To the Graduate Council:

I am submitting herewith a thesis written by Mandel Elnora Johnson entitled "Self-Image and Parental Communication in Pregnant and Parenting and Non-Pregnant African-American and Anglo-American Adolescents." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Home Economics.

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SELF-IMAGE AND PARENTAL COMMUNICATION IN PREGNANT AND PARENTING AND NON-PREGNANT AFRICAN-AMERICAN AND ANGLO-AMERICAN ADOLESCENTS

A Thesis

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ABSTRACT

This study attempted to identify some specific psychological correlates of early pregnancy in African-American and Anglo-American adolescents. The research examined relationships of race and pregnancy status to self-image and parental communication in adolescent females. One hundred pregnant, parenting and non-pregnant African-American and Anglo-American adolescents were studied. The subjects were surveyed using two questionnaires; the Parent-Child Communication Questionnaire was used to assess parent-child communication patterns, and the Offer Self-Image Questionnaire-Revised to examine the subject's feelings and attitudes about the self in 11 areas of psychosocial adjustment.

Results of the study revealed that African-American and Anglo-American adolescents did not differ significantly on the majority of self-image dimensions. Findings indicate that non-pregnant adolescents in the sample reported higher psychosocial well-being than their pregnant counterparts. African-American non-pregnant adolescents in the sample did not differ significantly from their same race pregnant adolescents. However, Anglo-American non-pregnant adolescents differ significantly from their pregnant same race counterparts. There were no significant differences among the groups on the parental communication dimension.

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CHAPTER I.

INTRODUCTION

General Background

The joy of becoming a parent is often overshadowed by fear and uncertainty when one takes on the responsibilities of parenthood too early in life. Sexual intercourse, pregnancy and parenthood should be valued aspects of individual development, family formation and social well-being. However, when these life events occur too soon they can become problematic both to the individual and to society (Miller, & Heaton, 1991). In order to better understand the issue of teenage pregnancy one needs to have a basic knowledge of how sexual attitudes have changed in the United States of America over the last century.

During the early 1900's sharp changes toward greater sexual liberalism occurred in the United States. These changes were reflected in the more emancipated behaviors of a sizable proportion of middle and upper class women in the 1920's (Kinsey, Pomeroy, Martin & Gebhard, 1953). Furthermore, World War I brought along increasing urbanization and industrialization. Rising employment for women, and an

increase in women's rights also occurred during this time period. As women gained more freedom in society, there was an increase in non-marital sexual relations among their male counterparts (Kinsey, Pomeroy, Martin & Gebhard, 1953).

This trend toward increased sexual liberalization strengthened significantly. Double standard attitudes were very strong from the 1930's to the 1960's. This brought a period of extensive social upheaval. In the 1960's young men were more likely to think that sexual permissiveness was acceptable in both love and casual relationships. Young women, however, tended to equate sex with love and felt petting or intercourse were unacceptable outside of a love based relationship. These differences in attitude declined by the mid-1960s and continued to decline through the 1970s (Chilman, 1983). During the 1970s there was a growing tendency for adolescents to hold to the belief that sexual behavior was more a matter of personal choice than of morality (Chilman, 1983).

Empirical evidence became available to support the speculations about changing attitudes. Non-marital intercourse was found to occur at younger ages than in the past. Jessor and Jessor (1977) found that 25% of European-American males and females, 80 or 90 percent of African-American males and 50 percent of African-

American females were sexually experienced by the age of 15 or 16. Although the trend continued during the 1980's the magnitude and consistency of the problem of teenage pregnancy grew weaker. Brooks-Gunn and Furstenberg (1989) reported that between the years of 1971-1979 large increases occurred in the rate of first intercourse for adolescent girls between the ages of 15-19 years. During the 1980's rates remained stable or even declined. The rate of pregnancy in adolescents 15-19 years old increased from 8.8% in 1970 to 11.1% in 1980 to 11.0% in 1985 (Voydanoff and Donnelly, 1990).

Statement of the Problem

Research has shown that precocious pubertal development is associated with early initiation of sexual activity. Zabin, Smith, Hirsch and Hardy (1986) reported that because a teen's cognitive and emotional development lag behind their physical development, many teens who are physically capable of sexual intercourse are not emotionally ready for this experience. Consequently, these teens still lack the cognitive and behavioral skills that are needed to choose a responsible course of action.

Recent figures show that in contemporary American society first intercourse occurs prior to marriage

during the second decade of life (Hofferth, Kahn, & Baldwin, 1987). The United States has a higher rate of teen pregnancy than any other industrialized nation (Children's Defense Fund, 1988). Accordingly, five million teenage girls in the United States are sexually active. Parrett (1988) reported that every year more than one million teenage girls become pregnant in the United States. Of that number 400,000 carry their babies to full term and 270,000 of these are unwed mothers. Because of the increased prevalence and negative educational and occupational outcomes of teenage pregnancy, researchers have developed a strong interest in understanding this problem. Studies show that the younger girls are, when they become sexually active, the more likely they are to become pregnant (Miller & Heaton, 1991).

The problem of teen pregnancy is having a significant impact on the entire nation. However the effects on the African-American community is particularly harsh. While some studies have indicated a lack of self-esteem as the reason for young people becoming sexual active at an early age (Jessor & Jessor, 1977), others have blamed the problem on a lack of parent-child communication (Inazu & Fox, 1980). Examination of self-esteem and parental communication in concert has been neglected by investigators. If a

relationship is found between these variables and adolescent pregnancy, a rethinking on the premise on which many teen pregnancy programs are based may be implicated.

Theoretical Framework

According to Piaget's cognitive developmental theory adolescence is characterized by the emergence of formal operational thought, the highest level of cognitive thinking (Elkind,1967). It is during this period that young people gain the ability to recognize possibilities as well as actualities. Elkind (1967) contended that during this stage of formal operational thought adolescents develop the ability to not only conceptualize their own thoughts, but the thoughts of other people as well. Meaning that adolescents acquire the capacity and cognitive ability to know what others around them are thinking about or concerned with. However, according to Elkind a major limitation of this new found competence is the fact that on many occasions adolescents' assume that others are thinking of the same things that occur in their own thoughts. In addition adolescents' bodies are experiencing concomitant dramatic physical changes. Because of these changes Elkind believed that adolescents focus

primarily on themselves. Adolescents assume that others are as obsessed with their appearance and behavior as they are with themselves.

The concept of Adolescent Egocentrism is constituted by this belief (Elkind, 1967). The personal fable is one important aspect of adolescent egocentrism. Adolescents may also form an imaginary audience and feel that others around them are paying more attention to them than they actually are. This audience is made up of what the adolescents anticipates the reactions of others will be towards them. The adolescents may not have the ability cognitively or emotionally to accept their sexuality to a degree that allows premeditated sex. Thus to prepare for a sexual encounter with appropriate forms of contraception would be in a way admitting to self and the imaginary audience a willingness to accept premeditated sex.

When adolescents perform for this imaginary audience they may have fears or doubts about their sexuality. With this fear comes an inability to admit to themselves and others that they are sexually active. The willingness or the ability to recognize oneself as sexually active without feelings of guilt and the capacity to act upon this recognition is one of the most valuable predictors of contraceptive use (Miller & Moore, 1990).

The personal fable leads adolescents to believe that their own emotions, problems and experiences are unique and that the laws of probability do not apply to them. Therefore, many teenage girls do not believe pregnancy will happen to them, even though they understand that pregnancy can occur the first time or even if a couple only has sex once (Cvetkovich, Grote, Bjorseth, & Sarkissian, 1975). Adolescents feel that they will not experience negative outcomes as a result of their actions. Shah, Zelnik, and Kantner (1975) discovered that almost all of the girls in their study reported being surprised to learn that they were in fact pregnant. One reason given to account for this feeling of shock was that even though teens knew the risk of unprotected intercourse, they truly believed that they would not get pregnant. In other words, many adolescents indulge in sexual activity before they reach the level of cognitive maturity which allows them to think ahead about possible problems, formulate hypotheses, and predict the consequences of their actions (Pestrak & Martin, 1985).

Elkind (1967) contended that egocentrism diminishes over time as teens begin to apply operations of formal logic to themselves, or begin to think of themselves objectively (Chilman, 1983). Elkind also suggested that the personal fable lasts longer than the

imaginary audience and that it may never disappear entirely.

According to Blau and Gullota (1993) the primary purpose of teen pregnancy prevention programs is to teach adolescents about the human reproductive system and contraceptive use. It is assumed that increased cognitive activity leads adolescents to take precautions against pregnancy and negative consequences of sexuality. There is also a related school of thought asserting that the majority of adolescents who become pregnant lack knowledge about their physical development. Smith (1982) maintained that despite the widespread availability of contraceptives the majority of sexually active adolescents do not use them. Support for this position also came from Onyehalu (1983) who maintained that adolescents' knowledge about contraception is grossly inadequate. Hence adolescent pregnancy is positively related to lack of knowledge about their sexuality. Central to these two views then is that cognitive competence can be taught. This may be the reason that the majority of teen pregnancy prevention programs employ strategies that include a major component of education. This usually involves teaching about the availability and use of contraceptives as well as teaching problem-solving and decision making skills.

Parrett (1988) contended that if adolescents are not trained to think analytically, it is unrealistic to expect them to make effective decisions regarding contraceptives and to associate unprotected sex with pregnancy. This line of thinking logically leads one to believe that cognitive development can be bolstered by education.

CHAPTER II.

REVIEW OF LITERATURE

There is a great deal of literature available that addresses the issue of teenage pregnancy. This chapter will review literature that examines the outcomes of adolescent pregnancy. The chapter will focus on the literature pertaining to socioeconomic issues as well as issues of parental communication, self-esteem and pregnancy. The issue of teen pregnancy as it effects the African-American community also will be addressed.

Educational Cost of Teen Pregnancy

The literature addressing the outcomes of adolescent pregnancy overwhelmingly points to negative consequences. Hoffreth and Moore (1979) conducted a study that examined early child bearing and subsequent economic well-being. The researchers used data from the National Longitudinal Survey of Young Women to trace the cumulative effects of early first births. The study found that later child bearers completed more education, had smaller families, and worked fewer hours at age 27. Hofferth and Moore concluded that early child birth preempts the educational, vocational, and social experiences of the teens and early twenties that

are so important to later social and economic well-being.

Other reports support the conclusion that early child birth sets up barriers to educational attainment of teenage mothers. Coyle-Williams (1989) in a report on improving the self-sufficiency of teen parents stated that each year 40,000 teenage girls drop out of school because of pregnancy. She also contended that only 50% -60% of all teenage girls who become mothers ever finish high school. According to the Children's Defense Fund (1987) of all the teens who had babies in 1983, 61% had not completed high school, and almost 20% had not completed ninth grade. Moore, Peterson and Nord (1985) noted that lower educational achievement was a major difficulty that teenage mothers face. It has also been documented that young women who give birth while enrolled in junior high or high school complete on average fewer years of school than those who did not give birth (Hayes, 1987). Hayes found that teenage mothers were less likely to go on to college and graduate study than those who postpone childbearing until their twenties. Further research has shown that among students enrolled in their sophomore year of high school, half of the girls that become mothers before their senior year drop out of school (Adams, Adams-Taylor, Pittman, 1989). Voydanoff and Donnelly (1990),

writing on family issues and adolescent sexuality and pregnancy, contended that on average, teen mothers achieve lower levels of education than women bearing their first child in their twenties. In addition, Voydanoff and Donnelly (1990) studied a 1983 national longitudinal survey of women age 18-25 and found that 95% of childless women had completed high school. Seventy-nine percent of adolescent mothers who conceived and gave birth after leaving school returned to complete their studies. This is in comparison to only 53% of those who conceived before and gave birth after leaving school, and 64% who gave birth before leaving school completed their high school education.

Mott and Marsiglio (1985) investigated the high school completion rate of 4,696 women aged 20-26 in 1983. The researchers found that women who had had a child before leaving school were far less likely to have obtained a high school diploma than were women who had postponed childbearing until their twenties.

It is clear that in contemporary American society a high school diploma is a minimum prerequisite for some semblance of economic security. Further education is an even greater asset of economic security. Miller and Heaton (1991) maintained that age at first intercourse and the timing of marriage and childbirth could also affect female socioeconomic attainment.

Because many pregnant and parenting teens are without a high school diploma they are less likely to be able to support themselves and their families. They are also less capable of competing in the labor market.

Effects on Employment and Income

The lack of a high school diploma has significant effects on employment and adequate earnings. In 1985 fewer than one third of the male high school drop outs were able to earn enough money to keep a family above the poverty line (Johnson and Sum, 1987). In the teen parenting situation, two incomes seem essential in the fight to keep the family unit above the poverty line. However, marriage rates among pregnant and parenting teens are declining.

In 1960 there were 91,000 births to unmarried adolescent mothers, since that time that number has increased to 199,900 in 1970 and to 271,801 in 1980 (Children's Defense Fund, 1988). Voydanoff and Donnelly (1990) also reported that births to adolescent mothers who were unmarried as a percentage of all births to adolescent mothers had increased from 15% in 1960 to 64% in 1987.

Voydanoff and Donnelly (1990) reported that 90% of unmarried adolescent mothers were at or below the

poverty rate one year before the birth of their child and remained at that level one year following. These poverty rates are based on the inability to be self supporting. Voydanoff and Donnelly noted that by the third year following the birth of their child these rates declined appreciably for Anglo-Americans adolescents but not for African-Americans (73% vs 88%). The authors concluded that most unmarried teen mothers were unable to support themselves before giving birth and remain in that situation three years following the birth of their child. The married teen mother had poverty rates 30% to 40% lower than those cited for unmarried adolescent mothers.

Research has also revealed that early parenthood has a negative effect on the employment history and occupational status of women. In a study that examined outcomes of adolescent marriage and childbirth, researchers Teti and Lamb (1989) found that the poorest socioeconomic outcomes were associated with adolescent childbirth regardless of the presence or timing of first marriage. The researchers studied women with ages ranging from 30-55 years and found that women who bore their first child at 18 years or younger worked in occupations that on average had lower occupational status than those of later child bearers or women with no children.

Health Concerns

There are a variety of emotional and physical problems facing the teenage parent. Adolescent mothers are among those most in need of comprehensive prenatal care, yet they are the least likely to receive this care. Relatively more low birth weight babies are born to teen mothers than to older groups. There is also a higher risk of complications during labor and delivery for young mothers, including higher risk of maternal death (Stoddard, 1989).

Makinson (1985) in addressing the health consequences of teenage fertility indicated that many of the maternal health problems associated with adolescent childbearing are accounted for by the lower economic status of adolescent mothers rather than their age. Those differences not explained by socioeconomic status have been attributed to lack of adequate prenatal care among adolescents.

Inadequate insurance coverage, limitations in the Medicare system, inadequate capacity in the maternity care system, lack of coordination between health and social services for low income women have been found to be some of the major barriers to prenatal care (Brown, 1989). Other factors that may stand in the way of adequate prenatal care include the personal beliefs,

amount of knowledge, attitudes, and lifestyle of the pregnant woman. Brown reported that in 1986 18% of all United States infants were born to women who delayed prenatal care until the second trimester of pregnancy. Brown also reported that of adolescents giving birth in 1986, only 36% of those under 15 and 53% of those aged 15-19 had received prenatal care in the first trimester. Excessive weight gain, premature labor, increased morbidity and mortality, iron deficiency anemia, toxemia, and prolonged labor are some of the complications that have been associated with the lack of prenatal care (Makinson, 1985).

Parental Communication

Although the literature in the area of parental communication and adolescent pregnancy is sparse, there are studies related to early adolescent sexual activity which might provide some insight into the association between parental communication and adolescent pregnancy. Sexual activity is a precursor of pregnancy. Home environment has been implicated as a major factor in the prevention of early sexual activity. Therefore, it is assumed that parents' relationship with their children influence their children's sexual behavior. The literature in family

sociology suggests that parents and children do not communicate directly or positively about sex, sexual values, contraception, and other related topics (Ooms, 1981). Jessor and Jessor (1977) studied problem behaviors and psychosocial development in adolescence and found that teens who rated perceived communication with their parents as poor, were more likely to initiate early sexual activity. Jessor and Jessor concluded that close relationships with parents as well as feelings of connectedness and supportiveness seem to be associated with a later onset of sexual activity.

Inazu and Fox (1980) examined maternal influence on the sexual behavior of teen age daughters. In the study mothers' impact on daughters' sexual behavior was conceptualized in terms of direct and indirect sources of influence. The researchers hypothesized that mothers who communicated sex information to their daughters, monitored situational and behavioral aspects of daughters' social activities, established supportive and open relationships with their daughters, and had not been involved in non-marital sexual experiences themselves would be less likely to have sexually experienced daughters. However, results showed that the mothers' impact on their daughters' sexual behavior is subtle and unspoken. Mothers' presence as a role model for daughters was significantly related to

the daughters' sexual status. The strongest predictor of sexual experience was daughters' report on their relationship with the mother. The research revealed that the more favorable the mother-daughter relationship, the less likely were the daughters to have had sex. It is assumed that the mother-daughter relationship includes open communication.

Kahn, Smith and Roberts (1984) also reported similar findings. Their study showed that increased communication with the mother was associated with a lower likelihood of early sexual involvement.

Self-Esteem and Adolescent Pregnancy

Other factors also seem to have a definite impact on teen pregnancy. One factor that appears to relate to teen pregnancy is the self-esteem or self-image of the adolescent. Several studies have implicated self-esteem as a factor in teenage pregnancy and early parenthood.

Self-esteem refers to the feelings and attitudes toward the self. Individuals who consider the self to be capable, significant and worthwhile have a high self-esteem. Conversely individuals who consider themselves as incapable, insignificant and worthless are perceived as having a low self-esteem (Coopersmith,1967). Interestingly, high self-esteem is

presumed to reflect and predict good adjustment behaviors: behaviors valued and sanctioned by society or the culture. In contrast a low self-esteem is presumed to predict self-destructive and deviant behaviors, such as drug use (Jessor and Jessor, 1977) school drop out and early sexual involvement (Crockenberg and Soby, 1989). Surely, adolescent pregnancy qualifies as a deviant behavior since pregnancy during adolescence is not approved by society at large. Although there are only a few studies indicating conclusive findings on the link between adolescent pregnancy and self-esteem, there seems to be adequate support for the association. However, research on the relationship of the variables in the cultural and racial contexts are needed.

Orr, Wilbrandt, Brack, Rauch, and Ingersoll (1989) conducted a study of sexual behaviors and self-esteem among young adolescents. Their sample consisted of six hundred adolescents (in grades 7-9) from blue collar families in the midwest United States. The study surveyed the adolescents to examine the relationship between sexual experience and self-esteem. Results revealed that 70% of the sample reported having at least one sexual experience and 55% reported having sexual intercourse about once a week. In addition, females who reported having experienced intercourse had

lower self-esteem scores than those who did not. However, the study failed to determine if the lower self-esteem among certain girls was an antecedent to or a consequence of sexual experience.

Other studies have also reported that both parenting and pregnant adolescents show poorer self-esteem adjustment than standardized norms. Barth, Schinke and Maxwell (1983) investigated psychological correlates of teenage motherhood in 185 young women. The findings of this study indicate that adolescent mothers and pregnant adolescents are less distressed by their situation than previously thought. The investigators contended that social supports and socioeconomic status were better predictors of psychological well-being than parenting status.

Horn and Rudolph (1987) investigated verbal interaction, knowledge of sexual behavior and self-concept in adolescent mothers. The study included 23 adolescent mothers between the ages of 13-19. Subjects completed a questionnaire, and the Tennessee Self-Concept Scale. When compared to the norm the results indicated that the self-concepts of the adolescents studied were lower than the norm. Patten (1981) investigated the self-perceptions of 37 unwed adolescent mothers. The results indicate that self-esteem was indeed an important factor in adolescent

unwanted pregnancy. Similarly, Parrett (1988) examined the relationship between self-esteem and adolescent pregnancy in pregnant and never pregnant adolescents. Findings from the study indicated that the never pregnant group reflected a much more positive perception of self as opposed to the much lower degree of self-esteem exhibited by the pregnant group.

Goldstein (1992) did not study adolescent pregnancy per se but focused on a highly relevant variable, contraceptive use. Goldstein reported that adolescents who were birth control users had significantly higher self-esteem than those who were not users. She contended that the difference may be related to a higher sense of control and mastery. This latter finding is highly relevant to the present study since a logical assumption could be made that non-pregnant adolescents maybe engaging in sexual activity but feel enough mastery and control (self-esteem) over their lives to prevent what might be perceived as self-destruction or negative consequences.

Methodological problems have consistently plagued the self-esteem research. The majority of studies have assessed psychosocial well-being using instruments that conceptualize self-esteem as an unidimensional construct. The usefulness of such measures has been taken to task by contemporary researchers in the study

of the self (Harter, 1990, Offer, Ostrov, Howard, & Dolan, 1992). The consensus is that how one views the self is domain specific. Therefore, adolescents may simultaneously perceive their functioning positively in one area and negatively in another. Harter (1990) recommended the use of measures that tap discrete domains of the individual's adjustment.

Teenage Pregnancy in the African-American Community

The high rate of premarital childbearing among African-American adolescents is one of the most notable patterns of teenage pregnancy in America (Hogan, Astone, & Kitagawa 1985). Several perspectives have been forwarded as feasible explanations for this phenomenon. Foremost among these is the viewpoint of greater acceptance and tolerance of adolescent pregnancy than is the case with Anglo-Americans (Parrett,1988). Staples (1973) apparently supported this view by stating that children born out of wedlock in the African-American community were not socially condemned, but viewed as valuable despite their birth status. Consequently, the children were seen as innocent outcomes of poor judgement on the part of their mothers. Parrett (1988) also asserted that the out of wedlock birth of an African-American child was

viewed as a rectifiable mistake.

Further evidence of tolerance is evidenced in the black churches, one the most influential institutions in the black community:

> "Manifestation of this ethos is demonstrated in the manner in which black churches are lenient in their sanctions against out-of-wedlock births. Unmarried mothers have received discipline, which may result in temporary exclusion, little if any loss of status and social stigma, and very rarely are they pressured to marry in order to legitimize a birth." (Parrett, 1988, p.14).

Pasteur and Tolson (1982) apparently agreed with this position when they stated that:

> "From the traditions of Africa the common black responds to sexuality and reproduction with neither shame, surprise, or guilt. Early development in this regard is unmarred by complexes. Since its presentation is quite natural, black children learn that sex is a natural and even commendable activity, in that its ultimate end, procreation, satisfies the yearning of the ancestors. Sex, then, is positioned in the regular rhythm of life, just like eating, drinking and sleeping."

If these assertions are correct then one would not expect self-esteem to be related to adolescent pregnancy among African-American adolescents. Afterall, if a behavior is sanctioned by one's culture then one is not likely to suffer psychologically (Smith and Blinn, in press).

There are views suggesting that these higher rates of adolescent pregnancy in the African-American commu-

nity may be more related to socioeconomic status than to race. Recent criticisms leveled at much of the related research indicated that statistical data calculated by race typically has no control for socioeconomic status. Reported race differences may be due in part to the substantial socioeconomic differences between African-Americans and European-Americans (Scott-Jones, Roland, & White, 1989). Empirical data supporting this criticism has emerged. This has so far revealed that environmental factors are indeed associated with both early onset of sexual activity and early pregnancy. As socioeconomic status decreases, rates of sexual activity and early pregnancy rise. Hogan, Astone, and Kitagawa (1985) conducted research that examined social and environmental factors influencing contraceptive use among African-American adolescents. The data for the research were drawn from the 1979 Young Chicagoans Survey, conducted by the Chicago Urban League. A total of 497 sexually active African-Americans (366 females and 131 males) were interviewed. The study found that 28% of the young women and 18% of the young men used contraceptives at first intercourse. Statistically significant differences in such contraceptive use and subsequent pregnancy among teenage women were found for three social and environmental characteristics: social class, marital status of the parents, and neighborhood

quality. The researchers explained that 41 percent of the young women from the highest social class used contraceptives at first intercourse, but only 17 percent of those from the lowest class did so. A major limitation of the Hogan, Astone, and Kitawaga study is that only African-American adolescents were studied. Moore, Simms and Betsey (1986) also indicated that low socioeconomic status increases the likelihood of adolescent pregnancy. Accordingly, not only does poverty increase the chances of adolescent pregnancy, but the pregnancy increases the chance of continuing poverty (Parrett, 1988).

Purpose of the Study

The purpose of this study was to supply empirical data on factors contributing to early pregnancy in adolescence. The study was an attempt to identify specific psychological correlates of early pregnancy in African-American and Anglo-American adolescents. The research examined the relationships of race and pregnancy status to self-image and parental communication in adolescent females.

The research was guided by the following research questions:

1. Does adolescent pregnancy relate to perceptions

of parental communication and self-image?

2. Is there a relationship between pregnancy and parental communication and self-image among Anglo-American adolescents?

3. Is there a relationship between pregnancy and perceptions of parental communication and self-image among African-American adolescents?

4. Is there a relationship between pregnancy and perceptions of parental communication and between pregnancy and self-image among African-American and Anglo-American adolescents?

CHAPTER III.

METHODS AND PROCEDURES

Sample

Subjects were pregnant and parenting, and non-pregnant, African-American and Anglo-American adolescents. The teens were enrolled in high schools and teen pregnancy programs in North Carolina and Tennessee. The total sample consisted of 100 adolescents; 41 African-Americans (19 pregnant and 22 non-pregnant) and 59 Anglo-Americans (34 pregnant and 25 non-pregnant). Participants ranged in age from 15 to 19 years (M = 16.74 years, SD 1.29 years). Coleman and Ganong (1990) reported that in 1990, an estimated 69% of children living in the United States were living in two-parent households. In the current sample nineteen percent of the Anglo-American adolescents lived in intact families, while 10% of the African-American teens lived in two-parent homes. The majority of the participants in the present study were from a similar socioeconomic environment. Most of the parents of the adolescents in the study were not educated above the high school level and were employed in blue collar occupations.

Procedure

The study was approved by the Office of Research Administration at the University of Tennessee. Prior to approval the administrators of the target schools were contacted and asked for permission for the students of their respective schools to participate. A letter with information regarding the nature and scope of the project was sent to each administrator (Appendix A). A similar letter and a parent consent form was sent to parents of students who volunteered but who were under eighteen years old (Appendix A). Of the students under 18 years old only those who returned the consent forms were allowed to participate in the study. Administrators were also requested to provide a physical location for the subjects to complete the questionnaire. Participation in the study was completely voluntary.

Information explaining the purpose of the survey, their protection from identification through anonymity, and their right to refuse to participate was read to all participants (Appendix A). To insure confidentiality several steps were taken by the investigator. For example, survey packets were identified by numbers rather than names and subjects were allowed to select their own instrument packets so that only the subject

knew which packet she collected. Completed questionnaires were returned to a designated location rather than to a person.

Instrumentation

The data were collected using two self administered questionnaires: the Parent-Child Communication Questionnaire, and the Offer Self-Image Questionnaire (OSIQ) (Offer, Ostrov, Howard, and Dolan, 1989) (Appendix B).

Parental Communication:

The Parent-Child Communication (Barnes & Olson, 1982) instrument is a 20-item questionnaire designed to assess perceptions of parent-child communication patterns. The instrument is set on a Likert scale with response choices ranging from (a) "strongly disagree", to (e) "strongly agree". The questionnaire consist of two subscales. (1) open family communication and (2) problems in family communication. Items related to Open Family communication include, "I find it easy to discuss problems with my mother/father", and "If I were troubled, I could tell my mother/father." Examples of items pertaining to problems in Family Communication are, "My mother/father nags me" and "My mother/father insults me when they are angry with me." An overall

parental communication score is arrived at by summing the scores of the two subscales. The instrument is scored so that higher scores indicate better communication. The authors report that the overall scale is highly reliable (Cronbach alpha of .88). Good construct validity is also reported.

Self-Esteem:

The Offer Self-Image Questionnaire Revised (OSIQ-R) (Offer, Ostrov, Howard, & Dolan, 1992) was used to measure self-esteem. The questionnaire consists of 130 positively and negatively worded statements which are related to the subjects' feelings and attitudes about the self. This questionnaire profiles scores for 12 component scales.

The twelve component scales are:

(1) Emotional Tone- measures the degree of affective harmony within the psychic structure and the extent to which there is lability of emotions, as opposed to feelings that remain relatively stable.

(2) Impulse Control- measures the extent to which the adolescent's ego is strong enough to handle various pressures without resorting to unacceptable tension-discharging actions.

(3) Mental Health- identifies emotional health in terms of relative absence of psychopathological thought processes.

(4) Social Functioning- assesses patterns of interpersonal relationships and friendships.

(5) Family Functioning- concerns the adolescent's feelings about, and relationship with her parents. This scale also examines the emotional atmosphere of the home.

(6) Vocational Attitudes- measures how confident the adolescent feels in learning about and planning for a vocation.

(7) Self-Confidence- assesses how well the adolescent adapts to and feels in control of his or her immediate environment.

(8) Self-Reliance- measures how well the adolescent copes with the self, other people, and the world.

(9) Body Image- indicates the extent to which the adolescent has adjusted to body changes.

(10) Sexuality- is concerned with the adolescent's feelings, attitudes and behavior toward the opposite sex.

(11) Ethical Values- measures the extent to which the adolescent has assimilated the norms and values of the larger culture.

(12) Idealism-measures an adolescent's ideals and her willingness to help others.

The instrument is scored so that higher scores

indicate better psychosocial adjustment. Idealism, the recently added twelfth scale was omitted from the present study since there were no norming scores available (Offer, Ostrov, Howard, & Dolan, 1992). Moderate to excellent internal consistency scores for the composite subscales have been reported (Cronbach alpha ranges from .56 to .87, M = .70). The stability (test-retest reliability over six months) is reportedly .73. The internal consistency for the 11 OSIQ-R subscales for the present sample was found to be excellent (Cronbach alpha =.90). The scores from the Offer Self-Image Questionnaire have been shown to be related to measures of psychopathology and self-Concept. (Offer, Ostrov, Howard, & Dolan, 1992).

Analysis of Data

Data were analyzed to examine the relationships among perceptions of parental communication and self-image in Anglo-American and African-American pregnant, and non-pregnant adolescents. Race and pregnancy status were compared on the 11 self-image dimensions and the overall parental communication scale using the SAS GLM Multivariate of Analysis of Variance (MANOVA) (SAS, 1989).

CHAPTER IV.

RESULTS

In these analyses parenting and pregnant teens were combined and labeled "pregnant". The Wilks' Lambda for the MANOVA showed significance for race (p= .002), pregnancy status (p= .0001) and interaction between race and pregnancy (p= .0001). There were no main or interaction effects for parental communication.

Race

The univariate tests showed statistically significant effects for race on three self-image dimensions, mental health $F(1,96) = 11.50$, p =.001, vocational attitudes $F(1,96) = 15.69$, p = .0001, and ethical values $F(1,96) = 10.87$, p = .001 (Table 1). Further analyses of means using the Tukey's HSD Procedure indicated that in general Anglo-American adolescents in the sample scored higher than African-Americans on each of the three scales mental health (M = 32.74), vocational attitudes (M = 29.83), and ethical values (M =

TABLE 1

Means and Standard Deviations for Self-Image by Race

		African-Am.	Anglo-Am.	F-value	p
Self-Image Scale		**N=41**	**N=59**		
Emotional Tone	M	37.68	37.96	.10	.75
	SD	14.26	16.06		
Impulse	M	33.54	37.93	2.70	1.0
	SD	11.27	15.02		
Mental Health	M	21.85	32.74	11.50	.001*
	SD	14.86	21.20		
Social Funct.	M	33.01	37.08	2.24	.13
	SD	14.08	15.14		
Family Funct.	M	22.25	28.18	3.85	.06
	SD	14.68	17.84		
Vocational Attitudes	M	21.08	29.83	15.69	.0001*
	SD	12.85	20.45		
Self-Confidence	M	34.27	34.98	.39	.53
	SD	17.01	15.94		
Self-Reliance	M	31.63	36.23	3.03	.08
	SD	14.86	17.28		
Sexuality	M	30.84	34.61	3.60	.06
	SD	10.94	15.02		
Body Image	M	31.95	31.01	.01	.94
	SD	12.36	17.63		
Ethical Values	M	29.07	39.13	10.87	.001*
	SD	19.78	21.25		
Total Self-Image	**M**	**110.61**	**112.36**	**7.39**	**.007***
	SD	**1.29**	**1.77**		

African-Am. = African-American
Anglo-Am. = Anglo-American
Social Funct. = Social Functioning
Family Funct. = Family Functioning
*$p<.01$.

39.13). In comparison scores for African-Americans on the same scales were M = 21.85, M = 21.08 and M = 29.07 respectively. Indications are that as a group Anglo-Americans expressed greater confidence and adjustment in ethical values. They were more likely to endorse related scale items like "I like to help a friend whenever I can". African-American adolescents on the other hand more often endorsed items like "If you confide in others you ask for trouble". Anglo-Americans also indicated a stronger futuristic orientation and reported greater optimism about their future. Conversely, African-Americans expressed more uncertainty about whether they will be proud of their future occupation. Similarly, on the mental health scale Anglo-Americans reported less likelihood to blame or be ashamed of themselves, and less confusion most of the time.

Pregnancy Status

Means analysis on pregnancy status indicated that non-pregnant adolescents in general scored higher than pregnant adolescents on (10) dimensions of self-image (Table 2). Indications are that as a group non-pregnant adolescents expressed better adjustment on all aspects of their psychosocial functioning.

TABLE 2

Means and Standard Deviations
by Pregnancy Status

		Preg.	Non-Preg.	F-value	p
Self-Image Scale		**N=53**	**N=47**		
Emotional	M	34.56	41.54	4.80	.03*
	SD	14.29	15.65		
Impulse	M	33.12	39.52	5.41	.02*
	SD	12.87	13.98		
Mental Health	M	23.38	33.80	8.48	.004**
	SD	19.01	18.80		
Social Funct.	M	29.77	41.75	19.61	.0001***
	SD	14.37	12.60		
Family Funct.	M	20.02	32.20	14.34	.0003***
	SD	12.44	18.77		
Vocational Attitudes	M	18.75	34.69	26.85	.0001***
	SD	11.78	20.42		
Self-Confidence	M	29.70	40.31	10.42	.001***
	SD	14.14	16.89		
Self-Reliance	M	31.54	37.52	2.48	.12
	SD	14.63	17.90		
Sexuality	M	29.03	37.60	10.23	.001***
	SD	11.51	14.36		
Body Image	M	27.39	35.91	5.41	.02*
	SD	13.60	16.63		
Ethical Values	M	29.88	40.78	6.13	.01**
	SD	15.13	15.28		
Total Self-Image	**M**	**110.28**	**111.59**	**17.92**	**.0001*** **
	SD	**1.22**	**1.73**		

Preg. = Pregnant
Non-Preg. = Non-Pregnant
Social Funct. = Social Functioning
Family Funct. = Family Functioning
*$p<.05$.
**$p<.01$.
***$p<.001$.

They expressed greater confidence in their ability to control themselves under pressure, less likelihood to suffer from bouts of emotional fluctuations, better interpersonal relationships, more satisfaction with their bodies, and had higher ethical values. They also reported more objective and liberal sexual attitudes, perceived better relationships with parents and a better emotional atmosphere at home, greater sense of mastery of the environment, greater confidence in their future vocation and less likely to exhibit symptoms of general maladjustment.

Race and Pregnancy Status

Interaction results showed significant race by pregnancy status on five dimensions, family functioning, vocational attitudes, self-reliance, body image, and ethical values. Closer examination of means revealed that as a group Anglo-American non-pregnant adolescents scored higher than the other three groups on all five dimensions (Table 3). The other three groups did not score statistically significantly different from each other.

TABLE 3

Means and Standard Deviations
by Race and Pregnancy Status

		Pregnant		Non-Pregnant		F-value	p
		African-Am.	Anglo-Am.	African-Am.	Anglo-Am.		
Self-Image Scale		N=19	N=34	N=22	N=25		
Emotional Tone	M	35.14	34.23	39.87	43.02	.43	.51
	SD	14.36	14.45	14.13	17.07		
Impulse	M	32.41	33.53	34.52	43.91	2.37	.12
	SD	11.31	13.81	11.42	14.76		
Mental Health	M	19.78	25.39	23.64	32.74	3.43	.06
	SD	15.01	20.86	14.84	17.52		
Social Funct.	M	27.96	30.80	37.36	45.61	.98	.32
	SD	16.10	13.45	10.61	13.16		
Family Funct.	M	20.73	19.63	23.57	39.80	8.13	.005*
	SD	14.17	11.58	15.32	18.50		
Voc. Att.	M	21.82	17.03	20.42	47.23	32.31	.0001**
	SD	12.59	11.12	13.32	17.13		
Self-Confid.	M	30.49	29.26	37.53	42.75	1.03	.31
	SD	17.10	12.46	16.62	17.08		
Self-Reliance	M	33.86	30.24	29.71	44.39	8.31	.005*
	SD	16.92	13.27	12.91	18.97		
Sexuality	M	29.06	29.02	32.38	42.21	3.67	.06
	SD	10.97	11.98	10.95	15.61		
Body Image	M	33.29	24.09	30.80	40.41	10.00	.002*
	SD	14.42	12.13	10.48	19.72		
Ethical Values	M	34.59	27.25	24.31	55.27	28.55	.0001**
	SD	15.43	14.54	22.13	18.13		
Total SI	**M**	**110.40**	**110.17**	**110.60**	**112.36**	**12.31**	**.0007****
	SD	**1.40**	**1.17**	**1.30**	**1.70**		

African-Am. = African-American
Anglo-Am. = Anglo-American
Social Funct. = Social Functioning
Family Funct. = Family Functioning
Voc.Att. = Vocational Attitudes
Self-Confid. = Self-Confidence
Total SI = Total Self-Image

*p<.01.
**p<.001.

CHAPTER V.

DISCUSSION AND CONCLUSION

The purpose of the study was to examine the relationships between adolescent self-image and perceived parental communication in pregnant, parenting and non-pregnant African-American and Anglo-American adolescents.

Statistically significant differences were detected for race, pregnancy status, and the interaction between these two variables on the self-image scale. No significant differences were indicated for parental communication.

Racial Differences in Self-Image

Although in general, race differences (regardless of pregnancy status) were detected on overall self-image, only on three dimensions were the scores statistically different, mental health, vocational attitudes and ethical values. It is important to note that the scale items on ethical values measure the extent to which the adolescent has assimilated the norms and values of the larger culture. The lower scores on this scale for African-Americans may stem from the fact that they may have assimilated more of their subcultural values than those of the larger society. The literature suggests that low income African-Americans are less likely to take on the values of the larger society

than their upwardly mobile counterparts (Jones, 1992). Therefore, when the socioeconomic level, social class status and the race of the sample are considered the results may not be surprising. For example, while "confidence in others" (ethical value scale item) is valued by the larger culture it maybe less important to African-Americans. Past research has indicated a low level of trust among African-Americans. According to Grier and Cobb (1968) the low level of trust among African-Americans is a realistic and adaptive mechanism for coping with the negative life situations to which they are exposed.

African-American adolescents also indicated perceptions of a less optimistic future than did their Anglo-American counterparts. This is in keeping with Bowman's (1991) position that maintained prospective joblessness and continued marginality among the African-American population is the major threat to their economic security and psychosocial well-being. If the prospects for the future are poor then it is understandable why one might become pessimistic. With negative views about one's future and incongruence between one's own values and those of the larger society it is not surprising that African-American adolescents in the sample reported a lower level of emotional functioning than the comparison group.

Pregnancy

As a whole, non-pregnant adolescents reported higher psychosocial adjustment than pregnant adolescents. The significance level between pregnant and non-pregnant adolescents ranged between .01 to .0001. African-American adolescents showed no statistical difference in the self-esteem of pregnant and non-pregnant adolescents. This may be an indication that among African-American adolescents, pregnancy may not significantly affect their self-image. This finding is somewhat consistent with the literature alluding to greater tolerance of out-of-wedlock childbirth in the African-American community (Parrett, 1988, Voydanoff and Donnelly, 1990). As out-of-wedlock pregnancy is not likely to be punished by the group (sub-culture) it would not affect the emotional well-being as much as it would if the behavior were tabooed. If a behavior is not considered deviant by a culture or sub-culture, it is not likely to negatively affect the psychosocial adjustment of children in that culture (Blinn & Smith, in press).

A different picture evolves when one examines the self-image dynamics among Anglo-American adolescents in the sample. The non-pregnant adolescents of this group reported higher overall self-image than their pregnant counterparts. Unlike African-Americans, out-of-wedlock childbirth is less

accepted in the Anglo-American community. This may be one reason that Anglo-American adolescents are more likely to marry after conception and before the birth of their child (Voydanoff & Donnelly, 1990). It is interesting to note that in this sample a sizable number (n= 17) 50% of the pregnant Anglo-American subjects reported that they were indeed married. Conversely, none of the pregnant African-Americans was married. It is clear that among this sample of adolescents pregnancy status affected the self-esteem of Anglo-Americans but not of African-Americans.

The interaction effects were equally interesting. Overall, Anglo-American non-pregnant adolescents reported a higher level of adjustment than the three comparison groups (Table 3). Specifically, they perceived themselves as having greater satisfaction with their bodies, higher level of conscience and superego development, more open and liberal sexual attitudes, and more congenial relationships with their parents. In addition, they had higher vocational goals, and a greater sense of self-reliance.

The finding regarding parental communication was unexpected. Results indicated that among the present sample parental communication was not related to pregnancy for either African-American or Anglo-American adolescents this is somewhat inconsistent with past research (Jessor & Jessor, 1977, Inazu & Fox, 1980, Kahn, Smith & Roberts, 1984). The results may be due to the fact that unlike the

studies mentioned the instrument used in the present study assessed general patterns of perceptions of parental communication rather than specific communication about sexual behavior.

Summary and Conclusion

1. African-American and Anglo-American adolescents did not differ significantly on the majority of self-image dimensions. However the three dimensions on which differences were detected were highly significant. In general, the self-image of African-Americans is similar to that of Anglo-Americans.

2. Non-pregnant adolescents in the sample reported better psychosocial well-being than pregnant adolescents in general.

3. Anglo-American non-pregnant adolescents in the sample generally reported more positive psychosocial well-being than the other comparison groups.

4. African-American non-pregnant adolescents did not differ significantly from their same race pregnant adolescents on any dimensions of self-image. Subcultural dynamics seem to provide the basis for sustained positive adjustment.

5. Anglo-American non-pregnant adolescents reported more positive self-esteem than their same race pregnant counterparts.

6. Pregnancy appears to be associated with the self-esteem of Anglo-Americans, but not that of African-Americans.

7. Parental communication did not significantly relate to pregnancy status or race in the current sample.

Limitations

Although the study controlled for socioeconomic status it did not control for geography. The geography of where the subjects lived may have confounded the results. The majority of the African-Americans (90%) were from a rural county in North Carolina, while the majority of the Anglo-Americans (93%) were from semi-rural communities in East Tennessee.

Implications

In spite of the limitations, the study has several implications for those who work with, and are concerned with youth in the American society. Indications are that African-American adolescents' perceptions of their self-image and of their parental communication is no different from those of Anglo-American pregnant adolescents. This could be an indication that pregnancy does affect the self-image of Anglo-American adolescents, but not African-American adoles-

cents.

These findings have strong implications for program planning in the area of adolescent pregnancy. Many programs in place now focus on developing self-esteem as a method of preventing adolescent pregnancy. Program planners and administrators may need to consider moving beyond this narrow conceptualization. A combination of self-esteem building strategies and education about contraception and outcomes of sexual activity may be particularly important in the African-American community. Rather than focusing only on self-esteem for African-American adolescents, educators may need to focus also on presenting facts about the outcomes of early pregnancy (lower educational attainment, poverty, health concerns, etc.) when addressing this audience. Self-esteem strategies, however may take precedence as a preventive strategy for Anglo-American adolescents. Since non-pregnant adolescents have significantly higher self-esteem than pregnant adolescents. Adolescent pregnancy prevention programs must help teens set higher goals in life, and encourage them to strive to reach these goals though education and vocational training.

Recommendations for Future Research

Further research is needed in the area of female adolescent marital status as it relates to pregnancy. The

current study revealed that in the Anglo-American community a possible relationship may exist between pregnancy status and whether or not the teen is married. It is recommended also that future investigations examine the directionality of the relationship between adolescent pregnancy and self-esteem. Is it the pregnancy that affected the adolescents' self-esteem or is it their self-esteem that resulted in early sexual behavior and subsequent pregnancy?

Additional related research studies using samples from other subcultures (e.g. Hispanics) may be helpful in understanding the generalizability of the present findings. There would be theoretical value among those subcultural groups

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APPENDICES

APPENDIX A

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

College of Human Ecology
Department of Child and Family Studies
1215 West Cumberland Avenue, Room 115
Knoxville, Tennessee 37996-1900
(615) 974-5316

April 7, 1992

Dear Administrator:

We are conducting research on the self image, family life events, and perceptions of parental nurturance by pregnant, parenting, and never pregnant adolescents. The purpose of the research is to examine the relationships among these variables. The results will help educators better understand the attitudes and behaviors of adolescents in important areas which pose social and developmental problems than can influence educational attainment. Our research will be conducted in several institutions in North Carolina and Tennessee. Approximately 300 adolescents will be requested to complete questionnaires on a series of questions related to their attitudes, feelings and behavior in relation to self image, life events, and parental nuturance and communication.

The researchers are requesting the cooperation of your institution in including your students in the research study. Participation in the study is voluntary.. Students volunteering to participate in the study are asked to complete a three part questionnaire consisting of a self image scale, a parental support and communication questionnaire, an adolescent-family inventory of life events and a demographic questionnaire. The activity can be completed in about one hour. If your institution is willing to participate, we would like to request room space for 1 hour 15 minutes to conduct the completion of questionnaires. Participants will be given a packet containing the instruments and will be asked to place the completed instruments in an unsupervised area. Responses will be coded so that participants remain anonymous. Data generated will be grouped data and cannot be traced back to individual participants or to your institution. No cost will result to your institution or to the participants and no additional facilities are need to execute the project.

If you are willing to have your institution participate, please send me a statement on your institution indicating your willingness to have students participate if they wish. A prepaid addressed envelope is enclosed for your response as soon as possible. Please feel free to contact Dr. Delores Smith, or Mandel Johnson at (615) 974-5316 if you need further information.

Thank you for your cooperation. We look forward to your response.

Sincerely,

Mandel Johnson
Graduate Student

Delores Smith, Ph.D
Assistant Professor

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

College of Human Ecology
Department of Child and Family Studies
1215 West Cumberland Avenue, Room 115
Knoxville, Tennessee 37996-1900
(615) 974-5316

MEMORANDUM

TO: Parents
FROM: Dr. Delores E. Smith
SUBJECT: Volunteers for adolescent research project
DATE: May 22, 1993

The _____ has agreed to work with me on a research project on adolescent development. Specifically the study seeks to better understand some of the factors relating to teenage pregnancy. The purpose of the project is to help educators better understand the attitudes and behaviors of students at the age level of 19 years and under. The project is concerned with adolescents' views of themselves, their feelings about parental nurturance and communication, and family life events. The results will help educators and other professionals who work with adolescents better understand the attitudes, behavior and needs of young people.

Steps have been taken to ensure that the students who participate will not be identified. Furthermore, participating students have the right to refuse to respond to any item with which they do not feel comfortable. The questionnaires they will be asked to complete will be assigned numbers rather than names. At no time will students be asked to reveal their identity. The questionnaires will take about one hour and fifteen minutes to complete. Students will return their completed questionnaires in a sealed envelopes to a designated location at school instead of to a person. With these protective measures in place we do not anticipate any risks of your child relating to her participation in this study.

Participation in the study is completely voluntary. However, if your child is under age 18 we must get your permission for her to participate. If you are willing to have your child participate in this study, please sign the form provided and have her return the signed form to her teacher.

Your permission for your child to participate is greatly appreciated. Should you have any questions concerning this project please feel free to contact Dr. Delores E. Smith at (615) 974-5316.

Sincerely,

Mandel Johnson
Graduate Student

Delores E. Smith, Ph.D
Assistant Professor

Parent's Consent Form for Adolescent Research Study

Child/Ward's name: _____

I, _____, agree to let my child/ward take part in the adolescent research study that Dr. Delores Smith of the University of Tennessee is doing.

I understand that my child/ward must also decide whether to take part in the study and may refuse to join even if I agree.

I understand that the purpose of the research is to examine teenagers' views of themselves, parental nurturance and communication, and of family life events.

I understand that my child/ward's answers are private and that no one except her will know what she wrote.

I understand all information is confidential and cannot be traced to my child.

I understand that if at any time I have further questions, I may call Dr. Smith at (615) 974-5316 or write to either of them at number and address on the attached letter.

Parent's Name_____

Parent's Signature_____

Date: _____

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

College of Human Ecology
Department of Child and Family Studies
1215 West Cumberland Avenue, Room 115
Knoxville, Tennessee 37996-1900
(615) 974-5316

April 6, 1993

Dear Student:

We are doing research on attitudes and behaviors in the area of parental nurturance, life events, and how young people at your stage of development feel about themselves. The research will help us understand the feelings, attitudes, and behaviors of approximately 400 students like yourself in two states and two other countries. You may freely chose to take part or not to take part in this study.

If you choose to take part in this study you will be asked to select an envelope containing questionnaires. You will then answer a number of questions about your feelings and attitudes about family life events, parental nurturance, and about yourself. Only you will know which answers are yours. The study is planned so that no one else can find out which answer was yours. If you agree participate in the study please be sure to answer each question as truthfully and as seriously as you can. This will give us accurate information. However, if there is an item with which you are absolutely uncomfortable you have the right to skip that item. Since there is no way to identify you with your response we hope that you will respond to all the items. You will **NOT** put your name or any identifying marks on your answer sheet. You will be asked to seal the completed questionnaire before turning it in. We would greatly appreciate your participation.

If you have any questions or concerns about the project, please feel free to call Mandel Johnson, or Dr. Delores Smith at (615) 974-5316 or write to them at the above address.

Sincerely

Mandel Johnson
Graduate Student

Delores Smith, Ph.D
Assistant Professor

AGREEMENT TO PARTICIPATE : ADOLESCENT RESEARCH PROJECT
UNIVERSITY OF TENNESSEE

Name of Administrator:

Title of Administrator:

Name of Institution/Agency:

Institution's/Agency's Address:

Check the appropriate line

-------- Our institution/agency will not participate in the study.

-------- We agree to participate in the study. Assenting subjects whose parents have given permission for them to participate will be allowed to complete the survey.

Signature: _____

Date: _____

ADOLESCENT AGREEMENT TO PARTICIPATE IN THE ADOLESCENT RESEARCH PROJECT

Check the appropriate line

------I would like to participate in the project.

----- I do not wish to participate in the project.

Name: _____

Phone: Home _____

Address: Street_____

City _____ Zip _____

Signature _____ Date _____

APPENDIX B

PERSONAL DATA

1. Date of birth _____ Age at your last birthday _____

2. Race _____ 3. Height _____

4. Weight _____ 5. Do you think you are underweight or overweight _____

6. Are you pregnant _____

7. Do you have children of your own?

   1. No 2. Yes If yes, then how many? _____

8. Have you ever been pregnant?

   1. No 2. Yes

9. Are you a member of an academic program? _____
   If yes, what grade _____

Circle the number to show your response to the following items:

10. Overall, how would you rate yourself in your schoolwork?
    1. excellent = overall grade of 90 to 100
    2. good = overall grade of 80 to 89
    3. average = overall grade of 70 to 79
    4. poor = overall grade of below 69

11. Indicate the highest educational level completed by your father and you mother by using the following numbers:
    1. Elementary
    2. High School
    3. College: Diploma/Associate Degree
    4. College: Bachelors Degree
    5. College: Masters Degree
    6. College: Higher than Masters Degree

    Mother _____ Father _____

12. Marital Status of Parents/Guardians
    1. married
    2. separated
    3. divorced
    4. single (never been married)
    5. living together (not legally married)

13. With whom do you presently live?

1.	husband	5.	stepmother and father
2.	mother only	6.	stepfather and mother
3.	father only	7.	group home
4.	both mother and father	8.	other _____ (please explain)

14. Occupation of mother _____

15. Occupation of father _____

16. Number of people living in your present household _____

17. What kind of work do you think you will be doing when you are 30 years old?

SELF-DESCRIPTION

Directions: After carefully reading each of the statements on the following pages, please write in the blank the letter that indicates how well the item describes you. The letter choices correspond with categories that range from "describes me very well" (a) to "doesn't describe me at all" (f). Please enter only one choice for each statement.
There are no right or wrong answers to these following questions.

Choice of answers:

a. Describes me very well
b. Describes me well
c. Describes me fairly well
d. Doesn't quite describe me
e. Doesn't really describe me
f. Doesn't describe me at all

____ 1. I carry many grudges.
____ 2. When I am with people, I am afraid that someone will make fun of me.
____ 3. Most of the time I think that the world is an exciting place to live in.
____ 4. I think that I will be a source of pride to my parents in the future.
____ 5. I would not hurt someone just for the "heck of it."
____ 6. The recent changes in my body have given me some satisfaction.
____ 7. I am going to devote my life to helping others.
____ 8. I "lose my head" easily.
____ 9. My parents are almost always on the side of someone else, e.g. my brother, or sister.
____ 10. The opposite sex finds me a bore.
____ 11. If I would be separated from all the people I know, I feel that I would not be able to make a go of it.
____ 12. I feel tense most of the time.
____ 13. I usually feel out of place at picnics and parties.
____ 14. I feel that working is too much responsibility for me.
____ 15. My parents will be disappointed in me in the future.
____ 16. It is very hard for a teenager to know how to handle sex in a right way.
____ 17. At times I have fits of crying and/or laughing that I seem unable to control.
____ 18. I am going to devote my life to making as much money as I can.
____ 19. If I put my mind to it, I can learn almost anything.
____ 20. Only stupid people work.
____ 21. Very often I feel that my father is no good.
____ 22. I am confused most of the time.
____ 23. I feel inferior to most people I know.

Choice of answers:

a. Describes me very well
b. Describes me well
c. Describes me fairly well
d. Doesn't quite describe me
e. Doesn't really describe me
f. Doesn't describe me at all

____ 24. Understanding my parents is beyond me.
____ 25. I do not like to put things in order and make sense of them.
____ 26. I can count on my parents most of the time.
____ 27. In the past year I have been worried about my health.
____ 28. Dirty jokes are funny at times.
____ 29. I often blame myself even when I am not at fault.
____ 30. I would not stop at anything if I felt I was done wrong.
____ 31. The size of my sex organs is normal.
____ 32. Most of the time I am happy.
____ 33. I am going to devote myself to making the world a better place to live in.
____ 34. I can take criticism without resentment.
____ 35. My work, in general, is at least as good as the work of the guy next to me.
____ 36. Sometimes I feel so ashamed of myself that I just want to hide in a corner and cry.
____ 37. I am sure that I will be proud about my future profession.
____ 38. My feelings are easily hurt.
____ 39. When a tragedy occurs to one of my friends, I feel sad, too.
____ 40. I blame others even when I know that I am at fault, too.
____ 41. When I want something, I just sit around wishing I could have it.
____ 42. The picture I have of myself in the future satisfies me.
____ 43. I am a superior student in school.
____ 44. I feel relaxed under normal circumstances.
____ 45. I feel empty emotionally most of the time.
____ 46. I would rather sit around and loaf than work.
____ 47. Even if it were dangerous, I would help someone who is in trouble.
____ 48. Telling the truth means nothing to me.
____ 49. Our society is a competitive one, and I am not afraid of it.
____ 50. I get violent if I don't get my way.
____ 51. Most of the time my parents get along well with each other.
____ 52. I think that other people just do not like me.
____ 53. I find it very difficult to establish new friendships.

Choice of answers:

a. Describes me very well
b. Describes me well
c. Describes me fairly well
d. Doesn't quite describe me
e. Doesn't really describe me
f. Doesn't describe me at all

____ 54. I am so very anxious.
____ 55. When my parents are strict, I feel that they are right, even if I get angry.
____ 56. Working closely with another fellow never gives me pleasure.
____ 57. I am proud of my body.
____ 58. At times I think about what kind of work I will do in the future.
____ 59. Even under pressure I manage to remain calm.
____ 60. When I grow up and have a family, it will be in at least a few ways similar to my own.
____ 61. I often feel that I would rather die than go on living.
____ 62. I find it extremely hard to make friends.
____ 63. I would rather be supported for the rest of my life than work.
____ 64. I feel that I have a part in making family decisions.
____ 65. I do not mind being corrected, since I can learn from it.
____ 66. I feel so very lonely.
____ 67. I do not care how my actions affect others as long as I gain something.
____ 68. I enjoy life.
____ 69. I keep an even temper most of the time.
____ 70. A job well done gives me pleasure.
____ 71. My parents are usually patient with me.
____ 72. I seem to be forced to imitate the people I like.
____ 73. Very often parents do not understand a person because they had an unhappy childhood.
____ 74. For me good sportsmanship in school is as important as winning a game.
____ 75. I prefer being alone with kids my age.
____ 76. When I decide to do something, I do it.
____ 77. I think that the opposite sex finds me attractive.
____ 78. Other people are not after me to take advantage of me.
____ 79. I feel that there is plenty I can learn from others.
____ 80. I do not attend sexy shows.
____ 81. I fear something constantly.

Choice of answers:

a. Describes me very well
b. Describes me well
c. Describes me fairly well
d. Doesn't quite describe me
e. Doesn't really describe me
f. Doesn't describe me at all

____ 82. Very often I think that I am not at all the person I would like to be.

____ 83. I like to help a friend whenever I can.

____ 84. If I know that I will have to face a new situation, I will try in advance to find out as much as is possible about it.

____ 85. Usually I feel that I am a bother at home.

____ 86. If others disapprove of me I get terribly upset.

____ 87. I like one of my parents much better than the other.

____ 88. Being together with other people gives me a good feeling.

____ 89. Whenever I fail in something, I try to find out what I can do in order to avoid another failure.

____ 90. I frequently feel ugly and unattractive.

____ 91. Sexually, I am way behind.

____ 92. If you confide in others you ask for trouble.

____ 93. Even though I am continuously on the go, I seem unable to get things done.

____ 94. When others look at me they must think that I am poorly developed.

____ 95. My parents are ashamed of me.

____ 96. I believe I can tell the real from the fantastic.

____ 97. Thinking or talking about sex frightens me.

____ 98. I am against giving so much money to the poor.

____ 99. I feel strong and healthy.

____ 100. Even when I am sad I can enjoy a joke.

____ 101. There is nothing wrong with putting oneself before others.

____ 102. I try to stay away from home most of the time.

____ 103. I find life an endless series of problems–without solution in sight.

____ 104. At times I feel like a leader and feel that other kids can learn something from me.

____ 105. I feel that I am able to make decisions.

____ 106. I have been carrying a grudge against my parents for years.

____ 107. I am certain that I will not be able to assume responsibilities for myself in the future.

____ 108. When I enter a new room I have a strange and funny feeling.

____ 109. I feel that I have no talent whatsoever.

Choice of answers:

a. Describes me very well
b. Describes me well
c. Describes me fairly well
d. Doesn't quite describe me
e. Doesn't really describe me
f. Doesn't describe me at all

____ 110. I do not rehearse how I might deal with a real coming event.

____ 111. When I am with people I am bothered by hearing strange noises.

____ 112. Most of the time my parents are satisfied with me.

____ 113. I do not have a particularly difficult time in making friends.

____ 114. I do not enjoy solving difficult problems.

____ 115. School and studying mean very little to me.

____ 116. Eye for an eye and tooth for a tooth does not apply for our society.

____ 117. Sexual experiences give me pleasure.

____ 118. Very often I feel that my mother is no good.

____ 119. Having a girlfriend/boyfriend is important to me.

____ 120. I would not like to be associated with those kids who "hit below the belt."

____ 121. Worrying a little about one's future helps to make it work out better.

____ 122. I often think about sex.

____ 123. Usually I control myself.

____ 124. I enjoy most parties I go to.

____ 125. Dealing with new intellectual subjects is a challenge for me.

____ 126. I do not have many fears I cannot understand.

____ 127. No one can harm me just by not liking me.

____ 128. I am fearful of growing up.

____ 129. I repeat things continuously to be sure that I am right.

____ 130. I frequently feel sad.

COMMUNICATION

Directions: After carefully reading the following statements, please write in the blank the letter that indicates how much you agree or disagree with the statements for yourself. The letter choices correspond with categories that range from "strongly disagree (a)" to "strongly agree (e)." Please respond to all statements and enter only one choice for each statement. There are no right or wrong answers.

Choice of answers:

a. Strongly disagree
b. Moderately disagree
c. Neither agree not disagree
d. Moderately agree
e. Strongly agree

____ 1. I can discuss my beliefs with my parent(s) without feeling restrained or embarrassed.

____ 2. Sometimes I have trouble believing everything my parent(s) tell(s) me.

____ 3. My mother/father is always a good listener.

____ 4. I am sometimes afraid to ask my parent(s) for what I want.

____ 5. My parent(s) has a tendency to say things to me which would be better left unsaid.

____ 6. My parent(s) can tell how I'm feeling without asking.

____ 7. I am very satisfied with how my parent(s) and I talk together.

____ 8. If I were in trouble, I could tell my parent(s).

____ 9. I openly show affection to my parent(s).

____ 10. When we are having a problem, I often give my parent(s) the silent treatment.

____ 11. I am careful about what I say to my parent(s).

____ 12. When talking to my parent(s), I have a tendency to say things that would be better left unsaid.

____ 13. When I ask questions, I get honest answers from my parent(s).

____ 14. My mother/father tries to understand my point of view.

____ 15. There are topics I avoid discussion with my parent(s).

____ 16. I find it easy to discuss problems with my parent(s).

____ 17. It is very easy for me to express all my true feelings to my parent(s).

____ 18. My mother/father nags/bothers me.

____ 19. My mother/father insults me when he/she is angry with me.

____ 20. I don't think I can tell my mother/father how I really feel about some things.

VITA

Mandel Elnora Johnson was born in South Hill, Virginia, on November 22, 1966. She attended Brunswick County public schools and graduated from Brunswick Senior High School in 1985.

She received her Bachelor's degree in Human Ecology with an emphasis in Family and Community Services from Hampton University, Hampton, Virginia. In August of 1993, she will receive the Master of Science in Home Economics at the University of Tennessee, Knoxville.

The author is a member of the American Home Economics Association and has served as an Extension agent in Northampton County, North Carolina from 1989-1991.