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THE SOCIAL DETERMINANTS OF HEALTH FOR PREGNANT
AND HOMELESS ADOLESCENTS FROM THE
EARLY 1900s: LESSONS FOR TODAY

by

KIMBERLY ORTIZ

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ABSTRACT

THE SOCIAL DETERMINANTS OF HEALTH FOR PREGNANT AND HOMELESS ADOLESCENTS FROM THE EARLY 1900s: LESSONS FOR TODAY

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The University of Texas at Arlington, 2017

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Little is known about the care pregnant, single girls received at the Berachah Home in Arlington, TX, from 1903 to 1935. In an effort to learn from the past, this study describes how pregnant and homeless adolescents were treated socially and medically between 1900 and 1935, and how this knowledge informs current policies for homeless adolescent women. Primary and secondary historical sources were analyzed from the archives at the University of Texas Arlington, using the social determinants of health framework. Themes included financial dependence vs. independence, social stigma vs. self-esteem, social support vs. isolation, education, housing, and access to health care. As in 1903, today homeless adolescents need programs to reduce stigmatizing beliefs about them, to improve access to obstetricians, to create affordable housing, and to improve childcare. Further

research on social and health outcomes of such programs would improve care for pregnant adolescent young women today.

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CHAPTER 1

INTRODUCTION

Pregnant and homeless adolescents are one of the most vulnerable populations in the world. In 2016, it was estimated that 35,686 adolescents were homeless in the United States (U.S Department of Housing and Urban Development [USDHUD], 2016). Though there are social programs that have attempted to assist them with housing and health care, they still have many additional health needs. Located on the grounds of the University of Texas Arlington lies a cemetery, and nearby there used to be a home for homeless and pregnant adolescents, known as the Berachah Home.

The Berachah Home was established in Arlington, Texas, on May 14, 1903 by Reverend J.T. Upchurch. Reverend Upchurch founded the Home for the purpose of the “Redemption of Erring Girls.” The home was originally 27 acres, but by the year 1928 the home expanded to 68 acres. Berachah home was mostly funded by contributions from businessmen in the Dallas/Fort Worth area. Other revenue included a handkerchief factory at the Home, and The Purity Journal newspaper, both run by the girls themselves. The home closed in 1935 due to lack of funds, and all the women were relocated to other housing.

In an effort to document the needs of pregnant adolescents at the turn of the century, the aim of this historical study was to learn from the past and apply that knowledge to today's pregnant and homeless adolescents, using the social determinants of health theoretical framework.

CHAPTER 2

LITERATURE REVIEW

2.1 Today's Pregnant and Homeless Adolescents

Women who are young, homeless, and pregnant are at greater risk of experiencing inadequate health care and housing (Crawford, Trotter, Hartshorn, & Whitbeck, 2011). One factor that makes young homeless women more vulnerable is pregnancy. Pregnancy is already stressful on its own, but it presents more challenges in young women who are homeless, compared to women who are not. Some of these difficulties include living with no partner, family or peer support, having been abused, having little or no education, and lacking insurance. In a recent study, 63.4% of young women between the ages of 16- 19 who were homeless were kicked out by their caregivers, and several were kicked out due to their pregnancy (Crawford, et al., 2011). Most homeless women admit not wanting to become pregnant while homeless; however, few of these women use contraceptives or have access to reproductive health (Kennedy, Grewal, Roberts, Steinauer, & Dehlendor, 2014). One of the barriers identified by these women was the lack of onsite reproductive health clinics at many homeless shelters, as well as little or no secure place to store belongings. Due to the limited access to reproductive health care, homeless women were less likely to receive prenatal care during their first trimester (Richards, Merrill, & Baksh, 2011). Inadequate prenatal care is associated with low birth weight, preterm delivery, and even infant death, and the risk is higher in homeless women (Richards et al., 2011). More

concerning, the exchange of sex for food, called “survival sex,” not only leads to unintended pregnancies, but can also lead to the contraction of HIV and other and other sexually transmitted diseases (Begun, 2015). As a consequence, most homeless youth get arrested and commit suicide.

2.2 Social Determinants of Health

It is highly important to not only address the physical aspect of care, but also the social environment in order to improve the overall health of homeless adolescents. The social determinants of health are social factors that affect health directly or indirectly (Braveman, Egerter, & Williams, 2011). Factors such as inadequate food, clothes, and shelter are known to greatly impact the quality of life in pregnant and homeless adolescents. Women who receive an insufficient amount of folic acid during their first trimester can affect the normal growth of the fetus and can result in neural tube defects (Richards et al., 2011). Other factors, like the stigma communicated by many health professionals, impedes homeless women from obtaining high quality reproductive health care. Most pregnant and homeless adolescents are less likely to initiate and sustain breastfeeding due to the lack of education (Richards et al., 2011). Education alone can improve health by increasing their health knowledge and helping them make more informed decisions about their care and life changes. Although most women report unintended pregnancy, only a small number of young homeless women report intended pregnancy. These women view parenthood as a positive role and a solution to the many of the obstacles they face (Begun, 2015). In addition, most homeless adolescents leave their homes due to trauma and abuse that can later lead to mental health problems and substance abuse. These factors may ultimately affect their ability to care for their child and result in child foster care (Crawford et al.,

2011). Government involvement is very important as they decide on the different health policies that exist. Even if all the research led to direct action, without governmental policy there will be no major changes to the issues pregnant and homeless adolescents encounter (Braveman et al., 2011).

CHAPTER 3

METHODOLOGY

The design for this research study was a historical qualitative design, using a phenomenological approach to interpret written records from primary and secondary sources. Data was collected from The University of Texas in Arlington library archives. A home for pregnant and homeless adolescents was located on a land now owned by the university. The home had operated from 1903 to 1935 at that location. When the university purchased the property in 1963, it also inherited the historical documents.

Primary sources were defined as any document that was recorded at the time of the experience (Lundy, 2012). The documents that were primary sources included ledgers on admissions to the home, letters, editions of a printed newsletter written and published by the home's director, and original photographs. Secondary sources were defined as any report written after 1935 looking back on events related to the Home or its cemetery. Secondary data included written memoirs of adults who had worked at the home, children of workers, and newspaper articles published over the years. All these were written after the events took place, based on personal memories or on reading original documents. All secondary sources were treated with skepticism due to their limitations.

The authenticity of all documents were verified by the librarians who know their origin and history (Lundy, 2012; Lusk, 1997). No individual names of any woman of employee connected with the home were recorded in order to protect their privacy (Lusk, 1997). Although most of the residents would now be deceased, their descendants could

still be alive. Institutional Review Board approval was not required since no woman living at the home would still be alive. Due to the fragile nature of the materials, they cannot be removed from the library. All data collection was done in the archives, with notes taken by hand or on a lap top computer. Any hand written notes were typed and distributed to team members as part of the ongoing research project lead by Dr. Barnes.

Analysis of the data began by reading the notes to identify themes following the theory framework. Individual themes, and their interaction within that time and place, were described. The aim was not to criticize the treatment of women in that time period, although some criticism was warranted, but rather to understand it in depth and why it happened. Only by understanding the past can we hope to learn from it (Lundy, 2012). Historians must have a tolerance for ambiguity and uncertainty since their data were collected in the past and cannot be replicated. They concentrate on the spaces between the people, events, and issues of that time period (D'Antonio, 2008).

CHAPTER 4

FINDINGS

4.1 Description of Women

The average age of women entering the Berachah Home in 1923 was 17. These women came from a variety of locations in Texas, including Tyler, Georgetown, Pilot Point, Abilene, and Waco. They also came from other states including Oklahoma, Arkansas, and Illinois. Some of the women entering Berachah Home had voluntarily left their family home due to their pregnancy, while others were banished by their parents. Women who were widowed and divorced also lived at the home. In some cases, married women who were cheated on by their husband's would come to the home, most of the time while carrying a child. Prostitutes were also among the women entering the Berachah home.

The ethnicity of the women is not fully described in the data, but the assumption is that the majority were White. A few exceptions were mentioned, such as an Indian or Mexican girl, but they were the minority among the Berachah women. Additionally, all available photos of the Berachah Home show all White women.

4.2 Financial Dependence vs. Independence

Young, homeless, and pregnant women struggled with financial independence. Women at the turn of the century did not have the same job opportunities as men, and they received less education, making it more difficult to find a stable job. In addition, girls below 15 years of age may have been too young to work. The most common job for women was

to work as a domestic servant, in a shop, or in an office. For example, women worked at the printer's office or at a confectionery store. One young woman wrote, "When I was real young, I had to start out in life to help my mother and three little sisters and by that was thrown among all classes of people (any girl who works in a public place knows what that means)." This young woman became the clerk in a confectionary store when she met a young man who would later lead her to despair. "I was so overcome by its awful influence that I drank to my soul's peril, and I awoke that sad Christmas morning to find myself a ruined girl." This story illustrates the young woman's lack of financial resources, and how going to work put her at risk for sexual assault.

Due to lack of jobs or income, some young girls resorted to prostitution, putting them at risk for abuse and sexually transmitted diseases. An 18-year-old girl lost her mother as an infant and later lost her father. She was working as a prostitute, and her Madam didn't allow her to leave the brothel. In fact, "She was kept drunk for 3 weeks." All her desires to change her lifestyle were gone, "No, I will live and die a girl of shame."

Many of the girls living at the Berachah home were adolescents, and were still under the process of maturation, making them easy targets for predatory men. One woman narrated her life experience as a 14-year-old girl looking to improve her life. "I was the youngest child of my widowed mother and when I was fourteen years of age my mother died... I loved her dearly, now I was alone... no one ever warned me of the deceitfulness of men. Living in the country all my life I knew absolutely nothing of the ways of the world. At this time I began to want to earn money for myself I got a position as a companion to a lady in a small town near where I was raised." The woman's husband who had hired the young girl became fond of the young girl and she fell in love with him. "I yielded to his

wishes, left all my friends and went to Baton Rouge, LA...I grew to believe he was really my husband." Afterward, the man left her and she decided to start life again, but once more became the victim of another man who promised to marry her, but didn't, and left her pregnant. "I fully intended to live a straight life and found a home with an aged couple... after a while a young man began coming to the house... finally, he proposed... then he began in many little ways to undermine me and finally proposed the shameful deed on the promise of speedy marriage. I was in the dust a second time... after my precious little babe was born." Unfortunately for this young woman, she became the victim of the "deceitfulness of men" and a mother to a child, partly due to the lack of financial stability.

In another similar experience, a young girl was the eldest of four siblings and her mother was a widow. She decided to find a job at the nearest town in an effort to help towards the expenses at home. She became the only girl printer in the town. "I wish I was able to tell you half of what I endured for money's sake, not because I wanted it for my own use, but to help feed and clothe my little brother and sister, and because my mother was counting the dollars and cents before they came in." Soon after, she experienced the harm and lies of many men. "The first man I worked for told me, he was doing it for my own good... that I would have to learn to be a good pleasanter and have more policy." This shows how women who lacked financial independence had to gain money any way they could, and this is why many young women became eventually deceived and abused.

It is evident that financial dependence is what drove many of these young girls to actively seek jobs for their well-being. However, in the midst of doing so, they became victims, leading to abuse, illness, and loss of hope. Unprotected by the law and lacking the guidance of other women, they led a life of "misery and darkness." We can see that

financial dependence was a huge factor in the overall well-being of these women who were young, homeless, and pregnant.

4.3 Social Stigma vs. Self-Esteem

Society believed women who were young and pregnant were shameful and dishonorable. This social stigma affected how these women viewed themselves by making them actually feel what society labeled them. These young girls, who were considered "fallen," meaning they were either prostitutes or pregnant, all shared the same experience of rejection by their parents and/or by society as a whole. People in so-called polite society didn't want to be associated with someone who was "fallen." Many of these women were prostitutes and lived in brothels apart from society. Upchurch believed, "It stops her progress towards her objective... her connection with the world is cut off... in the world's society and the church eyes, she is disqualified, incapable, and incompetent." These women were unaided by society and led a life of sadness and rejection. "The loss of her virtue practically means the loss of everything." The societal belief that women who became pregnant and/or prostitutes had no future for themselves was erroneous. This caused the women to view themselves as degraded and unworthy of respect. "With my mind dazed with sorrow and shame, I went to my work until noon." Prostitutes, living on The Reservation, an area of downtown Dallas where prostitution was legal, also felt isolated. "There is not one woman of the reservation today who does not often sit in her lonely room with tears trickling down her cheeks, pondering in silent reverie over the gone days of a once dear and happy old home."

4.4 Social Support vs. Isolation

In addition to the rejection of society in general, many of the girls living at the Berachah Home lacked social support, whether from parents, spouse, or friends. These young girls were lonely and sad with no hope for their future. Most of them became ashamed of themselves and felt the need to isolate themselves from society. One young girl shared her personal experience and feelings of exhaustion and shame. "I would think and regret and hope and cry until at last, like many other poor fallen girls, I gave up trying and said, 'there's no use in me trying to reform, I can't be anything now.'"

Another woman, who was a prostitute, shared her feelings of loss and anger. "When I saw the blood stained money, I hated myself for trusting that man - the coward leaving me sick and thinking money would repay me for my lost character, perished ambitions, and hope." "That seemed to be too cruel to be true and I cursed everyone that I had ever known. I hated myself and everything and everybody...my health gave away." "There I was, seventeen years old, broken in health and not one to confide in."

In addition, most of these women were abused sexually and physically, taking an emotional toll on them. A young woman was raped by her brother in law, got married to another man, and then after four months her husband left her. Her father passed away and she became "cold-hearted." To deal with her despair, she lived a "wild career," became pregnant, and tried to commit suicide. She ran away from home and, after long struggles, she found her way to the Berachah Home.

These young girls struggled with feelings of disenfranchisement and could see no hope for their future. In the midst of their loneliness, suicidal ideations prevailed in the

minds of these women. Their psychosocial needs were just as important as any part of the body, and many of these women lacked the care needed to overcome their challenges.

4.5 Education

Women who would come to the Berachah Home had little to no education. Some of the women were from rural areas in Texas, and had to work in the fields instead of attending school. Most of them moved away from their rural homes seeking greater opportunities to succeed in life, however once in the city/town, many of them would end up in brothels. Later, these women would join the Berachah Home because of the rescue works done by the home. One of Rev. Upchurch's goals was to restore the lives of these women into “honorable and useful” ones. Berachah women were taught to read and write, and trained in printing, stenography, art, music, nursing, domestic science, and in bible study. Their children would stay at a nursery, under a younger mother's supervision, who taught them kindergarten classes. At night the children would return to their mother's care. It was much like a human repair shop, Upchurch said, in which many turned out later to be self-respecting and self-reliant. Some of the women returned to their parents, others to the business world, to religious work, or married and formed a new family.

4.6 Housing

Women who arrived at the home had no other place to go and their only opportunity for a better future was at the Berachah home. Many of the women who came to the Berachah Home had been rejected by their family when pregnant. The first maternity case at the Berachah Home was a woman who was pregnant and was dismissed from her home, leaving her homeless and quite literally on the street. Her father told this young girl, “It would bring reproach on her other sisters” if she kept her baby. This girl would have had

to desert her unborn baby in order to return back to her home. She was left vulnerable with no other place to go, until she found shelter at the Berachah Home. The Home was the only place of its kind where the babies were required to be kept by the mothers, rather than seek adoption. Reverend Upchurch believed “a mother’s love for her child is the one strong tie that binds her back to better things”, it gave them a motivation to strive in life. The two main rules insisted on by Upchurch was that the mothers keep their baby, and that they stay at Berachah for one year to learn to care for their baby and learn job skills for the future. For that year, they had housing, food, clothes, medical care, and an education.

In 1921, the Berachah Home occupied 30 acres, included 7 buildings, with a 1000-seat auditorium, a hospital, gardener's home, girl’s dormitory, industrial building, nursery, laundry, and worker's home. Women living at the Berachah Home slept in Hamill Hall, a three-story building that included a store room, lounge, music room, art studio, laundry, and sewing/quilting room. The upper floors contained a screened porch for hot summers and sleeping porches overlooking a grove of trees. These women wore white cotton floor-length dresses, with hair pulled away from their faces and styled into buns. All jewelry was stored away because it was considered improper to wear. Besides the rules to keep the baby and to live at the Berachah Home for one full year, other rules included not eating pork, coffee, tea, and tobacco. Phones were not allowed on Sundays and the girls were required to attend church service every week. Several women ran away because of the strict rules, others were expelled from the home because of their disobedience, foul language, and being "incorrigible.” The women living at the home paid nothing since the home was financed by donations, Upchurch's printing office, and the handkerchief factory operated by the girls themselves.

4.7 Access to Health Care

Rescue workers, who acted much as missionaries, would go to the impoverished areas of Dallas and actively seek girls who could be saved and redeemed. One of the girls who was found living in a cab, with a swollen and inflamed foot, was unable to walk. It was known that she was also working in the slums and when they asked her how she was doing, this was her reply. "I feel dreadful bad. I have been sick for several days and have not had anything to eat for two or three days." When Mrs. Upchurch found this sick young female, she was appalled and felt the need to feed her. The fact that she had not eaten for two to three days showed that nutrition was not adequate. Due to her swollen and inflamed foot, she would have had a greater need for nutrition for tissue repair. In addition, her living condition did not favor her health status, but actually put her at a higher risk for more infections. It is unclear whether her swollen foot was a direct result of her highly dangerous and unsanitary environment or something else. Furthermore, her lack of financial support limited her availability to medical treatment. If she continued to stay there, her health would have deteriorated quickly, and she could have died.

In contrast, women who lived at the Berachah Home had access to health care. The Berachah Home had a hospital called "The Cottage" with physicians and nurses attending births, and caring for the health needs of the women and children. Women who gave birth at the Cottage would stay there until physically strong enough to move to Hamill Hall. The physicians were sometimes paid by the women themselves or by the Berachah Home. Additionally, some of the residents were trained to be nurses so they could attend births. Several of the residents later left Berachah Home to go to nursing school, one of them at Parkland Hospital in Dallas.

CHAPTER 5

DISCUSSION

Being homeless and being a pregnant adolescent are both factors that create social stigmatization on their own today, as they did in 1903. Stigmatized people are often viewed as less than human and unworthy of societal resources (Belcher & Deforge, 2012). Young and homeless pregnant women are at much higher risk for social isolation, abuse, depression, and suicide due to their stigmatization. It is imperative that we as a society develop social programs that help to reduce stigmatizing beliefs against homeless individuals, and adopt more accepting ideas about them (Belcher & Deforge, 2012).

A major obstacle facing many young, pregnant, and homeless women in the early 1900s was the simple fact of not having a home and living in the streets. Due to the rescue work done by the Berachah Home, many of the girls were rescued from brothels and taken to the Home. Today, pregnant adolescents become homeless because of family conflict while others are abandoned by their families due to their pregnancy. Also there are others who flee their homes because of abuse. There is a positive correlation between the health status of the population and the environment in which the people live, therefore it is crucial to address those who are homeless and pregnant. It is estimated there were 35,686 unaccompanied U.S. homeless youth in 2016, which accounted for 10 % of the total homeless population (USDHUD, 2016). From 2010 to 2016, there was a reduction in homeless individuals by 14% (USDHUD, 2016). Several of the programs offered by the United States Council for Integrated Homeless (2015) are designed to provide permanent

housing to individuals and families who are in need; however, their goals don't specifically target homeless pregnant adolescents. More affordable housing is needed for homeless and pregnant adolescents.

Pregnant and/or homeless adolescents from 1905 to 1935 had several obstacles to overcome, one being the lack of work opportunities that ultimately affected their financial independence, housing, education, and access to health care. Without a stable job, most of these women could not provide for their basic life necessities, much less an education or health care. Furthermore, the lack of financial resources was their driving force to seek jobs, but their inexperience with the world put them at risk for deceitful practices by opportunistic men. Some left abusive homes and later become pregnant. Other young women were betrayed by men who promised marriage but left them pregnant, most likely due to their immaturity and inexperience with sex and men.

Reverend Upchurch decided to build a home that would restore the lives of these young women. He estimated that 75% of the women entering the home returned back to society with a useful life. Although there were women who would run away from the Home because of the rules and restrictions, others described being successful in this life.

Today's homeless and pregnant adolescents face some of the same problems or issues as did many of the young girls who were living at the Berachah Home. Currently, the fastest growing homeless population in the United States is among women and families, and of those families 84% are headed by women (Health Care for Homeless Women, 2013). The rate of unintended pregnancy in homeless women is much higher compared to their housed counterpart. The rate of pregnancy in homeless adolescents is 14 % compared

to 1 % in adolescents who are housed. We know that about 94% of homeless adolescents engage in sexual activity, so pregnancy is always a risk.

In the United States, women who are homeless and pregnant lack health insurance, and therefore access to healthcare, which results in a higher number of adverse birth outcomes (Health Care for Homeless Women, 2013). Pregnant women who were living at the Berachah Home had a doctor and trained nurses who attended their births. Today homeless women should have an obstetrician or a midwife who can attend to their births, which would significantly reduce the number of adverse birth outcomes related to homelessness.

Today, adolescents who are homeless and pregnant cannot thrive without having affordable childcare. It is estimated that 90% of homeless adolescents who are pregnant and parenting stated a need for childcare (National Network for Youth, 2017). This is important because young homeless adolescents who have jobs cannot keep them due to the need for child care. Therefore, if affordable childcare services were provided, these young women could focus on work and education that would allow them to progress in life. There should also be mentors or counselors to guide them through the process because most of these young women do not know how to acquire education, job skills, housing, or health care.

Job training is another program that could help end homelessness among young pregnant adolescents. In general, most homeless youth cannot focus on finding a job without first worrying about where to sleep or eat for that day. In the United States, one of the federal programs offered to homeless adolescents has been The Runaway Homeless Youth Act (S.262, 2015). Under this act, The Transitional Living Grant offers homeless

adolescents long-term housing, such as maternal group homes, as well as education, life skills, and employment support. However, this Act needs to be reauthorized as it expired in 2014. Young homeless adolescents greatly depend on this assistance, and a push for this bill is imperative for this population. “Without the Transitional Living Program, I’d be homeless. This program has given me the first pillow in almost two years to lay my head on and give us young people a second opportunity in life (National Network for Youth, 2017).” Once basic needs are met with the assistance of a federal agency, pregnant, homeless adolescents can focus on providing for themselves. Other programs should be implemented that target young homeless pregnant women to teach them life skills such as cooking, money management, and job searching.

There are limited national statistics on the current number of homeless adolescents; pregnant or not. This calls for further research on the prevalence, needs, and characteristics of homeless (pregnant) adolescents. Other research studies are needed to describe what services are offered to pregnant adolescents, such as prenatal care and public housing, and their effectiveness. All of this would aid in the support of public programs needed for pregnant and/or homeless adolescents.

APPENDIX A
BERACHAH HOME PHOTOGRAPHS



Figure 1: Group photo standing in front of Hammil Hall 1931.



Figure 2: 1930 Whitehill Tabernacle men and women holding signs that say “Hope for the Hopeless, Help for the Helpless” and “We believe in Berachah Home.”



Figure 3:"No. 3. Berachah Industrial Home for Redemption and Protection of Erring Girls. Taken during the dedication service, conducted by the Superintendent. The picture only shows a small part of the crowd present and was taken, May



Figure 4: 1905 Parlor Group Shot, Women and Children along with J.T and Maggie Upchurch.



Figure 5: Tabernacle Meeting 1919



Figure 6: Twelve babies along with a women sitting on the lawn written on it “Babies”



Figure 7: Interior of printing office, Reverend Upchurch and Brother Fering

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Kimberly Ortiz obtained her Honors Bachelor of Science in Nursing from the University of Texas at Arlington. She is the first recipient from her district to receive a Dell Scholarship of \$20,000. She is currently a member of Sigma Theta Tau International Honor Society, The National Society of Leadership and Success, and the National Society of Collegiate Scholars. Following graduation, she plans to work as a Neuro Critical Care nurse and ultimately, wants to attend graduate school to obtain her Doctorate Degree in Nursing.