

THE EFFECTS THAT ADOLESCENT PREGNANCY  
HAS ON FAMILY LIFE

By

Ronette S. Lehman

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Investigation Advisor

The Graduate School  
University of Wisconsin-Stout  
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The Graduate School  
University of Wisconsin-Stout  
Menomonie, WI 54751

ABSTRACT

LEHMAN \_\_\_\_\_ RONETTE \_\_\_\_\_ S. \_\_\_\_\_

THE EFFECTS THAT ADOLESCENT PREGNANCY HAS ON \_\_\_\_\_  
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The purpose of this study was to examine literature pertaining to adolescent pregnancy and the effects it has on family life. There are numerous educational programs available to adolescents that deal with the benefits of abstinence, contraception availability and HIV/STD ramifications, yet our adolescents continue to become

sexually active at an alarmingly high rate. As a result of their actions they ultimately risk the possibility of becoming pregnant or impregnating their girlfriend or acquaintance. This qualitative study examined the effects that adolescent pregnancy has on family life by examining a comprehensive review of literature. The information found in this study will be generalizable to other communities and school districts. Based on the data collected from the information found in the literature review, a conclusion and various recommendations were made in the final chapter to the existing human growth and development unit at Medford Area Senior High.

## Acknowledgments

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## CHAPTER 1

### Introduction

Human sexuality has been an element of life since the beginning of time. It has allowed humans to express their love and devotion to one another in the deepest sense. There are many reasons why adults today still carry on the tradition of expressing their sexuality. For many adults, having the ability to engage in an intimate relationship, not only is gratifying for them, but it validates the depth of their relationship. Other reasons may include, but are not limited to freedom of sexual expression, physical bonding with a marriage partner, experiencing the miracle of conception, the joy of procreation and having the opportunity to bring a new life into the world. As adults, expressing our sexuality may be viewed as a privilege one has within the realm of marriage.

Adolescence is the time of life when a significant number of individuals become sexually active. “Adolescents, broadly defined, are a vital population segment, making up approximately one-fifth of the world’s people” (Noble, Cover, & Yanagishita, 1996). The sheer size of that age group demands attention, especially when it deals with

their sexuality. As societal needs have changed, so has our focus on adolescent sexuality. During adolescence, young people very much need the support and guidance of their parents and families. This is a time of rapid growth-physically and emotionally. It is a time when adolescents begin to develop their own standards, as well as question the values of their family and community. While providing guidance has never been a simple task, vast social changes make it even more difficult for parents to know how to help their children and prepare them for the future.

Maturation has taken on a whole new dimension in today's society. Youth are pressured by societal norms to "grow up" and act maturer at a faster pace than what may be humanly possible. While asking those same adolescents to act mature, we as a society are opening our nation to a host of premature sexuality concerns. What once was considered an adult only act, to be engaged in the boundaries of marriage, has turned into a social past time for adolescents.

Just how serious a problem is adolescent sexuality? "The United States has the highest rate of teen pregnancy and births in the



Western industrialized world. The financial impact on the United States alone is estimated at least \$7 billion annually” (Guttmacher, 1997). Of the estimated twenty-nine million young people between the ages of 13-19, approximately twelve million have already engaged in sexual intercourse. “Of this group, in 1981, more than 1.1 million became pregnant; three quarters of these pregnancies were unintended and 434,000 ended in abortion” (Guttmacher, 1984). “Four in ten young women become pregnant at least once before they reach the age of twenty and seventy-nine percent are to unmarried teens” (Ventura, Mathews, & Curtain, 1999 p. 5-10). “One in every three girls has engaged in intercourse by age sixteen (33%), two out of three girls had intercourse by age sixteen (66%) and two out of three boys engage in intercourse by the age of eighteen (66%)” (Moore, Driscoll & Lindberg 1998).

Even though the United States has the highest adolescent pregnancy rate in the industrialized world, the pattern of adolescent pregnancy is on the decline.

“Since the early 1990’s, the adolescent pregnancy rates, birth rates and abortion rates have declined dramatically; pregnancy

and abortion rates have reached their lowest point since they were first measured in the early 1970's, and birthrates are similar to those that prevailed between the mid 1970's and mid 1980's" (Henshaw, 1998 p. 24-29).

Declines in adolescent pregnancies can be credited to contrasting means; first, changes in sexual behavior and the increased availability and usage of contraceptives, especially condoms; and second, these approaches have a direct impact on the educational programs that are available for school districts and other learning facilities. Even so, these findings suggest that the best strategy for continuing the decline in adolescent pregnancy levels is a multi-faceted approach. Programs and policies should aim at encouraging teenagers; particularly those at the youngest ages, to postpone intercourse and at supporting sexually experienced youths that wish to refrain from further sexual activity. At the same time, it must be recognized that most young people become sexually active during their teens and sexuality education information should also prepare them to adequately prevent pregnancy and sexually transmitted disease infection.

Adolescents need to understand the severity of the consequences that can occur with sexual involvement. Parents, governments and communities in general are concerned about early childbearing for a multitude of reasons. It can limit educational attainment, restrict the skills young people bring to the work force prevent the possibility of supporting themselves financially, and reduce their overall quality of life.

#### Statement of the Problem

Despite the fact that the U.S. teenage birthrate has fallen dramatically from its peak in 1991, the United States continues to have the highest teen pregnancy rate of the industrialized world. Teen pregnancy affects everyone from the immediate family, local community, and state, to the entire nation. The financial impact that teen pregnancy costs the taxpayers of the nation is estimated at \$7 million per year. Teen pregnancy is also linked to poverty and school failure. A large portion of single mothers on welfare, were teenagers when they conceived their first child. Along with the welfare issue, a substantial percent of adolescent mothers do not finish their high school graduation requirements, resulting in a future of uncertainty.

Children of teen mothers also suffer both emotionally and developmentally. Those children are more likely to become abused and neglected, mainly as a result of their adolescent parent not having the appropriate resources or knowledge pertaining to parenting.

### Purpose of the Study

The purpose of this study was to determine the effects that adolescent pregnancy has on family life. This study was an extensive comprehensive review of literature and documents that pertained to adolescent pregnancy. The information found in this study will be generalizable to other communities and school districts. The data will be used to evaluate a portion of the human growth and development curriculum in the local school district and deem changes if necessary.

### Objectives

There were three objectives for this particular study.

- a. To determine the socioeconomic impact that adolescent pregnancy has on family life.
- b. To determine the sociological impact that adolescent pregnancy has on they family structure.

- c. To determine the emotional ramifications of the pregnant adolescent.

### Definition of Terms

For clarity of understanding of this research project, the following definitions will be used.

Adolescent: Individual 10-19 years of age.

Family: Immediate members; parents and siblings.

Sexuality: The total sum of what one consists of, including personality traits, physical, emotional, intellectual characteristics and spiritual beliefs.

### Assumptions

Based on the researchers knowledge, one could assume that adolescent pregnancy has a deleterious impact on family life.

### Limitations

The researcher has identified two limitations.

- a. Availability of current documentation, pertaining to the topic.
- b. Limited availability of multifarious curriculum materials.

## CHAPTER 2

### Review of Literature

In this chapter, factors relating to adolescent pregnancy and the effects it has on family life are explored. This chapter focuses on three areas of research, including the socioeconomic impact and the sociological impact that adolescent pregnancy has on family life, along with the emotional repercussion of the adolescent mother.

#### Outline

##### I. Socioeconomic impact of adolescent pregnancy.

- a. Financial impact on the immediate family.
- b. Financial impact on society.

##### II. Sociological impact of adolescent pregnancy.

- a. Paternal impact
  1. Role of the father.
  2. Responsibility of the father.
  3. Emotional impact that pregnancy has on the father.
- b. Maternal impact
  1. Role of the mother.

2. Responsibility of the mother.
3. Emotional impact that pregnancy has on the mother.

c. Sibling impact

1. Brother-sister relationship
2. Sister-sister relationship

III. Emotional ramifications of the pregnant adolescent.

1. Educational concerns.
2. Interpersonal relationship concerns.
3. Parenting concerns.
4. Self-esteem

Socioeconomic impact

Adolescent pregnancy has a socioeconomic impact on the entire nation. The cost of raising a child under the best of conditions is not an amiable task. When this occurs to young girls, the task becomes not only a concern for the country, but also, a primary concern for their immediate families. It was once thought and believed by many, that adolescent parents to be, automatically dropped out of their educational setting due to the consequences of poor decision-making. Many did so because of parental pressures; others did so because of

denial and embarrassment, and a percentage quit school because of the financial responsibility that becoming a parent would have on their future. Adolescents may have felt the need to help out financially with the family, in hopes of acquiring a job that offered enough money to help raise the unborn child. Due to that decision, it only adds to the economic concern that society has for young adults. At that time, it may seem like the only reasonable choice they have. In the end it is ultimately more costly, not only to themselves and their family, but to society. “Only half of those who have their first child before the age of seventeen will graduate from high school by the age of thirty, and seventy percent will complete high school by the age of thirty-nine” (Hayes, 1987).

Adding a few years of maturity can make a great difference in the life of an adolescent mother. Research shows that a woman who gives birth between the ages of twenty and twenty-four is almost twice as likely to complete college as compared to a woman or girl who gives birth at age nineteen or younger. Adolescents without a high school diploma are more likely to face a lifetime of economic stress, which ultimately adds to the economic stress of the entire



family unit. “Women who began their childbearing as teens earn half of the income of women who become mothers after the age of twenty” (DaVanzo & Rahman, 1993, p. 350-96). As a result those very same individuals place financial burden on their parents to help raise the child, and many turn to society, as the quick fix to their economic needs.

Nationally, half of the women receiving AFDC (Aid to Families with Dependent Children) began receiving benefits as teenagers. “Approximately thirty percent of adolescent mothers will go on welfare within three years of the birth of their first child, compared to twenty percent of all women who become single parents” (DaVanzo & Rahman, 1993, p. 350-86). In terms of food stamps, approximately forty percent of adolescents use this means to help subsidize their family’s nutritional needs.

The adolescent years can produce many conflicts within the family structure, especially among parents and their teenager(s). Adolescents enter this stage in their life seeking a self- identity that sets them apart from their siblings and especially their parents. They ultimately challenge authority for their personal freedom and desire

the need to continue “growing up” on their own. Adolescents may believe that they have all the resources available to make critical and analytical decisions in the adult world. This adds to the concern of the parents in such a situation. Parents tend to be reluctant to allow such personal, unattached freedom, mainly because they have trouble watching their child developed into a young adult and suddenly demanding more freedom and facing more life changing choices. Young adolescents will carefully note every physical change in their bodies and their natural instinct is to experiment with those changes. “Disagreements about sexual attitudes and behaviors often influence how well adolescents and parents in some families get along” (Sorenson, 1973).

Adolescents turn to various groups to help identify their sexuality. Some turn to parents, siblings, media, or peers, while others turn to personal experimentation. Personal experimentation can result in a misguided, ill-fated direction. Others evade that route and proceed with their promiscuous lifestyle. It is the adolescent who desires the ill-fated decision of becoming sexually active and endures the consequence of pregnancy that is faced with the socioeconomic

changes that her entire family is faced with. Due to their adolescents' decisions and choices, the information stated previous, not only effects society, but also ultimately affects each and every family that has experienced the addition of family members.

The socioeconomic impact on the family may be viewed as “two- fold”: 1) the responsibility that the family has to society, and 2) the responsibility that the family has to itself. Pregnant teenagers and adolescent mothers put an enormous economic strain on their immediate family. They create many additional obstacles that must be dealt with effectively; otherwise the entire family unit is placed in a state of derangement. Following the birth of the child, it becomes more difficult for the teen mother to conclude her education and look for good paying job, one that would not only take care of herself, but also meet the demands of her child.

Daycare fees need to be considered if the decision of the adolescent mother is to return to high school or receive an equivalent education. If the adolescent mother cannot meet the financial demands of daycare, many times the responsibility succumbs to the grandparents. This financially and socially interferes with the life of

the grandparents. If the grandparents assume the responsibility of providing daycare that results in a situation where they are unable to carry out their role as parents to other children in the family. Daycare is merely one component that adds to the financial tension of the family. Other areas of economic concern are health care bills, insurance premiums, prenatal care, hospitalization bills, neonatal care, safety equipment, car restraints, household accessories, formula, diapers, medication, and doctor bills. From the time that the family is made aware of the pregnancy, until the child celebrates his/her first birthday, the approximate cost is \$15,000. In the prenatal stages, the insurance carrier tends to absorb the largest percentage of the overall cost. In the event of adolescent pregnancy, the medical costs would be absorbed by her parents' insurance policy. This directly affects the financial and physical well being of other dependents in the household. If there is a co-payment that needs to be fulfilled prior to full coverage taking place, other family members may be overlooked or they may disregard their own physical well being for the well being of the unborn child.

In the event that the family does not have health insurance or insufficient health insurance, an additional economic strain can be placed on the grandparents. For example, if the parents do not have a sufficient health care plan, they end up paying for a portion of the prenatal examinations, diagnostic tests, ultra sounds and general appointments. Those medical bills alone could accumulate in the direction of \$8,000. Given that type of situation, this is money that the family currently does not have, nor have access to.

Unfortunately, the individual placed at the greatest risk because of this is the silent voice, the unborn child. Following the birth of the child, “parenting could cost upwards of \$200,000 to raise each of the nearly four million children born this year in the United States to age 18” (American Express Financial Advisors, 1999). Adolescent mothers have lower average incomes and spend a larger percentage of their income on their children. However, if the adolescent chooses to finish her education, that income decreases even more and the financial responsibility once again falls on the grandparents. The only expense that decreases, as a child gets older tends to be the cost of daycare. The average annual daycare expense is approximately

\$3000. Based on the age of the individuals, that the researcher focused on, the socioeconomic impact greatly descends on the immediate family.

### Sociological impact

One of the most far-reaching changes pertaining to prenatal norms is in the past; children were expected to give to their parents what the parent(s) demanded. In society today, that is no longer the condition. Instead, parents are constantly either being told verbally or demanded of emotionally to concede to their child's needs. The result of adolescent pregnancy can further complicate the sociological makeup of the family. Adolescent pregnancy creates an irreparable climate that all members of the family must compensate for in order to maintain a constructive family structure. As protective factors in an adolescence environment, most parents and guardians express their love and concern for their children by setting good clear limits and guidelines. It is natural for parents to protect their teens self respect, values, and safety therefore they do not want their adolescent to become sexually active. Teens that go against such values can lead parents to experience feelings such as disillusionment,

disappointment, and even betrayal. In this section the researcher explored various roles and responsibilities that each immediate family member undergoes in order to maintain a functional lifestyle while dealing with adolescent pregnancy.

“The role of the father is dialectically related to roles of the mother, which has changed dramatically over the post war years, dissolving the males’ distinctive and authority enhancing role as primary wage earner, and children whose status in the family historically shifted from being economic assets to economic liabilities, as the family has transformed from being a unit of production to being a unit of consumption” (Kearl, 2000).

Adolescent pregnancy also shifts the responsibility of the father by giving him a multifaceted role of father and grandfather. As in the case of adolescent pregnancy, this occurs prematurely for fathers and further complicates their roles and responsibilities to other existing children in the family. Financially, it creates an even greater burden on the father. Not only is he expected to be the “bread winner” for his biological family, but also his unexpected extended family.

When an adolescent family member becomes pregnant, the task of treating all children equally also becomes a challenge. “Parents differential treatment of siblings is also hypothesized to contribute to variations in sibling relationship quality” (Bandura, 1991, p. 69-164). If the father assumes the dual role of parent and grandparent, the other children in the family may view this as special treatment and preference of one sibling over the other. Boer (1992, p. 613-28) indicates “sibling relationships are characterized more negatively and less positively when parents direct unequal amounts of intrusiveness, responsibility, positive affect, and negative affect toward their several children, as well as different amounts of control and discipline in response to similar child behaviors.” The parental impact that adolescent pregnancy has on the younger female sibling is one of increased control during the stages of social interaction and development. This control is done mainly in hope that the younger daughter will not be faced with the dilemma that the older daughter has encountered. This may result in an overprotected style of parenting that is not appreciated by an individual trying to gain an increased awareness of self. “The differential treatment style of



parenting may also be viewed by children as a compromising style of parenting. Children interpret this style of parenting as an indication that their parents are less concerned about them or that they are less worthy of their love” (Kowal & Kraemer, 1997, p. 113-26).

Fathers, in particular, have a difficult time dealing with the realism of a pregnant daughter. For years, that same adolescent once was a pure, innocent glow in her father’s eye. As a result of pregnancy, she is no longer viewed as the sweet, pure, innocent child of yesterday. A father’s emotional struggle perhaps is the greatest obstacle he will overcome during the course of the pregnancy and decision making process. He undoubtedly questions himself as to the effectiveness of his discipline and upbringing tactics, and spends countless hours pondering on what, if anything, he could have done to change the situation. A father’s ultimate dream for his daughter is the day he proudly escorts her down the aisle in a white gown, symbolizing purity and wholeness. The consequence of adolescent pregnancy circumvents that wonderful experience and sequesters other special events that only a father can share with his daughter. The long lasting effects that adolescent pregnancy poses on the father-

daughter relationship can continually accumulate if the feelings of dissatisfaction and disappointment are not dealt with effectively and efficiently.

The typical role of the mother is to be the nurturer, regardless of age, situation, or circumstance. “While many expectant grandmothers are busy planning showers, and buying teddy bears, those whose teenage daughters are pregnant often feel guilt, anger, shame and at times celebration” (Magistro, 2000). Unsure of their new role, mothers of pregnant adolescents contend with the conflicting role of being a mother and a grandmother prematurely simultaneously. From the maternal point of view, she also questions herself as to where she as a mother failed. At what point and time did the family values that she instilled upon her daughter disband? If the mother was raised in an environment where adolescent sexuality was viewed as a taboo topic, and was viewed morally as something to be saved for marriage, she may experience an even more difficult time accepting her new role in society, as a grandmother. In an orthodox family structure, the mother may sequester herself from other friends and relatives due to the shame of the pregnancy. In a family unit where moral values are

emphasized, even though the pregnancy violated those beliefs, the life of the unborn is still viewed as sacred. As Magistro (2000) stated, “there are a number of crucial questions that must be dealt with such as; should we continue to be hard on our daughters, or should we ignore the harsh realities of teen pregnancy? Why can’t we celebrate this gift from God? And, aren’t we allowed to be happy when a grandchild is born?”

In a family situation where the mother also was a teenager at the time she conceived her first child, the consequences play out differently. In this setting the mother views the pregnancy as more acceptable, mainly for the reason that she herself survived the difficulty and may feel unable to condone such actions on her daughter’s behalf.

“Teen pregnancy/parenting cycle is likely to be repeated.

Children of teen parents start sexual activity earlier than their peers and are more likely to become teen parents themselves.

Nationally, half of mothers who had their first child as teens had at least one daughter whom became a teen parent. This

compares to one-quarter of those who were over twenty when they had their first child” (Guttmacher, 1995).

Mothers are often the first individuals to be told about the pregnancy, in hopes of gaining their additional guidance and support when sharing the news to other relatives. “Fifty two percent of pregnant adolescents told their mothers within a month of learning that they were pregnant. Sixteen percent expected and received a positive reaction from their mothers, and thirty eight percent received a more positive reaction than they had expected from their mother” (Resnick, 1992 p. 298-303).

The long lasting effects and most strenuous factor on the mother usually emanate from living arrangements. She is viewed not only as the mother, but also wife, grandmother, peacekeeper, chef, mediator, and cleaner. “Mothers are the forgotten component during a family teen pregnancy crisis, as the only member of the family unaffected by the pregnancy. These women have raised their kids, and now they have to give up their lives again” (Magistro, 2000).

Research on sibling interaction is as old as the study of psychology itself. “To parents and clinicians, and now belatedly to developmental researchers, the sibling relationship has great significance as a contributor to family harmony or disharmony, and to the patterns that individual children’s development takes within the family” (McHale & Crouter, 1996, p. 173-96). The relationship with siblings is often the longest lasting relationship that individuals experience during their lifetime. Research suggests that the “closest sibling relationship are between sisters, followed by brother-sister relationships, and finally between brothers” (Leder, 1991).

The impact that pregnancy has on siblings can be one of disconnectedness or vulnerability. Brothers tend to become disconnected with their adolescent pregnant sister, mainly as a result of role confusion. They once perceived their sister as an equal within the family and now view them as a sexual being. Sisters on the other hand become more vulnerable to the same type of behavior as their adolescent pregnant sibling. East (1996, p. 267-282) explained, “there is a strong relationship between early sexual activity and non-sexual deviance (i.e. smoking, skipping school) particularly among brothers,

but also sisters.” Young adolescent girls whose older sister becomes pregnant during adolescence are at an even greater risk of becoming pregnant than girls whose sisters have not become pregnant. “In one study, childbearing rates were higher for young adolescents who were living with their adolescent childbearing sisters, than for those who lived in different households” (Friede, 1986, p.1221-24). Research suggests that “younger sisters of childbearing adolescents are at a two to six times greater risk of adolescent childbearing themselves, and this finding is relevant regardless of race and whether the family lives in an urban or rural area” (East, 1996, p.267-82). The increased vulnerability stems from the liberal attitudes in the family structure as a result of the pregnancy. A desire for adult status is another factor that may influence the sexual behavior of adolescent girls.

“Motherhood may have propelled their sisters into adulthood, so younger sisters may believe that motherhood is an easier pathway to adult status than school and career” (East, 1993, p. 953-63). The closeness of their relationship with their pregnant sibling will also influence whether or not they will model their sister’s behavior. “A close relationship between sisters may lead to similar attitudes,

especially when older sisters hold more power” (East, 1996, p. 267-82).

The overall sociological effect that adolescent pregnancy has on the structure of the family is evident it not only effects the parents, but also the siblings in an adverse manner. The degree of sacrifice that each individual family is willing to make ultimately may be the driving force as to how they cope with this specific transition.

#### Emotional ramifications

Adolescent childbearing has serious consequences for both the mother and the child. In this section, the researcher explored the various emotional and physical concerns of the adolescent mother. Overall, there are numerous variables related to the timing of the first sexual experience. There are believed to be strong effects of developmental characteristics, such as early puberty and high levels of androgen hormones, which are associated with increased adolescent sexual experiences. Dating, and especially early steady dating, provides a context for many adolescent sexual experiences.

“Unconventional psychosocial attitudes and behaviors, as reflected by early use of alcohol, tobacco and other drugs,

school problems, delinquency, and physical aggression are associated with earlier onset of adolescent sexual intercourse. Parents' marital disruption and living with a single parent have been found to be associated with earlier onset of adolescent sexual behavior. This finding reflects a variety of factors, including lower family incomes, disadvantaged neighborhoods, lesser supervision, parental modeling and more permissive attitudes in single parent families. Similarly, having sexually active siblings and friends is strongly related to a younger age of onset of sexual activity. On the other hand, having better educated parents, supportive family relationships, parental supervision, sexually abstinent friends, good school grades and attending church frequently are all related to later onset of sexual intercourse" (Moore, Miller, Sugland, Morrison, Gleib, & Blumental, 1990).

Intellectually, young mothers may lack the resources to seek the appropriate care and treatment prior and during the pregnancy.

"Adolescent mothers face health risks, and are less likely to receive



prenatal care or deliver a normal weight infant than older mothers” (Hayes, 1995). Adolescent mothers are more likely not to understand the benefits of sound nutrition, weight gain, and good physical hygiene during this emotionally critical time. The end result is not only a detriment to her overall well being, but the well being of the newborn is dependent on the care throughout the pregnancy. “Babies born to teens are at an increased risk of low birth weight and the attending health problems; mental retardation, deafness, blindness, mental illness, cerebral palsy, and infant death” (Maynard, 1996). According to the data presented in the 1993 Kids Count Data Book, “forty-five percent of the 1.7 million new American families that were started in 1990 by the birth of a new baby were at major risk of experiencing problems such as having inadequate family resources”. This was based on the presence of at least one of the following three factors:

- 1) The mother had less than twelve years of schooling.
- 2) The mother was unmarried to the child’s father, and/or
- 3) The mother was a teenager at the time of the birth of her first baby.

Pregnant adolescents face a multitude of difficult emotional decisions and encounter many troubling experiences along the way, only to determine what is best for not only the present but also, also the future. They must decide whether or not to have the baby, place the baby up for adoption, or terminate the pregnancy, all within a short period of time. The decision that the adolescent makes will ultimately affect her entire life. Once teenagers become parents, they face a new set of challenges. Teen mothers and their children are at a higher risk for many difficulties compared to their non-parent peers. Furstenberg, Brooks-Gunn, and Morgan (1987) found that “teenage mothers have more than their share of out of wedlock births and marital upheavals, and their children are at an increased risk for school and social failure. “Children of teen mothers are twice as likely to be abused and neglected as are children of older mothers” (Maynard, 1996). At the same time that the adolescent parent is struggling with parental issues she must make other critical decisions about school, work, and relationships with other peers and adults alike. The following are five steps recommended by Adoption

Services, Inc. (1995-2000) to aid an individual in making a decision that is best for them and their emotional well being.

- a. Make a list of all the possible choices one has.
- b. Ask yourself questions such as;
  1. What do I want in the future?
  2. What am I good at? What talents do I have?
  3. Do I want to have a career or just work to pay bills?
  4. Can I rely on other individuals to support me?
  5. If I have to accept public assistance, do I feel comfortable with this?
  6. How do I feel about abortion now?
  7. Do I want to be a parent now?
  8. What are my feelings about adoption?
  9. How does the father of the baby feel about the pregnancy?
  10. How will I support my child and myself?
- c. Learn everything you can about your choices to help you explore the positive and negative points about each choice. Ask people you trust to help you see all sides of each choice.

- d. Put your choices in order from most favorable too least favorable.
- e. Explore your feelings and listen to your heart.

Engaging in premarital sex, resulting in pregnancy lends itself to an entire host of negative psychological feelings such as guilt, shame, self- doubt, fear and self-exploitation.

Adolescent parenting has become a national concern, for numerous reasons. “Pregnancy and the challenges of parenting are the top reasons why adolescents drop out of school” (Olmstead, 2000). Not only will parenting and its responsibilities leave an adolescent feeling socially isolated, but educationally isolated as well. The continuous struggle to maintain their educational process, along with the needs of both the pregnancy and child, for many adolescents is a price too high to pay. “Educationally, teens who are most likely to become pregnant are those who have low school grades, low educational goals, and a tendency towards truancy. Poor basic academic skills are also a strong predictor of teenage pregnancy. The National Longitudinal Survey of Young Americans showed that almost all racial differences among teens for pregnancy rates

disappeared when the factors of income and academic skills were controlled. In one study, one in five poor teens, regardless of race, with lower than average basic skills was a teenage mother, compared to one in twenty non-poor teens with average or better basic skills (Alan Guttmacher Institute, 1994).

As cultural norms differ in so many aspects, they differ equally when pertaining to sexual relationships from one ethnicity to another. “Traditionally, in parts of Sub-Saharan Africa, premarital sexual relationships are encouraged because young women are expected to prove their fecundity prior to establishing a union. In most Sub-Saharan African countries, forty percent or more of twenty to twenty-four year old women have sexual intercourse prior to their first marriage and before the age of twenty” (Guttmacher, 1995). In many Latin American countries, approximately thirty percent of the adolescents admit to engaging in sexual intercourse prior to the age of twenty. In Latin America it is believed that the percentage could even be higher but it is thought that many women are ashamed or embarrassed to admit to engaging in premarital sex. It is important to keep in mind that not all-adolescent premarital sex is consensual.

Sexual abuse, incest, and rape are troubling realities in developing and developed countries alike. “In Uganda, nearly half (49%) of sexually active primary school girls reported being forced into sexual intercourse, and twenty-two percent anticipated receiving gifts of money in exchange for sex” (Guttmacher, 1994). “In the United States, seven in ten women who have sex before age fourteen and six in ten who have sex before they reach fifteen, report having had sex involuntarily” (Noble, Cover, & Yanagishita, 1996).

Another factor to be taken into account is the quality of life of an adolescent versus an older woman, in terms of their geographical location. In the United States, one can take advantage of the medical support, financial aid, nutritional and prenatal care that is given during pregnancy. In many under-developed countries, such as Botswana, Burkina, Cameroon, Niger, Nigeria, Guatemala and Paraguay “young women are now more likely to have a child during adolescence than are older women” (Guttmacher, 1994). Improvements, in general health care conditions and nutrition, especially in Sub-Saharan Africa are contributing to a lower age of menarche, which increases fertility at an earlier age. To compare teen pregnancy rates between

developed and under-developed countries is not a fair comparison. As stated previously, the following aspects have a wide degree of variance, including age of menarche, life expectancy, general roles and responsibilities.

Sexual involvement has a number of negative consequences for which teens are not prepared for. Those consequences can fall under any number of categories such as, physical, mental, emotional, social and financial. These include unplanned pregnancy, sexually transmitted disease, loss of self-respect, and negative effects on social relationships. Loss of self-respect can occur when an individual engages in sexual activity that goes against their family values and moral beliefs. An adolescent may find herself sneaking around or lying to her parents or other adult family members of her whereabouts and activity. The constant fear of getting caught can lead to feelings of guilt and regret, which can be emotionally harmful. Attaining good clear values leads an adolescent to healthy feelings of self-respect and enhancing their self-esteem.

As stated by Crockenberg & Soby (1989), boys and girls with high and low self-esteem are equally sexually active. “There is

simply no compelling evidence on which to base a claim that increasing self-esteem will reduce the number of teenagers who engage in premarital sex. However, they believe that the data, though imperfect, are consistent with the expectation that raising self-esteem would increase contraceptive use by both males and females, thereby reducing adolescent pregnancy.” Crockenberg & Soby’s conclude that studies on the relationship of self-esteem to teen pregnancy yield no consistent results. Listed below are a number of concepts to utilize as a reference when analyzing self-esteem and behavior and their relationship to adolescent sexuality.

\*Promoting self-esteem may undermine positive change. Self-esteem by itself does not always promote socially responsible behavior.

\*Focusing on self-esteem may reduce concern for social relationships. To focus on self-esteem is to focus on the self, on personal acceptance, well-being and pride. Social responsibility and perhaps even self-esteem might be more attainable if programs spent less time promoting participants’ personal development and more time on promoting their social skills.



\*Focusing on self-esteem may deflect one from pursuing goals and make them more apt to promote social responsibility.

\*Focusing on self-esteem independent of the family and other contexts is focusing on the symptoms of the problems, not the root causes.

Self-esteem is also viewed as power. In an environment where peer pressure and the desire to be loved and belong are such strong forces, self-esteem can be a lifeline. “Teenage girls who feel good about themselves are less likely to engage in destructive behaviors. And even though girls with high self-esteem will still make mistakes, they are more likely to learn from them” (Promina, 1997). Adolescent girls need to understand that the choices and decisions they choose today will ultimately affect their future. “More important, they should understand that their futures are far more important than impressing or pleasing someone else” (Promina, 1997). Perhaps the most difficult concept to embrace in the adolescent mind is the need for mutual respect. “If her boyfriend is pressuring her, even threatening to break up with her for not engaging in sexual activity, she needs to have the

self assurance and confidence to realize that this relationship is not based on mutual respect” (Promina, 1997).

To overcome the mistake of the past and gain the proper skills needed to become a vital component of society is within the grasps of an adolescent parent. As stated earlier, “fifty percent of those who have their first child before the age of seventeen will graduate from high school, and seventy percent will complete high school by the age of thirty-nine” (Hayes, 1987). The previous statement is a credit to the resiliency of young women. To have the ability and enthusiasm to continue or commence their graduation requirements is a sign of victory in itself. Particularly for those individuals who are deserving of small victories along the way and a sign of making their life and their child’s life more meaningful. By school districts, parents and communities addressing the need for quality sexuality education and prevention courses, it is within the boundaries to have better educated youth that are cognizant of positive decision-making.

This comprehensive review of literature has led the researcher to a number of possible recommendations to the existing Human Growth and Development Unit that is taught at Medford Area Senior

High. Those recommendations and suggestions will be found in Chapter Three.

## CHAPTER THREE

### Summary, Conclusion, and Recommendations

#### Introduction

This final chapter reviews the purpose of the study and summarizes the information stated in the Review of Literature found Chapter Two. A critique of the findings and a conclusion is drawn based upon the results found in the review of literature. The researcher will conclude with educational recommendations for the area of adolescent sexuality. These recommendations will be used to update the existing human growth and development curriculum at Medford Area Senior High.

#### Summary of the Study

The purpose of the study was to examine literature pertaining to adolescent pregnancy and the effects it has on family life. The researcher focused on three main areas of interest. They included, the socioeconomic impact, sociological impact, and the emotional ramifications that adolescent pregnancy has on the teenage mother.

## Conclusion

The review of literature indicated that adolescent pregnancy has an adverse effect upon the immediate family structure. In terms of the socioeconomic impact, not only does teen pregnancy affect the immediate family; it also extends outward to a national concern. The cost of raising a child to the age of eighteen is difficult in the best of conditions and the difficulty only increases for the un-experienced adolescent mother. The research also confirms that adolescent pregnancy has a detrimental effect on the sociological impact of the immediate family. Parents and siblings alike are affected by the choice(s) of the adolescent. The continuous alteration of roles and responsibilities becomes complex and misleading, which can result in lack of family harmony for an extended period of time.

Adolescents are in an uneasy transition between childhood and physical adulthood. In order to make a difference in the lives of adolescents, as a community, school, church, or family, we must provide them with constructive alternatives to their sexuality. Structured activities, especially those organized through the community or civic organizations, allow adolescents a taste of

adult responsibilities and a chance to feel they are making a honorable contribution to society. In addition to increasing self-esteem and working with others to make their community a better place to live, they are also spending less time alone. The more time that an adolescent spends alone, the greater they are at risk for engaging in risky behaviors such as early sexual experimentation. A public commitment must be made to the youth of our society in order for this country to notice a decrease in the number of adolescent pregnancies and negative behaviors.

The researcher also found substantial information pertaining to the resiliency of adolescent mothers. There is research data that indicates that the mistakes of the past can and are being dealt with effectively in the future. There are a percentage of young women that ultimately commence their high school graduation requirements and have put their lives back on a more holistic path. By doing so, they not only ensure a better future for themselves, but also their child and the family that supported them through their ordeal.

There are numerous educational programs available to adolescents that deal with the benefits of abstinence, contraception

availability, and HIV/STD ramifications. Educational options for units such as sexuality education or human growth and development include:

1. Comprehensive sexuality education begins with abstinence, but also acknowledges that many teens will choose to become or have already become sexually active and thus need to be aware of the consequences and how to protect themselves.

2. Abstinence based sex education programs, ignore the issue or discuss sexuality only in terms of fear of disease. The victims with this type of educational program are the students. Students are denied information about how to prevent pregnancy, sexually transmitted diseases, assertive behaviors, and pregnancy options.

The researcher has drawn the conclusion that the best sexuality education course would be one that emphasizes the importance and advantages of abstinence, yet allows flexibility within the curriculum to address consequences of poor decision making which may include disease transmission and pregnancy alternatives and prevention.

## Recommendations

The results of this comprehensive review of literature has led the researcher to the following recommendations to the existing human growth and development curriculum at Medford Area Senior High.

1. Include information pertaining to the socioeconomic impact that adolescent pregnancy has on the local, state and national level.
2. Include a section on child abuse, preventative behaviors and, stress management when dealing with children in difficult situations.
3. Formulate a list of questions to think about when a student finds out that they are pregnant. Provide the students with a list of points to ponder prior to making a decision.
4. Discuss the roles and responsibilities that each family member has to one another during the time that an adolescent family member is pregnant.
5. Discuss the difference between cultural norms and teen pregnancy.



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