

Social Welfare Policies and Supporting Systems for Single Teen Mothers(never married) in the U. S. A. and Suggestions for Korean teen mothers

십대 미혼모를 위한 미국의 사회복지 체계와 서비스
그리고 한국적 활용 방안에 관한 연구*

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Abstract

미국사회는 미혼모들의 문제를 개인적 뿐만 아니라 사회적 그리고 국가적 문제로 인식하므로 이들을 위한 다양한 사회복지 정책과 서비스, 그리고 프로그램들을 제공하여 이들이 스스로 자활할 수 있는 토대를 마련하여 왔다. 특히 십대 미혼모들은 학교를 중퇴하고 직업을 갖지 못하며 빈곤한 환경에서 아이를 키우기 때문에 심리적 정신적으로 불안한 상태에 있다. 이들에 대한 서비스는 국가적으로 미혼모뿐만 아니라 어린아이들까지도 돌보는 것으로 가정과 사회의 안정을 가져오며 인적자원을 잘 보존하는 것이다. 한국의 경우도 현대화/산업화된

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사회로 발전하며 청소년들의 문제가 특히나 십대 미혼모의 문제가 사회적으로 이슈화되고 있다. 따라서 이 연구는 미국의 상황을 분석하고 미국의 복지 정책, 프로그램, 자원봉사자들을 이용한 서비스들을 살펴보고 한국에 적용 가능한 복지프로그램과 지원서비스를 제안하고자 한다. 미국의 미혼모를 위한 대안 학교 차원의 교육/직업훈련/부모교육 등과 가족지원프로그램은 미혼모뿐만 아니라 사회와 가족이 모두 혜택을 받을 수 있는 서비스며 프로그램이므로 한국사회에 적용하면 효율적으로 미혼모들의 어려움과 사회문제를 해결 할 수 있다고 본다. 또한 자원봉사의 서비스 체계가 미혼모를 위한 사회복지 프로그램 등에 적극적으로 활용되면 미혼모들은 믿고 따를 수 있는 롤 모델을 갖게 되며 국가적으로는 인력의 활용과 자원 절약의 효과를 기대할 수 있다.

주요어(key words): 십대 미혼모(single teen mothers), 자원봉사(volunteering), 가족 생태학적 체계 이론 (family ecology system theory), 복지정책 (welfare policies)

1. Introduction: The Need for Teen Mother Volunteers

One of the biggest changes in the U. S. is the increase of female headed families and the decrease in married women since the 1960s. The increase of female headed families has been caused by births by unmarried teens, high divorce rates, and adoption of children by single mothers. Among these causes, single teen mothers(never married between 15-19yrs) had increased rapidly from 6.8% in the 1970s to 30.6% in the 1990s(Weinraub & Gringlas, 1995). Approximately

one-third of young women in the United States become pregnant during their teens and more than 435,000 babies were born to teens between 15 and 19 years in 2006(Jayson, 2009; Landau, 2008). Currently, significant numbers of children are living with never married single mothers in the U.S. (Swierzewski, 2007).

Even though this rate was a little decreased in the early 2000s(Guttmacher Institute, 2006), teen pregnancies and teenagers having children has produced many negative outcomes in numerous areas, such as education, employment, childcare, parenting, and health care. The problems of pregnant and parenting teens have become the problems of their children, families, and society during the last few decades. These teens have become the main recipients of social welfare and family support programs because they tend to live in poverty and have diverse domestic and social problems(Swierzewski, 2007).

Korea is also facing similar social issues. While Korean society has industrialized and modernized rapidly for the last few decades, Korean teens have encountered many unexpected problems that impact many areas similar to those of American society. Among these problems, an increased number of teen pregnancies and teenage mothers become social problems during the last decade(Kim, 1995). However, Korean society has not given much consideration to dealing with the problems of pregnant teens and single teen mothers with the same programs, policies, and volunteer services as the U. S has have.

Historically, the U.S. has provided various supportive programs and services for pregnant and parenting teens through their schools, communities, religious groups, and organizations. Most of these services and activities have been performed and accomplished efficiently and systematically through volunteers who are the basic service providers to clients and supporting staff(Mech & Leonard, 1988).

Therefore, this paper focuses on pregnant and teen parents (mothers) who have been supported by social welfare and support programs in the U.S. Reflecting on their current situation, this paper will examine what and how welfare policies and support programs have been provided and how volunteering/volunteers facilitate the success of these programs and policies. Finally, based on U.S. cases, this paper will suggest manageable and utilizable volunteer programs and services in order to solve similar problems in Korea and to help single teen parents empower themselves.

The purpose of this paper is to do the following:

- 1) Investigate the circumstances of pregnant teenagers and single teen mothers.
- 2) Identify welfare policies and programs for them.
- 3) Examine volunteering and volunteer's roles for them.
- 4) Consider efficient delivery strategies of volunteering.
- 5) Suggest utilizable volunteering programs and services in Korea.

The assumptions for conducting this study are:

1) Pregnant and parenting teens need/want to have supportive services to perform their primary responsibilities for their children and themselves.

2) Supportive programs and policies help them improve their circumstances. By using these programs, they can build healthy families that are the foundation of a healthy society.

3) As a part of a total ecological system, single teen mothers' families operate and interact with other systems.

4) Volunteering is the main vehicle to facilitate human resources and to perform supportive programs and policies efficiently.

2. Contextual Factors

Before examining the issues of volunteering with teen mothers and pregnant teenagers, two major contextual factors relevant to the phenomenon of pregnant and teen parents are investigated in the following section: single teen mothers and relevant policies.

2.1. Single teen mothers

In the United States, almost a third of all children live with single mothers who have never been married(Bruce & Fox, 1999). The well being of children, their mothers, and pregnant teens are a big concern. Several concerns are that the majority

of single teen mothers are young(between 15 and 19 years old), live in poverty, drop out of school, and are unemployed, and unmarried(Lankard, 1994; Moore & Wertheimer, 1998). Their problems also result in problematic parenting, child abuse/neglect, living in poverty, and relying on welfare. The National Committee to Prevent Child Abuse(1998) describes pregnant and teen parents as frequently experiencing a high level of stress due to pressures of being adolescent, single, or lacking resources(Hammon-Ratzlaff & Fulton, 2001).

According to the ecological system theory(Bertalanffy, 1968; Bronfenbrenner, 1979), their problems affect not only their families but also the society as a whole because a family is closely interconnected to and interacts with other systems (e.g., education, work, organizations, church, government, etc.) in the society. Thus, problems of pregnant and teen parents should be understood with a holistic and comprehensive perspective. In this point of view, volunteering that is considered an integrating social network can appropriately function to solve the problems of pregnant and teen parents based on "Family Ecology System" theory(Bertalanffy, 1968). To support the pregnant and teen parents properly, it is required to know their special situations in the following five domains.

The first summary, is economic domain, this means the families are poor. A high rate of poverty(43% of single mother families) exists because of inadequate and unstable incomes, a lack of resources, high unemployment or having lower level jobs or

poor work skills, lack of child care, and inadequate housing (Swierzewski, 2007). Roughly, one out of two single mothers is living below the poverty line compared to one in ten married couples with children(Miranne, 1998). In 2004, more than a half of all social welfare recipients(54.8%) were single teen mothers(15-19yrs) who have never been married with dependent children(U.S. Dept. of Commerce; Bureau of the Census, 2008).

The second summary is the mentality domain, this is where many single mothers have serious psychological problems and consequently perform poor parenting. They experienced more stress, depression, anxiety, and mental distress than married mothers and women without children(Bordy & Murry, 1999). Teenage mothers, in particular, who are in their adolescence, have experienced diverse and compounding physical, mental, social, and emotional changes. According to the National Resource Center, many research findings indicate early pregnancy results in increasing infant mortality, and the poor well being of children caused by the mothers' psychological conflicts and problems. In addition, children are at high risk for being abused because of the poor parenting skills of their young mothers and inadequate role models for good parenting (Swierzewski, 2007; National Resource Center, 1997). Their poor parenting negatively affects children's behaviors creating anxiety, aggressiveness, and hyperactivity. Children from families who are dysfunctional on multiple dimensional are consequently vulnerable to stressors, becoming difficult, to not doing well

in school and dropping out. Children from single mother families have more behavioral problems, such as committing delinquent acts and drug/ alcohol use and are more likely to become single parents themselves than those of two parents families. Their situations consequently transmit to the next generation(McLanhan & Booth, 1989; Orthner & Neenan, 1996; Ambert, 1997 Body & Murry, 1999).

The third domain is community concept, which includes the fact that relations of single mothers are isolated in “underclass” neighborhoods with high levels of poverty and disorganization. Especially single African-American mothers are concentrated in disadvantaged neighborhoods characterized by high rates of crime and poverty, high rates of unemployment, and poor educational facilities(Brody & Murry, 1999). They are often separated from their original families or kin relationships. All of these factors make it difficult for single mothers to get jobs. This negatively affects their parenting practices and the parent-child relationships(McLanahan & Booth, 1989).

The fourth summary, is work domain is unemployment is an important reason why they live in poverty. Mothers who have never been married are twice as likely to be unemployed as divorced mothers. The types of jobs held by single teen mothers are associated with significantly reduced access to benefits, including health insurance, paid sick days, and wage replacement during leaves due to their low education level, and their lack of employ ability and special skills. Also, many

of the jobs available to them are typically at high risk for being laid off and wages are usually too meager to lift them out of poverty(Eitzen & Zinn, 2000). On the other hand, frequently stated barriers are child care and lack of transportation for work among low-income single mothers(Nitri, 2000). In some cases, barriers to employment include family responsibilities, lack of role models and support, criminal records, drug or alcohol problems, and unfamiliarity with the employment network (Lankard, 1994).

The fifth summary, is education domain, indicates that schooling is a significant problem for single teen mothers. At least 40,000 girls among pregnant teenagers and new teen mothers drop out of school each year because of the problems of pregnancy, childbirth, and parenting(Children's Defense Fund, 1997). Since most teen mothers choose to keep their children rather than give them up for adoption(Bureau of the Census, 1991), pregnant teens and teen mothers have experienced many barriers to continuing their education, such as isolation, unwelcoming attitudes, discrimination, and limitations in school lives and education(Nelson, 2000).

2.2. Welfare Policies supporting teen single mothers

For pregnant and teen parents, two major policies have been legislated in the United States: social welfare policies and educational support programs.

Social welfare policies, from 1935 to 1996 in the United States had a minimal welfare program for single mothers in need (Eitzen & Zinn, 2000). Historically, social welfare of the New Deal under Roosevelt and the Great Society under Johnson instituted Social Security support for poor families with minimum wage(financial aids), federal aid for education, health and nutrition programs, subsidized housing, and Aid to Families with Dependent Children(AFDC)(Eitzen & Zinn, 2000). Since it's inception in 1935, the federal government funded 50-80% of the costs of the Aid to Families with Dependent Children (AFDC) program. Half the recipients of this program were single unmarried mothers in 1995(Brandon, 2000).

Over time, work experience and educational training opportunities were included as incentives to workforce participation in Job Opportunities and Basic Skills Training(JOBS, 1988), an employment-oriented program for AFDC recipients. AFDC recipients were required to participate in JOBS as a condition of eligibility. The intent of JOBS was to promote self-sufficiency through educational process.

However, the current reformed welfare policy, the Personal Responsibility and Work Opportunity Reconciliation Act(PROWRA) passed in 1996 is substantially different from the previous one(www.acf.dhhs.gov/programs/afdc/afdc.txt). Under the PROWRA, the federal government ended its responsibility for financially supporting poor families. As a result, each state has different welfare programs and a third of all states have cut cash

assistance for welfare recipients. The PROWRA further requires the recipients to participate in work-related activities regardless of their circumstances. The recipients should leave the welfare programs within a limited time(18 to 60 months). Therefore, under the new policy, single mothers and their children no longer receive AFDC, Medicaid, food stamps, financial support, and other welfare benefits. In addition, the new policy requires that unmarried teen parents must live with an adult and attend school to receive assistance(Eitzen & Zinn, 2000).

In the public school system, Title IX of the educational amendment of 1972 was initially mandated by a federal law as a response to the increasing number of pregnant and teen parents since the 1950s. According to the national education goals, both the number of pregnant and teen parents and their high risk of failure in education create crucial issues in public schools. Educators and government officials have considered the question of “how can schools more effectively prevent teen pregnancies and delay parenting, while maintaining supportive environments that enable teen mothers to continue their education?”(Institute for Educational Leadership, 1999). Thus, the law has forced school districts to ensure attainment educational goals, such as equal opportunities in schools and completion of basic education, by enhancing curriculum and instruction of schools and eliminating bias against single teen mothers(Brake, 1995).

Reviewing the Title IX Education Amendment, Zellman(1981)

categorizes existing school-sponsored programs into three types: 1) inclusive curriculum programs offer a general education including relevant coursework, such as child development and parenting and the pregnant and teen parents can have counseling services, health monitoring, and child care; 2) a supplementary curriculum program provides relevant coursework for school credit and may provide child care or counseling; and 3) noncurricular programs are offered to enrollees who may be school drop-outs or those who are in other educational programs. They receive childcare, counseling, medical care, and referrals.

Along with these types of school-based/supportive programs, parent education, social services, counseling, and on-site child care in the public school systems have been offered approximately in 25,000 public high schools in this country since the early 1980s(Dryfoos, 1983). Furthermore, education programs for teachers are designed and provided to eliminate teacher bias, and parent involvement is emphasized for their pregnant and teen parents(Brake, 1995).

Several studies have found positive effects from the school-based/supportive programs. Williams and Sadler(2001) discovered childcare, health, and social services help teen mothers cope with adverse environmental and social hazards in schooling and parenting. School-based child care interconnected with improving health care, better grades, and the continuation of schooling, and a decreased rate of repeat pregnancy among

the participating adolescent parents(Dejong & Cottrell, 1999). Brake(1995) argues that diverse school-based and school-linked services for pregnant and teen parents are successful components to achieving basic educational goals. Some of the services include on-site childcare, flexible scheduling, counseling, instruction in parental health and parenting, family planning services, health clinics, and supplemental educational and vocational services.

However, because of the sensitivity of this topic, the responses of most schools across the country to pregnant and teen parents are still limited or nonexistent, depending on motivated and creative individual schools(Zellman, 1981). Currently, there are 546 schools in 17 states that provide day care centers for teen parents and educate them on the importance of parenting, to involve them in child care, and to prevent them from further pregnancy(Dejong & Cottrell, 1999).

3. Trend of volunteering and roles of volunteers for teens

3.1. The trend of volunteering

In conjunction with the above-mentioned policies and programs, volunteers have served formally or informally as individuals,

religious groups, civic associations, service clubs, alumni groups, and professional organizations. Historically, volunteers have made significant contributions to American society. In 1965, the Department of Labor estimated that there were 22 million volunteers. More recently, a Gallup survey(1981) showed that an estimated 84 million Americans ages 13 and over volunteered in 1980(Mech & Leonard, 1988) compared to 93 million people who volunteered in 1995. Each year more and more volunteers have assisted others, although volunteer activities have been small grassroots, and community based(www.fullerton.edu).

Volunteer services have been potential resources for all human service sectors and organizations to save money and use human resources efficiently. For example, people volunteered 15.7 billion hours formally in 1995. The value of their time was estimated at \$201 billion in 1995 when the hourly average wage was \$12.84(www.fullerton.edu). Based on Human Capital theory, Becker(1964) defined volunteering activities as human capital investments that influence future monetary and psychological income by increasing resources in people. Volunteering provides the human capital investments needed in market production and households, such as on-the-job-training, information about jobs and resources, health and child care, and improving mental health(Mech & Leonard, 1988).

More than half of all volunteers(62%) have worked with youth groups or something comparable in 1995. Female volunteers

are more likely to work with children with disabilities, pregnant teenagers, and teen mothers. They provide companionship, childcare, substitute parenting, tutoring, meals services, and administrative work(www.fullerton.edu). Volunteers for pregnant and teen parents are particularly in a position to transmit attitudes, values, and knowledge that are useful in preparing teen mothers for self support and good parenting(Barth, 1986; Griffin, 1987; Stone; 1987). Volunteers validate the activities of supporting childcare, facilitating parenting, and improving child's development as the existence of and support from a partner or family member of the pregnant or parenting teen is rare. Thus, volunteering creates service networks among recipients, providers, and agents within communities (O'Connor, 2001).

The current uses of volunteers in many nation wide programs are a) to help solve social problems that are managed by experts and professionals, b) to serve as members of service delivery teams in which there is a mix of professional, paraprofessional, and citizen volunteers, and c) to provide services efficiently with limited resources when the economy cannot continue to support large increases in the ratio of professionals to clients(Mech & Leonard, 1988).

3.2. The roles of volunteers for teens

Responding to the increasing need for volunteering, volunteers

perform diverse and practical roles for teenagers: community specialist, tutor, role model/mentor, counselor/ aide, a family resource(quasi-family-living volunteers or house parents: quasi-parents), recreation/leisure time resource, and organizational-support. Their popular roles can be briefly explained.

1) Mentor: the youth mentoring movement has been increasingly popular since the 1980s. Withey et al.(1980) defined a mentor as a person over 30 years of age and one who is 8 to 15 years older than the younger person. A mentor's main function is to serve as a transitional figure for a period of several months to a few years(Levinson et al. 1978). According to Anderson and Shannon(1988), mentoring is a nurturing process in which a more skilled or experienced person serves a less experienced individual as a role model, sponsor, counselor, and friend. Mentors for pregnant and teen parents spent most of their time in quasi-parenting roles, helping them access services and resources, and discussing interpersonal problems and infant development(Blinn-Pike, 1997). Thus, the current origin is the concept of the "community mother" used in adolescent pregnancy prevention demonstration programs (Polit & Kahn, 1985; Dyk, 1997).

2) Role Model: this function overlaps with others, such as mentor, friend, buddy, and big brother/sister. Role models are individuals who can provide a positive image and who will be emulated by the youths they serve. Big Brother/Sister programs have been available since the 1980s in all 50 states

and is a successful example of providing role models for children from single parent families. The teens participating in the programs are less likely to use illegal drugs(27%) and alcohol (46%), less likely to skip school(53%), and have better attitudes toward school(Tierney, Grossman, & Resch, 1995; Hoke Communications Inc. 2001).

3) Counselor: volunteers often serve as additional staff for hotlines and crisis situations. In direct service for teenagers, volunteers support staffs under their supervision. In some states, volunteers must be licensed or certified to have direct practical experiences in group and individual counseling with teenagers.

4) Family Resource: a) quasi-family volunteers perform substitute-family functions for teenagers while exposing youths to the outside world in preparation for independent living. In quasi-families, for example, volunteers serve as role models of positive family living. b) House parents (quasi-parents) or adult volunteers live with youths as a transition phase before they live completely on their own, or they may be house parents who live in a dorm and provide supervision. For pregnant and parenting teens, their main functions are to be “community mothers” and to provide supervision until they are prepared to live on their own.

5) Tutor: volunteers guide and teach youths, providing scholastic help, usually on an individual basis, in special subjects. They often help prepare youths for their GED(General

Educational Development) and help with daily homework. Tutors also serve as role models for those they tutor.

6) Recreational/Leisure-Time Resource: many programs use volunteers as coaches, or to teach skills in sports, arts and crafts, cooking, etc.

7) Organizational-Support: volunteers provide indirect services without directly working with youths. Their activities are broad ranging from serving as board members, helping write grant proposals, clerical work, and bookkeeping to child care provider, handyman painter, or repairman(Mech & Leonard, 1988).

3.3. Programs for pregnant and parenting teens performed by volunteers

Many various programs and projects for pregnant and parenting teens have been offered in the U.S. since the 1970s. Currently, these are proliferating across the country. The social support moderates the effects of depression and stress of pregnant teenagers and single mothers(Jackson, 1998). In particular, pregnant and teen parents in family support programs have direct interpersonal relationships with experienced volunteers while receiving education and emotional support, and learning appropriate parenting skills, resulting in healthier birth outcomes, and reducing incidences of child abuse and neglect (Bessen-Wells & Grabler, 1998).

Brake(1995) introduces several successful school-based model programs for pregnant and teen parents(e.g., the Family Learning Center in Lesile, Michigan; Maternal and Infant Care Project in St. Paul & the Early Childhood Family Education (ECFE) program in Minnesota; Teenage Pregnancy and Parenting Project(TAPP) in San Francisco, California; and Project Redirection in 1980 by community-based organizations).

The following models are the basis of current family support programs performed at a national level for pregnant and teen parents.

1) Model 1: New Future School: an alternative school in the public school system. Since 1970, it has worked through collaborating agencies and by using resources in the community. It is one program model that has responded to the federal policy(Title IX educational amendment) for adolescent pregnancy and for at-risk youth conducted by the National Center for Effective Secondary Education. NFS offers work-study opportunities, vocational counseling, and daily childcare for teen parents including medical/health care and parent education.

2) Model 2: Teenage Pregnancy and Parenting Project (TAPP): an interagency, comprehensive service and delivery system to reduce repeated pregnancies and births of lower weight babies, and to improve the school attendance of teenage parents. TAPP offers them a range of programs: one-to-one counseling, group education, support, problem-solving sessions and helping family members as a team. It is provided for at least three

years until the client is nineteen years old. Cooperating with schools and social service systems, TAPP assists its teenage clients in accessing a broad spectrum of services. These services include obstetrical and nutritional care, food supplement programs, a well-baby clinic, infant and toddler day care, public health nursing care, job skills and placement services, housing and financial assistance, and child development and parent education.

3) Model 3: Institute For Responsible Fatherhood and Family Revitalization established in 1982 provides fathering programs for non-attentive young fathers to change their lives, to provide a good role model, and to encourage to have positive self-esteem. The institute team interacts with fathers to foster thinking that will produce an improved quality of life for their children and for teen mothers providing counseling, educational and employment opportunities, and financial support.

4) Model 4: National Adolescent Sexuality Training Center founded in 1985 works to prevent pregnancy of teens and to advise delaying sexual activity. This program offers not only sex-education but also adequate support to teens, their parents, and other adults focusing on strengthening of the family, culture, and community to achieve their full potential. Key program components include sex-education, medical and health services, pregnancy prevention, self-expression, sports skills, homework assistance and tutoring, and job clubs.

5) Model 5: Teen Family Support Program is intended to

empower teen parent girls while providing specialized intensive support services for up to two years. This program includes three main components: a) individual home visitation focusing on parenting skills, nutrition, and early childhood development, b) early childhood developmental screening, and c) program staff training teaching parenting skills and child development (National Resource Center, <http://npin.org/library/1997>).

4. Conclusion

4.1. The Future of Volunteering

Typically, public social services tend to use volunteers. Volunteering has the potential to provide and invest both human capital and community resources efficiently. Volunteering for pregnant and teen parents is positively evaluated in diverse concepts: economic value(time and money), personal development, using and investing hidden resources(people and materials), building cooperative networks between formal and informal agencies, and providing comprehensive supports to clients. Freedman(1993) describes volunteering(mentor) as a core essence in solving perplexing social problems. Thompson (1995) defines volunteering as the informal social support having consistent social relationships that provide material and interpersonal resources that are of value to the recipients

(cited from Blinn-Pike, 1997).

Therefore, volunteering is a comprehensive service for pregnant and teen parents in cooperation and collaboration with other individuals, agencies, schools, and federal/state government to provide and invest both human capital and community resources appropriately and efficiently in order to serve teen mothers in need. Also, it is an educational and intervention process to solve the problems in family, school, workplace, and society. Finally, volunteering should achieve the goals of human life, that is, pregnant and teen parents should improve their individual and family lives and become empowered or self-sufficient by themselves.

On the other hands, some questions have been raised about how volunteering performs these functions and goals, how volunteers can be ready for and participated in volunteer work, and what kinds of responsibilities volunteers should have when issues of accountability, liability, and risk are involved(Mech & Leonard, 1988). In order to assess these issues, this paper proposes the following strategies for volunteering in order for volunteers to conduct better services for teens, especially, pregnant and parenting teens.

- 1) Having a reliable coordinator who can arrange volunteering and train volunteers: to manage and excavate existing and potential volunteers in a community and to mobilize, recruit, train, and supervise potential volunteers. The coordinator or staff can facilitate the development of volunteering.

2) Sharing and dividing responsibilities between staff and volunteers in a program: to efficiently perform services and activities, volunteers and staff should have their own responsible domains and records about their activities and services in a program.

3) Sharing information or knowledge as a service delivery team: to accurately deal with problems and opinions of the recipients. Volunteers need to collect and listen regularly to the opinions and advice of professionals.

4) Keeping clients' privacy and secrets: while providing volunteering to teenagers who are in the psychological, emotional, and physical transition period, volunteers need to consider carefully teens' situations and privacy without breaking confidentiality. Usually, teenagers generally rely on individuals whom they can trust with whom they are comfortable.

5) Training and educating volunteers to provide quality and standard services to their clients: as each group of clients has different needs(e.g. pregnant and teen parents), volunteers should take additional training(e.g. child care, health, parenting, and counseling) to better serve clients' unique needs.

6) Having connections and integrating community agencies and agents: to provide volunteer services efficiently and to facilitate diverse community resources, volunteers need to acknowledge the roles and functions of related agencies, organizations, and associations and have ongoing working relationships with them.

7) Offering aftercare services to recipients who need additional support or who need care for their basic living: volunteers may have personal relationships with previous recipients who want to discuss and share their personal problems. Volunteers can provide services or comments when past recipients need help. Especially, single teen mothers or pregnant teenagers who need additional support in childcare, health care, and parenting from volunteers even after a program is over.

8) Having an assessment process: an assessment based on the programs purpose should be performed from the perspectives of both recipients and providers.

9) Give informal and formal compensations to volunteers: volunteers need to be motivated and encouraged to provide better service. If not, their services may not be satisfactory or will be decreased. In the psychological concept, people are motivated and satisfied when others acknowledge their endeavors. Some examples of compensation may be letters of thanks, a recognition dinner, a small gift or award.

4.2. Utilizable and manageable volunteering services in Korea

Through reflection on the services and programs provided for pregnant and teen parents(single mothers) in the United States, this paper found that what makes these services successful is using volunteers efficiently and systematically in

order to solve the diverse and complicated problems of pregnant and teen parents in school, community, and family. This paper suggests we need to have these kinds of comprehensive and supportive programs and services through volunteer work and government policy because Korean society has not had effective services for pregnant and teen parents even though we have encountered similar teen problems.

While Korean society has changed and industrialized rapidly, our teenagers have been exposed to more sexually and commercially oriented environments in various forms(mass media, internet, magazines, harmful environment etc.) than a few decades ago. Teen problems have gradually become social problems, such as alcohol/drug-abuse, dropping out of school, crime, prostitution, and delinquency. For example, the average smoking rate of teenagers(high school) has increased quickly within the last decade(from 23.9% to 32. 6% of boys and from 2.4% to 7.5 % of girls). The main increasing smoking population is teen girls from 15 to 19 years since the 1980 (<http://aids.hallym.ac.kr/health/news/990512.html>). In addition, according to Kim's report(1995), pregnancies in teenagers have increased since the late 1980s. The number of single teen mothers in shelters and the telephone-counseling rate of pregnant teenagers and single mothers also have increased rapidly in a few years. However, facilities and services for them are still rare and in poor condition(Dong-A Ilbo, 2002, 7/21). Especially in Korea, pregnant and teen parents often

experience discrimination due to lack of understanding of their situations.

We do not consider their problems in the total and ecological system. Based on the ecological system's view, we need to change our attitudes and perspectives about pregnant and teen parents and further embrace them. We should accept and understand pregnant and teen parents who often live in vulnerable and marginalized environments due to discrimination, ignorance, and isolation. We must acknowledge that pregnant teenagers and single teen mothers need comprehensive services and programs to cope with their problems. We should support them with diverse and comprehensive approaches, such as government policies, support programs, and volunteering in the U.S. Therefore, we should collaboratively find a way to help today's youth grow and develop as productive members of the society.

The goals of policies and programs for pregnant and teen parents should be based on essential human rights in order for them to overcome their problems and to become empowered. Pregnant and teen parents should be encouraged to plan their educational and careerlife goals. Volunteers can help them build their life by serving as a mentor/role model to transmit positive attitudes, behaviors, and beliefs to teens that are in vulnerable situations.

Therefore, we need to extend our volunteering to support pregnant and teen parents. The following services can be

utilized for pregnant and teen parents in Korea with existing volunteers and using potential resources.

1) Mentoring: an experienced volunteer mother can be a mentor for one or two single teen mothers or pregnant teens. The mentors need to have regular interaction with teens while discussing the recipients' problems or difficulties. The mentor can arrange additional services so that the recipients can use diverse community resources(refer to mentor's role in p. 10).

2) Home Visitation: a volunteer regularly visits the recipient's home to help with their chores or identify the problems(child abuse/neglecting, parenting behaviors, family relationships, home environment) in their families. Furthermore, volunteers can provide additional services related to individual needs and problems.

3) Clinic Service: public health centers or private hospitals provide free services for pregnant and teen parents and their children. Health centers may provide health education and nurses or doctors for an emergency. The recipients' medical records should be kept in the clinic where they receive services. The clinic needs to follow up the treatment of recipients.

4) Family and Parent Education: trained educators in this area need to provide volunteering. Previous teachers in Home Economics or nursing are appropriate to volunteers after they have additional training in family relationships, child development, sexual behaviors, parenting, and counseling. As a group of

teen parents or pregnant teenagers, the recipients need to have instructional services in order for them to share their frustration and triumphs in parenting with group members and an educator. Currently, parent education is required to all teen mothers and pregnant teenagers in the public school system in Minnesota and parent education programs are usually provided through community services in the U.S.

5) Alternative schools: a group of volunteers(educators and professionals) may provide educational courses for pregnant and teen parents who drop out of their secondary level education. The volunteer group can offer basic academic courses and vocational education for them to get a degree and to find a job. Childcare must be free while mothers study. The educational effort will be more practical and efficient when the Korean government provides an appropriate policy for pregnant and teen parents.

In Korea, many controversial issues may be brought up because the volunteer work for single teenaged mothers is a quite rare and a new topic. Nevertheless, it is meaningful that this paper identify and discuss why we need to help them and how we can support them through volunteering based on the U.S. cases. Yet, this paper as the first effort in this area cannot avoid some limitations. The first limitation is that this paper only relies on previous studies and literature reviews. Second, it is focused on developing a practical study rather than an academic study related to

volunteering. Third, Korean situations are not investigated because of the lack of formal data and studies on this topic. Thus, several suggestions can be considered for the future efforts. The first suggestion is to study this topic(single teen mothers). The second suggestion is that volunteering needs to expand its work to cover diverse services for the single pregnant mothers and teen parents in Korean society, family, and school. The third one is that the Korean government and the non-profits/profits organizations or agencies should actively provide funds, programs, and support systems for them based on studies.

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