

THE INFLUENCE OF SOCIAL, ECONOMIC, AND EDUCATIONAL FACTORS  
ON PREGNANT ADOLESCENTS

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An Abstract  
Presented to  
the Graduate and Research Council  
Austin Peay State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

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by  
Lisa Koehn Jarrell  
August, 1987

## ABSTRACT

A review of the literature reveals that social, economic, and educational factors greatly influence pregnant adolescents. The present research sought to examine the influence of various components of these factors upon pregnant adolescents.

The study included 26 pregnant adolescents between the ages of 12 and 19, residing in or near Montgomery County, Tennessee, and not having any other children. The study took place January 29, 1987 through May 11, 1987 in the private office of two local obstetricians and gynecologists, and in the guidance office of a high school in Montgomery County, Tennessee.

The pregnant adolescents were interviewed using an oral questionnaire derived from the reading of various sources related to the topic. The interviews were conducted individually, and all subjects voluntarily agreed to participate in the study.

The findings of the present research indicate that social factors which strongly affect pregnant adolescents in a positive way include a positive relationship with significant others and the moral support of significant others. Economic factors which strongly affect pregnant adolescents in a positive way are substantial financial support from significant others and plans to work after the birth of the child. Educational factors which strongly affect pregnant adolescents in positive ways include a desire to complete high school and a feeling of doing well in school.

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To the Graduate and Research Council:

I am submitting herewith a Thesis written by Lisa Koehn Jarrell entitled "The Influence of Social, Economic, and Educational Factors on Pregnant Adolescents." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Guidance and Counseling.



Major Professor

We have read this thesis  
and recommend its acceptance:



Second Committee Member



Third Committee Member

Accepted for the Graduate and  
Research Council:



Dean of the Graduate School

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## CHAPTER 1

### Introduction

The influence of social, economic, and educational factors contributing to adolescent pregnancy is a topic of major concern to our nation as a whole. It is important to gain a greater understanding of the factors contributing to and influencing the decisions of pregnant adolescents prior to and after conception. This understanding can lead to steps which can be taken to assist adolescents in the understanding of their sexuality, and to assist them in facing their decisions concerning parenthood and setting goals.

Social influences affecting the pregnant adolescent include the support or lack of support they receive from significant others. Economic influences involve the ability of pregnant adolescents to maintain economic stability. Educational influences include the effects of the pregnancy on educational achievements. These influences are both independent of and interdependent on each other.

### Review of the Literature

Carlson, Kaiser, Yeaworth, and Carlson (1984) explored the possibility of a relationship existing between life-change events and social supports as they relate to the decision making of pregnant adolescents regarding their pregnancy outcome. They used two instruments to collect data. The Demographic and Social Support Questionnaire (Yeaworth, 1980) was used to obtain general personal information and pertinent information about family and support

systems. The Adolescent Life Change Event Questionnaire (ALCEQ) (Yeaworth, York, Hussey, Ingle, and Goodwin, 1980) required the subjects to rate 38 designated events on the basis of stressfulness in order to obtain a Life Change Unit (LCU) score.

The sample consisted of 43 adolescents ages 14 through 18. The participants were visiting one of two family-planning clinics. Only subjects who were not beyond the first trimester of pregnancy were interviewed.

Carlson et al. (1984) first sought to determine the relationship between the LCU scores and the tentative pregnancy outcome decision of continued pregnancy, abortion, and undecided groups. The results showed that the mean, median, and mode of the LCU scores were lower for those who planned to abort than for those who planned to continue their pregnancy or were undecided. When a Kruskal-Wallis one-way analysis of variance by rank was applied to the data, it indicated no statistically significant difference among the three groups.

Second, the researchers sought to determine if any particular life-change events appeared to be associated with the pregnancy outcome decision. "Getting grounded" was the only event to reach the .05 level of significance. Seven events approached significance. These events included: "quitting school," "problems with menstrual periods," "has-sling with brother or sister," "sister getting pregnant," "parent of relative in family getting very sick," "close

girlfriend getting pregnant," and "getting badly hurt or sick."

Third, they sought to determine if a relationship existed between the adolescent's family and support systems and the tentative pregnancy outcome decisions. The undecided group reported that they did not discuss possible pregnancy outcome decisions with their husbands or their boyfriends. The subjects choosing to continue their pregnancy took part in fewer social activities than either the abortion group or the undecided group. No significant difference existed among the three groups with regard to the amount of social support received.

Fourth, the researchers hoped to determine the relationship between demographic characteristics and the tentative pregnancy outcome decision. Age was determined to be the only significant factor between the decision groups. The group which chose to continue pregnancy was older than the abortion group.

The findings of Carlson et al. (1984) suggest that parental influence was greater upon younger adolescents. The abortion group was younger as compared to the continued pregnancy group; therefore, the researchers believe that the subjects in the abortion group possibly encountered greater parental influence. The Demographic and Social Support Questionnaire item which revealed a significant relationship to decisions regarding pregnancy was social activities, both school- and work-related activities. Family support did not

appear to influence the adolescents' decisions about the outcome of the pregnancy.

A study to determine daily, personal, and interpersonal stressors for pregnant and parenting students was conducted by Barth and Schinke (1983). Fifty-two pregnant and parenting adolescent women from three public school-age parent programs were studied. These programs were located in urban, suburban, and semi-rural areas. The young women ranged from 14 to 19 years of age and were in grade levels 7 through 12.

A battery of four instruments was given weekly for three consecutive weeks. The students' attendance at school and/or work situations determined whether or not they took every test. The procedure involved administering a questionnaire concerning distressing situations encountered by the pregnant and parenting students. The questionnaire contained 48 items in which the distressing situations were described. The Beck Depression Inventory (Beck, 1978) was given to measure depression. The subjects also rated 20 anxiety-related statements from The State-Trait Anxiety Inventory (Spielberger, Gorsuch, and Lushene, 1970). Social support was shown through the use of a four-item "yes" or "no" instrument that measured the mediation of life stress and depression by social support (Habif and Lahey, 1980). Coping was measured on a five-point scale which indicated the use of typical coping skills (Pearlin and Schooler, 1978, and Coletta and Gregg, 1981). Self-efficacy was measured by the students' belief in their own effectiveness as rated on a five-point scale adapted from

a major study by Zitner and Miller (1980).

Barth and Schinke (1983) drew several conclusions from their data. First, distressing situations which existed in urban, suburban, and semi-rural areas were conflict in the home, trouble with partners, and pursuing prosocial activities. Second, adolescent parents from all three locales rated present and future occurrence of distressing situations similarly, although adolescent parents from suburban areas revealed the highest level of difficulty in their situations overall.

Distressing situations also differed between pregnant and parenting adolescents. Pregnant adolescents found stressful situations to be more common, more stressful, and more likely to occur in the future than did parenting adolescents. Pregnant adolescents also "felt less able to cope with their circumstances and had lower social support" (p. 57). Both pregnant and parenting adolescents anticipated an increase in stressful situations. For both groups of students, stressful events and social supports were modest predictors of strain. Future and personal ability were positively anticipated and contributed significantly to the reduction of depression and anxiety.

Barth and Schinke (1983) summarized the positive influences of social and cognitive buffers of stress utilized by pregnant and parenting students. The positive expectancies of students from all areas are very important in looking toward the future and in personal efficacy for coping with

stressors. They found that social support lowered distress slightly. Barth and Schinke determined that pregnant or parenting adolescents who used positive comparisons and have social support are less susceptible to personal impairment.

Smith, Weinman, and Nenney (1984) set out to determine factors which contributed to desired pregnancies and factors which contributed to pregnancies which were not desired. The factors were social expectations, marital status, fertility awareness, contraceptive use, and affective status. Adolescents 13 to 18 years of age in their second or third trimester were interviewed. They were all currently participating in a comprehensive program for pregnant adolescents. Twenty-five adolescents with desired pregnancies were located and compared to a control group of adolescents with undesired pregnancies. A short questionnaire was administered anonymously to these pregnant adolescents awaiting a routine prenatal examination in a local hospital. The questionnaire provided demographic information, data on pregnancy risk perception, knowledge of fertility, social expectations, and desire for conception.

The study by Smith et al. (1984) revealed several interesting results. Non-utilization of birth control was consistent among adolescents with desired and undesired pregnancies and across marital status. A significant number of both adolescents with desired and undesired pregnancies knew where to obtain contraceptives and were similarly surprised at becoming pregnant.

In the area of affective factors, 62% of the adolescents

desiring pregnancy described themselves as "happy," and 38% described ambivalent feelings. Of the adolescents not desiring pregnancy, 16% described themselves as "happy," 12% as "unhappy," and 72% described ambivalent feelings. The majority of both groups felt that they were too young to become pregnant.

Expected changes in life styles involved several areas. The majority of adolescents with both desired and undesired pregnancies anticipated some change in their lives as a result of having a baby. Adolescents with desired pregnancies expected their social group to provide more positive support. Family reactions for both groups were seen as less positive than peer reactions. Adolescents who desired pregnancy and married after conception had a greater expectation of moral and psychological support from peers.

Married adolescents had a more accurate perception of pregnancy risk. Of those adolescents with undesired pregnancies, 50% of both single and married teenagers regarded themselves as at high risk for pregnancy to occur. Of those adolescents with desired pregnancies, 86% of the married teenagers regarded themselves as high risk. Only 33% of the single teenagers regarded themselves as high risk.

The findings of Smith et al. (1984) indicated that the occurrence of marriage prior to or after conception was important in placing a value on the pregnancy. Their findings also suggested that marital status and desire for pregnancy did not influence the use of birth control. Additionally,

they also determined that there was a lack of future orientation with all their adolescent subjects regardless of marital status. Finally, their findings showed that expectations of changes in lifestyle were minimal and that expected support from significant others remained constant, although some felt that their social environment would improve because of their pregnancy.

Robbins, Kaplan, and Martin (1985) were concerned with self-attitudes and role stress and how these factors influenced an adolescent's chance of becoming premaritally pregnant. They approached this concern by conducting a longitudinal study. The initial study involved a self-administered questionnaire to be taken by a random sample of half of all the seventh-grade students in a particular school district in 1971. Of the questionnaires returned, 81.5% were usable as a baseline measure. A follow-up study was conducted in 1981-1983, with 58% of the 1971 sample responding. Variables considered in this study were race, socioeconomic status, number of siblings, father absence, self-derogation, powerlessness, school stress, family stress, popularity, and pregnancy.

The results of the study first indicated predictors of adolescent pregnancy from data as reported by the 994 male subjects participating in the study. School stress and popularity were frequently related to the male's role in adolescent pregnancy prior to age 21. Males exhibiting high powerlessness joined with low school stress and males

experiencing low powerlessness joined with high school stress were factors which most often predicted the pregnancy of a girlfriend. These factors were found to be less reliable at age 18 or younger.

Risk factors for early pregnancies involving young males 12 through 15 years of age were "high socioeconomic status" and "the presence of a large number of siblings." Risk factors occurring with middle adolescent males 16 through 17 years of age were school stress, popularity, and low parental socioeconomic status. Risk factors occurring with late adolescent males 18 through 20 years of age were popularity and low socioeconomic status, feelings of powerlessness, and being black.

Robbins et al. (1985) also described the predictors of adolescent pregnancy as determined from the data of 1164 female subjects who participated in the study. Hispanic women were less likely than white women to experience an early nonmarital pregnancy while black women were more likely, all other things being equal.

"Father absence" and "number of siblings" were shown to be positively related to pregnancy risk for women. School stress was significantly related to pregnancy risk. The interactions of father absence with powerlessness and low self-esteem with family stress were strong indicators of pregnancy risk. Adolescents in large families or in families where the father is absent often have early adult responsibilities imposed and may receive less parental attention and

supervision.

Robbins et al. (1985) concluded that "seventh grade boys and girls most at risk for subsequent out-of-wedlock pregnancy are distinguished by lower parental socioeconomic status, school difficulty, and popularity. Additional risk factors for girls are race, father absence, number of siblings, and, under certain conditions, family stress" (p. 581). Some pregnancy risk factors occur throughout adolescence while others will occur only at certain times during the adolescent years.

This study reported that 26% of the women admitted that they had experienced premarital pregnancy while only 15% of the men reported that their girlfriends had experienced premarital pregnancy. The reasons for this difference may be that the men were not aware that they had conceived a child; the men never bear and seldom rear the child, therefore, men can deny causing the pregnancy; and girls often date older boys.

Allen-Meares (1984) focused her research on determining the characteristics of adolescent females who effectively use contraceptives and those who do not use contraceptives effectively and, as a result, become pregnant. She began by locating 37 subjects from two local school districts and a Planned Parenthood agency. She divided the subjects into two groups. One group was comprised of 23 adolescent females who were pregnant. The second group contained 15 sexually active adolescent females who had consistently used some method of

contraception under medical supervision for 18 months.

Information was obtained by several means. First, questions were asked relating to sex, birth control behaviors, knowledge of contraceptives and resources, and significant others who may have influenced contraceptive attitudes. Second, a Junior and Senior High School Personality Questionnaire (HSPQ) was used to construct a personality profile (Cattell, 1975). Third, informal probing was conducted to obtain additional information about use and nonuse of contraceptives and utilization of family planning services and resources. And fourth, each subject was asked about her academic success.

Allen-Meares found that the birth control attitudes of the pregnant group were influenced by their boyfriends, parents, and the adolescents' own beliefs. The sexual behaviors of this group were less influenced by their boyfriends as compared to the effective contraceptors. The pregnant group expressed fear and reluctance to use birth control due to side effects, spontaneity reduction, and opposition to birth control expressed by significant others. When this group did use birth control, it was used sporadically. They also indicated limited knowledge about contraceptives. The pregnant group first engaged in sexual activity at a mean age of 14.4 years, while the mean age of the effective contraceptive group was 15.5 years.

Allen-Meares found that the birth control attitudes of effective contraceptors were influenced by their best friends

and the subjects' own beliefs. The sexual behaviors of effective contraceptors were influenced most often by their boyfriends. This group reported a close older female relative as the person who explained conception in a positive, realistic light and who also recommended Planned Parenthood. Both groups stated that "friends" provided them with the most information about sex, with "relatives" and "public clinics" being second sources of information. Effective contraceptors reported using contraception during intercourse 95.3 to 100% of the time. They were often employed, which suggests that their partial economic independence allowed them the opportunity to purchase contraceptives and medical care independently.

Regarding personality characteristics, effective contraceptors were more intelligent and more organized, showed more leadership and creativity, disregarded rules more often, and applied personal values rather than trying to live up to others' expectations. The members of the pregnant group were somewhat rulebound, were unable to express themselves easily, preferred only one or two close friends, were sensitive to significant others' approval, and frequently engaged in attention-getting behavior.

Findings concerning the age factor showed that the older adolescents were more individualistic, self-sufficient, and independent-thinking. Older adolescents have usually gained a sense of control over their own lives which enables them to guard against pregnancy. Allen-Meares assumes that younger

adolescents have not yet gained reality testing capabilities and developed future orientation to completely understand the scope of sexual activity. The data in Allen-Meares' (1984) study suggest that the older subject who begins sexual activity later in life has a greater likelihood of effectively using a form of contraception. The younger adolescent who is involved in trying to work through developmental tasks and, at the same time, is engaging in sexual experimentation is less prepared to deal realistically with preventative measures.

Liebowitz, Eisen, and Chow (1986) sought to determine factors which influence a pregnant teenagers' choice among three pregnancy outcomes: to give birth without marrying; to marry in order to legitimize the birth; or to have an abortion. Adoption was not considered since it was an infrequent choice of the group.

The study conducted by Leibowitz et al. (1986) utilized data collected by Evans, Selstad, and Welcher (1976) which involved 386 pregnant adolescents who were considered in the final sample: 45 married before delivery; 68 were single at the time of delivery; and 184 chose to abort their pregnancy. These young people had sought abortion or prenatal care from one of several health providers in Ventura County, California. The participants in this study were unmarried at the time of conception and were in the first trimester of their first pregnancy. A structured questionnaire was administered twice to all participants--during the first trimester of their

pregnancy and again six months after abortion or delivery. This study disclosed only the information reported from the first interview.

Leibowitz et al. (1986) introduced three independent variables which they assumed affected the teenager's decision to carry the pregnancy to term or to have an abortion. The first examined the teenager's value of time. It was hypothesized that adolescents currently enrolled in school had a greater value of time in the present than did high school dropouts. Also, those students with better grades considered it costlier to interrupt their education because of a birth. The second independent variable dealt with the influence of public support and self-support on pregnant adolescents. The study hypothesized that young women who are self-supporting would experience a greater loss from having a child due to an increased likelihood of facing job interruption. A related hypothesis was that pregnant teenagers whose families currently receive public support payments are more likely to choose delivery because these payments would increase. A final hypothesis suggested that teenagers who have been exposed to the public support system may be more knowledgeable of the options for supporting a child while maintaining a single status, thereby, possibly seeing unmarried motherhood as an attractive option. The third independent variable dealt with ethnicity. The researchers hypothesized that Mexican-Americans and non-Hispanic Catholics choose abortion less often than non-Catholics due to their religious beliefs

and to their cultural heritage.

Several interesting results were obtained from this study. First, adolescents who were currently enrolled in school were less likely to keep their babies than those who had completed their education. Second, 16 and 17 year old adolescents who withdrew from school were more likely to keep their babies than high school graduates who were not enrolled in college. Older teenagers may choose abortion more often due to the availability of abortion without parental consent, and older adolescents appeared to be more attracted to school and career. Third, the results of this study held consistent with the hypothesis that students with higher grades were more likely to choose abortion. Fourth, this study confirmed the idea that self-supporting adolescents preferred abortion to single-parenting, but did not prefer abortion to marriage. Finally, the study showed that pregnant adolescents were more likely to give birth and remain single if they received public support. Leibowitz et al. (1986) also concluded that adolescents who greatly valued their time were more likely to choose abortion. These adolescents felt that it would be very difficult to be a mother and try to complete high school concurrently.

Adler, Bates, and Merdinger (1985) stated in a related report that a relationship exists between the teenagers' pregnancies and their participation in the labor force. This relationship is affected by the person's level of completed education and, in turn, strongly affects the economic status

of the women. More older and/or married mothers work than do younger and/or unmarried mothers. This is due in part to half of all never-married adolescent mothers having children two years old or younger in the home as compared with less than a third of all other mothers. Adolescents who become teenage mothers have obtained a lower educational status, hold jobs with lower prestige and lower salaries, and are less satisfied than adolescents who do not bear children while in their teens.

Finkel and Finkel (1983) looked at recent U.S. laws and regulations regarding sexually active minors, pregnant adolescents, and adolescents who have become parents. They conclude that the legislative and executive branches are realizing that they have a responsibility to assume a more active role in providing and financing programs for adolescents. They also contend that the government is aware of the need to have an active program of sex education, but a coherent policy is yet to be established. This area of concern is currently in a haphazard state according to these writers.

#### Purpose of the Study

The literature has described many of the social, economic, and educational factors which influence a pregnant adolescents' decision concerning the outcome of her pregnancy. The purpose of the present research is to further investigate some of the social, economic, and educational factors that may influence the decisions of pregnant adolescents prior to and after conception. The present research will examine how

an adolescent's sexuality and decisions concerning parenthood may be influenced by some of the following factors: the adolescent's relationship with family members, friends, and the father of her child; her knowledge and use of birth control methods; her plans for supporting herself and her child; and her educational status and plans. Comparisons with the research reviewed will be made also.

## CHAPTER 2

### Methodology

#### Subjects

The subjects in the present study were 26 pregnant adolescents between the ages of 12 and 19, who had no other children, and who lived within or near Montgomery County, Tennessee. Of the participants, 19 were white and 7 were black. The subjects were obtained through referrals made by Dr. Robert C. Koehn, Jr., M.D., Dr. Frank Wilson, M.D., the Department of Human Services, Hudson Memorial Public Health Center, and Clarksville High School.

#### Material

The subjects were asked a total of 65 questions from a written questionnaire constructed by the researcher. The questions were derived from the reading of periodicals, newspaper articles, books, and other sources related to the influence of social, economic, and educational factors on pregnant adolescents (see Table 1).

#### Procedure

Prospective subjects were contacted by telephone or by letter. The purpose of the study, confidentiality, and other pertinent information were explained. They were then asked if they would voluntarily participate in the study. Of the 49 adolescents contacted, 26 agreed to participate in the study, while 23 did not agree due to various reasons such as being unfamiliar with the researcher or the very personal nature of the topics in the study.

Participating subjects under 18 years of age and single were informed that written parental or guardian consent would be required for their participation in the study. All participants in the study were asked to give their personal written consent for the interview.

The participants were interviewed alone in a private setting in order to maintain confidentiality. A majority of the interviews were conducted in the office of Dr. Robert C. Koehn, Jr. and Dr. Frank Wilson, while the remainder took place in the guidance office at Clarksville High School. The interviews were conducted between January and May of 1987. The participants were reassured of confidentiality, encouraged to ask any questions that they had during the interview, and requested to answer the questions as honestly as possible. The participants were then asked a series of questions prepared by the researcher. All questions were voluntarily answered by all participants. The total time involved for each interview session was approximately one hour. Only one questioning session was held for each participant.

## CHAPTER 3

### Results

The number and percentage of the sample responding to each question are summarized in Table 1. Following is a discussion of these results.

In addition to the demographic data collected and described in Chapter 2, information was obtained regarding the position of the pregnant adolescents among their siblings. Being the youngest child was claimed by eight participants, six were the oldest, and three were in the middle. In the five families having four children, three of the subjects were next to the oldest child and two were next to the youngest child. Two subjects were only children. One subject reported that she had 12 siblings; she was next to the youngest child. Ordinal position did not appear to influence the risk of adolescent pregnancy for this group.

Of the 10 pregnant teenagers not currently enrolled in school, only four were under 18 years of age. Two of these four stated that they planned to return to school after the birth of their child, while the remaining two adolescents planned to take the General Education Development test at some point in time after the birth of their child. Of the 26 subjects, 6 had completed high school, 8 expressed the intention of completing their high school education, and 13 indicated an interest in college.

The level of financial assistance for the pregnant adolescents was examined. The young women were asked about

the financial assistance they received from their families and from the father of their child. These two sources were examined in terms of the assistance each provided approximately one year ago and the assistance each provided presently. The financial assistance received from the families remained consistent in 10 cases; each of these subjects "always" received assistance. In two cases, the young women reportedly always received assistance one year ago, but stated that they no longer received any financial assistance from their families. In eight cases, the adolescents reported that the financial assistance they received from their families had decreased somewhat during the past year, while six adolescents stated that the financial support they received from their families had increased somewhat during the past year. The reasons for this increase are not clear, but the fact that five of these young women were single may have played a role in the families' willingness to assist more financially.

The financial assistance received from the father of the child varied greatly. In four situations, fathers provided no support approximately one year ago and continued to provide no support at the present time. In three situations, fathers provided constant support approximately one year ago and continued to do so presently. Financial assistance from the father of the child increased by varying amounts from one year ago to the present in 12 cases. In seven of these 12 cases, the pregnant adolescent did not know the father of the

child a year ago or just a dating relationship existed at the time. Financial assistance from the father of the child decreased by varying amounts from a year ago to the present in seven cases. In considering only the present, 58 percent (n=15) of the fathers contributed financial assistance to the pregnant adolescent either "always" or "most of the time."

The degree of moral support which the pregnant adolescent received from her family, the father of her child, and her friends was questioned. These sources were examined in terms of moral support each provided presently. Fourteen subjects reported that their families "always" provided moral support during the past year, while one subject only received support "occasionally" from her family during the past year. In five situations, adolescents stated that the moral support from their families increased during the past year by varying amounts. Of these five cases, one subject reported that the moral support she received from her family went from "none" a year ago to "always" receiving moral support presently. In five situations, the adolescents stated that the moral support from their families decreased during the past year by varying amounts. Of the five cases, one adolescent reported that the moral support she received from her family went from being supported "always" to receiving "none" presently.

The moral support received from the father of the child remained consistent and "always" in 50% (n=15) of the cases. Throughout the past year, one subject reportedly received moral support "occasionally," one received "very little"

support, and one received "no support" from the father of the child. Six adolescents stated that the moral support they received from the father of their child increased during the past year by varying amounts. Of these cases, one increased from "very little" to "always" receiving moral support, while one increased from "none" to "always" receiving moral support. The latter case involved the adolescent not knowing the father of the child one year ago. The moral support from the father of the child decreased during the past year by varying amounts in three cases, one of which decreased from "most of the time" to "none."

The friends who "always" provide moral support remained consistent throughout the past year in eight cases, while seven subjects reportedly received moral support "most of the time," and two received moral support "occasionally" over the past year. In two cases, adolescents stated that the moral support they received from their friends increased during the past year by varying amounts. In seven cases, adolescents stated that their friends' moral support had decreased during the past year by varying amounts, two of which decreased greatly due to the adolescents moving.

The adolescents were asked about their relationship with the father of their child prior to their pregnancy and their present relationship with him. Of the 26 pregnant adolescents, 10 stated that their relationship had remained the same, six reported that their relationship had worsened, and 10 stated that their relationship had improved.

Examining the length of time each subject had been engaging in sexual intercourse revealed that three subjects had been engaging in intercourse for less than one year when they became pregnant, seven had been engaging in intercourse for approximately two years, six had been engaging in intercourse for approximately three years, and two for approximately four years. Respondents were not questioned about the frequency of intercourse.

The pregnant adolescents had various reasons for engaging in sexual intercourse for the first time. The most frequently expressed reasons were: believing that they were in love with the man and that intercourse was a natural occurrence, and curiosity about the act of sexual intercourse. Other reasons included having some type of positive feeling for the man, being in love with each other, just to have intercourse, feeling pressure from their boyfriend, feeling peer pressure, engaging in intercourse as an act of parental revenge, and being under the influence of drugs.

Only four young women stated that they had experienced one previous pregnancy. Of these pregnancies, two ended by abortion and two ended by miscarriage.

Of the 26 pregnant adolescents in the study, six young women reported that they planned their pregnancy. Reasons for wanting a child included: to have the child of the person she loved; a child would be someone to depend on, love, and be there for her; she always desired a child; it seemed appropriate to have a child; and feeling ready to

settle down and have a child.

The young teenagers were asked if stressors existed in their personal lives prior to their pregnancy. It is interesting to note that seven of the participants could recall no stressful situations occurring at that time in their lives. Frequently occurring stressors for the remaining 17 subjects included: not getting along well with their parents and having trouble with their boyfriend or husband. Each concern mentioned was very real and personal. These included concerns of school, friends, job situations, illness, death, drugs, and physical concerns.

The adolescents were asked about positive events or feelings which were occurring in their personal lives prior to their pregnancy. Frequently occurring positive events or feelings included: getting along with their boyfriend; being active with their friends; and getting along with their parents. Other positive events or feelings included living situations, school, greater mobility, dating others, positive self-concept, spending more time with friends and relatives, planning their future, graduation, summertime, having church responsibilities, jobs, and a good financial situation.

The young women were asked about stressors which might be presently occurring in their personal lives. Of the 26 participants, four stated that they did not have any stressful situations occurring in their lives at the present time. Frequently occurring stressors which did exist included the young women not knowing how they were going to take care of

themselves and their baby, experiencing physical discomfort, and experiencing financial trouble. Other stressful situations presently occurring in the adolescents lives included: poor relationships existing with their boyfriends' families, their boyfriends, their husbands, or their family members; frequent absences of the husband; concern for relatives' health; the father of the child no longer being present; being accepted in school; being concerned about the baby's future; and not knowing how to care for the baby.

The adolescents were asked about positive events or feelings which were presently occurring in their personal lives. Frequently occurring positive events or feelings included: the boyfriend trying to help; their parents helping; friends being supportive; doing well in school; being excited about the baby; and relatives helping. Other positive events or feelings were expressed toward school, acceptance of the pregnancy, the pregnancy going well, a positive self-concept, being recently married, looking forward to working, and their relationship with friends.

The participants were asked about their plans for child care after their child was born, and whether they planned to continue school or to get a job. The responses indicated that 18 of the adolescents planned to continue school and that 18 planned to get a job. Of these young people, 13 planned to both continue school and get a job after their child was born. The most frequently mentioned plans for child care included the adolescents' parents taking care of

their child, various members of the adolescents' family taking care of their child, and friends assisting by providing child care. Other plans for child care included day care, the parents of the father of the child assisting with child care, and parents-in-law assisting with child care. Several of the young adolescents were not certain of their plans for child care.

The participants were asked to describe their feelings about their pregnancy. Their descriptions ranged from physical to psychological concerns, and from negative to positive views of their pregnancy. The 15 year old adolescents in the study expressed generally positive feelings toward their pregnancy. The 16 year old adolescents expressed positive and negative feelings about being pregnant. These feelings varied from being excited, to accepting the pregnancy, to wishing that the baby would disappear. Being worried about one's future with a baby was also expressed. The 17 year old adolescents were excited about being pregnant, but at the same time expressed physical concerns. The 18 year old adolescents expressed quite a variety of feelings about their pregnancy. These feelings included: always being excited; thinking that being pregnant would be "neat" but finding out that it was not; feeling confused; being upset about the pregnancy at first, but being excited now; and being excited but concerned about the health of the baby and finances. The 19 year old adolescents expressed positive feelings toward their pregnancy, although one stated that she

was upset when she first learned of her pregnancy.

Finally, the pregnant adolescents were given the opportunity to add anything to the questionnaire which they felt might be beneficial to other young adolescents who might face or may presently be facing a similar pregnancy situation. Half of the adolescents had no additional comments to make, but several young people took this opportunity to give advice to others in a similar pregnancy situation, or to anyone who might be faced with a pregnancy situation at some point in the future. Only one young woman felt that it was important to express to others that being pregnant was a good and an enjoyable experience, involving no negative consequences. The remaining 12 adolescents had words of advice to pass on in the form of caution to others. These included: being pregnant is a big responsibility; avoid pressure from parents, peers, and boyfriends by making your own decisions; if you are allowing yourself to become pregnant, be certain that pregnancy is what you want; plan and use birth control methods; start sex education at an earlier age, preferably in middle school rather than waiting until high school; ask questions about sex; think about your future, particularly your educational plans (it is more difficult to go to school and keep up with other responsibilities when you are pregnant); do not settle into a steady relationship with someone too soon; do not have intercourse unless you really love the person, otherwise you may have regrets; and see a health professional as soon as you think that you may be pregnant.

## CHAPTER 4

### Discussion

The present study was conducted to further explore the effects social, economic, and educational factors have upon pregnant adolescents. The results indicate that positive social factors influencing these adolescent include a positive relationship with their mother; the receiving of moral support from their families, the father of their child, and their friends; and continuing to maintain a positive relationship with the father of their child. A negative social factor influencing these adolescents was the situation of coming from a single-parent family or a broken home.

The effects of economic factors upon pregnant adolescents include the significant financial support received from their families and the father of their child. A large number of young women planned to work after the birth of their child. Although the adolescents anticipated financial assistance from these sources, they still expressed uncertainty as to how they were going to take care of themselves and their baby in the future.

The effects of educational factors on pregnant adolescents include a generally expressed desire to complete at least a high school education or obtain a General Education Development Program. "Doing well in school" was mentioned as a frequently occurring positive event in the adolescents' personal lives.

Carlson et al. (1984) found that "parent or relative in

family getting very sick" was one of several life-change events which appeared to be associated with pregnancy outcome decision. The present study similarly found that one of several stressful situations presently occurring in two adolescents' lives was "concern for relatives' health." Neither study concluded that this concern was a major issue.

The role the husband or the boyfriend plays in discussing the pregnant adolescents' pregnancy outcome decision was examined. Carlson et al. (1984) found that the young women who were undecided about their pregnancy outcome responded that they had not discussed possible decisions with their husband or boyfriend. The present study showed that only two of the 26 participants were undecided about their pregnancy outcome decision, both of whom are considering placing their baby for adoption. Neither subject had discussed possible decisions with the father of the child. Of the five married participants, three stated that their husbands had assisted them with their pregnancy outcome decision. Five of the remaining 19 participants stated that the father of their child assisted them with their pregnancy outcome decision.

Parental influence on younger adolescents was examined. Carlson et al. (1984) reasoned that the abortion group, which was made up of younger participants, reported the highest incidence of "getting grounded;" therefore, they must experience greater parental influence. The results of the present study seem to indicate some parental influence on younger adolescents regarding who assisted them with their

plans for the pregnancy outcome. Only four of the participants stated that their parents assisted them with this decision, and these included one 15 year old, two 16 year olds, and one 18 year old. Three of the four participants who did receive parental assistance were in the younger portion of the population studied, although this represents only a small portion of the total population.

The study by Barth and Schinke (1983) found that social support lowered distress slightly. The present study showed that support from parents, relatives, and boyfriends were a frequently occurring positive event in the lives of the pregnant adolescents. It is assumed that these positive events would lower distress to some extent. No stress indicators were administered in the present study.

Smith et al. (1984) conducted a study which determined that non-utilization of birth control was consistent among adolescents with desired and undesired pregnancies, and across marital status. The present study revealed somewhat different findings. Of the 26 participants, 10 reportedly never used birth control. Of these 10, 7 did not desire pregnancy while 3 did desire pregnancy. Of the six married participants, three never used birth control, and two of these did not desire pregnancy.

Placing a value on the pregnancy due to the occurrence of marriage prior to or after conception was examined by Smith et al. (1984). The study's findings showed that of the adolescents desiring pregnancy, 62% were single prior to

conception. Of the adolescents not desiring pregnancy, 100% were single prior to conception. The present study indicated that two subjects who married prior to their pregnancy expressed positive feelings about being pregnant, while one expressed concern about being pregnant. The three subjects who married after becoming pregnant expressed positive feelings about their pregnancy.

Robbins et al. (1985) stated that in their study "father absence," "school stress," and "number of siblings" were shown to be positively related to pregnancy risk for women. The present study examined each of these areas, but the findings differed from those reported in Robbins' study. Factors in the present study which did appear to be positively related to pregnancy risk for the young adolescents were parents being divorced, the relationship the adolescents maintained with their boyfriends or husbands prior to pregnancy was one of "going steady," "planning to marry," or "being married," and the non-utilization of birth control methods.

Knowledge of birth control methods varies among young people. The Allen-Meares' (1984) study found that pregnant adolescents indicted limited knowledge about contraceptives. The results of the present study were quite different. Of the 26 participants, 18 stated that they knew "quite a bit" about birth control methods, seven stated that they knew "little" about birth control methods, and one stated that she knew "nothing."

It was of interest to learn of the lack of consistency

in the utilization of various birth measures among pregnant adolescents. Allen-Meares' (1984) found that pregnant adolescents use birth control sporadically. The present study revealed similar results in that seven adolescents "occasionally" used birth control, three used birth control "only when intercourse was anticipated," and six used birth control "regularly." Of those "regularly" using birth control methods, all reportedly used the "pill." It should be added that two participants stated that they occasionally missed taking the "pill."

Adolescents offer various reasons for not using birth control methods. Allen-Meares (1984) found that pregnant adolescents expressed fear and reluctance to use birth control due to side effects, spontaneity reduction, and the opposition to birth control expressed by significant others. The present study presented similar findings. Other reasons for not using birth control methods included not knowing much about birth control methods, not knowing how to obtain birth control devices, thinking pregnancy was not likely to occur, not liking the way birth control devices felt, pregnancy was desired, not wanting anyone to learn of their sexual activity, and simply not using a birth control method.

The age at which adolescents first engage in sexual intercourse varies. Allen-Meares (1984) found in her study that the mean age for participants engaging in sexual intercourse was 14.4 years. In the present study, the mean age for the participants engaging intercourse was 15.1 years.

Adolescents gain their information about sexuality from various sources. Allen-Meares (1984) reported that "friends" provided adolescents with the most information about sex, with "relatives" and "public clinics" being secondary sources of information. Subjects in the present study indicated that "friends" played a major role in providing information about sex. At the same time, "parents" and "health professionals (health department and physicians)" also played an equally important role in providing this information. Home economics classes were a secondary source of information.

Leibowitz et al. (1986) concluded in their study that those adolescents who received or were eligible to receive public assistance were more likely to choose unmarried motherhood. The present study showed different findings. Of the six participants stating their plans to apply for Aid to Families with Dependent Children, four were choosing married motherhood.

The interview sessions held with each of the participants enabled the researcher to gain a personal insight into their feelings. Most of the participants were receptive to the interview and appeared to be sincere in their responses. They were willing to share their ideas and information about their present situation. Most participants exhibited a pleasant personality. A majority of the participants showed self-confidence in various ways, such as through mature attitudes, accepting responsibility, dealing with changing relationships, and putting much thought into their situations.

A few of the participants kept very much to themselves throughout the interview. They answered all the questions asked by the researcher but refrained from adding any additional information.

A few of the participants seemed to be what some people consider "average" teenagers. They appeared to be taking their pregnancy in stride, their attitude was carefree, they were not experiencing any real concerns, and they had no apparent goals.

Of the 26 participants in this study, approximately nine failed to keep their scheduled appointment with the researcher on one or more occasions. This fact appears to reinforce the idea regarding the lack of responsibility of adolescents as observed by other researchers in this area of study.

Future research may be directed toward the effectiveness, practicality, and acceptability of introducing sex education in the middle schools rather than waiting until young people are in the high schools. The adolescents in the present study indicated that sex education taught in public schools should include more than just a physiological explanation. The information should also include concerns involved in rearing a child, such as the cost and time involved, how the young person would support herself and a child, how her educational plans might be affected, and how future plans in general might change with the birth of a child.

Teenage pregnancy is a very real concern of our society today. Research in the area of educating and preparing young

people may have positive results in helping to reduce teenage pregnancy or enabling teenagers to make more responsible decisions.

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## TABLES

Table 1

Results of the Influence of Social Economic  
and Educational Factors on Pregnant Adolescents

Question	Number	Percentage
1. What is your approximate annual income or the approximate annual income of the family you are living with?		
a. 0--\$8,000.	9	34%
b. \$8,000--\$16,000.	8	31%
c. \$16,000--\$24,000.	5	19%
d. \$24,000--\$32,000.	2	8%
e. \$32,000--\$40,000.	1	4%
f. Above \$40,000.	1	4%
2. What is your current living situation?		
a. I am living with both parents.	6	23.1%
b. I am living with one parent.	5	19.2%
c. I am living with one parent and one step-parent.	2	7.7%
d. I am living with relatives other than or in addition to my parents.		
e. I am living with the father of my child.	4	15.4%
f. Other: I am living with friends.	2	7.7%
3. What is the marital status of your parents?		
a. Married	13	50%
b. Divorced	10	38%
c. Widowed: <u>X</u> mother or ___ father	1	4%
d. Single: <u>X</u> mother or ___ father	1	4%
e. Separated	1	4%
4. Has your parent(s) remarried?		
a. Yes	8	31%
b. No	3	11%
c. Not applicable	15	58%

Question	Number	Percentage
5. If your parents have divorced and remarried, which has remarried?		
a. Mother		
b. Father	4	15%
c. Both	3	12%
d. Not applicable	1	4%
	18	69%
6. How would you describe your relationship with with your mother?		
a. We never get along.	0	0%
b. We have trouble getting along quite often.	2	8%
c. We occasionally have trouble getting along.	2	8%
d. We get along o.k.	5	19%
e. We get along very well.	17	65%
f. Not applicable	0	0
7. How would you describe your relationship with your father?		
a. We never get along.	2	8%
b. We have trouble getting along quite often.	1	4%
c. We occasionally have trouble getting along.	4	15%
d. We get along o.k.	7	27%
e. We get along very well.	8	31%
f. Not applicable	4	15%
8. How would you describe your relationship with you step-mother?		
a. We never get along.	1	4%
b. We have trouble getting along quite often.	0	0%
c. We occasionally have trouble getting along.	0	0%
d. We get along o.k.	3	11%
e. We get along very well.	0	0%
f. Not applicable	22	85%

Question	Number	Percentage
9. How would you describe your relationship with your step-father?		
a. We never get along.	0	0%
b. We have trouble getting along quite often.	1	4%
c. We occasionally have trouble getting along.	0	0%
d. We get along o.k.	4	4%
e. We get along very well.	0	0%
f. Not applicable	22	81%
10. What is the last grade you completed?		
a. Below 6th grade	0	0%
b. Completed 6th grade	0	0%
c. Completed 7th grade	2	7.7%
d. Completed 8th grade	4	15.4%
e. Completed 9th grade	4	15.4%
f. Completed 10th grade	5	19.2%
g. Completed 11th grade	5	19.2%
h. Completed 12th grade	4	15.4%
i. Some college	2	7.7%

Question	Number	Percentage
11. What are your plans regarding your education?		
a. I am not in school at the present time, and I have no plans to return to school.	1	4%
b. I am not in school at the present time, but I have plans to return after my child is born.	3	11%
c. I will withdraw from school after my child is born, and I have no plans to return.	0	0%
d. I will withdraw from school after my child is born, but I plan to return and finish high school.	5	19%
e. I will continue with school for a while to see how things go for me.	2	8%
f. I have definite plans to continue my education and go to college.	11	42%
g. Other:		
1. I have completed high school and I hope to attend college in the future.	2	8%
2. I have taken and may take additional continuing educational courses at the local university.	1	4%
12. If you are presently in school, what grade are you in?		
a. Below 6th grade	0	0%
b. 6th grade	0	0%
c. 7th grade	1	4%
d. 8th grade	1	4%
e. 9th grade	3	12%
f. 10th grade	2	7%
g. 11th grade	5	19%
h. 12th grade	3	12%
i. College	1	7%
j. Not applicable	10	38%

Question	Number	Percentage
13. What types of grades are you presently making in school, or did you make during your last, full year at school?		
a. A average	1	4%
b. B average	11	42%
c. C average	12	46%
d. D average	1	4%
e. F average	1	4%
14. How would you describe the amount of financial assistance you received from your family about one year ago?		
a. None	0	0%
b. Very little	3	11%
c. Occasional	1	4%
d. They took care of paying for the things I needed most of the time.	7	27%
e. They always took care of paying for the things I needed.	15	58%
15. How would you describe the amount of moral support (care, concern, and acceptance) you received from your family about one year ago?		
a. None	1	4%
b. Very little	1	4%
c. Occasional	3	11%
d. They provided moral support most of the time.	2	8%
e. They always provided moral support.	19	73%
16. How would you describe the amount of moral support you received from your friends about one year ago?		
a. None	0	0%
b. Very little	0	0%
c. Occasional	5	19%
d. They provided moral support most of the time.	9	35%
e. They always provided moral support.	12	46%

Question	Number	Percentage
17. How would you describe the amount of financial assistance you received from the father of your child about one year ago?		
a. None		35%
b. Very little	9	16%
c. Occasional	4	11%
d. He took care of paying for the things I needed most of the time.	3	11%
e. He always took care of paying for the things I needed.	7	27%
18. How would you describe the amount of moral support you received from the father of your child about one year ago?		
a. None	4	15%
b. Very little	2	8%
c. Occasional	2	8%
d. He provided moral support most of the time.	3	11%
e. He always provided moral support.	15	58%
19. How would you describe the amount of financial assistance you receive from your family at this time?		
a. None	4	15%
b. Very little	0	0%
c. Occasional	4	15%
d. They take care of paying for the things I need most of the time.	3	12%
e. They always pay for the things I need.	15	58%
20. How would you describe the amount of moral support you receive from your family at this time?		
a. None	0	0%
b. Very little	1	4%
c. Occasional	1	4%
d. They provide moral support most of the time.	7	27%
e. They always provide moral support.	17	65%

Question	Number	Percentage
21. How would you describe the amount of moral support you receive from your friends at this time?		
a. None		
b. Very little	1	4%
c. Occasional	3	12%
d. They provide moral support most of the time.	3	12%
e. They always provide moral support.	10	38%
	9	34%
22. How would you describe the amount of financial assistance you receive from the father of your child at this time?		
a. None		
b. Very little	7	27%
c. Occasional	1	4%
d. He helps pay for the things I need most of the time.	3	11%
e. He always pays for the things I need.	9	35%
	6	23%
23. How would you describe the amount of moral support you are receiving from the father of your child at this time?		
a. None		
b. Very little	3	11%
c. Occasional	1	4%
d. He provides moral support most of the time.	2	8%
e. He always provides moral support.	4	15%
	16	62%
24. How would you describe the relationship with the father of your child before you became pregnant?		
a. We were friends.	2	8%
b. We dated occasionally.	1	4%
c. We were going steady.	10	38%
d. We had plans to marry.	12	46%
e. We were married.	1	4%
f. Other	0	0%

Question	Number	Percentage
25. What is your present relationship with the father of your child?		
a. We argue whenever we are together.	0	4%
b. I never see him.	2	8%
c. We are friends.	1	4%
d. We are dating.	0	0%
e. We are going steady.	3	11%
f. We have plans to marry.	12	46%
g. We are married.	5	19%
h. Other:		
1. We correspond with each other	1	4%
26. Have you told the father of your child that you are pregnant?		
a. Yes	26	100%
b. No	0	0%
27. If married, were you married before or after conception?		
a. Before	3	43%
b. After	4	57%
28. How much did you know about birth control methods before you became pregnant?		
a. Nothing	1	4%
b. Little	7	27%
c. Quite a bit	18	69%
29. Did you and the father of your child discuss who the responsibility for birth control belonged to before you first had intercourse?		
a. Yes	7	27%
b. No	19	73%

Question	Number	Percentage
30. If you and the father of your child did discuss who the responsibility for birth control belonged to, what was the outcome of this discussion?		
a. It was my responsibility, but I occasionally forgot.	2	7.6%
b. It was his responsibility, but he occasionally forgot.	0	0%
c. The responsibility belonged to both of us, but we occasionally forgot.	2	7.6%
d. Not applicable	19	73.0%
e. Other:		
1. We planned not to use birth control because pregnancy was desired.	1	3.8%
2. We decided not to use birth control; we did not like any type.	1	3.8%
3. I was taking the "pill" at the time.	1	3.8%
31. How would you describe your use of birth control immediately prior to your pregnancy?		
a. Never	10	38%
b. Occasionally	7	27%
c. Only when intercourse was anticipated	3	12%
d. Regularly	6	23%
32. If you used a birth control method at any time, what type did you use?*		
a. The "pill"	14	54%
b. IUD (intrauterine device)	0	0%
c. Condom	6	23%
d. Rhythm	1	4%
e. Diaphragm	0	0%
f. Foams	0	0%
g. Jellies and creams	0	0%
h. Withdrawal	0	0%
i. Not applicable (none used)	8	31%

\* Percentages are individually based on 100% due to respondents giving more than one answer to this question.

Question	Number	Percentage
33. At what age did you begin to use contraceptives?		
a. 12		
b. 13	0	0%
c. 14	1	4%
d. 15	2	8%
e. 16	6	23%
f. 17	4	15%
g. 18	3	11%
h. 19	2	8%
i. not applicable (none used)	0	0%
	8	31%
34. If you did not use a birth control method, give reasons why.*		
a. I did not know enough about them.	2	8%
b. I had not planned to have intercourse.	1	4%
c. I thought I was too young to get any birth control devices without my parents' permission.	0	0%
d. It was the first time I had intercourse.	0	0%
e. I did not think I would become pregnant.	3	11%
f. My religious beliefs kept me from using any type of birth control device.	0	0%
g. I did not know how to obtain birth control devices.	1	4%
h. I did not like the way birth control devices felt.	1	4%
i. My boyfriend did not want me to use anything.	1	8%
j. I thought my boyfriend was going to use a form of birth control.	0	0%
k. I wanted to become pregnant.	5	19%
l. Other:		
1. I did not want to use any birth control methods due to experiencing or possibly experiencing negative physical reactions.	4	15%
2. I was using the rhythm method but I did not keep up with my cycle.	1	4%
3. I had no reason.	1	4%
4. I did not want anyone to learn of my being sexually active.	1	4%

\* Percentages are individually based on 100% due to respondents giving more than one answer.

Question	Number	Percentage
35. At what age did you first have intercourse?		
a. 12	1	4%
b. 13	4	15%
c. 14	6	23%
d. 15	5	19%
e. 16	5	19%
f. 17	2	8%
g. 18	2	8%
h. 19	1	4%
36. Have you been pregnant before?		
a. Yes	4	15%
b. No	22	85%
37. Was your present pregnancy planned?		
a. Yes	6	23%
b. No	20	77%
38. How far along is your pregnancy?		
a. 0 to 3 months	2	8%
b. 3 to 6 months	10	38%
c. 6 to 9 months	14	54%
39. What are your plans for your pregnancy?		
a. I will keep my baby and take of the the baby and myself.	24	92%
b. I will keep my baby, but someone else will be the main person taking care of my baby.	0	0%
c. I plan to place my baby for adoption.	0	0%
d. I plan to have an abortion.	0	0%
e. I am undecided at the present time. I will choose between keeping my baby or placing it for adoption.	2	8%

Question	Number	Percentage
40. If you keep your child, what are your plans for supporting yourself and your child?*		
a. I am not sure.	0	0%
b. My family is going to help me.	12	46%
c. The father of my child is going to help me.	19	73%
d. I plan to get a job.	18	69%
e. I plan to apply for Aid to Families with Dependent Children (AFDC).	6	23%
f. Not applicable.	0	0%
g. Other: I am presently working.	2	8%
41. In thinking about having a child, which of the following factors did you think about before becoming pregnant?		
a. The time involved in rearing a child.	14	54%
Yes	12	46%
No		
b. The cost involved in rearing a child.	15	58%
Yes	11	42%
No		
c. How I was going to support myself and my child.	16	62%
Yes	10	38%
No		
d. What my plans were going to be regarding my education.	13	50%
Yes	13	50%
No		
e. How my plans might change regarding my future in general.	17	65%
Yes	9	35%
No		
42. Do you believe that sex education is helpful to young people your age?		
a. Yes	24	92%
b. No	2	8%

\* Percentages are individually based on 100% due to respondents giving more than one answer.

Question	Number	Percentage
43. If you do believe that sex education is helpful to young people, do you believe that it should include information about:		
a. The cost involved in rearing a child?		
Yes	25	100%
No	0	0%
b. The time involved in rearing a child?		
Yes	25	100%
No	0	0%
c. The decisions involved regarding my own education?		
Yes	24	96%
No	1	4%
d. How pregnancy can sometimes change one's relationship with others?		
Yes	26	100%
No	0	0%