A CHURCH-BASED PROGRAM TO ADDRESS SOCIAL SUPPORT AND SELF-ESTEEM IN ADOLESCENT FEMALES

BY

VALENCIA J. BATTLE

A SCHOLARLY PROJECT

SUBMITTED TO
MICHIGAN STATE UNIVERSITY
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ABSTRACT

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A plan to address Social Support and Self-Esteem on teens decisions to postpone pregnancy will be proposed in this project. The primary purpose of this project is to propose a program to impact self-esteem and social support in adolescent females with the goal of providing those girls with the motivation to postpone pregnancy.

Kane's Family Social Support Model will be used as the conceptual framework for this project. Assumptions of the model are presented, family characteristics and interaction processes are identified. The model proposes that social support is not an outcome or a resource but a process of interaction through which the family develops versatility and resourcefulness in identifying and using resources available in its environment. The conceptual model presents family social support as a process of relationships between the family and its social environment.

Piaget's cognitive developmental theory will be utilized as a second framework in the development of the adolescent curriculum. The cognitive stage of development will be considered in development of this Church-based social support and self-esteem education program.

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INTRODUCTION, LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

INTRODUCTION AND BACKGROUND

In the United States and several other countries around the world much attention, time, money and research has been applied to the study of teenage pregnancy. Researchers (Hall & Taylor, 1984) have found that high rates of teenage pregnancy go hand-in-hand with low self-esteem, low economic achievement, poor school attendance patterns, and low job and career expectations. Research by the Alan Guttmacher Institute (1981) shows that the incidence of pregnancy goes up as the level of education falls, and goes down as education levels and employment rates rise.

Every day, approximately 2,700 teenage girls age 15 through 19, in the United States become pregnant. Of this number, it is estimated that 1300 will give birth, 1100 will have abortions and three hundred will miscarry. Most of these pregnancies will occur during the first three months after the adolescent becomes sexually active. Each year, 9,490 adolescents of the age of 13 or 14 have their first baby, and 4,740 16 year olds have their second child (Dickman & Gordon, 1989). (Alan Guttmacher Institute, 1990) It has been reported that

teenagers in the United States have the highest pregnancy rates in the Western world - twice as high as in Great Britain, France and Canada, three times as high as in Sweden, and seven times as high as in the Netherlands.

At the same time, Hall & Taylor (1984) remark that adolescence is a time for fun, a time for friends, and a time of confusion. The transition between childhood and adulthood consists of exciting yet challenging stages of development. This developmental period is characterized by rapid physical, social, and emotional changes. Sexual experimentation, identity exploration, and the desire to conform to peer group norms are typical of adolescents.

Furstenberg (1989) believes that adolescents behave sometimes without careful consideration of the consequences involved. Thus, teenage pregnancy may be one such negative outcome. Adolescent pregnancy often leads to truncated educational attainment and subsequently results in a prolonged cycle of poverty and dependence. Adolescent pregnancy, one consequence of risk-taking, results in some of the most extensive and long term social problems in our society today. It has become one of our most intractable health problems whose consequences will be felt for many years to come. The Center for Population Options has reported that the cost of teenage pregnancy to the American

Taxpayers in 1988 was 20 billion for families begun with a teenage parent. This includes Aid for Dependent Children (AFDC), Medicaid and food stamps. On average, each child born to a teen mother in 1988 will cost the taxpayers nearly 16,500 dollars by the year 2008 when the child reaches age 20. In summary, there is a compelling interest in understanding the causes of this "epidemic" in teenage pregnancies. Lee & Grubbs, (1993) reports that it has been demonstrated that the health status of adolescents has declined over the last 20 years, whereas that of all other age groups has improved. In particular, past research seems to suggest that low self-esteem and lack of social support contribute to a teenage girl's risk of becoming pregnant. This project will focus on the psychological and social resources available to teenage females that may impact postponement of pregnancy.

STATEMENT OF THE PROBLEM

Little attention has been given to teens who, so far, have managed to postpone pregnancy during their adolescent years. In the event of a pregnancy lots of attention is given to an adolescent to ensure that the pregnancy is a healthy one yet, often attention is what the teen has been missing in her relationship with others. The purpose of this project is to propose a program that enhances the self-esteem and social support of such teen girls. The assumption of

this project is that girls with a high level of self-esteem and social support are likely to postpone adolescent pregnancy.

If higher levels of self-esteem and social support are contributing factors to postponement of pregnancy, such knowledge may provide an incentive for professionals in both health care and education who have contact with teens to foster teens' individual awareness of their own level of self-esteem and social support and to mobilize resources for these adolescents. Many adolescents in society today demonstrate conflict and confusion. This problem needs to be addressed so that developmental changes are made that will help the adolescent view themselves differently and become more productive.

PURPOSE AND SIGNIFICANCE

The purpose of this project is to develop a plan for a Church-based program aimed at boosting self-esteem and social support of adolescent females. Boost Self-Esteem and Social Tasks ("BEST") will be designed to enhance social support and self-esteem among adolescent females toward the end of influencing their decision-making skills and empowering them to make decisions regarding their sexuality that will lead to a postponement of pregnancy. The FCNS/NP (BEST Coordinator) will participate in the development of this Church-based social support and self-esteem program. The

FCNS/NP coordinator will implement various interventions within the development of the program. Within the role of assessor and researcher, the FCNS/NP will assess the cognitive level and functioning of the adolescent prior to employing the role of educator, counselor, collaborator and supporter. In these roles the FCNS/NP will assist the adolescent with adapting to the stressors and/or changes of her development phase. The program will also stress the importance of health promotion and the significance of the impact of the environment in order to achieve an optimal level of health and well-being.

The ("BEST") program is designed to be an ongoing curriculum to assist adolescents and can be expanded to include families to facilitate understanding of the physical psychosocial/moral/cognitive and spiritual growth and developmental stages of the adolescent. The program also aims at preparing the parents and adolescent to participate in ongoing communication about positive self-esteem, sexual awareness issues, promotion of social interaction with role models, mentors and peers; assisting the adolescent in value based decision-making skills. Although all outcomes are important, this project will focus on the areas of social support and self-esteem. Piaget's cognitive development theory will be utilized to guide the FCNS/NP in the implementation of an adolescent curriculum.

Conceptual Definitions

Terms to be defined in this project are: 1) social support, and 2) self-esteem as they are related to influencing female teens' decisions to postpone pregnancy.

Social Support:

Social Support will be defined as; emotional support, instrumental aid, informational support and appraisal support (House, 1984). Emotional support can be described as a feeling resulting from a relationship with select persons that promotes perceived feelings of empathy, caring or concern within the adolescent. Instrumental aid refers to goods(eg.; money or clothes) or services actually received, for example; being driven somewhere or child care from select persons. Informational support consists of information or advice about a situation from select persons. Finally, appraisal support is being able to share personal feelings or thoughts with someone in order to receive feedback that is positive or negative or social comparison relevant to a person's self-concept. Social support is positive and helpful although a spanking may be seen as negative support the intention is positive. In order for social support to be values it must be positive, nurturing, encouraging and counter act negative interactions.

Self-Esteem:

Self-esteem is defined as the feeling that a person is capable, significant, successful, and worthy. For the purpose of this program, self-esteem will be defined as "one's good opinion of one's dignity or worth" Webster's Dictionary (1987).

McDowell & Day, (1987) state low self-esteem is reported by many to be the number one psychological problem in contemporary society. People who do not believe they are lovable often find they are incapable of liking others and of functioning productively in society. These people will need some kind of boost, some kind of infusion of self-esteem in order to feel good about themselves. Sex is a common mechanism used in the effort to bolster weak self-esteem. An insecure girl may try to hold a boy's affection by giving him sex, thus making her feel secure. Or she may seek to be sexually appealing to a lot of boys, thereby proving to herself that she has value in their eyes. Decision making is a cognitive process, the cognitive development of adolescents will be considered in this project.

Piaget's Cognitive Development Theory as a Contextual Framework:

Piaget's cognitive development theory focuses on the cognitive abilities of children and adolescents. This project will peruse the cognitive abilities of adolescents, ages 12-19. According to Piaget, the ability to think logically in terms of cause and effect, to foresee

certain events in the future in relation to actions in the present, to think objectively about oneself, and to consider the rights of others, grows markedly during adolescence as part of cognitive development (Ginsburg & Opper, 1988). Piaget's theory of cognitive development will guide the plan for implementation based on cognitive levels and functioning and will be discussed in the implementation section of this paper.

A plan to address social support and self-esteem as factors that influence teens to postpone pregnancy may serve to enhance clinical practice as well as other areas of involvement with youth in church and the community. Adolescents need information and instructions both inside and outside of school about the serious consequences of early and unprotected sex. They also need to participate in activities that enhance self-esteem and self-control that help them to resist peer pressure and media messages that glamorize sexual behavior.

In general, research regarding adolescents' self-esteem supports the notion that the decision to become sexually active is a conscious one in most cases. Although it may not be well thought out, sexual intercourse is usually considered a possibility when a girl begins seeing boys. Thus, the proposed program will incorporate social support and self-esteem as vital components that must be enhanced

to aid female adolescents in their decision-making process to postpone pregnancy during adolescence. Teens who have social support resources from family, friends, social interactions are likely to make decisions to postpone pregnancy during adolescence (House, 1984).

CONCEPTUAL FRAMEWORK

One Conceptual Framework has been utilized in development of this project. The primary framework is the Family Social Support conceptual model proposed by Kane (1988). Kane's model will guide content. Kane's model acknowledges three assumptions 1) the family is a social system; and 2) social support is a social process; and 3) social support is positive and helpful. The first assumption of the family as a system refers to the perspective that the family engages in a process of interaction within itself and the environment. This implies that there is a flow of energy in terms of information, goods and services, and emotions within the family and its social network. Program literature will increase parents and Church members as to how vital a functional social network is for teens. Thus, helping family members understand that social support interactions serve as a catalyst by which teens can resist the pressures of engaging in sexual behavior and foster teens' decision making that results in postponed pregnancy during adolescence.

The second assumption regarding social support as a social process follows from defining the family as a system. Thus, social support is a process reflecting a pattern of interaction over time between the family members, friends and acquaintances. This assumption is consistent with the systems theory and emphasizes family social support as a process rather than the sum of resources available in times of crisis. Thus, family social support is considered to be a process of social relationships through which resources may or may not be accessed.

The third assumption regarding social support is that negative interactions do happen in a social network, (i.e., an adolescent being grounded from driving the car as a punishment) but they are not congruent with support; thus it seems more accurate to conceive of them as stressors rather than as "negative supports." Family social support is conceptualized here as positive, nurturing, and encouraging.

The assumptions regarding family social support as a concept are that the family is a system which is interdependent with other human systems and that social support is a process that is primarily positive and not stressful. These assumptions provide the basis for a working definition of a family social support system as an ongoing pattern of social relationships between the family and its social

environment that reflects interdependence.

The conceptual model of Family Support includes family characteristics and interactional factors (Fig. 1). Family Characteristics describe the background from which interaction emerges, such as size, variety, and history interact with the family structure in terms of the family's compatibility with its social network to provide the ground for social interaction.

Interactional Characteristics have been identified as important dimensions of social support and appear more akin to process dimensions of social support than characteristics of families and their social networks. There are five interactional characteristics (Fig. 1) that tap the dynamics of the social support construct, reciprocity, frequency, quality, quantity, and trust. There is a mutual interdependence in support relationships that is characterized by reciprocal helping relationships. This helping occurs through system interaction. It would seem that the more interaction there is between the family and its network, the more opportunities for mutual helping interactions occur.

The model posits family social support as characteristics of the family's social network, family structure, esteem, and stability.

REVIEW OF LITERATURE

Social Support

Primary concepts will be reviewed first in general conceptual terms and then as they have been incorporated into formal programs.

Social support that includes significant others in the adolescents' life may be the best deterrent to sexual involvement. This support may arise out of the girls' relationships with their mother and father, grandparents, godparents, siblings, church members and peers, and leaders of social activities of which they may be involved. Kane's Model (Figure 1) posits that health and resources are the outcomes of social support that become available to the family as it engages in reciprocity, advice and feedback, and emotional involvement. Positive social involvement is a good way to foster teen involvement away from sexual activity.

According to Franklin (1988) sexual intercourse among adolescents is more likely to occur during the day in homes of parents who are at work than in any other setting. Communication difficulties in the parent-child relationship during these periods may cause adolescents to be more susceptible to engaging in sexual activity. Held (1981) reports that a lack of a social support network may lead to a lower self-esteem for the adolescent. Although some studies have correlated divorce with poor adolescent adjustment, other studies indicate that family conflict is more predictive of poor

adolescent adjustment, regardless of parental marital status. Enos & Handal (1986) reported that adolescents from high-conflict homes had lower self-esteem, greater anxiety, and lower internal control than did those from low-conflict homes, and they scored lower on measures of psychological adjustment.

PROGRAMS INCORPORATING SOCIAL SUPPORT

Social Support has a great impact on an adolescent's self-esteem according to a report of Howard & McCabe (Jan/Feb. 1990, p.21) who studied adolescents at the Henry W. Grady Memorial Hospital in Atlanta where they began a family planning-based outreach program for eighth graders in a local school system. The program is led by older teenagers and focuses on helping students resist peer and social pressures to initiate sexual activity. Evaluation of the program, based on interviews with 536 students from the hospital's low-income population revealed that among students who had not had sexual intercourse, those who participated in the program were significantly more likely to continue to postpone sexual activity through the end of the ninth grade than were similar students who did not participate in the program. Because of their lower rate of sexual activity, program students also experienced comparatively fewer pregnancies than non-program students.

Early evaluation of the program indicated that simply providing

young teenagers with factual information about contraception was not effective in changing sexual behavior. The young people who had the five classes of factual and decision-making education were not more likely to refrain from sexual intercourse than those who did not have the classes, nor were they more likely to use contraceptives or prevent pregnancy if they became sexually involved.

It is often assumed that if young people are given factual knowledge--along with information about decision-making that will enable them to apply such knowledge -- their attitudes and behaviors will change. Research has shown however, that knowledge-based approaches (including those with decision-making components) are not particularly effective in reducing negative health behaviors among young people. Students exposed to such programs were not more likely to postpone sexual involvement nor were they more likely to use contraceptives when they became sexually active (Howard & McCabe, 1990).

Research has also shown that earlier and open communication to educate adolescents about sexual activity is one way to combat early intercourse. Furstenberg (1976) found that in homes where both the mother and daughter reported discussing birth control, more than half of the adolescents (52%) had some experience with birth control compared to less than one-fourth (23%) from families in

which no guidance was given. This led Furstenberg to conclude that when contraception was discussed openly, the daughter was thus allowed to acknowledge her own sexuality and to see sex as a planned, controllable act, rather than spontaneous and uncontrollable.

Self-Esteem:

Research results indicate that a low level of self-esteem is an instrumental factor in adolescent pregnancies. Self-esteem is one of the essential ingredients in a developing sense of identity and contributes to maturation of a responsible, independent and functional young adult. When self-esteem is challenged and the adolescent has little feeling of self worth then high-risk behavior may occur. Through high-risk behavior the adolescent attempts to produce a sense of identity and self-esteem, however temporary it may be (Folkenberg, 1991). Empirical research on levels of self-esteem among teenagers is lacking. This gap in research might be attributable, in part, to the fact that many service providers lack the research skills, funding, or both to conduct sophisticated outcome research.

Although much has been written about adolescent sexual involvement in recent years, more research is needed to (a) evaluate the efficacy of sex education programs, and (b) explore cultural

variations pertaining to adolescent sexual activities. Teenage pregnancy is not a new phenomenon, having existed for most of mankind and resulting in homes for the unwed, early marriages, and marriages to very young girls. However, there are many alternatives to early pregnancy such as long term goals of; attending college, working, more freedom, having their own car and apartment. Yet today, teenage pregnancy in the United States is of epidemic proportions.

The level of self-esteem a person has regarding her own future, having set goals, reaching to meet those goals may be the factor that makes the difference. This goal setting normally takes place among girls who have attained higher levels of self-esteem. There has been a long history of sex education programs in the school systems, but the majority of past and present curriculums lack value development and moral decision making skills due to ambivalence. These programs also need to offer one on one counseling regarding the adolescents purposes and goals. Without it, these formal school programs have shown little effect in dealing with the crisis of teenage sexuality over the years (Gordon, 1981; Muraskin, 1986). The impact of sex education on sexual activity, pregnancy and contraceptive use among U.S. teenagers will not be altered until the U.S. public resolves its ambivalence over the primary goals and

purpose of sex education programs (Marsiglio & Mott, 1986).

Adolescents are a relatively healthy population. The chronic diseases of adulthood have not yet begun. As adolescent morbidity and mortality rates are low, there are few conditions to which the adolescent is susceptible in the immediate future. The developmental tasks of developing an identity and independence from the family may lead the adolescent to engage in behavior that has serious health consequences. The adolescent may have knowledge that this is harmful to her health, but having other needs met takes precedence over health concerns. (McDowell & Day, 1987).

Rainey & Stevens-Simons (1992) report that the use of effective contraceptives is increasing, and teens are most likely to use a contraceptive if they believed a pregnancy would interfere with future goals and plans. The population of pregnant adolescents comprise a majority of teens who have not formulated future plans and goals and, thus, see no conflict between those goals and their pregnancy

Adolescents have generally not been viewed as a separate group until recently. There exists a need for more research on their beliefs toward health behavior. Literature supports that adolescents in general seem to be unaware of the impact of an adolescent pregnancy and the impact it would have on their lives. In some

instances, teens used pregnancy to get their parents attention hoping to unite the family (Howard & McCabe, 1990).

CHURCH BASED PROGRAMS

It is important to mention that past and current studies are limited in the evaluation of Church-based approaches to the family in areas related to education. A few Churches have implemented sex education programs, but this author was unable to identify Church-based cognitive empowerment programs dealing with self-esteem. Although sex education programs include decision-making and values as a part of their curriculum there is not an emphasis on self-esteem. The Church is a needed and appropriate setting to provide sex education (La Haye, 1993). The areas of health prevention, promotion and education using a holistic approach are of primary importance.

The Church can assist adolescents and their families by implementing: 1)empowerment classes, 2) access to resources, 3)support groups, 4)professional counseling, 5) an active effective youth program and, 6)a strong voice in the community advocating for adolescents with schools etc. Chilman's (1990) promotion of healthy adolescent sexuality supports the role of parents in the communication and provision of sex education in order to change the attitudes, behaviors and decision-making skills, therefore,

reducing premature sexual activity in the adolescent that too often lead to pregnancy. Adolescents can be taught problem-solving and decision-making skills that will help them choose their own behaviors responsibly (Duncan-Ricks, 1992).

PROJECT DEVELOPMENT AND CONCLUSIONS

PROJECT DEVELOPMENT

The Boost Esteem & Social Tasks program (BEST) define Social Tasks for this project to mean involvement in non-sexual activities that will boost self-esteem, e.g., support groups, youth activities, interaction with family, Church and after school activities.

The FCNS/NP (BEST Coordinator) will participate in the development of this church-based adolescent self-esteem and social support education program. The FCNS/NP is best prepared to be coordinator in implementing such a program, as the FANS/NP's use theory as a guide to practice

IMPLEMENTATION OF A CHURCH-BASED PROGRAM

An important aspect of the implementation of this project is the utilization of the FCNS/NP within the Church and family setting. The FCNS/NP identified for this project, a member of the Church, is in a unique position to implement the developed Church-based

adolescent self-esteem program. The roles and expertise of the FCNS/NP are a valuable asset to the Church community by assisting the parents and their adolescents/children in developing their self-esteem as it relates to the spiritual, psychological, physical and social well-being.

Planning for this project occurred following daily discussions of a group of female teens during Vacation Bible School that was directed by this FCNS/NP following a literature review. The FCNS/NP took the concerns and ideas for the project to the Pastor for approval. At a meeting held later, the FCNS/NP was joined by a committee of Church members, i.e., The Pastor, Assistant Pastor, Judge, Family Counselor, Youth Minister, Lawyer, State Children's Education Director, a Nurse, Church Administrative Assistant, Church Receptionist Secretary, two grandmothers, two educators, Family/Youth Activities Group, and three parent couples selected by the committee. The committee developed goals and objectives for the intense but flexible program that could be modified to meet the needs of teachers, parents, children and adolescents on a yearly basis. Many of the professionals of the team will assist the FCNS/NP, in the future education and counseling of teachers, parents, and adolescents.

The BEST Committee will include an application into the weekly

Church bulletin inviting adolescents to participate in the program. The application has to also be signed by their parents. An informational meeting will be held with the adolescents and parents who consented to participate in the program to discuss projected plans and objectives for the comprehensive program. Feedback from the parents and adolescents will be encouraged in order to assist the BEST Committee with the future planning. It was decided that the program would be kicked off with a Weekend Retreat to ascertain data from participants and lend to an atmosphere of open communication among the adolescents.

The Children's Education Director will assist the FCNS/NP in developing a curriculum based on the assessment data obtained from the adolescents at the Retreat. (Flow chart with step by step implementation process, Appendix B).

Curriculum program topics in these sessions tailored to the different age groups will include: physical, cognitive, social, moral, sexual and spiritual maturation as it relates to the stages of growth in the adolescent; 2) sexual identity; 3) self-esteem; 4) independence; 5) setting limits; 6) communication and listening skills; 7) decision-making skills; 8) values and beliefs; 9) preparation for dating; 10) love and relationships; 11) biblical perspectives on self-esteem; 12) current issues/pressures related to premarital sexual

activity among the adolescents; and 13) consequences of the adolescent's decisions. Teaching aids may include cartoons, posters, VCR tapes, movies and illustrated brochures.

An evaluation tool of the BEST program will be developed to examine its influence on adolescent self-esteem levels. The adolescent curriculum and objectives will be split into early (12-14 years) and late (15-19 years) adolescent groups to facilitate the cognitive, physical, intellectual and social needs of each age group. For the early adolescents (ages 12-14), teachings will review the anatomy and physiology and changes of puberty that have and are still occurring. The FCNS/NP will help the young adolescent to understand the transition from childhood to adulthood, coping with the changes, self-identity, review family roles and relationships. The FCNS/NP will help the adolescent identify positive characteristics of relationships between males and females, preparation for dating, identification and defining infatuation vs. love, how to end a relationship positively, and consideration of all the options and their consequences. The FCNS/NP will also aid the adolescent in putting together an action plan, and then plan a time line for evaluation of the results. For the purpose of this project participants will be adolescents of a Church community. The program will last one academic school year. Participants will meet weekly for a period of

two hours. Participation will be voluntary and confidential. Curriculum topics to be used in the Church-based social support self-esteem Program are listed in outline (Appendix A).

Curricula for the older adolescent (15-19) moving into the formal operations stage, will target; 1) the adolescent's role/communication with family/peers, 2) appreciation and definition of self-esteem, 3) current cultural and biblical views of self-esteem and sexuality, 4) dating relationships, self-respect and communication with the opposite gender, 5) the responsibilities and consequences of premarital sexual activity, (i.e., pregnancy, STD's), 6) decision-making skills regarding sexual activity and 7) goals and planning for the future. These tasks will focus on self-awareness and help the adolescent understand how they relate to others in various relationships.

The adolescents cognitive level based on age initially and the functioning level of the adolescent will be considered before the FCNS/NP employs the role of educator, counselor, and supporter.

The overall objective of the BEST program curriculum is to involve the adolescent in the process of developing into a holistic human who is able to delay pregnancy until other goals in life have been attained. The final goal of this church-based social support and self-esteem program is to: put adolescents in touch with their

own feelings of self-worth, help them to understand the present level of their self-esteem at the start of the program and boost their level of self-esteem by the end of the program. Provision of feedback to the Church for possible adoption of the program as an ongoing curriculum to be taught to other youth (male and female) in the church and community during youth meetings, bible study classes, retreats and vacation bible school, will be an expected outcome of the project.

The expected outcomes and goals of this program are: increased adolescent self-esteem; increased respect for others, ability of the adolescent to process decision making skills related to their sexuality, and decreased premarital sexual activity of the adolescent and increased involvement in social activities. Keeping in mind that teens with low self-esteem may exhibit self-punishment characteristics, come from dysfunctional families with one parent dominating and/or have a love/hate relationship with either parent and provide individualized support and referrals to these individuals. The curriculum will include several informal assessment tools that allow the adolescents to answer questions in a non- threatening way that helps them to take a look at how they view themselves and others.

Four critical factors that Piaget identified as necessary for

cognitive development are maturation, equilibrium, social interaction, and active experience. The interaction of these variables which may differ from individual to individual, are essential for the adolescent's cognitive development. These variables based on age as to delineating cognitive age levels will be taken into consideration as this program is delivered. Academic indicators will be utilized to ascertain the adolescents cognitive development level. Piaget's concept that adolescents think in concrete and in later teens formal thinking stages, are able to understand, distinguish and consider options and employ role-playing in the decision making process will be incorporated into the implementation of this project. Piaget's cognitive theory postulates that the adolescent (12-17) can simultaneously consider several factors or variables in solving problems, consider the possibilities, and their thoughts are enlarged to include the perspective of others (Santrock, 1993). Therefore, we can conclude that cognitive development can incorporate some of the decision-making skills regarding personal sexuality, love, relationships and sexual activity in the adolescent age. Given the difference between concrete and formal operations, Marcellino, (1993) advises that health professionals and child development educators consider the cognitive stage of development when considering programs and outcomes.

Adolescents (ages 17-19) in the formal thinking stage need less nurse direction to attach given information to personal health care decisions than do adolescents in the concrete thinking stage. Role playing works best with the adolescent (17-19) playing the role and identifying key decisions, options and consequences. The FANS/NP in both situations can help the adolescent to evaluate all possible options and reinforce the use of the decision-making process.

ROLES OF THE FCNS/NP

It is important that the FCNS/NP implementing the BEST program consider the different needs of families with different levels of resources information will be ascertained during the application process. Information offered by the FCNS/NP and other health care professionals will then be congruent with the adolescent's measured level of self-esteem. Regarding health related issues the FCNS/NP will be better able to offer appropriate guidance. The FCNS/NP can guide the adolescent through the decision-making process, identification of the problem, consideration of all the options and their consequences, selection of an action plan and how to follow it through, and then plan for evaluation of the results. Self-esteem may be bolstered and success measured by attaining goals which include: better school attendance, better grades, making friends with someone, parents for helping around the house, not becoming

sexually involved, or not getting pregnant.

HEALTH TEACHING

Nursing interventions the FCNS/NP may utilize are a specific example of a situation that the adolescent can readily identify with and use role playing to help the adolescent assess options, exploring the consequences of each option. Other situations, such as current health-related decisions are related to the process, where the adolescent can successfully resolve the problem. Adolescents in the formal thinking stage need less nurse direction to connect given information to personal health care decisions than do adolescents in the concrete thinking stage. For example, the twelve-year old in the concrete stage will understand "being given a ride to the doctor," whereas the older adolescent should be thinking in abstract terms (e.g.; "I have this network of family and community that cares about me"). The adolescent in the formal operations level of thinking can most often cite the problem and identify some of the options and consequences without much reinforcement. Role playing works best with the adolescent playing the role and identifying the key decisions/options/consequences. The FCNS/NP in both situations can help the adolescent to evaluate all possible options and reinforce the use of the decision-making process.

HEALTH PROMOTION STRATEGIES

In order for adolescents to delay pregnancy, they must have the capacity and the motivation to do so. To have the capacity, they need knowledge of reproduction, abstinence, birth control and access to services. Motivation implies the knowledge of the consequences and the willingness to prevent negative consequences of early parenthood and the reality of these consequences. The primary focus of this project is based on the need to identify the adolescents' level of self-esteem so that educational, learning, and teaching strategies' appropriate to their level of self-esteem can be employed to empower the adolescents' to use their decision-making skills to avoid the reality of an early unplanned pregnancy.

Strategies include:

1. Increase Church member's awareness of the interrelatedness of poverty, low achievement, low self-esteem, early childbearing, and ramifications of adolescent pregnancy.
2. Develop new strategies to reach high risk adolescents in the Church by including self-esteem classes in Sunday School, Vacation Bible School, youth activities and retreats.
3. Offer sexuality programs based on adolescent cognitive development for parental awareness.
4. Have adolescent programs taught by peer groups on values

clarification, postponing sexual involvement, self-esteem and decision-making.

RECOMMENDATIONS

Recommendations for future research would be to use instruments that assess levels of social support and self-esteem in adolescents. The assessment of the adolescents' level of social support and self-esteem would allow educational and counseling programs aimed at pregnancy prevention to be based on the adolescent's social support and self-esteem level.

Implications for Future Research:

In addition to preventive health strategies, this project has implications for future research for other disciplines. Any discipline that works with adolescents may benefit by screening the adolescent for her level of self-esteem and planning strategies based on the level of self-esteem identified. Research should be done that would obtain data assessing adolescents level of self-esteem at program entry, midpoint and conclusion. Piaget's concepts will be taken into account throughout the program's assessment/evaluation component.

Recommendations for Future Projects:

Future recommendations for projects also include expanding program's network to involve:

1. **Bring together a broad-based group to develop a community - based education plan on adolescent pregnancy and monitor its implementation (Church Health Team).**
2. **Establish an adolescent consultation/collaboration network working with professionals knowledgeable of community resources.**
3. **Offer teaching seminars for professionals and to learn how to utilize social support and self-esteem assessment tools in their setting.**
4. **Continue to educate professionals and public on the needs of the adolescents to participate in activities that elevate self-esteem.**
5. **A program to address social support and self-esteem levels in the adolescent male may help to decrease their involvement in teen pregnancy.**
6. **The community can be involved with helping adolescents by participating in Vacation Bible School, youth retreats and helping to implement other youth activities.**

IMPLICATIONS FOR ADVANCED PRACTICE AND PRIMARY CARE

The FCNS/NP will need to address self-esteem as part of the ongoing assessment of the adolescent during the health prevention/promotion visits in the Church/community setting. This will be an excellent opportunity to assess needs, resources,

anticipatory guidance, counseling, education, sexuality, referral to other resources in the community and evaluation of adolescent/family needs on an ongoing basis.

Adolescent self-esteem education skills are not only important within the family structure but also within the community. The FCNS/NP can take an active role in designing, implementing and evaluating the self-esteem programs in the local community (family, Church, school) and in promoting a multi-disciplinary and holistic approach to increasing self-esteem education. With the encouragement of parental involvement, this multi-disciplinary approach will be in a better place to influence the adolescent population and the family/individual values and decision-making skills regarding their self-esteem. The FANS/NP can make an impact within these families and adolescents in promoting and helping to develop a healthy holistic individual with high self-esteem.

PLAN FOR EVALUATION

The BEST program could be evaluated annually using assessment questionnaires, self-esteem postsurveys to assess cognitive changes, feedback, outcomes and continued participation in the program. This annual assessment will enable the FANS/NP and BEST Committee to evaluate the effectiveness of the program as demonstrated by documented changes in self-esteem levels,

decision-making skills and premarital sexual behaviors among the adolescents in this Church community. The program's effectiveness could also be evaluated by keeping records of any teen pregnancies and comparing them to local, state and national statistics. Evaluation could be designed to ascertain feedback and suggestions from participants and parents. Research program could be implemented to measure self-esteem throughout and at conclusion of the program. An important evaluation measure is how many participants continue to the end of program. A comparison group from another similar Church without program might be used to determine impact of the program. The program could later be expanded to other Churches in the community and their program evaluated and compared for effectiveness.

CONCLUSION

A Church-based self-esteem program can be implemented with the goal of influencing the decision-making skills of the Church's adolescent members' regarding their level of self-esteem. Teenagers also need to understand that the future does not often hold great promise for a teenage mother and her child (Rainey & Stevens-Simon (1992). Thus, that teenagers acquire a realistic sense of the risks involved, is one of our greatest challenges. Teenagers do not always realize the consequences of early sexual activity and the

responsibilities it can bring. Teen premarital pregnancy often causes strained teen-parent relations. The consequences of becoming sexually active may not always be carefully considered when a teenage girl makes that decision. "Toward a State of Esteem" (California Task Force, Jan.1990, p.13) links self-esteem to our reputation with our 'selves. Sexuality develops in the family of origin. The parents' attitudes and their perception of their own sexuality is the greatest influence on children and adolescents (Santrock, 1993). Parental and religious values and beliefs need to be reinforced; and the boundaries of sexual activity within the scope of Biblical teachings need to be emphasized. The FCNS/NP will need to consider for program quality, that it will be necessary to specifically design this program to the demographics, culture, socioeconomics, family structure, attitudes and level of communication the adolescent experiences. Family and adolescent demographic and social support information will assist the FCNS/NP in evaluating the factors that may influence the outcomes of the Church program.

Adolescence can be a very traumatic time, but it can also be a period of hope and excitement. From a developmental perspective, it is a transition period in which there is growth physically, spiritually, psychologically, socially and cognitively. If self-esteem education is to succeed, then the programs need to include the "holistic" aspect

in their teachings. The Church and family can assist these adolescents in moving toward positive growth and making healthy decisions based on family and Biblical values.

Therefore, the FCNS/NP strongly recommends that an educational component with the parents of adolescents be an integral part of this Church-based adolescent self-esteem education program. This program can be tailored to utilize in any Church setting and designed to coincide with the values, traditions, and paradigms of the particular Church community.

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APPENDIX A

OUTLINE OF PROJECTED CURRICULUM

Jr. High (7-9th grades)

1. **Changes: What we are becoming. Brief review of A& P changes of puberty (physical, social, spiritual, intellectual and emotional). Use the film "Changes and Choices." God's gift of Sexuality-Younger Adolescents Guide.**

2. **Review self-esteem/self-worth as it relates to their growth and development. Use How to Build Your Self-Esteem Model (Group Active Series).**

3. **Family roles, values, relationships, and communication. Use How to communicate with Your Family (Group Active Series) with role play.**

4. **Identification of sex roles/stereotypes from a Christian perspective. Identify positive characteristics between male and females (activities and interaction between the males and females).**

5. **Male and female relationships, feelings, emotions, influences, and respect.**

6. **Preparing for friendships and dating relationships. How to handle relationships, respect, and positive ways to end a relationship (female and male). Guy's & Girls: Understanding Each Other (Active Bible Curriculum).**

7. **Peer/Media Pressure: "How to Say No." Josh McDowell's Book and Video Series.**

8. **Decision-making /Choices: Active Bible Curriculum. View film "Heart of Stone" (Urban Ministries).**

9. **Planning for the future/consequences/goals.**

OUTLINE OF PROJECTED CURRICULUM

(Senior High)

1. **Sexual health/review A & P/Defining sexuality, sensuality, and intimacy. God's Gift of Sexuality Older Adolescents Guide.**

2. **Communication with friends, family, and others. "How to communicate with your parents about Sex" by Pender & Pender.**

3. **Relationships--family and peers. Discover healthy ways to end relationships. Dating Decisions Group Active Curriculum.**

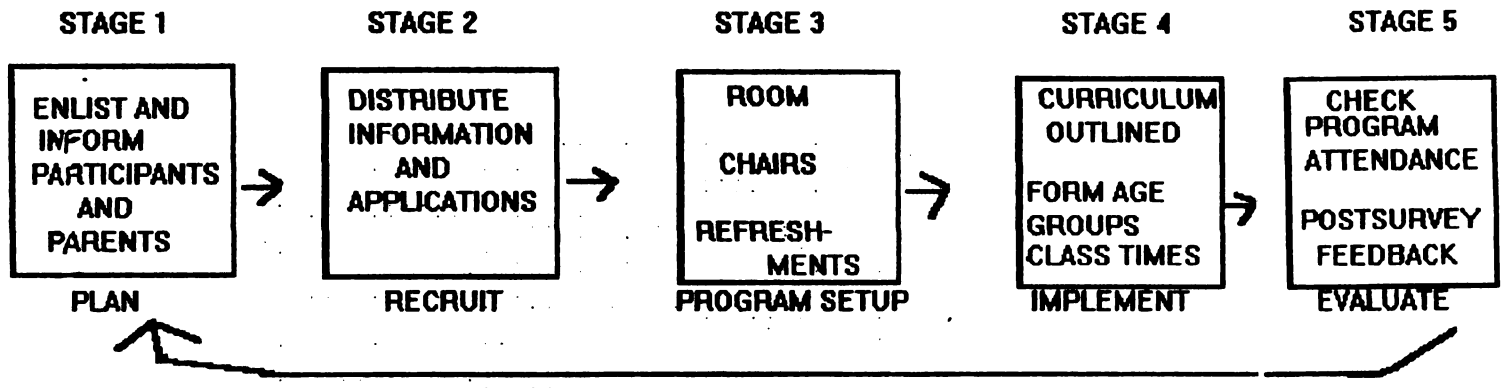
4. **Peer/Media Pressure--Use "How to Say No Series" by Josh McDowell, "Heart of Stone" Urban Ministries.**

5. **Consequences for sexual activity (STD's, pregnancy, etc.). How our decisions effect the future. Biblical boundaries of sexual activity. "Next Time I Fall in Love" video with discussion. "Sex, Lies, and The Truth" video.**

6. **Future goals and planning. Is Marriage in your Future? Group Active Bible Curriculum.**

APPENDIX B

FLOW CHART FOR STEP-BY-STEP PROGRAM IMPLEMENTATION



IF EVALUATION UNSATISFACTORY, START AT BEGINNING AND MAKE IMPROVEMENTS UTILIZING FEEDBACK AND MAKING ANY CHANGES DEEMED NECESSARY