Perceived Social Support Systems of
Black and White Pregnant Adolescents

A Thesis

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by

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CHAPTER I

INTRODUCTION

Adolescent pregnancy in recent years has garnered a great deal of public attention. Public concern has arisen because of the alleged epidemic nature of adolescent pregnancy. The lay literature in recent years, frequently features articles about babies having babies, or children having children. The statistics are indeed staggering. In 1980, of the 3.6 million live births, almost 600,000 were to teens less than 15 to 19 (Monthly Vital Statistics, 1980). This figure does not include conceptions that resulted in spontaneous or elective abortions or stillbirths. Although the current statistics appear high, the birth rate to teens in the late 1950s was higher. In 1957, births to women ages 15-19 years was 97.3 per 1,000 (Vinovskis, 1981). In 1980, the birth rate was 53.0 per 1,000 (Monthly Vital Statistics, 1980). In actual numbers the birth rate has decreased, but public alarm and concern centers on the marital status and younger age of adolescent mothers. In 1957, the majority of teens were married by the time of the birth. In 1980, the majority of births were to unmarried teens. The pregnant adolescents are also younger. As of 1980, statistics are kept for the group labeled as 10-14 years.
The birth rate among teens is increasing for whites and decreasing for blacks. The primary factor in the outcry of public alarm is that the pregnant adolescent is young, unmarried, and (1) keeps the infant in a time when (2) contraceptives are seemingly available. No longer are unmarried pregnant girls choosing to place the baby for adoption. Therefore, the young, unmarried adolescent is choosing to keep her child which often leads to economic dependence upon public assistance programs and a decrease in educational attainment.

In black and white families pregnant teens are choosing to keep their babies, but it is especially prevalent in the black family. Having the infant adopted and abortion are generally held in disfavor by poor blacks (Ladner, 1971). The reasons for the feelings about adoption may be cultural. Adoptions are more informal among black families. Children in the black family are regarded as a value in themselves, whether born in wedlock or not (Staples, 1971). Pickney (1975) states that the stigma attached to children born out-of-wedlock has never been as pervasive among blacks as among whites. In a 1979 study, it was found that 18 percent of white teens chose adoption compared to 2 percent of black teens (Burden & Klerman, 1984). Formal adoption, although chosen more often by whites than blacks, is still not an option for poor black families.

A factor that may be related to the pregnant teen choosing adoption or even becoming pregnant initially may be the cognitive development that has been achieved at the time of the pregnancy. Before examining cognitive development specifically, the period of adolescence will be discussed.
Adolescence is a relatively new phenomena in Western societies. The origin of the concept of adolescence can be traced back to the middle ages in some literature, but it actually became more concrete during the late nineteenth and early twentieth century, and was primarily an American invention (Grinder, 1973). The purpose of the development of the adolescent period was to prolong childhood in order to prepare individuals for a place in the new technological work force. As technology increased in Western society a need arose for better preparation of laborers through education of the young. Adolescence was defined as "the period of time between pubescence, a concrete biological occurrence, and the ages specified by law for compulsory education, employment, and criminal procedure." Gallatin (1975) states the concept of adolescence is intimately bound up with the existence of child labor laws and a mass educational system, both of which keep the majority of young people out of the work force and economically dependent upon their parents until relatively late in their teens. When a society is advanced enough so that young men and women are not needed as workers to maintain the family, then it is an expectation that these young people continue their education and psychological development.

Society in America, in general, perceives that this time that has been granted is to be used for education and growth, not a time to begin families. Adolescence can be defined in terms of other parameters, including age and cognitive development.

The adolescent period can range from as early as age 10 at onset to completion at ages 18 to 22 (Manaster, 1977; Mercer, 1979; Rogers, 1981).
The major change that occurs in cognitive development during adolescence is the development of the ability to think abstractly.

Piaget's theory of cognitive development contends that during adolescence the individual begins to move from the concrete operations stage to the formal operations stage. In concrete operational thinking, the individual focuses on relations between objects which are classified, categorized, and ordered; whereas, in formal operational thinking, the individual is able to think about possibilities and abstract with hypotheses. This change in thinking ability is thought to occur around age 11 or 12, and is complete by 14 or 15 (Manaster, 1977; McCandless & Evans, 1973; Schell, 1975; Rogers, 1981). The age range postulated for this change to occur is influenced by intelligence level, socioeconomic status, cultural background, and amount of schooling (Manaster, 1977).

During this time allotted for education and cognitive development, the adolescent must also grow psychologically. The adolescent period is the pivotal time frame for a healthy development of a sense of identity. The individual needs to build upon the previous stages of development, to strive for continuity in order to have a complete sense of self. Erikson developed eight stages of man thought to be normal developmental crises through which all people passed and which corresponds to specific societal institutions and values. Identity versus identity confusion is the stage Erikson defined as critical to adolescent development. During this stage there is a search for a new sense of continuity and sameness which must now include sexual maturity. Some adolescents have to come to grips again with the crisis of earlier years before they can install
lasting idols and ideals as guardians of a final identity (Erikson, 1968).

This stage is critical for adolescent development because much of what follows is dependent upon successful completion of a sense of identity (Gallatin, 1975).

Within the stage of identity versus identity confusion, there are six substages. In these substages the adolescent reviews the past, plans the future, and tries out various roles and belief systems. For the adolescent who does not perceive of a present any different from the one in which she lives, or see a future different from her mother’s, pregnancy may seem to be a viable option.

In addition to the physical, cognitive and psychological changes that accompany adolescence there are also the psychological tasks of pregnancy. The tasks of pregnancy facilitate the female’s movement toward the development of a coherent sense of self as a person and as a parent. The developmental tasks of pregnancy are:

1. the development of an emotional attachment to the fetus;
2. the differentiation of self from the fetus;
3. the acceptance and resolution of the relationship with one’s mother; and,
4. the resolution of dependency issues (Valentine, 1982).

The pregnant adolescent has to cope with both the developmental tasks of adolescence, as well as the developmental tasks of pregnancy. The pregnant adolescent requires a great deal of support, both emotionally and financially, if she is to emerge as a complete person and a nurturing mother.
Burden and Klerman (1984) quote numerous studies which show that when the pregnant adolescent receives support from her family, the overall outcome is improved. Family support includes financial, provision of food and housing, as well as assistance with child care after the baby is born. The adolescent mothers who have this support have fewer subsequent pregnancies and are more likely to complete school.

Caplan's (1964) term "supplies" preceded the term social support. Three types of "supplies" were defined: (1) physical; (2) psychosocial; and, (3) sociocultural. Physical supplies include food and shelter. Psychosocial supplies are the stimulation of cognitive and affective development through personal interaction. Within the psychosocial supplies are three areas of need: the need for exchange of love and affection; the need for limitation and control; and the need for participation in joint activity. Inadequate provision of the psychosocial supplies is conducive to mental disorder. Sociocultural supplies are the influences exerted by the customs and values of the culture and social structure.

Cobb (1976) conceptualizes social support as having three components that the person who is being supported perceives. Cobb defines social support as information that leads the subject to believe he is cared for and loved; information leading the subject to believe that he belongs to a network of communication and mutual obligation. Kahn and Antonucci (1980) define social support as "interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid" (House, 1981). Kahn and Antonucci have condensed some of Cobb's definition of social support. Affect is the expression of liking, admiration, respect or love.
Affirmation is the expression of agreement or acknowledgment of the appropriateness or rightness of some act or statement of another person. Aid is defined as direct assistance provided, including money, information, and time. Social support, therefore, is the individual's perception of being loved, cared for, and belonging to a special group; and that special group, in turn, will provide validation of appropriateness of acts and provide help in the form of material goods or time.

Social support is an important element in mediating crisis. Crisis has been defined as a perceived danger to the individual that threatens to overwhelm. Crisis results when old coping mechanisms that have been used before are ineffective. Crisis leads to an increase in tension and anxiety, an inability to find a solution, which leads to feelings of helplessness and emotional upset that cause an inability to take action on one's own (Aguilera & Messick, 1982). Successful negotiation of a crisis is "governed by the kind of interaction that takes place during that period (of crisis) between the individual and the key figure in his emotional milieu." Social support with the elements of affect, affirmation, and aid will facilitate the individual's movement through the crisis period.

Crisis is usually a brief period of time lasting from 4 to 6 weeks. Pregnancy is too long to be evaluated in the strictest sense as a crisis. Caplan (1961) states the "best way to think of the period of pregnancy is as a period of increased susceptibility to crisis." During pregnancy, the woman must proceed through the psychological developmental tasks and work through a change in roles and relationships to and with other family members. The crisis of pregnancy is best managed by a strong social support system. A
potential supportive person may be absent in the unwed pregnant adolescent picture, the husband. Social support is a multidimensional variable that has been used frequently in the social science and other literature. The development of a concise framework for measuring social support has been lacking. Norbeck, Lindsey, and Carrieri (1981) have developed a tool for measuring social support based on the conceptualization of Kahn and Antonucci (1980) which evaluates perception of support. Identification of those persons whom the pregnant adolescent perceives as supportive will help health care providers in the provision of care and education.

In American culture, hard work, education, and family has been the ethic for generations. Public concern has become greater as the number of out-of-wedlock births increased. There was an overall increase and a significant increase for unmarried white teens, while there was a slight decrease for black teens during the period 1970-1980. In American culture, marriage has four functions: marriage sanctions sexual intercourse; marriage sanctions reproduction; marriage is an economic and domestic arrangement designed for support and maintenance of children; and, marriage is an economic and domestic arrangement for mutual support of the marriage partners (Teichman, 1982). When pregnancy occurs outside of marriage, supports, particularly economic supports, are lacking. Estimated costs of adolescent pregnancy for 1985 is 16.6 billion dollars. This includes the monies provided through Aid to Families with Dependent Children, Medicaid, and food stamps, as well as the costs of programs designed to help the pregnant adolescent prenatally and postpartum (Burt, 1986).
Adolescent pregnancy is a multifaceted problem which impacts on the American economy and the foundation of families, both black and white. Numerous programs have been developed with the emphasis on provision of care to the pregnant teen or the teen and her child. Perhaps some of these programs would be more successful if the person, or persons, who the teen perceived as important were included in program services.

**Purpose of Study**

The purpose of this study is to: (a) identify the perceived social support system in Afro-American and Anglo-American pregnant adolescents, and, (b) to determine if there are any similarities or differences in perceived social support systems among Afro-American and Anglo-American pregnant adolescents.

**Statement of the Problem**

What are the perceived social support systems of Afro-American and Anglo-American pregnant adolescents?

**Hypotheses**

There is a significant difference between Afro-American and Anglo-American pregnant adolescents in their perceptions of:

(a) who loves them;

(b) who makes them feel respected;

(c) who holds their confidence; and,

(d) who will help them meet financial and physical needs.
Operational Definitions

*Pregnant adolescent* - an individual between the ages of 13 and 17 years who is between 13 and 32 weeks gestation.

*Perception* - information achieved through the senses of the individual that provides organization and meaning.

*Social support system* - individuals whom the pregnant adolescent perceives as loving and caring.

Summary

This chapter has presented an introduction to the present concern about adolescent pregnancy. The concept of adolescence, including the physical, cognitive, and psychological development, was discussed. The developmental tasks of pregnancy and a framework for defining social support was presented. This chapter also included the purpose of the study, hypotheses, and operational definitions.

Chapter Two will present a review of the literature and a conceptual framework.
CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Introduction

Review of the literature on adolescent pregnancy, adolescence, black family, crisis, coping, social support, and adolescent fathers provides the components of the conceptual framework for this study.

Adolescent Pregnancy

Adolescent pregnancy is called a crisis because it occurs at a time when the teen should be progressing through the normal maturational and rapid biophysical changes without the added stress of pregnancy. The non-pregnant adolescent’s physical development changes so rapidly that the teen may be bewildered by her new body. Pregnancy only adds more rapid physical changes. Pregnancy in adolescence is viewed as a crisis because physical changes of pregnancy occur before or while the teen is adjusting to pubertal changes. The pregnant adolescent moves to parenthood before
completion of childhood (Bolton, 1980). Bolton (1980) also states that adolescent pregnancy is sufficient to bring feelings of crisis and tension to the lives of most family members.

Mercer (1980) views both adolescence and motherhood as maturational crises. The adolescent is deprived of time for cognitive and emotional growth. Pregnancy, therefore, can be a catalyst for maturity or for disorganization. Mercer studied the teen's perception of her mothering role and found that many felt they were deprived of time for their personal activities.

Blum (1981) found that 87 percent of teens who deliver keep their babies. Smith (1975) states that 85 percent of teen mothers keep their babies. Eighteen percent of white teens and two percent of black teens place their infants for adoption. With so many teens choosing to keep and raise their babies, numerous researchers have attempted to identify reasons why teens become pregnant, as well as identifying similar personality characteristics.

Blum (1981) and Mercer (1979) indicate that sexual activity is beginning earlier. In blacks, age of menarche is earlier than in whites, but both groups are beginning sexual activity earlier. DeAnda (1983) also found that exclusive steady dating with later curfews was a contributing factor to teen pregnancy.

Smith (1982) evaluated adolescent use of contraceptives and perception of pregnancy risk. In one study of 104 subjects, only 11 percent used any type of contraceptive, although 82 percent of the sample reported they knew where to obtain contraceptives. These teens also did not perceive the
relationship between perceived risk and frequency of intercourse. The research comprised hypothetical pregnancy risk situations and included the teen’s personal situation; the teens were unable to determine the pregnancy risk situations. This was probably due to the adolescent’s stage of cognitive development. During adolescence there is the ‘personal fable’ where events that are not consciously chosen cannot happen. Walters, Mckenry, and Walters (1979) experienced similar findings, where the adolescent firmly believes that she could not become pregnant because she had not made a conscious decision to become pregnant. Many teens may know where to obtain contraceptives, but still do not understand how they become pregnant. Fertility is difficult to conceptualize until the formal operations stage is achieved (Smith, 1982; Walters, Mckenry, & Walters, 1979). Adolescents are at risk of pregnancy due to normal maturational deficits and, according to some researchers, psychological maladjustments.

Olsen and Worobey (1984) examined mother–daughter relationships. Their framework is that the adolescent’s mother is the major force in the teen’s life. Absence of family support and resources during adolescence, when identity is the theme, can lead to confusion and inappropriate decision-making. The findings on a small sample of 60 subjects, 20 pregnant and 40 non-pregnant matched for age and race, indicate that the pregnant teens did perceive less love and less attention in the relationship with their mothers. The pregnant adolescents also perceived fewer demands, greater rejection, and more casualness in their relationships with their mothers. These teens also had lower grades in school and some of their mothers had been young parents. The study, although done with a small number of
subjects, seems to obtain relevant data by matching the two groups for age, race, and grade in school. The findings indicate that the mother has a strong influence on her daughter's sexual attitude and behavior pattern.

Zelnik, Kantor, and Ford (1981) found that family does exert a great deal of influence on life course decisions, but does not have as much influence as friends do regarding sexual activity. This seems to be true for both blacks and whites regardless of family background. Adolescent attitudes about premarital sex in general are approving, although the relationship should be an enduring one with plans of getting married. Black teens disapproved less than whites about premarital sex, but blacks from the most educated homes were found to be the most conservative. White families tend to react more harshly to illegitimacy and adolescent pregnancy than blacks. Whites were six times more likely to marry during the pregnancy. Teens in the higher socioeconomic status were more likely to have abortions than those in lower economic status. Black teens tend to perceive more tolerance among neighbors and, therefore, the child is not at a great disadvantage. This study also found that blacks are as likely as whites to use contraception and are more likely to use medical methods. Blacks are less likely to have abortions and marry during pregnancy; therefore, it seems that blacks have more illegitimate births. This was a report of several years of study and did provide rationale into the use of data that always seems to indicate that blacks have more out-of-wedlock births.

Landy et al. (1983) attempted to determine if there were specific personality characteristics that could be identified prior to pregnancy. Using non-pregnant controls in the sample, a battery of psychological tests were
administered. The findings did not support the hypotheses. The pregnant teens did view pregnancy as fitting into their life plans. They also perceived themselves as inadequate in male/female relationships. It was determined that lack of contraceptive use was a multidimensional problem not necessarily psychologically impaired.

McKenry, Walters, and Johnson (1979) also found adolescent pregnancy has multiple facets. Some frequently noted factors include low socioeconomic status, race, family instability, and peer expectations. Studies reporting reasons for adolescent pregnancy range from close relationships with father, resentment of mother to strong bond with mother, absence of father. Families are important to the teen not only for economic reasons, but also in assisting the teen in decisions for resolution of the pregnancy. Rosen (1980) examined the extent to which parents were excluded in pregnancy resolution decisions. It was found that, of the sample of over 400 subjects, the majority of both blacks and whites sought advice first when suspected of pregnancy from either the father of the baby or a girlfriend. The adolescent’s mother did exert influence among whites regarding keeping the baby, placing for adoption, and abortion. Black mothers had influence on those planning to keep and abort. Mother’s influence was found to be more important than girlfriend in all the groups except white adolescents who planned to keep the infant; then the father of the baby had greater influence. For white adolescents who chose abortion and blacks who chose to keep the infant, the greatest influence was that of the girlfriend. In this study, parents and peers were often chosen as sources of support by many teens who had the choice of whether or not to involve their parents.
Adolescence is often thought of as a time of little parental influence, but during a crisis such as pregnancy the parent is often used for support and advice. Rosen (1982) again looked at parental influence on pregnancy resolution decision, but this time data from 1978 (three years later) assessed the degree to which the teen perceived direct or indirect pressure from parents toward appropriate resolution. Those pregnant adolescents whose mothers were teen parents were seen as having indirect influence on mother as role model. Few of the subjects reported feeling direct pressure except for a few who chose abortion. Other reasons for lack of perceived direct pressure was the teen evading the issue until it was too late, keeping pregnancy a secret and when the family agreed on the decision. The family that provided direct influence (advice) and left the final decision to the daughter was found to be the most effective and democratic. Few studies have looked at the mediating variable of family support. This study was an attempt over time (14 months) to examine what impact, if any, parents had on the pregnant adolescent’s decision, since parents are seldom included in studies of pregnant teens.

Several studies have attempted to identify the rationale for teens becoming pregnant, with some conclusions indicating a psychological maladjustment. Peterson, Sripada, and Barglow (1982) reviewed the psychiatric literature to identify a reason for adolescent pregnancy. Black teens who did not become pregnant were found to have strong family attachments, strong religious and cultural ideas, idealization of love and marriage, and adult supervision with avoidance of sexually stimulating matter. Within this literature review, it was also found that many pregnant teens had experienced a
recent loss prior to the pregnancy, such as loss of parent through death or divorce. Pregnancy was also seen as a mechanism to enhance self-esteem. Adolescent pregnancy seems to be avoided if there are strong family or community supports, and seems to occur when these supports suddenly change or are perceived as lacking.

Protinsky, Sporakowski, and Atkins (1982) studied a group of pregnant and non-pregnant adolescents using Erikson's stages of development as the conceptual framework. Using the task of adolescence, identity versus identity confusion, and the previous five developmental stages that the teens were to have completed, the authors hoped to detect deficits in the psychological development and identify those at risk of pregnancy. The pregnant sample were from homes with both parents; they were urban and 63 percent black. The non-pregnant sample were from two-parent homes, were rural, and 90 percent white. The findings suggest that the pregnant adolescents had poor ego identities, no sense of delaying gratification, were fixated on a premature role, and had a sense of inadequacy about themselves and their abilities. Neither group had resolved their identity crisis. Overall, the authors suggest that the pregnant teen would rather be thought of as a teen mother than to have no identity at all. These teens also had no future plans, no idea of what they wanted in life. This group of teens was between 15 and 19 years old. The results of this study seem to indicate that these teens had not achieved the formal operations stage of thinking. Socioeconomic status does have some affect on the achievement of formal operational thinking.
Vernon, Green, and Frothingham (1983) attempted to predict and identify teens with poor self-esteem who were more likely to become pregnant. They also attempted to predict the family and demographic characteristics that are related to teen pregnancy. Sample size was large (874) and predominately black (86.8 percent), but no significant difference was found on self-esteem scale and pregnancy rate. The authors developed a tool that was hoped to be predictive in analyzing the teen's personal network, perception of pregnancy, and family demographics. The tool was not found to have predictive value entirely, but some parts of it regarding the persons important to the teen were found to be helpful. The tool and study overall was not found to be useful for identifying teens at risk for pregnancy. This study used a standardized instrument for assessment of self-esteem and a new, apparently unvalidated, tool to assess too many significant factors. The study was an attempt in an area where research is lacking on the significant members of the adolescent world and the impact that they may or may not have upon the adolescent.

Kandell (1979) stated there are four themes behind "accidental" pregnancy: Self-destructive anger, aggression toward authority, lack of responsibility for own actions, and a plea for attention and help. It appears that the author's thesis is utilizing a psychoanalytic framework to provide a rationale for adolescent pregnancy. The author does state that "teenage pregnancy can precipitate a family crisis, but it can be a positive experience if proper intervention is available." Social support provided by the family and significant others can be viewed as the proper intervention mentioned by the author.
Juhasz (1974) cites numerous causes in the literature as reasons for illegitimacy or teen parenthood. The reasons are as varied as there are pregnant teens, but one factor that seems to pervade all groups studied is lack of self-esteem. Teens face powerful peer pressure to conform to or rebel against norms which are culturally acceptable. Both the adolescent girl and father of the baby are often immature, but they have usually had an ongoing relationship for several months prior to the pregnancy. Although emotional support may be provided by an ongoing relationship, teenage parents are faced with housing, financial, and day care problems. These teens are often emotionally unprepared to parent and often fall behind in the educational arena. Support in terms of emotional, financial, and day care provided by the family or significant others would help to alleviate some of the many problems adolescent parents encounter.

Furstenburg (1970) discusses some of the data from the study that began in 1966 in a large metropolitan area. At that time the author stated that ignorance about contraceptives was a reason for the increase in illegitimacy. The author stated that blacks do not conceal a premarital pregnancy as whites do, nor are terminations or outside adoptions very frequent. The author does not mention if failure to terminate an unwanted pregnancy was related to lack of funding or accessability or related to religious beliefs. The author stated lower class black girls accept the fate of pregnancy more readily than white girls. There was no discussion of the perceived future job/career opportunities for black versus white teens. The parents of these teens were initially angry and upset about the pregnancy, but they eventually became understanding and forgiving. There was a strong feeling among
pregnant girls and their mothers that a baby should not suffer for its mother's mistake. Data from the study indicated the pregnant adolescents began to feel happier during the second trimester, which was thought to be related to anticipated penalties which were not as severe as previously thought. The pregnant teens were encouraged to remain in school and were allowed to continue dating the father of the baby. The study also found that the pregnant adolescents were more positive about the pregnancy when they thought that their close friends approved of the pregnancy.

Gabriel and McAnarney (1983) compared white middle class couples and black low income adolescents to ascertain views on important of parenthood. The authors argue that the differences in ages of women at onset of parenthood are not accidental, but may be based on cultural expectation if other roles for women are perceived as unobtainable. If a comparison of similar groups were made the outcome may indicate that adolescent pregnancy is not culturally desirable, but may be a function of economic status more so than race. In this study, as it would be expected, the middle class group who were married felt that marriage and legitimacy were important before childbearing. The adolescent group had stable relationships with the father of the baby and wanted him included in child care and rearing, but did not view marriage as a prerequisite for good parenting. The adolescents did expect some help from their mothers with child care, which is a form of social support that helps maintain the family.

Henderson (1980) undertook a study to determine the consequences of adolescent pregnancy and motherhood as perceived by the teen, significant others, and school personnel. The findings indicated that more
devastating consequences were perceived by the school administrators than by the adolescent or her parents. The conclusions that were drawn were that many social programs are developed from the professional's viewpoint, which may be imposing middle class values upon the pregnant adolescents.

Both Bolton (1980) and Mercer (1980) view adolescent pregnancy as a crisis for both the teen and her family. Crisis is defined as "occurring when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilization of customary methods of problem-solving" (Aguilera & Messick, 1982). There are certain life events that occur that can be crisis areas for some individuals. Bereavement, childbirth, and marriage are three areas where emotional strain may be generated, stress is experienced, and adaptive mechanisms are utilized that lead to either mastery of the event or failure to master with lasting impairment to function. The outcome of the crisis is dependent upon the type of interaction that occurs between the individual and key figures in the emotional milieu. The interaction that occurs depends upon the coping behavior used by the individual. Coping is defined as "any response to external life-strains that serves to prevent, avoid or control emotional distress" (Pearlin & Schoolor, 1978). The adequacy of the coping behavior is strongly influenced by the social context in which it occurs. Significant others are an important influence in coping behavior in that they can provide advice and support with problems of daily living (Aguilera & Messick, 1982).

The concept of crisis is usually defined as having a very short time frame--from 4 to 6 weeks (Aguilera & Messick, 1982). Caplan (1961) states that, although pregnancy is too long to fit into the actual definition of crisis,
the best way to think of it is as a period of increased susceptibility to crisis. There are numerous new events and psychological adjustments that must occur within the pregnant individual. The pregnant individual has to cope with a change in role, financial strain, and the physical changes of pregnancy. Bebring, Dwyer, Huntington, and Valenstein (1961) observed pregnancy to be a crisis like puberty or menopause because of the involvement of profound endocrine, general somatic, and psychological changes. The authors stated pregnancy is an area that consists of an interdependence between psychological, biophysiological changes, and simultaneous maturational crises. The authors stated the core of the crisis is the relationship that the pregnant individual has with her own mother and the resolution the daughter makes toward becoming a mother herself. The crisis of pregnancy is a normal occurrence which does not end at delivery, but continues for a short time during the postpartum period. The crisis of pregnancy must precede and prepare maturational integration. The pregnancy crisis varies from woman to woman according to her personality structure, her kind and degree of adjustment, and conflict solution with which she enters pregnancy. The particular life setting and family constellation in which the pregnancy occurs also affects the extent and degree of crisis.

Harris, Karrow, and Phillips (1979) state that adolescent pregnancy is a crisis whose resolution is dependent upon the maturity of the parent and the presence and quality of a support system. The support can include family, friends, and health care professionals. The adolescent mother requires help in parenting and establishing her own identity. This can be achieved through a nurturing social support system.
Schneider (1982) states sexual identity is the last phase of the developmental task of identity versus identity confusion to be developed in adolescence. When pregnancy occurs during this time, conflict arises because the adolescent is attempting to become independent and pregnancy causes dependence. The pregnant adolescent needs the material and emotional support of significant others to cope with the anxiety that results from the conflictual situation. The author examined some reasons teens may become pregnant, including unconscious wish to identify with own mother. The author recommended improved communication to decrease adolescent pregnancy, as well as some specifics for development of pregnancy prevention programs.

Pregnancy has profound and occasionally stressful physical changes. The adolescent who is attempting to cope with physical changes of puberty must now adjust to the rapid changes of pregnancy. Nausea, vomiting, breast tenderness, urinary frequency, and abdominal enlargement may be confusing and frightening to the pregnancy adolescent. Often the adolescent delays seeking care or informing others about her physical changes because of fear of reprisal from those close to her. Denial may also be involved in that the teen may not be ready to admit that she has been sexual.

Along with the physical changes of pregnancy there are certain emotional adjustments that occur. Caplan (1959) found, in working with married couples, that the pregnant female goes through stages of emotional changes. Introversion and passivity is the most characteristic change of pregnancy. This stage usually begins near the end of the first trimester and peaks around the seventh or eighth month. In the state of introversion, the woman
is preoccupied with herself, she has an increased need for love and affection, and wants physical demonstrations of this love. Caplan states that if this need for love and affection is met by the husband or other significant persons, than she is better able to give love and affection to the child. This all occurs at the subconscious level. The second phase, or change, in emotional status is a change in equilibrium between the ego and id. More id material is allowed to surface during the pregnancy and into the early postpartum period. Conversations with pregnant women during this time are very frank and can be utilized as a good time to do some counseling by the health professional.

Jensen, Benson, and Bobak (1977) also discuss the psychic changes of pregnant. In early pregnancy the woman is concerned about self. The pregnancy is viewed as “something happening to me.” This phase can last until the fifth month when quickening occurs and the fetus is perceived as a separate being. The pregnant woman then moves into a quiet or latent period, where she becomes more introspective and fantasizes about the unborn child. Toward the end of pregnancy the quiet period is superceded by the physical discomforts of the third trimester. The woman may become anxious as the due date approaches. Anxiety about the labor process and her own safety may surface.

Social support is important to the pregnant woman and especially the adolescent who is bewildered by the physical and emotional changes that occur during pregnancy. Support can be provided by the father of the baby, husband, family members, or friends, but it is a necessary component if the
mother is to cope with the pregnancy and parent the child in a positive manner.

**Social Support**

Pregnancy, whether adolescent or adult, is viewed by many authorities as a time of crisis due to the biopsychosocial changes that occur. When these events occur during adolescence, the results can be devastating to the teen, her family, and father of the baby if adequate social support is unavailable.

Andrews, Tennant, Hewson, and Vaillant (1978) state there are two broad groups of factors which may mediate stress. These factors are the individual’s ability to cope with stress and the buffeting effects of social supports available to him. Social support is important in reducing the effects of stress and is fundamental to the theory and practice of crisis intervention. The author’s study did not find specific corollations between psychological impairment, life event stress, social support, and coping style. They did find that individuals with poor coping style and poor social support, coupled with life event stress, were impaired. The authors suggested that, regardless of the amount of stress perceived, the individual’s coping skills and social support system will facilitate mediation of that stress. The individual’s reaction to stress is based on individual differences, the significance of the event to the individual, personality attributes, and patterns of coping responses. The authors may not have found the interactions they had hoped probably because of the broad nature of social support and life change events.
Caplan (1964) described certain "supplies" that people need to prevent mental disorder. Physical, psychosocial, and sociocultural are the three important types of supplies, and they should be commensurate with the individual's current stage of growth and development. Within the physical arena are food and shelter. The psychosocial area includes interaction with significant others in the family, with peers and older persons in school, church, and work. Three subsets exist within the psychosocial supplies which are related to needs. There is a need for: (1) exchange of love and affection; (2) limitation and control; and, (3) participation in joint activity. An inadequate provision of psychosocial supplies is conducive to mental disorder. The individual needs an opportunity to build relationships with those who can satisfy his needs. The supplies that are described by Caplan are necessary for use during times of crisis. In mediating crisis, the group or family will "support the individual in choosing certain ways of handling the problem consonant with the cultural traditions and experiences of the group and in keeping with the present needs of the group as a functioning system with external duties and the necessity of satisfying its members' intragroup demands." The individual is better supported during the crisis if the family has a clear system of authority, open communication, and complementary meshing of members. The author also states that those who most strongly affect a person during a crisis are those linked to them by primary bonds of basic needs for love and interaction and those who fit the needs of authority and dependence.

Caplan was the first to indicate that the individual could be helped through stressful times by persons other than health professionals. Cobb
(1975) uses the term "social support" in a manner similar to the conceptualization of supplies used by Caplan. Cobb conceptualized social support as:

1. information leading the subject to believe that he is cared for and loved;

2. information leading the subject to believe that he is esteemed and valued; and,

3. information leading the subject to believe that he belongs to a network of communication and mutual obligation.

These three facets of information can also be called emotional support, esteem support, and aid. Social support is whatever name facilitates coping with crisis and adaptation to change. Emotional support and a sense of belonging might provide the climate in which self-identity changes can most readily take place (Cobb, 1976).

Colletta (1981) defined "social support as emotional or instrumental assistance which helps cushion the individual against the harmful effects of stressful events and facilitates physical and psychological well being and effective role performance." Social support contains many facets, two of which are emotional, which is difficult to define, and instrumental or concrete, which can be measured. Colletta's study attempted to measure amounts and sources of support in five categories using adolescent mothers. The findings demonstrated that where there were high levels of support from the family, father of the baby, and friends, the adolescent mother was more affectionate toward the infant. Low levels of support from family, father, and friends lead to a hostile, indifferent, and rejecting attitude from the adolescent mother toward the infant. The most important support was
from family, followed by father of the baby, and friends were the third or least effective source of support.

Furstenburg and Crawford (1978) examined data over a five-year period beginning in 1966. The hypothesis was that kin provide support and assistance to the young mother and her child. The family was found to provide more support to the young mother that remained in the home than to those who moved out or got married. Support was provided in terms of child care, advice, psychological support, financial assistance, housing and clothing. The adolescent mother was able to continue her education and become a productive member of the work force. Furstenburg and Crawford found that, of these primarily low-income black teens, the family of origin was instrumental in providing the type and amount of social support necessary for the young mother to become productive as a member of society.

Moore and Waite (1977), in their study, looks at both black and white pregnant adolescents to determine if the educational outcome was the same. Sample size was large, 5000 subjects, aged 14-24 years. The findings concluded that adolescent pregnancy does affect the amount of education completed regardless of race. Black teens do complete more school because of the social and community support received with child care. The overall conclusion was that the negative effect of early childbearing is much greater for whites than blacks.

Kahn and Antonucci (1980) view social support as coming from a personal network of family, friends, and others.... The authors define social support "as interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid." The affective element is
defined as expressions of liking, admiration, respect or love. Affirmation is the expression of agreement or acknowledgment of the appropriateness or rightness of some act or statement of another person. Aid is defined as direct assistance given, such as things, money, information, time, and entitlements. The concepts of affect, affirmation, and aid has evolved from the original studies done by Caplan (1964) and Cobb (1976) as the authors attempt to make social support a measurable phenomena. Members of the individual's social support network, also defined as convoy by the authors, are those persons on whom she relies for support and who rely on her. Social support includes not only directly measurable objective data, but also relies on the individual's perception of the implied support. If the social support is not perceived as helpful by the individual receiving it, then the purpose of the support may be defeated.

Norbeck, Lindsey, and Carriero (1981) developed an instrument to measure social support based on affect, affirmation, and aid as proposed by Kahn and Antonucci. The Norbeck Social Support Questionnaire (NSSQ) was developed to examine the complex phenomena of social support in a concise manner. The questionnaire is in a brief self-administered format. The questionnaire contains two questions for each of the functional properties of social support, affect, affirmation and aid. The NSSQ also contains questions related to network properties, frequency of contact, and recent losses from the network. The NSSQ was administered to two groups of nursing students. The first group was comprised of 75 first-year graduate students and the second group was 60 senior nursing students. The composition of both groups was primarily white, single and female. The findings of the
implementation of the NSSQ with the two groups mentioned was primarily examination of validity and reliability. It was found that Group One did report more losses and lower ratings for their network members; otherwise, there was not much difference between the two groups. The primary finding that impressed the researchers was the high test-retest reliability and internal consistency.

**Perception**

Social support is ineffective if not perceived as such by the individual. Perception, in its most basic form, is defined as the "immediate discriminatory response of the organism aroused through activation of the sense organs" (Bartley, 1980). A perception is not necessarily conscious, but it must possess the aspect of completeness at the personalistic level to be significant to the individual. Allport (1955) defines a percept as "a phenomenological experience of an object ... where some object or situation appears to be subject as dependent upon his own organism, as observer-involved, non-denotive and 'private'." Dember and Warm (1979) define the act of perceiving as a "process whereby stimulus information is elaborated and interpreted so as to yield organization and meaning." The individual perceives an event, or emotion, on a very covert and personal level and reacts based on personal interpretation.

**The Black Family Support**

Positive perception of family support is necessary for the pregnant adolescent and young mother. Black family support has been a method of
survival within the dominant culture for generations. Black families are not immoral, but children are regarded as innocent. "...While black women do not reject the societal taboo on premarital pregnancy, out-of-wedlock births among blacks is 'not accepted, let alone welcomed,' even in low income families. For many it is a traumatic experience" (Pickney, 1975). Once the birth occurs, the child is viewed as having a right to live in the family without stigmatization (Ladner, 1971; Pickney, 1975). Children in the black community are highly valued whether born in- or out-of-wedlock. There is a value prevalent in the black community that children cannot be "illegally" born (Ladner, 1971; Staples, 1971). Children are absorbed into the adolescent mother's family and are reared by immediate and extended family, often in a three-generation home (Ladner, 1971; Stack, 1974). The pregnant adolescent is perceived by her family to have made a mistake by becoming pregnant and is entitled to forgiveness, as well as acceptance of the child (Ladner, 1971).

Parents of black pregnant adolescents are often ambivalent about the pregnancy, not so much from a morality versus immorality stand, but from an economic viewpoint. It is often difficult for parents to think of supporting a grandchild on an already insufficient income, and perhaps more difficult to accept the fact that their daughter's life has already come to a sudden halt insofar as her educational and economic progress are concerned (Ladner, 1971).
Black families provide social support through maintaining the pregnant adolescent in the family, sharing information about childbirth and child care, as well as providing financially for the adolescent (Furstenburg & Crawford, 1978; Ladner, 1971; Stack, 1974). Furstenburg and Crawford (1978) found, in 1966 at the initial interview, that 88 percent of the pregnant adolescents in their study resided with parents or other relatives. "The family is the crucial socializing agent in American society. It is within the family context that the child receives material and emotional support and the motivation to acquire the educational and occupational skills necessary for achieving socially acceptable goals" (Staples, 1971). In the Furstenburg study, 12 percent of the respondents stated they had received assistance from parents or other kin to return to school or work. The 12 percent were single and living with parents. McAdoo (1982) examined a group of black families who were middle income with school age children. The findings demonstrated that in times of stress for middle income, urban and suburban black families, the extended family or kin was heavily utilized. Kin assisted more with child care in times of stress out of concern for family members in need. "The level of stress for these parents was related to the intensity of involvement with kin, giving support to the concept of a cultural pattern of preference of black families for reliance on kin rather than institutions when in need." Extended families are a source of emotional and instrumental strength, especially during high stress periods. Community agencies were felt to be unsympathetic to the stresses of black families, which is why other family members are used for social support.

Martin and Martin (1978) define extended families as:
Multigenerational interdependent kinship system which is welded together by a sense of obligation to relatives; is organized around a family base household; is generally guided by a dominant family figure; extends across geographical boundaries to connect family units to an extended family network; and has a built-in mutual aid system for the welfare of its members and the maintenance of the family as a whole.

The extended family provides emotional, social, and material support during times of crisis. The extended family provides its members with a sense of belonging when times are bad. Extended families will absorb the young and/or old into the base home during crisis. Informal adoption often occurs especially when the parent is young and unmarried. "Children are absorbed (adopted) into the homes of relatives at a much greater rate than adults..." The informally adopted child is not treated any differently within the family.

For the black family, ties to and interaction with the extended family helps the nuclear family survive. The strong function of the extended family today has its roots in African culture. Kinship feelings which are determined through blood and marriage are deep, binding and unifies the entire life of the "tribe" (Mbiti, 1969). The kinship system extends laterally and vertically so that everyone is something to everyone else, i.e., aunt, uncle, cousin. A clan is similar to a Western family group and provides closer human cooperation, especially in times of need. The vertical extension of the kinship system includes the departed and those yet to be born. "Unborn children are
considered the birds of hope and expectation, each family makes sure its own existence is not extinguished" (Mbiti, 1969). In African culture the individual is not the primary focus. The group is the factor that gives meaning to the individual.

Strong feelings among black Americans of maintaining the family at any cost have probably filtered down from the sense of community existent in the African culture. Nobles (1978) attempted to develop a framework for defining black families. Examination of African culture uncovered the belief that everything in the universe had a supreme focus and was, therefore, interconnected and interdependent. The family is the reference point and is interconnected to everything else in the universe. Therefore, in African culture, it is believed that each individual's existence is owed to all family members living, dead, and yet to be born. The individual is an integral part of the family. It is believed that humans are one with nature and the universe living, dynamic and rhythmic. It is these beliefs that are the foundations of black culture in America. As Nobles examined the black family from an Afro-centric viewpoint, he stated that in crisis or ceremonial times the African nature of the family is most visible and provides needed emotional and economic support for its constituent members.

Osei (1970) described the family as the foundation of the community. Everything was subordinated to the family maintenance. The family was the community to which everyone had certain responsibilities and it, in turn, provided protection for the individual. The strong sense of family has filtered down through the generations and may be a factor involved in the rationale behind not placing a black infant for adoption through an agency.
Pinderhughes (1982) used a systems approach in looking at the family functioning of black Americans. Cultural values between blacks and whites were compared. The American value system emphasizes individualism, ownership, autonomy, independence, mastery of environment, future, youth, progress, achievement, power, perfection, planning and efficiency. Values of West Africa include affiliation, collectivity, sharing, obedience to authority, spirituality, acceptance of fate and past time. The author stated that blacks in America had to be bicultural or flexible enough to function in both worlds. The significant point is the difference in cultural values. Most programs that are designed to help poor black teens are formulated by whites with a completely different cultural focus.

One of the differences between pregnant black and white teens is the legitimization of the pregnancy. O'Connell and Moore (1981) state during the period 1963-1966, 71 percent of white women between the ages of 15 and 17 years married before the birth of their infants; 44 percent married before conception. During the period 1975-1978 for the same age group and race, 58 percent married before the birth and 19 percent married before conception. Data from 1981 indicate that the out-of-wedlock birthrate is still high and becoming higher. For whites aged 15-17 in 1970, the percent of out-of-wedlock births was 25.2. In 1981, it had risen to 47.9 percent. For blacks during the same time period, the increase was less drastic. In 1970, the rate was 76.0 and, in 1981, it was 93.6 (Family Planning Perspectives, 1986). The American cultural value to marry prior to pregnancy is not operating as strong today as in the past. Although there has been some cultural variation that impels white parents to legitimize the prospective offspring before
birth, among blacks it is more likely to happen after birth (Pickney, 1975). There are few differences between blacks and whites in legitimization of out-of-wedlock pregnancy when they are from a similar social class.

**Adolescent Fathers**

Whether the pregnancy is legitimized by marriage or not, studies have shown that the fathers of the baby continue to be involved with the pregnant adolescent (Parke, Fisher, & Power, 1980; Barret & Robinson, 1982; Vaz, Smollen, & Miller, 1983; Hendricks & Montgomery, 1983). Many of the fathers are actively involved with the mother and child, providing financial and emotional support. The myth that the father of the baby is calloused and uncaring could be dispelled by including him in the same programs that are available for the teen mother. Parke, Fisher, and Power (1980) found that when the father of the baby provided emotional support, the mother interacted more with the baby. Barret and Robinson (1982) did a descriptive study to provide demographic data and information about the teen father and his relationship with the pregnant teen and her family. Sample size was small (N = 26), but the majority reported being in an ongoing relationship. Many had used some method of contraception. Most of the fathers felt that the girl’s family viewed them in a favorable light and many had discussed financial support and/or marriage with the girl’s family. Most wanted to be actively involved in the fathering experience, such as naming and providing support. Most fathers continued daily or weekly contact with the pregnant teen. The age range of the sample group was 16–21 years, and they were not found to be uncaring and irresponsible as stereotyped in the past.
Vaz, Smollen, and Miller (1983) examined the role of the male partner in determining the resolution of adolescent pregnancy. Questionnaires were administered to the male partner and the adolescent mothers. Ninety-one percent of the females were black, 9 percent were white. All of the males were black, with a mean age of 15.7 years. The majority of females felt the male helped to make the decision to maintain the pregnancy; 49 percent of the males felt they had participated in the decision. Forty-seven percent of the females felt they had made the decision about the pregnancy without involving the male partner, but used family, friends, and health professionals. Those males who wanted to maintain the pregnancy and keep the baby were less likely to be depressed and more likely to maintain an ongoing relationship with the mother. These males were also more likely to provide money and help in other ways, such as gifts and transportation. The males also perceived the girl's family as having positive attitudes towards them, even after knowing about the pregnancy. The adolescent father is often not included in the health care plan with the mother; he receives no contraceptive information. Often the male is the stabilizing force in the relationship and should be included in programs for adolescent mothers.

Hendricks and Montgomery (1983) specifically looked at black, unmarried fathers and the relationship with the adolescent mother. Sample size was small (N = 47), but adequate for a descriptive study. The population was from two different cities in the Midwest, one a large city and the other a small city. The findings from this study were that the fathers of the babies were from large families. The group from the larger city was found to be younger, had completed fewer years of school, and were less likely to be
employed. Neither group felt there was anything wrong with a child born out-of-wedlock. Both groups felt that parenthood would change their lives in a positive way. Both groups of fathers thought that the relationship with the mother was one of love and believed that the pregnant teen saw the relationship in the same manner.

Adolescent fathers are not cruel, manipulative, uncaring individuals that myths have perpetuated, but rather many provide a source of support both physical and emotional. There were no specific studies located that focused on the pregnant adolescent and her peers. It seems that the pregnant adolescent does well with adjustment to the pregnancy if support is received from the father of the baby and the family.

**Conceptual Framework**

A conceptual framework has been developed from the literature review. Adolescent pregnancy is a crisis for the individual girl involved since it occurs in conjunction with the normal biophysical changes of puberty. Pregnancy and puberty are both maturational crisis periods. Psychologically during the normal stages of puberty, for example, identity versus identity confusion must be mastered along with the developmental stages of pregnancy. The crisis exists in that the girl who does not have a firm sense of self must develop a sense of the infant as a small being that is unprotected and her responsibility. To move through the developmental stages of pregnancy, the mother-to-be must know who she is and be able to perceive of a separate being growing inside her. Many of the pregnant adolescents have poor self-esteem prior to pregnancy, as well as the inability to perceive of
the future. These teens are at risk of dysfunctional behavior prenatally and postpartally. The crisis of the pregnancy is a new challenge that may be insurmountable with previous problem-solving skills. Coping with crisis is facilitated by support from significant others. The support can be physical, material, psychosocial and sociocultural. The pregnant teen needs to feel or perceive that she is an integral component in that support system. The family of origin of the pregnant teen does provide social support in terms of affect, affirmation, and aid. Many black families have a strong sense of unity and will attempt to maintain the family at all costs. Fathers of the baby provide support through money when possible, gifts and continued dating of the pregnant teen. The social support provided to the teen from family, father of the baby, and friends often enables the teen to receive proper medical care, prepare for the birth, and continue school. The social support provided assists the teen in progression through the maturational crisis of puberty and pregnancy, thereby insuring a healthy emotional outcome for the adolescent and the infant.

This chapter has presented a review of the literature on the basis for adolescent pregnancy. The crisis literature was discussed as it relates to the emotional stages of pregnancy. The social support literature was reviewed as it relates to coping with stress. The development of an instrument to measure social support was also presented. Perceptions, black family support, and adolescent fathers were reviewed. A conceptual framework was also presented.
Chapter Three will present the methodology, a description of the setting, subjects, variables, instrumentation, and data analysis.
CHAPTER III

METHODOLOGY

This chapter includes a description of the research design, the setting, the subjects, the sampling procedures and the instrumentation. Data analysis will also be discussed. The study was approved by The Ohio State University Behavioral and Social Sciences Human Subject Review Committee. Permission was also obtained from the Chairman of the Department of Obstetrics and Gynecology, the Director of the High Risk Perinatal Project, and the manager of the outpatient obstetrics clinic at The Ohio State University Hospitals Clinics (Appendix A).

Research Design

This was a descriptive study of Afro-American and Anglo-American pregnant adolescents, focusing on their perceptions of social support using a survey method. Polit and Hungler (1978) state the survey research focuses on the status quo of some situation and collects this information directly from the group or its members who are the object of the investigation. The investigator obtained a convenience sample of pregnant black and white
adolescents who were receiving prenatal care at The Ohio State University Hospitals outpatient obstetric clinic.

**Setting**

The Ohio State University Hospitals Clinics is a free-standing building in the medical complex of a tertiary care hospital setting in a large Midwestern city. The obstetric and gynecologic clinic is located on the second floor of this facility. There are 23 examination rooms and 4 diagnostic testing examination rooms. The obstetric care is provided by 16 residents, staff physicians, and 9 nurses. For the time period July, 1986, to May, 1987, there were a total of 30,047 patient visits. This figure includes gynecology, infertility, oncology, endoscopy/urology, and ultrasound visits. Total new obstetric patient visits for the same time period were 1,181. Total return obstetric patient visits were 8,817. Total high risk obstetric patient visits were 236. For the total ten-month period described, 10,234 obstetric related patient visits were made, which does not include ultrasound visits. Data are not kept for patient visits by age.

**Subjects**

The subjects were obtained through three methods. The investigator developed a list from the appointment schedule sheets of the new obstetric patients who were the appropriate age. The unit clerk of the obstetric clinic handles all patient charts for intake or exiting, and a list was generated for the investigator. The Preterm Birth Prevention nurse also screened all new obstetric charts and generated a list for the investigator. The criteria for
subject inclusion in the study were: (1) primigravida; (2) age between 15-17 years; (3) weeks gestation between 13 and 32; (4) receiving prenatal care at The Ohio State University Hospitals outpatient OB clinic; (5) identifies self as black or white; and (6) permission from client and parent.

**Sampling Procedure**

The subjects were approached during a prenatal clinic appointment by the investigator. The purpose of the study was explained to the parent and subject. It was also explained that care or treatment at the clinic would not be affected if participation was not chosen (Appendix B).

Written consent was then obtained from both the parent and the adolescent. For those adolescents who were not accompanied by a parent or guardian, the study was explained to the teen. A letter explaining the purpose of the study and a consent form were sent home with the teen to be signed and returned either by a self-addressed stamped envelope or at the subsequent clinic appointment (Appendix C). After parental and then adolescent consent was obtained, the directions for completing the questionnaire were explained and the teen was allowed appropriate time and privacy to respond. The investigator had contact with all of the adolescent subjects and many of the parents at least once. In the cases where the adolescent was not accompanied by a parent or guardian, the investigator had two contacts with the adolescent.
Limitations

One of the limitations of the study was obtaining parental consent. Parental consent is not a necessary requirement for receiving care at the OB-GYN clinic at The Ohio State University Hospitals Clinics. Sending letters explaining the study and consent forms was an attempt to correct this situation, but returns were few and very slow. A much better response rate was obtained when the parent or guardian accompanied the adolescent. Many of the adolescent obstetric patients who fit the age criteria were multiparous. There were a few adolescents who did not meet the age criteria because they were under 15 years of age. Data collection should have occurred over a longer period of time because the criteria for inclusion were so strict.

Variables and Related Instrument

The variable under study was social support systems. Social support has been demonstrated to be a significant variable in the medical and social science literature. Social support has been found to be significant in facilitating coping with crisis and managing stress. The deficit of many studies is that social support was not defined clearly or measured specifically. The concept of social support is multidimensional and, as such, has been difficult to measure. Norbeck, Lindsey, and Carriero (1981) have developed an instrument that measures perceived support available to the individual, the Norbeck Social Support Questionnaire (NSSQ). The conceptual
basis of the instrument is that affect, affirmation, and aid are functional components of a supportive relationship as proposed by Kahn and Antonucci (1980). The persons who provide any aspect of the three components is the individual's convoy or personal network. It is through the convoy or personal network that social support is provided. The network properties are measured by the number of members, the duration of the relationship, and the frequency of contact.

The NSSQ was developed to measure the complexities of social support in a simplified manner for self administration. The instrument is comprised of nine questions, eight of which are on half pages that are visually aligned with the personal network list. The personal network list is comprised of all the persons who are important in the individual's life. On each half page there are two questions that the individual is asked to rate each of the network members using a Likert scale. Two questions each measure the properties of affect, affirmation, and aid. There are also questions which reflect size, stability, and availability of network members. There are also questions which reflect size, stability, and availability of network members. There are also questions which measure duration of the relationship, frequency of contact, and recent losses from the network. The instrument takes an average of ten minutes (range 5-20) to complete.

The Norbeck Social Support Questionnaire was found to be reliable with a test-retest range of .83 to .92. The internal consistency was .97 for the affect items, .96 for the affirmation items, and .89 for aid items. The correlations for the three network properties ranged from .88 to .96. The NSSQ was found to be free of the social desirability of response bias.
Concurrent validity initially was done using the Social Support Questionnaire by Cohen and Lazarus where there are rough parallels between tangible support and aid; informational support and affirmation and emotional support and affect. There was low internal consistency between tangible support and aid (.31). Informational support had high internal consistency, but there was only one item. Emotional support and affect had moderately high internal consistency (.51). Social support has had numerous definitions and encompasses many facets. Norbeck did further study for concurrent and construct validity. Concurrent validity was tested concurrently with the Personal Resource Questionnaire which was developed by Brandt and Weinert in 1981. The PRQ also measures social support, but from a more global perspective. There was a medium level of association .35 to .41 between the functional components of the NSSQ and the PRQ. There was a lower, but significant, level of association between the network properties of both instruments. Norbeck modified the Life Experiences Survey developed by Sarason, Johnson, and Siegel in 1978, to include nine items specific to female respondents. The test-retest reliability of the modified instrument after a one-week interval was .78. Further testing has been done to determine if the NSSQ has predictive validity for the buffering affect of social support on negative mood after life stress. Norbeck is still gathering normative data to expand the database and perhaps further refine the instrument. To determine construct validity, the NSSQ was administered along with the Fundamental Interpersonal Relations Orientation (FIRO-B) developed by Schultz (1978). Two of the constructs of the FIRO-B, the need for inclusion and the need for affection, were significantly related to all the functional
subscales of the NSSQ, .18 to .27, and to most of the network subscales, .17 to .23. These correlations were interpreted to indicate a person’s interpersonal needs for inclusion and affection are related to their self-reports of the amount of social support available to them (Norbeck, Lindsey, and Carriari, 1983).

Analysis of Data

The data related to the description of the sample and the demographics were analyzed using descriptive statistics such as means and percentages. The data resulting from completion of the questionnaire were analyzed using frequency distributions, parametric tests such as the t-test and nonparametric tests such as Chi-Square, Wilcoxon, and Mann-Whitney U.

The t-test is a parametric test that assumes that the sample is from a normal population, the size is less than 30, and there is no need for testing of differences. The t-test is associated with a number called degrees of freedom (df). The degrees of freedom is always one less than the sample size, df = n - 1. There are tables that have been established for numerous degrees of freedom under the normal bell shaped curve. Calculation of t is found by subtracting the population mean from the sample mean, dividing that result by the sample standard deviation which was divided by the square root of the sample size (Lapin, 1980).

Chi-Square test does not make assumptions of normal distribution; it determines if two qualitative population variables are independent. Chi-Square is a test of the “goodness of fit” where statistical judgments can be made about whether or not what we expected to occur what was actually
observed. Chi-Square makes no assumptions about the sample population and more than two categories or groups may be considered at one time. The criteria for using the Chi-Square test are:

1. the outcomes are independent of each other;
2. each observation falls into only one category; and,
3. the expected frequency in each category must have at least five occurrences.

Chi-Square is calculated by taking the sum of the difference squared, between the expected and observed outcomes, and dividing by the sum of the expected outcomes. A "good fit" is declared if the value of Chi-Square is small.

The Wilcoxon rank sum test does not assume the samples are from normal populations. The Wilcoxon tests two samples from two populations based on the principle that the two samples may be treated as if they came from a common population. The Wilcoxon is calculated by ranking the obtained values from smallest to largest, separating the samples and summing the ranks.

The Mann-Whitney U test is very similar to the Wilcoxon where the data is ranked, then summed and divided by two. This test also compares two populations using independent samples (Lapin, 1980).

The nonparametric tests, Chi-Square and Wilcoxon, will be used to answer the four hypotheses described in Chapter One.
This chapter has presented a description of the setting, the subjects, sampling procedure, limitations, the variables, and reliability and validity of the instrument. The data analysis statistics were also discussed.

Chapter Four will present a description of the sample, data analysis related to the four hypotheses, and a discussion of the findings.
CHAPTER IV
DATA ANALYSIS

Introduction
This chapter contains a description of the sample and presentation of the responses to the Norbeck Social Support Questionnaire from black and white pregnant adolescents. Data for the four hypotheses are presented along with discussion of the findings.

Description of the Sample
The sample consisted of 20 pregnant subjects, 11 black and 9 white. A convenience sample of subjects were selected over a two-month period as they attended a prenatal clinic appointment. The sample was comprised of adolescents between 15 and 17 years during the second and early third trimester of pregnancy.

Table I presents a demographic description of the sample. The mean age of the black adolescents was 15.9 years, while for the white adolescents it was 16.4 years. Fifty percent of all the subjects had completed the tenth grade in school. The mean number of years of education completed for the
Table 1
Demographic Description of Subjects by Race

<table>
<thead>
<tr>
<th>Variables</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=11</td>
<td>N=9</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>27.3</td>
<td>22.2</td>
</tr>
<tr>
<td>16</td>
<td>54.5</td>
<td>11.1</td>
</tr>
<tr>
<td>17</td>
<td>18.2</td>
<td>66.1</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>90.91</td>
<td>66.67</td>
</tr>
<tr>
<td>Married</td>
<td>9.09</td>
<td>33.33</td>
</tr>
<tr>
<td>Income*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td>60.00</td>
<td>22.22</td>
</tr>
<tr>
<td>No Public Assistance</td>
<td>40.00</td>
<td>77.78</td>
</tr>
<tr>
<td>Religious Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>9.09</td>
<td>33.33</td>
</tr>
<tr>
<td>Other</td>
<td>18.18</td>
<td>55.56</td>
</tr>
<tr>
<td>None</td>
<td>72.73</td>
<td>11.11</td>
</tr>
</tbody>
</table>

*One black person did not respond.
black adolescents was 9.6 years and for the white adolescents, 10.2 years. Forty percent of black adolescents reported no religious affiliation, while only 5 percent of white adolescents reported no religious affiliation.

**Data Analysis**

The purpose of this study was to determine if there were any similarities or differences in perceived social support systems among Afro-American and Anglo-American pregnant adolescents. The instrument that was used required the subjects to list all persons in their social support network. These persons listed were then categorized according to the type of relationship existing between that person and the subject. Spouse/partner was one category or relationship type that was identified by the author of the instrument. For the purposes of this study the spouse/partner category was interpreted by this investigator to include boyfriend/father of the baby as well as spouse/partner.

The data were analyzed using the Wilcoxon 2 sample nonparametric test. The level of significance was $p \leq .05$. The results of data analysis of the four hypotheses are presented from the responses of the 20 subjects. Chi-Square and Whitney-Mann U were not used because of the small sample size.

**Data Analysis of Hypothesis A**

Hypothesis A: There will be a significant difference between Afro-American and Anglo-American pregnant adolescents in their perceptions of who loves them. There was no significant difference between the two
groups in their perception of love from spouse/partner/boyfriend (Wilcoxon $t$ test = 0.439). There was no significant difference between the two groups in the perception of love from family/relatives ($t = 0.211$) or friends ($t = 0.853$). Hypothesis A was not supported. These data are presented in Table 2.

**Data Analysis of Hypothesis B**

Hypothesis B: There is a significant difference between Afro-American and Anglo-American pregnant adolescents in their perceptions of who makes them feel respected. There was no significant difference between the two groups in their perceptions of respect from spouse/partner ($t = 0.853$) or friends ($t = 0.577$). There was a significant difference between the two groups in their perception of respect from family/relatives ($t = .005$). Hypothesis B was supported. Black teens perceived more respect than white teens. The data for Hypothesis B are presented in Table 3.

**Data Analysis for Hypothesis C**

Hypothesis C: There is a significant difference between Afro-American and Anglo-American pregnant adolescents in their perceptions of who holds their confidence. No difference was found between the three relationship types of spouse/partner ($t = .552$), family/relatives ($t = .910$), and friends ($t = 1.00$) in the perception of confidence. Hypothesis C was not supported. The data are presented in Table 4.
## Table 2

**Numbers of Subjects with Data in Three Relationships Types for the Variable Love**

<table>
<thead>
<tr>
<th>Race</th>
<th>Spouse/Partner</th>
<th>Relationship Type</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>X</td>
<td>S.D.</td>
</tr>
<tr>
<td>Afro-American</td>
<td>9</td>
<td>2.77</td>
<td>1.71</td>
</tr>
<tr>
<td>Anglo-American</td>
<td>9</td>
<td>3.22</td>
<td>1.56</td>
</tr>
<tr>
<td>Probability^a</td>
<td>0.439</td>
<td>0.211</td>
<td>0.833</td>
</tr>
</tbody>
</table>

^aProbability p < .05 from Wilcoxon test

**N** = Number of Subjects  
**X** = Mean  
**S.D.** = Standard Deviation

## Table 3

**Numbers of Subjects with Data in Three Relationships Types for the Variable Respect**

<table>
<thead>
<tr>
<th>Race</th>
<th>Spouse/Partner</th>
<th>Relationship Type</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>X</td>
<td>S.D.</td>
</tr>
<tr>
<td>Afro-American</td>
<td>9</td>
<td>2.44</td>
<td>1.74</td>
</tr>
<tr>
<td>Anglo-American</td>
<td>9</td>
<td>2.66</td>
<td>1.41</td>
</tr>
<tr>
<td>Probability^a</td>
<td>0.853</td>
<td>0.005*</td>
<td>0.377</td>
</tr>
</tbody>
</table>

^aProbability p ≤ .05 from Wilcoxon test  
^*Statistically significant  
**N** = Number of Subjects  
**X** = Mean  
**S.D.** = Standard Deviation
Table 4

Numbers of Subjects with Data in Three Relationships Types for the Variable Confidence

<table>
<thead>
<tr>
<th>Race</th>
<th>Spouse/Partner</th>
<th>Relationship Type</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>X</td>
<td>S.D.</td>
</tr>
<tr>
<td>Afro-American</td>
<td>9</td>
<td>2.66</td>
<td>1.80</td>
</tr>
<tr>
<td>Anglo-American</td>
<td>9</td>
<td>3.33</td>
<td>1.32</td>
</tr>
<tr>
<td>Probability^a</td>
<td>0.552</td>
<td>0.910</td>
<td>1.00</td>
</tr>
</tbody>
</table>

^aProbability p ≤ 05 from Wilcoxon test
N = Number of Subjects
X = Mean
S.D = Standard Deviation

Data Analysis of Hypothesis D

Hypothesis D. There is a significant difference between Afro-American pregnant adolescents in their perceptions of who will help them meet financial and physical needs. No significant difference was found between the relationship types of spouse/partner (t = .779), family/relatives (t = .334), and friends (t = .501). The hypothesis was not supported. The data are represented in Table 5.

Discussion of Findings

A comparison of black and white pregnant adolescents in the second and early third trimester of pregnancy found very few differences, and
Table 5

Numbers of Subjects with Data in Three Relationships Types for the Variables of Financial and Physical Aid

<table>
<thead>
<tr>
<th>Race</th>
<th>Spouse/Partner</th>
<th>Relationship Type</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>X</td>
<td>S.D.</td>
</tr>
<tr>
<td>Afro-American</td>
<td>9</td>
<td>5.11</td>
<td>3.44</td>
</tr>
<tr>
<td>Anglo-American</td>
<td>9</td>
<td>5.55</td>
<td>3.53</td>
</tr>
</tbody>
</table>

Probability\(^a\) 0.779 0.334 0.501

\(^a\)Probability p < .05 from Wilcoxon test

N = Number of Subjects
X = Mean
S.D = Standard Deviation

Those that were found were not statistically significant. The instrument used had spaces where up to 24 persons could be listed in the support network. The range of persons listed in the personal network by the black adolescents was from 2 to 24. The mean number listed was 10.8. For the white adolescents the range listed was from 4 to 12, with a mean of 9. The instrument also contained two questions concerning losses from the personal network. There were very few losses reported and no significant differences were found between the black and white adolescents. Peterson, Sripada, and Barglow (1982) reported many of the teens in their study became pregnant after experiencing a recent loss such as a parent.
The three relationship types reported most frequently by the subjects were spouse/partner; family/relatives; and friends. The instrument also had six other relationship types that the subject could have listed. School teacher was listed in the network by one black and one white adolescent. One black teen listed a minister, and one white teen listed a neighbor. Although these persons were listed in the network, no significant support was provided by them.

The literature reports that black adolescents were younger and have an earlier age of menarche than white adolescents. Sexual activity for both groups is beginning earlier than in past generations (Blum, 1981; Mercer, 1979). In this study, the black adolescents were younger than the white adolescents. Physical maturity and sexual activity occur perhaps before the adolescent is cognitively able to discern pregnancy risk. Even when adolescents know where and how to obtain contraceptives, if no pregnancy risk is perceived then no contraceptives are used (Smith, 1982). Prior to formal operations thinking (Piaget), adolescents do not believe that events not consciously chosen can happen to them (Walters, McKenry, & Walters, 1979). Black teens from less educated homes were found to be more approving of premarital sex than whites (Zelnik, Kantor, & Ford, 1981). Educational level of the family of origin was not specifically assessed; however, more of the black teens reported that the family received public assistance which could be an indicator of educational level.

In this study, more of the black adolescents were single than white adolescents, which was supported by the literature. Whites are six times more likely to marry during the pregnancy than blacks (Zelnik, Kantor, &
Black families do not react as harshly as whites, nor is there an attempt to conceal a premarital pregnancy as in white families. The baby is incorporated into the family because it is not held responsible for the adolescent mother's "mistake" (Furstenburg, 1970; Ladner, 1971; Martin & Martin, 1978; Pickney, 1975). In African cultures, unborn children provide a sense of hope and insurance that the family will not be extinguished (Mbiti, 1969). There usually is an ongoing relationship with the father of the baby, but many black adolescents do not think that marriage is a prerequisite for having a baby (Gabriel & McAnarney, 1983; Juhasz, 1974). In this study, 18 respondents, 9 black and 9 white, listed a relationship with a spouse/partner/boyfriend. The fathers of the babies continue to be involved with the pregnant adolescent as reported in the literature (Furstenburg, 1970; Barret & Robinson, 1982; Hendricks & Montgomery, 1983; Parke, Fisher & Power, 1980; Vaz, Smollen, & Miller, 1983). Data from this study does not support findings in several studies that the fathers of the babies provide social support.

The black adolescents had completed fewer years of education at the time of this study; however, the literature indicates when adequate social support is available, then school is more likely to be completed (Burden & Klerman, 1984; Furstenburg, 1970; Furstenburg & Crawford, 1978; Moore & Waite, 1977). Even if a disparity exists between the black and white adolescents in the amount of education completed during pregnancy, the gap is usually closed after the birth of the baby. Moore and Waite (1977) found the negative effect of early childbearing was greater for whites than blacks in educational attainment. Completion of education was possible through the
family support that was provided when the adolescent remained with the family of origin and remained unmarried (Furstenburg & Crawford, 1978). As reported in this study, 50 percent of the black adolescents were unmarried.

In this study, 8 of the 11 black adolescents reported no religious affiliation. One study in the literature found that those black teens who did not become pregnant were found to have strong religious and cultural ideas (Peterson, Sripada, & Barglow, 1982).

Hypothesis A was not supported because there was no significant difference between the black and white adolescents in their perceptions of who loves them. Caplan (1964) identified physical, psychosocial, and sociocultural supplies as necessary factors to prevent mental disorder. One component of psychosocial supplies is the individual's need for exchange of love and affection. In the literature the definitions of social support all include the sense or feeling of being loved (Caplan, 1964; Cobb, 1976; Kahn & Antonucci, 1980).

There was only one area of significant difference found as a result of this study. It concerned Hypothesis B; "There will be a significant difference between the black and white adolescents in their perceptions of respect" was significant from family and relatives for the black adolescents. Even when evaluating the data for overall perceived support provided by the entire network, there was a significant difference ($t = .025; p < .05$). The black teens did perceive more respect from family and relatives than white teens. Kahn and Antonucci (1980) describe social support as containing one or more of three key elements: affect, affirmation, and aid. Affect was defined as
expressions of liking, admiration, respect, or love. The black adolescents in this study did perceive greater respect from their family/relatives than did white teens. By definition, only one element need be present to indicate social support.

There was no support for Hypothesis C regarding differences between the black and white adolescents in their perceptions of who holds their confidence. For the relationship type of friends, there was a strong sense of confidentiality, but no difference between the two groups. Rosen (1980) found that friends were influential when the adolescent first suspected pregnancy. Friends were also influential for white adolescents who chose abortion and black adolescents who chose to keep the infant. This study did not gather data on who in the personal network was most influential on pregnancy resolution. Colletta (1981) found that the most important form of social support was from family, followed by father of the baby; friends were found to be least effective.

Hypothesis D was not supported. There was no difference between the two groups in their perceptions of who will help them meet physical and financial needs. The literature indicates that families and fathers of the babies provide housing, clothing, money, and transportation (Furstenburg & Crawford, 1978; Ladner, 1971; Parke, Fisher, & Power, 1980; Stack, 1974). The adolescents may not perceive that they are being supported; perhaps they have never experienced the absence of support.
Summary

This chapter on data analysis presented a description of the sample with demographic characteristics. The data analysis of the four hypotheses was discussed, along with a discussion of the findings.

Chapter Five will include a summary, limitations, implications of the study, and recommendations for future research.
CHAPTER V
SUMMARY AND CONCLUSIONS

Introduction

This chapter presents a summary of the study with implications and limitations. Recommendations for future study are presented.

Summary

This was a descriptive study which utilized a self-administered survey method of research. The purposes of the study were to identify the perceived social support system in Afro-American and Anglo-American pregnant adolescents and to determine if there were any similarities or differences in perceived social support systems among the two groups. There were four hypotheses that guided the study. The hypotheses were: There is a significant difference between Afro-American and Anglo-American pregnant adolescents in their perceptions of: (a) who loves them; (b) who makes them feel respected; (c) who holds their confidence; and (d) who will help them meet financial and physical needs.

A random convenience sample of 20 subjects, 11 black and 9 white, were asked to participate in the study during a routine prenatal clinic
appointment. The criteria for inclusion were: (1) primigravida; (2) aged between 15-17 years; (3) weeks gestation between 13 and 32; (4) receiving prenatal care at The Ohio State University Hospitals outpatient obstetric clinic; (5) identified self as black or white; and, (6) permission given by client and parent or guardian.

The instrument used was the Norbeck Social Support Questionnaire (NSSQ) and a demographic questionnaire developed by the investigator. Data were collected over a two-month period. Permission to be in the study was obtained from the parent or guardian and the adolescent prior to administering the questionnaire. Consents were obtained and explanations of the study were done by the investigator. The data were analyzed by means, percentages, and the Wilcoxon 2 sample tests. The nonparametric Wilcoxon test was used because of the small numbers in each group. The level of significance was ≤ .05.

The results of the study indicate that the Afro-American and Anglo-American pregnant adolescents are more similar than different. Hypothesis A: There will be a significant difference between the Afro-American and Anglo-American pregnant adolescents in their perceptions of who loves them, was not supported among the three relationship types listed by the subject. The three relationship types were: spouse/partner/boyfriend (t = .439); family/relatives (t = .211); and friends (t = .833). Hypothesis B: There will be a significant difference between the two groups in their perceptions of who respects them, was supported by the data, but only for the relationship type of family/relatives (t = .005). For the other relationship types of spouse/partner (t = .853) and friends (t = .377), there was no significant
difference. Hypothesis C: There will be a significant difference between Afro-American and Anglo-American pregnant adolescents in who holds their confidence, was not supported by the three relationship types. For the three relationships the data were as follows: spouse/partner ($t = .552$); family/relatives ($t = .910$); and friends ($t = 1.00$). Hypothesis D: There will be a significant difference between the Afro-American and Anglo-American pregnant adolescents in who will meet financial and physical needs, was not supported by the three relationship types of spouse/partner ($t = .779$); family/relatives ($t = .334$); and friends ($t = .501$).

**Limitations**

1. The small sample size prohibits generalizability to all Afro-American and Anglo-American pregnant adolescents.

2. The use of only one ambulatory health care setting may not be representative of all the population.

3. Collection of data over a short time period of two months: It may have been possible to obtain more subjects and perhaps reach statistical significance if the data were collected over a longer period of time.

4. The instrument used was not discriminant enough to identify specific relationships listed in the family/relatives category.

5. The demographic questionnaire might have included the relationships between the individuals living in the household, education, and employment status.

Only one question on the demographic questionnaire asked about the number of persons living with the adolescent. The range of persons listed
was from two to eight, but the relationship of those people to the adolescent was not determined. Some teens may not have been living with the family of origin, but perhaps with some other kin or guardian. Fifteen percent of the white teens reported they were married, but it is not known if they were living alone or with other extended family. The type of living situation could be either supportive or non-supportive depending upon who the adolescent lives with and the relationship of those persons to the adolescent.

It may have been interesting to learn if there had ever been religious affiliation, or was this lack of affiliation a result of the normal developmental task of identity versus identity confusion? Parental involvement in religious activities would also have been interesting data to collect and probably influences the adolescent.

Educational level and/or employment status of the head of household was not collected. There is some literature that reports that adolescent pregnancy is a generational pattern. Moore and Waite (1977), however, did find that more black teens than white teens were able to complete their educations because of the social support provided by the family.

**Other Limitations**

All of the respondents were in the second and early third trimester of pregnancy. During this time, the pregnant woman emotionally is very introspective and dependent, focusing on herself and her unborn child. At this time, no matter how much love and attention is provided, it may not seem like enough. Therefore, the perception of love may not be felt by the
adolescent. The developmental stage of the adolescent, as well as the emotional stage of pregnancy, may influence the adolescent's perception of love.

There was a difference between the black and white adolescents in their perception of respect from family and relatives. The investigator suspects that the grandmother-to-be provided a great deal of the respect perceived by the adolescent. One of the developmental tasks of pregnancy is to accept and resolve the relationship with her own mother. Perhaps more communication is occurring between the adolescent and her mother, resulting in a feeling of respect.

Many respondents were accompanied by a parent even though parental consent was not a prerequisite for receiving prenatal care at the obstetric clinic. The parental attendance at clinic appointments with the adolescent could be a form of social support. This support could be lacking for those adolescents who attended clinic alone.

**Implications**

The findings from this small study may be useful in developing both prenatal and adolescent health care programs. With the knowledge that there seems to be more family support for the black teens than the white, a multidisciplinary team approach could be used to provide comprehensive antepartum and postpartum services. Anglo-American adolescents would need help in identifying who in their personal network could be a support system. If no one could be identified, perhaps a "buddy system" could be developed to provide a support system. Afro-American adolescents have
already identified who in their personal network is a support system, but they may need help in utilizing the system to its fullest capacity. For the practitioner, the knowledge of who is supportive will be helpful in both planning and implementing prenatal education, as well as postpartum and baby care programs since that supportive person will be influential on the adolescent.

Recom mendations

As a result of the limitations found in this study, the following recommendations are made.

1. The study should be repeated with a much larger sample.
2. The use of more than one ambulatory health care setting would provide a more ethnically diverse population.
3. Data should be collected over a longer time frame, perhaps six months to one year.
4. A longitudinal study should be done focusing on the social support system, parenting, and potential for child abuse.
5. Administer the same instrument one to two months after the baby is born to determine if there is a change in the perception of social support.
Conclusion

This chapter has presented a summary of the study, discussion of the summary, the limitations that were encountered, implications of this study on practice, and recommendations for future study.
REFERENCES


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APPENDIX A

HUMAN SUBJECTS REVIEW APPROVAL FORM

AND RELATED LETTERS OF PERMISSION
February 13, 1987

Frederick Zuspan, MD
Professor and Chairman
Department of Obstetrics/Gynecology
501 Means Hall

Dear Dr. Zuspan:

I am requesting permission to use some of the High Risk Perinatal Project clients in my thesis research project entitled, "Perceived Social Support Systems in Pregnant Black and White Adolescents." The research will involve adolescents (13-17 years of age) between 25-32 weeks gestation, with a first pregnancy. The participant will complete a self-administered questionnaire of ten questions. (See attachments.)

As you may know I would like to complete my thesis by June, 1987 and would appreciate your permission to use these clients.

Sincerely yours,

Cheryl Crenshaw, RN
OSU High Risk Perinatal Project
N118 Doan Hall
410 W. 10th Avenue
293-8660

CC: jm 2/20/87
Attachments

[Signature]
Subject: High Risk Perinatal Project

Date: February 16, 1987

From: Cheryl Miller, Manager, Ob/Gyn Clinic

To: Cheryl Crenshaw, R.N.

Thank you for sharing your thesis research project with me.

I do not foresee any problem with you conducting your research with the Ob/Gyn Clinic Clients.
BEHAVIORAL AND SOCIAL SCL.
HUMAN SUBJECTS REVIEW COMMITTEE (HSRC)
THE OHIO STATE UNIVERSITY

Date February 6, 1987

RESEARCH PROTOCOL:

8780022 PERCEIVED SOCIAL SUPPORT SYSTEMS IN PREGNANT BLACK AND WHITE ADOLESCENTS, Ethelrine Shaw-Nickerson, Cheryl J. Crenshaw, Nursing

Presented for review by the Behavioral and Social Sciences Review Committee to ensure proper protection of the rights and welfare of the individuals involved with consideration of the methods used to obtain informed consent and the justification of risks in terms of potential benefits to be gained, the Committee action was:

_____ APPROVED

X APPROVED WITH CONDITIONS*

_____ DEFERRED*

_____ DISAPPROVED

_____ NO REVIEW NECESSARY

*CONDITIONS/COMMENTS:

Subjects were deemed NOT AT RISK and the protocol was unanimously APPROVED WITH THE FOLLOWING CONDITIONS:

1. Parental permission must be obtained prior to seeking participation from the adolescent.

2. Provide letter of permission from the clinic.

3. Clarify whether archival data will be used. (A questionnaire to obtain the demographic data could be used; therefore, eliminating the need for archival data.)

If you agree to the above conditions, PLEASE SIGN THIS FORM IN THE SPACE PROVIDED BELOW AND RETURN WITH ANY ADDITIONAL INFORMATION REQUESTED TO ROOM 203, THE OHIO STATE UNIVERSITY RESEARCH CENTER, 1314 KINNEAR ROAD, COLUMBUS, OHIO 43212, within one week. Upon such compliance, the approval form will be mailed to you. (In case of a deferred protocol, please submit the requested information at your earliest convenience. The next meeting of the Committee will be two weeks from the meeting date indicated above.)

DATE March 7, 1987

Signature(s) Cheryl Crenshaw
Ethelrine Shaw-Nickerson (Principal Investigators)

WS-025A (Rev. 3/85)
(CONDITIONS/COMMENTS)
APPENDIX B

INTRODUCTORY LETTER
SCRIPT

Hello.

My name is Cheryl Crenshaw. I am a registered nurse working here at the clinic and attending graduate school at The Ohio State University. I am doing a research study of pregnant adolescents to determine who you perceive as supportive while you are pregnant. Completion of the questionnaire should not cause any unpleasant side effects. Sadness may be experienced if you have had any recent losses of anyone close to you. Participation in the research is strictly voluntary and can be stopped at any time without any effect on your care at the OSU clinic. All you have to do is complete a ten-question written questionnaire that will take about 10-20 minutes to finish. All answers are strictly confidential. Whether you participate or not, your care here at OSU Hospitals Clinic will not be affected. Thank you very much for your time and help.
APPENDIX C

PARENT/GUARDIAN CONSENT FORM
CONSENT FOR PARTICIPATION IN
SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (or my child's participation in) research entitled:

________________________________________________________________________

(Principal Investigator) or his/her authorized representative has explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here _____________.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _______________ Signed: _______________

(Adolescent)

Signed: ____________
(Principal Investigator)

Signed: ____________
(Parent or Guardian)
Dear Parent or Guardian:

Hello, my name is Cheryl Crenshaw. I am a graduate student at Ohio State University in the College of Nursing. I am doing a research study in which I would like your child, who is pregnant, to participate. The purpose of the study is to determine who pregnant teenagers view as supportive or helpful to them while they are pregnant. My hope is that this information will be used in the future to help assist parents, friends and families of pregnant teens.

All that your child will need to do is answer a short ten question written survey which takes about 10-20 minutes to complete. In order for your child to participate I need your consent. If you feel that it is alright for your child to participate please sign the attached consent form. All responses are strictly confidential. Refusal to participate in no way will affect the care she receives at the Clinic.

Thank you for your time, cooperation and patience with this study. Please feel free to contact me if you have any questions at 293-8660 or 238-4185.

Sincerely,

Cheryl J. Crenshaw, RN
OSU Graduate Student
College of Nursing

Ethelrma Shaw-Nickerson, PhD, RN
Associate Professor
Thesis Advisor

CC: jm
APPENDIX D

NORBECK SOCIAL SUPPORT QUESTIONNAIRE
SOCIAL SUPPORT QUESTIONNAIRE

PLEASE READ ALL DIRECTIONS ON THIS PAGE BEFORE STARTING.

Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

Use only first names or initials, and then indicate the relationship, as in the following example:

Example:

1. MARY T.  F  FRIEND
2. BOB  0  BROTHER
3. M. T.  0  MOTHER
4. SAM  0  FRIEND
5. MRS. R.  0  NEIGHBOR

etc.

Use the following list to help you think of the people important to you, and list as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to use all 24 spaces. Use as many spaces as you have important persons in your life.

WHEN YOU HAVE FINISHED YOUR LIST, PLEASE TURN TO PAGE 2.

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University of California, San Francisco
Printed in U.S.A.
Question 7:
- How long have you known this person?
  1 = less than 6 months
  2 = 6 to 12 months
  3 = 1 to 2 years
  4 = 2 to 5 years
  5 = more than 5 years

Question 8:
- How frequently do you usually have contact with this person?
  (Phone calls, visits, or letters)
  5 = daily
  4 = weekly
  3 = monthly
  2 = a few times a year
  1 = once a year or less

PERSONAL NETWORK

<table>
<thead>
<tr>
<th>First Name or Initials</th>
<th>Relationship</th>
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PLEASE BE SURE YOU HAVE RATED EACH PERSON ON EVERY QUESTION. GO ON TO THE LAST PAGE.
9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death, or some other reason?

0. No
1. Yes

IF YES:

9a. Please indicate the number of persons from each category who are no longer available to you.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other (specify)

9b. Overall, how much of your support was provided by these people who are no longer available to you?

0. none at all
1. a little
2. a moderate amount
3. quite a bit
4. a great deal
DEMOGRAPHIC DATA

1. Age

2. Marital Status
   a. single, never married
   b. married
   c. divorced or separated
   d. widowed

3. Educational Level
   What is the highest grade of regular school that you completed? (Circle one)
<table>
<thead>
<tr>
<th>Grade School</th>
<th>Middle School</th>
<th>High School</th>
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</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>6 7 8</td>
<td>9 10 11 12</td>
</tr>
</tbody>
</table>

4. Ethnic Background
   a. Asian
   b. Black
   c. White
   d. Hispanic
   e. Native American
   f. Other (specify)

5. Religious Preference
   a. Protestant (specify)
   b. Catholic
   c. Jewish
   d. Other
   e. None

6. Participation in Religious Activities
   a. Active
   b. Infrequent participation (1-2 times/yr)
   c. Occasional participation (about monthly)
   d. Regular participation (weekly)

7. Number of people living in your house (include yourself)

8. Does your family receive welfare? Yes ___ No ___