

INCIDENCE OF PREGNANT AND PARENTING TEENS WITH DISABILITIES WITHIN FACS PROGRAMS

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All teenagers, including those with disabilities, have the potential to become parents. However, little has been published on appropriate teaching techniques to use when instructing students with disabilities about pregnancy prevention. Likewise, there is no documentation of the incidence of pregnancy and parenting among specific disability categories identified by the Individuals with Disabilities Education Act (IDEA) of 1997. This study surveyed members of the Family and Consumer Sciences (FACS) teacher division of the Association for Career and Technical Education (ACTE). Participants (n=1015) reported on the incidence of pregnancy and parenting among students with disabilities at their schools, services they felt should be made available to pregnant and parenting students with disabilities, and teaching strategies within four categories most often used when instructing students with disabilities.

FACS teachers play an important role in providing information to students on pregnancy prevention. Despite educational efforts, teenagers still become pregnant at an alarming rate, with the U.S. reporting teen pregnancy rates that are two times higher than any other industrialized democracy (Aspen Health and Administrative Development Group, 2000; Boonstra, 2002; Yampolskaya, Brown, & Vargo, 2004). According to the Centers for Disease Control and Prevention (CDC) (2006), 47% of high school students had sexual intercourse in 2003. In addition, the CDC's most current statistics reported 43.0 births per 1,000 teenagers aged 15-19 in 2002 (Martin et al., 2003). No statistics are available about the sexual activity of teens with disabilities. Having a disability places a teen at further risk for pregnancy, as the disability itself may lead to inadequate school performance and low cognitive and emotional development (Yampolskaya, Brown, & Greenbaum, 2002). Pregnancy for any teen involves many challenges, but for teens with disabilities, these challenges may be even greater. When the stress of two developmental stages, adolescence and young adulthood are compressed, successful completion of either set of developmental tasks is compromised (Rodriguez & Moore, 1995; Tapert, Aarons, Sedlar, & Brown, 2001).

Children born to teen mothers often have birth weights below 5 pounds, placing these infants in a high-risk category. This translates into a greater risk of low cognitive and emotional development; an increased probability for mortality and morbidity including mental retardation, cerebral palsy, or hyperactivity; and it doubles the risk of learning disabilities such as dyslexia (Dash, 2003; Hao & Cherlin, 2004). Further, children born to teen mothers frequently perform lower academically and have a higher rate of behavioral problems than their peers. As teens,

they, in turn, have an increased chance of becoming teen parents (Farber, 2003; Howard & Mitchell, 1996). Children of teens with disabilities may experience even higher rates of these risks.

Rationale

Information concerning the incidence of types of disabilities, such as mental disabilities and specific learning disabilities, is available and vital statistics provide information on the pregnancies, live births, and induced terminations of teen mothers. However, information regarding the number of pregnant and parenting teens with disabilities and their educational needs has not been previously recorded (Shapland, 1999). Currently, there is little research and information available on the incidence of pregnancy among youth with disabilities. There is also insufficient information on whether the educational needs of youth with disabilities differ from those of their non-disabled peers in regards to sexuality, reproductive health, pregnancy, and parenting. Additionally, many teen pregnancy programs do not adequately address specific needs of youth with disabilities (Seiler, 2001). Thus, further research is necessary to design interventions that address the needs of this particular population of youth on topics including sexual activity and pregnancy (Shearer et al., 2002).

Although youth with disabilities are at an extremely high risk for teen pregnancy, an extensive review of the literature revealed few studies or resources that specifically addressed the learning needs of pregnant and parenting students with disabilities (Carter, 1999). Most of the literature on pregnancy prevention is designed primarily for regular education students; the subgroup of youth with disabilities is rarely acknowledged in literature addressing teen pregnancy (Brantlinger, 1992; Shapland, 1999). Much of the available printed material on reproductive health is generic in nature, rarely mentioning considerations that may be needed for youth with disabilities. In addition, a large portion of references are related to sexuality and sex education rather than pregnancy and parenting. Several of these resources are over 10 years old (Finger, 1990; Hingsburger, 1990; Kempton, 1988; Kupper, Ambler, & Valdivieso, 1992; Sugar, 1991; Summer, 1986; Way, 1982). Thus, the population of pregnant and parenting teens with disabilities continues to confront service providers and policymakers with multiple challenges in developing and providing appropriate programs and services to meet their needs (Wolff & Foster, 1993).

Students with Disabilities

In 1997 IDEA defined students with disabilities as those individuals with mental retardation; specific learning disabilities; specific emotional disturbances; speech or language impairments; visual, hearing, orthopedic, and other health impairments; autism; and traumatic brain injury that limits one or more basic life activities, including learning.

Teens with disabilities are further challenged when they are recipients of mainstream services whose providers are frequently unaware of their individual learning needs. They often receive the same information in the same manner as teens without disabilities (Shapland, 1999). However, their unique learning needs may prevent them from retaining and utilizing information they obtain in ways presented by community service agencies and teachers (Doren, Bullis, & Benz, 1996). There are many misconceptions about the sexuality of youth with disabilities. One of the most common is that people often view students with developmental disabilities as asexual, thus ignoring their emerging sexuality issues and believing they do not need education regarding their sexuality (Fritz, 2003; Sugar, 1991). Coren (2003) also noted that youth with

mental disabilities felt they received less sex education at school compared to their nondisabled classmates.

Wong, Wiest, and Trembath (1998) compared regular education students to students with disabilities and found the latter were more likely to participate in antisocial behaviors, such as criminal activity and drug use, despite the fact they stated they did not wish to participate in these antisocial behaviors at all. In a study by Sprouse, Hall, Webster, and Bolen (1998), students with disabilities were consistently rated by their teachers as exhibiting higher incidence of social perceptual difficulties. These types of social behaviors can contribute to the disenfranchisement of youth with disabilities from their peers without disabilities. How students feel about and see themselves greatly impacts their development and future outcomes. One of the antisocial behaviors students with disabilities could be persuaded to participate in is premarital sex. This could be attributed to the fact that students with low intelligence could possess a limited understanding of the relationship between sexual activity and one possible outcome, pregnancy. Likewise, female teenagers with low cognitive ability may succumb to sexual pressure from males to gain peer acceptance (Raphael, 2005; Shearer et al., 2002; Ventura, Matthews, & Curtin, 1998).

Appropriate Strategies

Individuals with mild mental disabilities represent a diverse group of learners who possess a variety of learning strengths and weaknesses (Sarkees-Wircenski & Scott, 2003). Instructional strategies chosen by teachers may make a difference between student success and failure in FACS programs. Therefore, in an effort to best meet the needs of students with disabilities, teachers should select a variety of instructional techniques. When students with disabilities are also pregnant or parenting, teachers might need to consider additional teaching techniques to assure the highest level of information retention. Although there is some overlap, the focus of teaching strategies varies according to the type and degree of each student's disability (Hallahan & Kauffman, 2003; Hardman, Drew, Egan, 2002; Sarkees-Wircenski & Scott, 2003).

Teaching strategies and instructional methods for regular education students on pregnancy prevention are a starting point for making accommodations for adolescents with disabilities; however, teachers need more readily available resources for meeting the educational needs of these students. Teen pregnancy prevention efforts have emphasized education, skills, abstinence, and access to contraception. The definition of what constitutes teen pregnancy prevention is best expanded to include activities that seek to instill teens with confidence and a sense of the future (U.S. Department of Health and Human Services, 1999). Since there is little information available to educators for making instructional accommodations, it is critical that teachers working with students with disabilities be consulted about appropriate strategies for instructing them.

Purpose of the Study

This study provides results from a national survey distributed to members of the Family and Consumer Sciences Education division of the ACTE. The purposes of this study were to: 1) collect national data regarding the incidence of pregnancy and parenting among youth with disabilities, 2) identify services teachers felt should be available to those students, and 3) determine appropriate techniques when teaching students with disabilities about pregnancy prevention.

Method

Participants

The population for this descriptive study was selected using an experimentally accessible approach (Gall, Borg, & Gall, 2003). All members of the FACS teacher division of ACTE were surveyed. A pilot test was conducted with 127 Georgia FACS teachers. Based on feedback, the survey was revised for national distribution. Because Georgia members were used for the pilot test, they were excluded from the national survey.

Instrument

A review of literature was conducted to assist in developing a two page, three-part, self-report questionnaire to obtain 1) descriptive information from participants, 2) information regarding incidence of pregnancy among their students with disabilities and 3) teaching methods and services they regarded important for students with disabilities who were pregnant or parenting. The first part, which provided a population profile, asked participants to supply information about their years of teaching experience, employment and state of residence. The second part of the questionnaire related to students with disabilities who were pregnant and parenting and currently enrolled in the participants FSCS programs. Part three of the questionnaire related to teaching issues and services students with disabilities should be taught or have access to, and methods teachers used most often when teaching students with disabilities. Teachers reported on the item relating to teaching techniques on a 4-point Likert-type scale, described in the Teaching Techniques section below.

Procedure

A three-tier mailing design was used to assure a greater return rate of the instrument. The survey was mailed to 3,116 teacher members, Spring 2003, with two follow-up mailings at three-week intervals. Of these surveys, 171 were returned as undeliverable and 127 were unusable because of teacher retirements. Thus, the accessible population was 2,818. A total of 1,015 teachers responded to the survey for a return rate of 32%. Descriptive statistics were used to describe respondents' characteristics, numbers of students with disabilities who were pregnant, parenting, or both, as well as their use of various teaching techniques. In addition, comments to an open-ended question were analyzed.

The Statistical Package for the Social Sciences (SPSS) program was used to enter and manage data collected from the survey. Descriptive statistics including means, standard deviations, and frequencies were calculated. Cross tabulations determined relationships between two or more categorical variables, such as job title and responses to items such as disability category, services that should be offered, and teaching techniques. Chi-square tests were used as a test of association between variables.

Results

Demographics

National data were divided into four regions as identified by the U.S. Census Bureau: Northeast, Midwest, South, and West. Responses were received from 39 states. Table 1 displays states according to their U.S. Census Bureau regions.

Table 1
State Divisions According to Census Regions

Region	States
Midwest	Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania
South	Delaware, District of Columbia, Florida, Georgia (not included in our population), Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas
West	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming, Alaska, California, Hawaii, Oregon, Washington

Forty-nine percent (n=497) of responses represented the South region, the Midwest region accounted for 39% (n=395) of responses, the West region contributed 10% (n=102) of the responses, and the Northeast region accounted for only 2% (n=20) of the responses. States that provided the most responses were Oklahoma (132 or 13.0%), Ohio (126 or 12.4%), Alabama, (108 or 10.6%), and Missouri (96 or 9.5%). Approximately 88% of ACTE’s FACS teacher division membership is located in the South and Midwest regions of the United States; therefore, the majority of the responses received were from these areas.

An overwhelming majority of the respondents (86.6%) reported a job title of Family and Consumer Sciences teacher. Other titles were Graduation, Reality, and Dual-Role Skills (GRADS) instructors, counselors, and evening school teachers. GRADS is an elective FACS class taught by certified FACS instructors who promote personal growth, educational competence, and economic self-sufficiency among pregnant and parenting male and female students to help them become socially responsible members of society.

Over 20% of the FACS teachers had 1-10 years of teaching experience, whereas 52% had 11-20 years of teaching experience. The remaining 28% of teachers had over 21 years classroom experience. Additionally, over one-half were also members of the American Association of Family and Consumer Sciences (AAFACS).

FACS programs were located in a variety of settings: high schools 55% (n=562), combination schools 21% (n=217), middle schools 12% (n=127), comprehensive vocational schools 8% (n=83), and alternative, magnet or other type schools 2% (n=22). Programs were located primarily in rural (56%) or suburban (24%) locations with only about 15% in urban areas. A majority of the programs, 82%, served both male and female parents.

Pregnant and Parenting Students with Disabilities

Forty-eight percent of the teachers responded that they had no pregnant or parenting students with disabilities at the time they completed the survey. Twenty-six percent of teachers reported having 1 or 2 students with disabilities who were currently pregnant or parenting. Eleven percent of the teachers reported having 3 to 4 students with disabilities who were pregnant or parenting. Ten percent of the teachers had 5 to 9 students while 5% reported 10 or more pregnant or parenting students with disabilities. Additionally, 14% of teachers reported they taught students with disabilities who were parenting more than one child.

Approximately 12% of teachers did not report the ethnicity of their pregnant and parenting students with disabilities. Ethnicity of students with disabilities who were pregnant

and/or parenting reported by teachers responding to this item indicated that 38.2% were Caucasian, 20.5% were African American, 8.1 % were Hispanic, 2.9% were Native Americans, 1.9% were Asian, and .6% of students were reported as Other.

Disability Category

Teachers were asked to report the number of enrolled students by disability category as identified by IDEA. Table 2 presents percentages of students by disability category.

Table 2
Percentage of Students by Disability Category

Disability	% of Students
Learning Disability	62.1
Mental Disability	30.3
Emotional/Behavioral Disorder	27.9
Speech Impairment	16.3
Hearing Impairment	14.6
Physical Disability	14.4
Health Impairment	10.3
Visual Impairment	10.2
Unknown	8.6

As would be expected, many teachers indicated they taught several students with disabilities, and these students represented more than one disability category. A large majority of students (62.1%) were identified as having learning disabilities (LD), followed by students with mental disabilities (30.3%), and students with emotional/behavioral disorders (27.9%). The fastest-growing category of disability is learning disabled, a disorder in one or more of the basic psychological processes involved in understanding and using spoken and written language (Hardman et al., 2002; Henkel, 2001). Students with LD remain one of the top four categories served under IDEA (U.S. Department of Education, 2002).

Interestingly, approximately 19% of the teachers did not respond to the item describing the specific disability category of their students. Of that figure, 60% of respondents from the Northeast region and 40% from the West region did not provide information on the specific disabilities of their students. Some respondents indicated in marginal notes that they were concerned about confidentiality issues, or they indicated a lack of knowledge regarding the disabilities of their pregnant and parenting students; therefore, they did not respond to this item, even though an assurance of anonymity was included.

Challenges

A write-in item asked teachers, “Describe the challenges you face when teaching students with mild mental disabilities such as mental retardation and learning disabilities.” Responses were coded into ten themes. Table 3 presents the ten categories and percent of teachers who wrote comments related to each category.

Table 3
Challenges Faced When Teaching Student with Mild Mental Disabilities

Topic	% Response
Making Accommodations	33.2%
Low Academic Skills	19.5%
Other Individual Challenges	19.6%
Lack of Resources	11.9%
Off-Task Behavior	10.4%
Lack of Individual Attention	8.7%
Low Social Skills	3.2%
Lack of Family Support	3.1%
Excessive Absences	2.9%
Low Self Esteem	2.5%

Themes most often reported by the teachers included: *making accommodations* (33.2%), *low academic skills* (19.5%), *lack of resources for working with students with disabilities* (11.9%), and *off-task behavior* (10.4%). There were many individual challenges that teachers described, and those were placed under the theme *other* (19.6%). Comments from the theme *other* included: assessment and grading, student attitudes toward coursework, reasons students get pregnant, unrealistic goals on Individual Education Plans (IEPs), lack of motivation, unrealistic mindsets toward parenting, discipline, other students' attitudes toward students with disabilities, breaking a family cycle of teen pregnancy, knowing what to teach about possible birth defects, low reading skills, and being sure information taught is applicable to student's real life situation.

Services

Participants were asked which services should be made accessible to pregnant and parenting students with disabilities: *counseling, health services, tutoring, daycare, mentor support, or work/life skills classes*. Only one service, *daycare*, was a significant indicator when cross tabbed with the variable job title. Interestingly, a large majority of counselors (75%) indicated that daycare should not be provided to parenting students. Teachers were almost evenly divided on whether daycare should be offered to parenting students. However, 82.5% of GRADS instructors felt that students with disabilities should be offered daycare services during school hours. It appears that the closer an educator works with students who are parents, the more likely they are to see the value of offering services to those students that would afford them the opportunity to continue their secondary education.

Teaching Techniques

Using a 4-point Likert-type scale, respondents rated teaching techniques used when instructing students with mild mental disabilities (0 = never, 1 = seldom, 2 = sometimes, 3 = frequently). Four categories of teaching techniques were provided on the survey: 1) group methods, 2) instructional methods, 3) material-oriented methods, and 4) dramatic methods. Most of the respondents, 986, or 97.14%, rated their use of one or more of the teaching techniques. Group methods include techniques that would involve students with small to large groups of their peers such as debates, panel discussions, and case studies. Instructional methods contained the most methods, thirty-four, and included techniques such as field trip, oral report,

demonstrations, lectures, and laboratory experience. Material-oriented methods included exhibits, chalkboard, and graphs. Dramatic methods included the three areas of role play, sociodrama, and story telling. Appropriate teaching techniques for special populations included on the survey were taken from Sarkees-Wircenski, & Scott (2003). Table 4 provides information on the ten techniques with the highest mean scores and the method category they represent.

Table 4
Mean Scores for Teaching Techniques Based on Method

Teaching Techniques	Group	Method	
		Instructional	Material-Oriented
Illustration		2.37	
Video			2.32
Demonstration		2.30	
Review		2.27	
Questioning		2.21	
Cooperative Learning	2.09		
Laboratory		2.05	
Group Instruction		2.04	
Problem-Solving		1.94	
Directed Discussion		1.93	

It is interesting to note that only one technique from both the Group method and the Material-Oriented method and none from the Dramatic Methods ranked in the top ten choices for teachers. Out of the 60 techniques provided on the survey, the three lowest means scores were for flannel board (.25) from the material-oriented method, and language lab (.25) and radio (.18), both from instructional method. Illustration, the use of video, and demonstration received the highest mean scores, indicating that teachers see the value of using teaching techniques that involve the use of pictures and movement when teaching students with disabilities. Literature supports the use of computer-based programs as independent means to deliver instruction. Alberto, Cihak, and Gamma (2005) reported that video modeling has been shown to be an effective instructional strategy when teaching students with moderate disabilities. Additionally, multimedia programs using customized simulated programs such as video recording and CD-ROM have been show to be effective for delivering instruction to students with intellectual disabilities (Mechling, Gast, and Barthold, 2003).

Conclusions

The purposes of this study were to: 1) collect national data regarding the incidence of pregnancy and parenting among youth with disabilities, and 2) determine appropriate techniques when teaching these students about pregnancy prevention. Because FACS teachers provide instruction in family and child development, their opinions are beneficial in determining key teaching techniques to include in pregnancy prevention programs for students with disabilities.

National data is not available on the incidence of pregnant and parenting teens with disabilities. As a result, FACS teachers were asked to provide information regarding the numbers of pregnant and parenting students by specific IDEA category in their schools. Knowing the disability category of students who are pregnant and parenting might provide educators with valuable information regarding which sub-populations are more likely to become teen parents.

This may give educators guidance when preparing curriculum in terms of specific learning needs, strengths and weaknesses, and strategies which best assist students with acquisition and retention of information. This study provided limited information regarding which group of students with disabilities is most likely to become pregnant. Therefore, more research needs to be conducted to accurately determine rates of pregnancy by IDEA disability category.

Many individuals from special populations learn best through direct experience, cooperative learning and collaboration, and high levels of interaction (Sarkees-Wircenski & Scott, 2003). This study provides documentation that FACS teachers working with pregnant and parenting students with disabilities most often utilize learning strategies that promote high levels of interaction in the classroom. For example, cooperative learning, laboratory methods, and group discussion rank among the top 10 recommended and used teaching strategies for their students. This implies teachers select strategies that introduce, reinforce, and refine program materials. Additionally, teacher rankings indicated that attention is given to frequent learning comprehension through the use of review and questioning. Attention is also given to actively involve learners through use of demonstrations, cooperative learning, and laboratory methods.

Findings from this study have implications for curriculum development and instructional planning. FACS teachers can benefit from information about the most appropriate instructional techniques to use when presenting information regarding pregnancy prevention to students with disabilities. Results of this study were used to develop an interactive CD-ROM to teach pregnancy prevention and self-esteem to students with disabilities. FACS educators can utilize the CD-ROM in numerous ways. It may function as a supplement to the curriculum they have chosen to teach sexual education and pregnancy prevention. The CD-ROM can be used for large group instruction with the teacher clicking through the activities, for small groups of students with similar learning styles or levels, or by single students for individualized learning. If used individually, it is suggested that headphones be used due to the narration of the activities and lessons. Contents and developmental format for the CD-ROM are reported in a companion article included in this issue.

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