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Implementation and Evaluation of a Teen Mothers' Empowerment Program in a Local Atlanta High School:
A Pilot Implementation of a Curriculum
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An abstract of
A thesis submitted to the Faculty of the
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Abstract

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Teen pregnancy and adolescent parenting poses costs not only economically (costing taxpayers $9.4 billion annually) but also on the teen mother themselves. This includes but is not limited to causing a strain on their income, educational attainment, healthcare costs, and also putting their children at a greater risk of entering into the foster care system or incarceration ("Centers for Disease Control and Prevention," 2016). Many programs have been developed to both prevent teen pregnancy and also provide resources and education to help facilitate increased maternal and child well-being to decrease the likelihood of the mother and child ending up in one of the aforementioned life situations. The Helping Other Mothers Excel (HOME) Program is one such program, developed to provide the necessary resources and education to teen mothers to help them work toward increased well-being and empowerment. By the end of the program, the mothers were expected to identify at least one of the provided resources to assess a child's development and also identify at least one of the provided resources to increase self-knowledge. The purpose of this study was to conduct a process evaluation of the program to assess the perceptions of the mothers about the program, its structure, and content. The evaluation was conducted following each session using a program evaluation form, distributed following each session. Qualitative and quantitative data were collected from surveys. The results from the evaluation were used to inform program adjustments where deemed necessary.

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Needless to say, this evaluation was a very long process but also very much a learning experience for me. The only time that I have ever done an evaluation was when I was part of a group evaluation project with two other members. To do this, as one person, while also delivering the program and continuing to be a student has been a journey that has been exciting and fun, as well as sleepless on some nights and unfamiliar. Along the way, however, I have found that I was not without support at any point. First and foremost, I would like to give all praise and thanks to God, who has told me to chill out when I have panicked and felt that I needed to fix everything, or gave me the gumption to keep going when I wanted to just take a nap! A huge thanks to my parents, Harold and Trudie Okocha, for being my next layer of support. They had only a vague idea of the journey I was embarking on this time last year, but fully supported, checked-in on, and encouraged me along the way. This is all for both of you and I pray I can pay you back for the unconditional love and uplifting you have given me for 22 years and counting.

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Finally, to all the friends and family who vented, ranted, and laughed with me.

With the utmost gratitude and respect for those who helped and advised me, allowing me to reach this point, I present the finished product of the 2017 HOME Program evaluation.

Sincerely,

Adaobi Okocha
HOME Program Evaluator
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Contents

Executive Summary

This program evaluation was conducted for the Helping Other Mothers Excel (HOME) Program. The HOME Program was created by Blake Massullo during her time at Emory University, and based on her personal experiences with teen mothers in her life. She came from an area in Florida with a high rate of teen pregnancy and witnessed many of those close to her, including her sister, become teen mothers. Through her child development and knowledge of the hardships teen mothers face, she developed the HOME Program to provide the necessary resources and education to teen mothers to help them work toward increased well-being and empowerment. The program focuses on the mother, her health, and its effect on her child as well as to ensure that the mother can ensure her own wellness before helping her child. A long-term program goal is to disseminate HOME to additional schools and community centers serving teen mothers.

This evaluation was conducted to determine if the mothers find the program and resources provided helpful and applicable to their lives. This evaluation sought to answer:

What benefit does the program have on the lives and livelihood of the teen mothers?

- *How was the program applicable to the lives of the teen mothers?*
- *How did their perceptions on motherhood change?*
- *What is the worth of the resources provided by the sessions?*

Both quantitative and qualitative data were collected for this evaluation. Quantitative data were obtained through a demographic questionnaire administered to mothers when they started the program as well as through post-session survey questions. The demographic questionnaire included questions such as age, race, age at first childbirth,

the age of their child, extracurricular involvement, and post-secondary plans. The post-session survey asked questions such as if the mother felt the program supported her as a parent, if the session/program has helped her understand her needs as a parent, and if the session/program has helped them understand the needs of their child and their development. The information was analyzed using Microsoft Excel 2016. Qualitative data were obtained by key-informant interviews with three administrators and four mothers, as well as from qualitative questions on the demographic questionnaire, post-session survey, and final session feedback. Separate interview guides were created for administrators and students (Appendix D). The interviews were recorded and transcribed with participant consent and all qualitative information was thematically analyzed. Using the qualitative and quantitative information, recommendations for the program were produced.

All the program participants identified as female, Black or African-American, and non-Hispanic or Latino (n=6, 100.0%). Their ages ranged from 15 to 18 years of age, and half of the group was 17 years of age (n=3, 50.0%). Two-thirds of participants were high school seniors, one was a sophomore (n=1, 16.7%), and one was a freshman (n=1, 16.7%). Most of the mothers were still pregnant (n=4, 66.7%), while two had already given birth (n=2, 33.3%). Two-thirds of the mothers expected to give birth to their child at age 16 or 17 (age 16: n=2, 33.3%; age 17: n=2, 33.3%), one had given birth at age 14 (n=1, 16.7%) and another at age 18 (n=1, 16.7%). Most of the mothers were not involved in extracurricular activities (n=5, 83.3%). Four mothers said that they would seek employment after graduation (n=4, 66.7%), while two (including one who desired to pursue employment) wanted to go to college/university after graduation (n=2, 33.3%).

One said she had no current post-graduate plans (n=1, 16.7%). Many of the mothers were also currently working (n=5, 83.3%). In the interviews, the mothers had a positive perception of the program and found it helpful. The administrators believe a program like this is quite necessary given that there is no such program in place at the school currently. Surveys demonstrated that the mothers were satisfied with the program, though both mothers and administrators expressed the desire for the program to be more frequent, longer, or in a different time block.

Chapter 1: Introduction

Unintended Pregnancy Among Adolescents

Given that almost 250,000 babies were born to teen mothers in 2014, it is important to consider the social determinants of unintended pregnancy ("About Teen Pregnancy," 2016). In the United States, there is a clear need to not only decrease the rates of teen pregnancy but also ensure that teen mothers have the support needed. The rates of unintended pregnancy are higher in the United States than it is many other developed nations (S. Singh, Sedgh, & Hussain, 2010). In 28 states, more than 50% of these pregnancies were unintended, as of 2010. Most of these unintended pregnancies occur in the South and Southwestern United States, as well as in those states that are densely populated. In Georgia specifically, 60% of all pregnancies are deemed as unintended, with a rate of 57 per 1000 unintended pregnancies occurring in women ages 15 to 44 in 2010. Approximately 30% percent of these unintended pregnancies were simply unwanted while the other 70% were mistimed. 58% of these unintended pregnancies lead to births (Kost, 2015). Among teen mothers aged 15 to 19 years in Georgia, there were about 64 per 1000 pregnancies each year, ranking Georgia as the state with the 11th highest rate of teen pregnancy in the nation and 13th place in the nation for teen births (Kost & Henshaw, 2014). When viewing this issue among various races, the teen pregnancy and birth rates are higher among Black and Hispanic teen mothers in the state, with 89 per 1000 pregnancies and 113 births per 1000 among Black teen mothers and 53 per 1000 pregnancies and 74 per 1000 births among Hispanic teen mothers. This is compared to their White counterparts whose teen pregnancy rates stand at 41 per 1000 and teen birth rates at 30 per 1000 (Kost & Henshaw, 2014). In the city of

Atlanta, the median income as of 2015 was $47,527, with almost a quarter of the population living in poverty ("Atlanta city, Georgia," 2015). There is an evident gap nationally, with the national average median income in the United States is $53,889, with an average poverty level of 13.5% ("UNITED STATES QuickFacts from the US Census Bureau," 2015). This gap makes it more difficult for teen mothers to obtain the necessary resources to care for and provide for their child or children. Further, among women who are sexually active, women ages 15 to 19 have the highest unintended pregnancy rate, compared to other groups. 147 per 1000 sexually active women ages 15 to 17 years experienced unintended pregnancy, and 162 per 1000 sexually active women ages 18 to 19 experienced unintended pregnancy. This stands out against the unintended pregnancy rate for all age groups of sexually active women, which stands at a rate of 69 per 1000 women (Finer, 2010). Worldwide, among adolescents, a lack of resources such as money or proper education potentially decreases their ability to access proper health information and services ("Facing the Facts: Adolescent Girls and Contraception [Brochure]," 2016). Along with having higher rates of unintended pregnancies, a greater disparity also existed among women with lower incomes and lower educational attainment who had an even higher rate of births from unintended pregnancies (Finer & Zolna, 2016). Teen motherhood is not only brought about by many socioeconomic barriers, though existing in this situation can also bring up many issues that can become barriers for the mothers and their children in the future. This potential is further decreased if the individual lives in a more isolated region, such as rural areas ("Facing the Facts: Adolescent Girls and Contraception [Brochure]," 2016). With many forms of contraception and education financially out of reach for adolescents, their participation in sexual behaviors can

therefore become uninformed and unprotected. Furthermore, the need for family planning resources in adolescents is higher among teens (23%) than women ages 30-34 (15%), further contributing to the lack of education provided to adolescents surrounding sexual reproduction. Considering that the adolescence, particularly from ages 15 to 19 years, is a formative period where many are typically undergoing their education, teen pregnancy can also affect their education, as well as education affecting the child ("Facing the Facts: Adolescent Girls and Contraception [Brochure]," 2016). Particularly, children whose mothers have less than 12 years of education, 12 years, and 13 to 15 years of education have a 125%, 48%, and a 21% higher risk of mortality compared to mothers who had earned a college degree. Their results reflect that the more years of education a mother has received, the lower the risk of infant mortality (G. K. Singh & Kogan, 2007; United Nations, 2016). The diploma attainment rate among teen mothers is only 50% by age 22, compared to their peers who did not give birth during high school who have a 90% graduation rate ("About Teen Pregnancy," 2016). Unintended pregnancies can affect a mother's psychological health, in addition to her social health. Adolescents and young women who are not married might drop out of school, be ostracized from their family and community, and depending on the societies that they came from, might be forced to marry or face physical harm (S. Singh et al., 2010). Focusing specifically on the United States, teen pregnancy and births cost taxpayers $9.4 billion. This includes covering services such as health care, foster care, higher incarceration among children who are born to teen parents, and lower education and income of the teen mothers ("About Teen Pregnancy," 2016).

Racial and socioeconomic disparities are important factors to consider when

discussing the teen pregnancy rate. Though the birth rate has decreased over time in the nation, there still exists a gap between races. As of 2014, the teen birth rate was highest among Hispanic females, at just under 40 births per 1,000 people. This was followed closely by Non-Hispanic African-Americans and American Indian/Alaska Natives. In addition to race, socioeconomic factors such as family income level and education play a role, where those with a lower attainment of both factors are at a higher risk of teen pregnancy. Teens who are also on welfare or who are in foster care are also at an increased risk of becoming a teen parent ("About Teen Pregnancy," 2016). Foster youth give birth to their children at age 17.8 years, although about one-third of mothers in foster care report becoming pregnant at an even younger age of 16 (Dworsky & DeCoursey, 2009). Teen pregnancy exists disproportionately among the U.S. population, where those who exist at the intersection of racial risk groups and socioeconomic risk categories stand a greater risk than their peers who do not fall into the same demographic classifications.

Justification

Such statistics highlight the need for intervention programs to help break the cycle, not only of teen pregnancy, but also of social disadvantage. The Helping Other Mothers Excel (HOME) Program, is a program created for teen mothers to ensure their wellness and wellbeing of their child(ren), particularly during such a formative time in their lives. The program discusses common topics that are often challenged or brought about by teen motherhood, such as fear, nutrition, post-secondary opportunities, and relationships among others. During the course of the program, the mothers are able to form a support group for each other and through the facilitator.

There is a total of eleven sessions, with each session consisting of various

activities, videos, and a time for reflection. A journaling component is also included within the sessions, to allow for further reflection as well as the completion of tasks per the week's assignments (Appendix A).

Theoretical Framework

Though the curriculum does not explicitly state a theoretical basis, the lessons included align with the Shame Resilience Theory, proposed by Dr. Brené Brown. The background and constructs of this theory are detailed below, as well as how it aligns with the HOME curriculum.

It is important to recognize that other theoretical models have been used for programs focused on teen mothers. Some of them include the theory of planned behavior, the health belief model, and social learning theory among others. The health belief model is a model based on primary prevention, whose premise emphasizes that a person's likelihood to carry out a preventive action is connected to how susceptible that they feel, the gravity attached to developing the health issue, and weighing their costs and benefits of following the health recommendation, as well as personal motivations to make the issue relevant for the individual (Eisen, Zellman, & McAlister, 1990; Rosenstock, Strecher, & Becker, 1988). This particularly fits in relation to the HOME program in determining the motivations of mothers to take on health behaviors for themselves and their child, the gravity they might attach to the consequences of not complying with the lessons and advice provided in the program, and how susceptible they feel to these consequences. The social learning theory, also known as the social cognitive theory (SCT), addresses the personal and social motivators that affect how an individual adopts an innovation. This theory includes the important construct of self-efficacy, describing a

person's judgement of their capability to carry out an action, particularly through vicarious experiences (Bandura, 1998, 2011). This theory is of importance to the HOME program, and others that might provide resources for the teen mothers. Specifically, do the mothers find themselves capable of reaching out to those resources? In the case of this program, observational learning might increase self-efficacy or even collective efficacy in a group setting. In a program implementing goal setting, the SCT would be important in determining a mother's self-efficacy in attaining those goals. The theory of planned behavior states that behavior is controlled by belief about the outcomes of a behavior and an evaluation of the outcomes, the normative expectations that those around them hold and the individual's motivation to follow these expectations, and the belief that there may be factors in place that would help or hinder carrying out this behavior and how powerful they might be (Ajzen, 1985). The theory of planned behavior would be important when considering how the normative expectations of people around a teen mother affect the health actions that they might take on behalf of themselves and their child. The Shame Resilience Theory by Brown fits particularly in this instance as the curriculum references many aspects of the theory.

Shame Resilience Theory

Shame Resilience Theory was created by Dr. Brené Brown and generated from grounded theory methods. The theory arose out of an exploration of how shame impacts women, how women experience shame, and how they cope with it. Brown defines shame as a psycho-social-cultural construct, with the psychological aspect manifesting in the emotions, behaviors, and thoughts of the individual, the social aspect seen in the way women experience shame in interpersonal interactions, and in a culturally through

cultural expectations and the shame resulting from not meeting those expectations. Brown proposed that in this theory, the main concern of the individual is the intersection of feeling trapped, powerless, and isolated (Brown, 2006). This theory fits in the context of this curriculum in that it seeks to establish a support system and among teen mothers through shared experiences. Additionally, this is done regarding a life experience that is often culturally stigmatized and goes against cultural expectations. The program approaches the psychological aspects of this theory by encouraging mothers to discuss, write about, and ponder their emotions, thoughts, and behaviors surrounding this event in their life and socially through the way the mothers perceive their interactions with others with and without a connection to their pregnancy (i.e. with their child versus a stranger). This particularly fits within the "reaching out continuum" proposed by Brown in which participants give and receive empathy from others while forming relationships through these connections (Brown, 2006). In a review of recent literature, this theory has yet to be applied to teenagers, pregnant women, and in a population of predominantly women of color.

Formal Statement of Problem

The goal of this study was to evaluate the HOME curriculum targeting teen mothers and determine if it is a substantive resource to the mothers. This outline explores the following questions: do the mothers find the program applicable to their lives? Do the observe any changes, if any, on their perception of motherhood? What is the significance and worth of the resources provided? Worth was measured from the perspective of the mother and based on their perception of the programs intent.

Chapter 2: Literature Review

Introduction

Teen pregnancy differs from unintended pregnancy, in that an unintended pregnancy is specifically defined as a pregnancy that was not wanted or mistimed (Finer & Zolna, 2014). Teen pregnancy however is defined as pregnancy as well as motherhood that occurs prior to age 20 years in many studies (Noll, Shenk, & Putnam, 2009). Teen pregnancy has experienced a decline in the United States but still stand at 24.2 births per 1,000 youths aged 15-19 years as of 2014, with 89% of those births occurring out of wedlock (Department of Health and Human Services, 2016). According to the World Bank, there is a 76% prevalence of contraceptive methods of various types, for people ages 15 to 49 years, in addition to various programs specifically for teen mothers and to reduce repeat teen pregnancies (World Bank Group, 2017). Though teen pregnancy rates have decreased, it still exists as an issue, particularly considering the social and economic challenges that might accompany it, as mentioned before. In addition to these issues, there is also little governmental assistance provided as an institutional approach to curbing teen pregnancy. Rather, they are focused on catching those who have dropped out of school or "slipped through the cracks", though not doing much to address the reproductive behavior and decisions of teen in the United States (Boonstra, 2002). Of the programs and methods available, many target reducing further pregnancies among teen mothers, however some also take the approach of meeting the mothers at their present point of need and providing them with resources and support for their well-being.

History of Programs

Since the 1970s, there has been an increased availability of programs for teen

mothers. Many of these programs provided health services for mothers and their children, as well as some services aimed at combatting some of the accompanying social economic issues, such as academic classes for the mothers and child care. In the 1980s, focus shifted toward a prevention model, emphasizing use of contraceptives, abstinence, sex education, and youth development. In 1986 for example, evaluative research was conducted on the program design of a teen pregnancy program among junior and senior high school students. In this study, three tests were administered to students, with one at baseline (round I), one during what was defined as round II, as well as for round III. Results from the tests reported changes in contraceptive use due to the program, changes in sexual knowledge, attitudes, and behaviors in order to potentially shape the design of future interventions. The also measured contraceptive use and contraceptive use at last intercourse among participants. Their findings reflect that educational programs brought about changes in knowledge and attitudes, while clinical programs changed the practice. Their results also demonstrated a greater receptivity of junior high school and a greater change in attitudes of "contraceptive responsibility" than their senior high school counterparts (Zabin, Hirsch, Smith, Streett, & Hardy, 1986). Another research study looked at a clinic in the St. Paul, Minnesota, area. Findings from the study showed a decreased fertility among mothers from 79 per 1000 to 35 per 1000, a decrease in dropout rate for mothers who decided to keep their children, and an increased use of contraceptives, doubling in the 3 years of program operation (Adams, 1986). Though there was emphasis on abstinence, there was also an effort to promote healthy, safe, and responsible sexual practices among adolescents, and to combat the negative framing of teen sexuality. Community initiatives, STI and HIV/AIDS prevention programs, and

state and local government programs were also created. With the support of President Bill Clinton, the National Campaign to Prevent Teenage Pregnancy was started in 1996. The purpose of this program was to promote a pregnancy-free adolescence and reduce teen pregnancy by one-third by 2005. The results of this campaign have been to provide materials aimed at teen pregnancy prevention, conferences, and publications informing about programs, research, and tips for parents to help their children avoid teen pregnancy, among others (Card, 1999).

In the creation of programs focused on teen pregnancy and teen mothers, there has been a lack of consensus on the root issue, with some citing early sex, early pregnancy, as well as pregnancy outside of marriage, among others (Card, 1999). As such, progress on creating a solid approach to teen pregnancy is hindered, as there are many issues attributed to this challenge. Card also finds that programs with various approaches, coexisting within a community, and consistent with the values of that community (Card, 1999).

A 1990 evaluation of a theoretically based contraceptive and sexuality education program studied a program based on the health belief model and SCT. The intent was to determine how the concepts from the health belief model affected the future preventive behavior of the program participants. The health belief model was used to mediate the participant's future preventive behaviors. The program applied SCT to determine if the teens would be able to avoid pregnancy if the program allows them to role-play and observe appropriate and inappropriate behavior, as well as practice with teachers. Their results find that more sexual knowledge led to improved contraceptive use or continued abstinence (Eisen, Zellman, & McAlister, 1990).

Successful Teen Pregnancy Programs

Card (1999) points out that successful teen parent programs tackle one or more sexual behaviors that bring about pregnancy or STI or HIV/AIDS infections, have age, cultural, and sexual experience appropriate behavioral goals and teaching methods, theoretically-based, have an appropriate duration, provide simple but adequate information about the consequences of unprotected sex and avoiding it, use a variety of teaching methods that allow the participants to be involved and interact with the information provided, address sex related social pressures, have models to aid in communication, negotiation, and refusal, as well as a component to train teachers and peers who support the program (Card, 1999). In this way, the approach to teen pregnancy and motherhood takes a multi-angle strategy, and becomes sustainable by allowing others to train in the program and potentially propagate the principles of the program.

Another evaluation of a cognitive-behavioral intervention aimed at preventing both unintended pregnancies and sexually transmitted infections in young women in the Marines. The trial either randomly assigned participants to participate in the STI and unintended pregnancy program or a program to reduce injury from physical training and cancer. Participants completed a questionnaire, screened for pregnancy, and tested for chlamydia, gonorrhea, and trichomonas at baseline, and approximately at 1 and 14 months after the intervention. Results demonstrate that a higher proportion of those in the control group had STIs and unintended pregnancies. The control group was also more likely to acquire STIs after the intervention (among those who were sexually active before recruit training but had no history of STIs or pregnancy), and were also more likely to have casual and multiple sexual partners following the intervention (among

those who had no sexual experience at baseline). The intervention showed that cognitive and behavioral interventions were effective in reducing risky behaviors and preventing STIs and unintended pregnancies in young women who are sexually active, particularly if they are not seeking any health care (Boyer et al., 2005).

The Pregnant and Parenting Teen Program, created by a visiting nurse agency, is aimed at promoting family and child health along with family self-sufficiency. In this program, nurses visit the homes of teen mothers to provide them with social, emotional, educational, and health care support. Primary aspects of this program included creating a relationship of trust between the mothers and the nurses, coordinating with the schools, human services, the hospital and clinic, having a curriculum that focused on maternal mental health, and community support that included providing items that are essential to parenting (Schaffer, Goodhue, Stennes, & Lanigan, 2012). An evaluation of the program was conducted to determine the efficacy of the program. Mothers who were involved in the program were more likely to be enrolled in school and demonstrated better health outcomes versus their counterparts who were not enrolled in the program (Schaffer et al., 2012).

Another randomized control trial aimed to reduce teen pregnancy risk among teens who sought services from a clinic and are at a high risk of pregnancy. The study population was 253 young women that were a majority African-American, with ages ranging from 13 to 17 years. The intervention, called Prime Time, was offered over 18 months in community and school based clinics and included case management and youth leadership programs. The primary outcome measures were the consistency of contraceptive use with their most recent male sexual partner (self-reported) and the

number of male sexual partners in the last 6 months. At the 24-month follow up point, more participants in the intervention group reported that they used their contraceptive method more consistently, improved self-efficacy to refuse sex that was not wanted, a reduced importance of engaging in sex, and better family connectedness. This program results demonstrated the importance of youth development in interventions, especially in settings that have access to high-risk youth but have few or limited interventions in place to address both the sexual and non-sexual protective factors along with risk (Sieving et al., 2013).

The State of Current Teen Pregnancy Programs

Akinbami, Cheng, and Kornfield (2001) conducted a review of comprehensive clinical programs for teen mother and their children to determine their efficacy. Their findings revealed that many of them experienced moderate success in seeking to prevent repeat teen pregnancies, helping mothers continue their education, and improving the health of the mother and their child in 6 to 18 months. However, many of these programs faced the issue of sustained long-term interventions and evaluations, as well as high attrition among mothers who are involved in these program. One thing that this review calls for is more funding for such program for teen mothers, as well as more evaluations. An important concern raised in this review is the efficacy of programs in areas with limited resources (Akinbami, Cheng, & Kornfield, 2001). In November of 2001, Representative Benjamin Cardin (D-MD), then, a ranking member of the Human Resources subcommittee in the House Ways and Means committee stated that side from funding local efforts that work to curb teen pregnancy, successful programs should be highlighted as well. Particularly, programs should focus on youth development and

provide after-school activities to allow teens productive activities, along with promoting abstinence, while still providing access and information regarding contraceptive methods (Boonstra, 2002). Funding for teen programs are not only important in sustaining the program itself, but hold a greater significance in ensuring that efforts to decrease teen pregnancies and support teen mothers are continued and progress is made. Considering that some areas might be low on resources is crucial to ensuring that the program itself can be carried out effectively and is also not beyond the scope or feasibility of the community and most especially the mothers. A systematic review of literature about teen pregnancy between the UK and US also found differences on how the topic was framed. In the UK, teen pregnancy was viewed from the scope of health and had a bias toward economic factors. Literature from the United States typically framed teen pregnancy as a problem often associated with welfare spending and as a mediator in the continuation of the cycle of poverty. Many of these studies also focused more on populations of color and had a bias toward cultural influences. The review deduced that this might arise out of a combination of political, religious, and research design elements (Bonell, 2004).

The purpose of this study is to evaluate the efficacy of the HOME Program. Specifically, this evaluation sought to explore the mothers' perceptions of the program, including their feedback following each session. The evaluation sought to determine what the worth of the resources from the session are to the mothers, as well as what significance does the program have on their lives and livelihood. Following each weekly session, a survey was given to each mother to fill out to obtain feedback and an evaluation, and proposed changes were made from the evaluations. The final objective of the evaluation was program improvement.

Program Description

Background

The curriculum for the Helping Other Mothers Excel (HOME) Program was created by Blake Massullo based on her own personal experiences with teen motherhood and research in the area. She came from an area in Florida with a high teen pregnancy rate. Many of those close to her were teen mothers, and this also included her sister. He sister was among those fortunate to have a supportive family to help her through the process of motherhood, however, her friends were not so lucky. Some of them had their first experience holding or seeing a baby with their own children, and many did not have family who supported them along the way. During her time at Emory University, Blake was able to study child development and learn about the importance of the early years of a child's life on their future, including nutrition, interaction with their mother, and play time. With the knowledge that many mothers do not have this background, she began work on the HOME curriculum. Upon application and acceptance into an Emory-sponsored program assisting students in projects stemming from their passions, Blake began researching, mentorship, and determining the best method of approach for this issue. From this process and with the support of many experts sprung the HOME curriculum. She created the HOME Program with the knowledge of the various challenges that present themselves for many teen mothers, including a lack of support and a lack of knowledge. With this intention, Blake created the curriculum to focus first on the mother, her health, and its effect on the child, so that the mother is able to ensure her wellness before assisting another. HOME seeks to foster a community that allows the mothers to learn, grow, and be uplifted in a time that may be both challenging and

formative. Ultimately, the hope is for the program to be disseminated in many schools and community centers, to reach as many women and children as possible.

Mission

The Helping Other Mothers Excel (HOME) Program, is a program created for teen mothers to ensure their wellness and wellbeing of their child(ren), particularly during such a formative time in their lives. It was created with the purpose of creating support for teenage mothers. The program discusses common topics that are often challenged or brought about by teen motherhood, such as fear, nutrition, post-secondary opportunities, and relationships among others. During the course of the program, the mothers are able to form a support group for each other and through the facilitator.

There is a total of eleven sessions, with each session consisting of various activities, videos, and a time for reflection. The curriculum is flexible so that it can address the participants pre- and post-birth. Sessions were held in a conference room in the school media center, lasting for a maximum of 45 minutes per session. The sessions of the program are included in Table 1:

Table 1 - Program Contents – Original Curriculum Implementation (each session to last a maximum of 45 minutes)

Session Number and Title	Session Goals
Session 1- Fear	● Discuss why fear is the first session topic, as it is an obstacle that must be recognized in order to overcome ● Discuss possible fears and identify fears specific to the mothers ● Try to find ways to cope with and overcome fears ● Increase mothers' self-esteem
Session 2- Mental Health: Coping with Stress and Depression	● Inform mothers about the classifications, symptoms, effects, and treatments for mental

	health issues that relate to young women and to mothers, as well as the methods of prevention for those issues ● Explain the importance of recognizing and treating mental health issues due to the effects they have on themselves and their children
Session 3- Nurturing Healthy Relationships	● Aid mothers in nurturing healthy relationships with their parents, their friends, the father of their child, their teachers, and especially their child ● Share the classifications of a healthy relationship and the importance of having healthy relationships ● Have the mothers identify the negative and positive relationships in their lives and begin the steps to change them for the better
Session 4- Continuing Education and Job Opportunities	● Allow the mothers to realize that in order to accomplish their goals and pursue their interests, there are steps that must be taken ● Educate mothers about the importance of continuing their education and the many positive factors that come with it ● Aid the mothers if they are looking for a part-time job while in school ● Refer mothers to other resources for support
Session 5- Nutrition and Substance Abuse	● Inform the mothers about the importance of healthy nutrition and refraining from substance abuse ● Educate the mothers on what foods their child can consume at each stage in their life ● Inform the mothers of how paying attention to what's going into their bodies will affect their moods and physical abilities ● Show how nutrition and substance abuse relates to the mothers, and in turn, truly affects their child
Session 6- Exercise	● Inform mothers about the importance of exercise, not only in their life but in the life of their child ● Explain how exercise improves the body and mind ● Show the different types of exercise and what counts as exercising ● Encourage mothers to be interested and committed to incorporating exercise in their family's everyday lives
Session 7- Child Development Milestones	● Inform the mothers of child development milestones and have them identify where their child is in their development ● Identify how they can aid in their child's development ● Ease the mother's mind if they feel their child is behind, but provide tools for keeping their child on track in their appropriate process of

	development
Session 8- Attachment: Contact and Productive Play	• Teach the mothers the importance and benefits of achieving a stable and secure mother-child attachment • Teach the mothers the negative effects that other attachment styles could have on their child • Inform the mothers of tips, including productive play, to aid in the development of the secure attachment process
Session 9- Reading with Children	• Inform the mothers about the importance of reading with their children and the benefits that reading has on their child's vocabulary, language development, and attachment
Session 10- Reduce Repeat Pregnancies and Doctor Visits (Mother and Child)	• Inform the mothers about the family planning and the many different types of birth control • Instruct the mothers on a proper timeline for their child's doctor visits
Session 11- Final Session Recap	• Receive mothers' input on HOME and their facilitators • Understand what has worked and what has not worked for them as a group and as individuals • Make improvements for future buildings of HOME

A journaling component was also included within the sessions, to allow for further reflection as well as the completion of tasks per the week's assignments (Appendix A).

Goals: The goal of the program was to establish a support system for the teen mothers and a "sense of community and care". The program also sought to provide mothers with enough resources for self-betterment and for them to provide for and ensure the well-being of themselves and their child.

Need and Context

The HOME Program addressed the issue of teen motherhood. This program was tested for the first time in Atlanta, Georgia and was therefore responding to the issue of

teen motherhood within the socioeconomic and sociocultural context of this city. In the United States, there are approximately 1 million teen pregnancies, among youth ages 11-19, with about half of those young women giving birth (Chen et al., 2007). As of 2010, there are an estimated 64 pregnancies per 1000 teen mothers ages 15-19 annually in the state of Georgia and 42 births per 1000 teen mothers within this same age bracket. Overall, this places Georgia 11th in the nation for teen pregnancy rate and 13th in national teen birth rate (Kost & Henshaw, 2014). This issue is further magnified when stratifying this population by race. Within Georgia, the teen pregnancy and birth rate is higher among Black and Hispanic teen mothers compared to their White counterparts, with rates of 89 and 113 per 1000 and 53 and 74 per 1000, respectively. Among White Georgians, the pregnancy and birth rates are 41 per 1000 and 30 per 1000, respectively (Kost & Henshaw, 2014). Approximately a third of teen mothers nationally are said to come from disadvantaged backgrounds (Anachebe & Sutton, 2003). In the context of the city of Atlanta, the median income as of 2015 was $47,527, with 24.6% percent of the population living in poverty ("Atlanta city, Georgia," 2015). This compares to the national averages in the United States, with the median income being 53,889, and the average poverty level at 13.5% ("UNITED STATES QuickFacts from the US Census Bureau," 2015). This income disparity, for example, makes the situation harder as a teen mother as there are less resources at their disposal to be able to provide for them and their child.

Expected Effects

The desired outcome of the HOME program was first and foremost to provide a support system for the mothers and a community where they can feel cared for and

connected to others. In addition, the goal of this program was to provide the mothers with necessary resources to ensure the well-being of themselves and their children. The hope of this evaluation was that the mothers felt that they have been adequately prepared by the program to care for their child. The long-term goal was that the mothers were supported enough to better themselves and their lifestyles.

Activities

The program began with sessions that focused specifically on the mother and her wellness for six sessions. The objective during these six weeks was to provide the mother with the resources and opportunity to better themselves and their lifestyle. Following this six-session part of the course, the curriculum shifted its focus to the child and their life. These sessions aimed to help the mother learn more about their child, with the last session of HOME being particularly important in determining how the child's life will proceed from that point. Overall, the goal was for the parent-child relationship to improve, and for the mothers to improve their health and confidence.

Within the cohort involved in this evaluation for the HOME program, there were four mothers participating in person over the duration of the program. Recruitment activities occurred with Community in Schools (CIS) representatives and the high school staff members serving as our key informant of students who were pregnant or have had children within the last year. Following identification of these students they were invited to participate in the sessions. Of the eight mothers who were referred to our program, one declined to participate, one was unavailable to participate due to her class schedule, and two others left school due to reasons surrounding their pregnancy or children. Those who agreed to participate were enrolled in the program. Other methods of recruitment of

the program occurred through the mothers spreading word to colleagues who they might know to be pregnant or with children.

Following recruitment, the mothers were given a demographics questionnaire at the beginning of their first session (Appendix B). This questionnaire sought information about demographics, and thoughts of the mothers about parenting or motherhood in particular. Following each session, the mothers completed a survey on their perspectives about the specific sessions in addition to what they liked about the program and what they would change.

Each session started with welcoming the mothers to the program and reviewing what was discussed in the prior week. Ideally, a testimony from an individual who has experienced teen motherhood would speak on the topic of the session to increase impact. Afterward, if there was a corresponding video for the session, it was shown, followed by the lesson for that particular session. During this evaluation, in the interest of time, one or two sessions were held per day though they are meant to be held on a weekly basis (Table 2). Guest speakers were also encouraged throughout the session to encourage novelty for the mothers by adding a new perspective (not solely that of the main facilitator). Each session has a group activity to be done together with everyone in the program (Appendix A). Following the activity, the group split to do the *Reflection* and further discuss and look deeper into the lesson from the group activity. Guiding questions were provided in the curriculum booklet but were primarily focused on the experiences and thoughts of the mothers while encouraging a safe space for discussion. Following *Reflection*, the session was concluded with the task of the week and recording it into the journals that were provided for the mothers, referred to as the *My Little One*,

modeled after a little black book. The journals were meant to be brought to every session and served as a place for mothers to write their activities and reflections, notes, ideas and quotes. Overall, the session was estimated last for about 45 minutes. Handouts corresponding to some sessions were provided in the appendix of the curriculum booklet, to be copied and distributed accordingly.

Table 2 - Program sessions as implemented for the purposes of this evaluation

Session Number and Title	**Date Implemented**
Session 1- Fear	10/26/2016, 11/9/2016 (delivered again for new program participants)
Session 2- Mental Health: Coping with Stress and Depression	11/1/2017
Session 3- Nurturing Healthy Relationships AND Session 7- Child Development Milestones	1/25/2017
Session 4- Continuing Education and Job Opportunities	1/18/2017
Session 8- Attachment: Contact and Productive Play	2/1/2017
Session 11- Final Session Recap	2/22/2017

Resources

The HOME Program was supported by the Emory Center for Civic and Community Engagement (CCE) as part of the Graduation Generation program, housed at Emory University. All resources needed for the program, including the journals used by the mothers, copies, and curriculum booklet were provided by this office, with a program budget of $750. Meeting space was provided by the high school, free of charge. This space included chairs and a table, as well as the option of a door for added privacy and confidentiality. In addition, Communities in Schools (CIS) representatives at the school

along with the Community Partnerships Manager at CCE provided necessary support and resources for the program. Technological resources, such as the supplemental DVD provided for the program were provided with the original curriculum and accessed through CCE. The laptop computer of the evaluator was used to show the videos on the aforementioned DVD. The evaluator served as the program coordinator and led the HOME sessions on Wednesdays from 9:40 AM to 11:00AM during the allotted and available "Advisory" block periods set aside during the high school's block schedule, with the exception of days set aside for testing or mandatory school events that were scheduled during these times. The program coordinator was hired by CCE and was a Masters of Public Health candidate at the Emory University Rollins School of Public Health. During this implementation, the program coordinator, who also served as the program evaluator, was hired under the Rollins Earn and Learn (REAL) Program. Various staff persons in the school and CCE also helped to support HOME activities.

Stage of Development

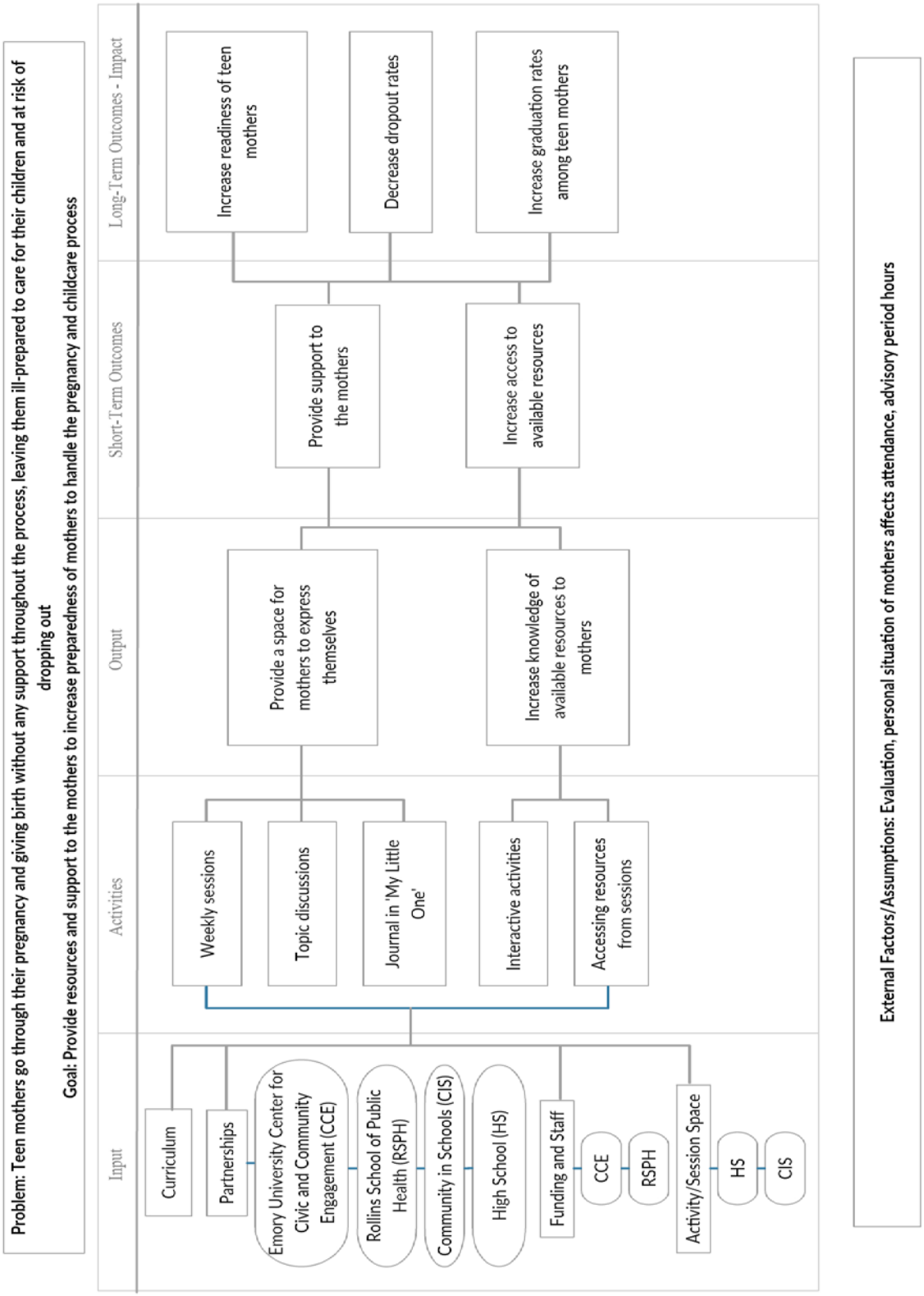
Currently, the HOME Program is in the implementation stage. In Fall of 2015, pilot testing began on this program. The HOME Program was in its second year and was applied at a high school in Atlanta, Georgia.

Logic Model

The logic model pictured below (Figure 1) depicts the inputs that went into the implementation of the program, the activities involved during the program, expected outputs from the program, and short-term and long-term expected outcomes. In addition to showing these components of the program, it also depicts the relationship among them. Some of the important resources that are involved in the implementation of the HOME

Program are the original curriculum for the program, a partnership between Emory University's Center for Civic and Community Engagement (CCE), the Rollins School of Public Health (RSPH), Community in Schools (CIS), and the high school. Funding and staff were also provided by CCE and RSPH, while activity space was provided by the school and CIS. These components together helped facilitate the activities which include weekly sessions, topic discussions, journaling, interactive activities, and accessing the resources from the sessions (Appendix A). The former three activities lead to the first output component of providing a space for the mothers to express themselves, while the latter two activities increased knowledge of resources available to the mothers. Together, these outputs are expected to bring about the short-term outcomes of providing support to the mothers and increasing their access to available resources. These short-term outcomes are expected to lead to the long-term outcomes of increasing the readiness of mothers, decreasing dropout rates, and increasing graduation rates among teen mothers (Figure 1).

Figure 1 - HOME Program Logic Model, detailing program implementation inputs, activities, outputs, and short- and long-term outcomes



Evaluation Question

What benefit does the program have on the lives and livelihood of the teen mothers?

- *Did the mothers find the program applicable to their lives?*
- *How did their perceptions on motherhood change?*
- *What is the worth of the resources provided by the sessions?*

Justification: Through this evaluation, the objective was to determine if the mothers found their participation in the program worthwhile and if they would change it should they go through the program again. The evaluation also explored if the mothers found the program to be applicable to their lives, particularly as many mothers were at different stages of motherhood. Some were pregnant/expecting and others in the program had their children already. Even more, some of the mothers who had already given birth had children of varying ages, possibly affecting their experience and what they took from the program. This evaluation sought to answer if the mothers felt that they gained from the resources provided during the program. Given that one of the main objectives was to ensure that mothers were provided with help and resources that could be used to ensure their well-being as well as that of their child, the evaluation explored if these objectives were met over the seven delivered sessions of the program. Additionally, with the provision of these resources, the evaluation sought to explore not only if these resources were of importance to the mothers, but also if it had an impact on their livelihoods.

Potential Significance

This evaluation sought to enhance not only current research surrounding interventions for teen mothers, but also provide further information regarding the efficacy of this program when applied within a high school as a pilot program.

Key Stakeholders

The primary intended user of this evaluation was the creator of the HOME Program, Blake Massullo, who will use it to adapt the program for future use. The evaluation was also shared with the Program Manager and staff at the CCE office within Emory University, as a means of sharing the receptivity of the program among students in their partner high school, and with staff members at the high school that were instrumental in implementing the program for future implementation purposes.

The evaluation was shared with the program creator via email and/or over the phone through a meeting. The evaluation was shared via hard copy in person with the staff at the CCE office and the high school.

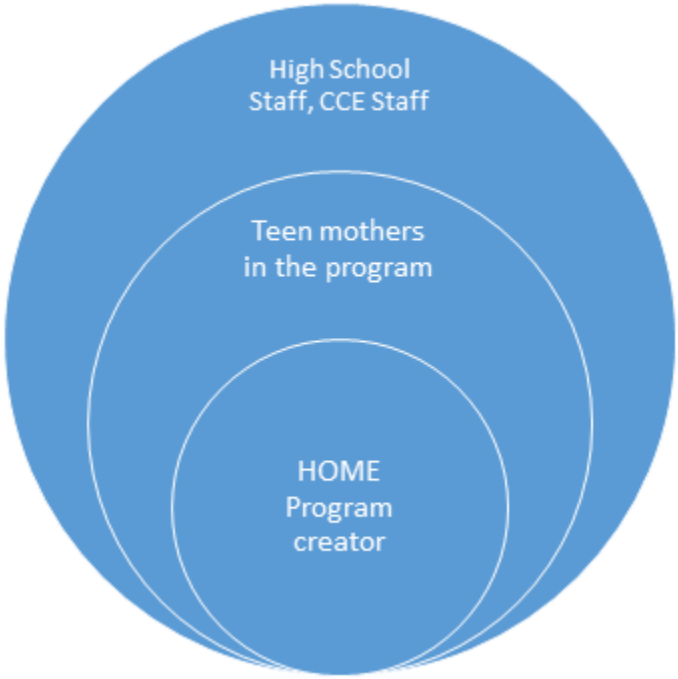
The evaluation was shared with the stakeholders on Friday, April 21th, 2017 via email, through a collaboration document. The progress of the program will also shared to stakeholders January 31st, 2017, with final results and recommendations presented on April 28, 2017 (Figure 2).

List of Stakeholders

- Primary Stakeholder
    - HOME Program Creator
- Secondary Stakeholders
    - Teen mothers in the program
- Tertiary Stakeholders
    - High school staff
    - CCE office Program Manager and staff

Figure 2 - Diagram of key stakeholders involved in the implementation and evaluation of

the HOME Program



Chapter 3: Methods

Participants

Participants of this evaluation are the mothers who took part in the program. They were students from a local Atlanta Area high school, accessed through snowball sampling methods and referrals from school administrators who had knowledge of the mothers' pregnancy or childbirth status. This covered female students enrolled as freshmen up to senior students. Mothers must either be currently pregnant or have given birth to at least one child. Bearing in mind that this is the pilot implementation of the program and it has not been adapted into other languages, participants must also be both proficient in spoken and written English. Key informant qualitative interviews were also conducted in English.

Measures

The evaluation was conducted using the Evaluation Framework established by the CDC (CDC, A Framework for Program Evaluation, 2016). The evaluation materials included a survey component, using the Program Evaluation Form by Nurturing Parenting Programs (Nurturing Parenting Programs, 2015). Questions were also adapted from the program evaluation by Schaffer et al. of a similar teen mothers program (Schaffer et al., 2012). These instruments were chosen because they have been used for similar programs and program evaluations that focused on teen mothers. These programs also seek to provide support and resources to teen mothers, such as academic support, and parenting instruction, among others. These instruments were used to gauge the perceptions of the mothers as well as any suggestions that they feel should be provided on the program and curriculum. Qualitative data was collected from the questionnaire, as

well as quantitative data. Demographic information was collected at the beginning of the program, including factors such as age, grade in school, race and ethnicity, and employment. Consent to collect information via questionnaires was obtained at the beginning of the program from the mothers. In addition, information was collected via survey responses, particularly seeking thoughts on the program structure, content, and helpfulness/applicability for the mothers and/or their child(ren). These surveys were administered following each session day. To ensure comprehension of the informed consent information the participants had the opportunity to ask questions. The informed consent, discussion, sessions, delivery, and collection of the questionnaires were both conducted by the primary investigator. Personal identifiers were not collected and any that might be included by the mothers were removed to ensure confidentiality and anonymity. Potential risks from this study might include some emotional discomfort when discussing certain issues, particularly as some of the topics might be triggering. Approval by the Emory Institutional Review Board (IRB) was not required because this evaluation was considered program quality improvement (Appendix F).

Procedures

The program was delivered in a closed conference room to create a safe space for the in-person group discussions called for within the curriculum. During each session, one to two lessons were delivered each meeting day, with each daily session lasting no longer than an hour and a half. Two session were combined in certain sessions in the interest of covering more of the sessions, particularly if one session lasted for less than the allotted time. Each session was conducted according to the program curriculum book. Total, 11 sessions were delivered, some of which involved notebook reflections, discussions,

crafts, and worksheets among other features. There were resources pertaining both to the mother and the child, including those detailing child development milestones, child nutrition, sources to reach out to for mental health care, and resources for job searches. To minimize bias, participants were required to complete the survey in silence and without consultation or discussion with their peers, to prevent the sharing of opinions and ideas that might influence their previously held opinions.

Analysis

Quantitative Data Analysis

Quantitative data were analyzed using Microsoft Excel 2016. Data were entered into Excel sheets from paper demographic questionnaires and post-session evaluation surveys. Descriptive statistics were run to determine the frequency of certain demographic characteristics, as well as the average ratings of questions regarding session perceptions and program applicability on 5-point Likert scales (Appendices B and C). Additionally, written comments from the mothers were collected on the post-session evaluation surveys to be included among the qualitative data collected.

Based on the number of participants in the program, results were tallied and entered by hand. For each answered question on the surveys, the evaluator entered responses into the Excel spreadsheet and run descriptive statistics.

Qualitative Data Collection

The qualitative data for this evaluation was obtained through key informant interviews conducted with administrators at the high school, the CIS representatives located within the school, and program participants. The school administrator and CIS

representatives were interviewed on separate days from the students. Program participants were interviewed in the school during the normal program time period (during advisory period) so that it would not interfere with classes. Separate interview guides were created for the administrators and students (Appendix D). During the meeting with each of the key informants, the purpose of the interview was explained to them, along with their options as an interviewee. Consent to conduct the interview and record it was obtained. The interview questions were created such that they would answer the goals and aim of this evaluation. Topics for administrators included knowledge of other programs at the schools and what they subjectively believed made them effective with the students, student motivators for participation, and student needs. Students were asked about topics such as the typical progression of their day, their involvement, and knowledge that they might have gained from the program, among others. During the interview, respondents have the option to elaborate as much or as little as they desired to provide an adequate answer. The interview questions were developed and received feedback. The guide was also pilot tested to ensure that it was understandable and fit within the allotted time (Appendix D). Data were also collected from the demographic questionnaire, post-session surveys, as well as the end of program activity from the last session (session 11).

Qualitative Data Analysis

To begin the data analysis process, the evaluator listened to interview recordings of seven interviews that occurred either in-person or by phone and identifying important themes and information mentioned by each respondent. Each interview was designed to last no more than 30 minutes.

The interviews were coded according to the textual analysis technique based in grounded theory, outlined by Monique Hennink, Inge Hutter, and Ajay Bailey in *Qualitative Research Methods* (Hennink, Hutter, & Bailey, 2011). The themes and information noted were organized under common or overarching themes and also organized according to which evaluation question they responded. A codebook was created and included these themes and their operational definitions. These codes included themes like "relationships" and "experience". Other primary themes noted during interviews were from the "advice" code, the "needs and barriers", "outcomes", "timing", and "future directions" (Appendix E). Upon organizing this information, results and recommendations were created for the program.

Ethics

Participant consent was obtained to interview and record them during the interview. After qualitative data analysis, the interview recordings were permanently deleted. Approval by the Emory Institutional Review Board (IRB) was not required because this evaluation was considered program quality improvement (Appendix F).

Chapter 4: Results

Demographics

Eight individuals were contacted for participation in the program. Information for 6 program participants were collected, with a final count of 4 program participants (participants lost due to those who gave birth during the program or those who had to leave during the school year, particularly related to their pregnancy) (Appendix B). Out of these individuals, all of them identified as female, Black or African-American, and non-Hispanic or Latino (n=6, 100.0%). Ages of participants ranged from 15 to 18 years of age, with half of those who filled the demographic questionnaire being 17 years of age (n=3, 50.0%). Two-thirds of participants were seniors in high school, while one of the participants was a sophomore (n=1, 16.7%) and another being a freshman (n=1, 16.7%). Most of the mothers in the program were still pregnant and had not yet given birth (n=4, 66.7%), while two had already given birth to their children (n=2, 33.3%). Of those who had already given birth, one child was 18 months old (n=1, 16.7%) while the other child was just one month old (n=1, 16.7%). Half of the children were identified as male (n=3, 50.0%), while one-third were of an unknown gender (n=2, 33.3%). The remainder of the children were identified as female. This included children who had been born and were yet to be born. Of the children yet to be born, half were of an unknown gender (n=2, 33.3%), one was identified as male (n=1, 16.7%), and one was identified as female (n=1, 16.7%). Two-thirds of the mothers expected to give birth to their child at age 16 or 17 (age 16: n=2, 33.3%; age 17: n=2, 33.3%), while one had given birth to their child at age 14 (n=1, 16.7%) and another had given birth at age 18 (n=1, 16.7%) (Table 3).

Table 3 - Demographic of participants in the HOME Program based on those who filled initial demographic questionnaire

Participant characteristics (n=6)	Number(%)
Age	
15	1 (16.7%)
16	1 (16.7%)
17	3 (50.0%)
18	1 (16.7%)
Grade	
Freshman	1 (16.7%)
Sophomore	1 (16.7%)
Junior	0 (0.0%)
Senior	4 (66.7%)
Other	0 (0.0%)
Number of Children	
0	4 (66.7%)
1	2 (33.3%)
Age at First Childbirth	
14	1 (16.7%)
15	0 (0.0%)
16	2 (33.3%)
17	2 (33.3%)
18	1 (16.7%)
Age of Child	
< 1 month	4 (66.7%)
1-6 months	1 (16.7%)
7-12 months	0 (0.0%)
13-18 months	1 (16.7%)
Child's Gender	
Male	3 (50.0%)
Female	1 (16.7%)
Unknown gender yet	2 (33.3%)

Table 4 - Lifestyle characteristics of HOME Program participants, based on initial six participants who filled demographic questionnaire

Participant Characteristics (n=6)	Number(%)
Extracurricular Involvement	
Yes	1 (16.7%)
No	5 (83.3%)
Post-Graduate Plans (*= one participant chose two options)	
College/University*	2 (33.3%)*
Employment*	4 (66.7%)*
None	1 (16.7%)
Currently Employed	
Yes	5 (83.3%)
No	1 (16.7%)
Living Situation	
Living with Mother	3 (50.0%)
Living with Both Parents	1 (16.7%)
Other	2 (33.3%)
Number of Years Living at Present Location	
0-5 years	4 (66.7%)
6-10 years	1 (16.7%)
16-20 years	1 (16.7%)
*** one participant chose two options**	

Regarding their extracurricular involvement, most mothers were not involved in extracurriculars (n=5, 83.3%). This is similar with the responses received during the seven key informant interviews where many of the mothers stated that their pregnancy

was the reason why many of them stopped participating in extracurricular activities. Four out of the 6 mothers stated that following graduation, they would seek employment (n=4, 66.7%), while two (including one of the aforementioned from those who desired to seek employment) desired to enter college or university following graduation (n=2, 33.3%). Only one said she had no current postgraduate plans (n=1, 16.7%). Similarly, many of the mothers are currently working (n=5, 83.7%). Half of the respondents currently only live with their mother (n=3, 50.0%), while one participant lives with both parents (n=1, 16.7%), and one-third living in 'Other' living situations, namely with their aunt or big brother and grandmother (n=2, 33.3%). The longest time a mother has been living in her particular living situation was for 16 years, while the shortest time a mother has been in her current living situation was for two months (Table 4).

Survey Results

Following each session day, participants were given a survey to evaluate their perceptions of the session of the day as well as of the program. Scale questions on the survey include questions such as, "How do you feel about today's session?", "I would feel comfortable recommending this program to someone else," and "Being part of this program has helped me improve as a parent." Throughout the program, sessions received a mean score of at least a 4 on a 5-point Likert scale (with scores from 1 to 5, with 1 indicating "Very Bad" or "Strongly Disagree" to 5 indicating "Very Good" or "Strongly Agree"), indicating a positive response of either 'Good' or 'Agree" on questions (Appendix C).

Results from the post-session survey show that session 2 (Mental Health: Coping with Stress and Depression) was rated the highest, on average, followed by session 3

(Nurturing Healthy Relationships) and 7 (Child Development Milestones), session 8 (Attachment: Contact and Productive Play), session 4 (Continuing Education and Job Opportunities), and session 1 (Fear). The session that most mothers found helped them understand their needs as a parent was session 2. Most participants believed that session 2 also helped them understand the needs of their child and their development. For the program, overall, most mothers agreed that they are supported as a parent in the program. Most mothers agreed that being part of the program has helped them improve as a parent. Most mothers also were neutral about the statement that being part of the program has helped them do better in school.

Question 4, regarding support as a parent in the program, question 5, regarding understanding needs as a parent, question 6, regarding understanding needs of their child and development, question 7, about improvement as a parent, and question 8, regarding improvement in school, were on a scale from 1 to 5, with 1 indicating "Strongly Disagree" and 5 indicating "Strongly Agree". Question 4 on the survey asked for the participant's agreement with the statement "I feel that I am supported as a parent in this program". Question 5 read, "This session [or "program" in session 11] has helped me understand my needs as a parent". Question 6 sought to determine agreement with the statement, "This session ["program" in session 11] has helped me understand the needs of my child and their development". Question 7 asked participants for their level of agreement with the statement, "Being part of this program has helped me improve as a parent". Finally, question 8 asked for the participant's agreement with the statement, "Being part of this program has helped me do better in school." For session 1 (Figure 3), mean scores ranged from 4.00 to 4.50, with the two highest scoring questions being

questions 4 (mean= 4.50) and 5 (mean= 4.50). Questions 6 through 8 received mean scale scores of 4.00.

For session 2 (Figure 4), the highest scoring questions were questions 4 asking about support as a parent, question 5 asking if the session helped the mothers understand their needs as a parent, and question 6, asking if the session brought about improved understanding of their child's needs and development (mean= 5.00), with all three questions receiving a 5. Question 7, regarding if the program improved parenting, and question 8, regarding improvement in school, received the lowest mean scores, with both questions receiving a mean score of 4.00. The mean scores for this session ranged from 4.00 to 5.00.

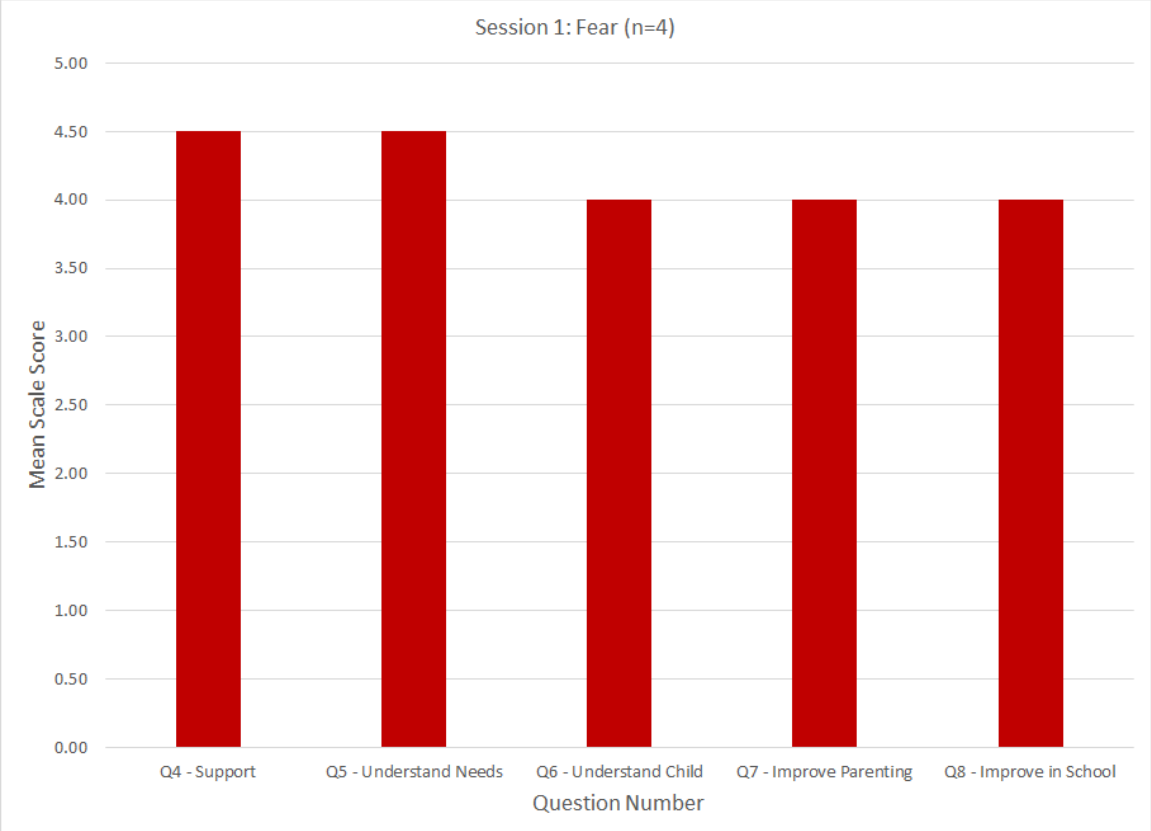


Figure 3. Mean scores for session one (Fear) detailing average mother's perceptions on program intent

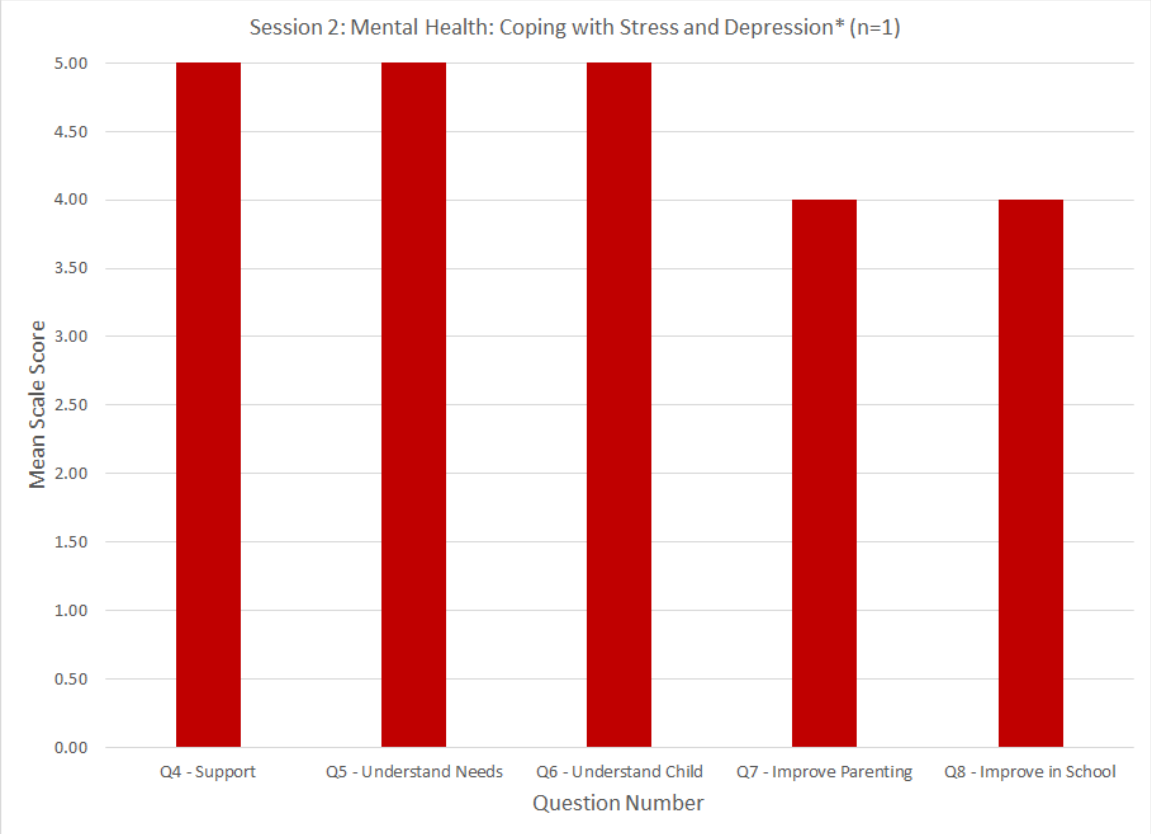


Figure 4. Mean scores for session two (Mental Health: Coping with Stress and Depression) detailing average mother's perceptions on program intent

In the combined sessions 3 and 7 (Figure 5), the highest scoring question was question four, asking if the mother felt supported in the program (mean= 5.00), followed by questions 5 asking about improved understanding of their needs as a parent, question 6 asking about improved understanding of their child's needs and development, and

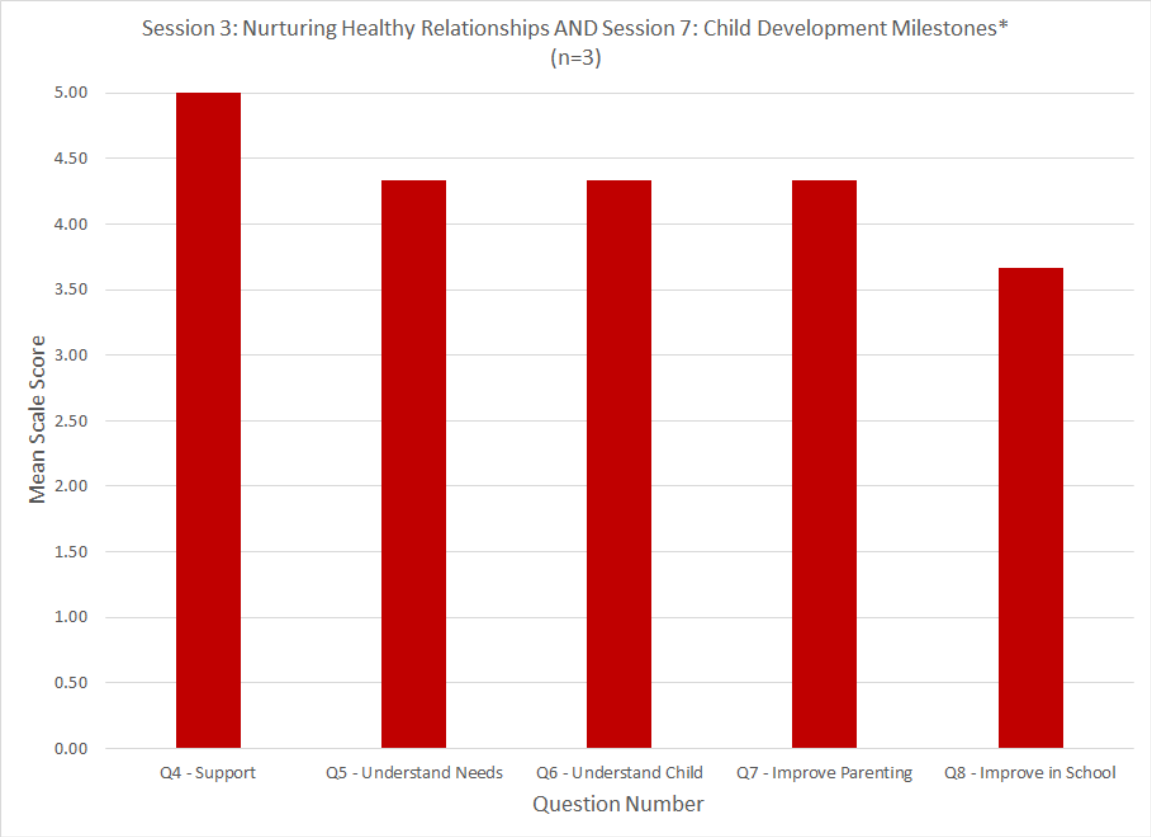


Figure 5. Mean scores for session three and seven (Nuturing Healthy Relationships AND Child Development Milestones) detailing average mother's perceptions on program intent

question 7, asking about improvement in parenting (mean= 4.33), and question 8, asking about improvement in school with the lowest score (mean= 3.67).

For session 4 (Figure 6), question 4, regarding support as a parent, received the highest score, with a mean score of 4.75. Question 5 regarding an understanding of their needs as a parent, and question 6, asking about improved understanding of their child's needs and development were the second highest scored questions with mean scores of

4.50. The average score for question 7, asking about improvements in parenting, was 4.25 and question 8, about improvement in school, received the lowest score of 4.00.

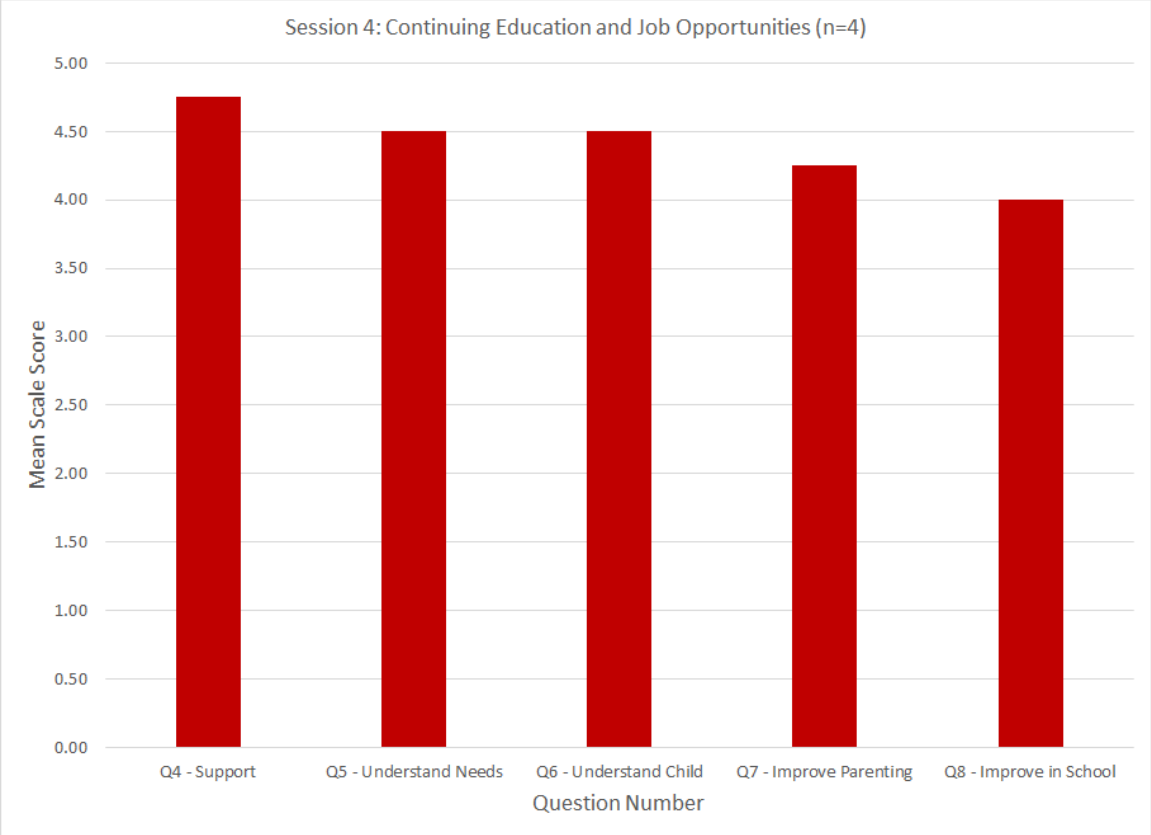


Figure 6. Mean scores for session four (Continuing Education and Job Opportunities) detailing average mother's perceptions on program intent

Finally, for Session 8 (Figure 7), question 4 (support as a parent in the program) received the highest mean score of 5.00, followed by questions 5 (understanding needs as parent, question 6: understanding needs of child and their development, question 7 (improvement as a parent) through question 8 (improvement in school), with mean scores of 4.33.

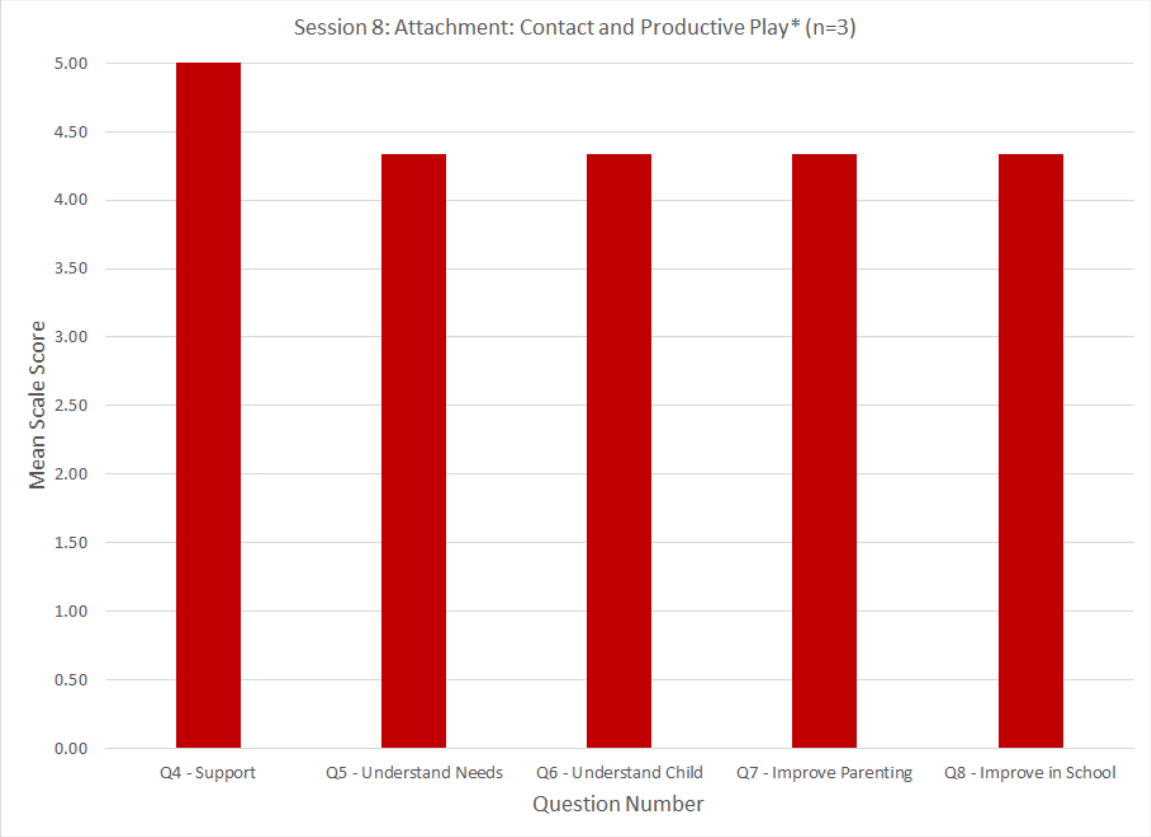


Figure 7. Mean scores for session eight (Attachment: Contact and Productive Play) detailing average mother's perceptions on program intent

Question 1, asked how the participant felt about that day's session, with a scale from 1 (Very Bad) to 5 (Very Good). Question 2, asked about feelings about the program so far (or "overall" in the case of session 11). For session 1 (Figure 8), questions 1 and 2 both received the same mean score of 4.25, which was the second highest scoring set of questions of the 8 scored questions on the survey.

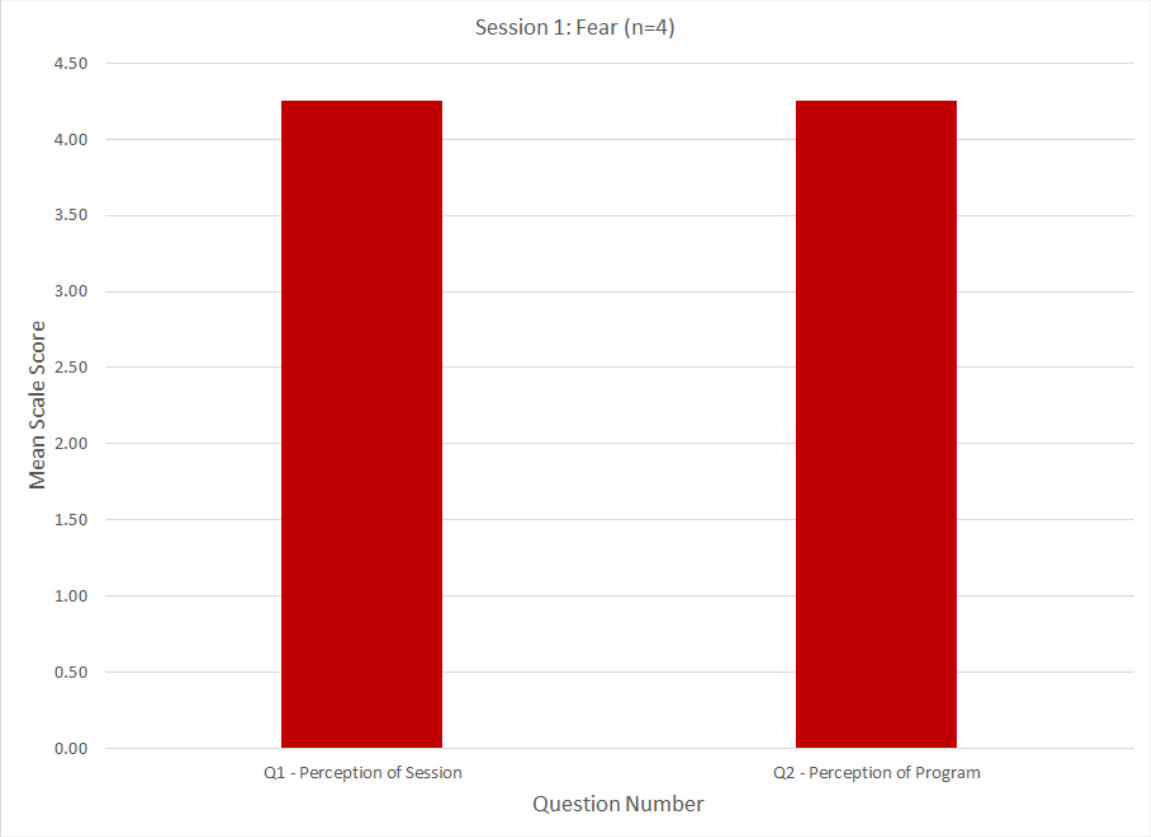


Figure 8. Mean scores for session one (Fear) detailing average mother's perceptions on program itself

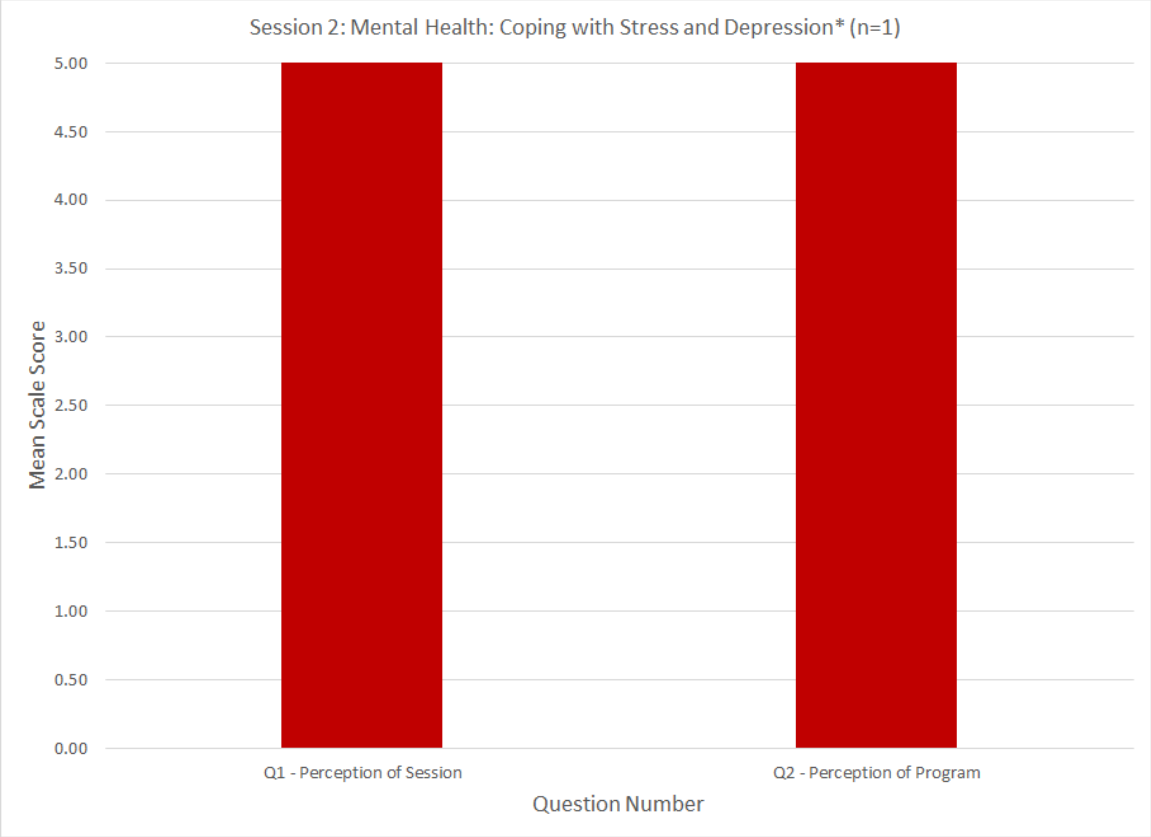


Figure 9. Mean scores for session two (Mental Health: Coping with Stress and Depression) detailing average mother's perceptions on program itself

Session 2 (Figure 9) also had similar scores for questions 1 (perception of session) and 2 (perception of program), with a mean scale score of 5.00, among the highest scores in the 8 survey questions. In the combined session 3 and 7 (Figure 10), question 1 received a mean scale score of 4.67, while question 2 received a higher average score, with 5.00.

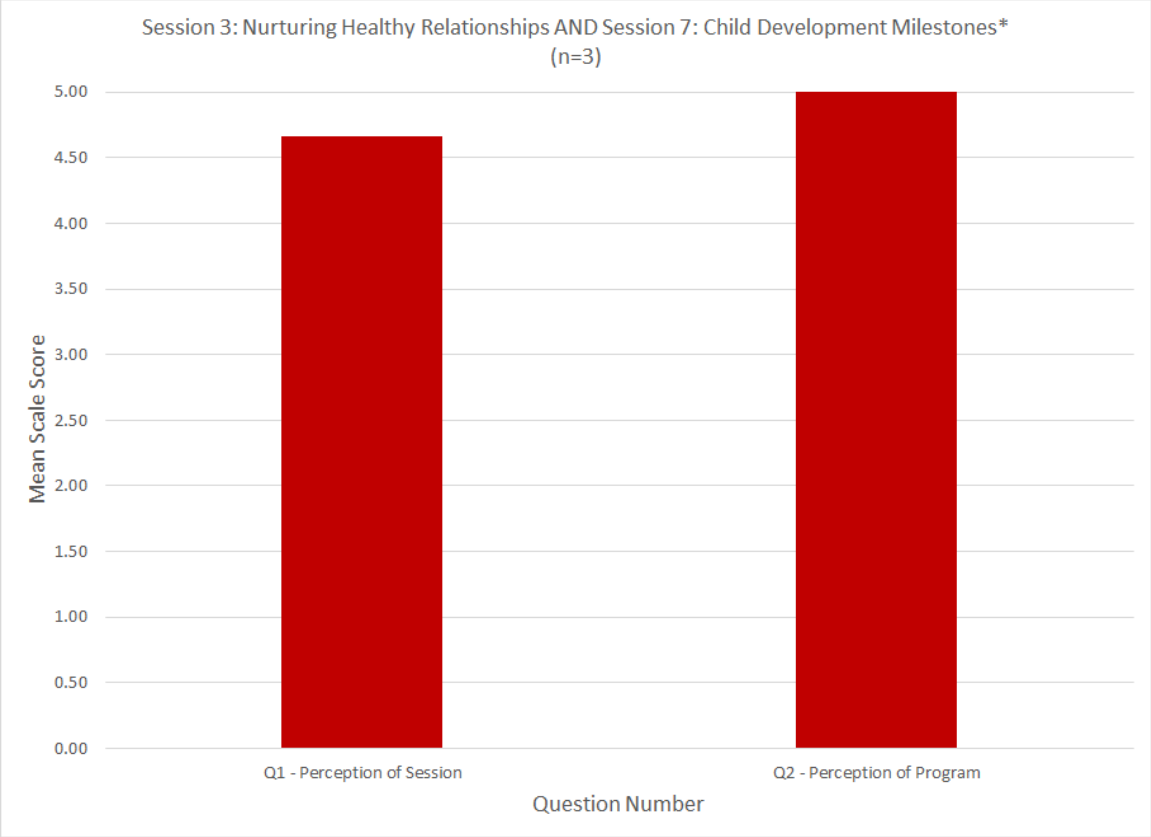


Figure 10. Mean scores for session three and seven (Nurturing Healthy Relationships AND Child Development Milestones) detailing average mother's perceptions on program itself

In session 4 (Figure 11), question 1 (perception of session) received a higher average score of 5.00 while question 2 (perception of program) received a mean score of 4.25. Finally, for session 8 (Figure 12), both question 1 and 2 were among the questions receiving the highest average score of 5.00.

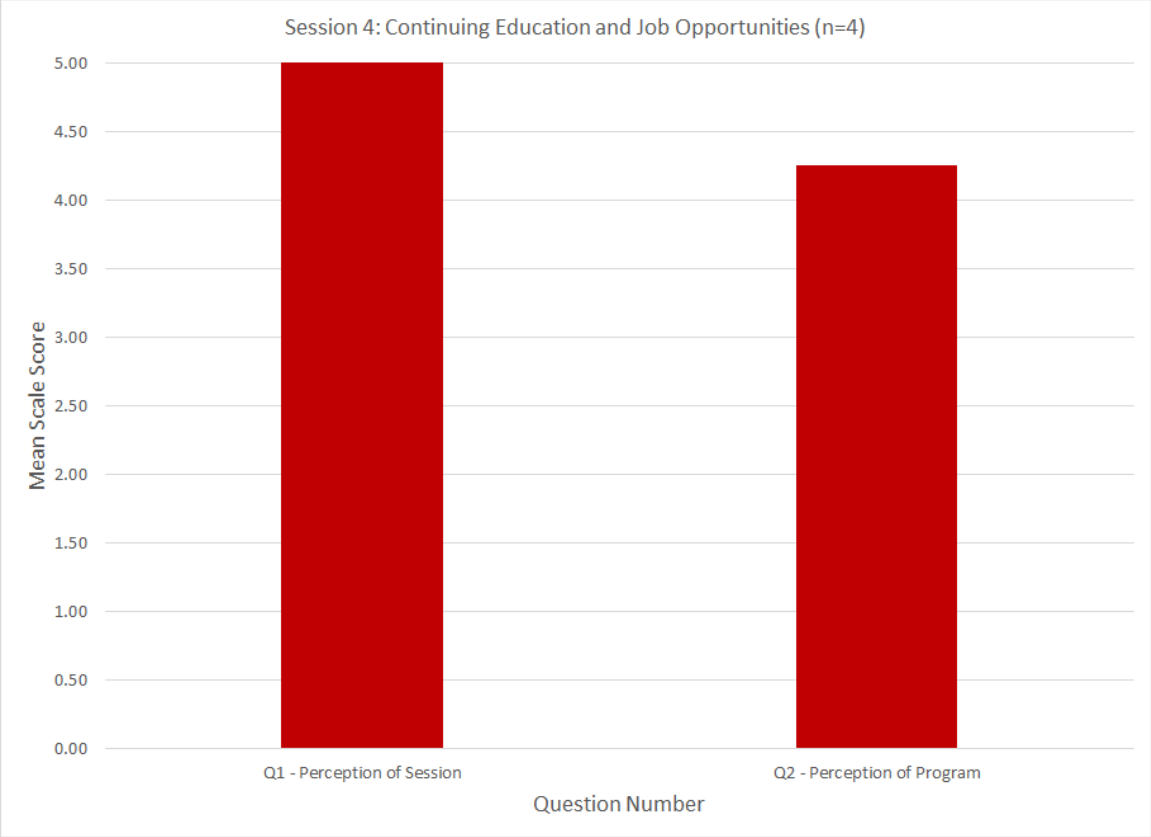


Figure 11. Mean scores for session four (Continuing Education and Job Opportunities) detailing average mother's perceptions on program itself

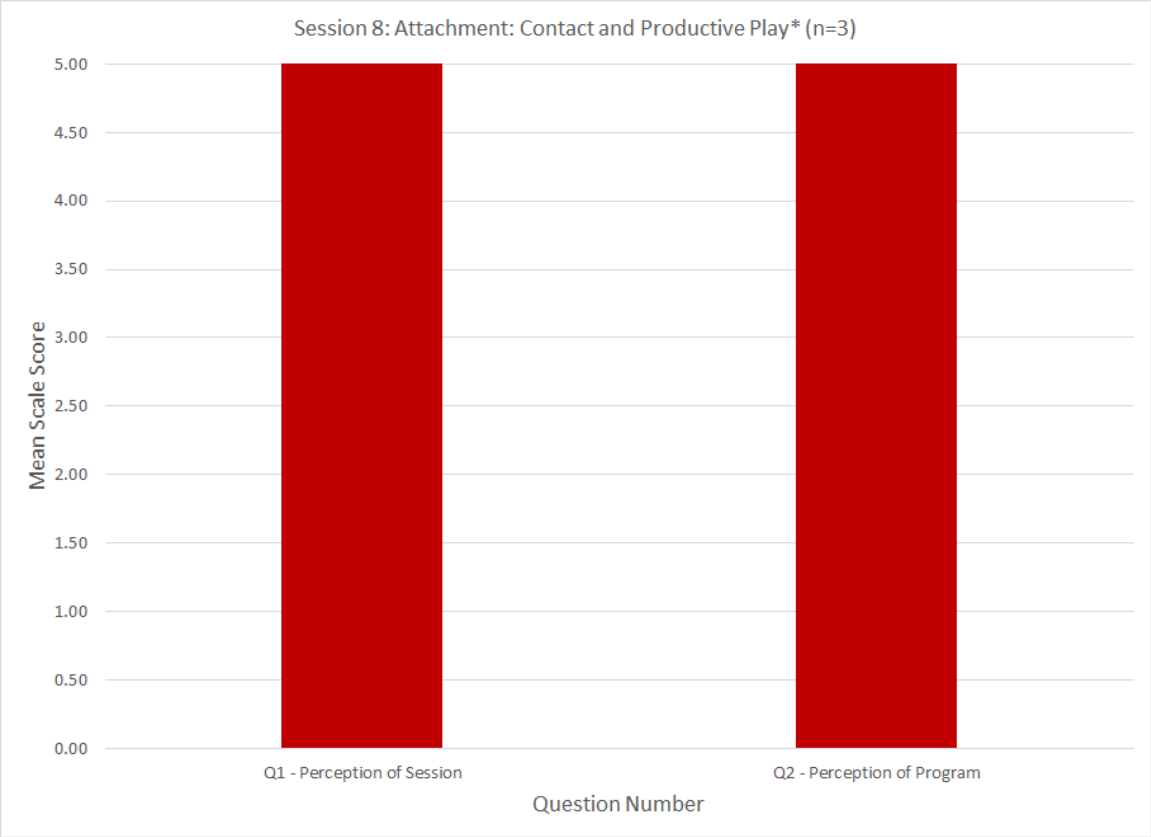


Figure 12. Mean scores for session eight (Attachment: Contact and Productive Play) detailing average mother's perceptions on program itself

Question 3 gauged the participant's agreement with the statement, "I would feel comfortable recommending this program to someone else." The scale ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). For session 1 (Figure 13), question 3 was among the questions with the highest mean score of 4.50 out of the eight total questions. In session 2 (Figure 13), question 3 received a mean score of a 5.00, also among the highest average scores for that session. Session 3 and 7 (Figure 13) also scored similarly to session 2, with a mean scale score of 5.00, among the highest for that session. Question 3 received an average scale score of 4.25 in session 4 (Figure 13), among the lower scores for that session. Finally, session 8 (Figure 13) had an average score of 5.00 for question 3. A copy of the program evaluation survey can be found in *Appendix C*.

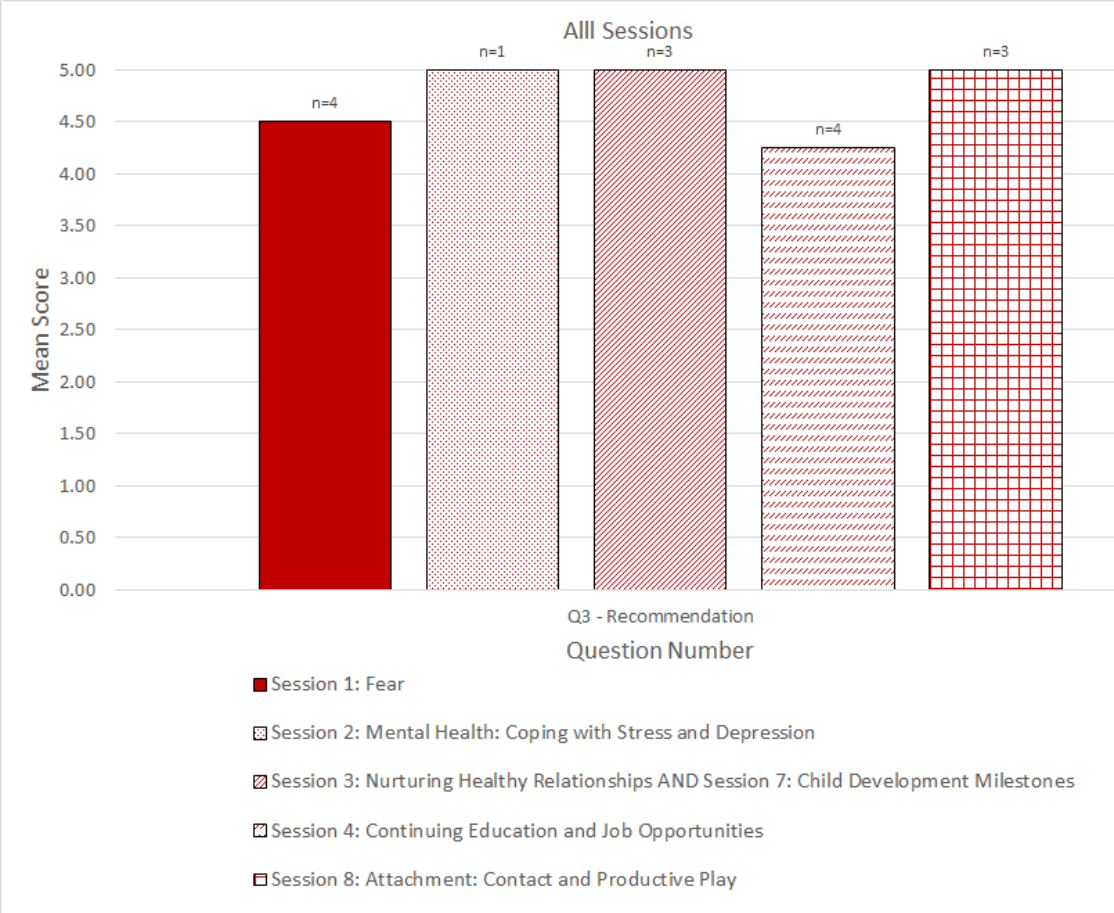


Figure 13. Mean scores for all sessions (see legend) detailing average mother's likelihood to recommend the program to another teen mother

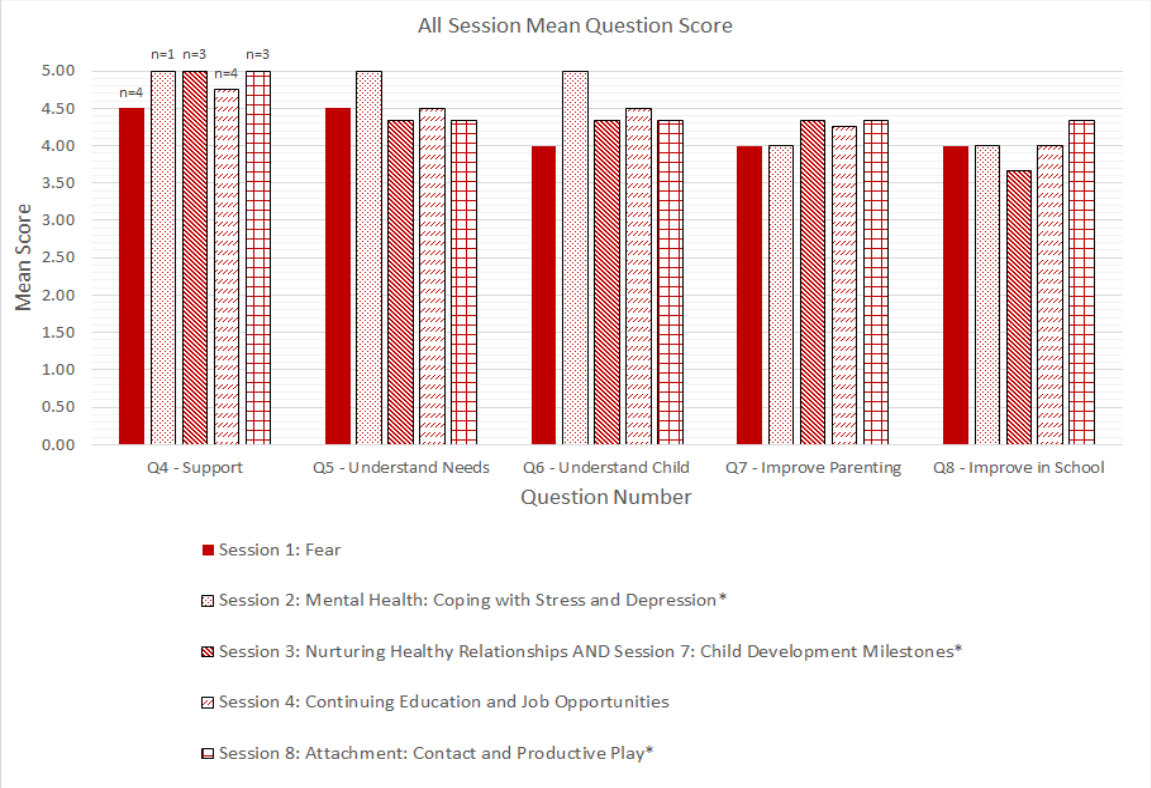


Figure 14. Mean scores for all sessions (see legend) detailing average mother's perceptions on program intent

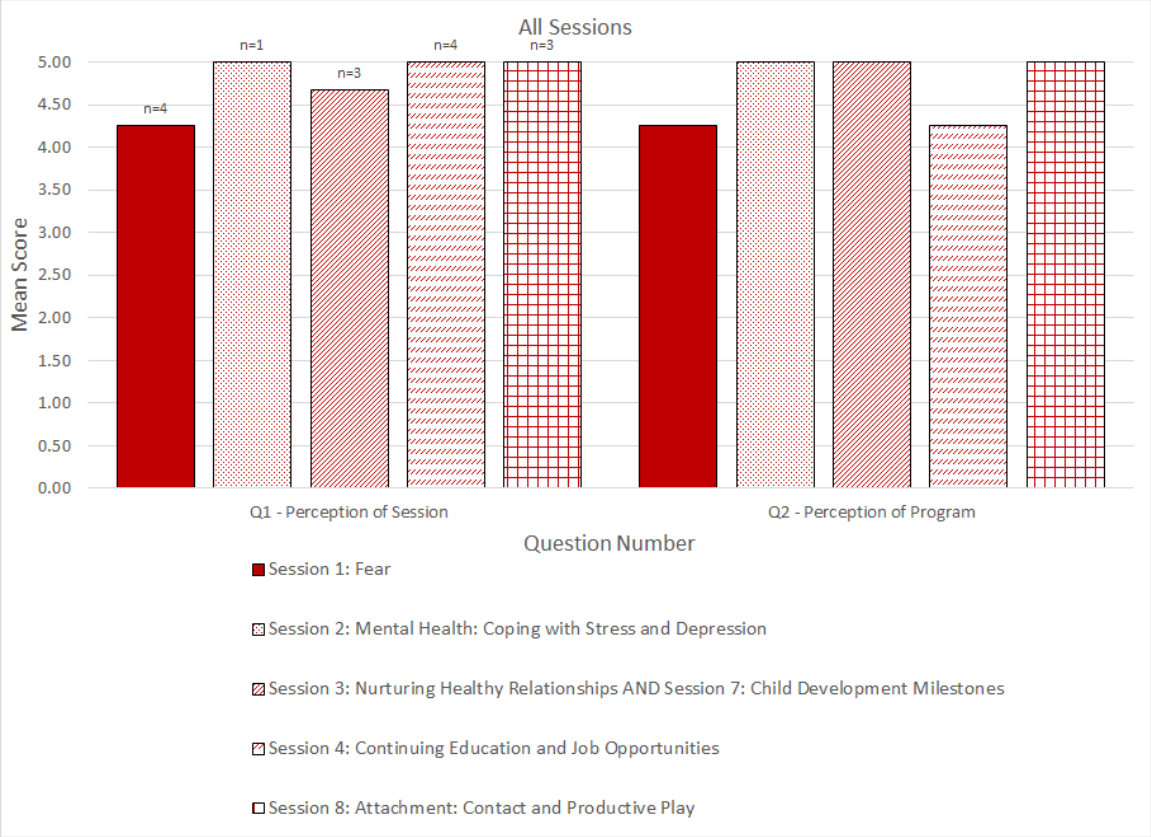


Figure 15. Mean scores for all sessions (see legend) detailing average mother's perceptions on program itself

Qualitative Findings

Following conducting, recording and transcribing seven interviews with four participants and three administrators, interviews were coded according to steps to carrying out textual analysis by Hennink, Hunter, and Bailey (Hennink et al., 2011). Interviews were read, annotated, and coded based on common themes noticed during the conversation until a point of saturation in themes was reached. A codebook was produced and yielded eight different codes with their respective components. The mothers also noted some of their favorite components or lessons in the program. Qualitative was also derived from free-response questions that were at the end of the demographics questionnaire, post-session survey, and session 11 feedback. These

responses were also in the textual analysis process outlined above.

Relationships

Throughout interviews, mothers and administrators alike emphasized the importance of relationships. When asked about the strength of similar programs, one administrator stated, "Really the relationships, the bond, the communication. For the students, it provides them with a different environment. They prefer to talk to outsiders instead of the people that are actually inside the building...So I would say, one-on-one relationships." Another administrator pointed out that these bonds are important because the mother might not receive them at school or at home:

> So, having these additional programs in Jackson gives the kids a support or cushion, that if I don't have it at home then when I come to school I know there's somebody that I can go to, and they're going to have a listening ear. But more than anything else, they're going to care about me, they care about and concerned about what I'm going through.

A mother who was interviewed responded to a question asking about how she might apply the program in her life by saying that the program would help her to "try to communicate very well, have a good relationship...trust."

Timing

One of the most important issues with program implementation is when to hold the program and for how long. This issue is particularly important to this population which not only consists of students, but also teen mothers, who are more susceptible to

dropping out and have lower graduation rates. Many interview participants stated that they did appreciate that the program took place during their advisory block period (9:30am-11:00am), a time specifically carved out for social-emotional learning, instead of after school when many mothers might have jobs or have to attend to their child. However, there are other mothers who stated that they would prefer the sessions in the afternoon or after school. Administrators also discussed how they would like the program to be more frequent, as opposed to only happening once a week.

Experience

This theme was defined as the background that many of the mothers and administrators desired to see in those leading the program. Primarily, they preferred someone who was knowledgeable about the subject in some way. Quite a few mentioned that they would like to see the sessions led by a person who had been a teen mother herself, or at least have a lesson taught by someone who has been a teen mother. This would allow for the connection over a shared experience and a deeper knowledge of the challenges that might come with being a teen mother. One administrator stated:

> This person has first hand experience being a teen mom, so she can tell you how she really feels. As a facilitator, if you're not a teen mom, we're under the assumption this is what they're feeling. But if you're the actual person, that person is actually telling you from life experience what they're going through and what they're dealing with.

Administrators and mothers alike posed the suggestion of program ownership by the

mothers in the program and allowing former program participants returning to help teach some of the sessions. Others stated that they would just like to see someone who had the credentials and specialized knowledge to teach the lessons and discuss the subjects.

Needs/Barriers

The interviewees discussed barriers that many of the mothers faced, which prevented them from achieving goals or milestones. The most popular of those mentioned included childcare, access to social services, and material or tangible resources. Regarding childcare, though many of the parents have relatives who can help them take care of their children or are even able to get their child into a childcare facility, this commodity is still unavailable to others, particularly because of cost. This relates to the need for social services, as many states, including Georgia, offer low or no cost childcare to mothers in need. An administrator stated, "Daycare is too much money, and I try to get them to apply for CAPS [Georgia childcare assistance program]…" Administrators wanted instruction for the mothers on how to access Women, Infants, and Children (WIC) federal assistance for nutritional goods for low-income women and their children. One administrator mentioned, "How to apply for WIC, how to apply for daycare or how to look up CAPS... it would be good for them to know. Also it's free." Finally, administrators mentioned the need for material resources. During the program, a sorority chapter at Emory University provided them with gift baskets of items for babies and childcare, including bottles, blankets, and some clothing. The baskets were highly appreciated by the mothers and many desired more material resources, particularly if there was a need for these items.

Motivators

During interviews, respondents were questioned about factors that would make the mothers want to take part in the program. Among the reasons listed were incentives, such as food or other tangible and useful items. Responses to both the interviews, questionnaire, and session 11 activity feedback also stated that the mothers would like more outings and trips to areas of interest, both for purposes of changing environments (not always being confined to within the school building), but also as a social opportunity with other mothers and children, or for preparation/development as a mother. With regard to the latter reason, one mother stated that she would like to go on an outing to hospitals in the area to learn about options that are available to her when she is preparing to give birth. Other motivators mentioned include learning to be a better parent and especially a better mother to their child than their own mother was to them, as well as being mentally prepared for future pregnancies based on the discussions that occurred during the program.

Pregnancy/Motherhood Effects

When questioned about their extracurricular activities and daily activities, the responses of the mothers demonstrated that being pregnant or having a child affected activities in their lives. This included extracurricular activities (such as sports, club involvement), an effect on academic activities, and an effect on daily personal activities. Some academic effects included being absent or taking some time off to care for their child, while daily personal activities might indicate a change in how the mother gets ready for school in the morning as a result of being pregnant or having a child. The responses from administrators discussed more about how these are new challenges that the mother will

face and understand when adjusting to their new lifestyle. This decreased involvement is also echoed in the quantitative data. When the mothers were asked about both their daily routine and their involvement in extracurricular activities, many mothers mentioned that they were previously involved in an activity, but stopped upon realization that they were pregnant. One mother stated, "...I did a lot of extracurriculars until I found out I was pregnant", while another said, "I was--I couldn't do basketball because I was pregnant, so I couldn't do nothing." Yet another mother revealed in her interview, "I have to sit and like watch from a distance. I can't participate in a lot of stuff anymore...I have a child on the way, so...all my time is really finna be based on that child…"

Long-term Goals

In the demographic questionnaire, interviews and session feedback, the ideas of envisioning the changes that mothers wanted to take place in the future arose. Specifically, mothers looked forward to a future of betterment, where she would be able to improve herself and provide an improved future for her child. When asked what they look forward to the most as a mother, one mother wrote: "A structure/stable home and a good job to provide". Under this topic was the desire to improve both emotional and mental health, especially if these were affected by their pregnancy. Mothers also mentioned a desire to improve in their parenting skills with more instruction on how to provide care for their child. The concept of betterment was related to a comment by an administrator asking for a session on life skills and long-term goals, where mothers can learn skills needed function fully on a day-to-day basis, as well as think about what they would like to do later in their lives. An administrator suggested:

> They should really do a vision board party, because as a teen mother, you gotta think differently now, you have to think differently, because it's no longer just you. You're thinking about that child...And what is your vision for you and your child in the next 3 to 4 years?

Resilience

When asked at the end of the interview what advice they would give to other teen mothers, many of them touch on an aspect of resilience. Specifically, many provide advice of enduring through the challenges that come with being a teen mother and rising above these challenges. One mother stated, "keep your head up at the end of the day...and just stay focused. Cause, I know, it could, it could be hard at times". Another mother provided advice that related to shame resilience, stating, "You shouldn't be afraid. You shouldn't want to hide the fact that you had a baby young. That's--who cares what other people says?" An administrator's interview comments add to this stating, "There's steps and process that's going to take place while you're doing it, and you can get overwhelmed, but in the midst of [being overwhlemeded] do you quit, or do you push on? Do you stop and just forget about it, or do you just keep moving? Like a train, you gotta keep moving, and you take a step from one place to the next."

Evaluation Findings

The purpose of this evaluation was to determine if the mothers derived value from the HOME program and found it applicable to their lives. Overall, the mothers valued their involvement in the program and the administrators involved showed their appreciation for implementing the program at their school. During the interviews,

mothers listed some of their favorite sessions and activities. Looking deeper at the question of if the mothers found the program applicable to their lives, accounts from the interviews provide some insight. One mother stated that the "Turn It Over" activity (Appendix A) in session 1 was among her favorite lessons and very applicable because, "like we--like as mothers, we have a ton of fears, and it's just like, once you write em down, it seems just like a checklist. You start to check off which ones you overcome and write down new ones. That's the one I really like." Others found the videos, the child development lesson, discussions about the importance about communication and healthy relationships (session 3), and relationship building to be quite applicable in their own lives. Many mother also stated they experienced a change in their perception or experience of motherhood following the program. One mother stated, "I mean the program helped me better myself, as a young mama...the video that you had showed us?...And the lady who was talking, she...she gave me some extra tips to do at home with my baby." Another mentioned, "I can't be so...wild. Like I was a tomboy, so now I have to like, really sit, and like, basically like, humble myself. I have to sit and like watch from a distance. I can't participate in a lot of stuff anymore...I have a child on the way, so...all my time is really finna be based on that child for at least a year." The resources provided by the program have been perceived to be helpful by the mothers. One mother in particular stated that one of the videos from the sessions, "kind of helped me relieve that depression, and all the stress that I was really going through." Another mother, who was yet to give birth stated, " this is beneficial, 'cause it's taught me a lot and gotten me sorta mentally prepared for what's gonna happen, listening to their stories."

From both survey data and interview accounts stating that most mothers did not

participate in extracurricular activities, it can be suggested that their pregnancy has affected the mothers physically and the amount of physical involvement that they can engage in. A mother mentioned during her interview that in addition to having to stop extracurricular activities, she had been dealing with physical pain since becoming pregnant. Other mothers in their interviews also corroborated that they halted extracurricular activities since becoming pregnant.

Chapter 5: Discussion

This evaluation sought to determine the benefit of the HOME program in the lives of teen mothers in a local Atlanta high school. Participants had overall positive perceptions of the program and found it applicable to their lives and the lives of their child as determined by their responses on post-session surveys. The program uses an approach of youth development, behavioral development, and resource provision. The program also supports the Shame Resilience Theory of Brené Brown by encouraging mothers to discuss among themselves and build relationships by giving and receiving empathy, with a common goal of overcoming shame and stigma attached to teen motherhood. Similar to the program, there is an emphasis on youth development and development of the mothers. In the case of the HOME program, development of the mothers occurs through social-emotional learning, post-secondary option exploration, and building parenting skills. The program is not primarily focused on prevention of disease and pregnancy, since the pregnancy has already occurred. Rather, it seeks to prepare the mothers for parenthood and caring for their children. Although, as seen in the intervention by Boyer et al. (2005) adding a cognitive-behavioral intervention component could be important in reducing repeat pregnancies (Boyer et al., 2005). As Sieving et al. (2013) demonstrated in their program, youth development is important, particularly for youth you might be considered at high-risk without many interventions available to them focusing on the topic of teen pregnancy (Sieving et al., 2013). In the case of the HOME program, the component of youth development might provide similar future effects of preventing future repeat teen pregnancies in this case. Though the HOME program does not provide direct healthcare support as provided in the Pregnant and Parenting Teen Program,

evaluated by Schaffer et al. (2012), other similar elements like relationship building, coordinating with involved parties and institutions, an emphasis on mental health, and providing items that the mothers might need in parenting, might correlate with the perceived improved academic outcomes by the mothers and possible health outcomes (Schaffer et al., 2012). However, given that there was not enough time to assess this or conduct the full program with all 11 sessions, this connection is not as clear.

Strengths

Throughout the process of this evaluation, one of the observed strengths of the program was the program coordinator's rapport with the mothers. This allowed for improved access to a community that was quite difficult to access and better data collection. This might be attributed to the fact that the evaluator was also the implementer of the program. As such, this allowed for a better understanding of and perspective on the thoughts and perceptions of the mothers and easy flexibility in the event that program delivery might need to be adjusted. Additionally, it allowed for the ability to report findings constantly directly to the stakeholder, keeping them informed on the progress of the program.

Another strength of the program was in the support received from Emory, both through the CCE and RSPH divisions. This allowed for both an abundance of resources needed to deliver the program, the evaluator, and support in creation of the evaluation. Support from the high school administrators also assisted in program delivery by ensuring that there was private venue that allowed for confidentiality and encouraged the mothers to freely express their thoughts. Additionally, support from the high school also provided access to the population needed for this evaluation. These provisions by the

school allowed for better data collection.

The program design also allowed for the sessions to be delivered in a setting that might have time constraints for the teen mothers, with each session being formatted to require only 30 to 45 minutes. This promotes flexibility within the program, so that the facilitator can merge or deliver them separately.

Limitations

Throughout the program, many aspects were quite successful. Nonetheless, there were aspects that served as limitations. One important consideration is that the primary population for the program, teen mothers, are a vulnerable, hidden, and underserved population. These factors contributed to absences, inconsistent attendance, or attrition throughout the course of the program. This might have been due to the mothers giving birth, taking an absence to take care of their child or own more urgent needs, or for academic reasons.

Another important limitation was time, particularly for the program, and ensuring there was enough time for activities and the discussions that surrounded them. During each session, the mothers had very in-depth discussions among themselves about their children and themselves as it related to the topic of the lesson. Though it filled a good amount of the program, the time limited allotted for that block period within the school day did not allow for the mothers to carry out the lessons and their discussion about the topic at hand without being rushed or cut off. As such, this might have hindered the quality of each session. The program sessions were held during “Advisory” period, which was a time when students had the opportunity to take part in social-emotional learning and development. Though this was a beneficial placement for the program,

there were days that advisory was canceled, meaning that the mothers would not receive the lesson of that day. This inconsistency in timing hindered the quality of instruction and the number of times students could receive the program. It also limited the amount of time available to complete the program and start the evaluation. Additionally, the time available to deliver the HOME program and also conduct the evaluation was limited, thereby limiting the information collected and sessions that could be delivered. With more time, more data might have been collected and a greater analysis could have been conducted.

A potential reporting bias for the survey results arises out of the fact that there is missing data for survey question. This might be due to skipped questions or students who were not in attendance during the session. This resulted in a mean scale score for questions that might not be truly reflective of the sentiments of all of the program participants, skewing the data potentially making the program appear to have more or less of an impact than it actually could have had if there had been full attendance and survey participation.

Finally, in retrospect, the options made available on the demographics questionnaire were also limiting. Specifically, the questions inquiring about the number of children a mother had, their ages, and gender were also limiting considering that there was no option for mothers who were still pregnant and did not know the gender of their child. The question inquiring about the mother's living situation was also limiting as there was no option for living with relatives, significant other, friend, or by themselves, which would be more inclusive of the various possibilities for living arrangements. If mothers had difficulty answering questions because of these limitations, they were told to

write their response next to the corresponding question, allowing them more freedom in response.

If this evaluation could have been conducted differently, the session might have been implemented in one day, to ensure that all mother were in attendance and reduce the possibility of reporting bias due to absences or participants who might have dropped from the program.

Lessons Learned

Stay in contact with stakeholders

Throughout the process of this evaluation, it has been important to stay in contact with the various stakeholders who made the program operate successfully, including the program creator, the school administrators, and the program sponsors. Doing so made it easy to coordinate what days to come in, what resources were available, as well as the progress of the program and what might be needed. This is important because at many points, the progress of this evaluation depended on information and resources, such as funding and available program days, made available from these stakeholders. Communication with the stakeholder was also important for learning more about the program, its history and desired outcomes.

Maintain a flexible schedule

Given the variability of time such as when the program could take place, how many mothers would be in attendance, and how long discussions would be, among other factors, it was important to be able to adjust accordingly. This included truncating or extending the time allotted for a session, adjusting how many sessions were delivered in a day, or changing when to deliver a session among others. Maintaining flexibility ensured

that time was still being used efficiently and effectively.

Using cloud based software

Employing the use of programs such as Google Drive has made the process of writing and storing this evaluation easier, namely reducing the potential stress associated with losing documents. Additionally, it allowed for the document to be a collaborative effort, able to receive feedback in real time.

Recommendations for Programmatic Implementation

Continue working through gatekeepers at community center or school

With the knowledge that teen mothers can be a very hidden and vulnerable population, it is important to utilize gatekeepers to gain access and an entree to them. This is also helpful in laying down the first level of trust between the program implementer and evaluator and the mothers. With this in mind, coordinating with the gatekeepers prior to the start of the program is crucial in determining the direction of the program from that point. This would include determining days that would work to hold the program, the amount of time available to meet, identifying mothers to be in the program, and resources that might be available to you for example.

Consider adding a component, lesson, or session discussing social services

Many mothers in the program as well administrators who were interviewed expressed a desire to learn about social services and how they could access them. This included subsidized childcare, access to WIC, and food stamps. Though some may not come from a background of need, it is important for them to know that these resources are available for them to access in the case that need might arise. This can be integrated with an existing session, such as session 4 which discusses continuing education and job

opportunities and session 5, which focuses on nutrition, or be made into completely new sessions. This session can maintain the same duration of 30 to 45 minutes and can include informing the mothers about available resources as well as working with them that day to enroll in the services if they need them.

Consider adding a session on resilience

During interviews, many of the mothers in the program were asked about what advice they would give to other teen mothers. Much of their advice resilience, determination, and confidence among other related topics. Many of the administrator interviews also presented this idea of resilience, especially for mothers to know that they are now in a new and different part of their lives. In consideration of what might be added to the program in the future, a session on resilience would prove helpful to many of the mothers, particularly in relation to the stigma, criticism, and difficulties that they might face as a young mother. This would also indirectly approach the issues of mental and emotional health among the mothers. This might include a session where mothers discuss some of the stress, stigma, or difficulties that they might have faced as a result of their pregnancy. In this session, mothers can offer each other not only empathy and consolation, but also a way to cope or deal with these issues. This would not only provide that program ownership that many of the interviewees mentioned, but also allows the mothers to build each other up and form a relationship with one another through common experiences and encouragement.

Continue to emphasize mental health and emotional health

During interviews, one mother stated that the program helped her become aware of her post-partum depression and overcome it, while another stated that the program

helped to prepare her mentally for the experience of being a mother. Session 1 and 2 also have a specific emphasis on the mother's emotions and mental health. Continuing this type of focus throughout the program or weaving these topics more throughout the program (so that these ideas are integrated into other sessions) would not only provide a continuous emphasis on these topics that are particularly important during pregnancy and childbirth, but also allow for a constant check-in point for mothers to assess and discuss their emotional and mental state (especially as it relates to the lesson of that day).

Consider the potential for program ownership by the mothers

Both administrators and mothers discussed how they would like to see the mothers have the chance to lead the program, particularly as alumni of the program. Not only would this prove sustainable for the program and allow former program participants to give back to the program, but as one administrator mentioned, it will also allow them the opportunity to feel like they truly part of the program and its success. This might include adding a portion during the sessions where the mothers could role-play or practice the lessons that they have learned. Mothers who have also completed the program could return as alumni and sustain the program by getting involved to teach and work with new mothers in the program. This does not necessarily entail extending the session time. Rather, a session could be modified in its current state to include a lesson practice during the allotted lesson time, or setting aside a particular lesson to be taught by the mothers themselves.

Consider a lesson on long term goals and life skills

During an administrator's interview, they mentioned that one thing that they would like to see is there to be some discussion on long term goals for the mothers. The

purpose of this would be to expand their vision beyond the present and beyond their present vision with them and their child and into the future, what could be and where they want to be. One of the activities that she suggested was making a vision board with the mothers, involving putting together different images and ideas that they envision of themselves and their future using various media (i.e. magazines, cut outs, printouts). This would not only allow the mothers to express their creativity but also consider their future.

Continue to deliver the program at a time that is most convenient for the mothers

During the program implementation, it was fortunately placed in during a time that all students were meant to be working on various enrichment programs, meaning that all of the mothers had this time available in their school day schedule. It is crucial to find this time that is agreeable for the most part for mothers in order to avoid low attendance rates or attrition from the program. If weekday sessions are unavailable, consider holding the program on the weekends, or delivering the whole program on one weekend day, with time for breaks and necessary provisions.

Implications

This evaluation sought to enhance not only current research surrounding interventions for teen mothers, but also provide further information regarding the efficacy of this program when applied within a high school as a pilot program.

Future research and programs can explore the social effects of pregnancy and motherhood on a teen. Further research can also explore the incidence and prevalence of postpartum depression among teen mothers. The findings of this study can be further stratified by demographic characteristics such as age, race and ethnicity, geographic region, socioeconomic status, and religion, among other traits. Future program can

provide support for mothers beyond the physical health needs of the mother and child, and also address mental and emotional health, as well as social and socioeconomic health.

The public health implications of programs like the HOME program include improving the quality of life for mothers and their children, and promoting well-being and preparedness for motherhood. This program can also improve the academic outcomes and potential social mobility of the mothers.

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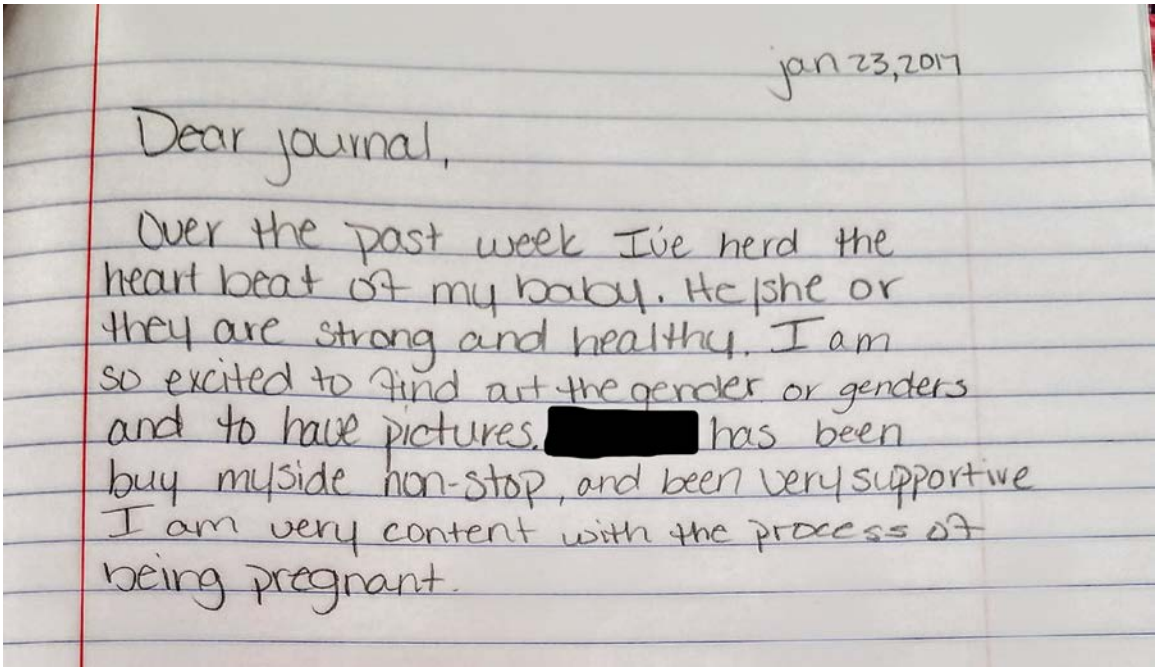
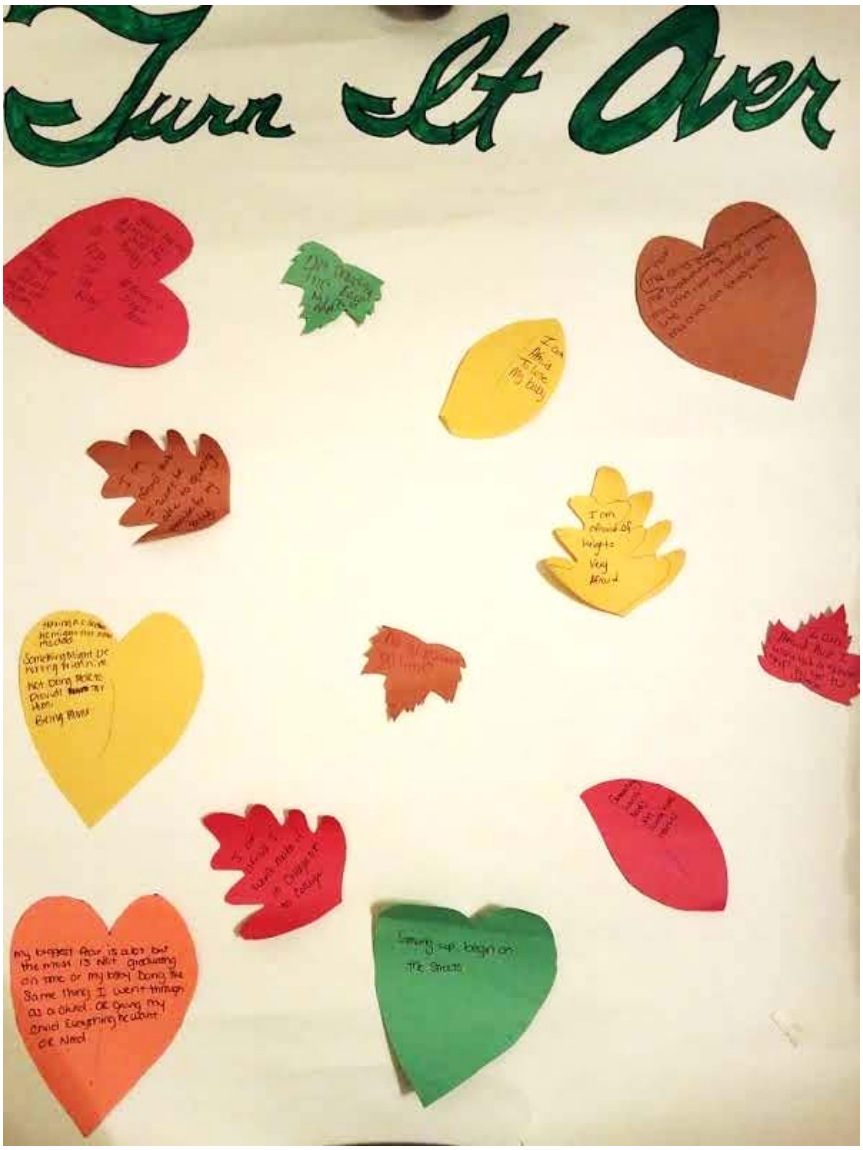
Appendix

Appendix A - Program Photos




Turn It Over

Appendix B - Demographic Questionnaire

HOME Program Questionnaire

Name: _____

Study ID: _____

Instructions

Thank you for taking part in the HOME Program! There are tons planned for the coming months and hopefully you will find it helpful. Please answer the questions below to the best of your ability so that we can get an idea of who you are. Please read the important information below:

Thank you for agreeing to meet with me today and participate in this evaluation of the HOME Program at [high school]. I am a graduate student at the Emory University Rollins School of Public Health. In this questionnaire, my hope is to get an idea of who you are before we begin the program. We hope to be able to learn valuable information from you for our evaluation. This questionnaire should take no longer than 15 minutes to complete.

At any time during this questionnaire, should you feel uncomfortable with any of the questions you have the opportunity to not answer them. However, we would appreciate if you could ***try*** answer every question to the best of your ability. In addition, because this program is voluntary, you have the chance to opt out at any time. At that point, any information that you provide will be voided. You are free to share as much or as little as you would like, however, the more information you can provide, the better informed my evaluation can be. There are no right or wrong answers. Should you have any questions about the program, feel free to ask at any time.

Do you consent to participating in this questionnaire? □Yes □No

Signature of Participant: _____ Date: _____

Thank you!

Part I: Demographics

1) _____ **What is your race?**

a. White
b. Black or African-American
c. American Indian or Alaska Native
d. Asian
e. Native Hawaiian or Other Pacific Islander
f. Other _____

2) _____ **What is your ethnicity?**

a. Hispanic/Latino
b. Not Hispanic/Latino

3) _____ **How old are you?**

4) _____ **What grade are you in?**

a. Freshman
b. Sophomore
c. Junior
d. Senior
e. Other _____

5) _____ **How many children do you have?**

6) _____ **What age did you have your first child?**

7) _____ **How old is/are your child(ren)?**

a. _____
b. _____
c. _____

8) _____ **What is your child's gender?** (If more children, please write the rest under 'Other' option)

a. Male
b. Female

Part II

1) _____ **Are you currently involved in extracurricular activities? If so, which one(s)?**

a. Yes
b. No

If yes, which one(s):

_____
_____
_____

2) _____ **Do you have any post-graduate plans? If yes, what?**

a. College/University
b. Technical/Vocational/Trade School
c. Employment
d. None
e. Other: _____

3) _____ **Are you currently working?**

a. Yes
b. No

4) _____ **What is your current living situation?**

a. Living with Mother
b. Living with Father
c. Living with both parents
d. Other: _____

5) _____ **How long have you been living there?**

Answer: _____

6) _____ **As a mother, what do you fear the most?**

_____

Answer:

_____
_____
_____

7) _____ **As a mother, what do you look forward to the most?**

Answer:

_____
_____
_____

8) _____ **Where do you feel your greatest need is/what resources do you need?**

Answer:

_____
_____
_____

9) _____ **What do you hope to get out of the program?**

Answer:

_____
_____
_____

Appendix C - Post-Session Survey

HOME

Helping Other Mothers Excel Program

HOME would like your help! Please complete the following Program Satisfaction Survey based on today's session and your overall experience with the program so far. Before beginning, please read the important information below, check the box of your choice, sign, and date. Thank you for your time.

Thank you for agreeing to meet with me today and participate in this evaluation of the HOME Program at [the high school]. I am a graduate student at the Emory University Rollins School of Public Health. In this questionnaire, my hope is to get an idea about your thoughts on the program and how helpful you feel today's session was for you. We hope to be able to learn valuable information from you for our evaluation. This questionnaire should take no longer than 25 minutes to complete.

At any time during this questionnaire, should you feel uncomfortable with any of the questions you have the opportunity to not answer them. However, we would appreciate if you could ***try*** answer every question to the best of your ability. In addition, because this program is voluntary, you have the chance to opt out at any time. At that point, any information that you provide will be voided. You are free to share as much or as little as you would like, however, the more information you can provide, the better informed my evaluation can be. There are no right or wrong answers. Should you have any questions about the program, feel free to ask at any time.

Do you consent to participating in this questionnaire? □Yes □No

Signature of Participant: _____ Date: _____

Session Name:
Nurturing Healthy Relationships AND Child Development Milestones

Session Number:
Number

Date:
[Date]

1. ***How do you feel about today's session? (Check one number)***

□ 5- Very Good □ 4 -Good □ 3-So-So □ 2- Bad □ 1- Very Bad

2. ***How do you feel about the program so far? (Check one number)***

□ 5- Very Good □ 4 -Good □ 3-So-So □ 2- Bad □ 1- Very Bad

3. ***"I would feel comfortable recommending this program to someone else." (Check one number)***

□ 1- Strongly Disagree □ 2- Disagree □ 3- Neutral □ 4- Agree □ 5- Strongly Agree

4. ***"I feel that I am supported as a parent in this program." (Check one number)***

□ 1- Strongly Disagree □ 2- Disagree □ 3- Neutral □ 4- Agre □ 5- Strongly Agree □ N/A

5. ***"This session has helped me understand my needs as a parent." (Check one number)***

☐ 1- Strongly Disagree	☐ 2- Disagree	☐ 3- Neutral	☐ 4- Agre	☐ 5- Strongly Agree	☐ N/A

6. ***"This session has helped me understand the needs of my child and their development." (Check one number)***

☐ 1- Strongly Disagree	☐ 2- Disagree	☐ 3- Neutral	☐ 4- Agre	☐ 5- Strongly Agree	☐ N/A

7. ***"Being part of this program has helped me improve as a parent." (Check one number)***

☐ 1- Strongly Disagree	☐ 2- Disagree	☐ 3- Neutral	☐ 4- Agre	☐ 5- Strongly Agree	☐ N/A

1. ***"Being part of this program has helped me do better in school." (Check one number)***

1- Strongly Disagree	2- Disagree	3- Neutral	4- Agre	5- Strongly Agree	N/A
☐	☐	☐	☐	☐	☐

8. ***What did you like about today's session?***

2. ***What didn't you like about today's session?***

3. ***What changes would you make in today's session?***

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

Appendix D - Interview Guides

Administrators/Staff

Key Informant Interview Guide

Interviewee's name and role at [school]: _____

Date: _____ Time: _____ Location: _____

Thank you **[PARTICIPANT'S NAME]** for agreeing to meet and interview with me today and participate in this evaluation of the HOME Program at [high school]. My name is **ADAOBI OKOCHA** and I am a graduate student at the Emory University Rollins School of Public Health. In this interview, my hope is to obtain information about your experience working with teen mothers at [school]. We hope to be able to learn valuable information from you for our evaluation. This interview should take no longer than 30 minutes. I will be taking notes and recording the interview to ensure that we fully capture all of the information you provide.

At any time during this interview, should you feel uncomfortable with any of the questions you have the opportunity to not answer them. In addition, because this interview is voluntary, you have the chance to opt out at any time. The interview will be kept confidential in a password-protected file and no personally identifying information will be shared. I will also record this interview to ensure that I capture all important details. Following transcription, the interview recordings will be destroyed. You are free to share as much or as little as you would like, however, the more information you can provide, the better informed our evaluation can be. There are no right or wrong answers. Do you have any questions before we begin?

Do you consent to participating in this interview? □Yes □No
Do you consent to this interview being recorded? □Yes □No

1. What are your major duties here at [school]?
    a. Can you walk me through a typical case management process/day?

2. What support programs are currently in place for students?
    a. Are there any specifically targeted toward teen moms? Please tell me about them.
    b. If not specifically for teen moms, what services or benefits do they receive from other programs?

3. What do you find to be the strengths of these programs?
    a. What goes well in these programs?
    b. How could they be improved upon?
    c. What have been some of the outcomes with teen moms?

4. What do students enjoy or appreciate the most about these programs?
   Probes:
    a. What are important motivators to participation in these programs?
    b. What type of challenges do students face in these programs?
    c. (If there are any teen mom-focused programs) What needs do many of the mothers face in these programs?

5. Do you find that there is a need for the HOME Program at[school]?
    a. Why or why not?
    b. How should it be implemented?
        i. What time of day do you think works best?
        ii. Who do you think should teach it?
        iii. What do you think is an ideal number of students for these sessions?
    c. What content should be covered?

6. How do you think the HOME Program might be able to expand in the future?
    a. Where do you find an opportunity for growth for the program (examples)?
    b. What other things might be included (examples)?

****Be sure to ask for examples throughout if they do not provide them with the answers for the questions****

Those are all of the questions that I have for you today. What else would you like to share with me today that you believe might be useful for this evaluation?

Students

Key Informant Interview Guide

Student Name: _____

Date: _____ Time: _____ Location: _____

Thank you **[PARTICIPANT'S NAME]** for agreeing to meet and interview with me today and participate in this evaluation of the HOME Program at [the high school]. My name is **ADAOBI OKOCHA** and I am a graduate student at the Emory University Rollins School of Public Health. In this interview, my hope is to obtain information about your experience working with teen mothers at [school]. We hope to be able to learn valuable information from you for our evaluation. This interview should take no longer than 30 minutes. I will be taking notes and recording the interview to ensure that we fully capture all of the information you provide.

At any time during this interview, should you feel uncomfortable with any of the questions you have the opportunity to not answer them. In addition, because this interview is voluntary, you have the chance to opt out at any time. The interview will be kept confidential in a password-protected file and no personally identifying information will be shared. I will also record this interview to ensure that I capture all important details. Following transcription, the interview recordings will be destroyed. You are free to share as much or as little as you would like, however, the more information you can provide, the better informed our evaluation can be. There are no right or wrong answers. Do you have any questions before we begin?

Do you consent to participating in this interview? □Yes □No
Do you consent to this interview being recorded? □Yes □No

1. What does your typical day look like?
    a. What happens in your day from when you wake up in the morning to when you go to bed at night?
    b. (If already given birth) How does your baby fit into your day?
    c. (If yet to give birth) How do you think your day will change once your baby arrives?

2. What programs do you participate in at [school]?
    a. What extracurricular programs do you participate in?
    b. What support programs do they have at [school]?
        i. Do you participate in any? Why or why not?
        ii. If you participated in any, can you tell me about them?

3. What do you think are the strengths of these programs?
    a. What do these programs do well?
    b. What are some motivators for taking part in those programs?

4. What type of challenges do you experience in these programs?
    a. How could these programs be improved?

5. What do you think you gained while participating in the HOME Program (examples)?
    i. What did you find helpful about this program?
    ii. What lessons/parts do you think you can apply to your life with your child? -or-
    iii. What did you learn that you applied in your life?
    iv. What did you change in your life due to the program?

6. How could the program be improved?

7. What things do you think the HOME Program could add or expand upon?
    a. How can the program grow in the future?
        i. What time of day do you think works best?
        ii. Who do you think should teach it?
        iii. What do you think is an ideal number of students for these sessions?
    b. What are the most important things to cover?

8. What advice do you have for other teen moms? (this could get at important content for the curriculum)

Those are all of the questions that I have for you today. What else would you like to

share with me about the program?

Appendix E - Codebook

1. Relationships - denotes both the connection a participant feels both within and outside of the program
    1.1. Desire for a one-on-one bond - particularly referring to individualized attention that the program participant receives
    1.2. Bond missing - a lack of a desired or needed relationship, either at school or at home
    1.3. Space to speak - a forum where the participant can be open and free to discuss a matter of concern; also includes desire for confidante/listening ear
2. Timing - when the participant and administrators would prefer to hold the program sessions
    2.1. Advisory period - block period from 9:30-11:00am set aside for socio-emotional learning and development
    2.2. Frequency - how often participants and administrators would like to see the program occur
    2.3. Afternoon/After classes - classes occurring at or after 12pm
3. Experience - the desired background participants and administrators would like to see for those leading sessions
    3.1. Teen mother teaching - someone who has experienced teen pregnancy delivering the program or a session
        3.1.1. Learning from other mothers - a peer education model for session delivery; also involves peer-learning, program ownership, and mentorship
    3.2. Specialized education/credentials - those with education in areas specific/related to teen pregnancy, motherhood, maternal and child health, etc.
4. Needs/Barriers - factors preventing the participants from achieving goals or milestones
    4.1. Childcare - a reliable person or service to watch the child of the participant when they need to carry out their own daily activities
    4.2. Social services - benefits offered by organizational, city, county, state, or federal government to address a need
    4.3. Material needs - tangible items participants may be lacking
5. Motivators - factors that might encourage a participant to take part in the program
    5.1. Improve parenting (compared to previous generation) - being able to serve as a better mother and parent to their child that their own parent might have been able to do
    5.2. Mental preparation - learning from discussion and being able to develop and plan mentally from the information gained
    5.3. Incentives - tangible items that participants gain for their participation in the program (i.e. food)
    5.4. Outings - occasional trips with program participants to areas of interest
6. Pregnancy effects- changes that might occur in the lives of the others as a result of giving birth or the stages leading to giving birth

- 6.1. Effect on daily personal activities - pregnancy affecting the participant's day to day routine
- 6.2. Effect on academic activities - pregnancy affecting actions participants carry out in school/classes
- 6.3. Effect on extracurricular activities - pregnancy affecting pursuits taking place outside of academics or daily personal routines (includes sports, clubs, etc.)

7. Longterm Projection - suggested changes or additions the participants would like to make in their life
   - 7.1. Life skills - teaching information needed to participate fully in daily activities of life
   - 7.2. Longterm Goals - discussion a projection of what a participant would like to do later in their life
   - 7.3. Betterment - a mother's hope for improving in her future and/or providing an improved future for her child
     - 7.3.1. Emotional and mental health - emphasis on how pregnancy might interact with the emotional and mental state of the participant
     - 7.3.2. Parenting instructions - provides lessons on how participants can provide care for their children
8. Resilience - the mother's ability to withstand and rise above problems
   - 8.1. Openness - willingness to discuss and be receptive to input from others
   - 8.2. Focus - Be diligent and attentive to goal
   - 8.3. Listen & Learn - be able to receive knowledge from others and incorporate it into daily life/activities
   - 8.4. Determination - staying persistent through difficulties
   - 8.5. Confidence - proceeding through difficulties with conviction

Appendix F - IRB Determination

EMORY UNIVERSITY | Institutional Review Board

August 2, 2016

Adaobi N.C. Okocha
Emory University
Rollins School of Public Health
Class of 2017

RE: Determination: No IRB Review Required
Title: An Evaluation of a Teen Mothers' Empowerment Program in a Local Atlanta High School
PI: Adaobi N.C. Okocha

Dear Ms. Okocha:

Thank you for requesting a determination from our office about the above-referenced project. Based on our review of the materials you provided, we have determined that it does not require IRB review because it does not meet the definition of "research" or "clinical investigation" as set forth in Emory policies and procedures and federal rules, if applicable. In this project you will be evaluating the Helping Other Mothers Excel (H.O.M.E.) Program by obtaining feedback from the participating mothers. Specifically, a survey and questionnaire will be given to each mother to fill out after each program session. The final objective of the evaluation will be program improvement and is not intended to contribute to generalizable knowledge.

Please note that this determination does not mean that you cannot publish the results. This determination could be affected by substantive changes in the study design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

Thank you for consulting the IRB.

Sincerely,

Jackson Parker

Jackson Parker, CIP
Research Protocol Analyst

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