ADOLESCENT PREGNANCY: VOICES HEARD
IN THE EVERYDAY LIVES OF
PREGNANT TEENAGERS

Thesis

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillments of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Sonia Oviedo, B.S.
Denton, Texas
December, 1995
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The purpose of this study is to examine the problems that pregnant teenagers encounter at school and at home while they are trying to complete their high school education. Data were collected by in-depth interviews. Twenty pregnant adolescents, who were between the ages of 15 through 18, and were participants in a special teen-pregnancy program were interviewed.

The major findings in this study included the respondents': 1) unstable family life histories, 2) denial that they were pregnant, 3) need for self-identity as an adult, 4) conflict with parents and 5) motivation to complete their high school education. This study points to the need for more research on the problems that pregnant adolescents encounter in their everyday lives.
ACKNOWLEDGEMENTS

I wish to thank the Toulouse Graduate School, University of North Texas for awarding me a two-year scholarship (1993-1995). I am also indebted to the 1992 Summer Minority Research Program in Sociology which led me to pursue my graduate studies at the University of North Texas. Also, I wish to thank the members of my committee, Dr. Norma Williams, Dr. Susan Brown Eve and Dr. Vijayan Pillai for their cooperation and assistance. I especially want to thank Dr. Norma Williams for her encouragement and support. Although the Independent School District in the North Texas region (where I collected my data) must remain anonymous, I am very grateful to all of the persons who assisted me while I was carrying out my research. I am indebted to the twenty pregnant adolescents who participated in this study. This study would not have been possible without their cooperation.

Lastly, I wish to thank my husband, Richard A. Lobb and my family for their support in obtaining my Masters. Most importantly, I would like to give special thanks to my sister, Nina, who has given me emotional as well as financial support, while I pursued my academic endeavors.
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CHAPTER I

INTRODUCTION

Adolescent pregnancy has become a major problem in the United States. According to Testa et al. (1995), "... the Carter administration proclaimed adolescent pregnancy as one of the nation's top domestic problems" (p. 52). However, we must emphasize that teenage pregnancy existed prior to the 1970's but it was not defined as a serious social issue. Typically, in the 1950's teenage pregnancy was not viewed as a serious problem because 1) teenagers married earlier, and 2) the church and community members would assist the pregnant adolescents. In the 1960's, 1970's and 1980's teenage pregnancy was redefined and in the 1990s it has received increased attention at the national level.

The United States ranks highest in teenage pregnancy among a dozen other countries. "The second highest rate of teen pregnancy was found in England: however, the rate in England was less than half that of the United States" (Testa et al., 1995, p. 50). In the State of the Union address, President Clinton called teenage pregnancy--"our most

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1 The terms adolescent pregnancy, teenage pregnancy as well as teen pregnancy will be used interchangeably.

Republican Representative Clay Shaw Jr. of Florida, Chairman of the House Subcommittee of Welfare Reform and others have argued the following:

    It is irresponsible to give grants to somebody you would not let baby-sit your kids or your grandkids. Shaw and other conservatives argue that the nation's welfare system has underwritten the irresponsible behavior of teenagers and other unmarried couples who conceive and bear children when they are not able to support them (Washington Post, 1995, p. A1).

In the mid-1990s policy makers are giving special attention to pregnant teenagers\(^3\) as well as female single-headed households. One consequence of pending policies is that the least fortunate of the socioeconomic levels will

\(^2\)The terms teen mother, teenage mother or adolescent mother will be used interchangeably in this study.

\(^3\)The terms pregnant teenager, pregnant teen and pregnant adolescent will be used interchangeably.
suffer the most socially and financially.

Statement of the Problem

Because of the heightened attention being given to teenage pregnancy, sociologists need to carry out more research on this topic. The purpose of this study is to examine the problems that pregnant teenagers encounter at home and at school while they are trying to complete high school. The research questions that guided this study are:

1) Do pregnant teenagers encounter problems in maintaining themselves in school and at home?
2) What are the problems pregnant teenagers encounter at school and at home?
3) What motivates them to stay in school?
4) How do they overcome the problems they encounter?

The twenty respondents who participated in this study were between the ages 15 through 18. All of the respondents in this study were pregnant and did not want to have an abortion. This was not considered an option. They wanted to keep their babies despite the fact that they would face special difficulties in the future.

The research site for this study was a community in the North Texas region. This region has the highest rate of teen births in the State according to the Teen Birth Data and Statistics in 254 Counties (1991). More specifically, 1990 data reveal that the total number of teen births between the ages 15-19 was 10,477. In addition, the total
number of teen births who were between the ages 10-14 years of age was 264 (Texas Department of Health & Human Services, 1991). In just one year, there was an increase in the number of teenage births for the North Texas region of 10,794 with 292 births from teen mothers between the ages 10-14 years (Texas Department of Health & Human Services, 1993).

Background Data

Patterns at the National Level

As noted above it is important to study teenage pregnancy because statistics show that the rate of teen pregnancy is increasing in the United States. For example, the Monthly Vital Statistics Report (1995) maintains that nationally the pregnancy rate per 1,000 women between the ages 15-19 years has increased substantially from 1980 to 1991. In the United States, approximately one million teenagers become pregnant every year (Alan Guttmacher Institute, 1976; Center of Health Statistics, 1987). More dramatically stated, "every thirty seconds, another teenager in the United States becomes pregnant" (Djerassi, 1985, p.45). Since the 1980's nearly forty percent of all adolescent pregnancies end in abortion (Furstenberg & Crawford, 1980; Jones et al., 1986; Sussman & Steinmetz, 1987). "The proportion of pregnancies ending in induced abortion were similar for white non-Hispanic and black non-Hispanic teenagers (33-39 percent), but were much lower for
Hispanic teenagers (20-24 percent)" (National Center for Vital Statistics, 1995, p. 6). Another statistic that cannot be ignored is the substantial increased rate of single-teen mothers. Among all births in 1988 a large majority were born out of wedlock (National Center for Vital Statistics, 1995).

Consequently, "public interest and the research literature regarding pregnant adolescents has notably increased over the last decade. Despite this, gaps exist in the study of adolescent pregnancy and motherhood" (De Anda et al., 1990, p. 301). The examination of the problems encountered by pregnant teenagers is important because there is a lack of adequate data dealing with the difficulties these teenagers encounter when they are struggling to obtain a high school diploma as well as experiencing distress at home and with their friends. "Four out to five girls who become pregnant while in school drop out, while less than 10% of those who do not become pregnant drop out" (Texas Legislature. Joint Special Committee on High School Dropouts, 1989, p. 18).

With the belief that teen mothers are the reason for excessive budget funding at the expense of taxpayers, many members of society (including key policy makers) have called for reform of the welfare system. Some policy makers have gone as far as to state that adolescent mothers should not be eligible for welfare assistance. However, a majority of
welfare recipients are former adolescent mothers and are the sole providers of their households. Teenage mothers as well as pregnant adolescents need assistance because they are more likely to face poverty, joblessness and will be less likely to help their children succeed (Klerman, 1986; Teti and Lamb, 1989; Adolescent Pregnancy & Parenthood Advisory Council (APPAC), 1990, 1993). Polakow (1993) argues that teen mothers have a high level of educational aspirations because they want to give their babies a better life. He criticizes the welfare system by stating, that "a job at minimum-wage level with no benefits keeps them on AFDC; but when they take work or study initiatives to better sustain themselves and their babies, they are punished by 'being cut'" (p. 79). The future of teen mothers and their babies is at great risk in terms of their health and life chances.

Patterns at the State Level

The federal government assistance contributed a little under $20 billion in 1988 in social services to teens and their babies (Center of Population Options, 1989). With respect to state funding, Texas Department of Health & Human Services (1993) reported that Texas spent $46.6 million on 22,791 Medicaid births to teen mothers in 1991. Within one year's time, Texas spent $58.5 million on 36,079 Medicaid births to adolescent mothers. This is an alarming increase of births to adolescents. The cost of low-educational attainment as well as limited job skills have adolescent
mothers dependent on Aid to Families with Dependent Children (AFDC). In 1991, adolescent parents received a total cost of $18.3 million and in 1992 teen parents received a total cost of $25.5 million in state welfare assistance. Even though the number of dollars look overwhelming, teen mothers and pregnant teens do not receive sufficient assistance. As illustrated with the Medicaid birth costs, infant mortality as well as other health hazards to teen mothers and their babies continues to be on the rise. Powell-Griner (1988) states that "babies of women with low educational attainment or inadequate prenatal care also have a greater risk of dying in the first year following birth" (p. 452).

State wide, Texas ranks highest in the country with adolescent mothers 14 years of age and under. Furthermore, Texas is second highest to adolescent mothers who are 15-19 years of age (Texas Education Agency, 1993). The consequences of teenage pregnancy has led many adolescent mothers to drop out of high school and become financially dependent on their families or on welfare assistance (Texas Education Agency, 1988; Farber, 1989; Teti & Lamb, 1989; Dryfoos, 1990; Upchurch & McCarthy, 1990; Roosa, 1991). Without a high school diploma, many adolescent mothers have limited (or no) job skills and are unable to acquire a job that provides health insurance benefits for their babies and themselves. The Texas Legislature Joint Special Committee on High School Dropouts (1989) also has reported that
pregnancy, parenting and marriage are the major reasons why adolescent girls drop out of school. "Pregnancy is the most common reason for girls failing to complete high school with some 50% to 67% of the female dropouts being pregnant" (Phipps-Yonas, 1980, p. 414).

Millions of teenagers will face difficult life situations associated with teen pregnancy. Many teen mothers will have a bleak future in struggling to obtain a high school diploma and finding an after-school job while trying to establish a stable life for themselves and their babies.

Thus, the question arises: What is being done to assist pregnant teenagers to continue their education or preventing adolescent pregnancies in the future? In response to this question, the Texas Legislature took the issue of pregnant teens who are in school into consideration. The Joint Special Interim Committee on High School Dropouts was established by the Texas' 70th Legislature in 1987 (Texas Legislature, 1989). This Joint Special Committee conducted a detailed study of the school dropout problem state-wide and made recommendations for the prevention of school dropout programs to the 71st Legislature (Texas Legislature, 1989). The Committee recommended that one way of reducing school dropouts is by implementing a teen pregnancy and parenting program. The Texas Education Agency (1994) reported dropouts between the grade levels 7th through 12th
and the total number of dropouts was 43,402. Among these dropouts, 20,221 were female. Statewide, 161,393 seniors graduated in 1993 however in a longitudinal study, students who were in the 7th grade class of 1987-88, only 66 percent graduated with a high school diploma (Texas Education Agency, 1994). According to the Education for Self-Responsibility Report (1988):

Pregnancy is the most prevalent factor associated with female students dropping out of school. Eighty percent who become mothers by age 17 drop out and never complete high school. School-age fathers younger than 18 drop out of school at a rate of four in 10 rather than the eight or nine in 10 that characterizes school-age mothers (p. 3).

In the State of Texas a number of intervention programs to assist pregnant teenagers who have not completed high school have been implemented. For example, the Prevention of School-Age Pregnancy Program (1988) is a base coordinating program implemented in some school districts within the State. The teen pregnancy programs encourage teen fathers to join. To become a participant in the

\[\text{According to McAdoo (In Robinson, 1988), there is a lack of agreement on the definition of who is a teen father. "Is he a boy, 19 years old or younger who gets a young girl pregnant? Or is he a youth in his teens and early 20's who impregnates a young woman? Or is he a man at any age who impregnates a teenage female" (p. ix)? In this study, I shall use the terms, teen father and teenage father interchangeably, however, the teenager may or may not be married to the pregnant adolescent.}\]
program one must be enrolled in the school district, be 21 years old or younger and want to join the teen-pregnancy program as well as want to graduate with a high school diploma (Texas Education Agency, 1988). A basic program for teen pregnancy includes:

1. School nurses to assist the pregnant students with weighing or checking blood pressure,
2. Encouraging pregnant students or parenting students to enroll in child development and parenting courses,
3. Assisting teenage parents to find child care for their children,
4. Designating a teacher or counselor be a contact person or advocate for students who are pregnant or who are teen parents so that they will have someone they can trust to assist them when needed,
5. Providing home study for students who cannot come to school so they keep up with their school work (Texas Education Agency, 1988, p.124-125).

There are special programs that focus on recruiting pregnant adolescents and parenting teenagers. These special programs establish relations with community health, education and public assistance programs. For instance, a teen-pregnancy program can assist pregnant teenagers in
acquiring prenatal care as well as pediatric care at a local community health facility (Texas Education Agency, 1988). Furthermore, students are informed to identify sources that provide public and private assistance. The most accessible program is one which has a child care facility on campus or a child care facility very close to the adolescent mothers who are attending school. The program may be an open-entry program. This kind of program allows a student to enter a program at any time during the school year. This would be an asset because of the high dropout rate in schools among pregnant teens and teen fathers. In addition, the open-entry program allows high school dropouts to return to school in the middle of a semester. They are required to enroll in the education courses (which emphasize infancy and early childhood) designed for pregnant teenagers and parenting students. Special programs also organize parent support groups for students and their families. Special counseling is provided for pregnant teenagers, teen parents and their families. Overall, the counseling emphasizes responsibility and self-esteem (Texas Education Agency, 1988).

These programs have made great contributions by providing assistance to pregnant adolescents as well as adolescent mothers who want to complete their high school education. However, these programs are new and there is some resistance to support such programs in the community.
Conclusion

While a great deal of research still needs to be carried out on adolescent pregnancy, this study will bring to light the social barriers encountered at school and at home by pregnant adolescents. With more emphasis, De Anda et al. (1990) have stated, "...while multiple reasons for the rise in adolescent pregnancy and interpretations of the adolescents' experiences have been proposed by the adult populace, the voices of the adolescents themselves have rarely been heard" (p. 302). However, there are life histories which have been recorded as De Anda et al. (1990) state, "The aim was to capture the adolescents' own perception of their significant life experiences prior to pregnancy, many of which are related in their own words" (p. 302). The respondents' voices in this study will be heard and they will discuss their life experiences before and during their pregnancies.
CHAPTER II

REVIEW OF THE LITERATURE

Teenage pregnancy is widely recognized as a major social issue in the United States. The existing literature on adolescent pregnancy has focused on two dimensions, the initiation of teenage sexuality or the history of child sexual abuse as a possible factor for teen pregnancy (Jacobs, 1994; Dryfoos, 1990; Plionis, 1975; Jones et al., 1985). "The reductionistic tendency to explain adolescent pregnancy from either an individual or a societal perspective or from only a theoretical perspective has led to a proliferate literature wherein adolescent pregnancy is much discussed but little understood" (Plionis, 1975, p. 306). What is missing from the literature is the impact of social barriers on the pregnant teenager who keeps her baby—e.g., lack of education, limited job skills, and insufficient income for a single-parent family. If we are to understand more effectively the difficulties encountered by these young mothers, we must understand how they define their situations.

Education

Early child-bearing for a woman's future well being can lead to lower educational attainment (Plionis, 1975; Gershenson, 1983; McCarthy and Radish, 1983; Texas Education
Agency, 1988; Dryfoos, 1990). Earlier studies examined the age of the mother at first birth and the level of education completed. "Early childbearing appears to be a direct cause of truncated schooling" (McCarthy and Radish, 1983, p. 281). With government policies implementing programs to retain teen mothers to finish school, the success rate of teen mothers obtaining a high school diploma is increasing in numbers (Rubenstein et al., 1990; Scales, 1990; Dryfoos, 1990).

In the past, pregnant teens or young mothers were barred from school or were cut off from schooling completely (McCarthy et al., 1983; Vinovski, 1986). Today, pregnant teens and young mothers feel uncomfortable at the schools they previously attended so they dropped out to find work (Furstenberg and Crawford, 1980). Furstenberg and Crawford (1980) found young mothers who married were twice as likely to drop out of school out of school then those who remained unmarried. In addition, an important reason adolescent mothers failed to complete their education lied in the enormous difficulties encountered meeting the demands of childbearing and school work. The strain of conflicting roles as a student, mother and wife is very stressful for young teens (Dryfoos, 1990; Furstenberg and Crawford, 1980; Scott-Jones, 1990). Dryfoos (1990) reiterates the strain of conflicting roles by discussing the most direct impact of early pregnancy. "The birth of a child impacts on both the
mother and the baby—and ultimately the father and community—with immediate short-term, long-term, often lifetime consequences" (Dryfoos, 1990, pp. 64-65).

With low-basic skills, the young mother has a very low probability of obtaining a good-paying job that provides health insurance for her child as well as herself. In addition, research has found that young girls who have been labeled as low achievers and are from low socioeconomic backgrounds are more likely to become childbearers (Dryfoos, 1990). Furthermore, Dryfoos (1990) examined the different types of society's deviance and linked low achievers to being more likely to experience drug abuse, sexual promiscuity and dropping out of school.

Sex Education

The general public as well as educators have insisted that sex education can reduce the rate of teen pregnancy as well as sexually transmitted diseases. Sex education is a controversial issue despite the great need in educating adolescents before unwanted pregnancies occur. Hyman Rodman (1985) state:

There is consensus that we do not want children (who themselves often need parenting) to bear and raise children. There is also consensus on the goal of reducing teen sexual intercourse, reducing the nonuse and ineffective use of contraceptives when intercourse does take place, and reducing the adolescent pregnancy
and abortion rates. The means for achieving these goals, however, generate considerable controversy (p. 35).

Research reveals that adolescents who have taken a sex education course are less likely to become pregnant. However, research also indicates that sex education in high schools and middle schools often do not inform adolescents of the different forms of contraceptives as well as preventing sexually transmitted diseases (Finkel & Finkel, 1985; Auerbach et al., 1985). Finkel & Finkel (1985) examined a misconception held by the general public that the less teenagers know about sex the less they will experiment. "Ignorance will not deter adolescents from sexual activity" (Finkel & Finkel, 1985, p.50). In spite of the ignorance, research reveals if students have "some control over their lives and make career plans," they will more likely finish high school and attend college (Auerbach et al., 1985, p 38). Abstinence remains the main focus of the educational institution. However, there are a number of pregnant teenagers who have made the choice of keeping their babies and intervention programs to assist them with fulfilling educational goals and becoming responsible parents.

Intervention Programs

Intervention programs for the prevention of teenage pregnancy as well as assisting teenage mothers fulfill their educational goals have been implemented. In the past as
well as today, teen-pregnancy programs have encountered resistance among professionals and the general public. "Improving programs for pregnant teenagers has been loaded with admonition: Do not reward sin" (Friedman and Phillips, 1983). Despite some resistance from some parents and school boards, teen-pregnancy programs have made a difference for those fortunate adolescent mothers who were in school when the programs came into operation.

Intervention programs were introduced when adolescent pregnancy was defined by policy makers as a social problem due to children born out of wedlock. In the 1950's teenage pregnancy was not considered a serious social problem because the teen was likely to be married. Typically, it was not frowned upon if a married teenager became pregnant.

At the same time, adolescents who had children out of wedlock were not discussed in public and the community's church and others would give assistance to the single pregnant teenagers (McCarthy and Radish, 1983; Testa et al., 1995). This type of social assistance no longer sufficed when adolescent pregnancy became more socially unaccepted. Plionis (1975) discussed the cost of illegitimacy was defined in terms of its consequences for society and usually depicted as a moral and economic threat to the community. Therefore, the label of illegitimacy has defined teen pregnancy as a social problem when there is a threat to the community's economy.
During the Johnson Administration, the War on Poverty included teenage mothers as beneficiaries of programs which informed adolescent mothers of birth control and gave them access to contraceptives (Testa et al., 1995). Despite the climbing rate of teenage pregnancies, the 1970's proved to limit adolescents to birth control and if the adolescent became pregnant, abortion was not a choice. By the 1980's, pregnant teenagers were given the option of a legal abortion (McCarthy and Radish, 1983). However, pro-life activists and conservatives allowed the Reagan Administration and then the Bush Administration to redefine adolescent pregnancy and parenthood as early sexual promiscuity. Consequently, earlier programs which assisted adolescents with birth control and contraceptives were denied (Rodman et al., 1984; Testa et al., 1995). For instance, the campaign, "Just Say NO" to drugs was advertised and adolescents were to "Just say No to sex." Again, despite the climbing rate of adolescent pregnancies, abstinence became the answer for the public's morality and the social problem was avoided.

In 1986, the Texas State Board of Education implemented a long-term plan for assisting pregnant teenagers and teen mothers in the Texas Public School System. The main goal was to prevent students from dropping out of school. The State Board of Education recognized that pregnancy and the responsibilities of parenthood were factors which contributed to students leaving school early (Texas
The issue of self-responsibility became a central part of the plan. The following was stated in the Education for Self-Responsibility Report (1988):

The sexual attitudes between males and females differ markedly. Many males seek sexual involvement as a symbol of manhood while many females seek security. Understanding these contradictory points of view can reduce the likelihood of exploitation. Furthermore, the program will emphasize the importance of establishing a healthy self-concept long before sexual activity begins (p. 6).

Not all school districts will inform students of these social facts because communities differ in opinion from one another.

Intervention Programs' Evaluations

To much surprise, nationwide, intervention programs such as the Urban Teen-Age Parenting Program (TAPP) in Arizona have existed for approximately 20 years. This program was not evaluated until 1986. Roosa's (1986) examination concluded that the Urban Teen-Age Parenting Program in Arizona focused on a small segment of pregnant adolescents who have maintained themselves in school and ignored the large percentage of pregnant adolescents who have left school before ever becoming enrolled in the program. His evaluation of the program states, "those mothers who attended a TAPP had a higher average educational
level than the non-TAPP mothers, were considerably more likely to be high school graduates and despite these two differences, were more likely to be enrolled in a school of some kind than the non-TAPP mothers" (Roosa, 1986, p. 314). The intervention program offered standardized courses taught in Family Life Education and Parent-Child Development to assist the pregnant teenager to become a better parent. The teen-pregnancy program also provided a childcare center on the school's campus for the children of adolescent parents. The program also focused on continuing education and teaching fertility control for the pregnant and parenting teenagers.

Another program, unlike the long existent program, focused on peer counseling for pregnant adolescents and teenage mothers in Baltimore, Maryland. Rubenstein et al. (1990) examined an additional service referred to as The Peer Companionship Project which hired and trained older teenage mothers to help counsel pregnant teenagers within a teen-pregnancy program at the University of Maryland in Baltimore. This program was a pilot program which started in 1987. Rubenstein et al. (1990) state, "peers often model one another's behavior and standards of conduct and they may have a greater capacity for understanding one another than do professionals" (p. 137). The main goals of the program were to stop repeated pregnancies, encourage continuing education for the adolescent mothers and insist on
consistent use of contraceptives. When addressing these goals, teen mothers who had obtained a high school diploma and are consistent with the usage of contraceptives were eligible to be hired and trained as a counselor for the teen-pregnancy program. Evaluations for this three-year program were positive. Rubenstein et al. (1990) state, "The younger teens reported feeling less lonely because they had someone to talk with who was close to their age. When a crisis arose at home, they often called upon their counselors, who were more readily available than the program social workers could be" (p. 140). Also, weekly training, supervision and support of the peer counselors coupled with paid employment experience assisted the older teenage mothers. In addition, peer counselors were positive role models and emotional support for the younger pregnant teenagers. Peer counselors also benefitted from the program. "Counselors were chosen because of their successful behaviors and this could account for their continued success in avoiding subsequent pregnancies and completing high school" (Rubenstein et al., 1990, p. 141).

Social Support

Research has found that adolescents are prone to losing social support from their parents when they announce their pregnancy (Sherman et al., 1991). This, in turn, leads to isolation and negative consequences of the adolescents' prenatal care and their parental rearing of the child.
Sherman et al. (1991) found that if the pregnant teenager has a very close relationship with her parents and teen father before the pregnancy, it is most likely that the pregnant teen will be less rejecting of her baby. An asset of teen-pregnancy programs is that professional counseling is provided and will help adolescents whose family has rejected them to feel more accepted among the teens who are participating in the program.

The effective programs that assist teen parents or pregnant adolescents stress that medical assistance, educational retention programs and social services are very critical to the success of graduation from school and job placement for the young family (McCarthy & Radish, 1983; Dryfoos, 1990).

Health Status of Pregnant Teens

Medical assistance is crucial not only for the mother's health but also for the health of the baby. The health of the mother and child is very critical during the prenatal stage (Moore & Burt, 1982). Babies born to teen mothers are more likely to have low birth weights (LBW)—a major cause of infant mortality. Low birth weight can cause mental retardation, epilepsy and many other birth defects. Moore & Burt (1982) also noted that many teen mothers could prevent these birth defects and outcomes if quality prenatal care and good nutrition were available during their pregnancy. Some behaviors of adolescent mothers are considered
dangerous for the new born if the mother is not informed of the importance and significance of prenatal care. Smoking cigarettes and drinking alcoholic beverages are two significant contributors to miscarriages or premature births as well as birth defects among adolescent mothers (Mikanowicz et al., 1992). In 1990 approximately 55% of teen mothers received no prenatal care during the first three months of their pregnancy and almost 6% received no prenatal care throughout their pregnancy (Texas Department of Human Services, 1993). Teen-parenting programs offer pregnant adolescents and young mothers information pertaining to prenatal and postpartum care. In addition, sex education courses emphasize the prevention of repeated pregnancies (Dryfoos, 1990; Rubenstein et al., 1990). The Center for Health Statistics (1987) reported, "there are two strong predictors of infant mortality during the neonatal period which are weight at birth and age of the mother. Birth weight is related to (1) maternal nutrition and (2) the adequacy of prenatal care" (p. 83).

GENDER

Historically, women have been assigned the duty of child care as well as household duties. The plight of teen pregnancy is known to the general public and policy makers as a young woman's responsibility. The most recent statement from the Washington Bureau of the Dallas Morning News was, "House members called child care the
responsibility of welfare mothers and made no exemptions in work rules for the parents of young children" (Rodrigue, 1995, p. 21A).

Jacobs’ (1994) study contributes insight into adolescent pregnancy by placing women in the center of the analysis. Jacob's (1994) study focused on the complex relationships between the development of female adolescence where teenage girls seek to establish independent identities. The development of female adolescence becomes pertinent in the discussion of teen pregnancy when these adolescents define their parents as "too strict" and they insist that they be treated as adults. Like marriage, pregnancy gives status of an adult to the young pregnant adolescents. By the same token, the status of being an mother and an adult, simultaneously, gives the male role in adolescent pregnancy the status of father.

The Teen Father

Applying Jacobs' (1994) development of female adolescence, we can than carry this idea on to the development of male adolescence. The teen father is also fighting for autonomy and attachment.

Robinson (1988) examines the teenage father's perspective in his qualitative study. He attempts to disclaim the myths of teen fathers. Robinson examines five myths:

1. Super Stud Myth - Early sexual activity under 14
years of age leads many lay and professional persons to assume that young fathers know more about sexuality and reproduction than they actually do. The fact is, however, they are just as uninformed about sex and sexuality as the young mothers and other teenage boys are in general.

2. **Macho Myth** - This myth was found in the early literature pertaining to teen fathers impregnating young girls to prove their masculinity. Research has shown that these young fathers are psychologically ill-prepared for fatherhood.

3. **Don Juan Myth** - The label of sexual exploiter is adhered to unmarried fathers and is used as a partial explanation of illegitimacy. Studies have found that teen fathers have sincere feelings for their girlfriends and reject the myth that these young men are exploitative and uncaring teenage fathers.

4. **Mr. Cool Myth** - This is known as one of the most popular myths whereby the teenage father’s relationship with the teenage mother is cool and casual. That is, he can continue to do as he pleases. Research indicates that these fathers care and do send money to assist the teen mothers and their babies. They would contribute by giving gifts during the girlfriend’s pregnancy and help care for the child.

5. **Phantom Father** - This is the father who is missing
or difficult to locate. Robinson (1988) claims there have been numerous investigations that indicate that young fathers want to participate in parental and child care activities.

YOUTH

When addressing adolescent pregnancy, we are addressing our youth. Therefore it is imperative that the youth be included in the examination of this social phenomena. Blea (1992) explains there are two major components that contribute to adolescent pregnancy. Irresponsibility and inconsistency are the two factors which contribute to teen pregnancy across race, class and gender. Society tends to blame young people for their problems. Blea’s (1992) definition of irresponsibility is the youth’s attitude of "believing that pregnancy happens to someone else" (p. 104). Irresponsibility is a characteristic of teen pregnancy but inconsistency is just as significant in adolescent pregnancy. Blea’s (1992) definition of inconsistency is that the pattern of birth control usage is not consistent. Birth control is used haphazardly or only when available. Therefore, irresponsibility and inconsistency lead to the adolescent’s denial of her pregnancy.

Denial of Pregnancy

Next, the discussion of denial of the adolescent’s pregnancy will addressed. Some adolescents believe that pregnancy happens to someone else. However, it is not only
the youth who suffer from denial of their pregnancy but also the parents of these pregnant teens. While discussing possible interview leads with a caseworker, I mentioned the adolescents' lack of interest to quickly obtain prenatal care. She appreciated the topic of my study but she indicated that it was not only the teens but also their parents who had a difficult time facing the fact that their daughter was pregnant. Lindsay (1990) who entitled her chapter "Not My Daughter!" states, "being a grandparent means rocking the baby and playing with the toddlers when they come to visit, not starting all over with live-in infants and toddlers who need constant care" (p. 17). Thus, the teenager as well as her parents' denial of the pregnancy contributes to the lack of prenatal care for the pregnant adolescent.

Theoretical Framework

In this section I shall briefly discuss some aspects of the theoretical framework that I am using in this study. Then in Chapter III I will elaborate on the methodology and on specific issues related to the procedures of collecting and analyzing the data for this study.

The general framework of symbolic interaction has helped me to organize and make sense of the data that I have collected. From the perspective of symbolic interactionism, meanings allow people to produce various realities that constitute their real world; but these realities are related
to how people create meanings (Blumer, 1969). Therefore this becomes an interpretation of various definitional possibilities. As W.I. Thomas states, "If men define situations as real, they are real in their consequences" (Thomas & Swaine Thomas, 1928, p. 572).

In my use of a symbolic interactionist's framework I make extensive use of the actor's perspective. Drawing upon the work of Mead (1934)

...the human being has an 'active self.' That is, that the human being can act towards himself as he acts towards others.

Similarly, Levin and Levin (1988) document:

This idea was crucial in Mead's thinking because he saw human society as consisting of individuals who have selves whose behavior is an active construction rather than a passive release. The problem, then, is to understand how individuals can interact in an organized or coordinated way. How do they actually come to share a definition of the situation (p. 18).

Thus, the respondents' voices in this study are heard. They have provided detailed discussions of the difficulties and problems that pregnant adolescents face at school and at home.
CHAPTER III

METHODOLOGY

I have carried out this research in a community in North Texas. The North Texas region is well known in the state. It is the second largest metroplex area in the state. Today's Dallas/Fort Worth metroplex area has a reputation for attracting a diverse population because of its business industry. The metroplex encompasses a span of approximately 12,000 square miles with a population of more than four million people (Texas Advisory Commission, 1993). The 1994 U.S. Census reports there are 4,215,000 people in the Dallas/Fort Worth metroplex. In this section I will discuss the methodological procedures used in this study.

Research Design

In order to obtain a better understanding of the difficulties encountered by pregnant teenagers, I conducted in-depth interviews to collect these data. This is an appropriate technique for exploring as well as gaining sociological insight on this very important research problem—teenage pregnancy. The major guiding research questions for this study are:

1) Do pregnant teenagers encounter problems in maintaining themselves in school and at home?

2) What are the problems pregnant teenagers encounter at
school and at home?

3) What motivates pregnant teenagers to stay in school?

4) How do pregnant teenagers overcome the problems they encounter?

This research is qualitative in nature and is based on discovery and not in testing hypotheses. Thus, this study is exploratory in nature. I used the methodology set forth in Rubin's (1976) *Worlds of Pain: Life in the Working Class Family* as a model for analyzing the data. I do not claim to have a representative sample. However, I believe that social scientists can make generalizations with respect to adolescent pregnancy in the State of Texas.

My major concern in this study was to understand the social barriers which hinder pregnant teenagers from obtaining a high school diploma as well as the difficulties they encountered with family members and friends. I strongly believe that social scientists and practitioners need to acquire in-depth knowledge of the issues regarding the problems pregnant teenagers encounter in school and at home in order to help social scientists better understand their situations.

Nature of the Sample

I interviewed 20 pregnant teenagers who were participants in a teen-pregnancy program. Each respondent was pregnant for the first time. In addition, I collected the data for this study during an eight-month period—

Initially, I set out to interview respondents who were in the age group 15-19 years of age, however, I did not meet anyone who was 19 years old. I assume that potential respondents who were 19 years of age may have dropped out of school or had graduated with the assistance of the teen-pregnancy program. The ages for the respondents in this sample were as follows: Four respondents were 15 years old, four were 16, five were 17 and seven were 18.

The teen-pregnancy program also included teenagers who were under 15 years of age. However, potential respondents who were under age 15 were considered too young for this particular study. I purposely did not include this group of pregnant teenagers for the following reasons: Recent research reveals that approximately 80 percent of pregnant adolescents under 15 years of age were daughters of teen mothers, victims of child sexual abuse or victims of physical abuse (Owensboro, 1989; Arthur, 1991; APPAC, 1993; Males, 1994). Therefore, I believe this group of pregnant teenagers (under 15 years of age) would have different lived experiences from those who were 15-19 years of age.

I secured the consent of each respondent as well as their parents' consent for the respondents who were under 18 years of age. Thus, in each case, the teenager's mother or grandmother signed the parental consent form. The consent form informed the respondents that the interviews were
confidential as well as voluntary for the respondent. It was important that each respondent be guaranteed anonymity.

The task of securing consent forms was not only time consuming but difficult at times. If the respondent was a minor, I needed a signed parental consent form in order to conduct the interview. As a researcher, I experienced some difficulty in securing the consent form from the teenagers and their parents. For instance, it was necessary to telephone in advance to remind the respondent to bring the signed form to me. Despite the advanced telephone calls, many of the respondents forgot to bring the signed consent forms at the time of the interview. In addition, some of the parents were hesitant to sign the consent forms because they were embarrassed that their daughters were pregnant. The interviews could not be conducted without the signed consent of the parent or guardian. For each respondent, it took an average of three weeks before I could obtain a signed parental consent form in order to proceed with the interview. I came to realize that obtaining a signed consent form was obviously not a priority for the respondents because they had other critical problems on their minds.

Education was an important criteria in this study. The teen-pregnancy program recruited pregnant adolescents who were attending middle schools and high schools in the community. I sought to interview pregnant teenagers who
were classified as freshman or upper class. I did not want to interview any pregnant teenagers who were classified lower than the freshmen class. The classifications of the respondents were as follows: There were nine freshmen, two sophomores, four juniors and five seniors. Among the seniors, three respondents graduated while I was collecting the data. As stated above, respondents who were attending middle schools were not interviewed because they were under 15 years of age.

The Sampling Process

Prior to entering the field, I was a volunteer tutor for a teen-pregnancy program located in the research site during the spring of 1994. Thus, I became familiar with the program’s objectives and I had the opportunity to become acquainted with some of the potential respondents. As a volunteer, I helped tutor students with their assignments as well as have lunch with them in the school’s cafeteria. In addition, as a volunteer tutor in the program, I was able to establish rapport with potential respondents which created a more accepting role when I returned as an interviewer. I believe that some of the respondents regarded me as an insider (Merton, 1972) because I had been a tutor in the teen-pregnancy program and I am a woman. The respondents felt comfortable sharing their lived experiences with me.

This particular teen-pregnancy and parenting program assisted pregnant adolescents with external social support
networks while completing their high school education. The teen-pregnancy program encouraged pregnant teens and teen mothers to become self-sufficient through education. A great deal of the program helped students cope with external situations that negatively impacted their academic progress. Some of these situations included assisting the teenager find child care, tutoring, finding a place to live, transportation to a doctor's appointment when the parent or spouse were unavailable. With the assistance of this program, pregnant teenagers continued their studies in addition to learning how to care for their babies as well as for themselves.

In the beginning of the study, I entered the field through one major contact person, the director of the teen pregnancy program described above. However, I later met different contact persons as a result of the three high schools that I visited. One of the contact persons introduced me to a caseworker employed with the program. The caseworker invited me to attend classroom sessions at two high schools. The students were pregnant adolescents as well as teen mothers. I discussed the nature of the research project with them. If the students were interested in this study, they approached me at the end of the session and I scheduled the interview.

However, I encountered obstacles in scheduling the interviews with the teens. Some of the teenagers attended
special seminars and they were not available the entire day. Also, others had scheduled doctor's appointments with the assistance of the teen-pregnancy program. I was unable to interview the pregnant teenagers during school holidays as well as national holidays until school started again. In addition, some of the pregnant teenagers did not come to the interview because they experienced morning sickness. Other respondents cancelled the interview without an explanation. I later learned they were absent from school. They did not attend classes due to anxiety and stress experienced at school and at home.

All of the respondents were high school students and attended three different high schools in the community. The respondents were aware that there were differences among the three high schools. For example, the majority of the respondents asserted that there was clear evidence of social class differences among the three different high schools. One high school was in need of renovation and was located in a working-class neighborhood, while another was newly built and located in a more economically-advantaged neighborhood. The third high school was a newly renovated building and is an alternative school. An alternative school is for teenagers having difficulties in achieving their academic requirements in the traditional school setting. That is, it has more flexible teaching methods and hours for students who have part-time jobs. Thus, some of the respondents
reported that they had transferred from one of the high
schools to the alternative school. They argued that the
instructors at the alternative school treated them more like
adults than the instructors in the traditional high school
setting.

The ethnic breakdown of the respondents in this study
was as follows: eight were Anglo Americans, six were Mexican
Americans, five were African Americans, and one was Native
American.

With respect to marital status, fifteen respondents
were single and five were married. The living arrangements
for these teenagers varied. Among the single respondents,
nine lived with their parents; two were cohabiting with the
teen fathers. Another respondent lived alone and still
another lived with her roommate. One lived with her
grandparents while another lived with her cousins because
their mothers left. This respondent's mother missed her
long distance ex-husband and promised to come back when her
daughter gave birth to the baby. Among the married
respondents, three of the respondents lived with their
husbands; one lived with the husband's parents. One of the
married respondents moved to a shelter for abandoned or
runaway teenagers because it was too crowded at her
husband's parents' home.

The employment status of the respondents were as
follows: Five respondents had part-time jobs. The jobs
included a waitress, store clerk, and fast-food clerk. Fifteen respondents were looking for part-time jobs while they continued their education. The majority of the respondents were hesitant to look for a job because they feared that they would not be hired because they were pregnant.

Collection of Data

The data have come primarily from in-depth interviews. However, the interviews have been supplemented with data collected during revisits. I entered the field on October 15, 1994 and completed the interviews on June 30, 1995. However, some of the respondents invited me to revisit them after I completed all of the formal interviews. I shall proceed by discussing some of the issues relating to the collection of data.

In-depth Interviews and Analysis of the Data

I used in-depth interviews as my primary procedures for collecting the data. I constructed an interview guide in order to collect basic data on teen pregnancy. I typed the questions on three by five cards so that the length of the interview guide would not intimidate the respondents during the interview. The interview guide was divided into four parts. The first part focused on the basic demographic characteristics followed by family and educational backgrounds as well as personal expectations. The interview guide was a point of departure for probing through follow-up
questions and comments regarding the respondents' varied experiences in dealing with the struggles encountered as a pregnant teenager who desired to graduate from high school. In addition, I asked probing questions concerning the respondent's relationships with the teen father, as well as with her parents and friends.

The interviews were conducted in an informal manner. The questions were used as a guide during each interview. In every interview, I asked all of the questions in the interview guide. At times, one question would elicit a response to a whole set of questions that were listed in the interview guide. Thus I did not have to formally ask these questions. It was important to create a comfortable atmosphere because of the role of the interviewer vs. interviewee. I sought to create a friendly atmosphere in order for the respondents to feel relaxed during the interview.

The interviews were approximately two hours in length. Scheduling appointments included visiting the potential respondent in a conference room at the school's library or an unoccupied caseworker's office at the high school. The appointments were always made at the respondents' convenience. For instance, some respondents asked if I could interview them during one of their most disliked classes. Therefore in order to increase the probability of an interview, the respondent would more likely come for the
Interview if it was scheduled during the time of a class she did not want to attend. However, during the interviews I discussed with them the importance of the course. In addition, I explained that it was school policy that attendance be required in order to receive credit for the course.

I asked permission to tape record the interviews and to take notes. During many of the interviews, the location of the tape recorder did not distract the respondent during their discussions but enhanced their concerns to give more details about their lived experiences. I assured each respondent that I would be the only person to transcribe the tapes as well as analyze the data. Identifiable characteristics have been changed in order to protect the respondents' identities. The interviews were identified by a code number. The code sheet which identifies the respondents was destroyed after the end of the study.

In the analysis of the data, I have discussed the major findings that emerged from the data. At the same time, I have tried to provide the reader with an understanding of the diversity of the findings. I have focused on five major findings in the data. Also, I have included minor findings related to issues that a few respondents responded to in some detail. In addition, supplemental data regarding teen fathers from the respondents' perceptive are included too.

When I interviewed the adolescents for this study, I
assured all of them anonymity. In order to accomplish this goal I took special precautions in presenting the data. For example, I wanted the respondents' voices to be heard. Thus, I employed the use of composite case as described by Sjoberg and Nett (1968). The composite case involves interweaving the quotes from similar responses of two or more respondents. In some instances, I altered the age of the respondent in an effort to maintain her anonymity. However, I have not changed any other characteristics.

Revisits

While conducting the interviews, I found that most of the respondents were not aware of some of the consequences associated with parenting at such a young age. Therefore, it was important to revisit the respondents at a later date. One-half of the respondents invited me to revisit them. During the revisits, I interviewed them for an additional two to three hours. Most revisits were conducted off the school campus--e.g., in some of the respondents' homes, restaurants and sometimes in a public park. During the revisit, I was able to observe the respondent in her everyday environment as well her interaction with parents, grandparents and friends. As a form of reciprocity, I assisted some respondents by driving them to their jobs or their homes. However, this enabled me to further observe the respondents in their natural settings.

The respondents were first-time pregnancies and thus
they were better able to define their situations during the second or third revisit. During the revisits, respondents were more relaxed and eager to provide more information about their everyday lives. Some respondents would invite me to meet with them again. For four respondents the revisits seemed to be therapeutic and stress relieving. The revisits were a valuable asset because I obtained more detailed data about their lives and the additional information was used as supplemental data in this study. During the collection of data, nine of the respondents gave birth to their babies. Three of the respondents had invited me to revisit them. They had their babies with them during the revisits. I was able to observe their interactions with their babies. The respondents were now teenage mothers.

Limitations of the Study

I interviewed 20 pregnant teenagers who were participants in a teen-pregnancy program. The limitations of this study may be due to the small sample. In addition, I do not claim to have a representative sample. However, I believe that social scientists can make generalizations with respect to adolescent pregnancy outside the North Texas region. The respondents in this study were participants in a teenage-pregnancy program.
CHAPTER IV

FINDINGS

The main purpose of this chapter is to examine the problems that pregnant adolescents encounter at home and at school while they are trying to complete their high school education. The sample consisted of 20 pregnant adolescents who were living in a community in the North Texas region. The data were collected primarily through in-depth interviews. I also obtained data through revisits with the respondents.

If we examine studies pertaining to adolescent pregnancy we find that the experience of the adolescents have been interpreted by adults, "the voices of the adolescents themselves have rarely been heard" (De Anda et al., 1990). This study presents the struggles and the experiences discussed in the adolescents own voices. In short, their voices are heard. I have drawn upon the work of Lillian Rubin's (1976) World's of Pain: Life in the Working Class Family as a guide for analyzing the data. For example, Rubin analyzes her data with regard to certain issues or themes. Then she quotes from the interviews in order to provide readers with an understanding of how the respondents have defined their life situations. I have organized the data for this study in a similar fashion.
In all cases I guaranteed anonymity to the respondents. Thus I have modified a few characteristics of the respondents (such as age) so that readers will not be able to identify these adolescents. The basic findings of the data are presented herein as they were reported by the respondents.

In presenting the data, I shall first present the major findings and then I will discuss the minor findings. I will also present some supplemental data regarding teenage fathers. These data were collected through the pregnant adolescents own perceptions and their definition of the situation. I have used headings and subheadings to help the reader understand the organization of the data.

Childhood Experiences

The first major finding that emerged from the data was the respondents' unstable family life histories. Sixteen respondents stated they experienced difficult times during their childhood. The majority of the respondents reported that their parents were divorced and some did not really know one of their parents (usually the father). De Anda et al. (1990) found that the respondents in their studies had unstable family life histories (see also Musick, 1993). This study confirms this finding. For example, the respondents reported:

My parents were always fighting. I lived with my parents for the first four years of my life. No, I
don't talk to my dad. I saw him maybe in October. He knew that I was pregnant. I don’t remember how [he found out]. He started yelling at me and I yelled back and it got out of hand. My mom doesn’t want me to get hurt.

Another respondent said:

My dad passed away when I was 2 years old. He was a mechanic. My mom remarried when I was 6 years old. My aunt took my brother and I down to South Texas and that’s when my mom and stepdad got married. My mom doesn’t care about me.

Three respondents reported that they had been physically and emotionally abused either by the stepparent or by their natural fathers. They reported:

My stepmother was physically and emotionally abusive. When I was younger I was scared to come home. My father wouldn’t let us date. He wouldn’t even let us go to the mall without him. He wouldn’t let us go anywhere. My sister and I didn’t get to leave the house. But he treated my brother differently.

However, a few respondents had pleasant childhood memories. When the respondents were asked to give positive features of their childhood, several teenagers responded that they had a good time with their family members at family gatherings and at parties. One respondent stated:

We used to spend a lot of time together...we did
everything. We got to travel a lot because my father wanted us to go. [We went] all over the United States including Canada and Mexico. It was wonderful.

Another respondent replied:
I liked the parties with my family. We had family get-togethers; they were so much fun.

Still another teen reported:
My mom and I are close. We would do lots of things together not just me but with my brother too. We would go out or stay home and play games. Everything was good. My brother used to try to make me laugh.

Denial of Pregnancy

The second most striking finding during this study was the respondents' denial that they were pregnant. Blea (1992) refers to this type of situation as irresponsibility. She defines the term irresponsibility as the youth's attitude of "[carelessness] and belief that pregnancy happens to someone else" (1992:104). During the in-depth interviews, 16 out of the 20 respondents continuously revealed that they believed in the popular cliche "it can't happen to me." These pregnant adolescents had an unrealistic view of the world. They did not believe they would be involved in unwanted pregnancies. They kept repeating, "I never thought I would get pregnant." The following comments reflect the beliefs of adolescents between the ages 15 through 18, who were from different
ethnic groups:

I didn't think I would get pregnant... I didn't use any contraceptives 'cause I use to think it's not going to happen to me. My boyfriend never asked if I wanted [him] to use a condom.

and...

I thought I wouldn't get pregnant. I wanted to have a kid but not right now.

and...

We started talking and we became more than friends. My mom always warned me about sex but I would not listen and I got pregnant.

Blea (1992) refers to the term inconsistency as the "[adolescents'] attitudes and their behavior are not consistent" (Blea, 1992:104). For example, birth control was used indiscriminately or only when available. Blea's (1992) analysis of the irresponsibilities and inconsistencies of the youth was evident among the respondents in this study. A 17-year old who is from an upper-middle class family admits she did not use contraceptives every time.

We had sex before but the only time we didn't use a condom I got pregnant. It was awful. I wasn't expecting it. When I found out I was two months pregnant.

Still another teen stated she did not use
contraceptives but was still shocked to find out she was pregnant. The 18-year-old respondent said:

We were planning to wait until I was 22 and he was 25. No, we didn’t use any contraceptives....

After I went to the clinic and found out I was 8 weeks pregnant, I was excited and shocked. He was happy...he couldn’t believe he was going to be a father!

Another respondent insisted that contraceptives were used during sex but she still got pregnant.

We used a condom. No one ever thought I would get pregnant. We used contraceptives most of the time but not all of the time.

Some respondents learned of their pregnancy when they visited the clinic such as Planned Parenthood or The Teen Crisis Pregnancy Center for birth control pills.

My boyfriend was with me when we went to get more birth control pills and I had to be tested before I could get a prescription for the pills. That’s when I found out I was pregnant.

Another teen reported:

I was three-months pregnant and still had a period that’s why I didn’t think I was pregnant.

Still another respondent did not believe she would get pregnant because she believed in the myth that if a woman does not have a fully developed body she is infertile. A
16-year-old replied:

I didn’t think I could get pregnant; ’cause I am so skinny and I have no breasts. I found out I was five-months pregnant and still did not have a belly!

Another teenager with the same view insisted:

I would never use protection ’cause I thought I would never get pregnant. I wasn’t really thinking. My mom asked my boyfriend what we were going to do. We were planning to get married but not anytime soon.

Two of the teenagers still denied they were pregnant even when their family members had suspicions. One particular respondent had told her aunt she was a virgin but had skipped her menstrual cycle that month. The respondent explained:

I told my aunt I was still a virgin; I just missed my period. My mom took me to the OBGYN and that’s when I found out I was three-months pregnant.

Among the twenty respondents, only one respondent did not deny she was pregnant because she wanted to have a baby. She commented:

I want a baby that’s why I didn’t use it [any contraceptives].

The respondents were not the only ones who denied they were pregnant. Some parents also could not accept that their daughters were pregnant. One respondent described
what happened when she told her mother about her pregnancy.

I lived with my parents until I found out I was pregnant. My mother told me I had to move out because she could not afford another baby. I was sort of shocked but I understood. My mom cried but she didn’t want the baby to live there in her home. My mom wanted me to get married. She said, ‘I had to get married.’ I didn’t tell my boyfriend that but we were planning on getting married after I graduated from school.

Another respondent’s mother and her teen boyfriend’s mother did not believe that the respondent was pregnant so they insisted that the teen take an additional pregnancy test.

I wasn’t feeling good. I couldn’t hold anything down. I was throwing up a lot and I told my mom. I took a home pregnancy test. The test was positive. Then she [mother] took me to the hospital and I tested positive. Then I told my boyfriend, and his mother wanted me to get tested again—for his mom’s benefit. We were all at the clinic. My mom and myself with my boyfriend and his mom and his little brother.

The Need for Self-Identity as an Adult

A third finding in this study was the respondent’s need for self-identity as an adult. From the adolescent’s
perspective engaging in sexual relations was viewed as a form of adulthood. And now that the respondents were pregnant they expected to be treated as adults. However, this was not always the case and their situations caused conflicts with their parents. One respondent stated:

Sometimes, when I wanted to talk to her seriously about something she would stop and ask me, 'are you pregnant?' I think she expected me to get pregnant.

These teenagers were being forced to "grow up" because of their situations and at the same time they were struggling to become independent from their parents.

It has taught me a lot of responsibility. It has made me grow up. It made me realize there's a whole new outlook on life...Life is a precious thing. It was given to you and you have to care for it.

Self-identity as an adult was evident among the adolescents. A 15-year-old teen was convinced that she looked like an adult and stated that her mother treated her as an adult because she was pregnant:

My cousin says I look like an adult now. I look like a lady.

or...

My mom treats me like I'm older now. She used to give me a curfew but after the pregnancy, I am my own boss. If I was going to spend all night with my boyfriend I
can go with no arguments. She doesn’t care anymore about when I go out with my boyfriend.

Another respondent stated:

My mom tries to help out and she treats me like an adult. I used to be close to my daddy. My mom and I were close but since the pregnancy we are closer. Maybe they treat me a little different. They talk to me like an adult. They even ask me questions like what’s going to happen when the baby is born.

There were ten respondents who did not believe there was a difference between their parents’ attitude or behavior toward them. Some respondents stated:

I don’t think they try to treat me like an adult. My mom treats me the same. She didn’t say anything. She’s supportive. She’s quiet.

Conflict With Parents

A fourth finding in this study was the respondents’ conflict with their parents. The majority the respondents reported that most often the conflict arose because the parents wanted to control their daughters’ lives or the mother was too possessive. For example, a respondent reported that her mother would not let her date.

My mom wouldn’t let me go out [when I started to date]. My mom treated him badly. When he would come over, she would say ‘I was out.’ I wasn’t going by the rules of the house. We could only see each other on weekends
and we both worked on weekends. I moved out of the house. Sometimes my mom and I would get into fights. She would tell me: 'He's going to get you pregnant!' Ever since I got pregnant, it's been a major reality check. I've grown up a lot!

Another respondent reported that she feared that her mother would want to raise the baby as her own. For example, a 16-year-old teenager stated:

She's [her mother] like really possessive. That's why I'm afraid. I mean she tries to run everybody's life. She tries to run my boyfriend's life and he's 19 years old. She just tries to take over in every situation. And she thinks she is always right. She will never admit she's wrong. I don't think I'll be able to stand to live with my mom. My boyfriend is not allowed to come over. Probably the next time I see him it will be because I'm in labor. But I don't want to get married yet. I want to finish school. I just want to be sure he's right for me. I want to live together to see if we can ever live together. He's looking for a job, so he figures he'll have his other job back soon.

Motivation to Complete a High School Education

A fifth finding in this study was the respondents' motivation to complete their high school education. The difference between the respondents in this study and other pregnant teenagers in the North Texas region is that these
respondents are not only staying in school but some of the respondents have aspirations of graduating from high school and pursuing a college education. To reiterate, three respondents graduated from high school while I was collecting the data.

I asked the respondents what motivated them to stay in school. Nine respondents reported that their parents or teenage fathers motivated them to continue their education. And three other respondents wanted to be the first person in their families to obtain a high school diploma. Eight respondents wanted to have a better life for their babies as well as for themselves. A few of their remarks are as follows:

My boyfriend and my parents motivate me. I want to help my baby through life. I want to be different and go to college and do something with my life. I want to have enough money for the baby. I want an education because when my child goes to school I don't want my child to ask me, 'how do you do this?' and I don't want to say, 'I don't know.'

Another respondent commented:

I want to get my diploma not a GED. I want to be the first person in my family to have a high school diploma. I want to go to college and I want to become a social worker. I've wanted to be a social worker since I was 11 years old. I don't care how long it takes me
I’m going to do it. I will be a social worker. I should be finished before Christmas. I have been through so much. I have seen counselors and social workers. They give good advice. I want to be able to help others because I have been through it all. I can say, ‘I know what you’re going through and I can help you.’ And I hate to see other kids going through the same things I’ve gone through. And I just feel I can help. I know I’m having a kid now due in a couple of months but I’m going to do it. I have made up my mind that I’m going to do it.

Still another 18-year-old respondent stated:

I want to get my high school diploma. I’m going to a junior college and major in law enforcement. Even though I’m pregnant, I want to move up in the world. I want to major in criminal justice.

A 17-year-old responded:

I want to finish school. I don’t want a burger job so I can take care of my baby and help my mom.

Three respondents wanted to take vocational training for a short period of time because they wanted to start working as soon as possible. They wanted to provide a better life for their babies as well as for themselves. The respondents stated:

Right now, I’m thinking of going to a business school, International Business School, and it’s $5000 for seven
months. You get a career going. You go all day, during the week. After the seven months, they line you up for a job that pays benefits and health insurance for my baby and me.

Another respondent expressed similar views:

I want to go into cosmetology. My parents did it in about six months. It will only take about nine or ten months [to complete the training]. My mom has taught me how to cut hair and give perms.

And another respondent said:

I want to go to college. I want to major in biology but I want to become an x-ray technician. I will be going to the University of North Texas. I want to go in the fall. You see, I don’t have the money for college, but my mom and dad said they will pay for my schooling.

A 15-year-old respondent stated:

I want to be a lawyer. I can argue well and not let anyone win one over me. I can think fast.

In spite of the difficulties the respondents encountered in school and in their relationships with their parents they wanted a better life for themselves. They had a social support network which included their parents and the teen fathers.

Several minor patterns appeared in the data. For instance, a few respondents reported suggestions of how to
improve the teen-pregnancy program. These suggestions should be taken into serious consideration because these respondents believed that the teen-pregnancy program had helped them improve their life situations. A second minor pattern that appears in the data was four respondents concerned for their babies psychological well being in the future. These respondents were involved in interracial relationships. They were worried that their babies would be treated differently because they were biracial. A third minor pattern was the lack of attention to prenatal care. In addition I collected supplemental data regarding the respondents’ perception of the teen fathers’ involvement in the baby’s life.

Suggestions to Improve the Teen-Pregnancy Program

A few of the respondents believed the teen-pregnancy program was important. They offered several suggestions to improve the program. Some of their suggestions are discussed below in the respondents own words:

I think it would be great to have a prenatal clinic right here at the school. To have nurses and ultrasound machines available so we don’t have to be rushed off campus.

and...

I think they [teen programs] should show more natural birth videos and inform us about the emotions we go through...
Another respondent noted that if she had viewed the natural birth videos beforehand she would have not ever gotten pregnant. A 16-year old reported:

But if they would have shown us the different movies on natural childbirth or the needle in your back—one or other childbirth videos—I would have never gotten pregnant. They show movies about teenagers that are having a hard time and stuff like that.

Another respondent was grateful she had been accepted into the alternative school as well as in the teen-pregnancy program. She stated:

What I like about the director is that she is always open and honest. You can always talk to her.

and...

The teen-pregnancy program provides daycare. It's an alternative school. I'm going to stay here so I can graduate with my friends. I like it here. You have to go through the program so you can take orientation of natural birth classes and it introduces people to everything.

One respondent recognized the need to publicize the Crisis Pregnancy Center as well as the teen-pregnancy program. She remarked that pregnant teenagers need a lot of emotional help. She reported:

They need more emotional support 'cause I know a lot of them. Even I went through a period when no one was
supporting me through all this. I know a lot of people who didn’t know about this program or any of the other programs. Maybe they need to make a lot of brochures of all the different programs that are out there. They need to put these brochures in doctors’ offices and counseling offices; everywhere so girls can get them. They need to advertise this stuff.

Still another respondent said:

Maybe they should have some kind of Hot Line for pregnant teens. Some of these girls are really scared. You know, I was scared at first. Some girls don’t know where to go. They don’t know what to do. They want to quit school. If these programs were publicized more often, maybe these girls wouldn’t feel so insecure.

The Crisis Pregnancy Center helps you with all the different options: Whether you want an abortion or an adoption or you want to keep it [the baby]. They’ll help you. They have counselors to help. If you want an abortion, they’ll recommend a doctor.

There’s this neat adoption center they tell you about. Where you can pick the parents for your baby. They will help you with all the prenatal care and help with the hospital bills. You can stay there throughout your pregnancy. If you still want to give up the baby you can. If you want to keep it you can. A lot of girls go there. First they give you a pregnancy test, if you’re
pregnant they'll tell you the options. If you're not pregnant, they'll teach you the different options not to get pregnant.

A few of the respondents were very grateful for the courses related to childcare. They stated:

They do a lot already. More than I ever expected them to do. It's very informative about caring for the baby and how to care for yourself. They teach you how to discipline your child.

Among all the respondents, not one teen was unhappy with the teen-pregnancy program. One respondent stated that she felt comfortable with the social workers and teachers in the teen-pregnancy program:

My parents don't know what the program is about. Then I explained to her [mother] that the program helps pregnant girls finish school and teaches them about child care. I don't want anybody to mess up the program. We feel really comfortable with the social worker. She is someone you can trust and rely on for help. She tells you she is there to help you with your feelings and even help you with your homework if you fall behind or you just don't understand. When we have a group session, we can talk about anything. From how your family treating you to if your boyfriend is having trouble with child care. I wouldn't mind if all the social workers were teen moms themselves. I wish I
could be a social worker. 'Cause I know what it's like. I could help them because it can get lonely and scary. The social worker is supportive. She would say, 'I know this is your first time...You can always come to my office and talk.' I was so freaked out and having problems at home and I would go talk to her for about an hour. Not only would she be there to help but she would make me laugh...or she was just there to cry with us. We need someone to sit there and listen. Can you imagine if someone wanted to commit suicide because they can't handle the thought of having a baby?

Interracial Couples

Four respondents were either involved in an interracial relationship or had an interracial marriage. In one case, the respondent was Mexican American and the teen father was African American. In the other cases the respondent was Anglo American and the teenage fathers were African American. These respondents were concerned for their baby's psychological well-being in later life. Gibbs & Moskowitz-Sweet (1991) study focused on biracial/bicultural adolescents. They contend that, "Some parents tended to be overprotective in shielding their children from anticipated social rejection or discrimination" (Gibbs & Moskowitz-Sweet, 1991:584). An 18-year-old-teen mother from a working class family stated:

My dad calls him negrito [little black one]. My mom
tells me I need to accept all the names they are going
to call my baby or [learn to] ignore them.

The respondents were worried that society would treat
their babies differently because they were biracial. Two of
the respondents recalled their parents' reaction of how it
seemed alright that they were pregnant but when they learned
the teenage father was an African American, they were kicked
out or they were forced to move out.

I was living with my stepdad. He was ok about the
pregnancy but the moment he found out the baby's father
was black he kicked me out. My mom lives with her
boyfriend but he's prejudice too. He said if I get an
abortion I could live with them.

The next respondent was troubled because of the
negative remarks her mother made about the teenage father's
ethnicity and her suggestion to get an abortion:

My mother didn't know who he was at first. She doesn't
like blacks and I haven't spoken to her since
Thanksgiving. She would say, 'you have no right to
bring that baby into the world!' Every time she saw me
she asked if I wanted to get an abortion. Or she would
ask, 'have you had a miscarriage yet?'

Despite the negative remarks about the teen fathers'
ethnicity, the teen mothers continued to have dreams of
having a happy family.
The Lack of Prenatal Care

The lack of information especially pertaining to prenatal care was another vital factor which contributed to the problems that adolescents encounter during their pregnancy. Even after some of the respondents learned of their pregnancy, they did not consult a physician about prenatal care because they were still in denial.

This is an important problem in the lives of pregnant adolescents because the health of the mother and baby is very critical during the prenatal stage (Moore & Burt, 1982). In addition, adolescent mothers are likely to have babies born with low birth weights (LBW) -- a major cause of infant mortality. Low birth weight can also cause mental retardation, epilepsy and many other birth defects.

In this study, nine out of twenty pregnant adolescents did not receive prenatal care until their third month of pregnancy. Eight respondents did not receive prenatal care until their fourth or fifth month of pregnancy. These pregnant teens did not consult a physician earlier for several reasons. For instance, some teens did not have any financial assistance or medical insurance. Others were still in denial, "This can not happen to me" or they were simply scared. Still others did not think it was very important. One respondent who was 16-years of age and from a working-class family stated:

My mom has the Medicaid card. I can't go without my
mom... She went to South Texas and said she will come back when I have the baby.

Relationships with Friends

In this study I probed as to whether the pregnant adolescent's relationship with friends had changed since they learned of her pregnancy. Eight respondents believed their relationships with friends stayed the same even after they learned of their pregnancy. One 16-year old stated:

Everyone touches my stomach. They get so excited. They ask, 'how's my baby?' I have a friend who likes to think she having the baby with me. She has a fit every time she sees me, [she exclaims] 'That's my baby!'

Five respondents reported that they visited with their friends only at school. One 17-year old stated:

We keep in touch. I see them at school and visit [with them]. My friends still see me as a teenager. I have to take an adult attitude because I'm married and pregnant.

A few respondents said some of their friends were suspicious that they were pregnant and spread rumors about them. The respondents commented:

You know it's people who are not your friends. They were spreading rumors. They think I got pregnant because I just wanted to stay with my boyfriend. An old girlfriend of his said that I got pregnant so he
couldn’t go back to her.

and...

You can really find out who your real friends are! At school they would call me bad names. They first thought I was faking my pregnancy. Or they thought that I was lying and he wasn’t the father! And that it was someone else’s [baby]! He is the only person I have ever slept with in my life.

Seven respondents reported that they no longer kept in touch with their friends:

I don’t have relationships [with friends] anymore.

They’re not interested in babies.

Pregnant adolescents realized their friendship with school peers changed when they learned of their pregnancy. And for many of the respondents this situation was difficult for them to accept.

Teen’s Perception on Having A Baby

An important aspect in the adolescents lives was their perceptions on having a baby. Thus the following question was asked: "What were some of the advantages and disadvantages of having a baby?” The respondents reported some interesting comments regarding their perceptions on having a baby. Only two respondents stated advantages of having a baby:

You get to have something that’s going to look up to you. Having someone to depend on you. You have
someone else to love you, hug and kiss you. You learn responsibility at an earlier age.

and...

I always wanted to have kids. I’m glad that I’ll have someone to take care of and I’m learning to be responsible.

Another respondent believed that the experience of being a mother was going to be fun. She stated:

If one person leaves me I’ll have another one there. It’s going to be fun and not lonely. I get to talk, cuddle, feed and dress up the baby.

The responses made by a number of respondents who recognized the immediate disadvantages of having a baby at an early age were as follows:

You can’t do most of the things you want to do. You’re not skinny anymore...and when you go to the mall and see some girl who is wearing something you would love to wear but you’re too big now. I’ll have to get used to waking up in the middle of the night and have the bottles ready.

Other respondents recognized that having a baby was going to be expensive and it was going to change their lives. They stated:

It will take a lot of spending money [to support] the baby. And you can’t work...well you can work but you’ll have to take time off. I know I’m not going to like it.
but it's my responsibility.

or...

You can't go out anymore. And you have to watch what you say and do 'cause the baby will learn everything. And not being able to go to a party and stay out until two o'clock in the morning. You have to get up every hour to feed the baby. And you can't just leave it to do something else. You always have to get up and feed him. And you won't get much sleep either.

Supplemental Findings

Although I did not include teen fathers in my sample, I believe that it was important to ask the respondents about the father's involvement in their lives. Thus, I asked the respondents several questions regarding the teen fathers' backgrounds and their involvement with them.

Father's Involvement in the Baby's Life

Robinson's (1988) study focuses on teenage fathers. This study spans over a period of seven years. He argues that in order to understand the scope of the adolescent pregnancy problem, attention should be given to the young fathers (or the teen fathers) by social scientists and practitioners in their research projects. Even though my study focuses on pregnant teens I agree with Robinson's perspective that the teen fathers should not be ignored.

It is important to examine the father's involvement with the baby because of the importance of the financial and
emotional support for the child as well as for the teen mother. Child support is an indicator of the father’s involvement with the baby and it contributes to the family’s well-being. For example, Gersheron (1983) states, “fatherhood can be detrimental to the family’s well-being, as in the case of the biological father who does not provide financial support” (p. 592).

The pregnant adolescents reported the following background information. The ages for the teenage fathers were: One teen father was 15 years old, three were 16, three were 17, two were 18, three were 19, three were 20, three were 21, one was 23 and one was 24. Among the twenty teenage fathers, ten were unemployed. Three of the unemployed were full-time high school students. Seven of the unemployed were high school dropouts and between the ages, 16 through 21. Only ten teenage fathers were employed and their jobs ranged from fast food manager, college student and delivery person to plastic machinist. The educational backgrounds of the teenage fathers were as follows: seven were high-school dropouts, one graduated with his GED, one was an eighth grader, two were sophomores, one was a junior, three were seniors, two were high school graduates, one graduated with an associate degree and two were juniors in college. Only, seven teenage fathers were still dating the pregnant adolescents in this study. (Five respondents were married.)
Eight respondents believed that even though they no longer dated the teen fathers, they believed the teenage fathers would become involved in the baby’s life by buying clothing, diapers, etc. for the baby. Yet when I asked specifically about their relationship with the teen father, their responses were negative. I asked the question: Does the teenage father plan to become apart of your baby’s life?

A 16-year-old teen mother stated:

Right now as far as I know ‘yes.’ He’s seeing someone else. His parents do [want to know the baby]. I really don’t know. They know they can’t keep him from seeing his girlfriend ‘cause she’s pregnant too. She’s five weeks pregnant.

The next respondent explained that the teen father did not want to be a father. A 17-year-old reported:

My boyfriend wanted [me to have] an abortion from the beginning. He wanted to tell my mother because having the baby would ruin his life.

Another 17-year-old teenager had a long distance relationship with her partner. She had stated that he probably would not be able to be an active father in the baby’s life because he was in jail.

Among the twenty teen fathers, only one teenage father was a participant in the teen-pregnancy program. The program recruited pregnant teenagers as well as teen fathers.
The difficulties pregnant teenagers encounter can serve as barriers to further their education as well as to acquire job skills. It is important that social scientists carry out further research regarding adolescent pregnancy in order to better understand the teenagers' complex everyday life situations.
CHAPTER V

CONCLUSIONS

After listening to the voices of pregnant teenagers and their everyday life experiences, we must continue to study this group. And we must learn how to assist pregnant teenagers to obtain a high school education and acquire the necessary job skills to function in modern society.

This study is exploratory in nature. I carried out in-depth interviews with 20 pregnant teenagers in a North Texas community. Although this is a small-scale study, we nevertheless learned how the teenagers defined their own problems. Also, we gained some understanding of how we might provide assistance for this important group in our society.

One of the most important findings in this study confirms the work of De Anda et al. (1990). Pregnant teenagers seem to have unstable family life histories. A number of the respondents reported that they experienced difficult times during their childhood. For example, most of their parents were divorced.

A second finding is that the respondents denied that they were pregnant. The cliche "it can't happen to me" as well as the inconsistent pattern of contraceptive use were implicitly repeated throughout the interviews.
A third finding was the respondents' need for self-identity as an adult. This confirmed Jacobs' (1993) finding that adolescents want self-identity and adult status. A few respondents believed they were always treated as adults by their parents and peers before their pregnancy and they were not treated differently after learning of their pregnancy. Other respondents were struggling to obtain self-identity as an adult.

A fourth finding was the respondents' conflict with their parents. This study demonstrated that pregnant teenagers encountered struggles with their parents before the birth of their babies.

A fifth finding was the respondents' motivation to complete their high school education. The respondents' realized that they needed an education in order to provide a good life for their babies as well as for themselves. Several of the respondents had the support of their parents (particularly the mother) and teenage fathers. Thus, they had a social support network that encouraged them to stay in school.

In addition to the support of their parents and the teen fathers, the respondents' also recognized that the teen-pregnancy program was important to them. A few of the respondents offered suggestions of how to improve the teen-pregnancy program.

Based upon the voices of the respondents, the following
recommendations were made. First, a national teen-pregnancy hot line was deemed necessary. One might speculate that these young women need someone to talk to about their problems. Also, the distribution of brochures in different medical facilities and programs would be helpful to pregnant teens. It seems evident that pregnant teens need more information regarding health issues, natural childbirth practices, and the daily struggles they will most likely encounter.

From my own perspective as a researcher, I recommend that teen programs provide more training regarding parenting skills and childcare as well as proper contraceptive usage.

Through education, we can teach teens to delay pregnancy and parenthood. Teaching the awareness of the difficulties pregnant teenagers encounter while struggling to obtain their high school diploma will delay early pregnancy. Teti & Lamb's (1989) study focused on socioeconomic and marital outcomes with adolescent pregnancy and adolescent marriage. The authors contend that encouraging adolescent females to pursue an education and career will deter the rate of adolescent pregnancy. "It is equally or more likely that early childbirth is the consequence rather than the cause of early educational shortfalls in older cohorts, whereas younger cohorts the reverse pathway is more likely" (Teti & Lamb, 1989:211). In other words, today's adolescents need encouragement to
proceed with educational goals as well as career aspirations in order to reduce the teen-pregnancy rate.

Special teen-pregnancy programs are much needed for the one million teenagers who become pregnant every year (Guttmacher Institute, 1966; Department of Health & Human Services, 1987). Adolescent pregnancy and parental programs teach the importance of prenatal care as well as health tips to young mothers and mothers to be. Furthermore, teen-pregnancy programs teach child care, parental skills as well as managing finances, learning to shop and planning a career.

The special teen-pregnancy programs are also include teenage boys. Teaching responsibility to teenage boys as well as teenage girls regarding contraceptive usage and parenthood can reduce the rate of adolescent pregnancy. Keeping teenagers focused on educational goals as well as career goals can delay early pregnancies (Finkel & Finkel, 1985). Educators as well as counselors must be watchful of the symptoms among teens who are seeking to be loved or feeling lonely. Teenagers can be taught that having a baby is not the solution. A more suitable solution is to inform teenagers of the consequences of teen pregnancy. That is, they will side track their early educational needs and end up "wrecking" their future career opportunities. Special teen-pregnancy programs are needed in order to reduce adolescent mothers' dependency on social services and to
encourage them to complete their high school education. "Poor young mothers must be provided with the individual support and education to increase their ability to take advantage of existing opportunities" (Farber, 1989, p. 531).
APPENDIX

INTERVIEW GUIDE
INTERVIEW GUIDE

Background Information:

1. What is your age?
2. Where were you born?
3. How long have you lived here?
4. What is your ethnicity?
5. If appropriate, are you bilingual? (Probe as to which languages.)
6. How long have you been pregnant?
7. What is your marital status?
8. Does your teen father know of your pregnancy?
9. Is your boyfriend the child’s biological father? (Probe to whereabouts of the teen father.)
10. How long had you been with the teenage father before you became aware of your pregnancy?
11. Is the teen father a participant of the teen-pregnancy program?
12. What is the age of the teen father?
13. What is the ethnicity of the teenage father?
14. If the teenage father is your boyfriend does he plan to become apart of your child’s life?
15. How are you classified at school? (Freshman, Sophomore, Junior, Senior)
16. What is the last year of school the teenage father completed?
17. (a) Are you presently working?
(b) If so, what is your occupation?

18. (a) Is the teen father presently working?
(b) Is so, what is his occupation?

19. Are you currently living with your parents, the teen father, roommate, or extended family member?

20. If you live with your parents, how long do you plan to live with your parents?

21. Do you think your parents will treat your child as their own child?

22. How would you feel about this kind of situation?

Family Background:

23. Were you reared by both of your parents?

24. What was the last year of school that your mother completed? Father?

25. What is your father’s occupation?

26. What is your mother’s occupation?

27. Do you have brothers or sisters? How many? (Probe as to where they live.)

28. If appropriate, are your brothers or sisters married?

29. Do they have any children? How many? (Probe as to where do they live?)

30. What religion do you belong to?

31. What stands out the most when you think about your childhood?

32. Were you ever looking forward to having children when you were growing up?
33. When you were growing up, did you expect that you would probably have a child before you 20th birthday?
34. What were some of the positive features of your childhood?
35. Are there some aspects of your childhood that you did not like?

Educational & Home Experiences since the Pregnancy:
36. Have you been attending school since you became pregnant?
37. Have you encountered any problems at home?
   (a) Are there differences in the way you have been treated by your parents since your pregnancy?
   (b) If appropriate, what are these differences?
38. Have you encountered any problems at school since you found out you were pregnant?
39. How have you been able to overcome the difficulties you have encountered? (Probe: at home or at school).
40. What motivates you to stay in school?
41. Do you believe you have educational opportunities available to you?
42. Have you maintained relationships with your school peers?
43. Do your school peers treat you differently since they learned of your pregnancy? (a) If so, explain.
44. What kind of relationship have you maintained with your parents since they found out of your pregnancy?
45. Do your parents treat you differently since they learned of your pregnancy?

46. Do you believe you are treated as an adult because you are pregnant?

47. Who helps you (if anyone) when you need emotional or financial assistance?

48. How did you find out about the teen-pregnancy program?

49. What do your parents think of the teen-pregnancy program?

50. Do you know pregnant teenagers who do not want to participate in the teen-pregnancy program? (Probe for reasons.)

51. Do you plan to attend school after your child is born? If no, why not?

52. Did you choose to attend an alternative school because you were pregnant?
   (a) If so, explain your decision to leave your former school.

53. Have you consulted a physician?
   (a) If so how have you been able to meet your doctor prenatal care instructions?
   (b) If not, please explain.

**Personal Expectations:**

54. How did you feel when you first learned of your pregnancy? (Probe if she was happy, sad or both.)

55. Do you view yourself as an independent person?
Explain. (Probe: Do you drive? Do you have a driver’s license?)

56. Will someone help you after the baby is born? If so, who?

57. If you could improve the teen-pregnancy program, what ideas would you suggest? (Probe as to what changes, etc.)

58. Did you think that by keeping your baby you will keep your partner?

59. What are your expectations after the child is born?

60. Do you believe you will fill a void in your life by having a baby?

61. What are the advantages of having a baby?

62. What are the disadvantages of having a baby?

63. If single, do you think you will get married? Why? Or why not?

64. What do you expect to be doing five years from now?
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