

AN INVESTIGATION OF VERBAL INTERACTION,
KNOWLEDGE OF SEXUAL BEHAVIOR AND
SELF-CONCEPT IN ADOLESCENT MOTHERS

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AN INVESTIGATION OF VERBAL INTERACTION, KNOWLEDGE OF SEXUAL
BEHAVIOR AND SELF-CONCEPT IN ADOLESCENT MOTHERS

An Abstract
Presented to
the Graduate Council of
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In Partial Fulfillment
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Master of Science

by
Elaine Horn

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ABSTRACT

A review of the literature indicates that variables commonly considered to be major factors in contributing to the incidence of adolescent pregnancy may be only a part of the total pattern. This present research sought to examine the adolescent mothers' communication with significant others, their knowledge about sex, pregnancy and birth control methods. Also, the research compared the self-concept of the adolescent mothers with those or the published norms of the Tennessee Self Concept Scale.

The study included 23 adolescent mothers between the ages of 13-19 during the period of November 1983 through November 1984 who had given birth at a local hospital. All adolescent mothers participating in the research were gravida 1 as indicated by their medical records.

The adolescent mothers were given a questionnaire constructed from previous research cited in the literature. Also, they completed a communication scale and the Tennessee Self-Concept Scale.

The findings in the present research indicated that most adolescent mothers considered their communication with their parent mothers to be one of mutual understanding. However, it appears that most adolescent mothers obtain much of their information about sex, pregnancy, and birth control

methods from significant individuals other than their parent mother. The measured self-concepts of these adolescent mothers were lower in comparison to the normed population of the Tennessee Self-Concept Scale. The results indicate a need for further research in the area of adolescent sexual development, sex education in the school, and increased involvement of parents in the communication of sexual mores.

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A Thesis

Presented to
the Graduate Council of
Austin Peay State University

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

by

Elaine Horn

August, 1985

To the Graduate Council:

I am submitting herewith a Thesis written by Elaine Horn entitled "An Investigation of Verbal Interaction, Knowledge of Sexual Behavior and Self-Concept in Adolescent Mothers." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Science with a major in Guidance and Counseling.

Linda Rudolph
Major Professor

We have read this thesis
and recommend its acceptance:

Elizabeth H. Kober
Second Committee Member

Sarland E. Blair
Third Committee Member

Accepted for the
Graduate Council:

Linda Rudolph
Dean of the Graduate School

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CHAPTER 1

Introduction

Adolescent pregnancy is a continuing social problem which fluctuates with the size of the population at risk, the amount of adolescent sexual activity, and the adolescent's knowledge and utilization of birth control procedures (Klerman, 1980). Pregnancy and the birth of an infant to an adolescent mother present a set of unique problems to the young mother, possibly the adolescent father, the parents involved, and the community in which they live. These problems may include changes in lifestyles, increased responsibilities, and possibly financial crises.

Some of the popular hypotheses concerning reasons for nonmarital adolescent pregnancies are: severe life crises, promiscuity, and lack of knowledge concerning correct birth control information. Research supports some of these hypotheses, does not support others, and suggests additional reasons for the high incidence of adolescent pregnancy.

Review of the Literature

DeAmicus, Klorman, Hess, and McAmarnay (1981) found no evidence of promiscuity among the 44 unwed mothers in their study. The subjects were pregnant adolescents and nulligravid sexually active adolescents seeking contraception. The gravid sample consisted of 75% black females;

64% of the nulligravid were black. The research compared the two groups on various factors previously identified as relevant to adolescent pregnancy: school attendance, prevalence of broken homes, crises in the period preceding the pregnancy, sexual history, knowledge and practice of contraception, motivation for pregnancy, and the reaction of parents and boyfriend toward the pregnancy.

The consenting subjects participated in a standardized 30-minute interview. The topics covered included demographic characteristics of the family, sexual history, attitudes toward contraception and pregnancies, and future goals.

DeAmicus et al. found that the pregnancy typically resulted from an extended and serious relationship with a single mate. The father frequently agreed to contribute to the child's support, and in fact, most of the gravid subjects reported their boyfriends greeted the pregnancy with happiness. It is possible the pregnancy was a deliberate outcome of the relationship. Only a minority of the gravid adolescents indicated a desire for the pregnancy, therefore, for some of these subjects pressure from boyfriends may have been the major motivational factor leading to the pregnancy. The pregnant subjects reported being absent from school in the preceding year a comparable number of days ($\bar{x}=40.29$) to the nulligravid group ($\bar{x}=36.67$). There were no significant differences between pregnant and nulligravid samples in frequency of breaks in their families resulting from death

or separation. A recent crises was defined as a traumatic event involving the subject, a close relative, or friend in the year preceding the interview. The two groups did not differ in the frequency of such crises. The pregnant and nulligravid samples did not differ in their reported age of menarche (12.07 and 12.00 years respectively). The non-pregnant adolescents (\bar{x} =15.08 years) tended to be slightly older than their pregnant counterparts (\bar{x} =14.17 years) when they first engaged in coitus. The two samples did not differ significantly in their knowledge and practice of contraception. Both groups were correct about the number of sexual contacts required for impregnation and largely ignorant about the time in the menstrual cycle most conducive to conception.

Scott (1983) interviewed 123 school age mothers (SAM's) enrolled in a special alternative school for pregnant women. Of the 123 interviewed 69% were black, 29% white, and 2% Hispanic. Scott sought to investigate the relationship between initiating sexual activity and sentiments of "love" in the minds of these teenagers. He found that fewer than 50% of the respondents stated that "love" was the reason they began having sexual intercourse. In a comparative analysis based on race, white SAM's (40%) were inclined to give "love" as the reason for sexual activity more than were black SAM's (35%). Peer pressure was given as the reason for sexual activity in 16% of the blacks and 21% of the whites.

However, 29% of the whites and 39% of the blacks were motivated by curiosity.

Scott concludes that love is not a dominant motive for the initiation of sexual intercourse, but speculates that there may be a different kind of association between love and pregnancy. Since a period of several months or years often passed between the onset of sexual activity and pregnancy for the subjects in this sample, and since most subjects (89% of whites and 80% of the blacks) reported being in love with their sex partners at the onset of pregnancy, it is possible that love and marital aspiration were connected in the minds of the young mothers studied by Scott. Perhaps the SAM's were willing to risk pregnancy because they felt that marriage to the father would eventually resolve the situation.

Landy, Schubert, Cleland, Clark and Montgomery (1983) explored the psychosocial characteristics of 26 adolescent mothers. It was proposed that a specific family syndrome increased the likelihood of early teenage pregnancy. Fifty women were divided into four groups and observed periodically during a 14 month period. The four groups were as follows:

1. Teenage contact group (N=14). These girls were 16 years old or younger. They participated in the entire research schedule and were visited at home or observed at the laboratory at least 11 times during the study.

2. Teenage control group (N=12). The subjects in this

group were not visited, observed, or tested after the initial assessment. They were assessed again when the infant was 12 months of age. The data obtained in both groups 1 and 2 were combined since the report only covered the initial assessment.

3. Older contact group (N=12). Subjects in this group included women who were 20 years and older.

4. Teenage non-pregnant control group (N=12). This group consisted of 12 teenagers similar to group 1 in terms of IQ and socioeconomic status.

All four groups were given the Wechsler Intelligence Scale; Comprehensive Vocabulary and Similarities; Thematic Apperception Test; Rotter Sentence Completion; House, Tree, Person Test; an open-ended interview; and a depression inventory. The open-ended interview was designed to elicit information about the amount and quality of the subjects' relationship with others, especially members of their families. The clinical data from the response content of the projective test, interviews, and the subjects' manner of participation in the various research interventions failed to show any group personality differences. The results of the open-ended interviews indicated that all the girls knew birth control methods, but they failed to use them for a multitude of reasons, including wanting to show their love, anxiety about using the contraceptive pills, getting carried away, not wanting to be prepared, and so on. There seemed to be a

tendency for most of the pregnant, single girls in both groups to view their pregnancies as fitting into their life plans. Only two subjects mentioned getting pregnant as poor judgment.

The findings of Landy et al. (1983) indicate strongly that the girls lacked a warm relationship with their fathers. This could have been either because the fathers had been away from the family, or there may have been a lack of communication between daughter and father. In direct contrast, the subjects reported they had a good relationship with their mothers. Clinical evidence suggested that many of these good relationships were of an almost symbiotic, overprotective and smothering type. At least 58% of the single mothers came from mother-dominated homes. The fathers of the girls in the study, if not abusive and/or alcoholic, seemed to be completely dominated by their wives. The results suggest a specific family syndrome which increases the likelihood of early teenage pregnancy. Such families are characterized by a weak or absent father and a dominating, overprotective mother with whom a symbiotic relationship is established.

Hepburn (1983) interviewed 48 sets of parents and their teenage daughters concerning their communication about sexual matters. The population consisted of 197 families whose daughters were enrolled in the ninth through twelfth grades in a private day school for girls. Twenty-eight single parent families were eliminated, reducing the pool to 169

intact families. The sample was chosen by drawing every fourth name from the class address list of each grade for a total of 48 families. All families chosen were white and judged to be upper-middle class status. The parents were interviewed together and daughters separately using a semi-structured technique which contained both scaled and open-ended questions. The interviews with parents ranged from two to five hours in length and averaged approximately three hours. The interviews with daughters took no longer than one hour.

Hepburn (1983) concluded that parent-daughter communication about sex appears to fall into three levels:

1. direct informational communication between mother and daughter;

2. mutual mother-daughter discussions which may be partially informational, but frequently contain guidelines for behavior; and

3. general family discussion of sociosexual issues.

Level 1 communication is described as "The Big Talk" which takes place between mother and daughter when the adolescent girl is about 12 years. The information disclosed generally pertains to menstruation, reproduction, and sexual intercourse. Level 2 communication is described as "Tea Talk." In this conversation the daughter is a bit older and is usually sharing information learned at school or from a friend with the mother. The topics may be birth control,

abortion, the behavior of other people, the establishment of values, or the pregnancy of a teenager. Level 3 communication is described as a "Social Issue Discussion" and is never personal. It is at this level of communication that fathers are most comfortable and are most overtly involved in the transmission of sexual values. Topics may include fornication, adultery, abortion, rape, and homosexuality. From studying the patterns of communication in their sample, Hepburn concludes that mothers give more information to their daughters than do fathers.

Rosen (1980) attempted to determine the extent to which teenagers involve their parents in decision-making concerning the resolution of an unwanted conception even though legalization of abortion allows them to terminate their pregnancy without parental knowledge. The sample consisted of 432 females younger than 18 years old who were unmarried at the time they became pregnant. Of this group 250 were white and 182 were black.

Data were obtained by means of an anonymous self-administered questionnaire individually given to subjects prior to abortion or delivery. The questionnaire included a number of items dealing with the involvement of mothers, fathers, parents combined, peers, girlfriends, and male partners in the pregnancy and its resolution.

Due to subcultural patterns of parent-child relationships and norms concerning sexual activity between blacks

and whites data were analyzed separately for these two groups. Five categories were used: whites who decided to keep their child; whites who chose abortion; whites who released their child for adoption; blacks who kept their child; and blacks who decided on abortion. The number of blacks who planned to give their child for adoption were too few ($N=2$) to provide adequate data for analysis.

Rosen's (1980) findings indicate that few of the respondents sought advice from either of their parents when they first thought they might be pregnant. Most teenagers determined whether or not they were pregnant without any assistance from their parents. The decision whether or not to continue or terminate the pregnancy was made with little or no assistance from parents. Overall, the male partners had more influence on the teenage mother's decision concerning the adolescent pregnancy than did parents.

Cobliner (1981) conducted a clinical study in a municipal hospital located in the New York metropolitan area to investigate the relationships of female adolescents with their mothers. The total sample consisted of 193 single adolescents. Fifty were never pregnant and came to the hospital to obtain birth control methods and counseling. The other 143 who had unintentionally conceived came for prenatal care and/or to obtain elective abortion.

Cobliner attempted to establish how both groups obtained their birth control information. The never-pregnant

girls relied on books and pamphlets, while their pregnant counterparts relied on hearsay and speculation. The never-pregnant girls were more socially out-going, spoke freely with their peers, and had someone in whom they confided. He found the never-pregnant girls accepted their parents' response to their conduct, and their thinking was dominated by what their mothers thought. However, the maternal conduct as reported by the pregnant girls yielded three unhealthy profiles:

1. The retaining or binding mother. This mother imposed severe restrictions on her daughter's freedom and sheltered her excessively, withholding from her the facts of life in an attempt to prolong her inexperience and social awareness.

2. The controlling mother. This type treated her daughter as an extension of herself. The daughter was encouraged to date but the mother insisted on being informed at all times about her daughter's activities. Some mothers of this type would request that the daughter be provided with contraceptive protection. The daughter would yield to the mother's pressure, but would use contraceptives erratically and often took chances, hoping she would not get caught.

3. The abandoning mother. This mother had withdrawn prematurely from her adolescent daughter who still needed her affection and guidance. She treated her daughter

correctly and politely, minded her own business, and exhibited no apparent antagonism or hostility. The daughter was poorly equipped to take the necessary precaution against impregnation. None of the mothers who were interviewed or those portrayed by the daughters could be categorized exactly into one of the three relational profiles. In general, a particular mother would be a blend of elements with the characteristics of profiles prevailing.

Sorensen (1973) conducted a nationwide study of adolescent sexuality with 411 adolescents participating. The survey began with 2,042 selected households from around the nation of which 839 adolescent from 13-19 years of age were observed. Only 508 of these adolescents were eligible for interview because of the difficulty in securing consent. From the 508 sample 411 adolescents were actually interviewed.

Sorensen concluded from his survey that most adolescents use sex as a means of communicating, as a search for new experiences, as an index of maturity, as a challenge to parents, and/or as an escape from loneliness. From these adolescent girls it was found that their reasons for not using contraception were lack of information, lack of availability, opposition in principle to birth control due to religious beliefs, a need to be pregnant, lack of motivation due to personal carelessness, forgetfulness, too much trouble, concerns that parents would find the birth control device, disapproval of birth control by sex partner, belief

that spontaneity of sex act is hurt, belief that birth control is a boy's responsibility, abortion as an alternative, and/or belief that pregnancy is impossible or unreal.

The adolescents surveyed indicated that the communication between parents and themselves about sex was usually either generalized or too narrow and specific. The adolescents were then left to assume that one or both of their parents were unwilling to discuss sex with them. It was found that many adolescents generally did not like to volunteer information which they felt their parents would not understand, would not accept, or would cause worries. At least 60% of all adolescents stated they did not talk with their parents about their own sexual activities because they considered it a personal subject and nobody's business but their own.

Lindeman and Scott (1981) interviewed 301 pregnant adolescents who were referred to a university/county health science center which provided comprehensive services for pregnant early adolescents and their families. In order to be eligible for treatment at the center, the pregnant adolescent must be less than 16 years by the due date of delivery and come from a low income family. The purpose of the research was to explore the "reproductive behavior" between adolescents who wanted to get pregnant and those who did not want to get pregnant. The term "reproductive behavior" within this particular research was used to denote

knowledge of sex and contraceptive use.

The data were collected through questionnaires administered by the counseling staff to incoming clients. The adolescent mothers were divided into two groups. The subjects who indicated they had no concerns about becoming pregnant or said they had wanted to get pregnant were classified as "wanted pregnancies," and those who said they had not planned to get pregnant were categorized as "unwanted pregnancies." A total of 193 adolescent mothers were classified as "wanted pregnancies" and 108 adolescent mothers were classified as "unwanted pregnancies." The subjects' knowledge of sex and contraception was measured by questions concerning whether the respondent had ever talked with another person about sex or birth control and their use of birth control techniques prior to conception.

Lindeman and Scott (1981) concluded that those who said they did not want to get pregnant heard and talked about sex and birth control more than those who indicated they wanted to get pregnant. Within both groups it was found that more adolescent mothers talked about sex/pregnancy and birth control with a sister or friend rather than with their mothers. The study also indicated 30% of the adolescent mothers whose pregnancy was classified as "unwanted" had used some form of birth control in the past, whereas only 17% of the adolescent mothers classified as "wanted" had used some form of birth control prior to conception.

Zongker (1977) researched questions concerning how pregnant adolescents feel about themselves and how these perceptions differ from those of non-pregnant teenagers. The subjects comprising the experimental group were students who had become pregnant and had voluntarily enrolled in a School-Age Parent Program for at least one term of school. The control group consisted of a random sample of students from a high school which was the most centrally located secondary school in the same city and least susceptible to a skewed socioeconomic distribution. The sampling was stratified by grade to coincide with the levels of academic achievement represented by the pregnant subjects.

The instruments used were the Tennessee Self-Concept Scale (TSCS) and an informational questionnaire administered to 88 pregnant subjects enrolled in the School Age Program over a period of two school years. The control group consisted of 108 subjects who were observed in the spring quarter of the second year of the study.

Zongker's results showed that as a group the pregnant adolescents exhibited a decidedly lower self-concept than the control on all but one measure of the Counseling Form--Self Acceptance. Self Acceptance describes the extent to which an individual agrees with the self-portrait which she perceives. The pregnant girls appeared to have a low opinion of themselves, and they had come to accept the presence of these feelings. The fact that the subjects

were enrolled in a program for pregnant girls reflects measurable acceptance of their obvious physical condition. At an exceptionally depressed level were self-perceptions dealing with self-identity, family, and social relationships, while behavior and moral-ethical measures were even lower, falling into a deviancy category of the test norms. The most important single measure on the Counseling Form, the Total Positive Score, was extremely low, ranking near the 13th percentile on the published norms for the test instrument. However, the control group also obtained low mean scores on the Counseling Scales, ranking between the 20th and 30th percentile in comparison to the profile of nationally normed subjects. Additionally, they showed depressed mean scores on measures of behavior, moral-ethical perceptions, and family relationships, but there was an absence of psychological maladjustment as measured by the Research and Clinical Scales and no mean score was sufficiently low to be considered deviant.

Patten (1981) compared the self-perceptions of unwed adolescents with those of unwed adolescents in previous studies and with published norms of the general population. Data were collected from 37 subjects in residence at the Florence Crittenton Home in Nashville, Tennessee, during the fall and winter months of 1979. The Nashville home is an autonomous, non-profit agency providing confidential care, protection, and service to both married and unmarried mothers.

Only single pregnant women, 13-24 years of age were asked to volunteer since this group comprised the two earlier studies.

The Tennessee Self-Concept Scale was the instrument used to measure the self-concept of these pregnant women (Fitts, 1964). Patten (1981) used the Net Positive Score to assess the conceptual differences of the pregnant women when compared to the norms of the scale and to the data from previous studies of pregnant unmarried women. The Net Positive Score according to Fitts is the most important single score on the Counseling Form, reflecting the overall level of self-concept. The scale has a test-retest reliability of .92 for the total positive score. The Rosenberg Self-Esteem Scale was used also to measure how a subject perceives others to be valuing her worth (self-esteem). This scale has a test-retest correlation of .85. In addition to the above scale a 15 item questionnaire was developed, based on interview questions in the 1963 study, to measure subjects' feelings about contributing causes to their pregnancies and their expectations.

Patten found no significant difference between the 1979 and 1970 studies and between the 1979 and 1963 studies. The data suggest that there is no reason to believe that the self-concepts of girls who became pregnant in 1979 are different from girls who became pregnant in earlier years. Subjects in all three studies had reduced self-concepts in

relation to norms of the general population. However, it was found that a statistically significant difference existed between the self-esteem of 1979 subjects and self-esteem norms of the general population.

Purpose of the Study

A review of the literature indicates that variables commonly considered to be major factors in contributing to the incidence of adolescent pregnancy may be only a part of the total pattern. Some evidence exists that communication between parents (especially the mother) and the adolescent female may be an important variable (Sorensen, 1973; Cobliner, 1981; Rosen, 1980; Hepburn, 1983; & Landy et al., 1983). The purpose of the present research is to further investigate the pattern of communication interaction with adolescent pregnancy. Additionally, the study will seek to determine if the self-concepts of pregnant adolescents differ from those of the normed population as described by the published scales used for interpreting scores of the TSCS.

CHAPTER 2

Methodology

Subjects

The subjects included in the study were unmarried adolescent mothers between the ages of 13-19 years admitted to Memorial Hospital in Clarksville, Tennessee, during the period of November 1983-November 1984. All unmarried adolescent mothers included in the study were gravida 1 (first-time pregnancy). The total number of adolescent mothers participating was 23 (11 black adolescent mothers and 12 white adolescent mothers).

Materials

The subjects were given a questionnaire composed of 55 items concerning the mother-daughter relationship, communication patterns about sex, birth control, and the reproduction process (see Appendix). The questionnaire was developed by the present researcher and contains selected statements from surveys administered by Sorensen (1973), Hepburn (1983), DeAmicus et al. (1981), and Rosen (1980). The communication scale used in the present study was developed by Parker, Tupling, and Brown (1979).

The subjects also completed the Clinical Research Form of the Tennessee Self-Concept Scale (Fitts, 1964), a self-administered test which consists of 100 self-descriptive

statements. The scale has a test-retest reliability in the .80 to .90 range. The scale yields scores indicative of the subjects' perception of physical self, moral-ethical self, family self, social self, and also a total positive score. The total positive score was used in the present research because it reflects on overall level of self-concept. The scale has a test-retest reliability of .92 for the total positive score.

Procedure

During the period in which the prospective adolescent mother was in labor, the mother of the adolescent female was asked to sign a written consent form giving permission for the underaged subject to participate in the study. The purpose and procedures to be used in the research were also explained orally. All subjects 18 and 19 years of age were asked directly if they would voluntarily participate in the study. The subjects were given a 55-item questionnaire and the TSCS at least 24 hours post-partum. The adolescent mothers interviewed had no complication following delivery and their newborns were classified as Term Birth Living Child (TBLC) by a pediatrician.

In the effort to maintain confidentiality, each subject was interviewed in a private setting. The informational questionnaire was completed first, followed by the TSCS. The total time for completion of both tasks was approximately 35 minutes.

CHAPTER 3

Results

The total number of unmarried adolescent mothers participating in the study was 23; 11 were black and 12 were white adolescent mothers. There were 12 adolescent mothers 17 years and younger, and 11 were 18 and 19 years old. The subjects in the sample lived in a variety of familial settings. The total number of adolescents living with mothers and fathers was 6; 8 reported they lived with only their mothers; 1 lived with a stepmother; 2 lived with their fathers; 1 lived with her stepmother and father; 3 lived with mothers and stepfathers; and 2 lived with their boyfriends.

Of the group interviewed 10 adolescent mothers were still in high school, 7 had dropped out of school, and only 6 had completed high school. Of the 23 adolescent mothers interviewed, 8 had been retained at least once while in school. The reported GPA for most were B's and C's. The majority of the adolescent mothers considered themselves "well-liked" in school (N=12); 6 considered themselves "liked"; and 5 considered themselves positively as an individual. The expressed future plans of adolescent mothers who had graduated included settling down, getting married, being a good mother, or going to college. The dropouts expressed plans of getting a job, going back to high school, getting their child in

school and then returning to school themselves, being a good mother, or "don't know." The adolescent mothers who were still in school planned to take care of their babies, go to college, get a job, finish high school and then go to college, or just "simply make it through life."

Of the 6 high school graduates only 1 began dating at 15 or less; the other 5 were 16 years old or older. The adolescent mothers who dropped out of high school (N=4) began dating at age 15 or less, and 3 began at age 16 or older. Seven adolescent mothers who were still enrolled in high school began dating at age 15 or less, 1 was 16 years old, and only 2 had never dated.

Seventeen of the adolescent mothers described their relationship with the child's father as either very close emotionally or friendly. Six stated the relationship was distant to non-existent.

The number of adolescent mothers seeking knowledge from mothers concerning the male and female reproductive process was 10, whereas 13 adolescent mothers sought information from either friends, sisters, or other significant individuals. Eleven stated that their mothers were the primary person who talked to them about male and female reproductive systems, and 12 indicated other individuals had given them this information. When asked from whom they sought birth control information, only 10 stated they asked mother, whereas the remaining 13 approached friends, sisters, or other significant

individuals for their information.

Of the 5 questions relating to description and function of the female and male reproductive systems (numbers 19-23), only 6 adolescent mothers were able to choose the correct answers to all 5 questions. The adolescent mothers incorrectly answered questions related to the female reproductive system more so than they did questions related to the male reproductive system. When asked if they thought sex education courses should be offered in school, 22 responded "yes."

When asked if they were using birth control before pregnancy, only 12 of the adolescent mothers answered affirmatively. The primary answers given for not using birth control were: sickness from taking the pill; forgetting to take the pills; parental objections to birth control; the desire for a baby; "don't know"; and "didn't think it would happen to me."

Sixteen of the adolescent mothers realized they were pregnant by their second month. The remaining 7 did not confirm their pregnancies until the fourth month. Only 5 adolescent mothers informed their mothers first about their pregnancy, whereas the remaining 18 told their boyfriends or girlfriends. When asked whether they had considered having an abortion, 16 adolescent mothers said they had not; 7 had thought about having an abortion. When asked if they planned to use any type of birth control device, 22 subjects stated "yes," however, 1 (age 14 years) adolescent mother stated "no" because she planned not to engage in further sexual

activities and not to have any more children. The choice of birth control device which most of the adolescent mothers planned to use is the "pill." All of the adolescent mothers stated they would be interested in a parenting class if offered.

The communication scale developed by Parker, Tupling, and Brown, "A Parental Bonding Instrument" (1979), used in the study seeks to describe the communication pattern between adolescent mothers and their mothers as perceived by the subjects. There were 19 statements to which the subjects chose either "most of the time," "sometimes," "rarely," or "almost never" to describe the communication patterns. The overall ratings indicate that the adolescent mothers perceive their relationship with the parent mother to be one of mutual understanding. See Table 1 for complete answers given by the adolescent mothers.

The Tennessee Self-Concept Scale (Fitts, 1964) was used to measure the adolescent mothers' self-concept in relationship to the norms presented for the scale. The norms established were based on a broad sample of 626 people from various parts of the country. The mean for the adolescent mothers' total positive score was 325.04 and the mean total positive score for the TSCS norm group was 345.57. The standard deviations were 27.77 and 30.70, respectively. A t-test for independent sample was used to determine if the means for the two groups were significantly different. The

obtained value ($t=3.07$) exceeds the critical value of 2.07 at the .05 level of significance. It is concluded that the differences between the means of adolescent mothers' self-concept and the normed sample of the TSCS are significantly different.

CHAPTER 4

Discussion

The present study was conducted to further investigate the pattern of communication between mothers and pregnant, unmarried adolescents to determine its relationship to the adolescent's pregnancy. Additionally, the study sought to determine if the self-concepts of pregnant adolescents differ from those of a representative population as measured by the Tennessee Self Concept Scale. In general, the adolescent mothers surveyed in this study indicated their parent mothers were understanding of their problems, gave them the freedom they desired, did not invade their privacy, and enjoyed talking things over with them. In addition, the results showed that the measured self-concepts of these adolescents were lower than the sample population included in the TSCS norm group.

The results of the present study are similar to those reported by Landy et al. (1983). Both studies found that a "good" relationship existed between the pregnant adolescents and their mothers. The clinical evidence in Landy's study suggested that many of his "good" relationships were of an almost symbiotic, overprotective, and smothering type. In the present study only 6 of the adolescent mothers lived with both parents, and 11 indicated their mothers as their

major caretakers. The remaining 7 indicated relatives, friends and/or boyfriends as their major caretakers. Based on the questionnaire statements (see Talbe 1) designed to yield information about the communication pattern between the adolescent and their mother, it appears that the mother-daughter relationships of the sample included in the present study also could be described as "good."

It was noted also by Landy that the relationship between the parent father and adolescent mother was characterized as weak or absent. The fathers of the pregnant adolescents in Landy's study, if not abusive and/or alcoholics, seemed to be completely dominated by their wives. The adolescent subjects in the present study seldom mentioned their fathers or other male figures as major caretakers, indicating a possible lack of closeness in the relationships between the adolescent girls and a male father figure.

Hepburn (1983) found that mothers played a more significant role in the transmission of sexual information to their daughters than fathers. In contrast, the communication between parent mothers and adolescent mothers sampled in Cobliner's (1981) study appeared to be adversative rather than give and take. The present study found adolescent mothers tended not to involve their mothers in communications about male and female reproductive systems, information about birth control, and determination of pregnancy. Instead, they sought information from either their sisters, friends, and/or

boyfriends. Rosen (1983) reported that communication between teenagers and their parents about sexual activities usually is minimal, and the situation seems to be due as much to parental desires as to adolescent's reluctance. Similarly, the study by Lindeman and Scott (1981) found adolescent mothers sought information about sex/pregnancy and birth control from sisters and/or friends.

The relationship between the unmarried adolescent mothers and the infant's father in the present study was described as very close emotionally or friendly by 17 adolescent mothers, whereas only 6 described the relationship as distant to non-existent. DeAmicis et al. (1981) also found that the pregnancies of the adolescents he studied resulted from an extended and serious relationship with a single mate who frequently agreed to contribute to the child's support, and only a minority of the relationships were severed following the pregnancy.

The literature reviewed suggested many reasons for adolescent pregnancies. Some of the common reasons given for the nonuse of contraceptives by the adolescent mothers questioned in the sample were: sickness from taking the pill; forgetting to take the pill; parental objections to birth control; the desire for a baby; "don't know"; and "didn't think it would happen to me." Similar reasons were given in the research conducted by Sorenson (1973). The sample surveyed by DeAmicis et al. (1981) responded

negatively to future use of birth control after pregnancy. The attitudes of their subjects were in contrast to the attitudes of the subjects in the present study. The adolescent mothers (22 of 23) indicated they would use some form of birth control, most preferring the pill.

The future desires of the adolescent mothers were varied. Many disclosed plans for getting married, finishing high school, being a good mother, finding a job, "don't know," or "simply making it through life." Similarly, the futuristic goals of the subjects in Scott's (1983) research were directed toward hopes of marriage. He concluded that many of the adolescent mothers felt marriage in the future to the putative fathers would eventually resolve their situation of being a single parent.

The unmarried adolescent mothers in the present study presented a lower self-concept in comparison to the representative population sampled by the TSCS. Similarly, Patten (1981) and Zongker (1981), using the TSCS, found lower self-concept scores among their adolescent mothers in relationship to the scores of a married population. Zongker (1981) found his adolescent mothers to be basically overwhelmed by feelings of low self-esteem. They were poorly integrated as a person, possessed a deficit of adequate coping behaviors, and exhibited a high degree of instability and conflicts. Even though the adolescent mothers sampled in the present study scored below the norm on self-concept, as measured

by the TSCS, their response to interview questions relating to how they viewed themselves did not agree with these scores. When interviewed, most of the adolescent mothers reported positive feelings about themselves.

Adolescent pregnancy, as stated in the introduction, is a continuing social problem which fluctuates with the size of the population at risk, the amount of adolescent sexual activity, and the adolescent's knowledge and utilization of birth control procedure (Klerman, 1980). The findings of the present study agreed with many of those reported in the literature reviewed. However, further exploration would be beneficial in order to understand the type of information about sex, pregnancy, and birth control being conveyed to adolescents from parent(s), sister(s), peer group (male and female), and significant others. The results of the present study indicated, as did the research works by Lindeman and Scott (1981), Rosen (1983), and Cobliner (1981), that many adolescents are communicating with other significant individuals about sex, pregnancy and birth control rather than with parents and professionals.

As reported the unmarried adolescent mothers in the present study tended to have a lower self-concept relative to the sample population of the TSCS. These findings are similar to those presented by Patten (1981) and Zongker (1981).

As recommended by Patten (1981) an intervention program

based on sexual responsibility rather than focusing on abstinence from intercourse, as presently emphasized in homes, schools, and agencies, could do much to remove conflicts between what adolescents do and what they are supposed to do. Such a program to provide youth with knowledge of, and control over, their sexual selves could be implemented by school systems, health organizations, or other agencies, hopefully with paternal support.

Adolescence is known to be a time of turbulence for most individuals, and finding self-identity is a crucial stage in the development of adolescents who are moving from the world of the child to the world of the adult (Erikson, 1968). Considering the present size of the adolescent population, further research in the area would be helpful to all professionals working with young people.

REFERENCES

- Coblner, W. G. (1981). Prevention of adolescent pregnancy: A developmental perspective. Birth Defect: Original Article Series, 17(3), 35-47.
- Coblner, W. G. (1981). Teenage pregnancy: Who is most at risk? The Female Patient, 6, 63-68.
- DeAmicis, L., Klorman, R., Hess, W., & McAnarney, E. (1981). A comparison of unwed pregnant teenagers and nulligravid sexually active adolescents seeking contraception. Adolescence, 16(61), 10-20.
- Fitts, W. H. (1964). Tennessee Self-Concept Scale. Nashville: Counselor Recordings and Test.
- Hepburn, E. (1983). A three-level model of parent-daughter communication about sexual topics. Adolescence, 18(71), 523-534.
- Klerman, L. (1980). Adolescent pregnancy: A new look at a continuing problem. American Journal Public Health, 70(8), 776-778.
- Landy, S., Shubert, J., Cleland, J., Clark, C., & Montgomery, J. (1983). Teenager pregnancy: Family Syndrome? Adolescence, 18(71), 679-692.
- Lindeman, C. & Scott, W. (1981). Wanted and unwanted pregnancy in early adolescence: Evidence from a clinic population. Journal of Early Adolescence, 1(2), 185-193.

- Parker, G., Tupling, H., & Brown, L. (1979). A parental bonding instrument. British Journal Medical Psychology, 52, 1-10.
- Patten, M. (1981). Self-concept and self-esteem: Factors in adolescent pregnancy. Adolescence, 16(64), 765-778.
- Rosen, R. (1980). Adolescent pregnancy decision-making: Are parents important? Adolescence, 15(57), 43-54.
- Scott, W. (1983). The sentiments of love and aspirations for marriage and their association with teenage sexual activity and pregnancy. Adolescence, 18(72), 889-897.
- Sorensen, R. (1973). Adolescent sexuality in contemporary America. New York: World Publishing.
- Zongker, C. (1977). The self-concept of pregnant adolescent girls. Adolescence, 12(48), 477-488.

TABLE 1

Table 1

Communication Pattern of Adolescent Mothers

Statement	Most of the time	Sometimes	Rarely	Almost Never
These next statements relate to how you think or believe the communication pattern is between you and your mother:				
1. Likes me to make my own decisions	12	7	2	2
2. Appears to understand my problems and worries	14	7	1	1
3. Tends to baby me	5	6	3	9
4. Does not talk to me very much	4	2	6	11
5. Feels I could not look after myself unless she is around	2	4	5	12
6. Does not help me as much as I need	1	2	5	16
7. Enjoys talking things over with me	19	3	0	1
8. Gives me as much freedom as I want	13	5	1	4
9. Lets me go out as often as I want	14	5	1	3
10. Can make me feel better when I am upset	14	5	2	1

Statement	Most of the time	Sometimes	Rarely	Almost Never
11. Tries to control everything I do	1	7	3	12
12. Invades my privacy	2	3	4	14
13. Does not understand what I need or want	3	2	6	12
14. Lets me decide things for myself	14	5	2	2
15. Tries to make me dependent on her	4	3	5	11
16. Lets me dress in any way I please	17	2	2	2
17. Makes me feel I am wanted	18	4	0	1
18. Makes me feel that I no longer need her care and affection	1	5	0	17
19. Is too busy to talk things over with me	1	4	3	15

(Parker et al., 1979).

APPENDIX

Adolescent Mother

1. Race
2. Age
3. Number of Sister(s)
4. Number of Brother(s)
5. Position in family
6. Total number of individuals living in the home
7. Major caretaker(s)

Mother and Father

Stepmother and Father

Mother

Stepmother

Father

Mother and Stepfather

Stepmother and Stepfather

Stepfather

Sister

Brother

Aunt and Uncle

Aunt

Grandparent(s)

Adoptive Parent(s)

If adoptive how long have
you lived in the present
situation?

8. Grade in school
9. Retention in school
10. Grades in school: A student
 - A and B student
 - B student
 - B and C student
 - C student
 - Below C student

11. Do you consider yourself well-liked___ liked___ not well-liked___ in school?
12. How do you think of yourself as an individual:
strong___ weak___; lucky___ unlucky___; kind___ mean___;
a hard worker___ lazy___; good looking___ ugly___;
happy___ sad___; neat___ sloppy___.
13. What do you plan for your future?
14. At what age did you first start dating?
15. How would you describe the relationship between you and the baby's father?

Very close emotionally___ Friendly___
Distance (little or superficial)___
Hostile___ Non-existent___
16. To whom have you talked about the male and female reproductive system?

Mother___ Father___ Sister(s)___ Brother(s)___ Aunt___
Uncle___ Teacher___ Peer-Friend___ Counselor___ Other___
17. Who has talked with you about the male and female reproductive system?

Mother___ Father___ Sister(s)___ Brother(s)___ Aunt___
Uncle___ Teacher___ Peer-Friend___ Counselor___ Other___
18. To whom have you talked about birth control methods?

Mother___ Father___ Sister(s)___ Brother(s)___ Aunt___
Uncle___ Teacher___ Peer-Friend___ Counselor___ Other___

19. Which statement best describes ovary.
(a) The external genitals of the female. (b) The sex gland in the female in which the ova are formed.
(c) Lymph node.
20. Which statement best describes menses.
(a) Pertaining to the mind. (b) A pregnant woman.
(c) Monthly discharge of blood from the uterus which is commonly called menstruation.
21. Which statement best describes ovulation.
(a) To make fertile or more fertile. (b) The process in which an ovum is discharged from an ovary. (c) The female reproductive cell.
22. Which statement best describes testicle.
(a) The fluid secreted by the male reproductive organ.
(b) An opening leading to a canal. (c) One of the two glands contained in the male scrotum.
23. Which statement best describes penis, testes and scrotum.
(a) Male external genitalia. (b) Female internal organs.
(c) Organ through which semen is transferred.
24. Have you ever used any type of birth control? Yes ___ No ___
25. (If yes) What kind of birth control did you use?
Pill___; Intrauterine device (IUD)___; Condom (rubber)___;
Rhythm___; Diaphragm with spermicidal products___;
Foams___; Jellies and creams___; Other_____
26. (If yes) When did you first start using birth control?

Adolescent Mother (continued)

27. (If yes) When did you stop?
28. (If yes) For what reason(s) did you stop using birth control?
29. (If no) For what reason(s) before your pregnancy did you choose not to use birth control?
30. When during your pregnancy did you realize you were pregnant?
31. Who was the first person you told about your pregnancy?
32. Did you ever consider having an abortion? Yes___ No___
33. Did you think sex education courses should be offered in school? Yes___ No___
34. Do you plan to use birth control in the future? Yes___ No___
35. What type of birth control methods do you plan to use?
36. If there were a parenting class offered to help you in caring for your baby, would you be interested? Yes___ No___