do not like to discuss contraception with their children and are relieved that their children are getting birth control from a reliable source. Generally, program staff encourages parents to visit the clinic with the permission of the child to speak with counselors concerning their children's problems (p. 73).

Dryfoos (1985) also reported that most school based clinics began by offering comprehensive health care and later added family planning services to avoid local controversy. The comprehensive services model presupposes the presence of an infrastructure among the health, education, and social service agencies that may be linked to serve adolescent parents. Without additional funding many agencies do not have the capacity or resources to undertake special programs (Weatherley, 1985).

Several studies suggest that the high school principal is a key figure in implementing a school based clinic program (Greene, 1984; Dryfoos, 1983; Dryfoos, 1985). Dryfoos (1983) suggested in her study of pregnancy intervention programs, a key role for the school principal in pregnancy prevention. Dryfoos states that:
Consensus is strong that the key actor in school systems is the principal. She or he can initiate innovative programs, conduct in-service training for teachers, oversee suspension and expulsion policies and create a good learning environment. Thus school administrators would be a prime target for information about how their schools could perform their twin functions of upgrading the quality of education for disadvantaged students and assisting the students to delay childbearing until they are ready to be parents (p. 9).

School systems also experience problems when implementing school-based programs. Weatherley and others (1986) cite several obstacles faced by school based comprehensive programs and notes that "public school culture and tradition militate against programs and activities that fall outside the realm of academic instruction" (p. 264). Midlevel school staff often exclude pregnant students or banish them to separate programs, despite federal anti-discrimination legislation. Administrators are vulnerable to outside pressure and generally avoid controversy (P. 264).

A common argument against sex education and one that has been used for more than two decades is that telling young people about sex encourages sexual promiscuity. It is a
powerful argument when used by an influential community leader or popular figure (Weiner, 1987).

Program Development

Some states have published guides to help school districts in developing programs. The New York State Education Department (1981) has published a program planning guide for its school district administrators to help in implementing a family life and human sexuality program. "A Guide to School and Community Action" published by the California State Department of Education (1981) is designed to help local communities in the identification of needs, exploration of alternatives, implementation, and evaluation of programs to address issues affecting children. This guide uses adolescent pregnancy as an issue and provides an example of how a community might conduct needs assessment in response to the problem.

Poe, Davis and Kavanaugh (1984) outlined a procedure and discussed at length steps in the development of a prevention program. The following steps are recommended: 1. assess needs; 2. write problem statements; 3. write program goals; 4. set program objectives; and 5. choose program strategies. This manual also covers related areas such as program evaluation, coalition formation, marketing prevention,
dealing with the media, and a review of model pregnancy prevention programs.

Dryfoos (1983) grouped pregnancy prevention into three areas and discussed a model of each in his report to the Rockefeller Foundation. The three areas include sex education and information services, contraceptive services, and programs that enhance life options such as education and employment. Kenney (1987) also arrived at a similar classification in a recent overview of the types of programs that schools have adopted to address adolescent pregnancy. These program types have proven successful in addressing their goals.

A program developed by the York (PA) City School District called "Changing Roles" is an example of a sex education and information service program. This program successfully reduced the dropout rate of pregnant students to 9.5 percent during the 1982-83 school year. Objectives of the program included: reducing the dropout rate for the pregnant adolescent; delivering comprehensive prenatal education to these students; and improving the health of teen-age mothers and children. Education classes were conducted bi-weekly in two hour sessions at the regular high school. The nurse-instructor arranged support services for students through community agencies. The school district estimates that $10,000 a year is saved in the cost of providing homebound
services by keeping the students in school (McAfee and Geesey, 1984).

An evaluation by Dryfoos (1985) of a program that offered contraceptive services reported both a reduction in the teenage birthrate in St. Paul, MN and Dallas, TX where there are established clinical programs. Principals at both sites attributed improved attendance and lower dropout rates to school based clinics. A possible disadvantage of school based clinics is that health services are only offered during school hours and may be totally absent during summer vacation. An earlier study of the Dallas program showed a reduction in teenage pregnancy (Ralph, 1983).

An example of a program that enhanced life options is Project Redirection. In an evaluation for Project Redirection (a comprehensive program for disadvantaged mothers), Polit and Kahn (1985) suggested that teenage mothers who remained in the program for more than one year had consistently better outcomes in education and employment than any other program.

A major concern in developing programs is determining what services to offer and how long to offer those services. A serious shortcoming of program development is the provision of service delivery to adolescent parents. A number of services are provided to adolescents during pregnancy. Many of these services are discontinued after
the baby is born which is a crucial time when the teen parent often needs support. Burt, Sonenstein & Freya, (1984) noted that this post birth period may be the best opportunity for programs to assist teen mothers in maintaining school attendance and coping with the array of roles thrust upon them by parenthood.

Other Program Development Concerns

Burt and others (1984) suggested that much could be learned about how to run programs if large public funders to adolescent parent programs required some minimal data set as part of a program's fiscal obligations. The data would provide comparable information from all funded programs with some agreed upon uniform data collection points.

Roosa (1984) contended that although the content of programs varies greatly, the program commonly includes parenting and family living. These two elements are in the curriculum because of the widely accepted idea that the pregnant teenager or teenage mother is not very knowledgeable about parenting.

A parent education curriculum needs to address both the roles of adolescent mother and teenager in its content (Catrone and Sadler, 1984). Greene (1984) cited that students have a legal right to an education, and schools need to make educational programs available to them.
Separate Facility

School administrators have shifted their opinion about mainstreaming or establishing a separate facility for pregnant students. In a 1986 survey conducted by Weiner of the Education Research Group, twenty-five percent of the district schools had separate, alternative programs for pregnant students. However, eighty percent of the administrators favored mainstreaming pregnant students and adolescent parents.

Many programs that formerly housed their programs in separate facilities have since moved to the regular district high school. A variety of educational services meets the needs of students enrolled in the programs. The Vineland City (NJ) school district has moved its program to the high school. However, it retains the flexibility to meet the individual needs of its students (Greene, 1984).

Goals

Three sets of goals should guide the development of programs to deal with the multifaceted problem of teenage pregnancy and teenage parenthood. The first set deals with efforts to prevent or decrease adolescent pregnancies. The second set includes efforts aimed at minimizing the consequences of adolescent pregnancy. The third set includes efforts to provide resources and support to help
adolescent parents assume their role as parents and to become productive citizens in their communities (Bonjean and Rittenmeyer, 1987). A teen parent group has been formed that focuses on helping the mother to set goals for herself and her baby and plan for the future (Contingency Response Intervention for Infants of Adolescent Parents, 1986).

Funding of Programs and Costs

There have also been attempts to address the problem of teenage pregnancy and adolescent parents through joint agency linkages without additional funding. The comprehensive service model is more window dressing and may be used for political compromise and symbolism than effective problem solving by agencies. Weatherley (1986) states the comprehensive model is based on faulty assumptions including the following:

1. the appropriate services exist locally and need only to be administratively linked together;

2. localities have the capability and resources to mount and maintain such programs with minimal state and federal assistance; and

3. the problematic aspects of adolescent pregnancy and parenthood are best addressed through services for girls who are already pregnant (p. 263).

For example, in a published report of recommendations on 42
adolescent pregnancy, a Mississippi model called for a "core service support system which would work to identify at risk adolescents; provide services to at risk, pregnant, and parenting adolescents and their families; and provide complete services for life planning through a case management approach" (ERIC Abstract No. ED 278891, 1986). Moore (1983) argues that it is more cost effective to fund programs to assist teenagers, to prevent unwanted pregnancies, and to provide remedial assistance when preventive efforts fail. The frequent reliance of teenage parents on public assistance brings about the difficult economic and social circumstances under which teenage parents live.

Several questions of interest to be addressed by those involved in adolescent parent programs include the following:

1. Where should the program be located?
2. How should it be structured?
3. What services should be offered?
4. How much will the program cost?
5. What start-up time, management issues and technical assistance needs should be anticipated?
6. Which clients should be recruited? (Burt, Sonenstein & Freya, 1984).
According to Barrett Mosbacker of the Family Research Council of America (1987), school-based health clinics should not be funded. They usurp parental authority and involvement, fail to provide moral instruction, and are ineffective in reducing adolescent pregnancy, sexual activity, abortion, and sexually transmitted diseases. Mosbacker states a "collective strategy is needed to encourage adolescents to say 'no' to address the problem of teenage pregnancy" (ERIC Abstract No. ED 282169).

Service Programs

A variety of service programs exist designed to assist pregnant adolescents and adolescent parents. Services to adolescents must begin long before the problem reaches crisis proportions and must extend long after the crisis has been resolved. Service must begin when community standards will permit those services to be initiated to prevent the occurrence of the problem. When a collage of services focuses upon prevention and treatment, and when rehabilitation realms are available for the individual adolescent, then meaningful service programs exist (Bolton, 1980).

Two factors will sustain the need for contraceptives to adolescents as a preventive measure through a service program. First, the level of adolescent sexual
participation is unlikely to decrease significantly. Secondly, the benefits of contraceptive use with the group far outweigh the costs associated with abortion, dysfunctional marriage, and the increased risk of negative parent-child relationships occurring within the pregnant adolescent group (Bolton, 1980).

Perlman (1985) conducted a study of ten sites in four states that offered comprehensive services to pregnant adolescents. Dryfoos (1985) described fourteen comprehensive health services offered in clinics located in or near public high schools. These programs operated in thirty-two schools that served approximately 20,000 students. School based clinics have been credited with improving students' health, lowering their birthrates, raising their levels of contraceptive use, and improving their school attendance. Zitner (1980) found that a pregnant adolescent’s participation in a comprehensive service program around the time of birth has a positive impact for more than one year on the infant’s health, the mother’s education, and child spacing.

Some researchers agree that the comprehensive services model has considerable impact on local communities because it focuses "on the individual girl after she becomes pregnant. It successfully skirts the more divisive issues related to pregnancy prevention, service deficits and the
economic and social conditions often associated with poor pregnancy outcomes. In addition, by focusing on local communities and local programs, it appears to circumvent the need for new resources" (Weatherley, Perlman, Levine and Klerman, 1986, p 259). Hawley (1980) also discussed the importance of involving community members as a logical first step in developing a service program to prevent premature parenthood and venereal disease.

According to Carolyn Gaston (1987), Principal of the New Futures School in Albuquerque, "Teen parents need comprehensive services. These services should be provided in a manner which is coordinated from the teen's point of view. Also, these services should be readily accessible, provided by skilled, caring staff who respect the teens and believe in their abilities, and help them feel better about themselves and their futures" (p.36).

Projects

To help teenage mothers deal with their children, the Northeast Georgia Health District recently began a project called "Contingency Response Intervention for Infants of Adolescent Parents" (CRIIAP). The aim of the project is to show effective ways to identify and serve babies born to teenage mothers, who are "at risk" for later emotional and intellectual problems. Project staff members visit the
homes and teach the mothers how to better "read" and understand their babies. (Contingency Response Intervention for Infants of Adolescent Parents, 1986).

The Adolescent Family life Demonstration Projects include program and evaluation summaries. The report contains a summary of sixty-six demonstration projects dealing with various aspects of adolescent pregnancy. Programs are categorized by state, type of service, and prevention or care. Prevention project programs attempt to find effective means within the family context of reaching adolescents before they become sexually active and encouraging them to delay sexual activity. Project care programs provide comprehensive health, education and social services to pregnant adolescent mothers with emphasis on involving the family and coping with the related problems. The Office of Adolescent Pregnancy Programs funded these projects (Office of Population Affairs, 1986).

**Intervention**

Roosa (1985) reflected on an earlier study of the San Francisco Teenage Pregnancy and Parenting Project (TAPP) program that focuses attention on potential female dropouts who may leave school before becoming pregnant. This population is often disadvantaged and may not be served by a school based intervention program.
Weatherley (1985) cautioned about expecting too much from limited federal intervention. Comprehensive intervention service programs that focus on the already pregnant have had limited results in preventing repeat pregnancies and ignore those sexually active teens at greatest risk (p. 22).

Hill and Bragg (1985) reported on a study to identify differences in completion of school attendance rates and grades for secondary adults who received day care services for their children as compared to those who did not. Attendance rates and grade point average were similar for both groups of students. A difference, however, is noted in the graduation rate for those students receiving intervention (nearly three fourths) to those students (one third) not receiving intervention.

According to Newcomer (1985), education may do little to lessen drop-out rates that occur through teenage pregnancy. Several studies of intervention programs indicate that some students do not have aspirations toward higher education.

Rowe (1986) grouped pregnancy intervention programs into three categories: 1. programs which focus on education, knowledge and skill training, 2. programs which emphasize access to contraceptives and clinic services, and 3. programs which attempt to enhance alternatives to adolescent pregnancy and parenthood. According to the Carnegie Corporation (1986), "The increasing array of pregnancy
intervention programs has come about through necessity. The United States has the highest teenage pregnancy rate in the developed world" (p.2).

Cherokee County Schools and the Extension Service of Clemson University implemented an educational intervention program in a junior and a senior high school. Students were trained as peer counselors. Following program implementation, reports from school principals and teachers show an increased awareness and openness to the teenage pregnancy problem. Parents reported their children approached them and encouraged family discussions. The county health department also reported an increase in the number of teenagers seeking assistance (Phillips, 1987).

Roosa's (1984) study of the short term effects of teenage parenting programs on knowledge and attitudes suggests that more emphasis should be placed on helping teenagers acknowledge their sexuality and learn decision making skills and methods of communicating decisions about sexual behavior so that they can become more responsible in their sexual behavior. There is also some indication that an education/clinic combination program can dramatically succeed in reducing the number of unintended teenage pregnancies (Kirby, 1984).

Sonenstein and Pittman (1984) found that sex education literature was provided by eighty percent of urban school
districts. They reported that there are many variations in what is offered in school districts and individual schools within a district. There is a larger proportion of districts offering sex education as part of other science or health courses than sex education as a separate course. There also is a wide range of topics, as well as depth of coverage, of specific topics.

The results from a study of two clinic programs in Baltimore showed a significant change in contraceptive sexual knowledge. This study recalled that boys in the junior high use the clinic as freely as girls of the same age (Zabin, Hirch, Smith, 1986).

Attitudes and Experiences

The Education Research Group (1987) published a special report designed to help school administrators set up or revise adolescent pregnancy programs in their schools. It included a discussion of a survey of seven hundred school administrators on their attitudes toward the teen pregnancy problem and a review of what select school systems are now doing for adolescent parents.

There is some indication that reluctant readers may find enjoyment in reading literature that mirrors their experiences and attitudes. A recent study exposed nineteen pregnant students and teenage mothers to two dissimilar
young adult novels. One focuses on teenage pregnancy and the other focuses on alcoholism. This study suggested that the students often empathize strongly with the pregnant student in the novel who has attitudes similar to theirs (Demsko, 1987).

Summary

The literature review includes a discussion of the scope of the problem of teenage pregnancy from a national and North Carolina perspective. The researcher examined national, state, and local boards of education policy issues that impact on pregnant teens and adolescent parents. In addition this review focused on studies which detailed barriers faced by programs that offered services to pregnant teens and adolescent parents. Also examined were the variety of factors encountered during program development and implementation.
CHAPTER III

METHODOLOGY

We expect an inquiry to be carried out so that certain audiences will benefit - not just to swell the archives, but to help persons toward further understandings. If the readers of our reports are the persons who populate our houses, schools, governments, and industries, and if we are to help them understand social problems and social programs, we must perceive and communicate in a way that accommodates their present understandings. Those people have arrived at their understanding mostly through direct and vicarious experience. (Stake, 1983, p. 279)

The purpose of this study was to provide descriptive data on the implementation of eight pregnancy prevention projects. Specifically, this study addressed three research questions:

1. Do identifiable barriers exist that prevent the implementation of programs to serve adolescent parents in public schools?

2. Do common characteristics exist among school systems and health care agencies which implement pregnancy prevention projects?

3. Do school systems, community health agencies, and health departments experience similar barriers during the implementation of pregnancy prevention projects?
The Case Study

Case study research is considered the design of choice when little is known about a subject or problem (Simon & Burstein, 1985; Simon, 1969). The researcher often depends on a variety of data collection methods to provide a complete overview of the subject or problem (Richardson, 1983).

Many early researchers believed that case study research was a prelude to further research (Simon, 1969; Simon and Burstein, 1985; Ander, Ball, Murphy, et al, 1985). According to Simon and Burstein, descriptive case studies are "usually the jumping-off point for the study of new areas in the social sciences" (p. 37). Julian Simon (1969) expounded on this concept when he proclaimed the case study as the

...method of choice when you want to obtain a wealth of detail about your subject. You are likely to want such detail when you do not know exactly what you are looking for. The case study is therefore appropriate when you are trying to find clues and ideas for further research; in this respect, it serves a purpose similar to the clue - providing function of expert opinion (p. 276).

Robert E. Stake, a noted researcher in the field of social inquiry, holds a different view of case study
research. Unlike other researchers, Stake (1983) claimed, "case studies will often be the preferred method of research because they may be epistemologically in harmony with the reader's experience and thus to that person a natural basis for generalization" (p. 279).

In the context of this study, the descriptive case study method is intended to provide data which will address the research questions. The study used a variety of data collection devices which include survey questionnaire, reports, correspondence, and interviewing. These tools comprise the basic research repertoire of the field researcher.

Selection of Cases

Thirty projects were funded by the North Carolina General Assembly to allow local communities to address the problems of adolescent pregnancy prevention and improvement in the prematurity care of adolescent parents and their infants. The North Carolina Department of Human Resources' Division of Health Services classified the projects by their primary intervention strategy. Twenty-one of the thirty projects deliver major services at the school building level. Eight of the twenty-one projects were selected, three from each of the major sponsoring agencies (Community Health Agency, Public Health Department, School System, also see Figure 1).
The researcher, in consultation with the staff in the Division of Health Services, randomly selected eight projects based on the following criteria:

1. The project has been in operation for one full school year.

2. The projects labeled as promptly implemented sites demonstrated some success in addressing their goals based on quarterly reports submitted to the Division of Health Services.

3. The projects labeled as delayed implemented sites demonstrated some difficulty during the implementation process or showed little progress in addressing their goals based on quarterly reports submitted to the Division of Health Services.

4. The projects' directors consented to participate in the study.

<table>
<thead>
<tr>
<th>PRIMARY OPERATOR</th>
<th>SELECTED</th>
<th>DELAYED IMPLEMENTED SITES</th>
<th>PROMPTLY IMPLEMENTED SITES</th>
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<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Health Department</td>
<td>5 (10)*</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Figure 1: Project Selection Design. * Numbers in parentheses indicate total number of sites.
Projects Selected

The following sites were selected for the study using the selection criteria outlined in the previous section.

Promptly implemented Sites
Greene County
Guilford County
Haywood County
Martin County

Delayed implemented Sites
Carteret County
Davidson County
Robeson County (West Robeson High School)
Robeson County (Fairmont Middle School)

The four sites identified as experiencing initial difficulty in becoming operational were used as delayed implemented sites. Four of the remaining seventeen sites were randomly selected from the three categories of operators (community agency, health department and school system). After grouping projects by primary operator, the third project listed alphabetically was selected. In the case of health department projects, two were selected, the third and sixth listed alphabetically. This information is summarized in Figures 2 and 3.
<table>
<thead>
<tr>
<th>COUNTY</th>
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<th>START DATE</th>
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**Figure 2: List of Promptly Implemented Sites.**

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<td>Health Services</td>
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</table>

**Figure 3: List of Delayed Implemented Sites.**

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Description of Selected Project

The following is a brief background description of the projects listed above.

Promptly Implemented Sites

Greene County

PROJECT TITLE: Adolescent Parent Prevention Program

Greene County is located in the eastern part of the state. This rural county has 267 square miles and a 1985 population of 14,800 (North Carolina Manual 1985). Tobacco, the major cash crop, and swine production provide the major income in the agriculture based economy.

The rate of pregnancy among females ages 15-19 years is 90.0 per 1,000 female residents. According to the North Carolina Coalition of Adolescent Pregnancy (1987), 97.1 percent of mothers ages 15-19 have health and environmental factors which place them in a high risk category.

The Greene County project is sponsored by the health department and the Wilson/Greene Mental Health Center. This project follows an earlier health department teenage pregnancy project. The goals of the project are to reduce unintended pregnancy and improve the health of adolescent parents and their infants. Project objectives listed in the proposal include the following:
1. to provide family life education, support, and counseling to students in a school-based setting;
2. to increase outreach efforts to enhance the maternal health of adolescents;
3. to provide home-bound education and counseling services to teen parents.

Students in the junior high and high school are identified as the target population for the project's education, counseling, and referral services. A total of 235 students were taught a postponing sexual involvement curriculum, and a Family Life Education class was provided for 215 students. Quarterly reports indicate that services have been well received by the school system.

**Guilford County**

**PROJECT TITLE: Adolescent Pregnancy and Prematurity Project**

Guilford County is located in the northern piedmont section of North Carolina. Guilford County has 655 square miles but is the third most populous county (327,000) in the state. The cities of Greensboro (175,000) and High Point (65,000) are two important industrial centers in the Piedmont. Several colleges and universities are located in Guilford County. In 1985 the teenage pregnancy rate was 103.9 per 1,000 female residents aged 15-19 years. During
the same year, 88.7 percent of the teenage mothers had risk factors (North Carolina Coalition on Adolescent Pregnancy).

The program was initially operated by the Guilford County Health Department and the United Way of Greater High Point. The project’s initial goal was to reduce the number of unintended adolescent pregnancies and to improve the health of adolescents by providing educational, screening, and referral services to students at the school site.

The following objectives were listed in its proposal:

1. to obtain information from students and faculty regarding health needs and concerns;

2. to identify existing education resources within the schools and health department;

3. to provide specialized counseling/education/health services to pregnant and parenting students;

4. to provide and/or arrange for basic health care services;

5. to provide educational programs to civic and agency groups and inservice training for school personnel.

A full-time nurse was employed at Kiser Junior High in Greensboro and at Ferndale Middle School in High Point. A survey instrument was developed and administered to students in September, 1986 to ascertain health concerns of students and faculty members. It was also used to obtain the health profile of the target population.
Project services started with the hiring of two nurses in April, 1986. The project provided the following direct health services: 1) indirect and group counseling; 2) direct and open communication with parents of teens, educational programs on teenage sexuality, and pregnancy prevention for pregnant and parenting teens; and 3) referral for family planning from undeveloped schools. During the second quarter of 1987 (April/June), forty educational programs were conducted at the Kiser site and thirty-six at the Ferndale site.

Haywood County

PROJECT TITLE: A Direct Approach to Adolescent Pregnancy

Haywood County is located in the southwestern section of the North Carolina and borders Tennessee. In 1985 approximately 44,800 persons lived in the 551 square mile county. Farming and tourism provide the major income for the county. Tomatoes, apples, and tobacco are major cash crops. Two areas of the county are developing into tourist resorts — Maggie Valley and Lake Junaluska, which houses a major conference center.

The 1985 pregnancy rate (ages 15-19 years) was 77.6 per 1,000 female residents. In 1985, 80.8 percent of teenage mothers were classified with risk factors (North Carolina Coalition on Adolescent Pregnancy).

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This project was developed by the school system to encourage abstinence from adolescent sexual involvement. Over 2,000 seventh and eighth grade students in three schools were the target population for the project's curriculum. The following objectives were identified for the project:

1. to develop a junior high Pregnancy Prevention Curriculum focusing on abstinence through life skills;
2. to provide classroom instruction which promotes abstinence through life skills;
3. to provide a setting in which students can express specific concerns and receive appropriate feedback.

Two health educators were hired to teach the curriculum, "Teen Life Choices," to seventh and eighth grade students. The curriculum involved a minimum of ten hours of instruction and focused on five content areas: assertiveness, coping skills, decision-making, association with positive groups, and self-esteem. A "Sounding Board" discussion group has been initiated for students. Inservice programs in the curriculum content areas have been provided for teachers.
Martin County

PROJECT TITLE: Adolescent Health Awareness Project

Martin County is located in the eastern section of North Carolina. Typical of counties in eastern North Carolina in 1985, it is fairly large (455 square miles) but sparsely populated (23,500). Farming is the major industry in the county; however, there are several small manufacturing businesses.

In 1985 the teenage pregnancy rate was 78.8 per 1,000 female residents aged 15-19 years. During the same year, 87.3 percent of the teenage mother were identified as having risk factors (North Carolina Coalition on Adolescent Pregnancy).

This project is sponsored by the Martin-Tyrell-Washington Health Department. Prior to the proposal, a series of community meetings was held to discuss the problem of teenage pregnancy. The project was an outgrowth of these meetings and the health department's interest in teenage pregnancy. The goal of the project is to provide students with information and skills to make wise decisions and to resist peer pressure as it relates to sexual activity. A social worker and nurse are the project's staff. The nine objectives in the proposal were listed as follows:
1. to develop a curriculum for teens which can be readily used by instructors to promote the development of positive self-esteem and to promote wise decision-making regarding sexual behavior, alcohol and drugs;

2. to increase community awareness of the teen pregnancy problem;

3. to provide sessions to assist parents in communicating with their child, especially in regard to sexual behavior, alcohol and drugs;

4. to provide one-on-one counseling with teens;

5. to offer referral services to appropriate medical agencies and provide follow-up to ensure that proper care is sought;

6. to serve as a resource for communities, parents and teens, and to facilitate networking between agencies;

7. to increase self-esteem of teens as evidenced by pre-and post-tests;

8. to develop a parenting session to be incorporated into the prenatal clinic;

9. to develop an educational program for Family Planning patients that points out dangers of teen pregnancy and the effects of alcohol, drugs, and tobacco on the developing fetus.
During the 1985-86 school year, the curriculum was implemented at Robersonville Junior High School. Apparently the curriculum was well received because the Martin County Board of Education approved its expansion to Williamston Junior High School in the 1986-87 school year.

Delayed Implemented Sites

Carteret County

PROJECT TITLE: STP (STOP TEENAGE PREGNANCY)

Carteret County is located in the southeastern section of North Carolina. Its 536 square miles include miles of shoreline, bounded by the Pamlico Sound to the north and the Atlantic Ocean to the east and south. Many of its people are employed in fishing and related industry.

In 1985 the teenage pregnancy rate was 92.0 per 1,000 female residents aged 15-19 years. During the same year, 74.3 percent of the teenage mothers were identified as having risk factors (North Carolina Coalition on Adolescent Pregnancy).

This project has the distinction of being one of five in the state sponsored by a community agency, Carteret Community Action. The Carteret Community Action Agency has a history of involvement in poverty and job training programs. This project is their first attempt at a joint venture with the Carteret County Board of Education.

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Reducing the number of pregnancies among adolescents in Carteret County is the goal of the STP Program. The following program objectives were listed in the proposal:

1. to expand school-based sex education/pregnancy prevention classes and groups;
2. to provide clinic-based teen pregnancy prevention and intervention services;
3. to provide outreach services to single teen mothers to prevent subsequent pregnancies and promote good health care;
4. to conduct agency-based adolescent contract-groups and individual counseling;
5. to promote and encourage delaying/refusing early sexual activity;
6. to prevent the spread of sexually transmitted diseases among teens;
7. to encourage faithful school attendance/graduation.

In January, 1987, four staff members were hired to address the above listed objectives. An in-school educator was hired to conduct education sessions in child development and family life. A special nurse was added to the local health clinic to work with teens receiving clinic services. An outreach worker conducted home visits and provided support services to twenty-four teen mothers. A youth group leader/counselor conducted group discussion sessions around
topics of concern to teen boys and girls in two areas of the county.

**Davidson County**

**PROJECT TITLE:** School Health Demonstration Project

Davidson County is located in the central section of the state. It is a rural county of 549 square miles and is bordered on the north by Guilford and Forsyth counties and their respective cities of Greensboro and Winston-Salem. A large number of their 118,000 population is employed in manufacturing industries such as furniture, textile fabrics, fiber glass, and machinery.

In 1985 the teenage pregnancy rate was 108.9 per 1,000 female residents aged 15-19 years. During the same year, 85.2 percent of the teenage mothers were identified as having risk factors (North Carolina Coalition on Adolescent Pregnancy).

The Davidson County Health Department sponsored the project in cooperation with the Davidson County Board of Education. The goal of the project is to reduce adolescent pregnancy through emphasis on postponing sexual involvement. The following objectives were listed in the initial funding proposal:

1. to assess the acceptance and benefits of placing a public health nurse full-time in the schools;
2. to increase the awareness of the community to the problems of adolescent pregnancy.

In October, 1986, the project began with the placement of a public health nurse in three high schools who provided health screening, referrals for other services, counseling to pregnant teens, and class presentations on human sexuality and health issues. An effort to convince the local school systems to implement a Family Life Curriculum was also initiated.

By January, 1986, the activities were conducted in three pilot high schools on a weekly basis by a public health nurse. These services included counseling, screening, and referral services for medical and psycho-social problems. Postponing sexual involvement is emphasized by the nurse; however, sexually active students are encouraged to be responsible for their actions. Education classes and referral services are provided for adolescent parents. A Family Life Curriculum is being developed for implementation and is scheduled for field testing.

Robeson County (West Robeson High School)

PROJECT TITLE: School-Based/Community Intervention

Robeson County is located in the southeastern section of the state. Its 946 square miles make it the second largest county in North Carolina. South Carolina is to the south.
and the city of Fayetteville is approximately twenty miles to the north. Robeson has a native Indian population, and the 1987 population of 106,000 is divided almost equally between the three major ethnic groups: whites, blacks and Indians. Tobacco, soybeans and corn are the major cash crops which contribute over 80 million dollars to the local economy.

In 1986 the teenage pregnancy rate was 112.2 per 1,000 female residents aged 15-19 years. During the same year, 89.8 percent of the teenage mothers were identified as having risk factors.

This project is sponsored by the Robeson County Health Department and Robeson County Board of Education. West Robeson High School (1,300 students) was selected as the initial site for the implementation of a school-based health clinic. Thirteen objectives were listed in the original proposal for the project. Since these objectives also served the Fairmont Middle School Project (project description listed below), they are cited in their entirety as follows:

1. to promote the concept of postponing sexual involvement and sexual responsibility for adolescents;
2. to provide educational opportunities for parents to enable them to become the primary sex educators for their children;

3. to identify and mobilize support systems for teens who do not have a parent or significant other person with whom to discuss issues related to sexuality and contraception;

4. to recruit sexually active teens who are receiving contraceptive services through an outreach program that includes public information, special school activities, and educational presentations;

5. to monitor teenagers currently using family planning services to ensure compliance and follow-up with non-compliance cases;

6. to identify and follow-up with pregnant teens to assure that they use family planning services following delivery;

7. to conduct three community education workshops within one year of the implementation of the care component;

8. to encourage each teen suspected of being pregnant as reported by the school staff to seek family planning counseling and pregnancy testing within two weeks of the report;
9. to implement human sexuality, family responsibility, and parenting education programs into a school program for all sophomores;

10. to remind eighty percent of teens using family planning services within five days of the appointment by contact via telephone, guidance counselor, or letter;

11. to make home visits at six month intervals to teen parents enrolled who have had a birth within a year;

12. to promote community awareness and education through the media, programs, presentations, and Advisory Board;

13. to inform private and agency health care providers of the services offered by the project and coordinate services as deemed appropriate.

By March, 1986, five full-time staff members were hired including a program coordinator, community health assistant, clerk, registered nurse and a health educator. Each person received orientation and training for a month.

Project services were delivered on site in a remodeled mobile unit during the school day and required a signed parental permission form for all students receiving services. These services included educational programs in the classroom setting, health assessments, physical examinations, laboratory screening, immunizations, risk
reduction, treatment, counseling, and referrals.

**Robeson County (Fairmont Middle School)**

**PROJECT TITLE: School-Based/Community Intervention**

This project is an extension of the West Robeson High School Clinic Project. A description of the county's demographics is presented above.

Fairmont Middle School has approximately 700 students and is located twenty-four miles from West Robeson High School. Medical and counseling services are provided one day per week at the school site. Students must have a signed parental consent form to receive any service. Services include health assessments, physical examinations, laboratory screening, immunizations, risk reduction, treatment, counseling, and referral services.

In addition to the above services, two curricula are presented to students in the classroom setting: Human Growth and Development and Postponing Sexual Involvement.

**Semistructured Interview**

Descriptive information on barriers encountered in the implementation of pregnancy prevention programs was gathered by using the semistructured interview technique. Various researchers refer to this technique as focused interview (Yin, 1987), interview guide approach (Patton, 1980), and
interview guide (Miles & Huberman, 1984). Yin (1987) defined the focused interview as one in which the "interviewed is more likely to be following a certain set of questions derived from the case study protocol" (p. 83). Patton defines the interview guide approach as:

a list of questions or issues that are to be explored in the course of an interview. An interview guide is prepared in order to make sure that basically the same information is obtained from a number of people by covering the same material. The interview guide provides topics or subject areas within which the interviewer is free to explore, probe, and ask questions that will elucidate and illuminate that particular subject. Thus, the interviewer remains free to build a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style - but with the focus on a particular subject that has been predetermined. (p.200).

Miles and Huberman (1984) suggested several methods for qualitative data analysis during the process of data collection. The following methods were adapted to transfer field notes from the interviews into records for analysis:
1. Contact Summary Sheet - contains a series of focusing or summarizing questions about a particular field contact.

2. Coded Field Notes - pre-determined codes will be assigned to sentences and paragraphs of transcribed field notes.

3. Pattern Coded Field Notes - Codes used to summarize segments of data into a smaller number of themes or constructs (see Appendix E).

4. Site Summary - provides a synthesis of what is known about the site, reviews findings and quality of data supporting the findings.

In addition to data collected from interviews, various documents were consulted and collected to obtain information to address the second research question. This information includes size of the school district, numbers of pregnant teens, racial composition of the community, income, and school board policy for adolescent parents.

**Procedures**

The following is a step-by-step description of the implementation of this research.

1. Met with Department of Health Services Program Consultant to explain and receive sanction for the study.
2. Obtained preliminary data on all projects.
   a. List of projects by intervention strategy.
   b. Brief description of projects.
   c. Quarterly reports from school based projects.
3. Identified projects for the study using the selection criteria (see p. 3) as it applied to each of the three school related project categories.
4. Obtained demographic information on the counties and school systems. This includes population, enrollment, racial composition, income, years of education and pregnancy rate.
5. Identified persons to interview and drafted interview guides.
6. Developed instrumentation to be used in the field.
   a. Contact summary sheet
   b. Document summary form
   c. Site summary format
   d. Coding structure
7. Conducted a field test of interview guide and supportive instruments.
8. Reviewed data gathering instruments with Division of Health Services Program Consultant. Requested and secured letter of introduction for all persons listed on the interview schedule.
9. Drafted a tentative schedule for:
   a. Site visits
   b. Completion of data gathering phase
   c. Preliminary draft of findings

10. Telephoned all persons scheduled to be interviewed
    a week in advance to confirm the time, place and
    procedure for the interview. This contact allowed
    the researcher to answer any questions about the
    nature of the study and procedures.


12. Developed a timeline for site visits, completing
    all data gathering activities, drafting site
    summaries and preparing first drafts of chapters
    four and five.

13. Arranged to make a copy of all data collected which
    might be used (cut & paste) in constructing site
    reports, "and filed in a safe place where it
    [would] not be disturbed, cannot be lost, and
    [would] not be destroyed" (Patton, 1980, p. 298).

14. Assembled all supplies and materials needed in the
    field:
    a. Purchased a looseleaf notebook binder for
       interview responses for each site.
    b. Purchased cassette tapes for recording interview
       (one third more than actually needed).
c. Purchased legal pads, pens, and pencils.
d. Purchased large envelopes or folders to file all materials for each project.
e. Secured two tape recorders for recording interviews (one to be used as a backup).
f. Set aside $15.00 in cash to pay for copying at each site if needed.

15. Arranged transcription services for taped interviews.

16. Gave explicit direction to typist to make verbatim transcription of taped interviews (Patton, 1980).

17. Drafted a tentative budget for the study and charted actual expenses during the duration of the study.

A Site Visit Scenario

The following events occurred during a typical site visit. The procedures described were repeated at each site and across sites. The researcher anticipated that completion of scheduled activities would take two days to complete at each site.
1. Arrived at the superintendent's office for a morning interview. The interview was designed to last approximately forty-five minutes. An interview guide was used and notes were recorded on a page with the individual questions at the top to permit ample space for recording responses.

2. Arranged to conduct the interview in a location of the superintendent's choice where interruptions were avoided or minimized.

3. Thanked the superintendent for agreeing to meet with the researcher and for the use of his school district in the study. Discussed the importance of his responses to the overall success of the study and that the result would be of major benefit to superintendents in other school districts and to health care agencies.

4. Reviewed the purpose of the study and emphasized that the study was not an evaluation of the project or the personnel.

5. Assured the superintendent that his responses would be kept confidential and the information reported would be summarized by categories within this school district and across other school systems being studied.
6. Asked the superintendent to review the results from the field visit (field notes, site summary) to check for accuracy and to make comments prior to completing the study (Patton, 1980).

7. Requested permission to tape record the interview. Patton (1980) suggested the, "major justification for using a tape recorder should be made clear to the interviewee" (p. 247). The researcher incorporated this explanation into the interview protocol.

8. Completed the interview.

9. Proceeded with remaining scheduled interviews which followed the same format as described above.

10. Scheduled interviews in the following order when possible:
    a. Superintendent
    b. Health Director - if appropriate
    c. Central Office Supervisor - if appropriate
    d. Principal
    e. Project Director
    f. Other project staff - when appropriate

11. After interviews were completed for the day, checked the following:
    a. all interview notes in note binder
    b. all field notes completed

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c. cassette tapes properly labeled and filed
d. used chart to check off items completed and noted remaining items.
e. Completed contact summary sheet for each person interviewed
f. Coded all field notes from each individual interview

Data Analysis

The data analysis methods in this study draw heavily upon models suggested by Yin (1987) and Miles and Huberman (1984). Yin (1987) suggested that the use of a pattern-matching logic in case studies is one of the most desirable means of analysis. Miles and Huberman (1984) provided the Interactive Model for data analysis which served as the primary structure for the organization and analysis of data. The Interactive Model (see Figure 4) involves three, "concurrent flows of activity: data reduction, data display, and conclusion drawing/verification" (p. 21). Finally, the data was analyzed across sites which tended to increase the potential for greater generalization and gave some indications about "the conditions under which that finding will occur" (p. 151).

Test of Research Design

The quality of a research design can be judged according to four tests. Yin (1987) gave a brief description of these tests and identified several tactics for dealing with the test during various phases of a study. Yin (1987) provided the following summary of the four tests:

- Construct validity: establishing correct operational measures for the concepts being studied;
- Internal validity (for explanatory or causal studies only, and not for descriptive or exploratory studies): establishing a causal relationship, whereby certain conditions are shown to lead to other conditions, as distinguished from spurious relationships;
• External validity: establishing the domain to which a study's findings can be generalized; and

• Reliability: demonstrating that the operations of a study—such as the data collection procedures—can be repeated, with the same results (pp. 40-41).

The researcher took steps to address each of these tests throughout the various phases of the study. Appropriate tactics used to address these concerns are discussed below.

Construct validity was enhanced by using multiple sources of evidence and developing a case study data base. Multiple sources of evidence included documentation (project proposals, letters, memoranda, newspaper clippings, and progress reports) and interviews of persons at the various sites. The case study data base consisted of case study notes from interviews, observations, or analysis of documents. Documents collected during the course of the study became part of the case study data base.

Internal validity, as noted above, is not a major factor in a descriptive study and was not addressed.

External validity was addressed through employment of a multiple case design. Yin noted that "The evidence from multiple-case is often more compelling, and the overall
study is therefore regarded as being more robust" (p. 48). It should also be noted that multiple cases were selected across the three categories of projects (school based health, school based education, school and community based) which enhanced any attempts to generalize the findings to other cases.

Reliability of the study was increased by developing the case study data base which allowed a reader to refer to the actual documents collected and used in the study. Also, the report contains sufficient citations to the data base to formulate a chain of evidence to, "follow the derivation of any evidence from initial research questions to ultimate case study conclusions" (Yin, p. 96).

In addition to the items discussed above, every effort was made to reduce biasing of data obtained from the interviews. Borg and Gall (1983) referred to factors which may produce biased responses as response effect. The response effect is defined as "the tendency of the respondent to give inaccurate or incorrect responses, or more precisely is the difference between the answer given by the respondent and the true answer" (p. 438).
Summary

A multiple case study design was selected to study barriers to the implementation of pregnancy prevention programs in nine select public school districts in North Carolina. Each case was considered individually and then as a group by the two categories (promptly implemented project and delayed implemented project). Cross site analysis was used for inspecting data collected within the site and across the eight sites in the two categories.

Multiple sources of evidence were used which resulted from gathering data through interviews, project reports, administrative documents, proposals, and document analysis.

Validity and reliability issues were addressed through the application of the commonly accepted four tests of good research design in the social sciences.

A detailed description of the process and procedures used in the conduct of this study is contained in this chapter for possible replication.
CHAPTER IV
ANALYSIS AND FINDINGS

Introduction

In 1985 the North Carolina General Assembly provided funds to local agencies to develop pregnancy prevention programs. The General Assembly’s initial appropriation was not sufficient to meet the large number of requests from agencies across the state. Because of the overwhelming response from various agencies, the General Assembly encouraged the state government to provide assistance in funding additional programs. That same year additional projects were funded through monies allotted in the Department of Social Services’ Block Grant Program. Thirty-three projects were funded from the combination of these two sources.

During 1987-88 local agencies received funding based on proposals submitted to the North Carolina Division of Health Services. Agencies which operated these pilot pregnancy prevention projects were health departments, school systems, and private nonprofit community groups. Typically, implementation of these programs took a year since agencies received funds at various times during the year.
This study focused on identifying barriers during the initial start-up phase of the projects. Eight projects with major involvement in school systems were selected. Personal interviews were conducted on site to gather data from key persons involved in decision making during the initial development and implementation of the projects. The descriptive nature of the data collected lent itself to qualitative analysis since the projects were all somewhat varied in their approach to pregnancy prevention.

A note on the organization and presentation of data in this chapter is appropriate at this point. Researchers have long recognized the problem with qualitative studies. Analyzing qualitative data presents a major task to anyone who amasses a number of interviews, field notes, notes of telephone conversations, newspaper clippings and other documents (Fowler, 1984; Miles and Huberman, 1984). Miles and Huberman advocate reductions of qualitative data through the use of displays in the form of charts, tables and matrices. According to Miles and Huberman, "...the creation of and use of displays is not something separate from analysis; it is a part of analysis" (p. 22). In this chapter data are organized and presented using their concept of data reduction and display.

Classifying the projects was difficult because of the uniqueness of each project. The first attempt was to
classify them by major activity. Since most of the projects had multiple goals, they also presented multiple activity thrusts, thus making classification difficult. Geographical grouping was also considered but did not provide sufficient representation of the various types of projects and project operators by regions.

While considering site selection, it was noted that projects either experienced little difficulty or had major problems during the implementation phase. Because this study focused on barriers to implementation, projects were grouped according to the degree to which they had difficulty during implementation. This grouping provided a contrast between those projects which were implemented without major delays or opposition and those that had to devote energy and resources to deal with problems during implementation.

This contrast, however, does not mean that all promptly implemented sites were without problems or opposition. The North Carolina Department of Human Resources, Division of Health Services also assisted in identifying those projects that met this criteria. It is also important to remember that a project that experienced problems during implementation may have become quite successful after those problems were addressed. This level of difficulty regarding implementation led to the final classification of projects into two groups (cases): Promptly Implemented and Delayed
Implemented Sites.

Promptly Implemented Sites included the counties of Greene, Guilford, Haywood, and Martin. Delayed Implemented Sites included Carteret, Davidson, and Robeson (two sites) Counties. Additional information on the operators, site locations, and major project activity appears in Table 1.

Table 1
Site Selection

<table>
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<td>Education</td>
</tr>
</tbody>
</table>

Data gathered at the sites required a minimum of two days except in Haywood County. Interviews were scheduled at the convenience of the interviewees; this flexibility often
required two to three visits to most sites. The project
director in Haywood County, however, scheduled all the
interviews at his office in one hour intervals. This
condensed schedule eliminated the time consuming task of
driving around the county to find people; it permitted
sufficient time for interviewing; and it eliminated travel
time between interviews.

Most interviews ranged from twenty to fifty minutes in
length. The shortest interview was twenty minutes and the
longest, one hour and twenty minutes. The interviewee's
involvement with the project and the length of the interview
seemed to correlate. Generally, the closer the person was
to the project activities, the longer the interview.

Responses to questions on the interview guide were tape
recorded and later transcribed for data analysis. Persons
interviewed by position at each site are listed in Tables 2
and 3. Since health department personnel coordinated both
Robeson County projects, they are listed once on Table 2;
the principal and superintendent are listed for both sites.

As noted on Tables 2 and 3, several interviews were
conducted by phone. Phone interviews were conducted only
after an effort was made to arrange a personal interview.
For example, in Robeson County (Fairmont City Schools) the
superintendent moved to South Carolina; the former Carteret
County superintendent retired and frequently travels; and
the Greene County central office coordinator arranged a telephone interview after an important meeting lasted well into the interview appointment. Telephone interviews lasted from fifteen to twenty minutes. Also, a minister was not interviewed from Greene County. The project director recommended two ministers who had moved out of the county and could not be reached to schedule an interview.

Table 2

Interview Log - Delayed Implemented Sites

<table>
<thead>
<tr>
<th>SITE POSITION</th>
<th>Carteret</th>
<th>Davidson</th>
<th>Robeson W</th>
<th>Robeson Fairmont</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superint</td>
<td>X (P)</td>
<td></td>
<td>X (P)</td>
<td>X</td>
</tr>
<tr>
<td>CO Coord</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td>X</td>
<td>X</td>
<td>X (P)</td>
<td>X</td>
</tr>
<tr>
<td>Proj Dir</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HD Dir</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>HD Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Dir</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proj Staff</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minister</td>
<td>X</td>
<td>X</td>
<td>X (P)</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>X</td>
<td>X (P)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

P = Telephone interview
CO Coord = Schools Central Office Coordinator
HD = Health Department
Table 3

Interview Log - Promptly Implemented Sites

<table>
<thead>
<tr>
<th>SITE POSITION</th>
<th>Greene</th>
<th>Guilford</th>
<th>Haywood</th>
<th>Martin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superint</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CO Coord</td>
<td>X (P)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td>X</td>
<td>X (2)</td>
<td>X</td>
<td>X (2)</td>
</tr>
<tr>
<td>Proj Dir</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>HD Dir</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>HD Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Dir</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proj Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minister</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Parent</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

P = Telephone interview
CO Coord = Schools Central Office Coordinator
HD = Health Department

Report of Findings by Cases

Based upon the interviews and secondary sources of information (news clippings, reports, etc.), the two cases showed several similarities when grouped by sites. Although all the sites had developed pregnancy prevention projects, only Haywood County had a written school board policy that addressed teenage pregnancy. Even in those systems where the project activities became issues for the
boards of education, a specific policy was lacking. Typically, policy development follows airing of concerns and controversial issues. Delayed implemented sites either experienced some type of problem while establishing a pregnancy prevention program, or major opposition to the project emerged during implementation. Despite the nature of the problem, much time and energy were required to deal with the issue causing the delay.

Several common processes emerged while conducting the interviews which are identified as key indicators. When grouped, these processes provide a brief but in-depth glimpse of each project. The key indicators are as follows:

1. School Board Policy - specific written policy on pregnancy prevention, pregnant students or adolescent parents.

2. School System Philosophy - a common articulated view and belief on what should be done for adolescent parents.

3. Planning with the School - involvement of the principal or other key staff personnel during the planning stages.

4. School Staff Involvement.

5. Agency Relationship - cooperative working arrangement between agencies.
6. Support - from various groups during the implementation and operation of the project.

7. Opposition - individual or group resistance to the project or certain project services.

These key indicators are presented in Tables 4 and 5 and appear throughout this study.

Table 4

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>Carteret</th>
<th>Davidson</th>
<th>Robeson Fairmont</th>
<th>Robeson N.Robeson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sch Bd Policy</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sch System Philosophy</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Planning with School</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sch Staff Involvement</td>
<td>No</td>
<td>Limited</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Agency Relationship</td>
<td>No</td>
<td>Yes, HD and school system</td>
<td>No, only after project funded</td>
<td>Yes, sponsored health clinic</td>
</tr>
<tr>
<td>Support</td>
<td>Yes, parents</td>
<td>Yes, parents, school boards</td>
<td>Yes, parent, staff</td>
<td>Yes, parents, school boards, staff</td>
</tr>
<tr>
<td>Opposition</td>
<td>None, however no support from school system</td>
<td>Yes, Political and religious</td>
<td>None</td>
<td>Token - Right to Life Group</td>
</tr>
</tbody>
</table>
Table 5
Characteristics of Sites by Key Indicators
Promptly Implemented Sites

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>Greene</th>
<th>Guilford</th>
<th>Haywood</th>
<th>Martin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sch Bd Policy</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sch System</td>
<td>Yes, evident</td>
<td>No</td>
<td>Yes, evident</td>
<td>No</td>
</tr>
<tr>
<td>Philosophy</td>
<td>throughout system</td>
<td></td>
<td>throughout system</td>
<td></td>
</tr>
<tr>
<td>Planning with</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sch Staff</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>Yes, joint project</td>
<td>Yes, HD and two</td>
<td>Yes, HD and two</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>with community</td>
<td>school systems</td>
<td>junior high</td>
<td></td>
</tr>
<tr>
<td></td>
<td>health agency</td>
<td></td>
<td>schools</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Yes, strong</td>
<td>Yes, parents,</td>
<td>Yes, parents,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>agency, school</td>
<td>school boards</td>
<td>school boards,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>board, local</td>
<td></td>
<td>school boards,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>govern.</td>
<td></td>
<td>school staff</td>
<td></td>
</tr>
<tr>
<td>Opposition</td>
<td>Religious - token</td>
<td>Religious. Only</td>
<td>Religious</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>from Right to Life</td>
<td>only in Greensboro</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewing Tables 4 and 5 may provide a brief summary of each case by sites, delayed and promptly implemented, by listing key issues and processes. In Greene and Haywood Counties a common understanding of the nature of the program and its place in the general educational policy in the school system were evident throughout the interviews. A general acceptance and belief that pregnancy prevention is
an integral part of the school system's mission were evident.

Planning and involvement of the school's staff seemed to play a key role in the implementation process. Referring to Table 4, among the Delayed Implemented Sites, only Davidson County involved the staff in planning. In contrast, a review of Table 5 shows involvement of the staff in all the Promptly Implemented Sites.

An established relationship among the agencies across all sites, although the quality and degree of these relationships varied, appeared to exist. These relationships will be discussed later in greater detail.

All the projects seem to have support from their various publics (i.e., parents, teachers, students). Often the lack of vocal criticism or opposition was taken as a sign of support.

School systems also varied in other services offered to pregnant students and adolescent parents. These services were not considered project services. An examination of Table 6 reveals that all the school systems offered homebound services to pregnant students when a doctor recommended they remain home because of medical reasons. The level and quality of agency referrals varied, and some projects followed up on referrals while others did not. Greensboro City, Davidson, and Haywood Counties offered
pregnant students the option to attend an alternative education program during pregnancy. Haywood County offered the same service through their Extended School Day program (night school for high school dropouts). Davidson County had an arrangement with Davidson Community College to offer special classes to pregnant students. Greensboro City Schools offered students the option of attending the Gillispie Education Center that also housed a school based health clinic and day care center. Only the Greensboro and Davidson programs offered child care services for students.

Table 6

<table>
<thead>
<tr>
<th>SITE</th>
<th>HOMEBOUND</th>
<th>ALTERNATIVE PROGRAM</th>
<th>AGENCY REFERRAL</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Davidson</td>
<td>Yes</td>
<td>Community college</td>
<td>Yes</td>
<td>Day care</td>
</tr>
<tr>
<td>Greene</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Guilford</td>
<td>Yes</td>
<td>Alternative school</td>
<td>Yes</td>
<td>Day care</td>
</tr>
<tr>
<td>Haywood</td>
<td>Yes</td>
<td>Extended School Day</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Martin</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Fairmont (Robeson)</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>W Robeson (Robeson)</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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The major types of opposition encountered by projects and how the projects responded to this opposition are identified in Table 7. Religious opposition of some type appeared to be common across all sites. In Haywood County this opposition took the form of a vocal local minister who raised public concern about the school's curriculum. His vocal opposition did not become a public issue or major problem for the school system. In Davidson County religious and political opposition emerged after a two year implementation of the sixth and seventh grade curriculum. The outline for the seventh grade curriculum mentioned covering abortion and the use of contraceptives. Presenting information regarding these topics led to a public debate between the religious community and the school system. A letter to the editor of the Lexington Dispatch dated January 21, 1988, perhaps best summarized the religious viewpoint, "...it is wrong to try to teach sex education without God being the leader and the Bible the guideline."

Also, a concern for the project in Davidson County was opposition to the curriculum expressed by a politically influential group. Again, as revealed in Table 7, a political group formed to review and suggest an alternative curriculum. This organization, Citizens for Effective Sex Education (CESE), included two county commissioners' wives, the wife of the county attorney, and the wife of the county
extension agent. It is also worth noting that the grant application was debated at length by the county commissioners when presented by the Health Department Director. All three of the Davidson County school systems adopted plans for the seventh grade curriculum and gave parents the option of removing their children from the class.

Right to Life groups or Moral Majority groups targeted school based health clinics in Greene, Robeson and Greensboro. Since these were viewed as "outsiders," very little effort was made to respond to their concerns. In Greensboro, however, all concerns were addressed as noted in Table 7. These groups monitored all General Assembly subcommittee meetings on pregnancy prevention and various conferences on pregnancy prevention.

Carteret County's opposition came in the form of non-cooperation with the community action agency in the project. The school system did not oppose the project; they elected not to participate because of the potential controversial nature of the project. It is worth noting that the two agencies had a long standing practice of allowing a staff member of the community action agency to present sex education to classes throughout the school system.
Table 7

Project Response to Opposition

<table>
<thead>
<tr>
<th>SITE</th>
<th>TYPE</th>
<th>SPECIFIC CONCERNS</th>
<th>PROJECT RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>Educational</td>
<td>1. Project was experimental and school system did not want the risk of potential problems</td>
<td>1. Implemented project alone</td>
</tr>
<tr>
<td></td>
<td>Religious</td>
<td>2. Organization formed to review and endorse an abstinence only curriculum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious</td>
<td>3. Teaching sex education from a humanistic perspective does not teach abstinence</td>
<td></td>
</tr>
<tr>
<td>Davidson</td>
<td>Political</td>
<td>1. Discussion of abortion and contraceptives in 7th grade curriculum</td>
<td>1. Held public hearing to discuss concerns</td>
</tr>
<tr>
<td></td>
<td>Religious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greene</td>
<td>Religious</td>
<td>1. Moral Majority - outside county group opposed health clinic</td>
<td>1. Minister on advisory council responded to concern by outside county group</td>
</tr>
<tr>
<td>Guilford</td>
<td>Religious</td>
<td>1. Right to Life group opposed school based health clinic services</td>
<td>1. Meetings with parents to explain project services, newspaper articles, information sent to parents</td>
</tr>
<tr>
<td>Haywood</td>
<td>Religious</td>
<td>1. Vocal local minister opposed humanistic perspective in curriculum</td>
<td>1. Discussed curriculum with minister and allowed parents to remove students from class</td>
</tr>
<tr>
<td>Robeson (N.Robeson)</td>
<td>Religious</td>
<td>1. Right to Life group outside county opposed school based clinic</td>
<td>1. No response; this was not viewed as a local concern</td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>2. Negative comments from key people in community</td>
<td>2. Director met with key people to discuss the project</td>
</tr>
</tbody>
</table>

The data in Table 8 reveals the major issues that were common to both cases across all sites. At various points
throughout the interviews almost all personnel mentioned the need for a longer commitment for funding from the state to provide more stability. Also, they felt such a commitment would help retain project staff. Dispensing of contraceptives was an issue that emerged at each site. As may be observed in Table 8, there appeared to be a universal assumption in many communities that pregnancy prevention meant giving birth control devices to students. Another general concern, and public assumption, was that the projects were going to provide abortions or access to abortions.

Table 8
Summary of Major Concerns

<table>
<thead>
<tr>
<th>TYPE OF CONCERN/ITEM</th>
<th>SITES AT WHICH ITEM WAS MENTIONED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi year funding commitment</td>
<td>Martin, Robeson, Davidson Guilford, Greene, Haywood</td>
</tr>
<tr>
<td>from the state</td>
<td></td>
</tr>
<tr>
<td>Dispensing contraceptives</td>
<td>Robeson, Guilford, Greene Davidson, Martin</td>
</tr>
<tr>
<td>(mainly by parents)</td>
<td></td>
</tr>
<tr>
<td>Staff retention</td>
<td>Martin, Robeson, Davidson, Haywood</td>
</tr>
<tr>
<td>Abortions</td>
<td>Davidson, Robeson, Guilford, Carteret</td>
</tr>
</tbody>
</table>

Ministers and parents indicated their support and confidence in the local school systems. Parents had a
general idea of the projects and through information from either PTA meetings, consent forms, or specific bulletins sent home by children about the project. Ministers felt that the projects were responsible in their presentations of information to students. To ascertain potential barriers to pregnancy prevention projects, they were asked to discuss some objections ministers (or parents) would have to such a program. As observed in Table 9, their responses closely parallel those mentioned by others at all the sites (also see Table 8 for related data). Reviewing Tables 8 and 9 reveals that abortion and contraceptive distribution are issues that are common across all sites among all subgroups.

Table 9
Potential Objections by Ministers and Parents

<table>
<thead>
<tr>
<th>POTENTIAL OBJECTION MENTIONED</th>
<th>MINISTER</th>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depends on the religious denomination of pastor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sex education should only be taught in the home</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Think children are getting sex education too early</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Program would dispense birth control pills or take students to get abortions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Teaching students about sex education will encourage them to get involved sexually</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Primary message ought to be abstinence until marriage</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Program does not take a position against abortions</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Projects classified as Delayed Implemented encountered barriers that presented serious problems during the initial implementation phase. Cited in Table 10 are major factors for the delay. Carteret County's school superintendent would not agree to participate in a joint project with the Community Action Agency because of the controversial nature of the proposed project. A cooperative arrangement between the school system and Carteret Community Action was alluded to in the initial grant application. When the grant was awarded, however, a specific agreement was not reached with the school system for their participation in the project. Therefore, Carteret Community Action conducted the project without the school system's involvement with students at two sites in the county.

A school health council in Davidson County provided the bases for cooperative efforts between the health department and the three school systems. After the second year of the project, the public became aware that the proposed seventh grade curriculum would contain explicit references to contraceptives and abortion. This rumor led to an organized attempt by the wives of two county commissioners and a coalition of parents to eliminate any references to abortion or contraceptives in the curriculum. The boards of education in the three systems adopted the seventh grade curriculum. After several hearings and presentations, the
three boards of education adopted the curriculum and the opposition eventually dissipated.

Fairmont City Schools applied for a grant to implement a pregnancy prevention curriculum in their middle school. The project was funded, but the funds were channeled through the Robeson County Health Department. The school system resented the Health Department receiving the funds for their proposal and the Health Department was forced to administer a grant they did not submit. Despite an initial effort to work cooperatively, the project was never completely operational. Staffing problems at the West Robeson site severely hampered their early attempts to share staff. The Fairmont superintendent apparently severed the relationship with the health department and hired two nurses who provided project services outlined in the initial proposal.

The health clinic at West Robeson High School was never fully staffed. Initially there was much student and faculty support for the clinic. This support gradually diminished when project staff were not available to provide previously scheduled services. In addition to the recruitment and retention of staff, there was also the problem of using the staff to provide project services and having assigned duties at the health department.
Table 10

Delayed Implemented Sites Nature of Delay

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>NATURE OF DELAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>1. School system refused to participate in project</td>
</tr>
<tr>
<td>Davidson</td>
<td>1. Political opposition to 7th grade curriculum</td>
</tr>
<tr>
<td></td>
<td>2. Religious opposition to 7th grade curriculum</td>
</tr>
<tr>
<td>Fairmont (Robeson)</td>
<td>1. School system wrote the project but funds were awarded to the health department</td>
</tr>
<tr>
<td>W. Robeson (Robeson)</td>
<td>1. Recruitment and retention of project staff.</td>
</tr>
<tr>
<td></td>
<td>2. Project staff dividing time between the school and health department</td>
</tr>
</tbody>
</table>

Prior agency relationship did not appear to have a major impact on joint projects. Data contained in Table 11 reveal that five of the eight projects had some prior working arrangements with the school system for providing services. Carteret and Davidson, both Delayed Implemented Sites, had a long history of working cooperatively. The Robeson County sites lacked prior experience working together. All the Promptly Implemented Sites had provided services to the schools for several years. Haywood, a school operated project, also indicated a close working relationship with the health department.
Table 11
Agency Relationship
Prior History of Joint Projects or Services

<table>
<thead>
<tr>
<th>SITE</th>
<th>RELATIONSHIP</th>
<th>MAJOR ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>Yes</td>
<td>Conducted adolescent health sessions in school home economics, health, and science classes</td>
</tr>
<tr>
<td>Davidson</td>
<td>Yes</td>
<td>School Health Council formed to address health concerns in three school systems</td>
</tr>
<tr>
<td>Greene</td>
<td>Yes</td>
<td>Joint adolescent pregnancy project funded in 1982</td>
</tr>
<tr>
<td>Guilford</td>
<td>Yes</td>
<td>Health Department provided school nurses</td>
</tr>
<tr>
<td>Haywood</td>
<td>N/A</td>
<td>Not a joint project</td>
</tr>
<tr>
<td>Martin</td>
<td>Yes</td>
<td>One week health awareness session in schools</td>
</tr>
<tr>
<td>Robeson</td>
<td>No</td>
<td>No prior experience working on joint projects or providing services to the schools</td>
</tr>
<tr>
<td>(W. Robeson)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robeson</td>
<td>No</td>
<td>No prior experience working on joint projects or providing services to the schools</td>
</tr>
<tr>
<td>(Fairmont)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With most of the agencies having some history of communicating and working together in areas of common concern, it was surprising to find so few had developed written agreements for the projects. Data in Table 12 shows that only Greene and the West Robeson sites had considered all the implications of a joint project and attempted to eliminate as many potential problems in their relationships as possible. It appeared that in Martin, Guilford and Davidson Counties the involvement of key persons in both agencies in the planning and implementation of the projects was sufficient. Martin County mentioned that the approved grant application by their Board of Education was considered
a binding agreement. In contrast, Davidson and Guilford Counties felt submitting a joint proposal bonded the agencies to fulfill the objectives of the project.

Table 12

Formal Inter-agency Agreements

<table>
<thead>
<tr>
<th>SITE</th>
<th>AGREEMENT</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>N/A</td>
<td>Used proposal as basis of agreement</td>
</tr>
<tr>
<td>Davidson</td>
<td>No</td>
<td>Written Linkage Agreement signed by both agencies</td>
</tr>
<tr>
<td>Greene</td>
<td>Yes</td>
<td>Used grant proposal as agency agreement</td>
</tr>
<tr>
<td>Guilford</td>
<td>No</td>
<td>Memorandum of Agreement signed by both agencies</td>
</tr>
<tr>
<td>Haywood</td>
<td>N/A</td>
<td>Approval of project by Board of Education</td>
</tr>
<tr>
<td>Martin</td>
<td>No</td>
<td>Project not developed with health department</td>
</tr>
<tr>
<td>Robeson (Fairmont)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Robeson (W. Robeson)</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

A key to the successful implementation and maintenance of any program in a school requires the support of the building principal. Principals had various levels of involvement and degrees of participation in the planning and implementation of the projects. A review of Table 13 reveals the extent of the principals' involvement in the planning and implementation of the projects. Of the eight sites, four lacked involvement by the principal in the planning stages
of the project. Those sites, Carteret, Davidson, Fairmont (Robeson) and West Robeson (Robeson) were also identified as delayed implemented sites that experienced some difficulty during the implementation stage.

Table 13
Principals' Involvement in the Project

<table>
<thead>
<tr>
<th>SITE</th>
<th>INVOLVEMENT</th>
<th>TYPE INVOLVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>N/A</td>
<td>No involvement in the planning of the project</td>
</tr>
<tr>
<td>Davidson</td>
<td>No</td>
<td>Planning and implementation</td>
</tr>
<tr>
<td>Greene</td>
<td>Yes</td>
<td>Planning and hiring of project staff</td>
</tr>
<tr>
<td>Guilford</td>
<td>Yes</td>
<td>Implementation of curriculum</td>
</tr>
<tr>
<td>Haywood</td>
<td>Yes</td>
<td>Planning and reviewing curriculum materials</td>
</tr>
<tr>
<td>Martin</td>
<td>Yes</td>
<td>Planning and reviewing curriculum materials</td>
</tr>
<tr>
<td>Robeson (Fairmont)</td>
<td>No</td>
<td>No involvement in planning of the project</td>
</tr>
<tr>
<td>Robeson (W. Robeson)</td>
<td>No</td>
<td>No involvement in planning of the project</td>
</tr>
</tbody>
</table>

Administrators, project staff, and agency personnel were asked to give a value to the importance of pregnancy prevention in the school system. A review of data in Table 14 reveals that seven projects felt the school system placed a high priority on serving adolescent parents. Only Carteret County indicated a low priority. This opinion
could be attributed to the school system's reluctance to work with the community action agency in a joint project.

Table 14
Pregnancy Prevention Priority

<table>
<thead>
<tr>
<th>SITE</th>
<th>HIGH</th>
<th>MEDIUM</th>
<th>LOW</th>
<th>TOTAL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Davidson</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Greene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilford</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Haywood</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Martin</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Robeson</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>(W. Robeson)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robeson (Fairmont)</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Consent forms were used by five of the eight projects; one project used a contract. The consent forms allowed parents to include or exclude their child from project services and activities. The contract was an agreement between the project, the student, and his parent that outlined certain expectations of the student while in the project. Listed on Table 15 are projects using consent forms and the nature of those forms. Haywood and Martin Counties did not use a consent form because they considered the project a part of their curriculum. Both projects,
however, allowed parents the option of excluding their children from activities they considered objectionable. Consent forms also served as a communication link with parents, informing them of project services. They also provided some degree of protection against complaints since they required parental signature that suggested a basic understanding of project services. Thus it became difficult to question a child's involvement in some activity at school when parents gave permission for the child to participate.

A closer look at Table 15 shows that Carteret County had a contract. Students were paid a stipend to encourage them to participate in the project. Students and parents had to sign an agreement that outlined expectations of students while in the project and required students to attend educational sessions. Students were paid $10.00 for each meeting they attended. Over 100 students participated in this project at two sites in the community.
Table 15

Use of Consent Forms and Contracts

<table>
<thead>
<tr>
<th>SITE</th>
<th>CONSENT FORM</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>Yes</td>
<td>Contract</td>
</tr>
<tr>
<td>Davidson</td>
<td>Yes</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Greene</td>
<td>Yes</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Guilford</td>
<td>Yes</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Haywood</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Martin</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Robeson (Fairmont)</td>
<td>Yes</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Robeson (W. Robeson)</td>
<td>Yes</td>
<td>Inclusion</td>
</tr>
</tbody>
</table>

When asked to respond to the need for additional resources, almost each person interviewed mentioned funding. Ministers and parents were not asked this question. Data in Table 16 shows the number of respondents and the frequency they mentioned the need for a particular resource. An analysis of data presented in Table 16 reveals that funding stability was the major concern expressed by thirty respondents during the interview. Eighteen persons cited the need for additional staff.
Table 16
Additional Resources Needed

<table>
<thead>
<tr>
<th>Resource Item</th>
<th>Number of Respondents Mentioning Item (N=33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding stability</td>
<td>30</td>
</tr>
<tr>
<td>Additional Staff</td>
<td></td>
</tr>
<tr>
<td>for adding services</td>
<td>8</td>
</tr>
<tr>
<td>for providing existing services</td>
<td>10</td>
</tr>
<tr>
<td>More time to provide service</td>
<td>20</td>
</tr>
<tr>
<td>Better facilities</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
</tr>
</tbody>
</table>

Project operators were asked what they would do differently if they had to re-initiate the project. This question produced a variety of responses within sites and was answered based on the person's position in relation to the project and his/her involvement in the early stages of implementation. The data in Tables 17 and 18 also provide insight into the most common barrier faced by persons during the initial implementation.
Table 17
Identification of Different Strategies to Use if Starting Program Again

<table>
<thead>
<tr>
<th>SITE</th>
<th>POSITION</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene</td>
<td>HD Dir</td>
<td>- Don't think we would do anything differently</td>
</tr>
<tr>
<td></td>
<td>Proj Dir</td>
<td>- Wouldn't have wasted time trying to get strategies intact - didn't know what was going to work in the very beginning</td>
</tr>
<tr>
<td></td>
<td>Co Coord</td>
<td>- Know of nothing we would do different</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td>- No response - new in position</td>
</tr>
<tr>
<td>Guilford</td>
<td>HD Staff</td>
<td>- More preliminary work on the evaluation of the program</td>
</tr>
<tr>
<td></td>
<td>Proj Dir</td>
<td>- Approach parents sooner; educate the community about role of nurse; identify parents' concerns and discuss project</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td>- Work more closely with parents at first; try to anticipate big policy issues and make decisions about those in writing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Don't know if I would make any real changes - some of the situations we dealt with were unavoidable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- More information is needed at the initial start-up [by principal]</td>
</tr>
<tr>
<td>Haywood</td>
<td>Asst.</td>
<td>- [Would have] done a little more inservice with our health and PE teachers</td>
</tr>
<tr>
<td></td>
<td>Superint</td>
<td>- Ask for more classroom time for the project class; implement the project in all the schools co-educationally; spend less time disseminating information about the project [project received national attention]</td>
</tr>
<tr>
<td></td>
<td>Proj Dir</td>
<td>- Program guidelines and coordination [in place when the project began]</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td></td>
</tr>
<tr>
<td>Martin</td>
<td>HD Dir</td>
<td>- Since it worked - not a whole lot. We were fortunate that people were receptive</td>
</tr>
<tr>
<td></td>
<td>Proj Dir</td>
<td>- Go about parental involvement from a different angle than we did; would not be involved with any kind of grading of students; be more sure parents are notified about activities</td>
</tr>
<tr>
<td></td>
<td>Superint</td>
<td>- Conduct the project in one school to determine its effectiveness</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td>- I don't think I would do a lot differently because it was very effective from the beginning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- It went so well when we first initiated it; I think we could foresee what would happen prior to it happening so we were able to take care of problems and concerns.</td>
</tr>
</tbody>
</table>
Table 18
Identification of Different Strategies to Use if Starting Program Again

DELA YED IMPLEMENTED SITES

<table>
<thead>
<tr>
<th>SITE</th>
<th>POSITION</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>Proj Dir</td>
<td>- Would take 6 months lead time to find the staff; before I started I would have the staff in place and be satisfied with them being the best I could get</td>
</tr>
<tr>
<td>Davidson</td>
<td>HD Dir</td>
<td>- I think its been rather successful; I don't know if I would have done it any differently</td>
</tr>
<tr>
<td></td>
<td>HD Coord</td>
<td>- We might have had more publicity</td>
</tr>
<tr>
<td></td>
<td>Proj Dir</td>
<td>- Try to get more community involvement; get the curriculum completed more quickly</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td>- More involved in setting the program up at school; have a clearer idea from the beginning of the program; know that it was coming to give us here on staff a little bit more time to prepare our folks for it</td>
</tr>
<tr>
<td>Fairmont</td>
<td>Superint</td>
<td>- Was pleased with the project</td>
</tr>
<tr>
<td>(Robeson)</td>
<td>Prin</td>
<td>- No comment</td>
</tr>
<tr>
<td>W Robeson</td>
<td>HD Coord</td>
<td>- I think we had a good start, I think our problems came later</td>
</tr>
<tr>
<td>(Robeson)</td>
<td>Proj Dir</td>
<td>- I would put the project under the school system, have a full-time staff available 5 days a week</td>
</tr>
<tr>
<td></td>
<td>Superint</td>
<td>- Insist that the health department sub contract with the school system to put staff on salary to keep them</td>
</tr>
<tr>
<td></td>
<td>Prin</td>
<td>- Try to communicate a little more with the community initially in a positive way</td>
</tr>
</tbody>
</table>

Each person interviewed was asked if the North Carolina General Assembly should make policies to support pregnancy prevention programs at the school district or school building level. Referring to Table 19, an overwhelming
number thought the North Carolina General Assembly should make policies to support programs. Forty-two responded yes and four were listed as uncertain because of no response or an unclear response.

Table 19
Should the North Carolina General Assembly Make Policies to Support Pregnancy Prevention Program?

<table>
<thead>
<tr>
<th>POSITION</th>
<th>(n)</th>
<th>YES</th>
<th>NO</th>
<th>UNCERTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendent</td>
<td>(5)</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CO Coordinator</td>
<td>(5)</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td>(10)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Director</td>
<td>(5)</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Health Department Director</td>
<td>(5)</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Health Department - Other</td>
<td>(2)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Director</td>
<td>(2)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Staff</td>
<td>(1)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minister</td>
<td>(6)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>(7)</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(46)</td>
<td>42</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
The typical response to this question was "yes, . . . but." Included in Tables 20 and 21 are data that give a more comprehensive view of their responses and list pertinent comments on the General Assembly's role in policy involving pregnancy prevention. A closer look at Tables 20 and 21 suggests that most respondents see a need for the General Assembly's involvement in policy but have reservations about mandates and the loss of local flexibility in addressing issues.
Table 20

Comments on General Assembly Policy Involvement

<table>
<thead>
<tr>
<th>SITE</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret</td>
<td>1. They should continue the policy of funding it [projects], but I think they should hold us accountable for the way we spend our money</td>
</tr>
<tr>
<td></td>
<td>2. When you say General Assembly my first reaction is to sit back and take a deep breath. I think that if the General Assembly were willing to fund the program and allow programs to develop locally with guidelines [then it would be acceptable].</td>
</tr>
<tr>
<td>Davidson</td>
<td>1. Yes, I think to support them [the projects]. I hate to see a guy in Raleigh telling me what I have to do. We need that local control.</td>
</tr>
<tr>
<td></td>
<td>2. If they would have, on the state level, approved and said that this is a policy in the school system then it would have taken the fight out of the local boards.</td>
</tr>
<tr>
<td></td>
<td>3. A strong state support or mandate would take the heat off us. It puts it on them; that's probably why they don't want to do that.</td>
</tr>
<tr>
<td></td>
<td>4. School programs and school funding, they [schools] never receive the money they need to do things.</td>
</tr>
<tr>
<td></td>
<td>5. I think the General Assembly can do some good by supporting health care options.</td>
</tr>
<tr>
<td>W Robeson</td>
<td>1. To some degree they should. I don't think they should stipulate what can happen in local communities and what can't happen in local communities.</td>
</tr>
<tr>
<td>(Robeson)</td>
<td>2. Not unless funding is attached. Mandates without funding is a burden on the local school system.</td>
</tr>
<tr>
<td></td>
<td>3. Money should be appropriated to the school system to start programs.</td>
</tr>
<tr>
<td></td>
<td>4. They should but it doesn't start here [school]. There needs to be some funds appropriated for counseling parents.</td>
</tr>
<tr>
<td>Fairmont</td>
<td>1. Local options with proper funding.</td>
</tr>
<tr>
<td>(Robeson)</td>
<td></td>
</tr>
</tbody>
</table>
Table 21
Comments on General Assembly Policy Involvement

PROMPTLY IMPLEMENTED SITES

<table>
<thead>
<tr>
<th>Site</th>
<th>Comment</th>
</tr>
</thead>
</table>
| Greene | 1. Yes. Programs need the support of the General Assembly.  
2. If you have got people on the local level who won’t deal with the problem or who don’t believe that sex is occurring at an early age, then somebody from the top is going to have to mandate it.  
3. I think they should and I wish they didn’t have to. |
| Guilford | 1. I support the concept but not a mandate for the programs from the General Assembly.  
2. Should be involved in appropriating funds to support the program to address the issue.  
3. I believe so. I believe it is going to take an effort from the state in the legislative areas in order to address many of the needs.  
4. My answer to your questions is yes. ......they could save a lot more on prevention than on welfare payment and problems of unwanted children. |
| Haywood | 1. [The General Assembly] can mandate that certain topics are taught. I think that health education should have a special mandate.  
2. Yes. [Teenage pregnancy] it’s a major problem and we just need to get about the business of developing things that will help correct it.  
3. I think definitely. ......society can’t allow teenage pregnancies to occur at the rate they are. |
| Martin | 1. They ought to support it through funding and then they ought to leave it to the community to work out the best place to put [projects]  
2. Definitely, because in the long run, it’s going to help the state anytime we can cut down on any major social problem which we have to fund.  
3. I agree, they really should because if not, a lot of the school systems are going to kick it out because it is not approved by the General Assembly.  
4. Only if they are going to pay for it.  
5. I would like to see them support, not only through monies, but support in terms of needs even [if] in some cases it does mean some kind of mandated thing.  
6. It would be helpful if the General Assembly would say that these are worthwhile programs for basic education. |
This chapter has presented data gathered through interviews. Matrixes were extensively used to organize and to present a concise summary of the data. Also, the narrative text provided a detailed discussion of the tables.
CHAPTER V

SUMMARY, DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Introduction

This study was conducted to identify specific barriers to implementation of pregnancy prevention programs in North Carolina public schools. School systems have begun to address the issue of adolescent pregnancy and its many consequences. Pregnant students and adolescent parents are now an identifiable segment of the school population which presents a special set of unique problems for administrators and health care professionals.

The sample consisted of eight school districts selected from twenty-one districts that implemented a school related pregnancy prevention project. Eight projects were selected, four from those classified as Promptly Implemented Sites, and four from those classified as Delayed Implemented Sites. These districts ranged from Carteret County on the southeast coast, Haywood County in the mountains, Martin County in the Northeast to Robeson County in the southern part of the state. Economically, the sites were mostly rural and poor, except for Guilford County (Greensboro and High Point). The

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student population ranged from largely black in eastern North Carolina, Indian and black in Robeson County, and largely white in Haywood County in the western part of the state. The school districts' population ranged from under 5,000 pupils in Greene County to over 20,000 in the combined Greensboro and High Point cities' districts in Guilford County. Five of the eight projects were operated by health departments, one by a school system, and two by nonprofit health care agencies. All projects focused on providing some type of services to students in the school setting.

A multiple case study design was selected to investigate the problems encountered by these agencies during project implementation. Qualitative data were gathered using semistructured interview techniques suggested by Miles and Huberman (1984), Yin (1987), Patton (1980) and others. These techniques provided the framework for conducting the interviews while retaining the flexibility needed to accommodate changes encountered in the field.

This study progressed through five phases. These phases included the collection of preliminary data on each project, site visits to conduct interviews, transcription of tapes and subsequent coding; data analysis, and formulating descriptions and generalizations on barriers to the implementation of projects.
Collection of Data

Initial data collection on the projects began with reviewing grant proposals in the North Carolina Division of Health Services. This process led to an initial classification of the projects and the subsequent selection of sample sites for this study. Once the sites were selected, they were contacted by the Division of Health Services and asked to participate in this study. Appointments were made to interview key persons at each site using the interview guide (see Appendix D).

Prior to the first scheduled site visit, key persons were interviewed to verify the reliability of the interview guide. Bertie County was selected to pilot the interview guide because it had a pregnancy prevention project and was not included in the initial sample. Persons interviewed were asked to record their impressions of the interview questions on an Interview Instrument Comment Form (see Appendix G). Several changes were made to the interview guide after reviewing interview transcriptions and considering comments about the interviews on the Interview Instrument Comment Form.

Site Visits

Interviews began in May, 1989, and ended in April, 1990. A minimum of one day and a maximum of three were reserved to
conduct interviews at each site. Haywood County only required one site visit while Guilford County required five visits to interview key persons. Key persons included superintendents, central office coordinators, health department directors, health department coordinators, project directors, principals, parents, and ministers. The identification of key persons to interview varied from site to site, depending on the nature of the project. The lowest number of persons interviewed at a site was five and the largest number interviewed was eight.

Permission was obtained to tape record the interview for later transcription; however, telephone interviews were not recorded. Hand written notes were taken during two personal interviews. During the interviews notes were jotted down for additional questions, and tentative verbal and body language responses to certain questions were noted. Generally, participants were cooperative in scheduling interviews and candid in their responses to questions during the interviews. This willingness to respond was especially evident when they were assured the study was not for evaluation purposes. Also, they were most helpful in providing additional leads, background information on the projects, and a description of the dynamics of their communities.
Triangulation techniques were used instinctively when a major issue was encountered that impacted project implementation. Interviewing a variety of persons at each site aided in the cross reference of major events (Miles and Huberman, 1984). The insights and various perspectives from different persons not only verified events but also provided an opportunity to make a more objective assessment of these events.

Data Analysis

A coding scheme was developed during the preliminary analysis of several interview transcriptions (see Appendix E). This process permitted blocks of texts to be identified by key events and themes. The coding scheme was refined and changed during the analysis of interviews to accommodate the need for an accurate description of processes and events (Miles and Huberman, 1984).

Data were grouped by major codes and themes for analysis across cases and across sites. Content analysis was also conducted on interview computer files using Lotus Magellan's software text search function. This process provided a quantitative analysis of the frequency of key words used during individual interviews.
Summary of Findings

This study was designed to identify barriers encountered by agencies and school systems during the implementation of pregnancy prevention projects. Table 22 lists the research questions that guided this study and a brief response to each question.

Table 22
Responses to Research Questions

<table>
<thead>
<tr>
<th>RESEARCH QUESTIONS</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do identifiable barriers exist that prevent the implementation of programs to serve adolescent parents in public schools?</td>
<td>Yes. Dispensing contraceptives, abortion issues, and religious opposition.</td>
</tr>
<tr>
<td>2. Do common characteristics exist among school systems and health care agencies which implement pregnancy prevention projects?</td>
<td>Yes. Problem of teenage pregnancy is viewed as a high priority; agency past working relationship.</td>
</tr>
<tr>
<td>3. Do school systems, community health agencies, and health departments experience similar barriers during the implementation of pregnancy prevention projects?</td>
<td>Yes. Funding stability; religious opposition; statewide groups opposition to sex education; staff recruitment and retention.</td>
</tr>
</tbody>
</table>
1. Do identifiable barriers exist that prevent the implementation of programs to serve adolescent parents in public schools?

This study identified the following three barriers that were major concerns at all sites: access to contraceptives; access to abortions; and religious opposition to the project, or a specific project activity.

All projects had to respond to questions about the project's position on contraceptive use. A universal assumption prevailed that these projects were going to provide contraceptives to students. Ministers and parents were two groups that voiced this concern. Even when dispensing contraceptives was not an issue at a site, it was often mentioned as a potential objection that parents and ministers would have to the projects.

This issue was usually the first item project directors responded to when the program was introduced to the public and to the school faculty. In short, to use an analogy, the projects had to defuse this "time bomb" of an issue. The Davidson County project had a smooth and uneventful implementation; but when they began to deal with the contraceptive issue, the project became a major community concern. Other projects dealt with this issue during the initial implementation phase. When the Robeson County School superintendent first considered the project, he
insisted that dispensing contraceptives would not be a service offered by the school based health clinic at West Robeson High School.

Abortion was a companion issue to contraceptives. These two issues were often mentioned together as a concern or potential opposition to the project. Abortion surfaced as an issue in Greene County, Greensboro, and Robeson County. Anti-abortion groups in North Carolina opposed school based health clinics and assumed that such projects were either providing counseling for abortion, or access to abortions. Greensboro did not have a school based health clinic; yet, during the initial implementation, there was an assumption that the project would be a school based health clinic since it employed a nurse. In Haywood County the opposition expressed by a minister was partially centered on the project's position not to oppose abortions.

Religious opposition varied from site to site. In Carteret and Haywood Counties, ministers objected to the project's lack of a religious perspective. Their projects were criticized for their humanistic views and for not taking a firm "moral" or "religious" position on abstaining from sexual intercourse. Organized groups such as the Moral Majority and Right to Life tried to mount an opposition campaign to the West Robeson High School and Greene County school based health clinic sites through
ministers in those communities. Davidson County's religious opposition was directed toward the teaching of sex education in the school and for the lack of a stronger emphasis on abstinence.

2. Do common characteristics exist among school systems and health care agencies which implement pregnancy prevention projects?

When asked to prioritize the problem of teenage pregnancy as a high, medium, or low priority, seven of the eight sites identified teenage pregnancy and adolescent parenthood as a major problem for the school systems. Agencies, such as health departments, also placed a high priority on serving adolescent parents, pregnant teens, and non-pregnant students. All the projects thought that pregnancy prevention and service delivery were important issues for the school system and health care agencies.

A past working relationship between agencies appeared to be common to all joint projects. Robeson County's projects were the one exception. The health departments in Davidson, Guilford, and Martin Counties had previous working relationships with the school systems. These relationships included activities such as providing school systems with nurses, conducting health awareness classes in the schools, and forming an interagency council to deal with school
health issues. Non-profit community health care agencies in Carteret and Greene Counties provided similar services to their respective school districts.

Only two of the five joint projects had a formal interagency agreement. Other projects felt that submitting a joint proposal, approved by their governing boards, was a sufficient agreement. The absence of an interagency agreement did not seem to present a problem for these sites. Surprisingly, one of the two sites that had a formal agreement also had interagency staff problems. Their problems, however, appeared to be a result of not having a prior working arrangement.

The Guilford County Health Department and the Greensboro City School District attributed their success in attaining a major grant award on the experience gained during the development of the pregnancy prevention project. They felt that staff familiarity, trust, and the experiences or responding to opposition to the project cemented their relationship. Thus, the time and effort needed to develop other projects was greatly reduced.

3. Do school systems, community health agencies, and health departments experience similar barriers during the implementation of pregnancy prevention projects?

As previously described, religious opposition, dispensing
contraceptives, and the abortion issue were also barriers for agencies implementing pregnancy prevention projects. Agencies also faced additional barriers of funding stability, staff recruitment, and staff retention.

All sites expressed concern about the year-to-year funding cycle that the project encountered. There was no assurance that funds would be available or that the projects would be refunded if funds were available. Agency executives and project directors suggested that some commitment for multi-year funding was needed if the projects were expected to demonstrate an impact on the teenage pregnancy rate.

Staff recruitment and staff retention was also a problem at all sites. Because of the year-to-year funding, projects could not guarantee the continued employment of personnel. Project personnel were often told they had to wait to see if the project's proposal was refunded before they were re-employed. All projects mentioned funding predictability as a major concern.

Two projects devised unique solutions to this twin problem of staff recruitment and staff retention. Martin County was the only county that did not hire new personnel for its project. Experienced staff persons were transferred to the project and were guaranteed jobs in the health department if the project were not refunded. In Greensboro,
the principal at Kiser Middle School successfully placed the project's nurse on his school budget request each year for funding through the school system's budget.

All projects recognized that funding stability, staff recruitment, and staff retention were major barriers during project implementation. These were also issues that had a major impact on the project's continuity, and the success of the projects. Many projects were forced to hire new personnel each year. Hiring new personnel had the net effect of starting the project again, or at the minimum, devoting most of the year to orienting new staff, developing relationships, and building trust.

**Similar Studies**

According to Kenney (1987), about sixty-five percent of school administrators viewed teenage pregnancy among the top ten problems facing their school system. Although this study did not attempt to rank the problem of teenage pregnancy, teenage pregnancy was viewed as a high priority among administrators, health care officials, ministers, and parents. Only one of eight sites ranked it as a medium to low priority for the school district.

Weatherley (1985), and Battle (1987), attribute a high incidence of teenage pregnancy in a community more to the
social-economic status than to race. This claim is valid when viewing the socio-economic status of the various communities. The racial composition of the population varied from black in the East, black and Indian in the extreme South and largely white in the West. Yet, school and health care personnel had similar concerns about teenage pregnancy in their respective communities.

Nationally, local boards of education have not developed policies for pregnant students and adolescent parents. With the exception of Haywood County, the projects studied did not have a written school board policy that addressed pregnant teens and adolescent parents. A school board policy in Haywood County may not be unusual since it had the only school system operated project. Greene (1984) predicted that school boards may be faced with unpopular policy decisions regarding teenage pregnancy which may conflict with community values. Perhaps this potential for controversy and conflict over values led most boards of education to keep a low profile on the issue of teenage pregnancy. Yet all the boards of education endorsed grant applications and supported their respective projects.

Service delivery through interagency coordination is a problem well documented in the literature (Cannon-Bonventre and Kahn, 1979; Firestone, 1987; Weatherley, 1986; Burt, 1984). Researchers have found that interagency conflicts
and turf (defined service activities) were problems for coordination. Interagency conflict did not appear to be a problem for joint projects. Perhaps the nature of the grant application process permitted agencies to resolve potential problems prior to project implementation. This process also provided a forum for handling issues that arose during the conduct of the project. Robeson County's projects were the only two that did not have a history of a prior relationship with the health department. Establishment of formal lines of communication was a by-product of the joint projects. Also, agency personnel came to know each other informally, better understood their respective goals, and developed trusting relationships.

In joint projects it is imperative to identify and discuss problems. When the support for the clinic at West Robeson High School diminished, each agency had a different perspective on its cause. The school felt that the lack of a full time staff was the major factor while the health department felt that teachers were not referring students to the clinic for some reason.

**Additional Findings**

Several additional findings emerged during data collection and data analysis. These findings are not as well defined by the literature; neither are they easily
quantified in tables; however, they appear to be important factors in their respective sites and may have major implications for project developers.

In Greene and Carteret Counties the use of a local "home grown" person in key positions in the project made a major difference in the public's perception of the project. Project personnel felt that a person with strong family roots in those communities eliminated much of the potential opposition to project services. Thus the project's credibility was instantly attained because of the status of key project personnel. The community equated the outstanding reputation and standing of the "home grown" staff member with that of the project. This practice is not to suggest that projects should always look for established community persons to employ in key positions. In many communities established families are also characterized as conservative and may be likely forces to mount opposition to pregnancy prevention projects.

The development of a school system's philosophy is also important in implementing and continuing pregnancy prevention projects. In Greene and Haywood Counties, persons interviewed expressed a sense of purpose and mission in reference to the projects. School personnel felt that pregnancy prevention, and serving adolescent parents was what the school system should be doing, and indeed was a
component of their student services program. Furthermore, they had little doubt that the school system would find a way to continue project services if the project were not refunded by the state. Perhaps this staff and community cohesiveness can be attributed to the small, rural nature of the counties. Economic standing, however, does not seem to be a factor since both counties are economically disadvantaged. Strong leadership among the school system and agencies appears to be a more plausible explanation. Both school systems have supportive superintendents who encourage their staffs to develop innovative programs. They also express the view that if a program works, it is worth continuing through school system resources.

As one might expect, school personnel interviewed in Haywood County were more familiar and supportive of the project since it was operated by the school system. The strong support enjoyed by the Haywood County project justifies consideration of school systems serving as primary operators of pregnancy prevention projects. This project also experienced fewer problems during implementation in two middle schools. Many of the logistics that may have presented problems for joint operated projects were handled routinely by the principal.

Davidson County, a Delayed Implemented Site, provides an outstanding model of interagency cooperation. A School
Health Council (SHC) was formed prior to the joint pregnancy prevention project. The initial impetus for organizing this council came from a medical doctor in Davidson County who felt there should be a closer bond between agencies providing health services to teenagers. The purpose of the School Health Council is to provide a forum for discussing health issues between the three school systems and the health department. Monthly meetings are held to discuss health concerns. The superintendents from each school system appointed a representative to serve on the council. Additional members of the SHC included the health department director and head nurse, a local physician, and the school systems' health educator. The SHC facilitates a closer working relationship between the health department and school systems. Two major projects have resulted from the SHC efforts, the health department's providing nurses to the school system on a scheduled basis, and the publication of an emergency health care manual for teachers. The SHC was also involved in planning and implementing the pregnancy prevention project.

Finally, a list of key indicators was developed that may prove helpful to others conducting similar studies. These indicators, discussed in Chapter 4, provide an organized system of viewing major factors that had an impact on project implementation. The use of indicators also allowed
a large amount of data to be summarized when viewed in a matrix. Further, the indicators may provide a starting point for others in determining what types of data to collect when examining school systems' projects.

Recommendations

Several recommendations for further research are offered as a result of the analysis of data on barriers to implementation of pregnancy prevention projects. Also, recommendations are offered for school systems and health care agencies considering implementing pregnancy prevention projects; and finally, recommendations are offered to the North Carolina General Assembly which funded the projects.

A study of this nature does not lead to conclusions that may be easily generalized. Because the projects considered in this study were all different, the bases for comparison were minimal. Future studies to identify favorable conditions in school systems and among cooperative health care agencies that facilitate implementation of pregnancy prevention projects would be of immense benefit to project developers. The identification of these conditions would allow agencies to develop the necessary infrastructure needed to support joint projects.

This study did not focus on what successful projects did to make them successful. Because projects may encounter
different barriers based on their serving different target
groups, classifying projects by the nature of their
activities, education, health services, counseling, etc.,
would be helpful. Identifying and classifying those
practices would provide an excellent guide for project
developers.

Specific recommendations are offered to school systems,
health care agencies, and to the North Carolina General
Assembly in the hope that future projects will experience
fewer problems with implementation (also see Appendix H).

School systems planning to implement pregnancy prevention
projects should consider the following:

1. Involve the school principal in the initial
planning phase of the project.

2. Disseminate accurate information to the community
on specific services the project will offer.

3. Disseminate specific information on services the
project will not offer (i.e., contraceptives,
abortion).

4. Provide opportunities for parents and others to
review curriculum materials (if the project offers
educational services).
5. Form an advisory council for the project that includes parents, ministers, and other key community persons.

6. Secure a commitment from the board of education to support the project, especially when faced with public criticism.

Health care agencies planning to work with school districts in joint projects should consider:

1. Developing a formal, written interagency agreement with explicit statements of expectations and services that each agency will provide to the project.

2. Developing a written job description for project personnel.

3. Discussing the specific role of project staff personnel to each agency and whether project staff are expected to fulfill other staff duties.

4. Providing a period of two to three months for the project staff to work out operational details before starting project services.
The North Carolina General Assembly should consider the following in future funding plans:

1. Provide multi-year, full funding for projects.
2. Require each project to hire an external evaluator as a condition for funding; additional funds should be provided for contracts with external evaluators.
3. Provide technical assistance and guidelines to agencies submitting proposals.
4. Require projects to submit similar information for monitoring reports (based on the nature of project services).
5. Provide ongoing support to successful projects through direct grants, or directives to state agencies to support such projects.

In summary, the following advice is offered to any agency considering implementing a pregnancy prevention project. Agencies must address the twin issues of abortion and contraceptive use. Projects should develop a position on these issues, and that position should be stated clearly to the public, religious groups, and the school community. If abortion and contraceptives are not immediate issues, they certainly have the potential for becoming explosive, emotional issues. Anthony Selton, Director of Greene County
Health Care stated, "When people become emotional, they don't listen to rational explanations; the rational explanations should come before people get emotional."

Also, some attention should be given to building support and establishing lines of communication with the religious community. For example, preliminary plans for a project could be shared with various ministerial alliance organizations. Consistently, opposition to these projects has come from religious groups. Religion is a powerful, emotional and influential aspect of American society. It would be far better to describe and discuss the intent of providing health services to those in need in a responsible manner than for others, not as knowledgeable of the project, to assume this responsibility. Again, if religious opposition does not surface during the initial implementation of the project, it will likely do so at some point. Projects have little to gain in debating moral issues with the church or religious leaders.

**Researcher's Commentary**

This researcher wishes to address several areas which may be of major concern for future research in the planning and implementation of pregnancy prevention projects. The comments presented here consist of the researcher's opinions formulated as a result of conducting this study. These
comments are not necessarily based on findings indicated in this study.

While specific numerical data were not collected on project effectiveness, it appears to the researcher that the projects tended to some observable effects on teenage pregnancy prevention. Several of the observations of effects are based on reviews of project reports and are also based on the researcher's parallel experiences with a pregnancy prevention project at Bertie High School. School based health projects and projects that provide health services tended to reduce the overall pregnancy rate and second pregnancies. Education projects provided students with a healthier outlook on human sexuality. Joint projects tended to improve communications and cooperation between agencies.

A majority of the persons interviewed expressed concerns about the North Carolina General Assembly's involvement in policy making regarding pregnancy prevention. Yet, a universal willingness seemingly exists to accept policy initiatives and funding from the North Carolina General Assembly. At the same time, however, there is a great deal of resistance to any type of programmatic mandates from the North Carolina General Assembly. One must keep in mind that North Carolina has a highly centralized government in regard to broad policy issues and statewide funding formulae in
education and social welfare programs. Also, North Carolina is accurately characterized as a politically "conservative" state. On the local level there is a spirit of local control which explains the apparent willingness, on the part of the state, to allow local communities to develop their own unique program. The paradox of this approach is that project comparison and evaluation is extremely difficult because of each community's unique approach to teenage pregnancy prevention.

If the researcher had to conduct this study again, project selection for the study would have been based on two primary operators: school systems and health departments. Both of these were easily identifiable and may have produced results that could have provided for greater generalizations of the findings from the study.

During the period of data collection for this study, there was also a preliminary assessment of the projects conducted by The Human Services Institute for the North Carolina General Assembly's Adolescent Pregnancy Study Commission. This preliminary assessment was not to be viewed as "full-scale impact evaluation" (Proposal For A Preliminary Assessment of State-Funded Adolescent Pregnancy Prevention Projects, p. 4). The net result of this assessment created a great deal of anxiety among project operators about project evaluation and the subsequent
funding decisions based on this assessment. Because of this assessment process, there appeared to be some initial distrust among some projects about the intended use of data collected for this study. Therefore project personnel at two sites in particular may have been overly cautious during the interviews and may not have provided as much useful information as perhaps they would have had they not been as concerned about the pending evaluation.

The researcher's position as a high school principal seemed to provide instant credibility with school system personnel. There was a great deal of cooperation from all school districts, and principals or central office staff were always accommodating in contacting persons for interviews. This spirit of cooperation, however, was not always evident with health departments. The researcher noted some reluctance on the part of some health department personnel to discuss these projects freely. This researcher would recommend that future interviews with health department or school personnel be conducted by persons who have a similar background or training. Data collection from the respective agencies would likely be richer, more detailed, and reported with greater cooperation. During the period of the interview with school personnel a mutual bond developed between the interviewer and interviewee. This bond may be based on an assumption that the interviewer's
roots in the profession would permit him to understand better the views of the school or health department. Also, probing and follow-up questions during the interview would likely be enhanced by the interviewer's knowledge of the agency's operation and policy.

The effectiveness of the projects is also dependent on a school district's support system. These projects do not operate in a vacuum. Those school districts which already have administrators who support innovative programs and also operate other programs serving populations with special needs within the school have a greater chance of continuing their project.

Probably the real key to the successful implementation of these projects is the presence of a person or groups with the determination to make the project work. This determined spirit is particularly needed in small counties with limited resources. Perhaps this need is why a "home grown" person appears to be so important in establishing the credibility of projects in rural areas. The "home grown" person is determined that a successful project will better the community and has a commitment to the project's goals.
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APPENDIX A

AUTHORIZATION LETTER
November 10, 1987

Mr. Ray Spain, Principal
Bertie High School
Route 3, Highway 13 North
Windsor, North Carolina 27983

Dear Mr. Spain:

Thank you for informing us of your interest in the adolescent pregnancy and prematurity prevention projects. We are excited about your ideas of working with the school-based projects to fulfill the requirements of a Doctoral Degree in School Administration from Virginia Polytechnic University.

Our understanding is that the school-based projects selected to participate will be interviewed regarding their implementation process and their impact on policies within the targeted systems.

We support your efforts and would be happy to write a letter of introduction to the projects for you. As we agreed, our involvement would be limited to:

a) writing a letter of introduction to the selected projects concerning your interview

b) reviewing the list of interview questions to the projects to suggest additions, deletions, or revisions

c) reviewing the final report

We anticipate that the information collected on the implementation process and policy issues addressed by the school-based projects will be a valuable part of our overall evaluation of the Adolescent Pregnancy and Prematurity Prevention Projects.

We look forward to working with you.

Sincerely,

Jimmie L. Rhyne, M.D., Head
Maternal and Child Health Branch

Barbara Pullen-Smith
Barbara Pullen-Smith, Program Consultant
Maternal and Child Health Branch
APPENDIX B

adolescent pregnancy and prematurity
prevention projects (APPp)

by type of intervention strategy
Adolescent Pregnancy and Prematurity Prevention Projects by Type of Intervention Strategy

STRATEGY: School Based Health Services

PROJECTS: Caldwell County
Greene County
Guilford County
Robeson County (West Robeson High School)
Robeson County (Fairmont Middle School)
Swain County
Vance County

STRATEGY: Community Based Education

PROJECTS: Beaufort County
Columbus County
Forsyth County
Gaston County
Macon County (Program for Progress)
Orange County
Surry County
Wake County

STRATEGY: School Based Education

PROJECTS: Bertie County
Brunswick County
Buncombe County
Durham County
Haywood County
Macon County (Health Department)
Martin County
Onslow County
Scotland County

STRATEGY: School and Community Based

PROJECTS: Catawba County
Carteret County
Davidson County
Henderson County
New Hanover County
APPENDIX C

FUNDED APPP PROJECTS/DHR REGIONS
NORTH CAROLINA PREGNANCY PREVENTION PROJECTS STUDY

INTERVIEW GUIDE (SUPERINTENDENT)

1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is your school district's policy on pregnancy prevention?

3. What provisions does your school district make for services to adolescent parents? Explain.

4. How was this project initiated? Explain.

5. If the project is a cooperative effort with another agency, please describe this arrangement.
   - Describe the process that led to your groups working together on this project.
   - Which agency receives and disburses funds for the project?
   - Explain how the agencies deal with any difference in your respective operations such as:
     ...fiscal management
     ...personnel requirements
     ...program expectations
     ...reporting requirements

6. Describe how this project was implemented in your school district.

7. What was the initial reaction of the school community when this program was announced?
   - If there were negative comments, how did you address these concerns?
8. Please comment on the reception and support for this project by the following groups?

- school board members
- staff
- students
- parents
- religious community

Other groups - list

... Do you think the response from any of these groups impeded the project starting?

... Did the responses impede the project offering any particular service? Please explain.

9. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

- In your opinion, why are these services or activities not offered as a part of this project? Explain.

10. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

11. Please describe a major problem the project encountered (other than an administrative problem) during the first year of the project's operation?

12. Reflecting on the past year's experience with the project, what additional resources are most needed by the school to continue efforts aimed at pregnancy prevention?

13. What project services would the school district seek to continue if funding is terminated at the end of this school year? Explain.

14. If you had to start this project again, what would you do differently? Explain.
Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is your school district's policy on pregnancy prevention?

3. What provision does your school district make for services to adolescent parents? Explain.

4. How were you involved in the development of this project? Explain.
   - Initial grant application
   - Site selection
   - Hiring staff
   - Determining services

5. Describe how this project was implemented in this school.
   - Project announcement
   - Participants identification
   - Rationale for selecting this school
   - Faculty involvement

6. What was the initial reaction of the school community when this program was announced?
   - If there were negative comments, how did you address these concerns?
7. Please comment on the reception and support for this project by the following groups?
   - staff
   - students
   - parents
   - religious community
   - Other groups - list

   .... Do you think the response from any of these groups delayed the project starting?

   .... Did the responses hinder the project offering any particular service? Please explain.

8. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

   - In your opinion, why are these services or activities not offered as a part of this project? Explain.

9. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

10. Please describe a major problem the project encountered (other than an administrative problem) during the first year of the project’s operation?

11. Reflecting on the past year’s experience with the project, what additional resources are most needed by the school to continue efforts aimed at pregnancy prevention?

12. If project funds were terminated at the end of this school year, which services would you ask the superintendent to continue? Why?

13. If you had to start this project again, what would you do differently? Explain.
Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is your school district's policy on pregnancy prevention?

3. What provisions does your school district make for services to adolescent parents? Explain.

4. How was this project initiated? Explain.

5. If the project is a cooperative effort with another agency, please describe this arrangement.
   - Which agency receives and disburses funds for the project?
   - describe how you worked out your operational differences to jointly work on this project.
     ...budget
     ...personnel requirements
     ...program expectations
     ...reporting requirements

6. Describe the existing interagency agreements. List and explain.

7. Discuss the process for referring students to other agencies for services?
   - describe the follow-up procedure to insure the students receive these services

8. Describe how this project was implemented in this school district.
9. What was the initial reaction of the school community when this program was announced?

- If there were negative comments, how did you address these concerns?

10. Please comment on the reception and support for this project by the following groups:

- school board members
- staff
- students
- parents
- religious community
- Other groups - list

.... Do you think the response from any of these groups impeded the project starting?

.... Did the responses impede the project offering any particular service? Please explain.

11. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

- In your opinion, why are these services or activities not offered as a part of this project? Explain.

12. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

13. Please describe a major problem the project encountered (other than an administrative problem) during the first year the project's operation?

14. Reflecting on the past year's experience with the project, what additional resources are most needed by the school to continue efforts aimed at pregnancy prevention?
15. If project funding were terminated at the end of this school year which services would you recommend the school district continue? Why?

16. If you had to start this project again, what would you do differently? Explain.

Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
NORTH CAROLINA PREGNANCY PREVENTION PROJECTS STUDY

INTERVIEW GUIDE (PROJECT COORDINATOR/DIRECTOR)

1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is your school district's policy on pregnancy prevention?

3. What provisions does your school district make for services to adolescent parents? Explain.

4. How was this project initiated? Explain.

5. If the project is a cooperative effort with another agency, please describe this arrangement.
   - Which agency receives and disburses funds for the project?
   - describe how you worked out your operational differences to jointly work on this project.

      ...budget
      ...personnel requirements
      ...program expectations
      ...reporting requirements

6. Describe the existing interagency agreements. List and explain.

7. Discuss the process for referring students to other agencies for services?
   - describe the follow-up procedure to insure the students receive these services

8. Describe how this project was implemented in this school(s).
9. What was the initial reaction of the school community when this program was announced?

- If there were negative comments, how did you address these concerns?

10. Please comment on the reception and support for this project by the following groups:

- school board members
- staff
- students
- parents
- religious community
- Other groups - list

.... Do you think the response from any of these groups delayed the start of the project?

.... Did the responses impeded the project offering any particular service? Please explain.

11. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

- In your opinion, why are these services or activities not offered as a part of this project? Explain.

12. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

13. Please describe a major problem the project encountered (other than an administrative problem) during the first year of the project's operation?

14. Reflecting on the past year's experience with the project, what additional resources are most needed by the school to continue efforts aimed at pregnancy prevention?

15. If project funding were terminated at the end of this school year which services would you recommend the school district continue? Why?
16. If you had to start this project again, what would you do differently? Explain.

Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is the school district's policy on pregnancy prevention?

3. What provisions does the school district make for services to adolescent parents? Explain.

4. How was this project initiated? Explain.

5. Please describe the arrangement you have with the school district for this cooperative project.
   - Describe the process that led to your groups working together on this project.
   - Which agency receives and disburses funds for the project?
   - Explain how the agencies deal with any difference in your respective operations such as:
     
     ... budget
     ... personnel requirements
     ... program expectations
     ... reporting requirements

6. Describe how this project was implemented.

7. What was the initial reaction of the community when this program was announced?
   - If there were negative comments, how did you address these concerns?
8. Please comment on the reception and support for this project by the following groups?

- health department board members
- staff
- students
- parents
- religious community
- Other groups - list

.... Do you think the response from any of these groups delayed the project starting?

.... Did the response hinder the project from offering any particular service? Please explain.

9. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

- In your opinion, why are these services or activities not offered as a part of this project? Explain.

10. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

11. Please describe a major problem the project encountered (other than an administrative problem) during the first year the project’s operation?

12. Reflecting on the past year’s experience with the project, what additional resources are most needed to continue efforts aimed at pregnancy prevention?

13. What project services would the school district seek to continue if funding terminates at the end of this school year? Explain.

14. If you had to start this project again, what would you do differently? Explain.
Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
1. Do you view prevention of adolescent pregnancy as a high, medium, or low priority for the school district? Explain.

2. What is the school district's policy on pregnancy prevention?

3. What provisions does the school district make for services to adolescent parents? Explain.

4. How was this project initiated? Explain.

5. If the project is a cooperative effort with another agency, please describe this arrangement.
   - Which agency receives and disburses funds for the project?
   - describe how you worked out your operational differences to jointly work on this project.
     ...budget
     ...personnel requirements
     ...program expectations
     ...reporting requirements

6. Describe the existing interagency agreements. List and explain.

7. Discuss the process for referring students to other agencies for services?
   - describe the follow-up procedure to insure that students receive these services

8. Describe how this project was implemented in this school district.
9. What was the initial reaction of the community when this program was announced?
   - If there were negative comments, how did you address these concerns?

10. Please comment on the reception and support for this project by the following groups:
    - health department board members
    - staff
    - students
    - parents
    - religious community
    - Other groups - list

    .... Do you think the response from any of these groups impeded the project starting?

    .... Did the responses impeded the project offering any particular service? Please explain.

11. What are some additional services or activities that would enhance the effectiveness of this project? List and explain.

    - In your opinion, why are these services or activities not offered as a part of this project? Explain.

12. During the last two years, what type of administrative problems were encountered which adversely affected the operation of the project? Explain.

13. Please describe a major problem the project encountered (other than an administrative problem) during the first year the project's operated?

14. Reflecting on the past year's experience with the project, what additional resources are most needed to continue efforts aimed at pregnancy prevention?

15. If project funding were terminated at the end of this school year which services would you recommend the school district continue? Why?
16. If you had to start this project again, what would you do differently? Explain.

Summary

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

Do you feel this interview focused on the most critical and important factors regarding the implementation of this project? Explain.

... Are there other questions I should be asking?
1. How did you first learn about this program?

2. As you understand this project, what services are available?

3. Did you know this project was being considered by the school district?

4. Please comment on the reaction to this project by the following groups:
   - Students
   - Parents
   - Teachers
   - Health Agencies
   - Religious Community
   - Other groups - list

5. Would you object to your daughter receiving help or assistance from this program? Explain.

6. Discuss some objections parents would have to a program like this.
   - sex education
   - promoting promiscuity
   - being contacted at school

   - in your opinion, did these objections present a problem to this program?
     No, why not? Explain ........

     Yes, why? Explain ..........
7. Discuss any initial concerns parents expressed when this program was announced.

8. How did the school district respond to the concerns of the parents?

SUMMARY

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

...Are there other questions I should be asking?
1. How did you first learn about this program?

2. As you understand this project, what services are available?

3. Did you know this project was being considered by the school district?

4. Please comment on the reaction to this project by the following groups:
   - Students
   - Parents
   - Teachers
   - Health Agencies
   - Religious Community
   - Other groups - list

5. Would you object to your daughter receiving help or assistance from this program? Explain.

6. Discuss some objections ministers would have to a program like this.
   - sex education
   - promoting promiscuity
   - being contacted at school

   - in your opinion, did these objections present a problem to this program?
     No, why not? Explain........

     Yes, why? Explain........
7. Discuss the initial concerns ministers expressed when this program was announced.

8. Discuss the school district's response to the concerns of the ministers.

SUMMARY

Should the N. C. General Assembly make policies to support pregnancy prevention efforts at the school district and school level? Explain.

Do you feel this interview focused on the most critical and important factors regarding starting this projects? Explain.

What additional comments regarding pregnancy prevention would you care to share with me?

...Are there other questions I should be asking?
APPENDIX E

DESCRIPTIVE AND PATTERN CODES GUIDE
Descriptive Codes

AR = Agency Relationship

IP = Implementation Process

INV = Involvement by various groups or individuals

POL = Policy - existing school board policies or other policies

ST = Staff - project staff

OPP = Opposition - criticism from groups or individual; organized efforts in opposition to the project

PRB = Problem - specific problem cited

PL = Planning - involvement of administrators or agency staff in planning prior to implementations

RES = Response - reaction or plan of action regarding criticism or opposition

SET = Climate in school system or the community prior to implementation

SUP = Support - sources of support for the project

FUN = Funding - related to grant funding or other financial resources for the project

Pattern Codes

PH = Philosophy - clearly stated philosophy, consistent perspective about program or the problem

PP = Pre-planning - evidence of planning prior to implementation

ROP = Religious opposition - project or certain services opposed by religious groups or by a minister

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APPENDIX F

SITE SCHEDULE FORM
SITE SCHEDULE FORM

PROJECT SITE: ____________________________
___________________________
Phone: _________________________

VISITATION DATES: _______________________

INDIVIDUALS TO BE CONTACTED

_________________________________________ School Superintendent
_________________________________________ Central Office Coordinator
_________________________________________ Principal
_________________________________________ Principal
_________________________________________ Project Director
_________________________________________ Other (List)

_________________________________________

_________________________________________ Parent (PTA President)
_________________________________________ Minister, Chairman
_________________________________________ Local Conference

_________________________________________ Health Dept. Director
_________________________________________ Health Dept. Coordinator
APPENDIX G

PILOT STUDY FORM

INTERVIEW INSTRUMENT
PILOT STUDY FORM -- INTERVIEW INSTRUMENT
PREGNANCY PREVENTION PROJECT STUDY

Name of Reviewer __________________ Title ___________

Please check and comment where appropriate.

A. Readability
   1. Ambiguity of questions/responses:
      Clear_______ Needs Improvement _________
      Comments:
      __________________________________________
   2. Grammar:
      Satisfactory Needs Improvement
      Comments: __________________________________

B. Validity
   1. Appears to cover the topic:
      Satisfactory ______ Needs Improvement _______
      Comments:
      __________________________________________
   2. Likelihood that the answers will be truthful:
      Satisfactory ______ Needs Improvement _______
      Comments:
      __________________________________________
C. Type and amount of data are sufficient to make conclusions:
Satisfactory  Needs Improvement
Comments: ________________________________

D. Length is appropriate and will not adversely affect responses:
Satisfactory  Needs Improvement
Comments: ________________________________

E. Format
1. Logical sequence of presentation:
Satisfactory ____  Needs Improvement _________
Comments:
______________________________

2. The questions are clear, relevant, and reflective of the key issues in implementing pregnancy prevention programs:
Satisfactory  Needs Improvement
Comments: ________________________________

3. Professional appearance:
Satisfactory  Needs Improvement
Comments: ________________________________
APPENDIX H

STARTING A PREGNANCY PREVENTION PROGRAM:
SOME CONSIDERATIONS
STARTING A PREGNANCY PREVENTION PROGRAM:

SOME CONSIDERATIONS

1. Allow sufficient time for planning the project.

2. Involve key people in the planning stages (i.e., writing the grant, solicit opinions and recommendations, etc.)

3. Secure letters of support for the project.

4. For a joint project, discuss operational responsibilities and specify these in a written memorandum of understanding signed by both agencies.

5. Plan on providing realistic services to a target population.

6. Discuss long range plans if the project is a success. How will you continue the project if it is not re-funded?

7. Anticipate the objections to the project and plan a response to these objections.

8. Form an advisory committee for the project.

9. Have clear goals and expectations for the project.

10. Ask students what types of services they feel would be most helpful to them.

11. Make the project a part of the school's scheme of services.
VITA
RAY V. SPAIN
September, 1990

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September 13, 1948

DEGREES
B.A., - History, 1974  
North Carolina Wesleyan College, Rocky Mount, NC

M.A., - Educational Administration and Sociology, 1977  
North Carolina Central University, Durham, NC

Ed.D., - Educational Administration, 1990  
Virginia Polytechnic Institute and State University, Blacksburg, VA

EXPERIENCE
1983-Present  
Principal  
Bertie High School, Windsor, NC

1981-83  
Principal  
Jackson Community School, Jackson, NC

1977-80  
Program Specialist  
Northampton County Schools, Jackson, NC

1976-77  
Project Director  
Halifax-Weldon Community Development Organization, Weldon, NC

1973-75  
Program Coordinator  
N. C. Federation of Child Development Centers  
Whitakers, NC

1970-72  
Teacher Assistant  
Inborden Elementary School, Enfield, NC

PROFESSIONAL MEMBERSHIPS
National Association of Secondary School Principals  
North Carolina Principals/Assistant Principals Association  
Association of Supervision and Curriculum Development