

Student Work

3-1-1997

Characteristics of Low-Income, Black, Midwestern Teenage Mothers

Lu Ellen Schorle
University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/studentwork>
Please take our feedback survey at: https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE

Recommended Citation

Schorle, Lu Ellen, "Characteristics of Low-Income, Black, Midwestern Teenage Mothers" (1997). *Student Work*. 1838.

<https://digitalcommons.unomaha.edu/studentwork/1838>

This Thesis is brought to you for free and open access by DigitalCommons@UNO. It has been accepted for inclusion in Student Work by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

Characteristics of Low-Income, Black,
Midwestern Teenage Mothers

A Thesis
Presented to the
Department of Sociology
and the
Faculty of the Graduate College
University of Nebraska
In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
University of Nebraska at Omaha

by

Lu Ellen Schorle

March 1997

UMI Number: EP73578

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI EP73578

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Characteristics of Low-Income,
Black, Midwestern Teenage Mothers

Acceptance for the faculty of the Graduate College, University of
Nebraska, in partial fulfillment of the requirements for the degree of Master
of Arts, University of Nebraska at Omaha.

Committee

Lu Schorle

Department of Sociology

Mark O. Roessner, Sociology

Juride Rabele-Wagner, Health Education

Chairperson *W. B. Pittell*

Date *March 17, 1987*

ABSTRACT

Characteristics of Low-Income, Black, Midwestern Teenage Mothers

This is an exploratory project based on interviews with 26 Midwestern, black, and low-income adolescent mothers. Of these 26 mothers, 20 mothers had one child and six mothers had more than one child. Each interview obtained qualitative data pertaining to the participant's family background; romantic/sexual relationships; reproductive history and plans; use of and attitude toward birth control; the experience of parenting; and future ambitions for mother and child. The interview schedule also obtained quantitative data regarding the participant's cognitive perception of the environment as measured by a modified version of Martin E. P. Seligman's Attributional Style Questionnaire (ASQ). The modified version of the Attributional Style Questionnaire included five hypothetical positive events such as: (1) "You meet a friend who compliments you on your appearance"; (2) "You become very rich"; (3) "You complete your homework and it is highly praised"; (4) "Your boyfriend has been treating you more lovingly"; and (5) "You want something very badly and you get it". The modified version also included four negative events: (1) "A friend comes to you with a problem and you don't try to help him/her" (2) "You give an opinion in front of the class and the class reacted negatively at you"; (3) "You meet a friend who acts mad at you"; and (4) "You go out on a date and it goes badly".

The recruitment and the interviewing of participants was concluded when the researcher encountered several dangerous situations. As a result, this study has a total sample size of 26. This limitation precludes the

researcher from making comparisons between mothers with one and mothers with two children, as had been planned.

In spite of these limitations, the project does provide information that reveals teenage mothers' (1) desire academic achievement; (2) want to be good parents; and (3) perceive their environment as neutral or without learned helplessness. This project can also offer some suggestions for insuring the safety of future researchers during field studies.

Finally, this exploratory project confirms the findings of several other researchers regarding the age relationship between the mother/father pairs; and for the teen mother, having a maternal history of adolescent childbearing.

CONTENTS

Chapter	Page
I. INTRODUCTION	1
The Social Burden of Teenage Pregnancy	3
Subsequent Pregnancies	6
II. LITERATURE REVIEW	8
Adolescent Birth Statistics in U.S. and Other Industrialized Countries	8
Birth Statistics in Nebraska	11
Factors Which Influence Pregnancy in Teens	12
Social Structure	12
Family	14
Contraceptive Use	15
Factors in Subsequent Births	15
Parental Education	16
Race	16
Marital Status	17
Learned Helplessness and Teenage Pregnancy	17
Postpartum Depression and Learned Helplessness	22
III. RESEARCH DESIGN/METHODOLOGY	23
Attributional Style Questionnaire	24
Pilot Study	25
Interview Schedule	27
Sample	27
Challenges to Obtaining the Sample	30
IV. CHARACTERISTICS OF TEENAGE MOTHERS	37
Influences on Sexual Behavior	36
Familial Birth History	36
Peer Influence on Childbearing	38
Unintentional Pregnancy	40
Intentional Pregnancies	41
Age at First Birth	42
Age at Subsequent Births	43
Contraceptive Use	45
Types of Contraceptives Used	46
Concerns About Contraceptive Methods	48
Parenthood	51
Expectations Versus the Reality of Motherhood	51

Being a Good Mother	55
Expectations for Marriage	56
Involvement of the Fathers	57
Economic Assistance	58
Goals	60
Desire for Academic Success	60
Desire for Success	61
Goal Attainment	62
Success for the Children	64
Conclusion	65
V. LEARNED HELPLESSNESS	67
Measures Generated Across the Positive and Negative Events	71
Internal Dimension	72
Stable Dimension	73
Global Dimension	74
Measures Generated Across the Internal, Stable, and Global Dimensions	76
Composite Positive/Negative Scores	76
Composite Positive Minus Composite Negative Score	77
Hopefulness/Hopelessness	77
VI. CONCLUSION	79
Substantive Conclusions	79
Researcher Experience with the Violence	81
Researcher's Recommendations for Safety	84
Recommendations for Future Research	84
Implications for Social Research	85
Tangential Relevance	85
Sensitive Topic	87
Parental Permission	90
Skepticism about the Research	91
Sanctioning of the Project	92
Implications for Social Policy Changes	93
Reflections	95
REFERENCES	97

APPENDICES

Appendix A: Letter of Invitation	102
Appendix B: Youth Assent Form	103
Appendix C: Parental Consent Form	105
Appendix D: Interview Schedule	108

LIST OF TABLES

Table	Page
I. Industrial Countries' Fertility and Crude Birth Rates, 1990-1995	9
II. Teenage Births in Nebraska as a Percentage of Total Births	11
III. Mother's Age at birth for 1993 and 1994	12
IV. Comparisons of Group Characteristics	30
V. Frequency Distribution Pattern of Ages at First Birth, Group One	43
VI. Age comparisons of Mothers and Fathers, Group Two	44
VII. Frequency Distribution Pattern of Ages at Subsequent Births, Group Two	45
VIII. Frequency of Contraceptive Use, Group One and Group Two	46
IX. Methods of Contraception Utilized by Sexually Active Group One and Group Two Mothers	47
X. Concerns About Using Birth Control by Group One and Group Two Mothers	49
XI. Comments About Motherhood by Group One and Group Two Participants	52
XII. Calculation of Individual Scores in the Learned Helplessness Scale	70
XIII. Calculation of Composite Scores in the Learned Helplessness Scale	71
XIV. Attributional Style Questionnaire Mean Scores For Group One and Group Two Mothers	73

LIST OF FIGURES

Figure	Page
1. First event and four parallel questions of the learned helplessness scale	69

Chapter I

Introduction

In recent years, teenage pregnancy has become a matter of national concern and interest. American teenagers give birth at significantly higher rates than their counterparts in virtually every other industrialized nation (Jones, Forrest, Goldman, Henshaw, Lincoln, Rosoff, Westoff, and Wulf 1986).

This project explores the lives of adolescent mothers by obtaining information pertaining to the family background; romantic/sexual relationships; reproductive history and plans; use of and attitudes toward birth control; the experience of parenting, future ambitions for mother and child; by using a modified version of Martin E. P. Seligman's Attributional Style Questionnaire (ASQ).

The modified version of the Attributional Style Questionnaire included five hypothetical positive events such as: (1) "You meet a friend who compliments you on your appearance"; (2) "You become very rich"; (3) "You complete your homework and it is highly praised"; (4) "Your boyfriend has been treating you more lovingly"; and (5) "You want something very badly and you get it". Also included in the modified version of the ASQ were four negative events: (1) "A friend comes to you with a problem and you don't try to help him/her" (2) "You give an opinion in front of the class and the class reacted negatively at you"; (3) "You meet a friend who acts mad at you"; and (4) "You go out on a date and it goes badly".

Research conducted by the Alan Guttmacher Institute finds that one million U.S. adolescent women give birth annually. The majority, 85%, of these teenage pregnancies are unintended. However, low-income adolescents

are more likely to report that the pregnancy was planned. This is in direct contrast to reports made by higher income teenagers. Higher income teenagers report that the majority of births are not planned (Alan Guttmacher Institute 1994).

Teenage pregnancy rates are not equal among racial and ethnic groups. A comparison study of black, white, and Hispanic teenagers by the Alan Guttmacher Institute (1994) revealed that black teens are more likely to become pregnant. Of all black women aged 15-19, 19% become pregnant each year. Hispanic and white women of the same age group have a pregnancy rate of 13% and 8%, respectively. The proportion of sexually experienced teenagers who become pregnant increases with age. As the teen becomes older, she generally has intercourse more frequently. She is more likely to be fertile and may have a desire to get pregnant. Of the young women who are age 14 and sexually active, 9% become pregnant every year. For sexually active women ages 15-17 and 18-19, the annual pregnancy rates are 18% and 22% (Alan Guttmacher Institute 1994). Researchers Hofferth, Kahn, and Baldwin (1987) further suggest:

The cumulative estimates show that among both whites and blacks, teenagers continue to become sexually experienced at younger and younger ages, and any decline observed in levels of sexual activity is limited to adolescents in the older age groups (p. 52).

Research further suggests that once a teenager has a child, she will continue to have children. Research conducted by the Alan Guttmacher Institute (1994) finds that "19% of the adolescents who become mothers at ages 15-17 and 25% of those who are aged 18-19 when they first give birth will have a second child within two years" (p. 60).

The Social Burden of Teenage Pregnancy

It has been suggested by researchers that adolescent mothers are often at a disadvantage emotionally, educationally, economically, and socially (Furstenberg 1976; Masters, Johnson, and Kolodny 1992). The deficits in these areas often overlap. For example, teen mothers often have not completed the emotional and psychological developmental tasks necessary for adequate parenthood (Craig 1979). Failure of the teenage mother to complete these stages of development may leave her emotionally unprepared for the challenges of motherhood.

These single-parent teenage families may impose economic and social burdens on society. According to the Congressional General Accounting Office:

Nearly half of all mothers on the [welfare] rolls now had their first child as a teenager. . . . Teenage mothers tend to have more children, less education and less income than other women on welfare. . . . The government spent \$34 billion in 1992 to support such families--through Aid to Dependent Children, Medicaid, food stamps and other programs. (New Report Tallies Cost of Teen Mothers, 2 June 1994, p. 10).

As for education, a Legislative Act passed in 1975 made it illegal to prohibit pregnant adolescents from attending school (Luker 1991). However, there are still pregnant adolescents that do not graduate from high school, because of other barriers. A number of adolescents must delay finishing school until the child is older, or until adequate child care is arranged. This lack of education will affect the adolescent's current and further employment opportunities, career choices, and post secondary educational experiences.

These are not the only consequences. For example, a lack of education

may inhibit or delay needed medical care. The pregnant mother is often given many choices concerning the delivery of the baby, medications, diet, and treatments. Educational materials are often printed using abstract words, complex sentences, or medical terminology. Complexity of written educational material may decrease the pregnant mother's inability to comprehend the subject matter. The delay or absence in health care can increase the risks of prematurity, birth defects, and retardation for the newborn (Kozier, Erb, Blais, and Wilkinson 1995).

Lack of education can also limit the adolescent's economic opportunities and status by hindering job opportunities, advancement, and mobility (Abrahamse, Morrison, and Waite 1988; Alan Guttmacher Institute 1994; Furstenberg, Brooks-Gunn and Morgan 1987; Hayes 1987; Musick 1993). Frequently, the uneducated adolescent will be confined to an entry level job with poor pay. As a result, the children born to adolescent mothers are frequently raised in economically impoverished homes. Teen mothers may eventually have a median family income above poverty. However, their future income will be only about one-half of the family income of those who postpone their first birth until age 25 or older. While many teenage mothers have been able to break out of the cycle of poverty, these women do continue to be at a disadvantage economically (Furstenberg *et al.* 1987).

In addition to the emotional and educational disadvantages of teenage pregnancy, there is also a social component involved. One of the most fundamental social changes occurs in the patterns of childbearing and family structure. Over the last several decades a growing proportion of babies have been conceived and born outside of marriage. The increase has occurred

among women of all ages, and it has been more rapid among older women than among teenagers. While most births to teenagers occur outside marriage, “adolescents account for only 30% of all out-of-wedlock births” (Moore 1995, p. 5).

Although this may suggest that the number of adolescent pregnancies may be less than previously assumed, there has been a dramatic shift in the pattern of these first births. According to the Alan Guttmacher Institute (1994):

In 1960-1964, 59% of the first births to women aged 15-17 occurred among teenagers who had conceived outside marriage. . . . By 1985-1989, 92% of first births to 15-17 year-olds occurred among women who had conceived outside marriage, and only 11% of new mothers had married while pregnant. Thus, 81% of first births to women aged 15-17 in 1985-1989 occurred outside marriage (p. 53).

Children born to black teenage mothers are often born out-of-wedlock. In 1990, “more than nine in 10 black mothers under 20 were unmarried when they gave birth, compared with fewer than six in 10 white teenagers” (Alan Guttmacher 1994, p. 53). According to Moore (1995):

From the 1960s to the 1980s, the proportion of nonmarital conceptions in which the parents married before the child was born plummeted from 31 percent to 8 percent among blacks, from 33 percent to 23 percent among Hispanics, and from 61 percent to 34 percent among whites (p. 5).

For black American teens, childbearing and childrearing have been further severed from marriage and the economic resources of the father (Moore 1995).

Consequently, there is a rise in the level of black, female-headed families. Researchers (Wilson 1987; Alan Guttmacher Institute 1994) reveal

that the proportion of black female head-of-households rose from 30% in 1959 to 74% in 1978. Raising children as the female head-of-household presents a serious economic dilemma for teenage women. Because of childrearing responsibilities, these teen mothers, who are also heads-of-household, may be forced to choose between attending high school and being a mother. This choice may compromise how much education the mother will receive, in turn, compromising the family's income level. It is estimated that 53% of funds distributed by the Aid to Families with Dependent Children program goes to support a family formed by a teenage birth (Alan Guttmacher Institute 1994).

Subsequent Pregnancies

Although there has been a great deal of research regarding teenage pregnancy, the research regarding subsequent pregnancies to adolescents has been much less extensive. The existing literature suggests that first pregnancies and subsequent pregnancies result from very different social factors. The factors that lead to subsequent pregnancies need to be further investigated to determine their impact on social change and policy.

Researchers (Gispert, Brinich, Wheeler, and Krieger 1984; Matsuhashi, Felice, Shragg, and Hollingsworth 1989; Stevens-Simons, Parsons, and Montgomery 1986) suggest that without more research on the subsequent adolescent pregnancies, the phenomenon of adolescent pregnancy cannot be completely understood. Only by investigating the factors associated with subsequent pregnancies to teen mothers can knowledgeable, effective, and coherent social policies be made.

While this project seeks to understand the behavior of a very limited

segment of the population; it should be noted that this segment is not representative of the black community. This researcher regretfully acknowledges that this selected population does not describe the richness of the human experience, nor does it describe the religious, social, political, and economic diversity among black Americans.

Chapter II

Review of the Literature

The review of literature on teen pregnancy has identified several issues including: the significance of adolescent fertility rates; the influences on adolescent sexual behavior; use of contraceptives by adolescents; and factors in subsequent births. In this chapter the idea of "learned helplessness" becomes a central issue. This idea suggests that when an individual perceives the events in their lives as being uncontrollable, the motivation to respond to the environment may be absent.

Adolescent Birth Statistics In U.S. and Other Industrialized Countries

Researchers, (Furstenberg 1987; Jones, Forrest, Goldman, Henshaw, Lincoln, Rosoff, Westoff, and Wulf 1986; World Health Organization 1994), indicate that adolescent birthrates in the United States hold an exceptional position both world wide and historically. As Table I indicates, the teen birth and fertility rates in the United States are considerably higher than in most other industrial countries.

TABLE I.
INDUSTRIAL COUNTRIES' FERTILITY AND CRUDE
BIRTH RATES, 1990-1995

Country	Total Fertility Rate (All Women)	Fertility Rate for Women ages 15-19 years	Crude Birth Rate (All Women)
Canada	1.8	25.3	14.2
England	1.9	33.5	13.9
Finland	1.8	14.0	12.5
France	1.8	11.6	13.5
Ireland	2.1	14.7	14.4
Netherlands	1.7	6.1	13.7
Norway	2.0	19.6	14.7
Spain	1.4	14.6	10.8
Sweden	2.1	12.6	14.0
United States	2.1	58.4	15.9

Source: World Health Organization. 1944. 1993 World Health Statistics Annual. Geneva.
World Resources Institute. 1994. World Resources 1994-1995. New York: Oxford Press.

Jones *et al.* (1986) note:

The maximum difference in the birthrate between the United States and the other countries occurs at ages under 15. With more than 5 births per 1,000 women aged 14, the U.S. rate is around four times that of Canada, the only other country with as much as 1 birth per 1,000 women (p. 26).

Historically, American teen birth rates have been reasonably stable until the end of World War II. According to Luker (1991):

From the turn of the century to the end of World War II, birth rates among teenagers were reasonably stable at approximately 50 to 60 births per thousand women. Teen birth rates, like all American birth rates, increased dramatically in the period after World War II, doubling in the baby boom years to a peak of about 97 births per thousand teenaged women in 1957. Subsequently, teen birth rates declined, and by 1975 they had gone back down to their traditional levels. . . (p. 75).

Furstenberg (1976) explains that this peak was due to the large number of teenage mothers in the late fifties and early sixties. This change did not reflect a tendency toward higher adolescent fertility, but the expanding pool of young women who were able to physically bear children.

Although approximately one million teen births occur every year, it is not only the number of births that concern the general American public (Alan Guttmacher Institute 1994). Researchers (Furstenberg, Brooks-Gunn, and Morgan 1987; Luker 1991) suggest the concern and significance of the adolescent fertility rate in the United States has changed. The number of births is secondary to the economic and social impact that these births have on society. In the sixties, concern about adolescent fertility was due to a general apprehension about overpopulation (Furstenberg, Brooks-Gunn, and Morgan 1987). As the number of out-of-wedlock births increased, the American public became less concerned about overpopulation and more concerned about how to support these unfathered children and single parent families. Money to assist the family in the event of economic, medical, or psychological crisis became major political and social issues (Lawson and Rhode 1993). For teenage mothers, the social consequences for themselves and their children are what has changed. According to Furstenberg (1979):

Premature entry into parenthood may mean that the adolescent childbearer is formally or informally denied the resources and support normally provided to mature mothers. The disordering of the normal family career removes the young mother from the systems of social and economic support upon which she has depended. At the same time, her age and social position may limit her access to alternative arrangements that could encourage economic independence. Subtle and explicit forms of discrimination may be applied to adolescent mothers by their families, their school, or potential employers, disturbing their chances of resuming old roles or performing new ones (p. 15).

Birth Statistics in Nebraska

Nebraska statistics generally reflect those of the United States. The percentage of births to teenage mothers has slightly increased since 1990. As Table II indicates, the percentage of births to teenage mothers has increased from 9.8 in 1990 to 11 in 1994.

TABLE II
TEENAGE BIRTHS IN NEBRASKA AS A PERCENTAGE OF TOTAL BIRTHS

Year	Percentage
1989.....	9.3
1990.....	9.8
1991.....	9.8
1992.....	9.9
1993.....	10.1
1994.....	11.0

Source: Nebraska Department of Health. 1993. Nebraska 1992:Vital Statistics Report. Lincoln: Nebraska Department of Health.
Brennan, Joe. 1995. "Percentage of Births to Teens Creeping Up." Omaha World Herald, 25 October, pp. 20

In 1993, there were 2,333 of babies born to teen mothers (Nebraska Department of Health 1994). In an article from the Omaha World Herald (1995), Joe Brennan revealed that in 1994, 2,551 babies were delivered by women age 19 or younger and approximately 35% or 893 babies, were born to mothers 17 years old or younger. Compared to the 1990 statistics, the number of babies delivered to younger mothers increased in 1994 (See Table III).

TABLE III
MOTHER'S AGE AT BIRTH OF FOR 1990 AND 1994

Age of mother	1990	1991	1992	1993	1994
12	2	3	0	2	3
13	6	6	5	10	7
14	34	27	32	30	37
15	85	99	89	84	100
16	207	216	236	263	256
17	341	345	350	415	495
18	530	479	511	674	704
19	661	661	628	855	949
Total	1866	1836	1851	2333	2551

Sources: Nebraska Department of Health. 1991. Nebraska 1990:Vital Statistics Report. Lincoln: Nebraska Department of Health, 1991.
 Ibid., 1992, 25.
 Ibid., 1993, 24.
 Ibid., 1994, 24.
 Ibid., 1995, 24.

Factors Which Influence Pregnancy in Teens

Researchers (Abrahamse, Morrison, and Waite 1988; Cobb 1992; Hayes 1987; Kalmuss and Namerow 1994; Trussell and Menken 1978; Williams 1991) indicate that there are a number of different social, and economic factors that may affect the number and frequency of children born to teenage mothers. These factors include: 1) social structure, 2) family composition, and 3) contraceptive use.

Social Structure

It is important to remember that female sexuality does not exist in a vacuum; male behavior patterns influence the initiation of coitus, maintenance of the pregnancy, and childbearing. In two separate studies (Hofferth, Kahn, and Baldwin 1987; Luker 1991) the authors suggest that teen

participation in sexual activity has increased. The early initiation and frequency of coitus is often described as one of the major factors in teen pregnancy. Currently, teens are engaging in sexual behavior earlier and more frequently than teens did two decades ago. According to Luker (1991)

By the time American teenagers reach age twenty, an estimated 70 percent of the girls and 80 percent of the boys have had sexual experiences outside of marriage (p. 78).

In comparison, only 30.4% of adolescent women engaged in premarital sex in the early 1970s (Hofferth, Kahn and Baldwin 1987).

Dash (1989) offers a micro-level perspective when explaining early sexual initiation and teenage pregnancy. For Dash, initiation of sexual behavior, pregnancy, and parenthood were choices that individual women made. These choices, based on individual wants and desires, often brought with them a change in the individual's social status.

Wilson (1987) offers two macro-level perspectives concerning the timing of marriage, and subsequent unwed pregnancies. First, Wilson suggests that social structure, particularly male joblessness, accounts for the number of unwed pregnancies. The lack of male jobs creates an environment in which the mother may receive a higher level of economic support through government agencies, than the jobless or under employed male can offer. Thus, black women may choose never to marry, separate, or not to remarry if the marriage dissolves. Wilson (1987) indicates:

The percentage of never-married women increased dramatically between 1960 and 1980, from 29 percent to 47 percent for whites, and from 30 percent to 69 percent for blacks. Recent data show not only the the incidence of premarital conception has increased, but also that the proportion of those premarital pregnancies legitimated by marriage has decreased. Thus, out-of-wedlock births now comprise a far greater

proportion of total births than they did in the past, particularly for black women (p. 67).

However, Wilson also suggests that teenage pregnancy may be the result of social isolation or a lack of contact with representatives of mainstream society. These representatives could be individuals or institutions. The teenager's behavior, in Wilson's view, is shaped by those who have the most contact and interaction with her. Therefore, young women who are exposed to the daily experiences of teenage motherhood and to boyfriends who are encouraging intercourse may see these behaviors as a societal, instead of the ethnic or family norm. It is only through contact and interactions with different classes and backgrounds that these young women are exposed to mainstream society's normative values and beliefs. Social isolation highlights the fact that culture is a response to social structural constraints and opportunities. Social isolation highlights cultural differences in attitudes toward early childbearing and individual reproductive choices.

Researchers (Balassone 1988; Liebow 1966; Mayfield 1984; Mott 1986; Stack 1974) have found cultural differences in attitudes concerning childbearing. According to Mott (1986):

Black women come from a social milieu generally characterized by a greater prevalence of earlier sexual activity, a presumable greater social acceptance of early childbearing, and a more limited use of contraceptives (p. 7).

Family

Researchers (Mayfield 1984; Stack 1974) further suggest that low-income teenage black mothers gain maturity, autonomy, and respect as mothers in the community after the birth of their first child. According to Dash (1989), the family's behavior and actions may change with the birth of

the young teen's child. For the young black woman having a child may increase the amount of privacy and increase the personal space she has access to at home. It is not uncommon for the young mother to be given a room for herself and the new baby. She may also be allowed to stay out later or have her curfew extended (Dash 1989; Stack 1974).

Researchers (Alan Guttmacher Institute 1994; Hayes 1987) suggest income level, race, and educational achievements may be significant factors in influencing adolescent reproductive choices and the subsequent formation of a family. These researchers indicate that teens living in a low-income and with a poorly educated families have a greater chance of becoming pregnant than teens living in a higher income family.

Contraceptive Use

Although the use of contraceptives by teenagers has increased since 1982, researchers (Alan Guttmacher Institute 1994; Balassone 1988; Ford 1983) suggest that older, white, and higher income teenagers are more likely to use a contraceptive, especially during the first sexual encounter. Poor and black teens are more likely to use the birth control pill, even though these young women may not use it consistently and according to the medical recommendations (Alan Guttmacher Institute 1994). Failure to use the birth control pill or any other reversible contraceptive methods consistently and correctly decreases the effectiveness of the contraceptive method, thereby increasing the woman's chance of pregnancy.

Factors in Subsequent Births

Several researchers (Alan Guttmacher Institute 1994; Timberlake and Carpenter 1992; Ford 1983; Stack 1974; Wilson 1987) believe subsequent births

and large families are not simply a matter of younger mothers having had a longer period of fecundity or inconsistent use of contraceptives. For some teen mothers, there is a shorter interval between pregnancies, particularly the first and second birth. This continued childbearing often differentiates the teen mother from older mothers. Women who start childbearing in their teens; bear more children; have the children closer together; bear more unwanted children; and have more out-of-wedlock births than do women who delay motherhood (Mott 1986). It is not a coincidence that "19% of adolescents who become mothers at ages 15-17 and 25% of those who are aged 18-19 when they first birth have a second child within two years" (Alan Guttmacher Institute 1994, p. 60). Teenagers have an increased probability of subsequent pregnancy when the first pregnancy's outcome is a birth rather than abortion (Balassone 1988). Studies indicate that factors contributing to subsequent births appear to be different than those involving the first birth. The factors that have been shown to affect rapid subsequent childbearing for teens include: 1) education, 2) race, and 3) marital status.

Parental Education

The educational level obtained by the teen's parent influences the rate of subsequent childbearing. When compared to less educated parents, the teenage mother whose parents are more educated are less likely to have a second child in rapid succession. Likewise, young teen mothers who continue with their education after the first teenage birth are less likely to have had a second child in rapid succession (Balassone 1988).

Race

In Balassone's 1988 study, race was identified as a factor that may

contribute to subsequent childbearing. Black and Hispanic women were more likely to have had a second birth within 24 months of the first birth than were non-poor white women (Balassone 1988; Mott 1986).

Marital Status

Balassone (1988) and Ford (1983) identified marriage as the third factor influencing subsequent childbearing. Young women who are married are more likely to have a subsequent birth within 24 months. The marriage can be prior to or after the first birth, but the effect is the same. Marriage increases the woman's chance of having children. However, Ford (1983) suggests that black women who were married were more likely to consistently practice contraception than single black women. Furstenberg, Brooks-Gunn, and Morgan (1987) suggest that this consistency is due to the use of permanent contraceptive methods. Women who began childbearing early used abortion and voluntary sterilization to limit fertility and family size later in life .

These factors and the subsequent childbearing that may contribute to the mother's economically-disadvantaged state. Closely spaced births augment the mother's educational deficits and unemployment.

Learned Helplessness and Teenage Pregnancy

Researchers have proposed that teenage pregnancy is a symptom of complex social issues, not just poverty. Luker (1991) describes these issues best when she states:

Teen pregnancy is less about young women and their sex lives than it is about restricted horizons and the boundaries of hope. It is about race and class and how those realities limit opportunities for young people (p. 83).

Although the study completed by Luker and the learned helplessness research completed by psychologist, Martin E. P. Seligman are from very different paradigms, both may offer insight into the issues involving teen pregnancy. Luker discusses the young woman's response and relationship to the environment; Seligman discusses the young woman's cognitive perception of her environment.

Seligman's learned helplessness theory was originally developed for the assessment of individuals with depression. Seligman believed that humans and animals are born generalizers. Thus individuals who learn that they are helpless in one situation often believe they are helpless in other situations. His theory was based on experiments with animals and the researcher's cognitive interpretation of the animals' behavior. As a result of his experimentation he found that individuals who have repeated experience with uncontrollable events often lack the motivational drive to initiate a voluntary response to change events or their situation. This lack of motivation is due to the individual's belief that a response will not bring about change. However, it was this cognitive interpretation of animal behavior that became so controversial. This simple learned helplessness model "proved unable to account for the generality and chronicity of depressive symptoms or for self-esteem loss in depression, [therefore] it was revised along attributional lines" (Peterson and Seligman 1984, p. 347).

Seligman's learned helplessness theory continued to evolve; it went through several revisions. Each revision helped to include the individual's experience, response, and finally in 1984, the individual's causal explanations

of bad events. Applying this concept to American urban problems, Peterson, Maier, and Seligman (1993) suggest that:

The poverty and discrimination that are the plight of so many Black Americans are devastating not simply because they are deprived of material goods but also because they are deprived of psychological assets. Poverty and discrimination mean uncontrollability, and uncontrollability means passivity and defeatism: in short, learned helplessness (p. 225).

Garber and Seligman (1980), also working from the 1984 revised learned helplessness theory, continued to adapt and expand the model to include a psychological state of mind in which the individual must come to expect that his/her voluntary response has no effect on the outcome of the situation; thus the outcome is uncontrollable. This expanded model also incorporated the individual's use of a cognitive process. Experience with uncontrollable events undermines the individual's motivation to initiate voluntary responses and distorts the cognitive process concerning perception of control. Learned helplessness teaches the individual that a response will not bring change, therefore discouraging any adaptive responses or behaviors.

As the theory continued to evolve, further study led researchers to suggest that a person need not actually experience repeated events in order for helplessness to be produced (Peterson and Seligman 1984). The theory continued to be revised until Seligman would suggest that the person just has to believe or expect that the events will be uncontrollable or negative (Peterson, Maier, and Seligman 1993). The incorporation of negative events into the theory marked a change. Events were no longer just uncontrollable, but for the first time feelings of fear and failure were included in the scale.

The last adaptation or revision of the evolving learned helplessness theory dealt with the questions people asked when faced with uncontrollable/negative events. When they ask themselves “why?”, their answer affects how they will react to the events. According to the learned helplessness theory, there are three explanatory dimensions that are relevant to the individual’s response. These dimensions or explanations are: 1) internal, 2) stable and 3) global; each of these dimensions has a particular role (Peterson, Semmel, von Baeyer, Abramson, Metalsky, and Seligman 1982).

The first of three parameters of causal explanations is the distinction between internal versus external causes. The individual believes that the cause of something may be a direct result of the person’s behavior (internal explanation), or it may be due to something about the situation or circumstances (external explanation). Individuals who have high internal explanations or dimension scores believe that outcomes are caused by their responses. Internal explanations of events affect the individual’s self-esteem and increases the individual’s loss of self esteem following negative events (Peterson and Seligman 1984). In contrast, individuals who have an external causal explanation believe that outcomes are not caused by their response, but by other factors such as luck, fate, and/or chance. According to Peterson and Seligman (1984): “If a person explains [a negative event] by [using] an external factor [dimension], then self-esteem loss is less likely to occur” (p. 348).

The second parameter of causal explanations concerns stability across time. This is known as the stable dimension. A high score in the stable dimension suggests that the cause will persist across time. A score low in stability (unstable) denotes that the cause has a transient quality. When an

individual explains negative events with causes that persist across time, the individual also experiences learned helplessness deficits that persist across time.

The third parameter of causal explanations may affect a variety of outcomes (global dimension), or be limited to a specific event (specific dimension). A high score in the global dimension suggests that the individual has experienced learned helplessness that has generalized to all or most aspects of the individual's life. According to Peterson and Seligman (1984):

If one believes that a global factor has caused a bad event, then helplessness deficits tend to occur in a variety of different situations (p. 349).

If the individual believes that there was a more specific cause for the negative event, then the helplessness deficits are defined and restricted to that specific event. Global explanations for a negative event tend to produce the expectation that any actions on the part of the individual will not affect the outcome of the situation, thus individual's adaptive responses are curtailed (Peterson and Seligman 1984).

For teenage mothers who cognitively perceive the events in their lives are uncontrollable, the motivation to initiate a voluntary response, such as the use of birth control or abstinence, may be undermined (Peterson, Maier, and Seligman 1993). Subsequent pregnancies may not be a voluntary response, but merely a reaction to the woman's environment. As more uncontrolled events are experienced, it is possible that some women no longer have the motivation to change their environment.

Postpartum Depression and Learned Helplessness

The ASQ has been used by researchers investigating depression in pregnant women and “new mothers” (Manly, McMahon, Bradley, and Davidson 1982). The study, completed by Manly et al. revealed that a woman’s prenatal Attributional style was not shown to be a predictor of postpartum depression. Using a sample comprised of “highly educated, upper middle class, married women”, this study can only be suggestive of research involving teenage parenthood.

Chapter III

Research Design/Methodology

To understand the factors that contribute to teenage childbearing, the research for this project consisted of interviewing 26 teenage mothers regarding the mother's family background; romantic/sexual relationships; reproductive history and plans; use of and attitude toward birth control; the experience of parenting; her future ambitions for herself and her child; and her cognitive perception of the environment.

However, during the course of this research, participant recruitment and researcher safety challenged both the methodology and conclusions of the project. The challenge of participant recruitment was greater than originally anticipated; and the compromised safety of the researcher led to the premature termination of the project. As a result of these challenges the sample size was adversely affected. This limitation precludes the researcher from making comparisons between mothers with one and mothers with two children; or to any other black adolescent mothers.

A semi-structured interview schedule was used to obtain both qualitative and quantitative data that may contribute to teenage parenting. Cannon, Higginbotham, and Leung (1988) suggest that one of the challenges faced by the researcher is to develop an interview schedule that is concise, relevant, and focused. This is particularly true when working with women of color. Cannon, Higginbotham, and Leung suggest that black women encounter more obstacles when participating in research projects. Some of these obstacles include: (1) skepticism of the purpose of the research,

(2) concern for participant anonymity, and (3) less free time to devote to research projects (Cannon, Higginbotham, and Leung 1988).

Attributional Style Questionnaire

The original Attributional Style Questionnaire (ASQ), obtained from the University of Pennsylvania, is a tool designed by Dr. Seligman to measure learned helplessness in individuals diagnosed with depression. The six positive and six negative events are outlined in the ASQ. These events are:

- You meet a friend who compliments you on your appearance. . . .
 - You have been looking for a job unsuccessfully for some time. . . .
 - You become very rich. . . .
 - A friend comes to you with a problem and you don't try to help him/her. . . .
 - You give an important talk in front of a group and the audience reacts negatively. . . .
 - You do a project which is highly praised. . . .
 - You meet a friend who acts hostilely toward you. . . .
 - You can't get all the work done that others expect of you. . . .
 - Your spouse (boyfriend/girlfriend) has been treating you more lovingly. . . .
 - You apply for a position that you want very badly (e.g. , important job, graduate school admission, etc,) and you get it. . . .
 - You go out on a date and it goes badly. . . .
 - You get a raise. . . .
- (Peterson and Seligman 1984, p. 1-6)

Each event, whether positive or negative, has four accompanying questions which are always asked in the same order. The questions are:

1. Write down the one major cause.
 2. Is the cause of [the event] due to something about you or something about other people?
 3. In the future when [the event happens], will this cause again be present?
 4. Is the cause of the event something that [just affects the event] or does it also influence other areas of your life?
- (Peterson and Seligman 1984, p. 1).

Each participant was then asked to respond to questions number 2, 3, and 4 by selecting a number from 1-5. Each question and subsequent response measured an individual dimension of learned helplessness. For example, question number two measures the internal dimension; three measures the stable dimension; and four measures the global dimension. By using the ASQ the researcher can measure learned helplessness across individual and composite dimensions.

Pilot Study

For the pilot study, the ASQ was incorporated along with 74 other semi-structured questions into an interview schedule. The pilot interview schedule was targeted at obtaining information regarding some of the characteristics of teenage pregnancy and childbearing as reflected in the literature.

After obtaining parental and participant permission, a pilot study was conducted using five black adolescent women (See Appendices B and C). Three of these women had children. The women participating in the pilot study were 13, 14, 16, and 17 years of age.

Information obtained from the pilot study helped to refine, focus, and structure the questions in the interview schedule to meet the sample populations' understanding, vocabulary level, and time restraints.

As a result of the pilot study, the original hypothetical situations were adapted to correspond to events in an adolescent woman's life. Also three events, two negative and one positive, were omitted from the final interview schedule. These events were: (1) "You can't get all the work done that others expect of you." (2) "You have been looking for a job unsuccessfully for some

time.” (3) “You get a raise” (Peterson and Seligman 1984, p. 3). These events were omitted because the participants required additional and extensive explanation as to the meaning of the event. Furthermore, “You have been looking for a job unsuccessfully for some time”, often triggered the pilot group to respond in a socially desirable manner. One pilot study participant stated, “I know what I should say, but everyone knows how it really is”. As a result of omitting these situations the interview schedule was reduced by 12 questions and approximately 20 minutes (See Appendix D).

The remaining nine hypothetical situations are divided into two groups, positive and negative events. There are five positive events and four negative events. The positive events ask the participant to respond to these situations: (1) receiving a compliment; (2) becoming very rich; (3) having completed homework that is highly praised; (4) being treated more lovingly; and (5) obtaining something really desirable. The negative events include situations like: (1) not helping a friend; (2) speaking in front of the class; (3) meeting a friend who acts mad; and (4) going on an unsuccessful date.

Each participant was asked to generate a cause for the nine events and then rate the cause for each question, using a five point Likert scale. The original ASQ Likert scale of 1-7 was adapted to 1-5 for this project. This adaptation allowed the teens to judge each event and subsequent questions in a uniform manner. After the teen selected a response from the Likert-type scale, the responses were then calculated for individual dimensions and composite scores. This self-report instrument allowed the scores for the explanation of positive and negative events to be objectively quantified.

The interview schedule also included six open-ended questions

providing retrospective, prospective, and current qualitative data concerning the participant's expectations and experiences of motherhood. These questions asked the mother to compare her expectations of motherhood with the reality she is now experiencing.

This semi-structured interview schedule could easily be completed within one hour. The open-ended questions provided the impetus for the mothers to express themselves and open a meaningful dialogue with the interviewer.

Interview Schedule

The refined interview schedule is semi-structured and consists of 74 questions (See Appendix D). The questions investigate the participants' family background; romantic/sexual relationships; reproductive history and plans; use of and attitudes toward birth control; the experience of parenting; future ambitions for mother and child; income level; and reactions to hypothetical situations. These semi-structured questions were targeted to obtain information concerning the teen mother's feelings and concerns about childbearing and parenting.

Sample

The original design required 40 research participants to be obtained through convenience sampling techniques. The criteria for participation included: (1) being of African-American descent, (2) between the ages of 13 and 18 years old, (3) being economically-disadvantaged, and (4) residing in Douglas/Sarpy counties in Nebraska. In this project, the term "economically-disadvantaged" is defined as individuals participating in low income clinics or institutions.

To obtain the needed sample, 11 social service agencies were contacted. These social service agencies represented or provided assistance to: (1) schools, (2) medical clinics, hospitals and practitioners, (3) child care facilities, (4) food programs and pantries, (5) churches, religious organizations, and charities, (6) group homes, and (7) emergency shelters. Five of these agencies allowed the letter of invitation and a self-addressed post card to be distributed to clients by their staff (See Appendix A). A total of 125 letters and postcards were distributed. From the 125 letters there were no responses.

Since there was no response, a different more labor-intensive approach was used. Cannon, Higginbotham, and Leung (1988) indicate that women of color often need direct face-to-face contact when being recruited for research. It is believed that face-to-face contact may help to alleviate the anxiety of participating. To establish face-to-face contact with potential participants, the researcher solicited the help of five black women. These women were either friends or professional colleagues of the researcher. These five women volunteered to assist with the recruitment of subjects. The women were each given six letters of invitation and post cards to distribute to young women meeting the established criteria. Of the 30 letters of invitation and postcards distributed, one young mother responded by telephone.

From this approach, the researcher began to use the snowball technique of recruitment with one potential participant. After each interview, the researcher would ask if the individual had a friend who would like to participate in the project. Several copies of the letter of invitation and attached postcards were given to the participant to distribute to her friends or

relatives. Thirty-two individuals responded using this snowball technique. Six of the individuals did not meet the established race or age criteria.

Of the 26 respondents, 20 participants had one child. Six of the participants had more than one child (See Table IV). These 20 participants, or Group One, were between the ages of 13-18 years old, all were economically-disadvantaged, and living in the Douglas/Sarpy county areas of Nebraska. The breakdown of Group One consisted of five fifteen-year-old mothers; six sixteen-year-old mothers; three seventeen-year-old mothers, and six eighteen-year-old mothers. Each adolescent mother in this group had one child.

The six mothers with more than one child were also economically-disadvantaged and living in the Douglas county area. At the time of the interview this group of mothers had more than one child, or had made the decision to have another child by becoming pregnant.

Although the participants were divided into two groups, the design of this project does not develop statistical comparisons between the two groups of mothers. The participants were divided into groups merely to highlight the different points that the mothers of one child and the mothers of more than one child had to offer.

TABLE IV
COMPARISON OF GROUP CHARACTERISTICS

	Group One (Mothers with one child)	Group Two (Mothers with two children)
15 years of age	3	0
16 years of age	6	1
17 years of age	3	0
18 years of age	8	5
Economically disadvantaged	20	6
Living with parent/guardian	14	2
Defacto emancipated minor	6	4
Receiving government aid	20	6
	(N=20)	(N=6)

Challenges to Obtaining the Sample

Four challenges had to be overcome so that the convenience sample and subsequent interviews could be obtained. The most difficult of these challenges was for the participant to obtain the needed time to complete the interview. Frequently, other social activities and child care emergencies made it necessary to reschedule the interview.

Group One mothers participated in more social and extended family activities. These mothers were often involved with school and extracurricular activities. Five of the mothers in Group One were involved with the "Mama and Me" program sponsored by the Child Saving Institute. Three of the young mothers participated in afternoon and evening programs sponsored by their church. In addition, this group of young mothers participated frequently in babysitting exchanges.

In contrast, Group Two mothers participated in more work related and nuclear family activities. It was this contrast in activities between the

mothers of one child and the mothers of more children that made it difficult to obtain participants meeting the Group Two criteria. Three of the six mothers in Group Two worked outside the home and the time needed to complete the interview proved to be especially difficult to obtain. One mother had to reschedule her interview twice due to her child's illness.

The second challenge was obtaining access to individuals who met the criteria for Group Two. Individuals meeting the criteria for Group Two proved to be the more reluctant to participate in the study. All of the mothers in Group Two had been associated with the welfare system and its social workers since the birth of their first child. As a result, they were more skeptical of institutional research projects and of individuals asking personal and financial questions. One potential participant decided not to participate when she found that a question asked the age of the baby's father. Two participants questioned the researcher extensively regarding who would receive a copy of the final report. Only one mother asked specifically if the researcher was from the Department of Social Services. None of these potential participants offered any explanation as to why they were so anxious about questions concerning the age of the father or who would receive a copy of the final report.

The skepticism concerning the research and researcher's intent was noted before any of the interviews took place. The participants in Group Two often required a more detailed explanation of the purpose of the project, the methods used to protect the confidentiality of the subject, and the researcher's intent. This group of mothers guarded their answers to the qualitative questions until they felt comfortable with the interviewer. This was quite the

opposite of participants in Group One. The Group One participants often seemed eager to tell their story and supplement the interviewer's questions.

The third challenge was obtaining the necessary signature for parental consent. Many of the mothers had at one time lived with friends, relatives, or independently. These young mothers had a variety of reasons for living outside the family home. Some of these reasons included (1) not getting along with the parents; (2) the need to escape an alcoholic or abusive parent; and (3) the desire for independence. One young mother described her home situation by stating:

I live with my friends cuz I don't have any money. I'll be getting Welfare soon. I just couldn't take it any more [at home]! Nothin I'd do was right. My mom was never home. . . and when she was she was drunk. I just didn't want my children to see her like that... I didn't want them [my children] to grow up like that.

These mothers would be essentially on their own, providing their own food, clothing, medical care, and shelter. These mothers were also making decisions concerning the health care of their children. However, they had not been declared emancipated by the legal system; therefore, these young mothers were still classified as dependents of their parents.

Even if the young mothers had contact with their parents or were living at home, gaining permission from the parents to allow the young mother to participate proved to be quite challenging. The parents of these young mothers were very difficult to contact. On one occasion the researcher did contact the parent of a young mother at 10:00 A.M, in the young mother's home. However, the parent was inebriated at the time. The researcher had to return to the home at a later date to obtain the parent's permission and

signature. Another time, the researcher attempted to contact a father of a potential participant. This man was also inebriated and followed the researcher back to her car, making threatening gestures. The researcher never returned to this residence or obtained parental permission, therefore this potential participant was excluded from the project.

There were ten mothers who were classified as defacto emancipated minors. Four of these mothers had more than one child. The remaining six mothers had only one child. To meet the criteria established for defacto emancipation, a minor must be living independently from the parent or guardian and with no visible means of parental support. For these teens, contact with the parent or guardian was nonexistent. These participants were required to give only their consent on a youth assent form.

Although the mothers in Group Two had achieved living independently of their parents, these young women were also experiencing some economic and social difficulties. Money was scarce and these mothers did not always have access to a telephone. Six mothers met the project qualification criteria, but could not be contacted by phone. An attempt to contact these participants through the mail or by a mutual friend was made, but it was unsuccessful. The six Group Two mothers that were contacted cited the lack of child care, transportation, or fatigue as reasons for limited participation in social and community outreach programs.

The fourth and final challenge was obtaining a convenient and safe location for completing the interview. All the interviews took place in the participants' homes. While this proved convenient for the participants, it also proved unsafe for the researcher.

The collection of data and recruitment of participants was abandoned before the desired sample was obtained, because of two potentially dangerous situations encountered by the researcher. While in the home of one of the research participants, an adult male entered the residence and exploded into a violent verbal and physical rage. The researcher escaped through the back door of the residence. Later that same week, the researcher was the target of an attempted car jacking. Eight young, adult, black males attempted to trap the researcher in an isolated cul-de-sac. After a high speed chase, the young men abandoned the attempt.

Even though the challenges and low participation rate proved to be greater obstacles than the researcher anticipated, the data will serve the exploratory purpose of this study. Although the researcher had to abandon the attempt to secure more interviews for Group Two, the data obtained reveals points for comparison. It should be emphasized that the data and analysis presented in this study are concerned only with the 26 black participants in the study. No attempt will be made to generalize the findings to all black adolescent mothers living in the Douglas/Sarpy counties of Nebraska or to any other black adolescent mothers.

Chapter IV

Characteristics of Teenage Mothers

Using a semi-structured interview, the focus of this project is to describe the family background; romantic/sexual relationships; reproductive history and plans; use of and attitudes toward birth control; the experience of parenting; future ambitions for mother and child.

The methodological limitations experienced during the project preclude making comparisons between the two groups of mothers. Nevertheless, descriptive statistics reporting similarities and differences among the teen mothers are suggestive of directions for further research.

In the first section of this chapter, (a) familial birth history; (b) peer influence on childbearing; (c) unintentional pregnancy; (d) intentional pregnancies; (e) parental ages at the time of birth; and (f) postnatal contraception as influences on sexual and reproductive behavior are discussed. These influences take place prior to the birth of the first child, with the exception of later contraceptive use. The use of contraceptives by the teens is included in this section because it also influences the teen's decision to continue engaging in sexual intercourse and/or continue childbearing.

In the second section of this chapter, the focus will be on the reality of parenthood. The teen mother's experience with motherhood may indirectly influence the teen's reproductive choices. The teen's experience with parenthood may indirectly influence the teen's desire to have more children. Investigating the data concerning: (a) the mothers' expectations versus the reality of motherhood, (b) her desire to be a good mother, (c) the teen's expectations for marriage, (d) the involvement of the fathers in the care and

raising of the child, and (e) concerns of teen mothers may help to understand the teen's view of the world.

The third section of this chapter discusses the goals of teenage mothers. The teen's concerns about the future are revealed by her: (a) desire for academic achievement; (b) desire for success; (c) process of goal attainment; and (d) desire for her children's success.

Influences on Sexual Behavior

According to the literature, several factors may influence teenage sexual behavior and the initiation of sexual intercourse. However, there is not just one social factor that determines when the teenager will begin having intercourse or if the teenager will continue childbearing. This research project indicates that many interrelated factors may affect the adolescent's childbearing and parenting decisions. However, the degree and strength of the impact cannot be determined from this project.

Familial Birth History

The majority of the teen mothers in the project indicated that their mothers began childbearing in their teens. In Group One, 80% of the interviewed participants came from a maternal history of teenage childbearing. On the average, the mothers of the Group One participants entered motherhood approximately at 17.4 years of age, whereas, all of the participants in Group Two report that their mothers began having children before the age of 20. Group Two participants reported that on the average, their mothers began having children at 16.2 years of age.

The teen's biological mother may not be the only woman who influences the teen's reproductive choices. Early childbearing by siblings may

also influence the teenage woman's decision to begin childbearing. In Group One, six or 30%, of the 20 participants, whose older sisters also became pregnant as teens. In contrast, Group Two reported that 66 percent of their female siblings were also teenage mothers. In both groups, all the participants' siblings carried the baby to term and raised the child either with the assistance of the grandmothers or a member of the extended family.

While informing the parents of the pregnancy is not part of familial history, it is an important issue to the teen. How the pregnancy is accepted by her parents will influence and shape the teen's view of her own sexual activity and her pregnancy. The two groups of teens had very different feelings about discussing the pregnancy with their mothers. These concerns and fears were evident even if their families had a history of early childbearing. The participants in Group One generally were more concerned about their parents' reactions to the pregnancy.

Half of the participants revealed that they were very anxious about telling their mother and how she would accept the pregnancy. All of the teens indicated that their mothers expressed several emotions when the pregnancy was disclosed. These reactions included the mother responding by being angry, hurt, disappointed, and confused. However, all of the teens' mothers eventually accepted the pregnancy. Shawna said:

I was surprised. I waited until the last possible moment. In fact my mom asked me. All I could do was nod my head yes. She took it better than I thought. She didn't throw me out of the house or nothin'. But I know that it [the pregnancy] was not what she wanted for me. I know I hurt her and me. She wanted me to go to college.

Donna expressed her concern about telling her mother by saying:

I was kinda scared. After all, my boyfriend was as old as my mother. I know she [mom] likes him, but I didn't know how she would feel about me having a baby.

Like the Group One participants, Group Two participants were concerned about how their parents would react to the news of the first pregnancy. However, all participants indicated that their mothers responded in a very empathic manner to the participant's first pregnancy. The young mothers indicated that their mothers appeared to accept the pregnancy almost immediately. Connie summed it up best when she stated:

My mom was 15 years old when she had me. I have one brother and six sisters. And look, I was 17 when I got pregnant. It was kinda like expected that I'd get pregnant; that I would keep the baby. Nobody really said too much about it. My mom just sorta understood. She knew it would be tough. So did I.

Equally important, all of the teen mothers in Group Two stated that discussing the second pregnancy with their biological mothers was not an issue. Their biological mothers were told, but the participant did not seek approval from them. The Group Two participants were more concerned with obtaining approval from the father concerning the pregnancy and having a child. Informing their mother of the second pregnancy was just a formality to the Group Two teens. Carletta, age 18, summed up her feelings this way:

I'm a grown woman. I have my own life and house. I told my mom, but it's not like it really mattered. She helps me out when I need it, but it's not like I depend on her. I do my own thing; go my own way.

Peer Influence on Childbearing

Familial history is not the only influence on teenage sexual behavior. Peer interaction and peer behavior also influences the adolescent's sexual behavior. According to Skolnick and Skolnick (1994) adolescents struggle to

separate themselves from the family. As a result, the teen must also find a reference group in which the individual can measure and judge herself. This reference group also has rules, behaviors, and requirements for acceptance. These rules and behaviors stress conformity.

All of the participants indicated that in their immediate environment or friendship circles, there were young women who were either pregnant or had children. All of the participants knew at least one young woman who was pregnant or had one child. Jamie quickly said, "I know a grip [a lot] of people." She quickly named five friends and three relatives that were pregnant.

Ten percent of the participants from Group One indicated that indirect peer pressure was a factor regarding their decision to have children. For these two women, peer pressure was more than just knowing or being acquainted with another teen mother. The peer pressure was exerted by interacting with other teen mothers on a personal level. When asked about her decision to have a child, Donna indicated that she didn't want to be left out of activities by saying:

Everybody I know has kids. I just wanted one [baby] too! We [friends and their children] can go to the mall together now.

Stephanie stated:

It was easy [making the decision to have intercourse] because before I got pregnant, I had all my older friends' and little baby cousins [around].

There were some indications that the peer pressure sometimes was more direct and specific. When a young woman in a peer group is the first among her friends to have sexual intercourse, she may try to convince others

to engage in intercourse in order to alleviate any guilt or anxiety that may have accompanied her behavior (Skolnick and Skolnick 1994). Carletta indicated that direct peer pressure influenced her decision to begin childbearing. Carletta stated:

All of my friends are either pregnant or have kids. They laughed at me because I was the last one to get pregnant.

However, for Group One participants it was unusual for them to have friends of their reference group know teen mothers who have more than one child. Having more than one child was not a behavior condoned by Group One participants' reference groups. Only three of the 20, or 15%, Group One participants were acquainted with teen mothers that had more than one child. Tanya said she knew of a young mother with two young children in her neighborhood. But, this young mother was not in Tanya's reference group, therefore Tanya didn't know this young woman's address, phone number, or last name. In contrast, all of the Group Two mothers knew at least one young mother with more than one child.

Unintentional Pregnancy

Teens who have a reference group that emphasizes sexual activity, and familial history that accepts early childbearing may still not plan to get pregnant. According to the Alan Guttmacher Institute (1994) 85% of teenage pregnancies are unintended. In this project, 19 of 20 Group One participants, 95%, stated that their pregnancies were unintentional. The majority of Group Two participants, 67%, also revealed that their first and second pregnancies were unintended.

Intentional Pregnancies

While the majority of teen pregnancies are unintentional, some teens choose to have children. Three young mothers indicated that their pregnancies were planned to please family members or the father. These three young women, one from Group One and two from Group Two, indicated that they had planned the pregnancies. These adolescents also indicated that gaining acceptance in a reference group was very important to their feelings of belonging. The young mother from Group One felt gaining acceptance in her reference group was worth having sexual intercourse and becoming a mother at the age of fifteen. She indicated that she became pregnant to please her boyfriend and to “keep up with her friends.” Her male partner was 34 years old; she was the youngest mother participating in the interview.

In addition, the two Group Two participants commented that gaining acceptance in their family was the motivating factor for becoming pregnant. One of the young mothers reported that the first pregnancy was intended, but the others were not. One of these mothers, Nicole, revealed that she planned to have the first child. Nicole said, “I just wanted a baby.” When she became pregnant the second time, the pregnancy was a surprise. Abortion or adoption were not options for Nicole because she was raised to value the baby. As a result, she continued the pregnancy and assumed the responsibility of parenthood.

Stephanie reported that while her first pregnancy was unintentional, the second pregnancy was planned. Her mother was terminally ill and wanted another grandchild. The child was conceived for the grandmother.

Stephanie wanted her mother to have “a little girl to spoil.” She felt that by having another baby, she would make her mother happy. Stephanie was proud that she was able to get pregnant and provide a baby for her mother to love.

Age at First Birth

Obtaining approval from the father, reference group, or parent can be an important influence on the teen’s reproductive choices. However, the age difference between the mother and father is interesting . There was very little difference between the mothers’ ages in Group One and Group Two. All of the mothers were between 15-18 years of age. In the project, the researcher found that there was a difference between the age of the mother and the age of the father. In both groups, the mothers were often younger than the father of the baby. For the mothers, their age at the first birth was determined by subtracting the birth date of the oldest child from the mother’s date of birth. During the interview, the mothers were asked to report the age of the father at the time of the baby’s birth. According to Lawson and Rhode (1993) on the average, male partners of teenage women are about two years older than their female partners.

In Group One, 90%, 18 out of 20, mothers reported being younger than the fathers at the time of the baby’s birth. The mean age difference in the mother/father pair was 3.1 years. For the members of Group One, the mothers’ mean age at the time of their first child’s birth was 16.5 years. At the time of their first child’s birth, the fathers in Group One had a mean age of 19.5 years. Only two mothers reported being the same age as the father. One mother/father pair was 17 years old; the other 18 years old. In one

mother/father pair, there was a 19 years difference in age. Another mother/father pair reported having an 8 year difference. The mother was 17 years old; the father was 25 years old. The age distribution according to mother/father pairs appears to be bimodal in Group One. The modes for Group One were one and two years difference in the ages between the mother/father pair (See Table V).

Table V
FREQUENCY DISTRIBUTION PATTERN OF AGES
AT FIRST BIRTH, GROUP ONE

Age Difference (In Years)	Number of Mother/Father Pairs (20)
0	2
1	5
2	5
3	4
4	2
8	1
19	1

Age at Subsequent Births

The difference between the age of the mother and the age of the father appears to be more variable in Group Two. In Group Two, 66%, or 4 out of 6, of the mothers reported being younger than the father when both their first and second children were born. At the birth of their first, second, and third child, the mean ages for the mothers were 15.7, 17.2, and 18 years. At the first and second births, the mean age of the fathers were reported to be older than that of the mothers by 2.6 and 3 years, respectively (See Table VI).

Table VI
AGE COMPARISONS OF MOTHERS AND FATHERS, GROUP TWO

	Mean Age of Mother (13)	Mean Age of Father (13)
At first birth	15.7 (6)	18.3 (6)
At second birth	17.2 (6)	20.2 (6)
At third birth	18.0 (1)	18.0 (1)

While the mother/father age mean is by itself descriptive, it doesn't describe the individual differences in ages at the time of later births.

Individual comparisons of mother/father pairs better illustrate this point. For instance, Nicole reported being 14 years of age when her first child was born. The father of this baby was reported to be 19 years old. At the birth of her second baby, Nicole was 15, and the father was 24 years old. Stephanie reported being 16 years old at the time of her first child's birth. She also reported that the father of her baby was 22 years of age. At the time of her second delivery, she was 18 and the father of this baby was 23 years old.

Only two mothers, Tiffany and Connie, reported being the same age as the father at the birth of their first child. At the birth of their second child, Tiffany and Connie reported being older than the father. Connie reported that she was 18 years old and the father of the baby was 17. Tiffany reported being 18, and the father was 16 years old at the time of their second child's birth. Carletta had three children. Carletta was 13, 16, and 18 years of age at the time of the first, second, and third birth. The fathers of her babies were 16, 20, and 18 years of age at the time of the births. At the time of the third birth, this mother reported the father's age to be the same as her own.

In Group Two, the frequency table is more varied and diverse. The bimodal distribution that appeared in Group One does not appear to be present in Group Two. The mode for the Group Two distribution is the mother/father pair being of the same age (See Table VII). Only one mother/father pair indicated a significant difference in ages. At the birth of her second baby, the mother in this pair was 15 years old. The father was reportedly 24 years old.

Table VII
FREQUENCY DISTRIBUTION PATTERN OF AGES
AT SUBSEQUENT BIRTHS, GROUP TWO*

Age Difference (In Years)	Older Father/Younger Mother Pair (11)
0	3
2	1
3	2
4	1
5	2
6	1
9	1
Age Difference (In Years)	Older Mother/Younger Father Pair (2)
1	1
2	1

*multiple births

Contraceptive Use

The vast majority of participants remained sexually active after the birth of their last child. For teenagers engaged in sexual activity, the use of contraceptives may play a role in preventing subsequent pregnancies. During the interview process, the participants were asked to use an ordinal scale

"always", "frequently", "seldom", and "never" to describe and quantify their use of contraceptives (See Table VIII).

Table VIII
FREQUENCY OF CONTRACEPTIVE USE, GROUP ONE
AND GROUP TWO*

	Group One	Group Two
Always	15	1
Frequently	1	3
Seldom	1	2
Never	3	0

*includes the use of condoms by male partners

The vast majority of participants in each group remained sexually active after the birth of their last child. However, the majority of Group One participants consistently used a contraceptive (See Table IX). Connie, a Group Two participant, stated she "seldom" used a contraceptive. She left the decision and responsibility of obtaining contraceptives up to her male partner. Connie, elaborated on her contraceptive use by saying:

I used the birth control pill for awhile. Then I stopped having sex for a year then I got into another relationship. My family doesn't believe in abortion. Birth control pills made me sick and bothered my menstruation, so my man uses a condom.

Types of Contraceptives Used

Each method of contraception requires the user or couple to maintain a prescribed level of compliance. This level of compliance will determine the effectiveness and safety of the method chosen. For example, condoms can be a reliable method of birth control, if the couple using them do so properly and consistently. However, the use of this method of contraception requires the

cooperation and compliance of the male partner. Oral contraceptives may require the women to take the daily medication in a particular sequence. Male cooperation and compliance is needed only if the sequence is interrupted. Use of a barrier method contraceptive, such as the condom or cervical sponge, should then be used in conjunction with the oral contraceptive to prevent pregnancy. Some contraceptives only require compliance by the woman. Women using the injection of Depo Provera will have three continuous months of contraceptive protection with only one injection. Women using Depo Provera must be committed to receiving the injection every three months in order to have consistent and effective of birth control.

Interestingly, all of the young women in Group One and Group Two chose to use the same type of contraceptives. The contraceptives that were utilized were: (1) the birth control pill, (2) the condom, or (3) an injection of Depo Provera (See Table IX).

Table IX

METHODS OF CONTRACEPTION UTILIZED BY SEXUALLY ACTIVE
GROUP ONE AND TWO MOTHERS

Type of Contraceptive Used	Number of responses	
	Group One (16)	Group Two (6)
Birth Control Pill	6	2
Norplant	2	0
Condoms	1	2
Depo Provera	5	1
Birth Control Pill and Condoms	2	1
Diaphragm	0	0
Contraceptive Sponges	0	0

The condom was not always utilized for birth control. According to one participant in Group One, the condom was used by her male partner to protect her from contracting a sexually-transmitted disease. This mother commented that:

My man uses a rubber cuz I don't want no disease. I use the pill cuz I don't want to have another baby. You know you just can't trust them things [condoms].

None of the participants reported using: (1) the rhythm method, (2) an intrauterine device, (3) a contraceptive sponge, or (4) the diaphragm as methods for birth control.

Concerns About Contraceptive Methods

The mothers from both groups voiced very similar concerns about the side effects of contraceptive methods. During the interview, the participants were asked to respond to a series of statements regarding concerns about birth control. The participants were asked to select the statements that applied to them. Table X presents the statements and the responses from the mothers in both Group One and Two.

Table X
 CONCERNS ABOUT USING BIRTH CONTROL
 BY GROUP ONE AND TWO MOTHERS

Concerns about using birth control	Number of responses*	
	Group One (20)	Group Two (6)
I don't want to plan when I am going to have sex	3	0
Using birth control is too much trouble	0	1
I only have sex when it is the safe time of the month	0	0
I don't know what type of birth control to use	1	2
I worry about side effects	7	5
It's too embarrassing	0	0
My boyfriend doesn't want to use a condom	1	2
My boyfriend doesn't want me to use birth control	0	0
I don't think I'll get pregnant	3	1
I don't mind taking a chance on getting pregnant	1	0
I wanted to become pregnant	1	0
Abstinence following the birth of the baby	3	0

* multiple responses

While many of the women in both groups chose the same reasons for not using birth control, there was a little variation by group. In Group One, three of the mothers didn't think they would become pregnant if they had sex. One of the mothers indicated that she only had sex a few times, and she did not think she could possibly get pregnant. The other two mothers commented that if they "got pregnant it wouldn't be all that bad." In contrast, only one mother from Group Two stated that she was not using birth control after the birth of her baby because she was breastfeeding. She commented that she thought breastfeeding would "protect her from pregnancy." Although she was breastfeeding, it was not done exclusively. Therefore, she began ovulating and was not protected against pregnancy.

Group One and Group Two mothers also had a similar answer when

asked to respond to the statement “I don’t know what type of birth control to use.” One mother in Group One, and two mothers from Group Two agreed with this statement. However, the response given by the youngest Group One mother revealed that she didn’t know what type of birth control to use. Taken at face value, this would mean she did not know about the types of birth control available. However, she went on to explain that she knew about the different forms of birth control, but didn’t know which form would be best for her. She knew that the pill and injection of Depo Provera were the most effective, but she was worried about the side effects. She clarified her statements by saying:

It’s not that I didn’t know what type of birth control to buy, cuz I know that. I didn’t know which kind I should buy. All my friends seem to use all different types. I just didn’t know which type was good for me. I didn’t know which is better for me . . . pill or the shot.

The vast majority of all the participants chose “I worry about side effects” as the number one reason for not using birth control. Many of the participants did not indicate if they had experienced the side effect themselves or if their concerns were to experiences of others. But, the majority of participants from both groups were worried about how the chemicals would affect their appearance. The side effects mentioned most often by participants using or considering a systemic contraceptive such as the injection of Depo Provera or the “Pill” were: (1) “getting fat, (2) “swelling of the feet, and ankles”, (3) “mood swings”, (4) “not being able to get pregnant after the medication was stopped”, (5) “stopping of their menstrual cycle”, and (6) “it hurts [pain at the injection site]”. One of the mothers was so concerned about the pain at the injection site that she stated: the “shot was good [effective], but

I just don't like going [to the clinic] to get it [Depo Provera]. She indicated that sometimes, she didn't receive her scheduled injections because it "hurt".

It is interesting to note that the major systemic side effects did not appear to concern these young women. According to Skidmore-Roth (1996) the major side effects of Depo Provera include: hirsutism, thromboembolic disease, hypertension, myocardial infarction, and hemorrhagic eruptions. These side effects were of little concern to any of the participants.

Equally important, is the fact that all of the interviewed participants responded that they were not embarrassed by using, buying contraceptives, or asking their partner to share the responsibility for birth control. Nicole said:

Embarrassed? Hell! If I'm that embarrassed, I shouldn't be doing it [intercourse]!

Athena further elaborated on this theme by saying:

[Women's contraceptives are] just too much trouble. . . all of those gels and creams. . . taking a pill every day. I don't think so. If he doesn't want to have kids, he can do it! [use a condom].

Parenthood

As a result of not consistently using a contraceptive, a sexually active teen has a higher chance of becoming pregnant. Although parenthood is not a characteristic of teenage pregnancy, the teen mothers did reveal that parenthood and childrearing are very important to them. By observing and investigating the teenage mother in her role as a parent, the researcher is allowed a unique opportunity to learn about the teenage mother's world.

Expectations Versus the Reality of Motherhood

All the participants were asked to compare their fantasies of motherhood to their experiences of motherhood. The mothers were asked to

review how they felt about being a mother during their first pregnancy. The responses were very diverse, but often their fantasy about motherhood matched their experience and perceptions (See Table XI).

Table XI
COMMENTS ABOUT MOTHERHOOD BY GROUP ONE AND
GROUP TWO PARTICIPANTS

Comments about the Experience of Motherhood	Group One (20)	Group Two (6)
Motherhood is easier than I imagined	0	3
Motherhood is more fun than I imagined	4	0
Motherhood is harder than I imagined	0	2
Motherhood is more difficult than I imagined	11	0
Motherhood is more time-consuming than I imagined	6	0
Motherhood is more responsibility than I imagined	6	0
I didn't want to think about motherhood	0	3
Only response given "I love my child(ren)"	0	3
There is no difference between the reality and the fantasy of motherhood	10	0
No response given	1	0

*multiple responses

Fifty percent of the Group One participants stated that for them there was no difference in their fantasy about motherhood and their reality. However, 11 of the Group One participants did state that being a mother would be difficult. One mother from Group One, Rhonda, reported there was "absolutely no difference." She elaborated on the comment by saying:

Being a mom is just what I thought it would be. I knew what it would be like because of my sisters. I knew it [motherhood] would be just like theirs.

Two mothers from Group One reported motherhood was easier than they imagined. Brenda stated, " I thought it [being a mother] was going to be hard and that I was going to be in the house all the time." Brenda also revealed that her mother helped with the care of the child. Her mother assumed most of the daily child care responsibilities such as feeding, doing laundry, and watching the child while Brenda went out with her friends.

Tanya, another mother from Group One, stated:

Everybody told me it was going to be hard. . . but not as hard as I thought. At times I wish I would have waited like when I want to go somewhere, but it's not as hard as I thought it would be.

Tanya also revealed that her mother and aunts provided some of the daily care of the child. Tanya revealed that there were times when the baby would spend the night or week over at the grandmother's or aunt's house.

For six of the Group One mothers, motherhood was more responsibility and more time-consuming than they originally thought. Roshelle stated it best when she said, "I didn't think it would be this hard. I thought it would be easier." Roshelle and the other five mothers were very quick to point out in the interview that they provided most of the daily child care. Roshelle also commented that the father of the baby was at the house a great deal of the time, but provided very little physical care for the child.

Three young mothers in Group One answered the question with only statements concerning how much love they had for their children. They did not indicate whether or not motherhood was easier or harder than they imagined. They also did not indicate who assumed the primary responsibility of caring for the child.

Although the Group Two mothers provided as many diverse

responses to the comparisons between fantasy and reality of motherhood, the participants were also more guarded in their answers. They did not elaborate on their feelings and thoughts of motherhood. Three of the six mothers revealed that they had tried not to think about what it would be like to be the parent of two children. One of these mothers simply said, "I didn't want to think about it." None of the mothers described parenthood as being fun. All of the participants in Group Two had assumed all the child care responsibilities for their children. Only two of the mothers indicated that they had some help providing the daily care for the children, but even that assistance was limited. The assistance consisted of watching the child and providing a few material goods such as diapers. Assistance in housekeeping, laundry, preparing the meals, teaching social skills, obtaining medical care, selecting clothing, and providing discipline was not available to these mothers.

This question appeared to be the most difficult for all of the mothers to answer. Both groups of mothers chose to limit their responses about the fantasy and reality of motherhood to very short answers. These answers averaged about four to five sentences, and only one mother responded with more than seven sentences. The responses were also very superficial. The mothers indicated and reported their feelings, but did not explain them. With the use of several interviewing techniques (open-ended questions, silence, and probing questions) Group One mothers did express a more detailed response. However, these interviewing techniques were not successful with Group Two mothers.

Being a Good Mother

Although the fantasy may have been different from the reality, both groups believed that the mother role and being a good mother were very important components of being a woman. When I asked the mothers in each group to describe their feelings about being a mother, a common theme was evident in all of their answers. All the participants articulated a concern, commitment, and or desire to be a good mother. In both groups, the mothers stated that abortion and adoption were not options for them. Stephanie summed it up this way:

It's very hard to be a parent. IT'S VERY HARD and all I do is take it day by day as it comes to me. If something pops up that is hard that day I'm hollering for help. [Yelling] I need help! If they are there [participant's parents] to help me, they're there. If not, I always have the second baby's dad to help me around here. The hardest part is trying to train them and teach them. I had the second baby because I'm second and my mother had me... she didn't give up on me or have an abortion. She dug her hole and had me and everything. So I dug my hole by being pregnant with this one so why not go ahead and take that responsibility. I could have prevented it-- everything is preventable. Like he [the father] said, 'it's here now, we have to go on with it.

Donna echoed these thoughts:

It was easy [being a mom] because before I got pregnant. I had all my older friends' kids and little baby cousins. so I was more than ready to be pregnant. After all, I took care of everybody else's kids. I took to it like it was just an instinct or something. At first I thought it would be easy. It was easy at first...it is easy even now because I have my family.

Trina emphasized that same theme:

I thought it was going to be like my older sister said. I was ready to be a mom. I wanted to be the best mom I could be. I was ready for the responsibility. I was ready to take responsibility for my mistake.

Even mothers who had very little family support or financial resources decided to keep and raise the child. This is not to say that the mothers did not voice concerns about this challenge. All the mothers in Group One and Two expressed many of the same initial concerns and fears about becoming a mother. These concerns consisted of meeting the financial needs of the child, providing daily care and discipline, and social interaction. For Nedra, meeting the physical care needs was the most challenging. She stated:

I just worry that when she is sick or has fevers, if I can't do it, my mom can help. It is harder than I imagined. I still think I could go out, but I can't do certain things like riding around because she is too young.

Only one mother stated that having children allowed her to have authority over someone. She stated, "I like it [being a mom]. I get to be over someone and I get to buy my baby what I want him to have."

Expectations for Marriage

While being a good mother was important to all of the participants, being a wife was not as important. Several researchers (Lawson and Rhode 1993; Mayfield 1984; Stack 1974) believe that young black mothers are willing to postpone marriage. They accept the community norm that the role of the mother is more important than that of the wife, particularly when an unstable marriage is foreseen. When the young mothers I interviewed were asked what their immediate ambitions were for themselves and in the future, both groups indicated their willingness to postpone marriage. (Question #34: "Tell me what your ambitions (plans) are for yourself now? In five years?") The mothers in both groups described themselves as completing their education, obtaining a job/career, and becoming good mothers. They often

described having material possessions, such as a house, car, and fancy furniture. Only three of the mothers in Group One, or 15 percent, alluded to marriage. All the mothers in Group Two described themselves without partners in the near future.

Involvement of the Fathers

Although the participants did not feel it was important to marry, they did feel it was important to encourage the father of the baby to be involved with the child. (Question #31: "Did the father of the baby encourage or discourage the pregnancy?" Question #33: "Has the father of the baby remained involved with his children?")

In Group One, 19 of the 20 mothers reported the fathers encouraged their pregnancies and the birth of the child. These 19 men also have remained involved with their children. Only one mother said the father "really didn't encourage the pregnancy, but he didn't make me have an abortion either." She also stated that the "father is not involved with either her or the baby at this time."

The fathers in Group One maintained involvement with their children by providing food, clothing, diapers, and toys. One mother was very proud that the father of her baby had provided a bedroom set. Another mother quickly pointed out that the father of her baby had a nursery in his home for the child. One father was providing child support and has weekly visitation rights. All the mothers reported that the fathers who remained involved spend time with their children. The amount of time spent with the child varied, but the mothers reported that the fathers were happy to be with

the child. In general, the fathers in Group One provided more time and personal contact with the child.

In contrast, the fathers of Group Two showed various degrees of involvement with their children. Group Two was comprised of six teenage mothers who had 13 children. These 13 children were fathered by nine different men. Eight of the 13 pregnancies were encouraged by the fathers. In this group, the relationships between the father/mother pairs appeared more strained and the involvement of the father with the child was less consistent.

Four of the Group Two mothers encouraged the father to stay involved with his child or children. The fathers that had encouraged the mother to maintain the pregnancy also were involved with their children. Two of the fathers were in jail and one had a restraining order forbidding him to come near the mother or the children. One mother did not respond to the question when asked if the father remained involved following the birth of her second child. The fathers in Group Two remained involved by providing some of the child's clothing and/or food. The mothers reported that the father did provide some child care, but not in a consistent manner. The mothers did not reveal if the fathers provided any child support or other payments.

Economic Assistance

Being a young, unwed, teenage mother trying to provide quality time and material goods for your children is difficult. For some young mothers, government assistance was necessary to supplement the family's income so that the child(ren) could receive the proper medication, nutrition, and financial support. As part of the sample selection criteria, all of the participants in this project were economically-disadvantaged. As a result, all

the participants were enrolled in, or receiving at least one form of government assistance such as: Food Stamps, Aid to Dependent Families and Children (ADFC), Women, Infants, and Children (WIC), Medical assistance, Title XX Day Care Assistance, or Social Security.

In Group One: eleven or 55% of the participants received ADFC and nine or 45% of the participants received food stamps. While all of the participants indicated that they were economically-disadvantaged, only 11 or 42% of the participants actually indicated their family's income in dollar amounts. Only one mother in Group One was employed outside the home. She indicated that her job was very limited and only provided enough money to buy the child a few extras. She did not elaborate on the extras.

Likewise, in Group Two, 83% of the participants were receiving ADFC and/or assistance from WIC. While all of the participants indicated that they were economically-disadvantaged, only two would reveal their family's income in dollar amounts.

Only one participant reported receiving any type of consistent child support from the child's father. This participant would not elaborate on the type or amount of child support the father provided. She did indicate that the father provided diapers, toys, and clothes for the baby.

In summary, all of the mothers were enrolled and receiving government assistance. This government assistance was necessary to provide the children with the necessary medical care, nutrition, and clothing. Only two of the 26 mothers received any additional money for their children. The majority of fathers 96%, 25 of 26, provided no income for their children. Twenty-two of these fathers did provide a very limited amount of assistance

in the form of providing diapers, toys, and clothes for the child. However, these fathers did not provide the mother with enough income to become self-sufficient or independent of welfare.

Goals

The participants did not limit themselves to being only good parents, they also wanted to be economically independent. They want to be successful and make their children proud of them. Success for these mothers also meant success for their children. The focus in this section will be on the mother's response for: (1) academic success, (2) personal success, (3) goal attainment, and (4) her children's success. It is interesting to note that every participant had a different definition and time table for obtaining the desired success.

Desire for Academic Success

A common theme seen in both groups was the participants' desire to achieve academic and economic success. (Question #34: "Tell me what your ambitions (plans) are for yourself now? In five years?"). The desire for success was alluded to by statements such as: "I'm going to be successful."; "I want to be better off than my parents"; and "...being rich". This trend is consistent with previous research conducted by Mayfield in 1984. Mayfield found that "young black mothers are not demoralized about their future; in fact, they are more likely to have high educational expectations, greater school attachment, and access to child care" (Mayfield 1984, p. 241). Mayfield believed that young black mothers are not demoralized about their future because these women have the support and are geographically close to their families. This project revealed that only one of the young mothers dropped

out of school for more than a semester. This was immediately after the baby was born and due to the lack of adequate child care arrangements. All the mothers reported being enrolled in or graduated from high school. One mother was insistent that the researcher record that she was enrolled in high school and not in a General Education Degree program.

When the mothers were asked if their ambitions had changed with the birth of the baby, only two mothers stated they had. These mothers did not change their educational or career goals, but the location where these goals would be accomplished. The idea of attending an out-of-state university was relinquished with the birth of their children. Instead, these mothers expressed a desire and need to attend a local college. They indicated that attendance at a local university or community college would allow them the opportunity to stay with their children and continue having both community and family support.

Desire for Success

Desire for academic success was not the only type of success the participants wanted. All the mothers wanted to be successful in some area. However, their definitions of successful were different. One mother from Group Two, Stephanie, answered:

For now I want to finish school. In five years I want to be off of Welfare. I want to get off at an early age. To be a very successful person. . . a responsible mother, not making the same mistakes that my Mama did. I want to settle down with somebody who accepts my kids and me, period.

All the mothers in both groups indicated that having a good job was important to them. Brenda states:

I want to complete school and get a good job. I want to make lots of

money. Well, in five years I want to have a house, get married and have another child. I want a good job and have at least two years of college.

When Brenda was asked to define what she meant by a good job, all she would say is that, "it would pay a lot of money." She also revealed that she didn't know what courses to take in college. She also had never discussed going to college with any of her counselors or teachers at school. She stated that. "I'm just going to enroll and check it out."

The majority of mothers from both groups reported that success was having material goods and completing school. Sixty-five percent of the mothers in Group One mentioned the child as benefiting from both the material goods and the mothers completing their education. For example, Jamie stated, "I hadn't planned on going to college before, but now that the baby is born I am looking forward to it. I want to have something to offer her." Group Two mothers also reported that having material goods were very important to them.

The mothers in Group One often mentioned the baby as benefiting from the mother's success. The baby was also frequently mentioned in the five-year plan of the mother. By comparison, the mothers in Group Two mentioned the children less often and were less specific or detailed in their five-year plans, objectives, and goals.

Goal Attainment

Success can be defined as obtaining a goal. The mothers in both groups held educational achievement in high regard and had goals regarding their job, career, and income level; none of the mothers had a specific plan to meet those goals. (Question #37: "How do you plan to make those ambitions

(plan) come true?") These mothers revealed that they had not set a specific course of action to obtain their goals. For instance, a mother from Group One expressed a desire to become a veterinarian. When asked what course work she was pursuing, she revealed that she had not completed or planned to complete any advanced science courses. She had completed an introductory Earth Science course, but she did not plan to complete biology or chemistry. Her preparation in Math and English was also very limited. However, she was very proud that she had completed a high school parenting class and was seeking additional child care classes in the community.

Mildred, a mother from Group One, expressed her desire to be a successful singer. She stated, "I plan to finish school and go to college and get a job. In five years, I plan to have my own office and be a big singer." Mildred hopes to accomplish these tasks by "working hard" and having family connections. She was very quick to point out that there was a music producer in the family. Mildred pointed out that she does sing in the church choir, but has never sung before a large audience, for any other organizations, or in musical productions. She does not take chorus or instrumental music in school, and has never had any type of voice lessons.

Athena, a mother from Group Two, stated that her ambition was to be "rich." When asked how she plans to accomplish her goal, her response was "I hope to get lucky and win the lottery." Later in the conversation, Athena admitted to never playing the lottery or participating in any type of gambling activity.

For both groups, academic and financial success was important to the mothers, but a plan for being successful was often missing. Working hard

and staying in school were frequently cited as a way of accomplishing success. However, the mothers in both groups have failed to develop plans or strategies for success.

Success for the Children

Success and the obtaining of goals were not limited to only the participants. The participants also wanted their children to be successful. Like their own success, their definitions of success for the children was also varied. I asked the participants to discuss the ambitions for their children (Question #36: "Tell me what your ambitions are for your children.") The mothers' definition of success fell into two groups: (1) secure financial future, or (2) social accomplishments. These young mothers repeatedly stated that becoming a success meant postponing sex and parenthood. This was equally stated by mothers regardless of their child's gender. Brenda, age 16, responded this way:

I want him to be himself and not make too many mistakes. . . like having sex at an early age, dropping out of school, or being a gang member.

Trina, age 18, echoed:

I want to teach him very well. I want to instill the truth and have him be respectable . . . stay in school. I will teach him about condoms, guns and gangs.

After a great deal of thought, Carletta, mother of two, quietly stated:

I want my children to get their education. To be successful. I don't want my girls to be teenage moms.

These young teen mothers were then asked how they intended to make their ambitions for their children come true. (Question #37: "How do

you plan to make those ambitions (plans) come true?") None of the mothers had a plan. Their answers ranged from silence to answers beginning with the words, "hopefully", and "I want." If the mother planned to return to school or continue her educational process, there were no time lines established and no thought put into how returning to school would be accomplished.

It appears from this limited research that these mothers want their children to be successful. These mothers defined success for themselves and for their children in a very similar manner. However, like themselves the majority of these mothers did not have a plan to follow to ensure that their children would be successful.

Conclusion

The qualitative data does not lead to any simple conclusions, but it does suggest there are some very slight differences in which teen mothers with one child and teen mothers with more than one child view the world. Often, these differences are very subtle. These differences can be seen in the intentional planning of the pregnancy, expectations of parenthood, and involvement of the fathers in caring for the child. However, the data also indicates that for these two groups of young black women, there are many more similarities than differences. These similarities include: peer influences; types of contraceptives used; the desire to become a good mother; the desire to be successful and to have their children successful; and their plans to obtain their goals.

The qualitative data describes the similarities and differences between the two groups of young women regarding their thoughts and concerns about

motherhood. While the quantitative data obtained in this study will focus on how the teen mother perceives her environment or learned helplessness.

Chapter V

Learned Helplessness

The qualitative data describe the teens' experience with relationships, pregnancy, and motherhood. The quantitative data presented in this chapter describes the teen mother's cognitive perception on her environment.

Although these measures of learned helplessness can not be used to make statistically significant comparisons, they provide suggestive differences.

To obtain the data regarding learned helplessness, an adapted version of the Attributional Style Questionnaire (ASQ) was utilized. It was necessary to adapt the original version of ASQ to facilitate the participant's comprehension of the statements and questions (See Appendix D). In the original version of the ASQ, the questions and statements are abstract, ambiguous, and not always relevant to teens. By adapting the questions, the researcher was able to make the questionnaire more concrete and relevant for the teen.

Therefore, the adapted version of the ASQ contained five positive and four negative events. The five positive events were: (1) "You meet a friend who compliments you on your appearance.", (2) "You become very rich.", (3) "You complete your homework and it is highly praised.", (4) "Your boyfriend has been treating you more lovingly.", and (5) "You want something very badly and you get it." In contrast, the four negative events included situations such as: (1) "A friend comes to you with a problem and you don't try to help him/her." (2) "You give an opinion in front of the class. The class reacted negatively at you." (3) "You meet a friend who acts mad at you.", and (4) "You go out on a date and it goes badly."

Like the original version of the ASQ, for each adapted event, there were four parallel questions. These four questions were always asked in the same order and measuring the same respective dimension. After the event was presented, the first question always asked the participant to name one major cause of the event. This question was not used in the scoring, but was necessary so that the participant could focus on a cause.

After focusing on a cause for each event, the participant was asked about the nature of the cause. Again, these parallel questions are always asked in the same order. The second question in the series asked the participant to determine if the cause was internal or external in nature. That is, was the participant responsible for the cause or was someone/something else responsible for the cause. The participant, using the Likert scale, then generated a score for the degree to which the cause was internally motivated, or the internal dimension.

The next question in the series asks the participant to determine the degree in which the cause was stable across time. Again, the participants would select a score using the Likert scale. By indicating the cause as being stable, the participant believes that the cause is consistent throughout time. Scores obtained from these questions are known as the stable dimension.

The final question, in the four question series, asks the participant to determine the degree to which the cause was global. This question helps to determine if the cause is universal and appearing in all situations throughout the teen's life. If the participant determines that the cause of the event is not being global, then the cause is specific to the stated event. This set of scores is referred to as the global dimension.

The Attributional Style Questionnaire (ASQ) allows scores to be generated for the internal, stable, and global dimensions. The scale also allows scores to be calculated across negative and positive events (See Figure 1).

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

Not Scored:

What caused your friend to compliment you? _____

Internal Dimension:

Do you think the compliment was for something you did or was it a result of something other people did?

Something other people did 1 2 3 4 5 Totally due to me

Stable Dimension:

Do you think this same compliment will occur in the future?

Will never again be present 1 2 3 4 5 Will always be present

Global Dimension:

Does (this cause) occur only when your friend compliments you or does it occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life.

Fig. 1. First event and four parallel questions of the learned helplessness.

According to Peterson and Seligman (1984) the measures derived from the negative events are referred to as: (1) Internal Negative, (2) Stable Negative, and (3) Global Negative dimensions. Individual Scores may also be generated across the three dimensions for positive events. The measures are the (1) Internal Positive, (2) Stable Positive, and (3) Global Positive (See Table XII).

TABLE XII
CALCULATION OF INDIVIDUAL SCORES IN THE
LEARNED HELPLESSNESS SCALE

Name of Score	Events	Individual Dimensions		
		Internal	Stable	Global
Internal Negative	All Neg	X		
Stable Negative	All Neg		X	
Global Negative	All Neg			X
Internal Positive	All Pos	X		
Stable Positive	All Pos		X	
Global Positive	All Pos			X

Other measures such as the Composite Positive Attributional Style (CoPos) score can also be obtained using the ASQ. In this composite score, all internal, stable, and global dimensions are averaged across all positive events. A high CoPos score is desirable, because it indicates that the participant has a more positive outlook toward his/her environment.

Likewise, the Composite Negative Attributional Style (CoNeg) score can be obtained by averaging the three dimensions across all negative events (See Table XV). The CoNeg composite score allows the researcher to determine if the individual experiences a more negative outlook toward his/her environment.

Both the CoPos and the CoNeg scores are then utilized to determine the Composite Positive Minus Composite Negative (CPCN) score. A higher Composite Positive Minus the Composite Negative score is more desirable. Higher CoPos and CPCN scores indicate that the participant has experienced less learned helplessness.

The last two scores that can be obtained using the ASQ are Hopefulness and Hopelessness . These scores are unique because they are measured and calculated across only the stable and global dimensions. Once again, scores for Hopefulness are calculated by averaging the scores across stable and global dimensions for all positive events. Following Peterson and Seligman (1984), Hopelessness is calculated across stable and global dimensions for all negative events (See Table XIII).

TABLE XIII
CALCULATION OF COMPOSITE SCORES IN THE
LEARNED HELPLESSNESS SCALE

Score	Events	Individual Dimensions		
		Internal	Stable	Global
Composite Positive Attributional Style	All Pos	X	X	X
Composite Negative Attributional Style	All Neg	X	X	X
Hopefulness	All Pos		X	X
Hopelessness	All Neg		X	X
Composite Positive Minus	All Pos	X	X	X
Composite Negative	All Neg	X	X	X

Measures Generated Across Positive and Negative Events

Determining the level of learned helplessness experienced by Group One and Group Two mothers will be the focus of the remaining sections. The measures to be explored include both the individual dimensions and the attributional styles. All of these measures allow the researcher an

opportunity to gain information about the teenage mothers' perceptual and cognitive processes.

Internal Dimension

Individual measures were calculated for each teen in Groups One and Two. The individual's internal dimension, was calculated separately for good events and bad events. In both groups, the internal positive scores were obtained by the use of the second question in the four part series. It was this question that asked the participant whether the situation or event was a result of the participant's actions or someone else's actions.

For the interview schedule the scores from the second question in the series were obtained and averaged. The questions were numbered 39, 43, 55, 63, and 67 on the interview schedule (See Appendix D). For example, when Jamile was asked, "What caused your friend to compliment you?", she answered "...probably the way I was dressed...she just liked what I had on." Her quantitative response to question number 39 ("Do you think the compliment was for something you did or was it a result of something other people did?") was 5. She believed that the compliment was attributed to her actions.

The scoring for the internal negative component was obtained by averaging the quantitative scores of the second parallel question for each negative event. This would be questions numbered 47, 51, 59, and 71. For Group One the internal positive score was 4.35 and the internal negative score was 2.83. This can be compared to the internal positive score of 3.9 for Group Two. The internal negative score for Group Two was 3.19 (See Table XIV).

Table XIV
 ATTRIBUTIONAL STYLE QUESTIONNAIRE MEAN SCORES,
 FOR GROUP ONE AND GROUP TWO MOTHERS

	Group One (20)	Group Two(6)
Internal Positive	4.35	3.90
Stable Positive	4.16	4.13
Global Positive	3.93	3.96
Internal Negative	2.83	3.19
Stable Negative	3.02	2.91
Global Negative	2.45	2.46
Hopefulness	8.09	8.13
Hopelessness	5.45	5.25
Composite Positive	11.18	12.00
Composite Negative	8.28	8.41
Composite Positive Minus Composite Negative	2.89	3.58

Stable Dimension

The Stable dimension for each of the groups was calculated next. As previously explained, learned helplessness can also be measured across time using the stable dimension and positive and negative events. To measure the stable dimension the participants were asked if the situation or event would occur in the future.

Again, the events were divided in positive and negative categories. Using the third question of the series, ("Do you think this same (cause of the event) will occur in the future?"), the responses to all the positive events were obtained and averaged. In the interview schedule the positive events and respective questions were 40, 44, 56, 64, and 68.

As an illustration, Jamile responded to the question, ("Do you think this same compliment will occur in the future?"), by choosing the number

five on the Likert scale. Jamile's score would indicate that she believed the cause for this positive event was stable across time. The Stable Positive measure for Group One was 4.35, compared to 4.13 for Group Two participants (See Table XIV).

Responses to questions 48, 52, 60, and 72 were then averaged and to calculate the strength of the Stable Negative measures of learned helplessness. Again, questions numbered 48, 52, 60, and 72 all were the third question in the series as it related to the negative events. The Stable Negative scores for the groups were 3.02 and 2.91, respectively. These scores revealed that the participants believed that negative events had less stable attributes than positive events. An example of these scores can be seen when Rhonda responded to event number six, "Why does your friend act mad at you?" (See Appendix D). The stable dimension asks if "in the future when you are with friends, will (this cause) be present? A score of 1 would indicate that the cause would "never again be present". A score of 5 would indicate that the cause would "always be present". Rhonda scored this question with a 3. For Rhonda, this situation was somewhat less stable across time.

Global Dimension

Scores for internal and stable dimensions were not the only scores that can be generated using the Attributional Style Questionnaire. A score for the Global dimension can also be generated, for both negative and positive events. The Global dimension uses the fourth parallel question, "Does this cause only occur within this event or does it occur in other daily activities?" An example of the fourth question in the series can be seen with question number 41, "Does this cause occur only when your friend compliments you

or does it occur in other activities in your life?”. Once again, the participant using the Likert scale selects a response from 1 to 5. The number 1 indicates that the cause of the event influences only this particular situation. The number 5 indicates that the cause of the event influences all situations in the participant’s life (See Appendix D).

In the interview schedule the questions numbered 41, 45, 57, 65, and 69 were all the fourth question in the series as they related to positive events. Questions numbered 49, 53, 61, and 73 measured the Global dimension as related to negative events (See Appendix D).

For Group One, the responses generated a Global dimension score of 3.93 for positive events, and 2.45 for negative events. By comparison, the scores for Group Two were almost identical at 3.96 for the Global Positive measure and 2.46 for the Global Negative measure. This suggests that mothers in both groups felt that positive events could be attributed to causes that are present in a variety of situations and in negative events the cause was more situation specific.

Another example of the Global scoring using the modified Attributional Style Questionnaire can be seen when Nicole was asked to “list the reason that you would not help your friend”, Nicole stated that “it [the problem] wasn’t any of my business.” She then quickly selected the 2 for the responses to questions which measure internal, stable, and global causes. These responses would indicate that for Nicole the cause of this particular negative event was external, transitory in nature, and specific to the event.

It is interesting to note that the participants rarely supplemented their responses to questions dealing with positive or negative global measures with

qualitative comments. Instead, the participants quickly and quietly selected the quantitative response, then moved on to the next situation.

Measures Generated Across the Internal, Stable, and Global Dimensions

Unlike the Internal, Stable, and Global dimensions, composite scores can be generated across all three dimensions and across negative and positive events. Scores are derived by averaging across the three dimensions and across either positive or negative events. The Composite scores are: (1) the Composite Positive Attributional Style (CoPos), (2) the Composite Negative Attributional Style (CoNeg) (3) Composite Positive Minus Composite Negative (CPCN), (4) Hopefulness, and (5) Hopelessness (See Table XIII).

Unlike the individual dimensions, the Composite Positive and Composite Negative Attributional Style scores can range from +3 to +15. However, the Composite Positive Minus Composite Negative score can range from -12 to +15. A high CoPos or CPCN score, indicates that the individual has a more positive view of her environment. A low CoNeg score also may indicate that the individual has a more positive view of her environment. It is interesting to note that Hopefulness and Hopelessness are the only composite scores that are summed across only the stable and global dimensions (See Table XIII).

Composite Positive/Negative Scores

The CoPos score for each of the groups were calculated by finding the mean of the responses to the positive events across all three dimensions. More specifically, summing the responses to questions 39, 40, 41, 43, 44, 45, 55, 56, 57, 63, 64, 65, 67, 68, and 69, then dividing by the number of positive events, five. The range for this score was +3 to +15.

In this project, the Composite Negative Attributional Style (CoNeg)

scores were calculated by summing the scores from all questions dealing with negative events, then dividing by the number of negative events, four. Questions numbered 47, 48, 49, 51, 52, 53, 59, 60, 61, 71, 72, and 73 were used to calculate this composite score. The range for this score was +3 to +15. These CoPos scores were then compared to the Composite Negative Attributional Style (CoNeg) scores. For Group One the CoPos score was 11.18 and for Group Two the score was 12. The CoPos scores for both groups were higher than the CoNeg scores. The CoNeg scores for Group One and Two were 8.2 and 8.4, respectively. The pattern of CoPos and CoNeg scores indicate that both groups of young women were positive about their environment.

Composite Positive Minus Composite Negative Score

Another indicator of learned helplessness can be revealed with the Composite Positive minus the Composite Negative score (CPCN). The CPCN score can range from -12 to +15. The higher the CPCN score, the more positive the young woman's outlook. A high CPCN score would indicate that the participant has experienced less learned helplessness. The CPCN score for Group One and Group Two participants were very similar. Group One had a CPCN score of 2.89 and Group Two revealed a score of 3.58. These CPCN scores indicated that both groups of young women experienced very little learned helplessness when cognitively assessing and interpreting their surrounding environments.

Hopefulness/Hopelessness

The last two composite scores that are used in this project are Hopefulness and Hopelessness. These scores are averaged across the stable and global dimensions. In this project, Hopelessness was calculated by

summing the responses to questions 48, 49, 52, 53, 60, 61, 72, and 73, then dividing by the number of negative events or four. Calculating the Hopefulness score was very similar. The responses to questions 40, 41, 44, 45, 56, 57, 64, 65, 68, and 69 were summed, and then divided by the number of positive events or five. The Hopelessness score for Group One was 5.45 and for Group Two was 5.25. In contrast, the Hopefulness score for Group One was 8.09 and for Group Two was 8.13. Again, both groups had scores that were very similar. Both groups indicated by their scores, that these participants had a higher level of Hopefulness, than Hopelessness.

In summary, Group One and Group Two mothers appear to have very similar scores when measuring their level of learned helplessness. Although there are slight differences in individual dimensions and composite scores, both groups of young women appear to experience their environment with very little influence from learned helplessness.

By using a modified version of the Attributional Style Questionnaire, the ability to statistically compare the present sample to other research samples and populations has been limited. However, the positive and negative attributions scores found in this project are quite similar to the prenatal attribution scores obtained in a 1982 study conducted by Manly *et al.*

Chapter VI

Conclusion

The purpose of this study was to address teenage pregnancy and parenthood by obtaining qualitative and quantitative data. The qualitative data pertained to the participant's family background; romantic/sexual relationships; reproductive history and plans; use of and attitude toward birth control; the experience of parenting; and future ambitions for mother and child. The quantitative data obtained information regarding the participant's cognitive perception of their environment as measured by a modified version of Martin E. P. Seligman's Attributional Style Questionnaire.

To facilitate the presentation of data and points of interest, the participants were divided into two groups based on the number of children each mother had. Group One was to be comprised of mothers having one child; while Group Two was to be comprised of mothers having more than one child. Although recruitment for participants was terminated due to safety issues, the interview schedules that were completed provide qualitative information about teenage mothers, their feelings of childrearing, contraceptive methods, and parenting.

Substantive Conclusions

The results of my project do not lead to any simple conclusions. However, the data do suggest that the groups appear to be similar to the findings of other researchers (Alan Guttmacher Institute 1994; Balassone 1988; Brennan 1995; Hayes 1987; Manly *et al.* 1982, Stack 1974). For both groups, (1) the mothers were younger than the fathers at the time of the first child's birth; (2) the mothers desired success for themselves and their children; (3)

the young women expressed the same type of concerns about contraceptives; (4) the teens utilized the same methods of contraception; and (5) the young women using the Attributional Style Questionnaire scored higher on the Composite Positive and Hopefulness than the Composite Negative and Hopelessness measures.

One of the unexpected findings of this project was when diversity did appear between the two groups of teens, it mainly appeared in the qualitative responses to the open-ended questions. The variety of responses to each question, and the willingness to provide detailed and in depth responses were very different among the two groups of teens. Group Two teens provided responses that were superficial and frequently the information was limited. Only after being in the participant's home for about 30 minutes, did the Group Two participant begin to provide responses that were more descriptive of her environment, feelings, and concerns. For the mothers in Group Two, it was very important to establish a rapport with the teen prior to asking any questions on the interview schedule.

Many of the young mothers in Group Two have had frequent interactions with social workers, case workers, and the medical community. During these interactions, case workers or interviewers ask many questions in which the young teenage mother must answer. Often times the answers to the questions will have tremendous consequences for the young mother. These consequences may modify the amount of one's food stamp assistance, influence the timing of medical treatments, and impact child care benefits. I believe that the young mothers in Group Two were hesitant to answer the questions because of the potential impact the answers could have on their

lives. By establishing a rapport with the teen, the project interviewer allowed the teen the opportunity to see that the answers were to be used for research only and that these young mothers could answer the question without retribution.

It was the violence in the research area that led to the premature termination of the project. Violence in Omaha is not new, however according to the Omaha Police Department Crime Analysis Unit, there has been an increase in the actual number of violent and property crimes since 1981. The Omaha Police Department reported 3,599 violent crimes committed in 1995. Although this is an 8% decrease since 1994, nevertheless the number of actual offenses violent in Omaha has increased 43% since 1981.

Researcher's Experience with the Violence

The first sign of the violence in the Omaha community that I encountered occurred on July 18th, at approximately 1:00 P.M. I was in the home of a participant, when a burst of rapid gunshots were fired nearby. Both the participant and I took cover on the floor. As we slowly returned to a seated position, the participant suggested that I stay in the home until there was some evidence of police intervention. The young mother indicated that it would be better for me to wait for the police to respond to the "trouble" and then offered her home as a place to wait until the "police took over." After about three to five minutes, the police sirens signaled their presence. I stayed in the home for an additional 15 minutes and then left.

Five days later, another threatening incident occurred. This incident was far more dangerous and unsettling. I was granted an interview with a

young mother who had two small children. As I approached her two story home, I was met at the door by five young women. Each of these young women questioned the researcher regarding the research, the types of questions, and stipend. After all of their questions had been answered, the participant came to the door and allowed me to enter the home. She then escorted me through a long hallway into a first floor bedroom. All of the windows in this room had been boarded up and a small window air-conditioner was placed in an opening in the wood. The doorway to the room had been covered by a blue/green blanket. The young woman explained that the blanket "kept all the cold air in." The door leading to the hallway was the only route out of the room.

As we were approaching the end of the interview, there was suddenly the sound of people running and of chaos upstairs. The participant quickly gathered my materials and heaved them at me; grabbed her child who was playing in the room; and headed for the door saying "I'm goin' to show you how to get out!" Her mood had abruptly changed from cooperative to nervousness and fear. We ran from the room, through a hallway toward the back of the house. As we were running to the back of the house, a young male exploded through the front door. His rage was unmistakable as he threw and smashed any objects in his way. His language was abusive and incoherent. Shrieking and crying could be heard from the young women and children in the house. The participant rapidly shoved me toward the back door and then vanished from the hallway. For a split second, I stood alone, trying to survey the only area of escape, a large littered and overgrown yard. As I raced through the back door and down the stairs, the neighbor's dog

began to bark and then to growl. I glanced toward the house next door and saw an older man quickly hide behind a curtain. Quietly, I found my way through the backyard and to my car parked in front of the participant's home. I crawled into my car from the passenger's side to avoid detection. Sliding down and over into the driver's seat, I quickly left the area.

The third, and final, act of violence experienced by this researcher occurred two days later. I had obtained the necessary permission to interview a young mother with three children. This mother requested that the interview take place in her home because she had "nobody to watch the kids". I arranged to meet her for the interview at her home at 2:00 P.M.

I had just reached the cul-de-sac on which her home was located when I noticed a late model Cadillac in my rearview mirror. As I turned my car around in the cul-de-sac, I realized that two cars, a late model Cadillac and a full size Buick sedan, had followed me into the cul-de-sac. I parked my car and began to gather my interview supplies from the floor. As I reached to the floor, out of the corner of my eye, I noticed the activity of eight males. These young, muscle bound, men were stepping out of the cars and moving toward me. I quickly straightened up in the car seat, locked the doors, and proceeded to flee from the Projects. The men quickly retreated to their respective cars and the pursuit began. I proceeded east out of the Projects for three blocks and then south for approximately six blocks. In the course of the chase, I ran two red lights at busy intersections with speeds exceeding 50 to 55 miles per hour.. The chase reached an end when I pulled my car under a 24-hour surveillance camera situated on a public building. These three incidents led to the immediate termination of my research project.

Researcher's Recommendations for Safety

As a result of these dangerous and frightening experiences, I would recommend that universities establish a thorough and formal field research safety program. The purpose of the program would be to facilitate the collection of data while allowing the graduate student to feel safer in a potentially dangerous environment. This program could also explore hostile environments in the much "broader methodological perspective" (Littrell 1993, p. 213). The broader methodological perspective would allow graduate students to begin to explore their roles in collecting, analyzing, and interpreting data when "powerful organizations [or populations] resist being studied" (Littrell 1993, p. 207).

Recommendations for Future Research

While this project was not completed as originally planned, this researcher can make some recommendations to future researchers and projects. The first recommendation originates from the unexpected difficulty in recruiting participants for this project. It is this researcher's opinion that future studies need to obtain a larger and more representative sample. This larger sample size could be obtained by aligning Social Service Agencies, volunteer organizations and schools. First, by aligning with these organizations the researcher could have direct contact with mothers and a greater control in the dissemination of the letter of invitation, thus producing a larger and more representative sample. With proper sampling techniques, a more quantitative rather than a descriptive study could be conducted.

Using cooperative agencies might also allow researchers to secure a safe location to conduct the interview. The interview could be conducted by an

agency volunteer or staff member. Since the volunteer or staff member would be familiar to the participant, the interviewee would be more relaxed. Allowing the participant to feel at ease may increase the amount of information exchanged. The participant may informally provide feedback on the type of teen programs that are needed and insights into successful interventions.

Implications for Social Research

Although this project was originally planned as a standard “sociological between-groups design”, it nevertheless failed. The reasons for this project’s failure are important. Researchers (Cannon, Higginbotham, and Leung 1988; Portes 1972) indicate that research projects fail for both macro and for micro sociological reasons. This project failed for both kinds of reasons: 1) the researcher chose a topic that was considered to have only a “tangible relevance” to the researcher’s sample population; 2) the topic was very sensitive in nature; 3) the sample population indicated some skepticism concerning the purpose of the research and the race of the interviewer; 4) the project was not sanctioned by those who are “traditionally endowed with authority”; and 5) the research setting was violent and subsequently dangerous (Portes 1972, p. 29 & 33).

Tangential Relevance

According to Portes (1972) the typical sociologist eager to test a general hypothesis may investigate a problem that has only “tangential relevance” to the population (p. 29). Looking back, the scope of this project--exploring the lives of adolescent mothers and their cognitive perceptions of their environment-- may have represented an irrelevant or already accepted

aspect of the teen's life. Carletta alluded to this accepted way of life by stating:

All of my friends are either pregnant or have kids. They laughed at me because I was the last one to get pregnant.

While the issue of teen pregnancy is important to many leaders in the black community, it had little community support or relevance to the black community as a whole. This project design also did not incorporate the diversity and stratification seen within the black population of Douglas County. This project investigated only two features of the black population-- low-income and minors. It also did not take into account the diversity in family structure, fictive kin support, and supplemental income sources provided to some of the teen mothers.

It is interesting to note that at the end of the first interview, the teen's mother indicated that the "real story" could be discovered by interviewing the mothers of the teens. This grandmother laughed as I was leaving the room. Quietly she whispered:

If you really want to know why these young women have kids, interview their mothers. That will tell you why.

I believe this mother was trying to suggest discreetly that in the black community many complex social factors that influenced young women to bear children and that by interviewing only the teen, I would get only a fragment of the total picture. Portes (1972) emphasized that very point when he suggested that sociological researchers have the tendency "to collect data in a relatively short period of time and after no more than [a] passing acquaintance with the structure and culture" of the sample population (Portes

1972, p. 33). Therefore some sociological researchers may have a very limited understanding of the populations culture.

Sensitive Topic

The macro-sociological influences of politics and religion had an impact on the success on this project. The political climate and attitudes toward research concerning sexuality and sexual behavior have changed during the last ten years. The topic of sexuality and teen has become a sensitive one. The new "Christian right" or "moral majority" have affected both the quantity of research dealing with sexuality and availability of public sexual education. The combined forces of religious fundamentalists and conservative politicians view family values as: "heterosexuality, sex only in marriage, monogamy, anti-abortion, and traditional female gender roles, both in and outside the (heterosexual) nuclear family" (Lamanna and Riedman 1996, p. 136). According to Lamanna and Riedman (1996), this New Christian Right utilizes the "political processes--lobbying, campaign contributions, getting out to vote -- to influence public policy on sex matters" (Lamanna and Riedman 1996, p. 137).

In 1991, these conservative influences seriously undermined two studies that had already completed their peer-reviews, were approved, and funded by the National Institutes of Health. These research projects sought to study adult and adolescent sexual behavior. According to Benokraitis (1996), Congress was pressured to withdraw financial support for these projects by the lobbying efforts of the Christian Action Network, the Family Research Council, the Christian Coalition, the Concerned Women of America, Congressman Dannemeyer, Senator Jesse Helms, the media, and parents.

Senator Jesse Helms condemned these studies on sexual behavior by stating:

These sex surveys... have not been concerned with legitimate scientific inquiry as much as they have been concerned with a blatant attempt to sway public attitudes in order to liberalize opinions and laws regarding homosexuality, pedophilia, anal and oral sex, sex education, teenage pregnancy and all down the line (p. 47).

I believe the sustained media attention to conservative concerns has long and lasting effects on research in dealing with teens and their sexual behavior in Douglas county. In April of 1995, The Centers for Disease Control and Prevention in cooperation with the Nebraska Department of Education and Health, requested junior and high school students in the Omaha Public School District be allowed to answer the National Youth Risk Behavior Survey. This survey consisted of multiple choice questions dealing with such topics as "nutrition, exercise, safety, alcohol, tobacco, suicide, illegal drugs and AIDS" (Hutchinson 1995, p.1). The CDC's request and subsequent approval by school administrators sparked a public controversy regarding the public's need for accurate and reliable information and the individual student's need for privacy.

On one side of the controversy was the need for the public to be well informed. The other side of the debate was the individual's rights and privacy. According to Griess (1995), the Nebraska Education Commissioner stated:

It's not appropriate to stick our head in the sand. . . the overriding policy principal is making sure we take care of our kids' health. We can't deal with that without getting into some of the sensitive things' (p. 1).

The Nebraska Education Commission suggested that in order to meet the

needs of children, a complete and accurate assessment of the children's problems and concerns must be completed.

Omaha School Board member, Bill Meier, took issue with the survey and methods that would be used to obtain the data. Mr. Meier suggested that the rights of the individual student, above those of the society, must be protected. He also suggested that some of the sexual questions on the Youth Risk Behavior Survey, were inappropriate for junior high and high school students. He stated that 'It is just disgusting to ask a 13-year-old girl when she first had intercourse.' (Reilly 1995, p. 13).

It was only after an extensive debate and a 'significant' number of calls from parents objecting to the sexual questions, that these questions were withdrawn from the survey. (Griess 1995, p. 1). The survey was administered in the Omaha Public School District, but without the questions concerning sexuality. The sexuality data that had been previously obtained through surveys given earlier and in other school districts was not tabulated or analyzed.

It is also interesting to note that eighty Nebraska school districts had been asked to participate in the administration of the Youth Risk Behavior Survey. According to the Health Department spokeswoman Marla Augustine, "the department has not heard of complaints about the survey in the other school districts" (Griess 1995, p. 1). Marilyn Moore, the Associate Superintendent for Instruction for the Lincoln Public School, reiterated the lack of controversy by stating that "I've had no calls, no questions, and no complaints [about the sex questions on the survey]" (Griess 1995, p. 1).

I feel that this controversy and subsequent withdrawal of the Omaha

Public School District's participation in the complete survey had an effect on this project. Two of the agencies referred to the controversial Omaha survey as reasons for not allowing this project to be administered in their center. A representative from Father Flanagan High School, Robert Faulkner, cited the controversial Omaha survey and the questions about sexual behavior as the reasons that this survey would not be sanctioned by the school. Yvonne McClendon, the director of Head Start, also declined to sanction the project. Ms. McClendon indicated that because the teen mothers who participate in the program are also enrolled in the Omaha Public Schools that obtaining permission to participate in this project would be difficult. She cited the controversial youth survey as the source of that difficulty.

Parental Permission

Furthermore, inherent to any research concerning the sexual behavior of minors, is the issue of parental permission. In an Omaha School Board meeting, the issue of parental consent also surfaced. In the Omaha School District any parent not wanting their child to complete the survey could contact the school. Children whose parents did not contact the school would be allowed to participate in the survey. Again, one School Board member wanted to have parental permission documented for each participant. Dr. Ian Newman, a professor of Health Education at the University of Nebraska-Lincoln, suggested that the need to have parental permission documented for each student participating in the Omaha survey would reduce the number of participants, and therefore threaten "the integrity of the statewide sample" (Reilly 1995, p. 13).

This researcher found that documenting parental permission did in

fact influence the number of participants. After learning that parental permission was absolutely necessary in order to participate in the interviews, two potential participants, and three actual participants requested that I have the parental consent forms signed at their homes. This proved to be both frustrating and dangerous. I had to return to one home two times in order to explain the research to the parent. The first time I encountered the parent, she was inebriated. The second time, I was able to obtain parental permission.

After making appointments, I encountered parents who were inebriated, drugged, absent, and/or sleeping. In two cases, the parents initially appeared to be coherent in the conversation explaining the interview and purpose of the research. However, later in the conversation reacted angrily to the request to sign the parental consent form. On another occasion, the parent was inebriated and made threatening hitting gestures. I did not return to this residence, therefore eliminating the potential participant from the project.

Skepticism about the Research

Cannon, Higginbotham, and Leung (1988) suggest that women of color are more skeptical about the purpose of the research and more concerned about their protection of anonymity than white women. These researchers also indicate that women of color are concerned about being exploited either individually or as a group. Skepticism of the research may have been another reason for the failure of this project. This project was sanctioned only by a predominantly white, middle class educational institution, therefore increasing the skepticism seen among the black community. There was some apprehension about recruiting the necessary participants from the outset.

However, the difficulty recruiting participants was far greater than anticipated. Skepticism regarding this research project was seen several times. Two potential participants declined to take part in the project after questioning the researcher extensively about the purpose of the research and about the agencies and individuals that would have access to the final written report. One mother asked the researcher specifically if she was a social worker or with Douglas County Social Services.

Sanctioning of the Project

Unlike the natural sciences,

social science investigation is, if anything, more dependent than other disciplines on the consent of a country's population, for much of its data cannot be collected without the active willingness of these groups to participate (Portes 1972, p. 28).

This active willingness of individuals to participate in sociological research is often influenced in the black community by the community leaders. Although the project and interviews were scrutinized and sanctioned by the Sociology Department and meet or exceeded the standards of the Institutional Review Board; it was not sanctioned by the black community. Bourgois (1996) summed this phenomenon best by saying:

Part of the problem is logistical: class segregation and racial isolation is so cemented in to the fabric of U.S. society that outsiders cannot access the daily lives of the very poor (p. 249).

Portes (1972) reiterates this idea by commenting that it is "crucial to secure the support, or at least tolerance, of those traditionally endowed with authority" (p. 33). This project did not have the sponsorship of the "older black establishment" (Stack 1994, p. X). This older black establishment or "centers of influence" are such places as: churches, schools, teachers, and

community centers (Stack 1974, p.X). Black teachers that have strong ties with the community can serve as a positive influence and mentors to black youths. Stack also suggests that white researchers entering the black community via the older black establishment would benefit from having more available contacts. These contacts would buffer the researcher from the “physically dangers” in the research setting (Stack 1974, p. X).

While several churches and social service agencies would allow the letters of invitation to be distributed and would provide space for subsequent interviews, these agencies would not actively recruit potential participants through their newsletters or organizational meetings. There were no face-to-face meetings with potential sponsors or with the older black community leaders. Failure to gain support from the black centers of influence made recruitment of participants extremely difficult and sometimes impossible.

Although this project had the cooperation of several individuals, it did not have broad community support. This individual sanctioning of the project led to the limited success of recruiting participants. The first individual to sanction the project was a black teacher who was very active in the black community. This teacher introduced the researcher to a young mother with one child. By using the labor intensive snowball technique, the researcher was able to recruit 26 young mothers for the survey. Individually, the mothers felt the project was important and sanctioned the project by referring their friends and family to the researcher.

Implications for Social Policy Changes

Even though this research was frequently challenging, difficult, and dangerous; the knowledge gained from this study can have important

implications for social policy changes. While I have not proven that the level of learned helplessness impacts the teen's decision to continue childbearing, the teens participating in this project were positive about their environment and they indicated an ability to adapt to it. All participating teens also indicated that they wanted to be successful and to have success for their children. Social programs that promote the success of the mother in different aspects of her life, could be very beneficial. Schools and social agencies that provide the mother with opportunities to grow, develop, and refine the skills necessary for parenting and career planning are not only needed, but can be very important.

In this project, many young women remained sexually active after having the birth of their children. Current Federal and State programs are designed to reduce the number of teen pregnancies by focusing on delaying the initiation of sexual intercourse. This current use of primary prevention or preventing the first birth, do not always acknowledge the cultural and normative influences on teenage pregnancy.

There are some researchers and critics of the Welfare Programs who argue that it is the welfare payments that "encourage marital instability, illegitimate births, the establishment of independent household by unmarried mother" and provides the motivation for many poor adolescents to have children (Benokraitis 1996, p. 549; Murray 1994). However, the empirical evidence does not support or refute the claims that these payments motivate such behavior (Caldas 1993). Refuting these claims, Benokraitis points out that "the median period of time over which a person receives welfare benefits throughout his or her lifetime is less than four years

(Benokraitis 1996, p. 549). Furthermore, researchers have suggested that teen mothers utilize the welfare benefits during transitional periods in their lives; such as finishing school or obtaining job skills (Furstenberg et al. 1987; Luker 1991).

In this project, the young mothers refuted the stereotypes associated with teen mothers and the receiving of welfare payments. Not one of the participants in this study referred to receiving welfare benefits as a positive event in their lives or as a motivating factor in their childbearing behaviors. In fact it was just the opposite, several mothers wanted to finish school, gain employment and become successful to escape the Welfare stereotype.

Researchers are just beginning to document the concerns, needs, and life outcomes to teenage mothers who continue childbearing. As a result of the limited research available on subsequent births, social policies may not be sensitive to the teen mother who already has children. In order for policy changes to be effective and long lasting, government leaders, administrators, and voters, must have current and complete knowledge of the cultural, psychological, religious, and sociological influences of teenage childbearing. Without looking at teenage pregnancy in its entirety, programs and policies for the most part will be unsuccessful.

Reflections

Retrospectively, the fear and anger I experienced as a part of this project helped me to realize the idealistic and elitist position that I had acquired through my graduate education. Like Bourgois (1996), I too felt betrayed by some of my professors and fellow graduate students. They had conducted their research without leaving the safe “public space of campus libraries,

museums , . . . cyberspace, theaters, and popular media. . .” (p. 250). Their research methods and selection of topics served to shield my professors and fellow graduate students from coming in “direct or uncomfortable contact with human beings experiencing social misery”, domination, unemployment, and homelessness (p. 250). My professors and fellow graduate students did not have to concern themselves with the terror one feels as they enter a room with only one escape route, fearful the next bullet one hears would not fly by, or the panic one feels trying to escape through a backyard, hoping that the car is still a safe refuge. My professors and fellow graduate students did not have to deal with mothers and grandmothers who were too inebriated to converse, but able to make threatening gestures. Most importantly, my professors did not have to look into the eyes of the children who were innocent victims of their environment and parents.

The value of this project can be seen as a testament to diversity, struggle, and hope shown not only by the black community but by graduate students as well. Alice Walker (1977) summed up the black motherhood experience best by saying:

And if we ask ourselves why, and search for and find the answer, we will know beyond all efforts to erase it from our minds, just exactly who, and of what, . . . black American women are (p. 235).

References

- Abrahamse, Allen F., Peter A. Morrison, and Linda J. Waite. 1988. Beyond Stereotypes: Who Becomes a Single Teenage Mother? Santa Monica: Rand.
- Alan Guttmacher Institute. 1994. Sex and America's Teenagers. New York: Alan Guttmacher Institute.
- Balassone, Mary Lou. 1988. "Multiple Pregnancies Among Adolescents: Incidence and Correlates." Health and Social Work 13:266-276.
- Benokraitis, Nijole V. 1996. Marriage and Families: Changes, Choices, and Constraints. Upper Saddle River, NJ: Prentice Hall.
- Brennan, Joe. 1995. "Percentage of Birth to Teens Creeping Up." Omaha World Herald, 25 Oct., pp. 20.
- Bourgois, Philippe. 1996. "Confronting Anthropology, Education, and Inner-City Apartheid." American Anthropologist 98(2):249-265.
- Caldas, Stephen J. 1993. "Current Theoretical Perspective on Adolescent Pregnancy and Childbearing in the United States." Journal of Adolescent Research 8: 4-18.
- Cannon, Lynn, Elizabeth Higginbotham, and Marianne L.A. Leung. 1988. "Race and Class Bias in Qualitative Research on Women." Gender and Society 2:449-452.
- Craig, Grace J. 1979. Child Development. Englewood Cliffs, New Jersey: Prentice-Hall.
- Dash, Leon. 1989. When Children Want Children: The Urban Crisis of Teenage Childbearing. New York: William Morrow.
- Ford Kathleen. 1983. "Second Pregnancies Among Teenage Mother." Family Planning Perspective 15:268-272.
- Furstenberg, Frank F. 1976. Unplanned Parenthood. New York: Macmillan.
- Furstenberg, Frank F., J. Brooks-Gunn, and S. Phillip Morgan. 1987. "Adolescent Mothers and Their Children in Later Life." Family Planning Perspectives 19:142-151.

- Garber, Judy. and Martin E. P. Seligman. 1980. Human Helplessness: Theory and Applications. New York: Academic Press.
- Gispert, Maria, Paul Brinich, Kirk Wheeler, and Laurie Krieger. 1984. "Predictors of Repeat Pregnancies Among Low-Income Adolescents." Hospital and Community Psychiatry 35:719-723.
- Griess, Karen, "Student Health Survey was 'no big deal' here," The Lincoln Journal, 19 April 1995. p. 1.
- Hayes, Cheryl D. ed. 1987. Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. (Vol 1). Washington, D.C.: National Academy Press.
- Hofferth, Sandra L., Joan R. Kahn, and Wendy Baldwin. 1987. "Premarital Sexual Activity Among U.S. Teenage Women Over the Past Three Decades." Family Planning Perspectives 19:47-53.
- Hutchinson, C. J, "Change in Student Survey Dismays Education Chief," Omaha World Herald, 14 April 1995. p. 1.
- Jones, Elise F., Jacqueline D. Forrest, Noreen Goldman, Stanley Henshaw, Richard Lincoln, Jeannie I. Rosoff, Charles F. Westoff, and Deirdre Wulf. Teenage Pregnancy in Industrialized Countries. New Haven: Yale University. 1986.
- Kalmuss, Debra S. and Pearila Brickner Namerow. 1994. "Subsequent Childbearing Among Teenage Mothers: The Determinants of a Closely Spaced Second Birth." Family Planning Perspectives 26:149-153.
- Kozier, Barbara, Glenora Erb, Kathleen Blais, and Judith M. Wilkinson. 1995. Fundamentals of Nursing: Concepts, Process, and Practice. Redwood City, CA: Addison-Westley.
- Lamanna, Mary Ann and Agnes Riedmann. 1996. Marriages and Families: Making Choices in a Diverse Society. Belmont, CA: Wadsworth .
- Lawson, Annette and Deborah L. Rhode. 1993. The Politics of Pregnancy: Adolescent Sexuality and Public Policy. New Haven: Yale University Press.
- Liebow, Elliot. 1966. Tally's Corner: A study of Negro Streetcorner Men. Boston: Little, Brown.

- Littrell, Boyd. 1993. "Bureaucratic Secrets and Adversarial Methods of Social Research." In A Critique of Contemporary American Sociology. Terry Vaughan, Larry Reynold, and Gideon Sjoberg, 207-230. Dix Hills, New York: General Hall.
- Luker, Kristin. 1991. "Dubious Conceptions: The Controversy Over Teen Pregnancy." American Prospect Spring: 73-83.
- Manley, Patricia C., Robert J. McMahon, Christine f. Bradley, and Park O. Davision. 1982. "Depressive Attributional Style and Depression Following Childbirth." Journal of Abnormal Psychology 91: 245-254.
- Masters, William H., Virginia E. Johnson, and Robert C. Kolodny. 1992. Human Sexuality (4th ed.). New York: HarperCollins.
- Matsuhashi, Yuko, Marianne E. Felice, Paul Shragg, and Dorothy R. Hollingsworth. 1989. "Is Repeat Pregnancy in Adolescents a Planned Affair?" Journal of Adolescent Health Care 10:409-412.
- Mayfield, Lorraine. 1984. "Early Parenthood Among Low-Income Adolescent Girls." In The Black Family: Essays and Studies (5th ed.). Robert Staples, 230-242. Belmont: Wadsworth.
- Moore, Kristin. 1995. "New Report Explodes Myths on Nonmarital Pregnancy." Footnotes 23:1.
- Mott, Frank L. 1986. "The Pace of Repeated Childbearing Among Young American Mothers." Family Planning Perspectives 24:5-12.
- Murray, C. 1994. "Does Welfare Bring More Babies?" American Enterprise (January/February): 52-59.
- Musick, Judith.S. 1993. Young, Poor, and Pregnant: The Psychology of Teenage Motherhood. New Haven: Yale University Press.
- Nebraska Department of Health. 1991. Nebraska 1990: Vital Statistics Report. Lincoln: Nebraska Department of Health. See also Reports 1992, 1993, 1994, 1995.
- "New Report Tallies Cost of Teen Mothers," 1994. Omaha World Herald. 2 June, p. 10.

- Peterson, Christopher , Steven F. Maier, and Martin E.P. Seligman. 1993. Learned Helplessness: A Theory for the Age of Personal Control. New York: Oxford University Press.
- Peterson, Christopher and Martin E.P. Seligman. 1984. "Causal Explanations as a Risk Factor for Depression: Theory and Evidence." Psychological Review 91:347-374.
- Peterson, Christopher, Amy Semmel, Carl von Baeyer, Lyn Abramson, Gerald Metalsky, and Martin E.P. Seligman. 1982. "The Attributional Style Questionnaire." Cognitive Therapy and Research 6: XXX-XXV.
- Portes, Alejandro. 1972. "Society's Perception of the Sociologist and its Impact on Cross-National Research." Rural Sociology 37: 27-42.
- Reilly, Mike, "Parents' OK Sought on Sex Survey," Omaha World Herald, 11 April 1995, p. 1.
- Skidmore-Roth, Linda. 1996. 1996 Nursing Drug Reference. St. Louis: Mosby.
- Stack, Carol B. 1974. All Our Kin: Strategies for Survival in a Black Community. New York: Harper and Row.
- Skolnic, Arlene and Jerome Skolnic. 1993. Family In Transition. New York: HarperCollins.
- Stevens-Simon, Catherine, Julie Parsons, and Cindy Montgomery. 1986. "What is the Relationship Between Postpartum Withdrawal From School and Repeat Pregnancy Among Adolescent Mothers?" Journal of Adolescent Health Care 7:191-194.
- Timberlake, Constance and Wayne D. Carpenter. 1992. "Sexuality Attitudes of Black Adults." In Human Sexuality 92/93 ed. Ollie Pocs, 58-62. Guilford, Connecticut: Dushkin.
- Trussell, James and Jane Menken. 1978. "Early Childbearing and Subsequent Fertility." Family Planning Perspectives 10:209-218.
- Walker, Alice. 1977. In Search of Our Mothers' Gardens: Womanist Prose. New York: Harvest Book.
- Wilson, William J. 1987. The Truly Disadvantaged. Chicago: University of Chicago Press.

Williams, Constance W. 1991. Black Teenage Mothers: Pregnancy and Child Rearing From Their Perspective. Lexington: Lexington.

World Health Organization. 1994. 1993 World Health Statistics Annual. Geneva.

World Resources Institute. 1994. World Resources: 1994-1995. New York: Oxford Press.

APPENDIX A

Date

Dear Teen Parent,

I would like to invite you to participate in a research project. The purpose of this study is to find out more about teen mothers, their ideas, and feelings about motherhood. As a former school nurse, I realize that much of the information we know about teen mothers is based on what adults and researchers think. This is a chance for you to express your view.

The study will investigate: family background; romantic/sexual relationships; reproductive history and plans; use of and attitudes toward birth control; the experience of parenting; future ambitions for mother and child; income level; and reactions to hypothetical situations. These hypothetical situations will include: receiving compliments; being asked to help a friend; speaking in front of a class; and achieving an educational or occupational goal.

Your participation in this study will take approximately one hour. This interview will focus on your thoughts and feelings about motherhood. It will be a face to face interview and discussion. The interview can take place in your home, clinic, or in a place of your choice. After completing the interview, you will receive ten dollars (\$10.00).

What you say to me will remain confidential. Answers to the questions or our discussion will not be told to your parents or legal guardian, friends, doctor, school or any other individual. The information obtained in this study may be published in scientific journals or be presented at scientific meetings, but your identity will be kept strictly confidential.

Please talk this over with your parent or legal guardian before you decide whether or not to participate. Your parent or legal guardian will be asked to give their permission for you to take part in this study. Participation is voluntary.

If you decide to participate, please return the post card or call me at 498-8230. Be sure to clearly mark your phone number and address on the post card. I will then contact you regarding consent forms and an interview time. If you have any questions please call me at 498-8230 or my advisor, Dr. Lamanna, at 554-2626.

Sincerely,

Lu Schorle, R.N

Youth Assent Form
I.R.B. # 217-95
Learned Helplessness and Subsequent Pregnancies
In Low Income Black Adolescents

Invitation To Participate

I would like to invite you to take part in a research study.

Please talk this over with your parent or legal guardian before you decide whether or not to participate. Your parent or legal guardian will also be asked to give their permission for you to take part in this study. If you have any questions at any time, please ask.

Basis For Subject Selection

I have asked you to participate because you are a black teenage parent living in the Omaha-Council Bluffs area and are between 13-18 years old.

Purpose Of The Study

The purpose of the study is to look at the kinds of decisions a young woman makes about having children.

Explanation Of Procedures

I will talk with you about the kinds of decisions which are made when deciding on the number of children to have. The study will investigate: family background; romantic/sexual relationships; reproductive history and plans; use of and attitudes toward birth control; the experience of parenting; future ambitions for mother and child; income level; and reactions to hypothetical situations. These hypothetical situations will include: receiving compliments; being asked to help a friend; speaking in front of a class; and achieving an educational or occupational goal. This discussion will last approximately one hour.

Potential Risks And Discomforts

Some of the questions I ask may make you feel uncomfortable or embarrassed. You do not have to answer any questions you do not want to answer.

_____ Subject's Initials

IRB # 217-95

Page 2 of 2

Potential Benefits To Subject

You will receive no direct benefit from participating in this study.

Potential Benefits To Society

It is possible that this study may help people to understanding teenage mothers and their decisions regarding having children.

Compensation for Participate

You will receive ten dollars (\$10.00) after completing the interview.

Assurance Of Confidentiality

Any information obtained during this study which could identify you will be kept strictly confidential. What you say to me will not be told to your parents or legal guardian, friends, doctor, school or any other individual. The information obtained in this study may be published in scientific journals or be presented at scientific meetings, but your identity will be kept strictly confidential.

Voluntary Participation And Withdrawal

You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator(s) or the University of Nebraska. Your decision will not result in any loss of benefits to which you are otherwise entitled.¹⁰⁴

Documentation Of Informed Assent

You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that the content and meaning of the information on this assent form have been fully explained to you and that you have decided to participate having read and understood the information presented. Your signature also certifies that you have had all your questions answered to your satisfaction. If you think of any additional questions during this study please contact the investigator(s). You and your parent or legal guardian will be given a copy of this assent form to keep.

Signature Of Subject

Date

Signature Of Investigator

Principal Investigator

Lu Schorle, R.N., B.G.S. Office: 554-2626

Home: 498-8230

Secondary Investigator

Mary Ann Lamanna, Ph.D. Office: 554-3374

Parental Informed Consent Form
IRB #217-95
Learned Helplessness and Subsequent
Pregnancies In Low Income Black Adolescents

Invitation To Participate

You are invited to permit your daughter to participate in this research study. The following information is provided in order to help you to make an informed decision on whether or not to allow your child to participate. If you have any questions please do not hesitate to ask.

Basis For Subject Selection

Your daughter is eligible to participate because she is a young black woman, 13-18 years old, and has at least one child.

Purpose Of The Study

The purpose of the study is to look at the kinds of decisions a young woman makes about having children. The study will investigate family; relationships; reproductive history and plans; use of birth control; future ambitions for the mother and child; income level, and reactions to hypothetical situations. These hypothetical situations will include peer relationships and job exploration.

Explanation Of Procedures

This study will take approximately one hour of your daughter's time. Your daughter will be asked a series of personal questions regarding her feelings about having children. kinds of decisions which are made when deciding on the number of children to have. The interview will include multiple choice and open-ended questions. The interview will include questions about study family; relationships; reproductive history and plans; use of birth control; future ambitions for the mother and child; income level, and reactions to hypothetical situations. These hypothetical situations will include peer relationships and job exploration.

Potential Risks And Discomforts

Some of the questions may cause slight embarrassment or discomfort during the interview. Your daughter will not be forced to answer any questions which makes her uncomfortable.

Potential Benefits To The Subject

Neither you nor your daughter will receive any direct benefits from this study

_____Parent or legal guardian's initials

IRB # 217-95**Page 2 of 3****Potential Benefits To Society**

There may be a benefit to the public. It is possible that this study may help people to understand teenage mothers and their decisions regarding having children.

Compensation for Participation

Your daughter will receive ten dollars (\$10.00) after completing the interview.

Assurance Of Confidentiality

After you sign this consent form and after your daughter signs an assent form, your daughter will be assigned a number. This number will be the only source of identifying the information she shares with me. The master file, linking this number and your daughter's name, will be securely kept in a locked file cabinet; only Dr. Lamanna and Lu Schorle will have access to this master file. Any information obtained during this study which could identify your daughter will be kept strictly confidential. The information obtained in this study may be published in scientific journals or be presented at scientific meetings, but the identity of you and your daughter will be kept strictly confidential.

Rights Of Research Subjects

Your daughter's rights as a research subject have been explained to you. If you have any additional questions concerning your daughter's rights, you may contact the University of Nebraska Institutional Review Board (IRB) at 402-559-6463.

Voluntary Participation And Withdrawal

Participation is voluntary. You are free to decide not to enroll your daughter in this study. If you decide to allow your daughter to participate, you are free to change your mind, withdraw your consent and to discontinue your daughter's participation at any time. Withdrawing your daughter from the study will not adversely affect your relationship with the investigators, or the University of Nebraska. Your decision will not result in any loss of benefits to which your daughter is otherwise entitled.

Documentation Of Informed Consent

You are voluntarily making a decision whether or not to allow your daughter to participate in this research study. Your signature certifies that the content and meaning of the information on this consent form has been fully explained to you and that you have decided to allow your daughter to participate having read and understood the information presented. Your signature also certifies that you have had all your questions answered to your satisfaction. If you think of any questions during this study please contact the investigator(s). You will be given a copy of the consent form to keep.

Signature Of Parent

Date

In my judgment the parent/legal guardian is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

Signature Of Investigator

Date

Identification of Investigators

Principal Investigator		
Lu Schorle, R.N., B.G.S.	Office: 554-2626	Home: 498-8230
Secondary Investigator		
Mary Ann Lamanna, Ph.D.	Office: 554-3374	

Interview Schedule

Name: _____ Date: _____ Date of birth: _____

1. Tell me the last grade you completed.

6 7 8 9 10 11 12 Other: _____

2. Are you currently in school or G.E.D. program?

Yes No

IF THE ANSWER TO QUESTION #2 IS NO, CONTINUE WITH QUESTION #3.

IF THE ANSWER TO QUESTION #2 IS YES, CONTINUE WITH QUESTION #4.

3. Do you plan to return to school or enroll in a G.E.D program?

Yes No

a. If Yes, When?

_____ next semester _____ in about a year
 _____ in about 2 years _____ don't know

4. What race do you consider yourself? Black White Other

5. Do you have friends or know other teens who are pregnant or have children?

Yes No

6. How many children do you have?

One Two Three Four

7. What are the birth dates of your children?

a) First _____ b) Second _____
 c) Third _____ d) Fourth _____

8. Were the pregnancies intended?

a) First	Yes	No
b) Second	Yes	No
c) Third	Yes	No
d) Fourth	Yes	No

I would like to ask you about your family history.

9. How old was your mother when she had her first child? _____
10. How old was your mother when she had you? _____
11. Do you have any siblings?
 Number of brothers _____ Number of sisters _____
12. Do you have a sister who became pregnant as a teenager?
 Yes No
 a. If yes, how did the pregnancy end?
-
-

I would like to ask you about how you feel about being a mother.

13. I want you to think back to when you were pregnant with your first child. How do you remember feeling and thinking about being a mother?

14. Tell me what it's like being a mother now. Explain.

15. Did you remain sexually active after the birth of your first child? Yes No

IF THE ANSWER TO QUESTION #15 IS NO, CONTINUE WITH QUESTION #31.

IF THE ANSWER TO QUESTION #15 IS YES, CONTINUE WITH QUESTION #16.

16. What are you doing to keep from getting pregnant now?

Please look at the cards in front of you.

17. Choose the card that best describes your use of birth control
 Always Frequently Seldom Never

I am going to read to you a list of some of the reasons young women do not use birth control. Using the cards in front of you, choose the card that best describes you and/or your use of birth control.

18. I don't want to plan when I am going to have sex.
Applies to me Doesn't apply to me
19. Using birth control is too much trouble.
Applies to me Doesn't apply to me
20. I only have sex when it is the safe time of the month for me.
Applies to me Doesn't apply to me
21. I don't know where (to buy or) to get birth control.
Applies to me Doesn't apply to me
22. I don't know what type or kind of birth control to use.
Applies to me Doesn't apply to me
23. I am worried about the side effects of birth control. Birth control is not safe.
Applies to me Doesn't apply to me
24. It's too embarrassing to use.
Applies to me Doesn't apply to me
25. My boyfriend doesn't want to use a condom.
Applies to me Doesn't apply to me
26. My boyfriend doesn't want me to use birth control.
Applies to me Doesn't apply to me
27. I don't think I'll get pregnant.
Applies to me Doesn't apply to me
28. I don't mind taking a chance on getting pregnant.
Applies to me Doesn't apply to me
29. I want(ed) to become pregnant.
Applies to me Doesn't apply to me
30. Other:

31. Did the father of the baby encourage the pregnancy(ies)?

First pregnancy	Yes	No
Second pregnancy	Yes	No
Third pregnancy	Yes	No
Fourth pregnancy	Yes	No

32. How old was the father of your

First baby?	_____
Second baby?	_____
Third baby?	_____
Fourth baby?	_____

33. Has the father of the baby remain involved with his children? How?

First child	Yes	No	How? _____
Second child	Yes	No	How? _____
Third child	Yes	No	How? _____
Fourth child	Yes	No	How? _____

34. Tell me what your ambitions (plans) are for yourself now? In five years?

35. Have **your** ambitions changed since becoming a mother. Have your ambitions changed since the birth of your first child?

Yes No

a. How?

36. Tell me what your ambitions are for your children?

37. How do you plan to make those ambitions (plans) come true?

I would like to ask you about feelings you may have regarding certain situations. Listen to the directions.

- A) Listen to each situation and **vividly** imagine it happening to you.
- B) Decide what you believe would be the one major cause of the situation if it happened to you.
- C) Please use the card in front of you when answering the questions. Choose a number that best describes your feelings regarding the situation.

Event/Situation One

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

38. What caused your friend to compliment you?

39. Do you think the compliment was for something you did or was it a result of something other people did?

Something other people did 1 2 3 4 5 Totally due to me

40. Do you think this same compliment will occur in the future?

Will never again be present 1 2 3 4 5 Will always be present

41. Does (this cause) occur only when your friend compliments you or does it occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Two

YOU BECOME VERY RICH

42. What happened to make you rich?

43. Was it something you did or was it something other people did?

Totally due to other people 1 2 3 4 5 Totally due to me

44. Will this opportunity to become rich ever occur again?

Will never again be present 1 2 3 4 5 Will always be present

45. Does (this cause) only affect obtaining money, or does it also occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Three**A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP HIM/HER.**

46. List the reason you would not help your friend?

47. Is not helping your friend due to something about you, or something about your friend and the situation?

Totally due to other people or situations 1 2 3 4 5 Totally due to me

48. Do you think the reason for not helping your friend could happen in the future?

Will never again be present 1 2 3 4 5 Will always be present

49. Is (this reason) only present when your friend comes to you with a problem or does it also occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Four**YOU GIVE AN OPINION IN FRONT OF THE CLASS. THE CLASS REACTED NEGATIVELY AT (EX. LAUGHS AT YOU).**

50. Why do you think the class reacted negatively:

51. Is the class's negative reaction due to something about you or it is about other people and situations?

Totally due to other people or situations 1 2 3 4 5 Totally due to me

52. In the future, when you speak up in class will (the cause) be present?

Will never again be present 1 2 3 4 5 Will always be present

53. Is (this cause) only present when you speak up in class or does it occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Five**YOU COMPLETE YOUR HOMEWORK AND IT IS HIGHLY PRAISED.**

54. Why was the homework praised:

55. Was the reason your homework was praised due to something you did or something other people did?

Totally due to other people 1 2 3 4 5 Totally due to me

56. When doing homework in the future will (this same reason) be present again?

Will never again be present 1 2 3 4 5 Will always be present

57. Does (this reason) affect just homework or does it also affect other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Six**YOU MEET A FRIEND WHO ACTS MAD AT YOU.**

58. Why does your friend act mad at you?

59. Is your friend acting mad at you due to something you did or is it due to other people or situations?

Totally due to other people or situations 1 2 3 4 5 Totally due to me

60. In the future when you are with friends, will (this cause) be present?

Will never again be present 1 2 3 4 5 Will always be present

61. Does (this cause) only occur when you are with friends or does it occur in other activities in your life?

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

Event/Situation Seven**YOUR BOYFRIEND HAS BEEN TREATING YOU MORE LOVINGLY.**

62. Why is he treating you more lovingly?

63. Is your boyfriend treating you more lovingly because of something you did or something other people did?

Totally due to other people 1 2 3 4 5 Totally due to me

I WOULD LIKE TO ASK YOU ABOUT SOME OF YOUR FAMILY'S BACKGROUND.

74. Please look at the cards in front of you. Choose either the monthly or yearly income cards. Using the cards, choose the card that best describes your family's income.

- | | |
|------------------------------|-----------------------------|
| a) \$ 7,000 -10,000 annually | b) \$10,001-15,000 annually |
| c) \$15,001 -20,000 annually | d) \$20,001-25,000 annually |
| e) \$25,001 -30,000 annually | |

or

- | | |
|------------------------------------|------------------------------------|
| a) \$400.00 - \$500.00 monthly | b) \$501.00 - \$800.00 monthly |
| c) \$801.00 - \$1,000.00 monthly | d) \$1,001.00 - \$1,200.00 monthly |
| e) \$1,200.00 - \$1,400.00 monthly | |

I really appreciate your time and help. May I contact you if I find something that is

unclear as I review the interview? Yes No

Telephone number: _____

We have completed the interview, I am again going to ask for your help. Please forward a copy of this letter and the attached postcard to any individual who you feel may want to participate in this study. If the individual is interested in participating, she may return the postcard or contact me by phone.

Thank you.