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An ethnographic study of adolescent pregnancy in an urban high school

Herr, Kathryn G., Ph.D.
The Ohio State University, 1988
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UMI
AN ETHNOGRAPHIC STUDY OF ADOLESCENT PREGNANCY
IN AN URBAN HIGH SCHOOL

DISSERTATION

Presented in Partial Fulfillment of the Requirements
for the Degree Doctor of Philosophy in the
Graduate School of The Ohio State University

By

Kathryn G. Herr, B.S., M.S.W.

* * * * *

The Ohio State University
1988

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Acknowledgments

I’m grateful for committee members, Drs. Joseph Parnicky, Karen Harper, and Beverly Toomey, and their willingness to participate in what has become a long distance project. Thanks also go to Drs. Bob Donmoyer and Don Sanders for their instruction in qualitative research.

The girls and the staff at "Jones High School" allowed me into their lives, day in and day out. Without their willingness to participate, there would be no study; I’m grateful to them.

A Graduate Student Alumni Research Award allowed me to have all the interviews in this research transcribed, saving me endless hours of work.

My extended family has provided needed support and encouragement—and on a very practical level, babysitting when I needed it most!

Gary has single-parented at times, has read, suggested, encouraged and supported throughout this process—I’m grateful. And for Maya, I’m thankful; she provided a wonderful bridge to my "research subjects" as we commiserated together on the challenges and wonders of parenting.
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CHAPTER 1
INTRODUCTION

Scope of the Problem

National Level

The "epidemic" of teen pregnancies in the United States has been well documented. In the past year, media coverage has been extensive, with cover stories appearing in magazines such as Time, Newsweek, Ebony, and the New Republic, as well as TV segments on 60 Minutes and Phil Donahue. A recent Harris (1986) poll reported that 84 percent of Americans view teen pregnancy as a serious problem.

Approximately 10 percent, or about one million, of all American teenage girls become pregnant each year; over 90 percent of the pregnancies among unmarried teens are unintended (Governor's Task Force, 1986). Some 50 to 60 percent of these pregnancies result in live births, with births to adolescents accounting for almost one out of every eight live births in the United States (Ibid).
National health statisticians estimate that each teen birth represents two pregnancies since some 40 percent of teens obtain abortions and ten percent experience miscarriages. While reports of induced abortion are seen as unreliable due to underreporting, it is estimated that teens account for over one-fourth of the abortions in the United States each year (Real, 1987) and some studies put the figure closer to one-third (Zelnik, Kantner, and Ford, 1981).

The percentage of teenagers in the United States who became sexually active grew rapidly during the 1970s, with the average age intercourse was initiated being about 15 or 16 (Belsky, Lerner and Spanier, 1984; Bolton, 1980). Chilman's (1979) summary of the available data describes a substantial degree of sexual participation before age 15. A survey by Zelnik and Kantner (1978) found that by age 19, eight in 10 males and seven in 10 females have experienced coitus. As Zelnik, Kantner and Ford (1981) put it in their study of sex and pregnancy in adolescence:

"..If statistical evidence can be entertained as relevant to a normative question, it would seem reasonable to conclude that in the U.S., as of the mid-1970s, premarital chastity was effectively defunct as a widely held behavioral norm (p. 47)."
American teens are no more sexually active than their peers in comparable countries but they are many more times likely to have an unintended pregnancy (Guttmacher, 1981). The United States has the highest rate of adolescent pregnancies of all industrialized nations, twice that of France, Canada and England, seven times the rate of the Netherlands (Ibid). Guttmacher (1981) also reported that abortion rates in these countries are about half that of the United States although free or subsidized abortion services are available to teens regardless of income in those countries.

The majority of American teenagers begin their experience with intercourse without using any contraception (Belsky, Lerner and Spanier, 1984; Zelnik, Kantner and Ford, 1981). Less than half used birth control the first time they had intercourse (Harris, 1986) with two-thirds of those who were unprotected saying intercourse was something that had "just happened"; because they did not expect to have sex, they were unprepared when it did occur. Much of the contraception that was used at first intercourse consisted of nonmedical methods, such as foam, which are less effective in preventing pregnancy.
The young woman who at her initiation to sex is protected against pregnancy by a highly effective contraception is the exception at any age under 20 and decidedly in the minority below age 18 (Zelnik, Kantner and Ford, 1981, p. 96).

Of sexually active teenage women in this country only 30 percent report that they "always" use contraception; over one-fourth never use contraception at all (Harris, 1986; Zelnik and Kantner, 1978). On the average, teens in the United States are sexually active for nine months to a year before seeking contraception (Sugar, 1984; Zabin, Kantner and Zelnik, 1981); the visit to the doctor is often precipitated by the suspicion of pregnancy rather than the onset of sexual intercourse. Half of all the initial nonmarital teen pregnancies occur in the first six months of sexual activity and more than one-fifth occur in the first month (Zabin, Kantner and Zelnik, 1981).

The Alan Guttmacher Institute (1981) estimates that if the current pattern persists through the 1980s, four out of 10 girls now in their midteens will be pregnant before they reach the age of 20 and about two in 10 will give birth. About five percent of teenage women bore children in 1980 (Chilman, 1985).
Only 18 states have a higher teen birth rate than Ohio; Franklin County, in which the study was undertaken, was seventh out of 88 counties in terms of births to unmarried teens (Real, 1987, p. 4). The state's southern, rural counties have the highest teen birth rate; those counties are also Ohio's poorest (Planned Parenthood of Central Ohio, 1986).

In 1984, there were 1,876 births to mothers age 19 and younger in Franklin County, representing roughly 13 percent of the babies born there that year (Planned Parenthood, 1986). For comparison, the adolescent birthrate was very similar to that of the rest of the United States; Franklin County's was 50.5 births per 1,000 teenage women while the nationwide rate was 52.9.

37 percent of out of wedlock babies in Franklin County in 1984 were born to teen mothers. Roughly 19 percent (1182 in number) of the County's abortions were to teenagers. Compared to their United States counterparts, County teenagers were less likely to get an abortion and more likely to give birth than their peers.

Nearly one in four black children in Ohio is born to a teen mother compared to one in nine white
children. Statistics show that three out of four babies born to Ohio teens are the children of white adolescents but the black infant is twice as likely to be born to a teenage mother (Governor’s Task Force, 1987). A comparison within Franklin County between white and non-white births for teens shows the birthrate for the former to be 40.8 per 1,000 while for non-whites the birthrate was 94.9 per 1,000. Roughly one in 25 white teens ages 15 to 19 gave birth, and roughly one in 11 non-white teens of similar age became mothers that year (Planned Parenthood, 1986).

In Ohio, between 95 to 97 percent of unmarried teen mothers elect to keep their infants rather than place them for adoption. This is consistent with national figures showing 96 percent of all unmarried teen mothers opting to parent their babies (Governor’s Task Force, 1987).

Despite more restrictive eligibility standards in 1985, the Ohio Medicaid system paid for 46 percent of teen births in the state; this is one and a half times the national rate of payment (Real, 1987). This suggests that poverty among Ohio teen mothers is significantly higher than the national average.
Nature of the Problem

As the Children's Defense Fund (1986) points out, adolescent parenthood is a problem because it interrupts the teen's transition to adulthood; adolescent parenthood usually precedes the completion of education, the securing of employment and the establishment of a stable relationship. It also comes at a time when teenagers are encouraged to pursue more training, to have an employable skill, in an increasingly complex, technological society. With the move away from a predominantly rural society to the more industrialized mode, 18 and 19 year old teens have difficulty supporting a family on the employment opportunities available to them without a marketable skill.

Adolescent pregnancy represents a massive disruption of adolescent social and emotional growth in all but the most exceptional of cases. Not only are these young women taking on the responsibilities of child-rearing and childbearing prematurely... but other social complications are also generated. The social complications which develop out of the adolescent pregnancy frequently include the inevitabilities of low-paying jobs, constant financial insecurity, and a reduced opportunity for occupational achievement. Given the negative biological-social-emotional interactions
that are endangered, it appears safe to conclude that the positive adolescent pregnancy situation is a rare occurrence (Bolton, 1980, p. 32).

Compared to her peers, the teenage mother is significantly more likely to leave school without graduating; eight out of 10 girls who become mothers by age 17 never complete high school (Starr, 1986). Teens who become fathers before age 18 are about 40 percent less likely to graduate from high school compared to those who wait for fatherhood (Children's Defense Fund, 1986). Moore and Waite (1977) explored the possibility of early childbearers catching up with their peers in terms of schooling, but found that the gap actually widens; the importance of the educational deficit lies not only in the failure to complete high school but that graduation is a prerequisite for many educational and training programs.

Apparently because of their relatively low educational attainment, adolescent parents are much more likely to hold low prestige jobs; they have lower income levels and report greater job dissatisfaction (Card and Wise, 1981). In addition, the teen parent is twice as likely to be poor as a nonteen mother (Real, 1987; Bolton, 1980).
It is estimated that the United States spends almost sixteen and a half billion dollars a year on income supports for pregnant teens and those who have given birth. In addition, women who begin childbearing early have more offsprings than their peers who begin motherhood at a later age (Belsky, Lerner and Spanier, 1984), further draining limited resources. Many authors cite the "feminization of poverty" as starting with teenagers having babies; over 60 percent of the women on AFDC who are under 30 had their first child while an adolescent. Young, never-married mothers stay on welfare the longest, half for at least four years and 25 percent for a decade (Real, 1987). Even when teen pregnancy results in marriage, the families are almost three times as likely to be poor as those parents 25 years and older (Children's Defense Fund, 1987).

The stressors of early parenthood are also represented in the figures on teen suicide. The suicide rate for teenage mothers is seven times greater than for peers without children. In addition, a quarter of female minors who attempt suicide, some 100,000 a year, do so because they are or believe they are pregnant (Starr, 1986).
Children of adolescents have also been shown to be at risk. Many analyses have demonstrated deficits in the cognitive development of these children (Belsky, Lerner and Spanier, 1984; Bolton, 1980; Furstenberg, 1976) although a number of these researchers cite the difficulty in trying to separate the effects on these children of a life of poverty from the influence of growing up with a teen parent.

Sugar (1984) reported that there is an increased risk for infants of adolescent mothers of becoming battered children. He estimates that 15 percent of illnesses before age five are really incidents of child neglect or abuse. In addition Sugar found that infants of adolescent mothers were significantly less capable of responding to social stimuli, were less alert, were less able to control motor behavior or perform integrated motor activities than the infants of older mothers. Others tie these findings more to poverty than to the age of the mother (Real, 1987).

The same issue arises when looking at the medical risks to the teen mother and her child; while agreeing that there are increased medical risks and hazards, access to quality medical care may be as much of a factor as the age of the mother. In any case, a number
of findings have been related to bearing a child at an early age. 21 percent of teen mothers received late or no prenatal care as compared with only six percent of all mothers (Jones and Placek, 1981). Increased risk of low birth weight babies and perinatal infant mortality have been related almost entirely to the quality of prenatal care.

Adolescents suffer a higher mortality rate during pregnancy and delivery than adult counterparts. The death rate during pregnancy and delivery for a teenager is two and a half times that of a mother 20 to 24 (Belsky, Lerner and Spanier, 1984). Among the most commonly experienced medical problems for the pregnant adolescent are complications such as toxemia, anemia, excessive weight gain and prematurity. Bolton (1980) makes the point that these complications were once considered to be representative of complications occurring with any frequency only within lower SES groups and therefore more a factor of economics than age. But Bolton refutes this, explaining that "across the range of adolescent pregnancy...this set of complications knows no socioeconomic status or economic boundaries of any type" (p. 124).
Infants born to teenage mothers are more likely to die before their first birthday. This can be related to the larger number of premature and low birth weight babies. The nutritional status of both adolescent mothers and their infants has been shown to often be deficient, contributing to a physical and developmental lag in the infant both before and after birth.

The national prematurity rate in the United States is about eight percent but for adolescents it is over one and a half times that (Sugar, 1984). Infant death due to respiratory infections and accidents is more than twice as high among infants born out of wedlock to teens than for the nation at large.

Briefly then, those at risk include two upcoming generations—those most immediately about to enter adulthood and the babies they are raising. Often still in need of nurturing themselves, the girls are prematurely the nurturers to their own infants. Given the difficulties that arise out of teenage childbearing, why do so many American girls have intercourse without adequate contraceptive protection?
Inadequacies With the Current State of Research on Teen Pregnancy

A number of studies and surveys (Harris, 1986; Zelnik, Kantner and Ford, 1981; Sorenson, 1972) have documented the proportions of the national problem regarding the nonuse of contraception by adolescents in the United States and the resulting pregnancies. The current state of the research is able to produce information as to who is more likely to get pregnant and the interacting variables that impact on the problem. Yet, despite all the information generated, "it is obvious to the researcher and frustrating to the treatment provider that some combination of personal, social, and environmental variables are impeding adolescent contraceptive use" (Bolton, 1980, p. 35).

The Children's Defense Fund (1987), in looking at the major barriers to preventing teen pregnancy, cites:

..Our failure to define carefully the complex and varying factors contributing to teen pregnancy and out-of-wedlock births among different groups. Teen pregnancy is not a single issue that affects all groups for the same reasons in the same ways with the same consequences. Thorough homework is required to define the overall problem carefully, to determine the common needs of all affected groups and then to realize how it affects each community and subgroup.
We must struggle to disaggregate, to the extent possible, the varying contributing factors and consequences among blacks, whites and Hispanics, poor and middle class teens, boys as well as girls. We must subsequently design differentiated outreach and remedies carefully tailored and sensitive to the cultural needs of each group. (p. 6).

In her critique of the available research literature on teen pregnancy, Stewart (1981) reports an underlying, taken-for-granted view that adolescent pregnancy is a psychological or social problem in need of explanation, and that pregnant adolescents had problems ("as evidenced by the fact that they were pregnant.") She attributed this to the authors consistently removing the subjects of their study from the wider structural and social environment in which the issue emerged, focusing only on the problematic side of the issue, ignoring any normality.

It is not unusual in the study of a social problem or deviance to remove subjects from their social context, treating them as unique in cause and character. But this scrutiny in isolation results in the neglect of many threads of similarity between the phenomenon being investigated and normal, nondeviant or nonproblematic behavior (Stewart, 1981, p. 453).
Stewart suggests that in removing the pregnant adolescent from the cultural demands which operate on her, as both an adolescent and a female, and in focusing on her as part of a deviant category, some of the contributing factors are distorted or denied.

If the adolescent is placed within her social cultural environment, much of what is viewed by researchers as indicative of deviance may well be reframed as a normal response to social expectations (Stewart, 1981, p. 453).

Ogbu (1974) attributes this preoccupation on the part of American social scientists on individual characteristics and how they relate to a problem, as part of the American belief system that the individual is responsible for his own success or failure in life; he believes this bias prevents social scientists from fully exploring structural and cultural factors that may impact on behavior as well.

Griffin (1986) makes the point that individuals are both determined by and potential determinants of social forces; they are neither acquiescent victims of oppressive social conditions nor are they able to make 'free choices' through sheer willpower, removed from social conditions. Sexual behavior, then, is both individually as well as culturally determined. Certain
scripts for behavior exist in each society, reflecting accepted norms or values of the culture. Within that framework, an individual may choose his or her path, from among those he or she perceives as available or within his or her creation, receiving the sanctioning or coercion of the culture in return. "A complete theory of women's behavior must include how women themselves, as actors who respond to the social conditions they inherit, construct their lives out of the available raw materials" (Gerson, 1985, p. 37).

Laws and Schwartz (1977) suggest that with changing trends in sexual behavior, such as females engaging in sexual activity at ever younger ages, contradictions in expectations arise that are not encompassed in existing standards or scripts. They conjecture that new sexual scripts are being formed which research has not yet identified or interpreted.

The tightrope becomes harder to walk these days because sex is more expected, yet sexual access in and of itself does not define the relationship. It is a dilemma for the female: she must judge how much to give and how much not to give. No script gives her good directions for this central problem of contemporary
courtship and contemporary adolescence. There is an important research here. We know young adolescents are sexually active. What are their scripts for what they are doing and why they are doing it? We have not asked these questions, and we do not know their answers (Laws and Schwartz, 1977, p. 225).

**Purpose of the Study**

The purpose of this research is to describe and to understand the phenomenon of teen pregnancy as it is presented in one, large, urban high school. More specifically: how do the adolescent girls themselves perceive and make meaning of their pregnancies and nonuse of contraception? While numerous studies have recently addressed the issue of teen pregnancy, what is missing in the current explanations are those supplied by the adolescent community itself.

Several potential sub-questions evolve as the problem is considered:

Are these "unwanted" pregnancies?

Is contraception perceived as readily available?

What are the "costs" involved in obtaining contraception—socially, personally, financially, physically?
Significance of the Study for Social Work

Spender (1982) makes the point that women have a responsibility to describe the world from the position they occupy—for other women; and for men, who will not know unless they are informed. Social work, embodied predominately by female social workers working with clients who are mainly female, has a stake in better describing and understanding the world as it is experienced by women. Hopefully this research, describing the experiences of a group of adolescent women, will contribute to that kind of understanding and will contribute to the effectiveness of social workers.
CHAPTER II

REVIEW OF THE LITERATURE

The literature review is composed of four sections. First, a recent history of the problem is traced to put the current issue of adolescent parenthood in context. Secondly, since adolescent pregnancy does not affect all segments of the population of the United States equally, factors shown in the research that relate to this unequal distribution are examined.

The third section of the literature review examines current theoretical thought in the area of adolescent pregnancy. Finally, the very conceptualization on the issue goes hand in hand with the research approach taken; a case is made in the fourth section for the appropriateness of considering sexuality and sexual behavior as social constructions that, therefore, need to be studied in that context.
A Recent History of Adolescent Parenthood

a. The shift from married to unmarried teen parenting

Interestingly, the issue of adolescent pregnancy has been recognized as a major social problem in the United States, and one needing attention, at the very time that the birthrate among teens has steadily dropped. Although the absolute number of teenage births has risen since the end of the baby boom, the birthrate for all but the youngest teens, those under 15, has been declining since 1970.

There has been a rise in teen pregnancy but not in births; about half of the pregnancies are terminated through abortion. The availability of abortion in recent years has provided an unmarried, pregnant adolescent with a legal alternative to an out of wedlock birth or a forced marriage.

The distinct feature of current teen births is the high proportion that occur out of wedlock.

Birth rates among young women have fallen in recent years, although less than the rates for older women...Illegitimacy, which has continued to rise among young women, even as their birth rates declined somewhat, casts a long economic shadow...Among the young in the United States, illegitimacy is of substantial proportion and rising as
the increase in sexual activity more than keeps pace with advances in contraceptive usage or pregnancy interruptions (Zelnik, Kanter and Ford, 1981, p. 19).

During the 1950s, only 15 percent of births, although not necessarily conceptions, were to unmarried teens. Traditional beliefs held that pregnant, unwed women should marry before the baby was born, to "save their reputations" and to legitimize the child. Beginning in the 1960s, however, the incidence of early marriage and early childbearing within marriage among teenagers declined, while the incidence of childbearing outside of marriage rose. By the late 1960s teenage family formation increasingly occurred outside of marriage rather than within. By 1970, 50 percent of the births to teens were to those who were unmarried; 1978 brought the rate to 60 percent. The legitimation rate for black teens has traditionally been one-third to one-half that of white teens although by the 1970s, the gap between the two races had narrowed considerably (O'Connell and Moore, 1981).

b. Portrayal of adolescent pregnancy in the literature

Furstenberg (1976) notes that beginning in the 1950s, references began to appear in the professional
literature and mass media presentations on the undesirable consequences of teen marriage and childbearing. Prior to this, there is little evidence that marriage or parenthood was considered to be a problem for females under 18. "In earlier times, youths generally finished school around the time of the onset of physical maturity, entered the work force as adults while in their teens, and had families by their late teens" (Children's Defense Fund, 1987, p.6).

By the 1960s, adolescent parents were portrayed in a distinctly unfavorable light in the child welfare, social work and educational journals (Furstenberg, 1976). A number of factors probably influenced such a portrayal: in the first half of the 1960s, the sheer number of females available to bear children increased by more than 25 percent as children of the baby boom entered adolescence. There was general apprehension about overpopulation in the 1960s, leading advocates of family planning to direct their efforts to specific groups such as adolescents. Pillonis (1975 quoted in Stewart, 1981) suggests that during the sixties and early seventies, media and research programs led to concerns that adolescent pregnancies were placing increasingly heavy financial burdens on communities and
were indicative of growing sexual immorality. The linkage of adolescent pregnancy with moral laxity, associated with the feared demise of the family, and economic dependence, helped cast it in an unfavorable light. During the War on Poverty the government began to take notice of the social and economic implications of teen births; promiscuous sexual behavior, illegitimacy and early marriage were singled out as cultural elements that contributed to the maintenance of poverty (Rainwater and Yancey, 1967 cited in Furstenberg, 1976).

While there traditionally had been high opposition to family planning services for adolescents, by the middle of the 1960s there were open appeals for birth control for unmarried youths. During the early 1970s provision of contraception to teenagers who requested it was favored by the majority of Americans (Furstenberg, 1976).

c. Explaining the shift from married to unmarried adolescent parenthood

Multiple factors have been singled out to explain the shift from married to unmarried adolescent parenthood. Births to single women are heavily
concentrated among low-income women. School dropout and unemployment rates for poor teenagers and young adults are very high. In terms of financial security for herself and her child, a young woman may be in a better position by not marrying. Between 1973 and 1984, the real incomes of males, ages 20 to 24, dropped by a third; among black men in this age group, average annual incomes fell by 45 percent in real terms (Real, 1987, p. 17).

For women, especially young women with children, marriage has been, and remains, one of the key ways to escape poverty and avoid welfare dependency; contrary to popular belief, marriage, not employment, is the most common route off welfare, especially for young mothers likely to be in low-wage jobs (Children's Defense Fund, 1986). With a shortage of available young men who can support a family, the adolescent mother may not feel marriage is feasible. Furstenberg's (1976) longitudinal study of pregnant, unmarried, black teens found that they were more likely to marry if their boyfriends were employed. The availability of public assistance, while not a "cause" of adolescent pregnancy out of wedlock, does allow a
teen mother another option and, some limited economic security.

Increasing evidence has accumulated showing teen marriages to be financially unsound and generally fragile, with a high proportion ending in divorce. Research indicates that marriage may actually worsen a young mother's situation; she is likely to have more children at closely spaced intervals, decrease the likelihood of returning to school, have less child care help from her parents and siblings and thereby reduce her opportunity to carry a job (Chilman, 1985).

To a large extent, marriage is no longer seen as the life goal for women, and rising divorce rates make the young leery of the advantages of marriage for themselves and any young children they might have. Moreover, there tends to be less pressure than formerly to legitimize a child through marriage (Chilman, 1985, p. 147).

Legal abortion has influenced not only teen birthrates but marital rates as well. White teens were particularly likely to marry with the discovery of a premarital pregnancy. Sklar and Berkov (1981) suggest that the decline in the marriage rates demonstrates that for many young girls, the gamble of forcing marriage with a premarital pregnancy has not paid off.
Contraceptive responsibility has increasingly shifted to the girl with the development of female-oriented contraceptives. "Not only may the boy feel less obligation toward the girl if she becomes pregnant, but there also may be less pressure from the parents and the community to hold the boy accountable for the pregnancy" (Sklar and Berkov, 1981, p. 410. Legal abortion is seen as another disincentive to hold the boy responsible.

Changes in the predominant culture regarding sexual behavior exposed a higher proportion of unmarried adolescents to the possibility of pregnancy. A growing acceptance of "alternative life-styles" and a generally more open sexual climate in society at large filtered through to the adolescent culture. Greater sexual permissiveness first gained strong momentum in the decade between 1920 and 1930; the period from 1930 to 1965 has been depicted as a time of gradual consolidation of these changes. Another surge toward even greater sexual freedom began in the mid-1960s. Attitudes toward nonmarital intercourse became more liberal in general; there was a growing tendency for adolescents to hold that sexual behavior is more a matter of personal choice than of morality (Chilman,
1983). In addition, later age at first marriage allowed for a longer period of exposure to the possibility of nonmarital pregnancy.

Factors Associated with Adolescent Pregnancy

A wealth of information has been generated regarding who is likely, as a teen, to get pregnant and why. The highlights of that information are surveyed below.

a. SES/Race

The poor, female adolescent is 300 percent more likely to become a teen parent than an adolescent who is not poor (Real, 1987, p. 15). Single parenthood among teens is much more strongly linked to poverty than to race or other indicators (Children's Defense Fund, 1986). Salguero (1984) defines race as an important variable in adolescents' susceptibility to pregnancy and its outcome, but there is general consensus that it is so interrelated with socioeconomic conditions that race cannot be considered an independent variable. Indeed, throughout the literature it often appears as an interwoven theme although specific studies have focused on different
groups by race (Thompson, 1984; Rubin, 1976; Stack, 1974; Ladner, 1971). Zeinik, Kantner, and Ford (1981) determined that race plays no part in determining whether contraception is or is not used at first intercourse or last intercourse or whether contraception is always used or never used.

Poor and minority teens have a disproportionate share of teen births. A black teen is twice as likely to become pregnant as a white teen; a black teen is five times as likely as a white teen to become an unwed parent (Children’s Defense Fund, 1987, p. 4). Minority teens account for 27 percent of the adolescent births and 57 percent of births to unmarried teens (Children’s Defense Fund, 1987, p. 6). This is strongly correlated to higher poverty rates among blacks.

Research often relates the poverty status with attitudes of fatalism, powerlessness, alienation, and a sense of personal incompetence and hopelessness in respect to striving for higher education and occupational goals; this is shown to be particularly true when racism combines with poverty to reduce life chances. When other, good opportunities are not available to them, Chilman (1983) conjectures that the motivation of an adolescent girl not to have a child
may be reduced. The attitudes of fatalism and powerlessness have been related to nonuse of contraception.

Although research is limited, it appears that poverty among whites and blacks breeds many of the same attitudes and behaviors; however, the effects of poverty on whites are not as severe because they are not combined with the effects of racism. Rubin's (1976) study of white, blue collar families showed that many of these families felt locked into a life of continuing deprivation with little to look forward to in terms of higher education, rewarding jobs and adequate income. She makes the point that to these families there seems to be little point in deferring gratification or planning for the future.

The practicality of the participation in sexual activity brings immediate reward for the lower SES adolescent that may compensate for some of the deprivation of her earlier life, yet the pregnancy that results is a virtual guarantee of her continued participation in the world of deprivation and limitations in opportunities (Bolton, 1980, p. 83).

Furstenberg's (1976) thesis is that among the economically disadvantaged, motherhood is one of the few sources of satisfaction in an otherwise bleak and
unrewarding existence. For many women, the fact of being pregnant brings with it feelings of self-esteem and accomplishment; in a country where one's worth is judged primarily in three areas—school, work, and family, it should not be surprising that adolescents who face little opportunity in the first two might consciously or unconsciously seek reinforcement of their self-worth in the third (Children's Defense Fund, 1986). In addition, pregnancy serves the purpose of establishing the "legitimacy" of the lower socioeconomic female as a woman, and for the lower socioeconomic male establishment as a man (Bolton, 1980). Chilman (1983) reports that motherhood itself is seen by many adolescent girls as having beneficial effects in helping them mature and gain status as women.

b. Generation to Generation

The highest teenage childbearing rates are in working class neighborhoods and depressed urban areas. Increases in pregnancy rates coincide with increases in unemployment rates. In these communities, where women have always married young, the generations are compressed; pregnancy may not be interrupting career
plans but may be a plan in itself, one route to independence and adult status. There are whole sections of American society in which teenage pregnancy has been the norm for generations and will probably continue to be so (Furstenberg, 1976).

Lower and working class girls, upon discovering they are pregnant, choose to keep their babies in about 95 percent of the cases whereas upper and middle class girls more often opt for abortion (Sugar, 1984). Different maternity rates among the classes may be a reflection of the greater number of options available to those from more advantaged families such as education, job opportunities, or even abortion.

In the literature on working-class families, there are numerous examples in which young women saw "love" as a way to escape their original nuclear families. Young women express their hopes of leaving a difficult family situation by finding the right man to marry; they therefore marry young, with little formal education, possibly about to become parents and begin the cycle again. "It's a common experience to go from being someone's child to having someone's child in under a year" (Rapp, 1982, p. 173). Rapp (1982) reports that 50 percent of working class women marry in
their teen years; 40 to 66 percent of the teenage pregnancies are conceived premaritally (p. 173).

Thompson (1984) observes that in the context of working-class girls:

Romance can serve as a halfway house on the road to autonomy and separation. When romantic expectations and possibilities are in relative accord, when the body is assauged and diverted with pleasure, romance and sex can make separation much easier, exchanging sensuality and sexuality for parental comfort and embraces. (p. 357).

Fisher (1984) found that working-class 16 year old mothers were not dramatically worse off than their peers without babies; her analysis is that becoming pregnant may represent an attempt toward growing up. In working-class communities "founding a family is what people do for personal gratification, for love and for autonomy" (Rapp, 1982, p. 173).

c. Mother-Daughter Relationships

Furstenberg's (1976) study also showed that a mother's sexual standards had an effect on her daughter's use of contraception. Daughters of women strongly disapproving of premarital intercourse were less likely to use birth control than adolescents from more permissive homes. In addition, women who held
favorable views toward contraception and mothers who were not very knowledgeable about sex tended to have more frequent discussions with their daughters on sexual intercourse and morality (Fox, 1981).

Women from families in which both mothers and daughters reported discussion of birth control were much more likely to use contraception or to have their partners do so. Furstenberg (1976) found that in families where birth control was discussed, 52 percent of daughters used contraception at some time compared to 23 percent when birth control had never been discussed by mothers and their daughters. It is thought that when parents supply sexual and contraceptive information the adolescent is allowed to acknowledge her own sexuality and hence may regard sex less as a spontaneous, uncontrollable act and more as an activity subject to planning and regulation.

Instruction on birth control was found to be casual and oblique at best; rarely were the adolescents told about effective contraceptive devices. Rather, they were often admonished not to go "unprotected" or to "be sure you get the boy to use something." While 92 percent of mothers reported they had at least occasional discussions with their daughters on the
subject of sex, it seemingly often took the form of "don't get mixed up with boys" or do anything she would "be sorry for later" (Furstenberg, 1976). Yet Furstenberg found evidence that both mother and daughter were prepared for this eventuality. Many had had experience with unintended pregnancies through friends, relatives or neighbors. The mother's admonitions "to be careful" and "not to get into trouble" communicated an apprehension that their daughters were risking pregnancy.

This sort of interaction provided a script for the daughter's reaction to finding out she was pregnant and was in effect a rehearsal for that scene. To some extent, a process of normative discounting had preceded the pregnancy. Before the rules were even violated, the groundwork was laid for moral redemption. As one respondent said, summing up her feelings when she learned that she was pregnant, 'It was bound to happen sooner or later; it might as well be now.' (Furstenberg, 1976, p. 52)

d. Lack of Information Regarding Risk of Pregnancy

Information from a 1986 Harris poll indicated that there is still considerable confusion among teens regarding the risk of pregnancy. The data showed that many adolescents are uncertain about when the "safe time" of the month is and which time of the menstrual
cycle poses the greatest risk of conception (Harris, 1986). In addition, mythologies continue to circulate in adolescent circles which add to the confusion. Two examples of these myths are: a girl can't get pregnant the first time she has intercourse and, a girl has to have an orgasm to get pregnant. The Harris poll did indicate that knowledge increases with age although males remained less knowledgeable than their female counterparts.

Various surveys (Harris, 1986; Finkel and Finkel, 1981; Fox, 1981; Bolton, 1980) of adolescents' sources of information regarding sexual matters indicate, in varying order, friends, parents, the media and courses at school, as their sources of input. Friends, as a source of information, were listed most frequently although the media was also significantly cited. Spanier (1976) reported, and there seems to be general agreement in the literature, that informal sources of sex education have significantly more impact on nonmarital sexual behavior than formal sources.

In terms of what is "enough" information to know to avoid conception, Fisher (1984) found that only ten percent of the girls she surveyed did not know enough to avoid pregnancy. Furstenberg (1976), on the other
hand, reported extremely superficial knowledge regarding birth control, usually acquired through casual conversations with friends or through the mass media. In any case, Chilman (1983) makes the point that at least 12 studies have sought to assess the levels of knowledge of adolescents regarding the physiology of reproduction and contraception; most of them show that there is little, if any, relationship between levels of measured knowledge and contraceptive behavior. Spanier (1976, cited in Fox, 1981) concurs: "there are indications that pressures and experiences confronting young people in a given dating or peer group situation takes precedence over all past sexual socialization influences" (p. 95).

In emphasizing the limitations of sex education, Strouse and Fabes (1985) document that while some studies have found that exposure to sex education can increase knowledge and tolerant attitudes, such programs do not have much impact on sexual behavior. Zelnik and Kantner (1977) concur, saying "the transfer of knowledge to formal settings may be likened to carrying water in a basket" (p. 59). Explanations for the apparent failure of sex education have ranged from its general lack of comprehensiveness to the timing of
when it is taught to cognitive immaturity in teens that prevents them from applying logical, premeditated thought to their sexual behavior.

e. Age of Menarche

During the last five decades, there has been a decline in the age of menarche in the United States due to improved health and nutrition. Even though the age at menarche declined for white and black females, the percentage of black females who begin menarche between ages ten and 15 is much higher than that of whites of the same age (Stack, 1974, p. 51).

This early age of menarche (around age 12) is thought to condense the prepubescent and latency stage so much that early onset of coital activity is a natural result. A generation ago, the years from ten to 12 were spent in conventionally ascribed latency tasks such as hobbies and same sex relationships. Now with societal changes and early physical maturation, girls are "adults" at earlier ages.

In general, those who begin intercourse at an early age also experience early menarche; the interval between menarche and first intercourse generally is two or three years (Zabin, Kantner and Zeinik, 1981, p.
Outright (1973, cited in Bolton, 1980) has reflected upon the relationship between the earlier onset of menarch and the rapid sequencing of sexual characteristics and first menses in the following manner: If the mean age of menarch is approaching 12 years, the range of first menses would fall between eight and 16 years of age; since ovulation ordinarily occurs approximately two years after the onset of menarche, the age of fecundity may be as early as ten years of age. Rauh (1973, cited in Bolton, 1980) estimates that 94 percent of the young women in this country are fully fecund at 17.5 years of age. As a basis for comparison, he estimates that, considered data drawn at the turn of the century, only 13 percent of the young women were fecund at 17.5 years of age. This striking difference places the adolescent group today at greater risk than previous generations of adolescent pregnancy.

Furstenberg (1976) notes that the gap between onset of menses and fecundity promoted a self-reinforcing behavior among those who were sexually active during that time. Because many were not yet fertile, as time went on they became increasingly convinced that they would not become pregnant. The
longer they went without conceiving, the more likely they were to take risks with contraception.

f. Contraceptive Preference

Harris (1986) reports that the overwhelming majority of teenagers prefer just two methods of birth control: the pill and the condom. Many more prefer the pill than actually use it; the condom is more often used, based on the relative ease in obtaining it. The condom was also rated by teens as the method of birth control safest from side effects. The pill and the IUD were seen as having the most potential side effects; teens state that they cause cancer and sterility respectively (Harris, 1986).

g. Responsibility for Birth Control

In questioning a group of sporadic contraceptive users, Furstenberg (1976) found that the most common reason for irregular use was that the females felt birth control to be the responsibility of their partners and that their partners were often unprepared or unwilling most of the time to contracept. With further questioning, they conceded that had they been
more insistent, their boyfriends might have been more compliant. Women have traditionally been expected to be more passive than men in all aspects of sexual interaction; it is often hard for a woman to insist if the man does not initiate the discussion of birth control or if he actively resists it (Luker, 1975). Luker also raises the issue that women fear alienating their male partners over birth control issues even if it is simply a matter of postponing intercourse or using an interim method until one of the more exclusively female-oriented methods can be started.

Mothers agreed with their daughters that the men were to assume responsibility for "using protection" and that the female role was one of reminding their boyfriends of their responsibility. It seemed that it was in this process of negotiation that things broke down; "quite often either the teenagers failed to insist on contraceptive use or their partners were unresponsive to their attempts at persuasion" (Furstenberg, 1976, p. 50).

Males, on the other hand, argued that contraception was up to the females because they are the ones who get pregnant. Chilman (1985) found that
the majority of adolescent males believed that contraception was not their responsibility. She points out that this is particularly worrisome because many sexually active girls (about 40 percent) depend on the male's early withdrawal during intercourse as their primary contraceptive method.

h. Preparedness for Intercourse

There is also some evidence that many young females feel it reflects badly on them to be too prepared for intercourse; they believe that should they show they anticipated sexual intercourse and prepared for it, it makes a negative statement about them.

It is ironic that, given a cultural climate that negatively labels sexually prepared and protected adolescent girls, most birth control services are set up mainly to attract females. It makes sense on some level that girls wait approximately a year after initiation of intercourse to go for birth control.

Although it is true that contraception is only logical and can reduce the risk of pregnancy, it must be understood that what is perceived to be the remote risk of pregnancy is not as great as the immediate risk of the
loss of reputation or self-esteem (Bolton, 1980, p. 89).

1. Acceptance of Sexuality

The acceptance of her own sexuality has been identified by a number of researchers as an important correlate of contraceptive use by an adolescent girl (Urberg, 1982; Miller, 1981; Luker, 1975; Goldsmith, et al, 1972). Urberg (1982) hypothesizes that the denial of sexuality is probably more common among girls than boys; nonmarital sexual behavior has, historically, been tacitly approved for males while being disapproved for females.

To neutralize her own guilt and disapproval over her sexual activity, the adolescent girl needs to see the act as spontaneous, growing out of love; she is then able to be simultaneously intensely sexually involved while maintaining a respectable view of herself. This denial to one's self of one's sexual behavior makes contraceptive use on the girl's part improbable. "After all, if one is not that kind of
person (sexually active) there is no need for birth control" Urberg, 1982, p. 351). It is thought that this allows a large number of girls to have sexual relations for months without adequate contraception.

As Bolton (1980) points out, the root task in the acceptance of sexuality is rejecting the fantasy that all sex must be spontaneous and, accepting instead that sexual activity can exist as a planned element in living. This may be made all the more difficult by a message from society that that kind of preparedness moves her precariously close to the "bad girl" category. Even the girl who grows to accept her own sexual participation may be unwilling to "go public" with that fact, a step necessary to acquire contraception.

When pregnant teenagers were asked why a female begins to have sexual relations, the most common response was the inability to successfully resist pressure from the male (Harris, 1986; Furstenberg, 1976). Furstenberg interprets this view of seeing themselves persuaded or coerced by their boyfriends as a way for the female to counteract her feelings of guilt at having departed from some idealized norm.
Many adolescent girls were prepared to "stretch their values," that is, when the ideal standards were untenable, they were replaced by more practical codes of behavior; the ideal norms were not abandoned as much as the observance of them was suspended (Harris, 1986). In this way, many participants in sexual activity were able to voice allegiance to codes of morality while violating them.

J. Nature of Relationships

The literature is replete with the idea of sexual bargaining, not only in adolescent relationships but within the larger culture as well (Thompson, 1984; Laws and Schwartz, 1977; Furstenberg, 1976; Luker, 1976). Females learn to use their sexuality as a medium of exchange; initially they exchange their physical assets for entertainment by the male and, as the relationship develops, they exchange sexual favors for love, security, and commitment. As Thompson (1984) succinctly put it: "As I let you take me bit by bit you must commit yourself to me in equal measure" (p. 367).

But there is also general agreement that twentieth century adolescents are trying to pull off an old
bargain on slender contemporary grounds, for as nonmarital intercourse for women becomes both more frequent and normative, a woman's bargaining position is weakened. Jacobsen (1976) makes the point that when norms are permissive, a girl has nothing left to hide behind and it is more difficult for a girl to refuse male requests.

In her research with white, working class girls, Thompson (1984) found that the language of negotiation and conquest is an integral part of most of their sexual tales. While at one time a first kiss constituted the dividing line between the innocence of childhood and the beginning of a sexual life, the primary dividing line for adolescent girls in the 1980s is virginity. Thompson found that, far from being something that teenage girls take lightly, the first experience of intercourse and loss of virginity is loaded down with expectations and symbolic weight; "first intercourse is an absolute test of the chance of a committed relationship and a test of sexual worth" (Thompson, 1984; p. 364). It is in that light that intense sexual bargaining over virginity takes place.
A common theme heard by Thompson in her research was: girl gives in; girl gets dumped, with the standard explanation being that he only wanted one thing—sex. Thompson offers an alternative view, suggesting that sex is unnerving to boys because of the disjuncture between what sex is really like and what coming of sexual age as a man is thought to be.

Becoming a man is a matter of arming oneself in a muscled body, becoming impermeable (unlike permeable women), being immovable, a super-man, a man of steel, while actually going to bed with a woman involves taking off one's clothes, becoming naked and to some extent dependent, and going out of control... (Thompson, 1984, p. 368).

The monogamization that, for girls, has accompanied first intercourse, heightens the sense of pain she feels when a break-up follows on its heels. Sex, intimacy and permanence are fused, with virginity seen as the most valuable possession one will ever have to exchange for love. "Adolescent sex is not seen, as dating mainly was, as a practice game, but as, if not the real thing, then the same as the real thing will be" (Thompson, 1984, p. 369).
Furstenberg (1976) found that the single most important factor in the use or nonuse of birth control was the nature of the adolescent couple's relationship; contraception was much more likely to be used by couples in a stable, romantic relationship. He hypothesizes that reasons for that may include that both partners come to regard sex as less spontaneous and more under control, that since intercourse is more likely, they are more likely to be prepared contraceptively. The male may also feel that, should a pregnancy occur, he would be committed to assuming responsibility because of his emotional involvement with the girl. Furstenberg reported that the bargaining power of the female may be improved in a stable relationship; "while a young man may be able to ignore the request of a casual sexual partner that he use birth control, he is probably less likely to resist the urging of a woman with whom he is emotionally involved" (p. 51).

In a temporary sexual encounter, both partners are often unprepared for sexual relations. Luker (1975) found that fewer than one out of ten high school and college age males asks a woman at first intercourse
whether she is contraceptively protected. Zelnik, Kantner & Ford (1981) make the point that many who are sexually active have sexual lives that are irregular, episodic, and unplanned—all of which presumably play some part in whether and what kind of contraception is used.

Miller (1981) suggests that even once a couple's pattern of interaction regarding contraception has become stable, they are still subject to unintended pregnancy at times of crisis in the relationship. They are more prone to forget or simply abandon previously established routines under the stress of a serious problem in the relationship. Or, after a couple has separated, they may find themselves contraceptively unprepared should a reconciliation effort occur unexpectedly.

k. Pregnancy to Preserve a Relationship

There is also some evidence (Scott, 1983; Miller, 1981) that the female may see becoming pregnant as a way of preventing the disruption of a relationship. Or, the teenage girl who is in love may be willing to
put herself at risk of pregnancy, feeling there's enough probability of marrying her partner at some future point. Scott (1983) makes the point that a notable number of males who are also interested in a future, long-term association, often influence the nonuse of contraception by either partner and thus are willing to put themselves at risk of parenthood also.

Childbirth 'gives cause' for continued social-sexual, economic, and psychological interest in one another. A hypothesis to be tested at some future time is whether a teenage birth is a conscious bonding mechanism used by both the young men and women in a highly competitive rating, dating, and mating marketplace (Scott, 1983, p. 892).

Current Theoretical Thought

a. "Brood Sow"

In popular thinking, the unwed mother is often depicted as a chronic and willing recipient of public assistance. A large segment of the public believes that many lower SES women deliberately have children before marriage in an effort to qualify for welfare benefits; once these women become economically dependent, so the thinking goes, they produce more
Infants in order to increase their welfare grants. The wide publication of monies expended, coupled with the frequent acceptance of what has been called the "Brood Sow" theory (Placek & Henderson, 1974 in Bolton, 1980), culminate in a common reluctance to fund additional programs. "Adolescent parenting has moved squarely into the view of every taxpayer in this country . . . Adolescent pregnancy has moved out of the treatment provider's office and into the political and public arena" (Bolton, 1980, p. 97).

Numerous analyses (Bane and Ellwood, 1986; Governor's Task Force, 1986; Chilman, 1983; Ross and Sawhill, 1975) have found no evidence to support the hypothesis that high AFDC benefit levels encourage childbearing among adolescents. Unwed adolescent parenthood is not higher in states with liberal policies for granting AFDC or with more generous benefits. Actually, teen birth rates tend to be highest in states with the lowest welfare benefits. Taking an international perspective, this nation as a whole is much less generous in providing income support for young families than are many of the European
countries that have much lower teen pregnancy and birth rates (Children's Defense Fund, 1986).

While the availability of public assistance apparently does not "cause" adolescent pregnancies, it does seem to increase the options of adolescents who discover they are pregnant. Moore and Caldwell (1977 in Chilman, 1983) conclude that public assistance may persuade a girl not to marry a poor prospect, place her baby up for adoption or have an abortion. Chilman (1983) observes that the availability of welfare assistance make it possible for a sizeable proportion of adolescent mothers to return to school.

b. Contraceptive Ignorance

Luker (1975) suggests that current views as to why women have unintended pregnancies can be summarized in two prevailing theories: contraceptive ignorance and intrapsychic conflict. The first, often put forth by family planning agencies and their supporters, hypothesizes that women have unintended pregnancies because they lack the contraceptive expertise to prevent them. In her own study of women seeking abortions for unwanted pregnancies, Luker found that
pregnancy occurred in this population not because women lacked the skills to avoid it but because they did not use the skills or used them only inconsistently.

In a survey by Shah and associates (1975) asking females ages 15 to 19 their reasons for not using contraception, only six percent "wanted a baby" and nine percent "didn't mind getting pregnant." Given that the rest of the sexually active adolescents supposedly want to prevent pregnancy, Planned Parenthood takes the view that improvement would follow by offering better sex education to teenagers. Yet in a pilot study of adolescent sexuality and adolescent nonuse of contraception, Nadelson and associates (1978) found that adolescents who had had courses on sexual information and education were not able to integrate and utilize this knowledge, nor did it build toward the use of contraceptives. A study by Spanier (1976) found that attendance in sex education classes did not seem to influence sexual behavior of adolescents one way or another, regardless of when the course was taken, what kind of class it was, who taught it and whether coitus or birth control was specifically mentioned.
c. Intrapsychic Conflict

Inconsistent usage of contraception is popularly translated into a primarily intrapsychic conflict. This suggests that while women have the contraceptive skills to prevent pregnancy, they encounter a psychological resistance to using them. The resulting "unwanted" pregnancy is seen as a manifestation of unresolved conflicts, which could be connected to an unconscious search for love, loss of love early in life and a replacement for the real or imagined loss of a parent, unresolved dependency needs, rebellion against authority, as well as many other forms.

Solutions following from these theoretical orientations are informational in nature: get more information into the system through increased contraceptive education and counseling of women. An unwanted pregnancy is seen as an individual and/or psychological problem rather than as part of a societal level phenomena so solutions target helping the woman take individual responsibility for her behavior.
In critiquing the adequacy of the current theories of unintended pregnancy, Luker (1975) makes the point that:

In the contraceptive ignorance theory these . . . women have supposedly not yet learned the contraceptive skills that the rest of America has long since put into common practice; in the intrapsychic conflict theory the . . . women are self-destructive and neurotic, persisting in patterns of behavior that are counterproductive (p. 34).

She rejects both of these as too linear to be useful while perpetuating a blaming the victim type of mentality.

d. Theory of Contraceptive Risk Taking

Luker conceptualizes a theory of contraceptive risk-taking based on the idea that an unwanted pregnancy is the end result of an "informed decisionmaking process; and more important, that this process is a rational one, in which women use means appropriate to their goals" (1975, p. 32). The key is the idea that women, in their choices, are attempting to achieve more diffuse goals than simply preventing pregnancy.
Luker grounds her view in classical decision-making theory which assumes that individuals perceive options, assign values to these options, choose an option as preferable to others, and act to implement that choice in behavioral terms. The decision-making process consists then, of a series of decision junctures where values are assigned to options and behavior is influenced by these assigned values. "Rational" decision-making does not imply that choices in life are always explicitly or clearly articulated; Luker suggests that "in perhaps the majority of life situations, this calculation of 'the risks of life' is a subtle, intuitive, continuing process" (1975, p. 78). In her own study, she attempted to open up for analysis decisions which were made, but were previously unarticulated, and may have been less-than-fully conscious.

From the results of her research, Luker (1975) reports that:

... women take risks because they make a cost accounting of utilities and risks. They weigh the disadvantages and benefits of contraception against the disadvantages and benefits of an unwanted pregnancy. The costs of contraception are the personal and social
costs of acknowledging sexuality, planning and engaging in continual sexual activity; the structure-related costs (obtaining contraception); the costs to a personal relationship; and the costs related to contraceptive technology. The other part of a theory of risk-taking—and a highly significant one—is the assignment of costs and benefits to pregnancy, even when that pregnancy is later defined as unwanted (p. 63).

Of significance here is that the decision to take a contraceptive risk is typically based on the immediate "costs of contraception" and the anticipated benefits or costs of pregnancy, which may be weighed differently once the pregnancy is an actuality.

Becoming a contraceptive risk-taker in Luker's view is seen as a complicated social process, with the social situation providing the elements that are eventually woven into the cost accounting. The social and cultural meanings society assigns to sexuality and contraception impact on the values assigned.

Costs and benefits in decision-making are highly personal but in generating theories around the nonuse of contraception, it has generally been assumed that contraception is not as "costly" as an unwanted pregnancy which is seen as having few, if any, rational benefits. But as Luker points out:
If it is assumed that contraception is uniformly beneficial, and that any pregnancy which is other than planned and wanted has no benefits of any consequence to normal, well-adjusted women, it is clear that the decision not to use contraception (particularly when viewed from an ad hoc position after a pregnancy has occurred) is irrational and self-destructive. If, on the other hand, it is assumed that contraception often has social, emotional, financial and physical costs which are reasonable in the context in which they occur, and that pregnancy, including those which ultimately end in abortions, have benefits which are conscious, social, and equally reasonable given the context in which they occur, then the decision not to use contraception can be seen as a weighing process between a series of fairly well-defined costs and benefits (1975, p. 35).

The theory of contraceptive risk taking—that it is a series of decisions which appear rational to the decision makers themselves—asserts that the behavior of people can be predicted if the range of alternatives open to them is known and if the assigning of value to the various alternatives can be defined (1975, p. 80).

In terms of intervention into the system, it appears that by explicating her cost-benefit analysis, the woman can use that awareness to avoid poor cost accounting in the future. And, as Luker points out, that in translating the process of nonuse of
contraception into the more general theme of decision making under risk conditions (such as not using safety belts, cigarette smoking), it is generally assumed that there are many ways that well-adjusted individuals take chances with health and safety.

In the study from which Luker's theory of contraceptive-risk taking evolved, it is worth noting that only a small portion of her sample (nine percent) were 17 years of age or younger and that the average age was 22; 53 percent of her population fell into the 21 to 30 years of age range. In terms of developmental theory, the adolescent's primary task, as described in Erikson's (1968) "eight ages of man" is to develop a sense of personal identity or risk identity confusion. After this life stage individuals must make a wide variety of relatively permanent choices about their lives; they select an occupation, a marriage partner, a moral code, a political ideology. The qualities seen necessary for adulthood--the capacity for autonomous thinking, clear decisionmaking and responsible action--are part of the developmental tasks of adolescence that are in process, eventually facilitating the progression into adulthood.
Adolescence is also generally the time at which higher levels of cognitive thinking are reached, although there is considerable variation among individuals. The basic aspects of the move toward formal operations, as laid out by Piaget, are "the ability to move one's thinking from the real to the possible, to hypothesize a number of possibilities and through logical thinking, to deduce what potential outcomes are likely" (Chilman, 1983, p. 24). This ability to apply operations of formal logic to oneself usually occurs around ages 15 or 16. Adelson (1975) makes the point that younger adolescents rarely reason logically in cost-benefit terms regarding a course of action; they are more likely to make a choice arbitrarily, based largely on impulse.

Luker's theory of decisionmaking may be open to question then in terms of applicability to a primarily adolescent population in a developmental stage different from that of adults. Nothing can be stated conclusively regarding this since the current literature does not address this in any empirical studies.
e. Disturbances in the Normative Schedule

In his categorization of perspectives on pregnant adolescents, Furstenberg (1976) brings in several views that add to those suggested by Luker. While also citing a bulk of work that falls into a psychological causation view, in addition, he enumerates research that he has grouped into the sociological view and his own "disturbances in the normative schedule" view.

The sociological perspective focuses on the social context of adolescent pregnancy, seeing it as a cultural phenomenon. Some of the varying views following this tack would be: 1) a problem of powerlessness, that is, minority and poor teens have fewer life options available to them, educationally and occupationally, and few gratifications in their environment, so there is no compelling reason to defer sexual satisfaction. In addition, an unintended pregnancy may initially be viewed as a personally gratifying event in an otherwise unrewarding lifestyle; 2) current, complex social context, that is, a liberalized view toward sexuality at a time when the period of adolescence is elongated and in a climate
where resources for services (such as birth control and abortion) are restricted. Adolescents are seen as caught in a context that makes it more difficult than in times past to avoid pregnancy; and 3) a "good" background versus a less than adequate one and how those factors relate to an above average use of contraception as well as a delaying in the onset of sexual activity.

The following statement from the Children's Defense Fund (1986) would be a typical intervention flowing from this view of adolescent pregnancy:

If we want to reduce the rates of pregnancy and parenthood among teens, we have to make their childhoods more cherished and their adulthoods more rewarding. To intervene in the problem of adolescent pregnancy, programs to reduce poverty and racism and to enhance educational and employment opportunities are needed (p. 8).

Furstenberg's (1976) own view is one where adolescent parenthood is described as one example of a more general category of social instances thought of as "disturbances in the normative schedule" of life events which are ill-timed or off schedule according to prevailing social norms. Unscheduled parenthood is seen as a social as well as a biological process,
following a "natural history" or sequence of events beginning with the onset of sexual activity and concluding with the birth of a child. At various points in this sequence, a potential recruit may accidentally or intentionally "drop out" (for example, experience infecundity, choose to use contraception, spontaneously or intentionally abort, etc.).

Furstenberg depicts a birth out-of-wedlock in adolescence as:

an outcome of a particular sequence of events in a distinctive moral career: premarital sexual experience (versus nonexperience); sex without contraceptives (versus such protection); pregnancy (versus not pregnant) and birth of a child out-of-marriage (versus abortion or motherhood in marriage). At each stage in the career, the research task is to explain why some girls engage in a particular activity and others do not. A full account of unwed motherhood thus entails linking a set of explanatory models. Lines of action followed in each stage of the career require different explanations; variables that explicate premarital sexual experience differ from those which bear on the failure to use contraceptives or on the choice among options following a birth out-of-wedlock (1976, p. xv).

He critiques other theories in that they focus exclusively on the final state of a sexual career, that is unwed motherhood, and disregard the intermediate
steps in the process, assuming an advance commitment on the part of the adolescent to the status of parenthood. In Furstenberg's view this ignores the close calls and unnecessarily magnifies the differences between the population of women who become unwed mothers and their peers who for one reason or another manage to drop out of the process. Furstenberg's own research would seem to support the idea that women "drift" into adolescent parenthood; they do not engage in sexual activity for the purpose of becoming pregnant and are initially "recruited" into the ranks of unwed motherhood without any advance commitment to that state.

Discussion of Theoretical Views: What needs to be kept in mind in looking at our current theories, is that the growing rate of teenage pregnancy is a phenomenon unique to the United States. The effective use of contraception by adolescents in other industrialized countries would seem to suggest that there is nothing inherent in being a teenager that would make usage unlikely. Theories such as "lack of cognitive consistency" on the part of adolescents that does not allow for the effective contraceptive use (Jones and
Philiber, 1985; Nadelson et al., 1980) seem to be lacking, given a cross-cultural view documenting adolescents very effectively preventing pregnancy despite sexual activity.

What is known at this point is that the phenomenon of teenage pregnancy is increasing in the United States, that the public at large states that it is a growing concern, and that our current "explanations" are not leading to interventions that are proving particularly effective. A recent attempt to compare teens who avoided pregnancy and were thought therefore to be more planful in contraceptive matters, with contraceptive risk takers found that, in reality, those of the former group "appear to have avoided pregnancy for at least a year without any concerted effort to do so" (Jones and Philiber, 1983, p. 237); the research was unable to come up with any statistically significant differences between the groups. The topic remains enigmatic. Drawing on the conclusion of Jones and Philiber in assessing the results of their study: "If nothing else, such blatant inconsistency compels us to look further, both in our research methodology and in our counseling for ways to
help these young women" (1983, p. 251). A possible point for further study may be in unlayering what it is we "know" about the phenomenon so that we may more clearly see and intervene.

**Social Construction of Sexuality**

Much of the work on sexuality from a feminist view begins with the premise that sex is a social construction. Weeks (1986) stresses that sexuality, far from being one of the most natural elements in social life, is perhaps one of the most susceptible to organization; he places the emphasis firmly on society and social relations rather than biology.

... the very mobility of sexuality, its chameleon-like ability to take many guises and forms, so that what for one might be a source of warmth and attraction, for another might be one of fear and hate, make it a peculiarly sensitive conductor of cultural influences, and hence of social and political divisions. (Weeks, 1986, p. 11)

As Vance (1984) points out

the social construction of reality is far more thorough-going, encompassing the very way sex is conceptualized, defined, labeled and described from time to time and from culture to culture ... without denying the body, we note that the body and its actions
are understood according to prevailing codes of meaning. (p. 8)

The idea of social construction of sexuality requires an investigation of how categories acquire meaning and change over time, how external symbols acquire meaning and change over time, and how external symbols acquire internal meaning. The site of construction would include not only the larger social formations that organize sexuality--the political, economic, religious, and educational systems--but also the "private" life--marriage, the family, and childrearing--as well.

Simon and Gagnon (1977) see sexual behavior as scripted behavior, learned through interacting with the culture. Operating simultaneously in contemporary America are a number of sexual scripts, that is, norms and expectations verified by society as to what sexual contacts are acceptable between what persons (Laws and Schwartz, 1977).

Sexual scripts constitute the available repertoire of socially recognized acts and statuses and roles and the rules governing them. These learned scripts become the net which the individual casts over her experience in order to capture its meaning. These scripts operate both at a social and at
a personal level. They are embedded in social institutions and at the same time internalized by individuals (Laws and Schwartz, 1977, p. 217).

The current dominant sexual scripts in the United States seem to be 1) abstinence prior to marriage, 2) the double standard, 3) coitus acceptable when the partners are in love (permissiveness with affection), and 4) coitus acceptable when partners want it without a need to justify it through feelings of love (permissiveness without affection) (Laws and Schwartz, 1977). Obviously, the contemporary social climate in the United States offers a number of simultaneous constructions of female sexuality which are by no means consistent with each other. Nor should it be assumed that, in terms of adolescent sexual behavior, society sanctions all of these available scripts for all segments of a society. And, in a pluralistic sexual world, others will be making unscripted transitions, in the course of their sexual histories, which are riskier and more costly than following the dominant scripts of a culture.

The "fit" between social constructions and an individual's personal reality is not a perfect one;
rather, it is a dialectical process, dependent on the female's questioning response to the dominant script which forms the background for her own experience. Enforcement of sexual scripts relies on societal sanction; verbal labeling would be one example of this.

The evolution of a sexual identity involves the individual's attempt to match her own experience with the available sexual scripts of that part of the culture with which she has had contact. Her society's definition and view of adolescent sexuality will play a large part in how she experiences this period herself.

Her culture (or subculture) thus equips her with ways of understanding and judging many aspects of sexuality, from the functions of her body to morals. These ways of making sense of her experiences are embedded in a world view which is accepted as reality by all those around her and in the sexual scripts that are a part of the world view (Laws and Schwartz, 1977, p. 3).

She learns the language and feelings applied to sexual events as well as society's expectations for a person of her age and sex. She learns the reciprocal behaviors and attitudes expected of males as well. Rules of propriety and modesty are known and enforced as well, with a female's marriageability hinging on her
ability to maneuver the rules. Laws and Schwarz (1977) make the point that, in our culture, marriageability involves a carefully calibrated degree of display and concealment, with rules so complex they might baffle the proverbial man from Mars. The process is neatly illustrated through modes of dress. This whole orchestration of behavior moves a woman toward adulthood, conferred, in our society, by marrying, and enhanced through childbearing. A "man's adequacy is proved in the economic sphere while the woman's remains within the sexual sphere" (Laws and Schwarz, 1977, p. 41).

... we must learn to see that sexuality is something which society produces in complex ways. It is a result of diverse social practices that give meaning to human activities, of social definitions and self-definitions, of struggles between those who have power to define and regulate, and those who resist. Sexuality is not given; it is a product of negotiation, struggle and human agency. (Weeks, 1986, p. 25)

Reproduction, then, exists at the intersection of the personal, the biological, the social and the political. "A useful theory of reproductive motives must address not only all of these arenas of human functioning, but must account for their interactions."
(Williams, 1986, p. 168) Williams views it as dangerously reductionist to consider a woman's choices around contraception and motherhood to be singularly personal and advocates looking at a woman's relationship to her reproductive capacities not only from the vantage point of her personal history but also with an eye toward a social, political and economic history of patriarchy and oppression. Williams sees multiple forces—patriarchy, religion, the government and education—as part of a historical tradition fighting against women's wishes to exercise control over contraception and their own bodies.

The historical and political lack of control over one's own body creates an important psychological reality for all women. As Fenichel (1945) states, 'The character of man is socially determined' (p. 464). . . as many others have concurred. . . men and women exist only within the group or social context (Williams, 1986, p. 170).

In her social history of birth control, Linda Gordon (1976) makes the point that birth control has always been socially regulated in some way, that it is an issue of politics, not technology. She links this to the idea that birth control has consequences for two social issues crucial to overall societal development—
sexual activity and population size, and has a bearing on a third social phenomenon as well—the role of women. "When and under what circumstances parenthood is permitted varies from one culture to another, but no society leaves the scheduling of parenthood purely to biological happenstance or puts it entirely in the control of the prospective parents. . . unregulated parenthood is costly for both the child and society." (Furstenberg, 1976, p. 4)

Feminists subject the entire range of personal relationships to critical scrutiny, suggesting that it is in the minutiae of everyday life that the expression of power is found; all encounters between men and women provide a possible site for the expression of oppressive power relationships. In oppression, one's freedom of action is seen as limited by the superior power of those who are in a position to ensure compliance (Brettan and Maynard, 1984).

For feminists, the terms of oppression are not only dictated by history and culture,

they are also profoundly shaped at the site of oppression and by the way in which oppressors and oppressed continually have to renegotiate, recon-
struct, and re-establish their relative positions in respect to benefits and power (Brittan and Maynard, 1984, p. 7).

Gordon (1976) makes the point that all the cultural aspects of womanhood are created and re-created jointly, though usually not amicably, by men and by women, resisting and accommodating to their subjection. She stresses that in no area of life have women ever accepted unchallenged the terms of service offered by men; sexuality and reproduction are no exception in this. "The major institutions of sex and reproduction, such as the family and codes of morality, were established as much by women's struggle to protect themselves as by men's struggle to protect their property" (Gordon, 1976, p. xiv).

To be able to view the relationship of oppression to the culture as well as to the minutiae of everyday life and personal relationships, what is needed, then as Geertz (1983) put it, is:

... a continuous dialectical tacking between the most local of local detail and the most global of global structure in such a way as to bring them into simultaneous view. ... Hopping back and forth between the whole conceived through the parts that actualize it and the parts conceived through the whole that motivates them, we seek to
turn them, by a sort of intellectual perpetual motion, into explanations of one another. . .

To recognize that an individual woman's "personal" problem is similar to many women's "personal problems", thereby rendering the "personal political", is one of the fundamental feminist principles.

While a wealth of information concerning adolescents who become pregnant has been generated, the problem persists. What is generally agreed upon is that the issue is tremendously complex, with numerous factors needing to be accounted for when working toward understanding. When viewing that complexity through the lens of a social construction of sexuality framework, another dimension, the scripting of sexual behavior, needs to be integrated into the study as well. It is suggested here that that additional dimension may lend "sense" to the choices adolescents are making regarding their sexual behavior.
CHAPTER III

METHODOLOGY

To address women's lives and experiences in their own terms, to create theory grounded in the actual experience and language of women, is the central agenda for feminist social science and scholarship (DuBois, 1983, p. 108).

Concepts, environments, social interactions are all simplified by methods which lift them out of their context, stripping them of the very complexity that characterizes them in the real world (Klein, 1983, p. 91).

An Ethnographic Approach

An underlying assumption of this research is the idea that sexuality is socially constructed, that it reflects a dialectical process between the individual's personal reality and the dominant cultural scripts. The aim of the research then is to capture both the cultural complexity as well as the individual's personal construction of reality. The ethnographic approach taken assumes an interaction between the
meanings people attribute to events and behaviors and their culture.

As Geertz (1973) put it, culture is a context which can be "thickly described," with the goal being to share in the meanings the "insiders" or cultural participants take for granted and render this understanding to the outside world. The core concern of ethnography is the meaning of actions and events from the "native" point of view; the emphasis is on local meaning, characterized from the actor's viewpoint. "In ethnography, people are not subjects, they are experts on what the ethnographer wants to find out about..." (Spindler, 1982, p. 490). Part of the ethnographic world view, as delineated by Spindler (1982) is the assumption that all behaviors occur in context and that cultural knowledge held by "natives" is relevant to context. In addition, ethnography assumes that "natives" do not realize the full implications of their own cultural knowledge and social behaviors, that much remains tacit and outside of awareness.

There is a difference between culture as perceived by any member of a group and
culture as attributed to that same group by the ethnographer. The ethnographer attempts to make explicit and to portray in terms of social interaction among many individuals—the micro-culture of the entire group, the collected propriospects (personal constellations or individual versions)—which its various members know only tacitly and understand individually (Wolcott, 1986, p. 193).

Ethnography...provides descriptions that reveal the range of explanatory models created by human beings. It can serve as a beacon that shows the culture-bound nature of social science theories. It says to all investigators of human behavior, 'Before you impose your theories on the people you study, find out how these people define the world' (Spradley, 1979, p. 11).

As Bogdan and Biklen (1982) point out, ethnography, at its best, should account for the behavior of people by describing what it is that they know that enables them to behave "appropriately" given the dictates of common sense in the context of their lives. This kind of understanding is invaluable in terms of designing interventions for behaviors that society sees as problematic, such as teen pregnancy. A basic purpose of the ethnography then, is to "take the reader there," that is, provide a sense of understanding and offer insights as to the meanings that behaviors have to those within the culture. The
goal of ethnography, as Malinowski put it, is "to grasp the native's point of view, his relation to life, to realize his vision of his world" (cited in Spradley, 1979, p. 3).

The Setting

The setting for the study was a high school in a large, metropolitan region in the Midwest; it is described in depth in Chapter IV. The school was chosen for several reasons. While the city as a whole has felt the repercussions of forced busing of students, this particular school felt little of this. As is explained more fully in the next chapter, it already represented an almost equal balance racially, so the number of students bused in on a daily basis is very minimal. For this study, a school that was representative of the surrounding community was desirable, to be able to put it in context, and put some parameters on the neighborhood areas that needed to be considered.

The school also represents an area of the city that falls in the lower socio-economic realm for the most part. Since teen pregnancy is particularly an
issue in lower income areas, and because social workers have traditionally used their skills with this population, focusing of the study in this particular setting may yield results relevant to social work practice.

GRADS

The specific focus for the research was in a program within the school, GRADS, designed for pregnant or parenting teens with the aim of helping them remain in school until graduation. GRADS, the acronym for Graduation, Reality and Dual-Role Skills, was started in Ohio in 1980, funded as a CETA Title IV Demonstration Project. Administered through the State Vocational Education/Home Economics Office, the program works with pregnant and parenting teens. Open to both male and female students, one of the goals of the program is to increase the likelihood that a participant will remain in school during pregnancy and after the birth of her child to the point of graduation.

165 schools in Ohio, about 10 percent of the state's school districts, offer the program, enrolling
a total of 1900 students; GRADS reaches about 11 percent of the Ohio teenagers without high school diplomas who become parents each year (Real, 1987, p. 52). Of the students enrolled in the program in the 1985-86 school year, only 13.2 percent dropped out of school; this contrasts with the national dropout rate of 80 percent for school age mothers (Ibid).

Teachers in the program are encouraged to remain in frequent communication with their students. Home and hospital visits are an integral part of the program as well. The students are contacted during the summer and before school begins in August. Contact is also initiated if a student misses more than three days of school.

Since few Ohio schools provide on-site child care, another part of the program aims at helping students find affordable child care. Teachers also maintain a high level of interaction with community agencies that are involved with pregnant or parenting teens.

**Gaining Access**

The issue of accessibility is no small matter in a study of this type. Because the research is intense
and time consuming, not only for the researcher but for the participants as well, and because it is potentially very revealing about both the participants as well as the setting, administrators are not always open to such an "intrusion." In this case, the principal had shown his openness to this type of research, having participated in research studies with the university in the past. Since he is the "gatekeeper" to the rest of the school, his willingness to have research conducted in the setting allowed the researcher access to the program teacher and participants. He was initially approached in September of 1986 and a letter of agreement was filed with the Human Subjects Review Committee at Ohio State University.

The proposed study was described to the program teacher and a tentative time line of three months in the field was proposed; both the description and the time line present some difficulty in this type of research since so much of it is an evolving process and has a tendency to take more time than originally conceived. This was made as clear as possible to the program teacher. The teacher expressed a willingness
to participate and have the girls in her program approached about being involved.

To comply with Human Subjects Review, letters were sent to the parents of the girls in the program (see Appendix A) describing the study and asking for their permission. Once this was done, the researcher was free to approach the girls directly. Class time was given to the researcher by the program teacher to describe the research and let the girls know that they would eventually be approached for an interview if they expressed an interest in participating. It was made clear that the interviews would be conducted on a volunteer basis, that they would not be tied to the participants' grades at all, and that the information was confidential.

Since the researcher was also regularly going to be observing in the Teachers’ Room, an explanation was given to teachers there and their help and permission were solicited and gained. This was done on a small group basis; staff members who routinely came to the Teachers’ Room during the period the researcher was there were given a description of the study and an explanation of the process. When staff members were
eventually approached for individual interviews, an explanation of the study was given once again; if the staff member agreed to participate, a consent form (see Appendix B) was signed to that effect.

Confidentiality

When gaining access to the school was initially discussed, the one concern of the principal was that the research not harm the school in any way or put it in a bad light. His fears seemed to be allayed with the assurance of confidentiality and that the identity of all involved would be disguised. Toward that end, the names of all participants have been changed as well as the school itself; references to local streets and institutions reflect name changes as well. The description of the school provided in Chapter IV should allow for transferability of the findings without revealing the setting itself.

Language

Believing that the language respondents use is an important symbol of the reality of their context, the responses of participants have not been changed or
"corrected." In addition, an attempt has been made to use language consistent with that used in the environment; for example, the terms "girls" and "boys" will be used in referring to the adolescent participants since that is the way they refer to themselves.

**Sampling**

The girls in the GRADS program were viewed as the primary informants about their own lives and experiences. The data from the other people interviewed or observed were used primarily for triangulation purposes or to bring a different perspective to the material. Toward that end, staff of the school and male students were also interviewed.

a. Girls

Sampling in this study was purposive. 60 girls were on the rolls of the GRADS program during the school year. Of those 60, a full one third eventually withdrew from school sometime during the school year. As with other groups in the school, some others never
specifically withdrew, they just disappeared, never to reappear again while the researcher was there.

Fourteen of the 60 girls were part of the home tutoring program; while registered in the GRADS program, they were not physically present in the school. They received instruction from a tutor in their homes while awaiting the births of their babies.

The number of girls then who were actually enrolled in both GRADS and the school during the research period was 26. Of those 26, 24 were interviewed on an individual basis, with the interviews lasting approximately 45 minutes (determined by the length of the school period). The two girls who were not interviewed were sporadic attenders of the program and were not in school on the days the researcher was interviewing.

Of the girls interviewed, 17 were black, five were white, and two were biracial. (For complete demographic information, see Table 1). The two girls not available for interviews were black. Statistics for the program consistently reflect a greater number of black students participating in the GRADS program
## Table 1

### Demographics

<table>
<thead>
<tr>
<th>Ages of Girls</th>
<th>Age at Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>age 14</td>
<td>age 14</td>
</tr>
<tr>
<td>age 15</td>
<td>age 15</td>
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<td>age 16</td>
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<tr>
<td>age 17</td>
<td>age 17</td>
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<tr>
<td>age 18</td>
<td>age 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages of Male Partners</th>
<th>Ages of Babies (as of 3/1/87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>age 16</td>
<td>2</td>
</tr>
<tr>
<td>age 17</td>
<td>2</td>
</tr>
<tr>
<td>age 18</td>
<td>4</td>
</tr>
<tr>
<td>age 19</td>
<td>8</td>
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<td>age 20</td>
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</tr>
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<tr>
<td>ages 22-24</td>
<td>3</td>
</tr>
<tr>
<td>age 28</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race of Girls</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>9th</td>
</tr>
<tr>
<td>White</td>
<td>10th</td>
</tr>
<tr>
<td>Bl-racial</td>
<td>11th</td>
</tr>
<tr>
<td></td>
<td>12th</td>
</tr>
</tbody>
</table>
although the school in general has an almost equal racial mix of blacks and whites.

Since no statistics are kept for the actual number of pregnancies experienced by students in the school as a whole, there was no way to determine the overall racial breakdown of the girls who get pregnant and how representative of them the girls in the GRADS program are. This is an issue throughout the school district since none of the schools keep records regarding the incidents of pregnancy in the student body. Popular folklore in this school observes that white girls are more likely to leave school once they discover they are pregnant because they have fewer community supports to remain. Specifically mentioned was the lack of child care in those families where the parents are working and therefore are unavailable to babysit during school hours.

After the exploratory interviews, five girls were selected for additional interviewing. This involved another two hours of interviews. They were chosen with a view of selecting as diverse a population as possible, to give the widest range of perceptions available within the GRADS group. Accessibility and a
willingness to continue as participants were considerations as well. A range of ages was desired as well as representation of both blacks and whites.

The additional interviews were used in several ways. The researcher could pursue avenues of inquiry that the ongoing analysis of the data suggested; possible interpretations of the data were also put forth for confirmation and/or correction. Tentative areas for inquiry were tested and either pursued with other participants or dropped as unfruitful. Amplification of initial material was also possible with the ongoing interviews.

In addition to the ongoing interviews, the researcher observed and at times, participated in the GRADS classes. This participation included opportunities to present data to the classes as a whole and test possible interpretations with them. There was also a lot of opportunity for more informal class time on the days when a more casual schedule was observed. Possible avenues of inquiry to pursue were often suggested from the informal dialogue of the students as they discussed their lives and relationships.
b. Staff

In terms of staff interviews, the girls in the three GRADS classes were asked who they felt comfortable talking to about matters of concern to them and secondly, which of the staff have reputations as people students in general confide in. The girls suggested nine teachers (some teachers were suggested more than once or were generally agreed upon by the group.) They taught a range of subjects and were both male (3) and female (6), black (4) and white (5). These people were approached for interviews and without exception agreed to participate in the research. Once again the interviews lasted a school period, usually 45 minutes.

In addition, the researcher selected seven other staff members to interview who were formally involved in either sex education, child development, or counseling. The rationale was that these people were in key positions to have dialogue with students on matters such as sexuality and relationships and could bring that perspective from their classrooms or counseling sessions to the data. Both teaching and
administrative staff were included in this. Male (3) and female (4) staff, black (3) and white (4), were part of this round of interviewing.

In all, of the 90 staff members in the school, 16 were interviewed. Ten of them were female; 6 were male. 7 of the staff members were black; 9 of them were white.

Other members of the school staff were interviewed for concrete data such as attendance and ethnic breakdown of the school. Three members of the school staff helped provide this information.

The researcher also observed and participated in informal discussion with teachers in the Teachers' Room. As with the informal group time with the girls in GRADS, this input was used to suggest possible areas of inquiry during the more formal interviews.

c. Male Students

Many of the girls in GRADS were not dating boys from Jones and most of them were dating boys older than those of high school age (See Table 1 for data pertaining to this). So the data from the boys in the
school was used generally to understand more about adolescent relationships or to triangulate the data suggested from the girls. They were also used as a balance for the researcher, who after numerous stories of "he done me wrong" felt the need to gain some perspective from a male point of view. In no way is it suggested that such a small group of male interviewees represent the totality of the male student perspective within the school.

Boys were approached on a random basis in study halls and were asked to be interviewed. In other cases, teachers were asked to "lend" the researcher some of their male students; the recommended students were approached for interviews and again, without exception agreed to participate. Varying formats were used with the male interviews, ranging from individual interviews to small group interviews, with groups ranging from two to five. All grade levels were represented and the boys were both black (8) and white (5). 13 boys were interviewed in all.
Establishing Trustworthiness

To establish trustworthiness in the study, a number of techniques suggested by Lincoln and Guba (1985) were employed. These techniques aim to lend confidence that the findings of the study were collected in a consistent and credible fashion.

a. Prolonged Engagement

Prolonged engagement is the investment of sufficient time to learn the "culture," test for misinformation or distortions, and to build trust. "..the purpose of prolonged engagement is to render the inquirer open to the multiple influences--the mutual shapers and contextual factors--that impinge upon the phenomenon being studied." (Lincoln and Guba, 1985, p. 304). In the case of this study, the researcher spent six months in the setting, from January to June, 1987, three days a week. The original understanding was that three months would be spent in field work; the time was extended when the school agreed to continued participation to round out the data.
Initially, much of that time was spent in one classroom, the "apartment" housing the GRADS class, and a lesser amount of daily time in the teachers' lounge. Several months later, as the study progressed, a component was added of circulating the school: attending school assemblies, talking with students and staff during "free" time--normally study halls or in the "late" room--wherever people were willing to interact or could be observed.

All interactions and observations were recorded in field notes, initially jotted down and then expanded later in the day. When the researcher was an active participant in a conversation, notes were made once the conversation was completed and later were more fully transcribed.

b. Persistent Observation

The purpose of persistent observation is "to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail" (Lincoln and Guba, 1985, p. 304). While prolonged engagement is seen as providing scope, persistent
observation provides depth. The focusing involves sorting out what "counts." The researcher tentatively labels what is seen as a salient factor and then explores it in detail until a determination is made as to whether the initial assessment was erroneous or on target. A significant investment of time helps to guard against premature closure.

In the case of this research, as factors were sorted out, different themes and observations were pursued. There was opportunity to test out the sorting process by allowing the participants and further observations to confirm or negate an initial finding.

c. Triangulation

Multiple sources of information were used so that the data could be triangulated; these offered the possibility of confirming the information gathered, first for accuracy and thoroughness, and secondly, so the data could be seen from different vantage points. Traditionally, triangulation can be achieved through use of different sources of information, different methods of acquiring information, and different investigators. Of these possibilities, the researcher
used various sources of information—students, staff, observations, and recorded documents and statistics, as well as different methods of gathering data—intensive individual interviews, group interviews, and ongoing observations. All "formal" interviews were taped and transcribed; the observations were noted daily and expanded on later in the data once the researcher was out of the field (See Appendix C for a sample of the expanded field notes).

These multiple sources of data are important, if, in drawing upon Berger and Luckman's (1966) concept of "social reality", the behavior of any group of people in a school or other environment is governed not by an "objective reality out there" but by the "reality they experience and interpret." Multiple sources of data provide various views on that daily reality offering opportunity to more fully understand the complexity of the setting.

The Role of the Researcher

The "researcher as instrument" is a common approach in ethnographic research; for this reason, the role of the researcher is a particularly heavy laden
one. While safeguards for trustworthiness are initially put in place in a study of this sort, there's no denying that each researcher filters the information through one's own lens. Personal notes in the field log helped the researcher later reflect on this filtering process and allowed methodological decisions to be made in the light of this reflection.

Ethnographic research views the informants as the experts in terms of their own culture, the ones who can advise the researcher on their own view of the world. Attempts were made to sidestep the typical hierarchical relationship that exists between the researcher and the participants (with the researcher as "expert"); this was approached in several ways.

In introducing herself, the researcher expressed a preference for being called by her first name—an unusual occurrence in this school setting. This meant some confusion in the beginning, with the program teacher introducing the researcher as Mrs. and continuing with this in referring to the latter. The students quickly seized on the use of a first name and assured the teacher that they had been given permission to use it. The business of naming seemed an important
distinction to make, to delineate the researcher from other adult figures in the school, since they are without exception in roles of authority, and are always referred to by title.

While not an adolescent, the researcher was a fairly new parent herself and this was consciously shared with the participants to emphasize the commonality of roles. For similar reasons, personal information regarding the struggles of parenting was selectively shared by the researcher and mutual support was experienced.

a. Participant Observer

The role of a participant observer is a dual one; the researcher engages in activities appropriate to the situation along with observing the activities, people and physical aspects of the setting. The experience is often referred to as being "inside and outside" simultaneously. In this study, the researcher was invited by the teacher of GRADS to sit at the table where the classes were held and to participate freely in the class discussions.
Initially, the researcher observed, took copious notes, and said little. As the relationships developed, it became more natural to participate. Having been originally introduced as a social worker, the researcher was occasionally consulted in matters of social work expertise, such as Title XX day care eligibility, reporting of child abuse and neglect, and obtaining child support; this was done spontaneously, in the course of classroom discussion. Since the original contracting for the research emphasized a giving as well as a receiving role, the research was consciously open to opportunities to "give back."

At two points during the research, the program teacher was absent. The first time, the vice-principal in charge of finding substitutes did not hire one since she assumed the "student teacher" in the room, the researcher, would take the classes. While initially apprehensive about changing gears and appearing as a teacher, and hence an authority figure, the researcher agreed to cover the vacancy but kept a very low key profile in the "teacher" role. A personal note from the day's field notes reflects this ambivalence:
I felt mixed at this point--torn between following directions and proceeding with the days' lessons and yet not particularly wanting to assume the teacher role, not wanting to be seen in that light. I finally followed common sense and figured that since so few students were there that day, there was no point in proceeding with the lesson plan and would instead have an informal time with the girls. I felt that I knew Mrs. Andrews well enough that I knew she wouldn't object.

The second instance was prearranged since the teacher knew in advance that she would be gone and asked the researcher to cover the class. She suggested the time might be used to try out some tentative conclusions from the data the researcher had been gathering with the class to obtain confirmation or further information. This was done and was of great benefit.

Importantly the suggestion reflected movement on the part of the program teacher from being somewhat confused about the research process--stumbling when she explained it to others--to understanding the need for access to feed information back to the participants for their responses. In addition, movement was seen on the part of this same teacher in terms of her enthusiasm
for the research; she moved from polite endorsement to helpfully using her own relationships with members of the school community in gaining interviews.

This growing enthusiasm for the research on the part of the program teacher was reflected in her comments to the researcher on the final day of school. She said that she'd had other requests for researchers to come in during the school year but that she hadn't agreed because "they just wanted to come in and out" and she didn't trust that they could put the girls' stories in perspective. She added that she thought that since the researcher had spent so much time in the school and "the kids know you and trust you; they're willing to talk to you and I trust you to tell their stories."

Data Analysis

The data were analyzed on a continuous, ongoing basis throughout the research. The "constant comparative method," developed by Glaser and Strauss (1967), was used to analyze the data. Using this method, the data were "chunked" into units with a unit
being the smallest piece of information that can stand by itself and be heuristic, aimed at some understanding that the researcher needed to have in the context of the inquiry.

The units were coded into as many categories of analysis as possible. Initially this was done on a "feels right" or "looks right" basis. As a unit was coded for a category, it was compared with previous units in the same and different groups in the category.

The analyst starts thinking in terms of the full range of types or continua of the category, its dimensions, the conditions under which it is pronounced or minimized, its major consequences, its relation to other categories, and its other properties (Glaser and Strauss, 1967, p. 106).

It was assumed that the initial categories were imperfectly or incompletely conceived. Time was spent making category properties more explicit, relationships more evident, and the category set more coherent. Since the data collection and analysis went on simultaneously, categories could be flushed out and gaps filled in, through directed efforts.
The original list of categories became reducible in size due to improved articulation and the ability to integrate them. Category saturation occurred, that is, they were so well defined that no further sampling for new information was necessary.

To make theoretical sense of so much diversity in his data, the analyst is forced to develop ideas on a level of generality higher in conceptual abstraction that the qualitative material being analyzed. He is forced to bring out underlying uniformities and diversities, and to use more abstract concepts to account for differences in the data (Glaser and Strauss, 1967, p. 114).

Coupled with the analysis of data is a simultaneous, ongoing review of the literature; the effect is one of a dialogue between the data and the literature, with each enlightening the other. The literature suggests new avenues to pursue or test, while the data sends the researcher searching in new directions in the literature to help make sense of what is being encountered in the field.
Strengths and Limitations

a. Retrospective Information

Obtaining information retrospectively, as in the case of students reflecting on their past sexual experiences and resulting pregnancies, leaves it open to the inaccuracy of recall, the complete forgetting or recasting of events and circumstances, or skewing in the light of subsequent developments. The only certain way around these pitfalls would seem to be having the opportunity to follow events prospectively, that is, be there at the time, perhaps be relating to students as they embark on their initial sexual encounters.

The opportunity to relate to students over a lengthy period of time allowed "contradictions" in their stories to emerge. Because these were stories told verbally to a researcher, it is probable that the narrators edited them for the listener. Over time, their multiple accounts helped amplify the complexities they encountered as they lived their lives. What initially appeared as contradictions to the researcher were later seen as further dimensions of the same story.
b. Transferability

For this type of study, generalizability in the typical sense is not possible, but the concept of transferability, as described by Lincoln and Guba (1985) applies. The value of this study is in providing a thickly described context that may transfer to other, similar settings and populations and have relevance for such a setting. The responsibility of the researcher is to thoroughly describe the context so that judgments as to similarity are possible. The inference is that the researcher knows only the sending context, so decisions as to the applicability to other settings must be made by those on the receiving end based on the thick description provided.

Vance (1984) makes the point that feminist work on sexuality must confront the dialectic between specificity and generalization. For theory to be expanded, reference must be made to an ever expanding body of information and part of that needs to be the more intensive eliciting of women's current experience.

Specific data about one group of women may then acquire more meaning through comparison and con-
trast with those other groups. It is important to simultaneously examine women's similarities and differences, questioning whether the acquisition of femininity and the conditions for its reproduction affect all women in similar ways. (Vance, 1984, p. 18).

Studies such as this one can provide some of the intensive specificity needed to begin to round out theory; while it speaks of only one group of young women, it could eventually be used as a point of contrast and comparison with other studies of women.
CHAPTER IV

THE SETTING

Jones High School

Jones High School, with its 1500 plus students, is the largest in the school district of this Midwestern metropolitan area of one and a half million people. The school is almost evenly divided between black and non-black students. This is partly as a result of desegregation and some school closings, but, as the staff of the school is quick to point out, Jones has had a long history of an almost even mix of students so busing has not really had that big an impact on the school. Four buses of students are brought in each day, far fewer than the other city high schools. As one person on the school staff put it:

This place is a racially desegregated neighborhood. It has been racially desegregated. We have never had busing. The only buses that we have now are because Conrad High School closed and we are now getting the Conrad students. It has not changed in the last decade; now in the last 50 years, yes. 50 years ago this used to be a very—Broad Street 105
was probably the top area to live in and this was probably the second area. But neighborhoods change. So 50 years ago yes, 10 years ago no.

And a second staff member added this point of view:

It used to be a family, working class, blue collar community. There was a lot of industry. Of course, a lot of industries have moved away. Hawkeye Steel is not as prominent. Most people that are working are in service jobs. They work at Stop-n-Go or they are pumping gas. But we have a diversity in this school. For example, some families from the Village area. One of the most beautiful houses in the neighborhood—the guy who lives in it could live anywhere he wanted in the city but he chooses to live in the South end. Some people, they get attached to it and they move away and they come back. So there is still a lot of community involvement. It is not based on steel any more. But there are a lot of stores and a lot of mom and pop operations that still thrive. By and large the south side is pretty close knit, more so than the far north or east.

You know a school is not an island in the middle of the community. Whatever goes on in the community is going to go on inside the school and, of course, kids don't leave their problems at the step. When they leave home or when they come to school they don't leave them outside. Just like teachers, principals, anybody. You brought some of your problems to school with you today; everybody brings their problems with them.

But there is general agreement that the area is in decline. One teacher's view:
This is an area that changed. When I started teaching in 1970 I started in an elementary school in this area and at that time many of the people owned their homes. They not only owned them they lived in the homes that their grandparents had built and there was a lot of pride and the neighborhood was a very solid neighborhood. But since then these people have sold and moved out and they have sold to absentee landlords so now it is highly mobile—they are in and out. It is like the swinging door because they will be gone. They will pay rent for a month and then move.

The problems of regular school attendance and transience are cited repeatedly by school staff. While the rest of the city enjoys a 92 percent average attendance rate, Jones struggles with 25 to 30 percent of its students absent daily. Its attendance rate, although rivaled by some of the other high schools, is the worst in the school district. When a new principal joined the school staff last year, attendance became a major priority and a school social worker stepped up activity in this area.

The rate of movement of students during a school year is estimated to be some 30 percent of the school population. It is difficult to get an accurate counting of either attendance or transfers since cumulative figures for the school are not compiled.
The rationale for this varies; one reason is that it is difficult to process the transfers, by the time the paperwork is accomplished, the student has often re-entered the school. Rather than go through the process, the student is often just marked absent repeatedly until the move really seems to have been accomplished. Students have been known to enter and withdraw from the school up to a dozen times in one school year.

There are a lot of people— I would say probably 30-40 percent of our kids come and maybe go in the span of a year. So that is our problem. You get everybody in and you get them adjusted to the rules and the way we want things done and they are gone and then sometimes they are back.

Staff members overwhelmingly see attendance and transience at the roots of a lot of the discipline problems in the school. But they consistently connect these issues to the home life of the students; time and again, staff members struggled with involving family members in the students' school experiences and were clearly frustrated in their efforts. School administrators estimate that a core of 15 or 20 parents
are involved in the school. As one administrator comments:

The biggest problem we have is attendance. That is the biggest one. A lot of kids -- and I think maybe it comes from the fact that education is not really a priority in the home. The parents will make them come to school at times and at other times they will excuse them. They don't press the kids to come to school. I'm not sure all the parents see the importance of education.

There was a consensus that students move for family reasons. There was a sense that the moves were not so much local ones as ones "back home" to the South or back to Appalachia.

Int. I hear a lot about kids moving in and out.

Teacher 1 Weekly, daily.

Teacher 2 And they'll be back next week. A lot of them have grown up in the South end and will continue to stay in the South end, white Appalachian. It's hard to get kids out of here.

Teacher 1 Very few kids move to the North end. If they move, it is back to Appalachia -- not up and out of this neighborhood. That is a transition to go north of Laramie St.

Teacher 2 There's no such thing. That is in another country.
Int. Is it transient for economic reasons? Hopes of a better situation?

Teacher 2 Grandmother is sick down in Kentucky. The rent is not paid.

Teacher 1 It is not aspirations of better economic conditions. It is usually clearing out time.

Teacher 2 It is usually family or money; they are the two biggies. But we definitely have transients. Never throw a schedule away because you will always need it when they come back. They withdraw but then can reenter next week.

Teacher 1 So don’t bother with that formality. They just disappear. And reappear.

Teacher 2 A lot of them leave and sometimes we don’t find out and sometimes we do. We just assume they are truant, which in essence they are. That is a toughy. As I said, a lot of them get lost in the shuffle.

The entering ninth grade class is routinely twice as large as the class that eventually graduates. But to account for the students—whether they transfer, dropout for whatever reason or fall behind the rest of the class—is an elusive task. Like a number of other statistics, the exact count of students who dropout is not available. Lumped into the number of students who
leave school for some reason are also the girls who leave school because of pregnancy. When various staff members were asked for an approximate count on the instances of pregnancy for this school year, the figures ranged from 60 to 130. Behind the scenes there were murmurings that it will make the school look bad if these things are accounted for too closely.

By reputation, the school is the "toughest one" in the city, the one where many of the gangs started. While gangs are new at some of the other high schools, the principal at Jones reports that "they're embedded here; they started here and they're still here." In addition, there are long standing racial and ethnic problems, "blacks from South Gardens versus blacks from Stanton;" and Westside Appalachian whites versus Southside Appalachian whites: "Those in the West grow up and go back to the Bottoms and the Southend people grow up and go back to the Southend--but you don't mix."

School staff are extremely sensitive to the image of the school in the larger community. The principal has made improving the school image one of
his goals for the immediate future "because it does have a bad image." One staff member put it this way:

You know we really have some good kids here. That's the reason it upsets me that every time something happens we get bad press. We never get good press. Our kids will speak to you in the morning where many places I have been in the morning, when we go observing or that kind of thing, they don't even speak to each other, much less a teacher.

Walking through the front doors of Jones is to step into noise and vitality, a swirl of students, laughing, strolling, talking, trading teases with staff monitoring the halls. A sign announces the principal's office just inside the main doors. The attendance office, with a lot of students milling about it, is on the other side of the hall.

The building seems to burst at the seams although teachers report that at one time it was worse, holding about 600 students more than it does now and was on a double schedule. But even now, pupils are everywhere and space is at a premium. A quiet corner is to be coveted. The old, three story building, once considered spacious, now struggles to accommodate all the students trying to pass in the hall or make their
way up and down the stairs; they spill from crowded classrooms into crowded hallways, a sea of black and white faces. As one of the counselors put it:

We have a real problem here just in numbers. We have large class numbers and we have large counseling sections. I'm sorry; I can't deal with 750 students; 750 ninth graders is a hell of a responsibility. I'm not going to save them all. I have accepted that fact. I'm going to give my shot and try it but no, it is just visibly numbers. We are dealing with too many social factors here as well as the size. So, I would really like to try it but there is no way. You can't get to everybody and you have to accept that even before you walk in the room. As a classroom teacher, as a counselor, as anybody, you have to accept that you are not going to save everybody. Not that you don't try but you can't do it. You can't lose your mind on that one.

And an administrator observed:

I think my basic belief is kids are kids and they are going to have the same problems that we had 5, 10, or 15 years ago. The problem we have is our numbers; we have so many kids. This is the largest high school in the city and just by sheer magnitude, any problem we have--some high schools have two or three and we have 10.
The Apartment

The classes for the girls in GRADS meet in a small room known as the apartment. It is part of the "suite" of rooms allocated to the Home Economics Department; on one side of the room a sliding glass door with a curtain separates the apartment from the rest of the suite; another door, a wooden one, opens into the third Home Economics room. One of the rooms is used for sewing, with long tables lining the room and sewing machines arranged along the walls; the other room is the cooking area, with the smells from both the successful and not so successful cooking projects permeating the apartment. The noise level from the other rooms is noticeable and with three doors opening into the tiny room, it is at the hub of a lot of passing traffic.

Located on the first floor of the school building, the room is enroute to the lunch room and adjacent to the auditorium. Often at about midmorning a grocery cart will clatter by the doorway, on its way to the lunchroom and by 10 a.m., with the first lunch period underway, the halls are brimming with students and staff alike. Because the apartment is very
warm—getting its undue share of an old heating
system—the door to the room is often open and working
around the noise becomes part of the classroom routine.
Because it is an interior room, there are no windows to
throw open to escape the stifling heat.

The room itself is small and brimming with
furniture and materials. The classes, up to 10
students at a time, but rarely more than five to seven,
meet around a table, part of a wooden dining room set,
estled into one corner of the room. Nancy Andrews,
the teacher and coordinator of the program, sits at the
head of the table, nearest the door; the girls sit
around the table, facing her and, not incidently, with
a view of the overflow traffic in the hallways.
Teachers on hall duty audibly discipline passing
students for infractions of the school rules; other
students shout their greetings to the GRADS girls
gathered around the table.

A couch and two comfortable chairs fill the other
end of the room; soft carpeting covers the floor.
Peering down from a high, doll sized play pen is a
black Cabbage Patch doll, suspended on the side of the
play pen, tied in place, her big black eyes staring
wide eyed at the rest of the room. Two colorful, hand
made baby quilts are lapped over the sides of the play
pen.

A desk with the requisite telephone allocated to
the GRADS program is on the wall by the door.
Throughout the school year, one of the building
janitors periodically came in to measure the space next
to the desk for the bookshelves planned for that area.
But since the shelves didn't materialize during this
school year, materials, files and pamphlets are
arranged throughout the room. A cabinet, the type that
displays the china in a dining room, displays pamphlets
on toilet training, proper nutrition, safe sex and
various other topics; applications for the WIC program
are piled at one end. Cards announcing a new drop-in
center sponsored by Planned Parenthood are arranged at
the other end. All are offered to anyone interested in
picking up the materials displayed.

Pictures and hand written posters hang on the
walls; a bulletin board displays birth announcements
and baby pictures. Newspaper clippings of possible
interest to the girls are also posted. Telephone
numbers of resource people are displayed for people to
copy down as needed. Mottos posted to inspire are hung around the room: "Excellence is attained only when we push ourselves to our maximum potential. To do less allows mediocrity to take its place."

Lighting in the room is managed through an odd arrangement: a ceiling lamp, over the table where the girls sit for class, is hung so high that each day is started with someone balancing on a chair, reaching on tip toes for the light switch. The lamp burns all day unless the class is scheduled for a film strip or video, at which point each class period finds someone fulfilling the chair routine—a sight to behold depending on whether the chore is accomplished by a student mother or a very pregnant girl.

For all its drawbacks, the heat, the noise, the poor lighting, the first impression upon walking into the apartment is one of welcome relief from the long hallways of anonymous classrooms. It is smaller and hence more intimate, softer than the regular rooms with the usual rows of wooden chair desks. It is, in a word, inviting.
The Program

Some years ago, Mrs. Andrews had seen an ad for GRADS in a news bulletin for home economists and realized that though the program was available, it was not being taught in this city's public schools. At the same time, she recognized the high number of pregnant or already parenting students passing through her own classes.

I felt a need to reach those students on a closer, more one to one basis, rather than in a large classroom. My classes generally average no more than 10 or 12 students so it's a pretty good relationship that you end up building in the classroom. We really stress confidentiality; trust and rapport grow up between us. It's kind of a unique classroom situation, different from a normal high school classroom.

When she approached the building administrator that first year, he gave his permission, without, she felt, giving it much thought; he was convinced the program would quickly die out anyway and so, was not of great concern.

When I approached people about starting the program, there was some concern about how the community would accept it, whether we'd be viewed as putting a stamp of approval on teen pregnancy,
whether we’d be viewed as holding their hands and perhaps babysitting them to the extent that they would feel too comfortable and passive. That’s really not the way it turned out at all, fortunately. I think we started off with a real low profile and that helped the community accept it more. As it turns out, I believe, administration and staff pretty much back the program. They can see the results of the program in the students.

The GRADS program is open to both boys and girls but this semester has all girls enrolled. Mrs. Andrews admits that in the four years she has taught the program, this is typical and attributes it to the fact that mothers still have the main responsibilities for child rearing. The class is an elective and may be taken for credit for two years. Mrs. Andrews feels this is a crucial component of its success:

It’s been successful, at least I feel, because it’s an elective and students choose to take the course. It’s not something they have to take. There’s nobody there telling them they have to take it. The nice part about it is that they’re there because they want to be there; they’re there because they want to be good parents. They want to learn to take care of their babies and also because they have already made that good decision to want to try to stay in school.
Sixty girls are enrolled this semester but any one day may find 15 to 20 girls there, spread out among the three GRADS classes. About a third are out on home tutor, pursuing a course of study at home while they wait for the, hopefully, imminent arrival of their babies. Some students go to school almost up until their due date; others disappear long before that point is reached, complaining of the stairs in the old, three story school building and the pushing and shoving in the halls.

Consistent with the rest of the school, another third simply disappear. They have not formally transferred or withdrawn; they are just gone. They remain on the rolls and are marked absent day by day, eventually failing the semester by virtue of never appearing. Some finally reappear; others drop in for an occasional day or so; some are never seen again.

Goals of the program, as expressed by Mrs. Andrews, are:

...to help them to build better self-esteem, make them feel better about themselves.

Another real strong goal that we have is to encourage them to graduate. We know that if they don't have a high
school diploma they end up on the welfare rolls and it's very hard to get along. So that high school diploma is very important and we go to lengths to try to encourage them in any way we can to get through high school.

We give them a lot of parenting techniques so they know what to expect from strong children, so that they know what being a good parent is all about.

We provide prenatal information so that they can take care of themselves and hopefully have healthy babies and be healthy themselves.

And, we give them a little orientation to work and try to encourage them to think about their goals, short and long term.

The classes include both pregnant and parenting teens. Students enter throughout the school year, often referred by word of mouth, by other students or teachers. From the viewpoint of Mrs Andrews: "Many times it's other students who tell me about a friend or someone that they know so the students are probably one of my best sources."

A typical exchange in class:

"There's a girl in my second period history class who's pregnant."

"Does she know about GRADS?"
"No, and there's another girl, 4--5--or 6 months pregnant; she doesn't know."

"Just tell them what the class is and tell them to talk to me. It's their choice; I can't make them come but I'd like them to know it's available."

Mrs. Andrews sees the girls in the program as "exceptional" since eight out of ten pregnant teens drop out of school, a fact that she often brings up to students and staff alike. "Those of you here in class are the minority; you need to compliment yourselves." She said that she always tells the principal that "the kids who fail are the kids who are not here."

But she also sees the girls in her classes as "teens who didn't think about the consequences for tomorrow. Sex ed is not just reproduction but what you want for your life, doing some decision making." Mrs. Andrews relates this to low self-esteem; she suggests that to plan for their futures the girls have to feel good about themselves. "We need to be concerned about students' self-esteem so they feel good about themselves and protect themselves. Otherwise it means dropouts."
While including a full academic curriculum as part of the program, Mrs. Andrews sees GRADS as more than that.

It's not just hands on information and academic learning but it's a support system for them toward each other where they can bounce concerns off one another. They can talk among themselves a little bit about some of the things happening in their lives.

As one pregnant girl in the class put it:

Well, I know it is going to be hard. That is something I accept. I like the class. To me, I learn a lot and I meet a lot of nice people that has basically the same problem I do. That is really nice because if something would go wrong then I could talk to them and they could give me their view and it would be a lot of support.

Mrs. Andrews fosters this supportive network through things like an occasional breakfast together. On those days, class is conducted more informally, over French toast and bacon that she prepares before the girls arrive. Or she will give them some time at the end of the class period "to start their homework"; in reality, it more often than not is a time to talk informally, raise issues of interest or concern to them.
Because one part of the program includes home visits, often right after their babies are born or during times of difficulty, the working knowledge that Mrs. Andrews brings to class encompasses the academic as well as the personal sides of the students' lives. This, combined with a luncheon at the beginning of the school year, to explain the GRADS program to them and their families, moves their personal lives into the classroom. Indeed, that tension is felt all semester; technically GRADS is an academic subject, to be graded and passed like any other, but it is also a forum to discuss and intervene in a current chapter of their lives.

Last semester Mrs. Andrews had a failure rate of 30 percent; while a bit high, it is not out of line with the ratio throughout the rest of the school. She knows that when there are that many who fail, the office regards it as "the teacher's problem." "It's bad PR to have so many fail. I'm not sure how they (the office administrators) see me." Mrs. Andrews commented that she hoped the administrators saw her classes as unique.
The Curriculum

A big cardboard box, with dividers representing each class period, sits on the floor underneath the play pen. Each girl has a folder in the box containing class handouts, notes and her journal. Journal writing is done every Monday; they are to record their high points and their difficulties. As Mrs. Andrews tells them,

It forces you to focus on both good things as well as the hard things; it's all in the way you look at it. It helps you look at your difficulties so you can't shove them aside. If you don't look at it, you can't solve it.

She gives them an example:

Maybe you have a fight with your boyfriend and in writing about it you see where you were wrong or he was. It's to help you think about being in control of your own life.

In addition, Mrs. Andrews has them fill out a calendar once a month; they are to record all of their appointments and other "important" dates like family birthdays or other special occasions. The goal is to help the girls plan their time and the varying demands on them. Teachers in the building complain about the amount of time the GRADS girls miss for "emergencies;"
these could include anything from a sick child to a weary grandmother, often the constant caretaker for the infant, and in need of some time off. Mrs. Andrews encourages them to schedule doctor appointments for other than school hours; "teachers aren't real sympathetic when you miss class for these and when you miss it, it's harder to catch up." The girls do not respond to this in class but later, among themselves, they agree that to arrive at the clinic in the afternoon would virtually assure hours of waiting, that to be seen within a decent interval, it is necessary to go early in the morning, coinciding with school hours.

The current semester's work is dealing with the postnatal period, "the health and life of the mother and the newborn. We'll cover your own feelings and how they change as the baby grows." While part of the curriculum is to cover preparation for job training, Mrs. Andrews told her girls at the beginning of the semester that this would be something she would "talk over with all of you and see what you need," that potentially this area overlaps with other classes offered in the school and is not emphasized as much as topics more unique to GRADS.
CHAPTER V

FINDINGS

The findings will be presented in four sections: the context of meaning making, the costs of contraception, discounting the possibility of pregnancy, and the benefits of pregnancy. The first section is designed to help orient the reader to the context of the girls' lives. The other sections reflect categories that emerged from the data in response to the researcher's original question regarding how the girls perceived and made meaning out of the fact that they had become pregnant. Coupled with this were the questions: What are the "costs" involved in obtaining contraception—socially, personally, financially, physically? Are these "unwanted" pregnancies? The subcategories in the categories represent discernible subthemes within the larger analytical categories.

The Context of Meaning Making

To understand the ways in which the adolescent girls in this study view their own pregnancies and make
meaning out of their situations, several themes are traced in this section to orient the reader to the context of the girls' lives. Themes discussed are: extent of contraceptive knowledge; histories of contraceptive use; the ambience of the school; and family concerns. (See Table 2 for an overview of the themes in this section.)

1. Extent of Contraceptive Knowledge

Only two girls in this study reported that they didn't have enough knowledge regarding contraception to prevent a pregnancy. One girl who reported this was the youngest mother in the sample; she became pregnant at 14 while still in the eighth grade. The school offered sex education classes but her mother would not give her the necessary approval and she could not attend. "She didn't want me to know nothing about sex but 'just don't do it'. But I was like--I was like gosh, but everybody is doing this and I wanted to try it too."

Both girls reporting that they felt contraceptively ignorant blamed their mothers for being unwilling or unable to discuss sex and contraception with them. "My
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1. Extent of contraceptive knowledge

1a. Lacked knowledge to prevent pregnancy  2  
1b. Family members discussed contraception  12

2. Histories of contraceptive use

2a. History of prior consistent use of contraception  12  
2b. Contraceptive failure  2  
2c. No prior history of contraceptive use  12  
2d. Contraceptive response once intercourse was initiated:
   - Rhythm method used  1  
   - Condoms  2  
   - Contraception never discussed  2  
   - Discussed contraception but didn't consider use  1  
   - Intended to use but "got caught"  6

3. Family concerns

3a. Parental warnings and concerns  8  
3b. Parental fears of the neighborhood  3

(N=24. Subheadings in this table represent discernible subcategories within the larger category.)
mom couldn't talk--where she's from they don't talk about it. It's against the rules or something."

The rest of the girls in the study made the distinction that it wasn't that they didn't have the knowledge necessary to prevent pregnancy, but rather, that they hadn't used at some point what they had learned.

Some people say if you don't talk talk to your kids, they get into trouble. I knew all that because I've got eight sisters that talk to me..and they tell me about sex and all that. I knew all that because my sisters sat me down and they talked to me and I knew all the consequences. I knew what I was doing when I did it and it wasn't I didn't know nothing and I'm just 'stumped' minded.

Of the 24 girls interviewed, half of the girls in the study reported that family members had discussed contraception with them. Mothers were the members mentioned most frequently in this regard, although in two cases, older sisters fulfilled the role of educator.

I was kind of embarrassed to tell Mom that I was pregnant. In a way I was ashamed because she always told me about birth control and stuff and I
knew all the methods of birth control but I wasn’t having sex then.

2. Histories of Contraceptive Use

Half of the girls in the study had histories of consistant enough contraceptive use to prevent pregnancies over time periods ranging from ten months to three years. When contraception was used by the girls, the pill was the exclusive choice. So at least half of the girls demonstrated consistant use of what is widely regarded as the most effective means of contraception.

Two girls reported becoming pregnant while on the pill. Previous to becoming pregnant, one of these girls had successfully used an oral contraceptive for two years and the other had been on the pill for ten months.

The other half of the girls in this study stated they had no history of contraceptive use. They reported that until they began having intercourse with the partners with whom they became pregnant, they had not been sexually active and had had no need of contraception. Once they entered into intercourse, thoughts regarding contraception varied: one girl said
she attempted to use the rhythm method but found that she was not consistent in ovulating; two girls asked their boyfriends to use condoms and they complied. A number of couples intended to begin using something but were "caught" before they implemented their plans; in these cases the plan was that the girl would get on the pill. Two of the couples never discussed the issue and although another couple discussed the risk, the girl reported that they did not consider obtaining contraception.

3. Family Concerns

A number of the girls in this study, in becoming pregnant, were repeating family history. Ten of their mothers bore their first children as adolescents prior to or outside of marriage. Parents were well aware that this could occur with the present generation of adolescent girls in their households; thematically, this was shown in two ways:

3a. Parental Warnings and Rehearsals

A third of the girls reported warnings by their parents as to what would happen to them should they
ever become pregnant. Threats ranged from being kicked out of the house, jailing the boyfriend involved, to forcing the girl to have an abortion.

I was kind of scared. My mom and dad always told me 'if you get pregnant, we'll kick you out' and all that. So I was scared.

When this girl did become pregnant, her parents did, in fact, ask her to pack her bag to move out; she was packed and ready to leave when they relented and allowed her to stay at home.

Some of the girls recounted scenes where their parents accused them of being pregnant when they weren't—and often before the girls were even sexually active.

My mom thought I was pregnant at 12 cause one time I went out and got real high with my friends and came home. I was throwing up all over the place so she thought I was pregnant. She went crazy. That's why I didn't want to tell her when I got pregnant. She went real crazy. She said 'I didn't think you that crazy.' I kept telling her 'I ain't pregnant.' I was big for my age. I was with this 18 year old guy but we never--I kept telling her we never did nothing. I just got high over at his house and started throwing up. She was crying and every-
thing, telling me to get out and stuff.

Some of the parents didn't threaten or warn so much as discuss the possibility of pregnancy in terms of choosing sexual partners carefully. The message was that they should love someone enough that should the girls expose themselves to an unplanned pregnancy, they wouldn't regret their choice of partner.

My mom told me if I ever done something with somebody, do it with somebody you love. And if you get pregnant by him, let that be the one that you want to have a baby with. Just don't do it with anybody and everybody, any guy.

31. Parental Fears of the Neighborhood

Three girls reported that their families were actively concerned about the neighborhoods they lived in and the high number of rapes that occurred. These girls reported that their mothers had spoken with them about a possible pregnancy resulting from a rape experience. In each case the mothers suggested that the girls go on birth control pills to at least ward off an unwanted pregnancy should their worst fears of rape be realized.
My mom started me on the pill when I was 16. Where I was living at a lot of ladies were getting followed and she didn't want me to get raped and get pregnant and then I would probably get an abortion if I had. The doctor said I didn't really need the pills because I wasn't active but my mom just wanted me to get on it.

4. The Ambience of the School

Staff and students alike widely reported that "it's not a big deal" anymore to be pregnant while in high school; this was overwhelmingly the most frequent response when asked what it was like for a girl to be pregnant while still in this high school. One of the girls put it this way:

Now it's not like a girl gets pregnant, she's 16, it's not 'why she is pregnant!' It's not like that no more. It's like at school it's nothing. 'Hey everybody, Nikki is pregnant.' That is it. That's all it is. It's not like back in the old days when somebody would get pregnant it would be around the whole school and everybody be talking about you and treating you--it will make you want to leave. But I don't feel like that because I feel all these other girls walking around here pregnant. If they talk about me, they talk about them.

Since Jones is a neighborhood school with little outside busing, there was considerable overlap between
the students found in class and neighborhood friends and gangs. As one girl put it:

Our neighborhood is filled with pregnant girls. All of them go here (to Jones) and I was the last one in my neighborhood to get pregnant. They was just waiting for me to end up pregnant so it wasn't a shock or anything.

While overtly expressing being absolutely unshockable at this point, in terms of students in the school becoming pregnant, some staff obviously had a mix of feelings about this.

We are so used to seeing the pregnant girls in the hallways that it doesn't phase me one bit. I just think, 'well here is another baby that is coming that is either going to not be taken care of or mistreated.' We talk about molestation and child abuse, why it happens. But there is no stigma at all. In fact it is a joke. 'Do you know so and so is pregnant at 13? So and so is having her second baby and she is 15.' ..with the kids, they can stay in school as long as they want.

While not having any control as to whether a pregnant or parenting girl could remain in school, staff manage to exclude them from school activities. Some did so, expressing the view that the girls, in
becoming pregnant, had already chosen out of the life of the high school. One teacher put it this way:

One time I was called in by the GRADS girls as to why I wouldn't permit a girl who had a baby to try out for cheerleading. ...my feeling is they don't have time. I don't care if mom takes 100% of the care of that baby, they don't have time. They are a mother first and then they can be a cheerleader. But if you are on my cheerleading squad, you are a cheerleader first. Your school is first; school is always first. If I need you at 3 today and 4 tomorrow, I need you. I don't need you going to find a babysitter. They really called me on that. I cannot say that I won't let them try out. I can turn the tables so they'll never make it. I don't think it looks socially right--cheerleaders are the leaders of the school. So that's why I think a person who has a baby cannot set a very good example. I think they choose another life style and that is what they are going to have to live with. As bad as it sounds they don't belong taking it away from somebody else.

Staff members worried that the girls who were pregnant served as role models for other girls.

As one administrator put it:

I like the GRADS program but sometimes I view it with a little bit mixed emotion. Last week--I guess it was Friday--was baby day and everybody brought their babies in and they had a little lunch or
dinner with the kids. I saw little girls standing out there—ninth graders—'oh, I want one of those; aren't they cute?' I was trying to tell them 'yeah, they are really cute now but you have got to change their diapers and when they start spitting up, they are not too cute.

I like the program but sometimes I think maybe it should be like the Metheun Center—that was a school that had that program that girls finish their education there. I think it is very impressionable to the ninth grade girls. Sometimes they see the girls that have babies as being the stars because they have got something they don't have.

So I think what we are doing here is valuable, teaching them parenting skills and maybe preventing a second pregnancy. But sometimes I think those girls become role models to other girls.

While working at accepting the reality of the situation and reporting feeling mixed about the pregnancies, staff members felt they were able to keep it out of their individual relationships with pregnant students for the most part. On a one-to-one basis the girls themselves did not report any changes one way or the other in their relationships with staff members when they became pregnant. Many of the girls reported that their pregnancies were virtually nonissues with their teachers; the girls never spoke with the majority of them about it and only rarely did the teachers bring it up.
So while a variety of feelings and concerns were expressed regarding having pregnant girls in the school, in terms of actual day to day operations, it was most often termed a common sight to see girls and, occasionally, their babies in the hallways, and hence, was considered "no big deal." All the girls interviewed knew other adolescent girls in the school and in their neighborhoods who had had children; knowing someone who had been down this path before them was certainly a part of each girl's experience. One girl reflected on her group of friends and how each of them became pregnant:

Almost all of us--Christie was the first one to get pregnant and then comes me and then Micki and then I think Carmen; Micki and Carmen are sisters--one got pregnant and then the other.

Costs of Contraception

To understand the potential costs involved in obtaining contraception, it is necessary to recognize that contraception has always been socially regulated in some way (Gordon, 1976). Since it is directly related to sexual activity, contraception "carries with it many of the same social taboos and meanings as
intercourse itself, and like intercourse itself, these meanings are emotionally charged" (Luker, 1975, p. 42). Thus the meanings associated with obtaining contraception may make it seem costly to obtain, perhaps more costly than risking unprotected intercourse.

Within this category of the costs of contraception, five themes occurred: costs of male attitudes; costs of acknowledging intercourse; costs of planning; biological and medical costs; and costs of access to contraception. (For an overview of exactly how often each theme was cited, see Table 3). Within these themes a number of subthemes occurred and will be developed.

1. Costs of Male Attitudes

Since a partner is obviously involved in an act of intercourse, any feelings that partner brings to the situation regarding the use of contraception potentially impact on whether or not birth control is used. Depending on how he feels, the choice by the girl to use contraception or ask him to, may be a
Table 3

Costs of Contraception

Frequency of Cost Themes Cited

1. Costs of male attitudes  
   1a. Colluding together on risk taking 24  
   1b. Undermining and opposition 10

2. Costs of acknowledging intercourse 17
   2a. Acknowledgment to self 10
   2b. Acknowledgment to parents 7

3. Costs of planning 12

4. Biological and medical costs 4

5. Costs of access to contraception 2

(N=24. Totals add up to more than the girls interviewed because girls typically presented more than one expected cost. Subheadings in this table represent discernible subcategories within the larger analytical category.)
costly one in terms of the dynamics of the relationship.

While the partner is involved in intercourse, he may or may not be involved in decisions regarding contraception. In this study, girls described a continuum of behavior regarding their partners’ involvement with the two extremes being men who were unaware if the girls were using contraception or not to men who actively opposed the use of it at all.

Also at issue here was who should take responsibility for contraception; answers ranged from the girl to the boy to the couple. There was no consensus as to whose responsibility it was.

Boy 1  If you planned on having a relationship, if you know that is going to be the bottom line, she knows and you know that sex is around the corner. You have to sit down and talk.

Boy 2  Start stocking up on your rubbers and stuff.

Boy 1  ‘You don’t want no baby and I don’t want no baby. It is either/or; either you can take protection or I can take protection. We can both take protection.’
Boy 2 Then you have got the problem with the girl's mother. She don't want her to see them pills and stuff and then you have got to leave it up to the fellow.

1a. Colluding Together on Risk Taking (N=14)

Often the couples had discussed birth control and yet delayed taking any action. They took a risk and continued sexual involvement although usually the involvement was described as just a few occasions of unprotected intercourse. In each case, when the pregnancy occurred, the couples were surprised that it had really happened to them. Both partners were aware of the contraceptive risk taking but did not take any steps to end it. One girl described their contraceptive risk taking this way:

Sometimes we talked about it and sometimes we didn't worry about it. I guess we just took our chances too many times.

A variation on this theme was the couples who had been using contraception and, after demonstrating a period of time where they successfully avoided pregnancy, risked occasions of unprotected intercourse.
He used it (condoms) because I asked him to but as far as liking it though--after a while he got used to it but then I guess it must have been a couple of times that we didn't that I got caught.

The change from protected to unprotected intercourse was often not discussed and each partner was left to make meaning out of this new development. One girl interpreted her boyfriend's risk taking with contraception as an indication of a new level of commitment to her, that he was pledging his love by demonstrating that he would feel alright if they had a child together. She reciprocated by going off birth control also.

1b. Undermining and Opposition (N =10)

In two cases, boyfriends opposed outright the use of contraception; where it did occur, the reasons for this stance differed. One girl reported that her boyfriend "told me that if I ever took birth control he wasn't coming around. He disagrees." A later interview with her boyfriend confirmed that he felt it wasn't natural to use birth control, that if you're going to play, you pay. In the other case, the boyfriend did not philosophically oppose the use of
contraception, he was concerned about possible side effects and did not want his girlfriend on the pill.

More common were the partners who agreed to the use of contraception but who wanted a baby by their girlfriends and were vocal in saying so. Often this was couched in future terms. One girl described how the couple had come to not using condoms a few times:

Getting pregnant was on my mind; I was worried. He really—he wanted it. He had told me before ‘You are going to have my kids.’ I said, ‘No, so why you put that on me?’ So he said, ‘O.K.’ (doubtfully). Then one day I was like ‘I’m pregnant.’ And he said ‘oh my goodness!’ and was hugging me. I was mad at myself personally; I was mad. He wasn’t; he was happy and he was crying because he was happy.

Only one girl reported that her boyfriend had actively tried to persuade her to stop using contraception:

He said ‘let’s make love.’ So I just went along with it because I was glad to be back with him and he said ‘let’s make a baby; don’t take your pill today.’

2. Costs of Acknowledging Intercourse

The acknowledgement of intercourse can be costly, whether to oneself or to significant others.
2a. Acknowledgement to Self (N=10)

Just as acknowledging sexual activity to parental figures risked disapproval, for some girls the disapproval was self imposed and they had difficulty admitting to themselves that they were sexually active. In one extreme example, a very pregnant girl reported that she hadn't gotten contraception because she wasn't sexually active and "I'm still not." But for others, rather than complete denial, the difficulty was more in fitting together different images they had of themselves: the "good girl" and the girl who had become sexually active. Obtaining contraception forces a girl to define herself as someone who is sexually active, a label she may not want to claim depending on the connotations she sees associated with it.

I was the good one in the family. I was always up under my mom and stuff. So I felt like if I did that (went on birth control) she (her mother) would feel bad because I was the oldest and she looked up to me to look after everybody else.

Another variation on this theme was that the girls themselves were still getting used to the idea that they had entered into a new realm of experience. For
half of the girls in this study, their sexual involvement with the fathers of their babies was their initiation into sexual intercourse. That this was not a step lightly taken was signified by the amount of time it took them to get involved; the vast majority reported seeing their boyfriends for at least a year before sexual intercourse became a part of the relationship and for many it was longer than that.

We was going together two years and we didn’t do anything. I was like ‘no’ and he was scared also. Finally we just—hurry up and get it over with. We took off our clothes real quick. Just hurry up and get it over with and we both shaking and crying.

It was perhaps because the girls saw entering into intercourse as such an important step that they then had such difficulty admitting to themselves that they had crossed that line. There seemed to be a transition from seeing themselves involved in a series of isolated occasions of sexual intercourse, reported as unplanned, to defining themselves as sexually active and thus in need of contraception.

Int: Was birth control something the two of you talked about at all?
Anna: No.

Int: Was it anything that you thought about at all, as you got involved with the baby's father? Thinking like gee, maybe I should go get protection?

Anna: No, never thought about it.

Int: Was it anything that you and your mom ever talked about at all?

Anna: Yes, she just told me if I felt like I wanted to get on them I could and stuff. I told her I don't need them.

There was a time lag between the actual experience of intercourse and mobilizing to obtain contraception. A number of the girls reported the intent to get protection, delayed doing so and became pregnant. The delay appeared to be related to two themes: the failure to incorporate into their own images of themselves the knowledge that they were sexually active and probably would be again; and secondly, recognizing that the lovemaking they were involved in—a significant social step—also had a more mundane side to it and could lead to pregnancy.

It was something that happened and it wasn't a long period of time. We didn't think I was pregnant because it was like my first time with any
guy. We hadn't did it long or anything, but I still got pregnant.
That one day it happened and after that one day and I asked him would he go down with me to get some birth control and he said yes. And it had been a while but we still hadn't did it but after that again—I didn't think I was pregnant so we had made a date to go down there and get some birth control and (laugh) I was already pregnant.
So it was wild. I was surprised.

This portrayal of sex as a serious undertaking is at odds with the folklore of the school where staff and students alike report that virtually "everyone is doing it" and sex is "no big deal."

Boy Sometimes you don't even know each other that long.
The girls have sex a lot now; everybody does it almost.

Teacher Maybe it has gotten to the point where they don't even make the decision. They just accept the fact that they are going to be sexually active. It's sort of like drinking water, isn't it?

The data would seem to suggest a discrepancy between public and private selves, that the climate in the school right now is such that no one wants to claim the title of virgin. One of the teachers shared this observation:
When it comes up in class, they say, 'Ooh, she's a virgin!' I say, 'What is wrong with that?' Some of them feel that there is something wrong with that. There is that social stigma there. I think it is more there for a guy even. I always try to disarm it saying, 'What's wrong with it? So he doesn't have AIDS, VD, or herpes; so he is not a father, what is wrong with that?' So when that does come up there is a stigma and I always try to disarm all of them. And some of the girls do go away thinking 'I'm proud to say I'm a virgin.'

And yet, for many of the girls in this study, relinquishing the title of virgin for that of someone sexually active was not an easy transition.

2b. Acknowledgement to Parents (N=7)

In this study, girls were reluctant to take steps that might lead to the discovery by their parents that they were sexually active. Even in cases where parents had encouraged their daughters to come to them if they wanted contraception, the girls were reluctant to come forward; they felt that the acknowledgement would just not "fit" with the images their parents had of them.
Int: Had you and your mom ever talked about birth control?

Toni: Uh huh, we talked about it. I just--like if I would have told her that I was going on it (birth control pills)--she probably would look at me, 'You're doing that now?'

Int: That it was kind of admitting to her that you were sexually active or involved?

Toni: Yeah.

Others anticipated disapproval from their parents. For example, one girl's parents were extremely religious and she had often heard her father discuss adolescents who had become pregnant out of wedlock. When her boyfriend raised the issue of birth control, she didn't even want to discuss it:

I didn't want to because I was afraid my parents would find them or something like that and I would get in trouble. So I just took a risk..I didn't really sit down and think--now what if I get pregnant; what am I going to do? I didn't even sit down and think.

3. Costs of Planning (N=12)

Obtaining contraception forces a girl to define herself as being either a person who is already sexually active or one who is actively anticipating
interruption. Contraceptive planning seemed to bring a calculated edge to the event. To indicate one’s readiness to give all, through obtaining contraception and planning for the event, seemed to cheapen, in the girls’ eyes, both the gift (sex) and the giver. They were much more comfortable in describing intercourse as something that just happened.

We were together for two years and we never—I never dreamt of doing anything. So I never thought about birth control. I didn’t have any need of it and I didn’t get it. ...and then one day we were alone and it happened. We didn’t plan it or anything.

Many had decided to wait for intercourse until they were in love. Because they weren’t sure when or if this would occur, contraceptive planning for the event felt unnatural and calculated; they were afraid that it would be viewed as giving a message that they were too readily available for sex.

It wasn’t planned but I loved him and stuff and we had waited. I waited until I thought that I was ready. Then I didn’t think—I wasn’t thinking that real soon I’m going to be ready and so go get on birth control. Like we had been going together for eight months, and, you know, one day he came over and
we just kind of—it wasn’t planned. It wasn’t nothing that—he didn’t carry—he didn’t bring birth control to my house and I didn’t have any because I wasn’t having sex so I didn’t have any laying around. I had told him that I’m not that type—I told him that it would be a while before we had a sexual relationship because I wanted to make sure that he loved me before. Because it was like my first time with any guy.

Planning suggests not only that she has been sexually active once, but that she intends to be so again. Many girls went to great lengths to explain that they had gotten pregnant "the first time" they ever had intercourse; they persisted in giving this explanation while providing information to the contrary (such as dates of conception that would indicate sexual activity from the point of initiation to conception as covering at least several months). They were more comfortable in explaining sex as something that just happened rather than an active choice on an ongoing basis.

It just happened one day and it kept after that. Not every day. I don’t know—like one day we was at my house and you know, it just happened.. We kept coming back to each other and then I ended up with a baby. It just kept happening.
The avoidance of the label "sexually active" seemed to be related to the connotations of the term and the loss of status perceived to accompany it. A veteran teacher summarized the "costs" involved to a girl in planning the use of contraception this way:

Basically I feel that they think, from what they have told me, is that if they are prepared and if they have something with them, whether it is the pill, a condom, the jellies, whatever, that means that they are sexually active and that they are the slut or the woman of the night or whatever you want it to be. And to them that is a connotation that they don't want.

This desire to avoid the label of being sexually active seemed well founded in that when asked what would earn a girl a bad reputation easily, most staff and students, both male and female, indicated being "too active" sexually. As one boy put it:

That's the dumb thing about it. The girl is always the one to be--if the guy does it, nobody cares. It is a strange thing; it is bad. The guys get all the prestige of being around and the girl is looked down upon. It's wild.

The tension for the girls was in determining just what was "too active"; the perception seemed to be that
appearing to plan intercourse had a looseness connected with it.

The male students were at risk of being labelled should they appear sexually inactive. Again, there was agreement among the staff and students that boys were under pressure to "prove" themselves sexually; often this was coupled with the idea of dispelling any thought that they were gay. One of the male students put it this way:

If they haven't (had intercourse) then they are like outcasts. Like 'Man, you never made love to a girl!' Some of them get teased a lot. It's like on the baseball team and they start talking about that and you have got the younger guys out there and you could tell because they are all quiet and stuff and they won't talk. Some of the other people start laughing at them and start getting on them and get them kind of upset.

4. Biological and Medical Costs (N=4)

While not mentioned often, some girls indicated that they were not using contraception because of a fear of side effects. Some referred to members of their families who had "trouble" with birth control; others indicated that they had read or heard from the
media of possible side effects. None of the girls reported having experienced physical side effects themselves. Following their pregnancies, three of the girls reported that they were now on the pill with no problems.

5. Costs of Access to Contraception (N=2)

Lack of access to birth control was the least frequently mentioned reason for not using contraception. In both cases, the girls had been going to a clinic for contraceptive pills. One reported that she ran out of money and could no longer afford it. "I was on the pill but then my mom ran out of money--that's when she got laid off." The other girl said that the clinic she had always gone to was a "hassle", that she had to go through a lot just to get her pills, and that transportation had become a problem.
Discounting the Possibility of Pregnancy

As Luker (1975) points out, discounting as a social process explains why people in general engage in obviously bad risks. In the cases of the girls in this study, the term represents an assessment of how likely it is that pregnancy will occur; it includes a "discounting" of the possibility, making it appear improbable. The theme "it won't happen to me" was extremely common (N=18).

Few of the girls offered any explanation as to why they felt they wouldn't become pregnant. They expressed shock and disbelief when the pregnancy did occur.

I had been going with my boyfriend for a long time but we never did anything until one day when it just happened. So when I found out I was pregnant, I couldn't believe it. I just couldn't believe it.

The overwhelming majority of the girls considered their pregnancies unplanned. Over half of the girls in the study volunteered that they had actively considered having an abortion once they discovered they were pregnant.
Two subthemes emerged in this area of discounting the possibility of pregnancy:

1. Risk-Taking Over Time (N=5)

Some of the girls expressed a belief that they would not become pregnant because they had been "lucky" before; they had had unprotected intercourse in the past and had not become pregnant. They hoped their "luck" would carry them through once again.

I just stopped taking stuff, thinking that maybe I wouldn't get pregnant because before I did get on the pill I never got pregnant. Somebody told me that I was lucky and so I guess I did it the first and second time I thought maybe it would happen again, I would get by. But I got pregnant.

Luker (1975) suggests that the length of time involved in "getting away with it" becomes a condition for further risk-taking; many women originally assume that it is fairly easy to get pregnant and undertake risk-taking cautiously. As risk-taking continues over time, women are increasingly likely to revise downward their assessment of the likelihood of pregnancy. For the girls in this study, reported time periods for "getting away with it" ranged from six months to two
years. Luker concludes that "each 'successful' risk substantiates the idea that one can continue to 'get away with it' indefinitely" (1975, p. 94).

2. A Sense of Fatalism (N=5)

Although the girls in this study discounted the likelihood of pregnancy, they were not denying the possibility that it existed. As one girl put it, "I didn't think it could happen—I mean I knew it could happen but not just yet. I wasn't ready for it." This same girl, in describing her boyfriend's reaction to the news that she was pregnant, reported:

He wasn't shocked or nothing, you know. He knew it was going to happen. He wasn't taking nothing and I wasn't taking nothing so partially he saw it coming. It wasn't like it wasn't his or nothing.

Some of the girls anticipated pregnancy fatalistically, seeing it as something always in the offing but when and where it would happen and whether it would happen at all, was not known. Some cited other girls they knew who had gotten pregnant despite using contraception.
I think mostly—just about every girl here has some kind of protection but I think like sooner or later it is going to catch up with them, regardless of whether they are using those or not. I've got friends—they do the right thing but they still end up pregnant. They are good, I guess, but it is still bound to catch up.

On the other hand there are the accounts of girls who have friends not using contraception who have not gotten pregnant. So the girls trying to be "good" get caught any way and a lot of girls not using anything get away with it. The conclusion seemed to be that pregnancy will land where it will and that their own pregnancies were the bad luck of the draw but the possibility of escaping becoming pregnant had been just as likely.

I couldn't believe this was me pregnant. All my friends doing something and it has to be me get pregnant.
Benefits of Pregnancy

To understand the potential benefits assigned to a pregnancy, even an unplanned or unwanted one, is to recognize that pregnancy is more than a biological occurrence. In terms of social significance, it is a symbol of fertility, adulthood, independence, and femininity, to name but a few of the meanings assigned to it. To become pregnant, then, brings with it the anticipation of all the attributes and privileges which society assigns to pregnant women. It is important to make the distinction here that many of these benefits were those anticipated and were not necessarily ultimately experienced. In fact, the potential benefits of pregnancy in some areas vanished once the pregnancy was confirmed.

Within this category of the benefits of pregnancy, six themes occurred: pregnancy and significant others; pregnancy and relationships with male partners; pregnancy and self worth; pregnancy and women’s roles; pregnancy as a proof of fertility and pregnancy as a plea for help. (For an overview of exactly how often each theme was cited, see Table 4). Within these
Table 4
Benefits of Pregnancy

Frequency of Benefit Themes Cited

1. Pregnancy and significant others 50
   1a. Extracting parental love 17
   1b. Daughter as separate 15
   1c. Mother-daughter relationships 8
   1d. Benefits for the family 6
   1e. Attention from others 4

2. Pregnancy and relationships with male partners 48
   2a. To strengthen the relationship 13
   2b. A barometer of feelings 12
   2c. Lead to commitment 11
   2d. Forthcoming marriage 6
   2e. Resolve conflicting obligations 6

3. Pregnancy and self worth 36
   3a. New seriousness about goals 11
   3b. Greater sense of responsibility 8
   3c. Pride in motherhood 7
   3d. Change in direction 6
   3e. Someone to love 4

4. Pregnancy and women's roles 19
   4a. Traditional family 13
   4b. The passive woman 6

5. Pregnancy as a proof of fertility 3

6. Pregnancy as a plea for help 3

(N=24. Totals add up to more than the girls interviewed because girls typically presented more than one expected benefit. Subheadings in this table represent discernible subcategories with the larger analytical category.)
themes, a number of subthemes occurred and will be
developed.

1. Pregnancy and Significant Others

While the pregnancy had profound implications for
the romantic relationships of the girls, the
relationship cited most frequently in terms of impact,
was that with parental figures. To some degree the
pregnancy forced a response from the parent and,
depending on the current state of the relationship,
different payoffs were possible.

1a. Extracting Parental Love (N =17)

The pregnancies were a form of asking parents for
help, with the motive being to notify them that they
had not been properly attentive or loving and to,
hopefully, bring about a change in their parents'behavior. A variation on this theme, but with the same
motive of bringing a change in parental behavior, was
one of punishing parents for not having been more
loving or attentive.
Me and my mom, we were going through changes. I didn't care (that I got pregnant) because I felt that was going to change the way she was acting towards me. I wanted her to understand what goes on; I thought if I had a child she would understand and try to talk to me...She wouldn't be upset if she would have talked to me and maybe explained this is going to happen. I didn't care and then I was glad—I wasn't glad that I was pregnant but I was thinking about why I got pregnant. Because I knew she was going to be mad but I didn't care how she felt.

When parents did mobilize to help and support their daughters, it often brought the girls into a new awareness of just how much their parents loved them.

My family--they was really supporting. They really helped me a lot. My family made me feel good because I knew he (her boyfriend) didn't love me but my family loved me and I have a big family. I have eight sisters and three brothers. My mom, and them, they love me. I realize how much they loved me when I got pregnant and the way they was with me.

There is no way of knowing if the changes that did occur in terms of parents expressing love and support were permanent ones that became a part of the ongoing relationship. One ongoing, concrete support that was often expressed was that the girls' mothers were the caretakers for their babies while they were in school
so that they could complete their educations. This was sometimes coupled with the information that when their mothers had been pregnant as adolescents they hadn’t been able to continue in school.

1b. The Daughter as Separate (N=15)

A pregnancy was seen as forcing parents to deal with their daughters differently, i.e., recognize that they are separate and moving toward independence from the parental figures. Most frequently the pregnancy was seen as a dramatic way to prove their separateness from their parents, a defiance of parents and their values.

Because like my parents they always brought me up--they never said sex. And then if they did they said that’s bad until you get married and then I realized that it wasn’t and I confronted them. They said, yes, it’s bad until you are married. And I said no, not if you really love the person, then it is not bad.

My parents put a lot of pressure on me and they still do every once in a while. But I think they are kind of realizing I am going to--not more or less do what I want--but I’m going to live my life the way I want to.
And two of the boys observed:

Boy 1 I have noticed in my past experience that girls with the strictest parents are susceptible to have sex because their parents say no.

Boy 2 Rebelling.

Boy 1 Uh huh.

Boy 2 You could probably see in your life the more your mother and father told you that you couldn't do something, you build up this curiosity—well, why can't I do this? So you do it anyway and find out what it is about.

The pregnancy was also a demonstration that areas of their lives were off-limits, that parental input was no longer appropriate or appreciated. For example, one father had remained loyal to his daughter's former boyfriend and had never approved of the relationship she developed with the boy she subsequently had a baby with:

The boy, I don't like him any more. I can't stand him. My father like him. He's like—he like to see me with nobody else but LeRoy. I told him 'You are just going to have to change because I just don't get a
thrill out of LeRoy any more.' My mom told him 'that is not for you to decide, that's not your decision to make.' It is not his decision to make who I see.

1c. Improved Mother-Daughter Relationships (N =8)

Related to seeing their daughters as separate individuals, on their way to adulthood, was the rearrangement of the mother-daughter relationship. Pregnancy was seen as a passageway into womanhood and daughters reported a new sense of commonality with their mothers and a new, mutual respect and appreciation. This was often symbolized by a reporting of improved communication over wider ranging topics, those usually reserved for adult friendships. This renegotiation of relationships was mentioned by the girls only in terms of their mothers.

Our relationship is better--me and my mom's. Because before I got pregnant, it wasn't good. We're closer cause we're sharing things. It's not like mother or daughter; it is like sisters or best friends or something.

Me and my mom get along better and stuff. We talk and go places more than we used to. She just feel real close to me.
My relationship with my mom got a lot better. Like now Mom talks to me about my boyfriend and stuff and tells me--she just talks to me a lot more than she used to.

I can talk to my mother about anything now. I used to could not talk to my mom.

The girls also expressed a greater understanding of their own mothers, particularly when the mothers themselves had struggled as single parents. Girls spoke with some admiration as they appreciated all that their mothers had accomplished for themselves.

You seem to know what your mom went through when she had you, especially if she was a teenage mom.

I knew I had to get a job and everything seeing that my mom be doing everything for herself and how I know if my mom can take care of me and her, I shouldn’t expect any one to take care of me. I watch her now and know I can get a job. So now I got a job and I be knowing that--if I thought about it earlier and stuff maybe everything would be better than it is--knowing I don’t have to worry about is my baby’s father going to come by or bring her some money for breakfast.

The impression from the reports was that this improvement in the mother-daughter relationship was one benefit that was actually achieved with some frequency.
There were some instances where this was a hoped for result but it never materialized and, even in the cases where changes were reported, there is no way of knowing if the reported improvements represent permanent changes in the relationships. But at least in the short run, girls saw this as a concrete benefit of their pregnancies and something they were appreciating.

1d. Benefits for the Family (N=6)

Some of the girls reported their pregnancies in a context of how, from their perspective, they saw it as benefiting their families. While the data was not extensive, there was a suggestion that the girls were sometimes reworking what had been significant milestones in the histories of their families, often toward a happier ending. An example of one of these milestones was this 16 year old girl’s perception of her own pregnancy within the context of her own family history:

Marie: My mom had had a miscarriage and my grandma ain’t had no grandchildren yet and she is ready to go.
Int. So when you looked at it that way it just didn’t seem like such a bad time to have a baby?

Marie: Yeah, plus my step dad is in prison and he wanted a grandchild.

Int. When did your mom have her miscarriage?

Marie: She had a miscarriage right before I was born.

ie. Attention from Others (N=4)

While not reported frequently, the theme of the pregnancy and what it meant in terms of deriving attention from friends and peers at school was mentioned. The perceived benefit seemed to be one of wanting to change others’ behavior so that they would be more loving or attentive toward them.

When I wasn’t pregnant and fell up the steps, nobody helped me. So my friends and teachers, they were great when I was pregnant.

A variation on this theme was one in which it appeared that the girls’ friends had passed a test of sorts:
My friends, they helped me a lot. 'Let me carry them books up the steps. Why don't you take the elevator?' They was more concerned. Some girls, I think their friends act like they don't want to be their friends any more. My friends wasn't like that. They was behind me all the way and they gave me support.

2. Pregnancy and Relationships with Male Partners

Expectations ran high that a pregnancy would impact favorably on an intimate relationship. Themes around this issue are explored below. Perhaps most graphic, since the interviews were retrospective, was the sense of disillusionment as anticipated benefits met with the reality of many dissolved relationships and the lack of the fathers' involvement in the day to day demands of life with a child. This was not true in every case, but nowhere in the research was there a bigger gap between expectation and eventual reality.

2a. To Strengthen or Shore Up the Relationship (N =13)

There is considerable folk wisdom around the theme of "having a baby to save the marriage." While the girls in this study were not married when they
became pregnant, the rationale appeared the same: that having a child would help pull together a relationship that was starting to break apart or one that had already crumbled. This desire to renew a previously close relationship was the most frequently cited expectation when the girls reflected on becoming pregnant in the context of their relationships. In reality, very rarely did this come to pass once the pregnancy occurred.

Int. So you felt that you were at a point in your relationship where it was time to maybe have a child together?

Vicki Yeah, something to keep it holding, get the relationship holding. But it didn't hold anyway.

The girls reported that their partners used the same rationale when speaking with them about possibly becoming pregnant. From their vantage point now, usually months later and alone, this was often delivered in embittered tones with many of them reporting that they felt "used." As Zelda reported:
Well, he was saying stuff like if you have a baby that is going to bring us closer together and all that stuff. And I thought maybe he was right.

And then later, once she was pregnant:

So then when it finally came up he was saying I’m going to get a job and all this stuff and I’m still going to be with you and all this stuff but later on he wasn’t with me none..I kept thinking he be wanting to see me more if he seen the baby..We see each other but it ain’t the same.

2b. A Barometer of Feelings (N=12)

Related to the above theme was the idea of using a pregnancy as a kind of emotional barometer, to measure a partner’s level of feelings or to test if his "walk matched his talk," that is, would he do what he said he’d do, live up to implied promises. In other cases, the pregnancy seemed a way to generally test where the girl stood with a partner, discern the level of commitment to the relationship.

When I was pregnant and he wasn’t claiming the baby--he wasn’t saying nothing to me; he wouldn’t even look at me. It was like I knew--everybody was telling me when the baby comes he will be back. And I
said no, he is not going to be back because I know. I know how he feels now. He is not going to come back to me ever. He did love me at one time; I believe he did at one time. But it wasn't really true love or nothing because if it was he wouldn't have did me the way he is doing.

2c. Lead to a Commitment (N=11)

Pregnancy was seen as having the potential benefit of leading to a commitment to marriage, whether through pleasure or through duty. It was seen as a pressure to force a partner to define where he stood in the relationship. While the suggestion of marriage as a resolution to the situation was rarely, in reality, ever brought up--and even less frequently ever came about--it was the hope of many. Some of the girls had reason to believe that others would help in their cause and pressure their partners to "do the right thing" once they were pregnant. But, again, instances where the pregnancy actually led to a marital commitment were rare.

From a girl who did marry her baby's father, although now separated:
The first thing he told me was 'Get an abortion' and I said no. I said 'You got me pregnant and killing something that hasn't got a chance to fight back'—so he left and he came back and said, 'Alright, I'm sticking with you all the way' and he did. I was real proud of the way he handled everything.

Another girl reported this scenario:

**Int:** How did you boyfriend react when he knew that you were pregnant?

**Maria:** He was scared of what my mom might do, scared that she put him in jail.

**Int:** But that didn't happen?

**Maria:** No, she give him an option to marry me or go to jail.

**Int:** Are you two married now?

**Maria:** No, I didn't want to get married. I was ready but he wasn't ready to settle down and I knew it.

Interestingly this particular couple continued to see each other and as the research was drawing to a close, Maria confided that she was trying "to get pregnant before June" so she and her boyfriend could marry before he went into the Army. Her current assessment of her boyfriend was: "Right now I think he is ready. He is taking on more responsibility."

While fairly consistently stating that boys who father babies should help to support them, the boys interviewed separated that from making a commitment to the baby’s mother. In terms of possibly marrying a girl because she was pregnant, two boys put it this way:

Boy 1  It is not like that no more. Because you know your relationship ain’t going to work out and you can’t get in there and do it just because you got a kid.

Boy 2  That would be for the wrong reasons. Or maybe not at that time. There is nothing wrong with sticking around and maybe it will come. Maybe you will be able to get married but I don’t think that’s--OK, just because I’ve got you pregnant I’ve got to marry you.

Boy 1  You marry for love not for--

Boy 2  Not for I have a child or it is what I was supposed to do or was passed down from our parents. ’Well, you should marry her because it is your baby.’

Boy 1  Because it could be a one night stand and you don’t even know the girl. You don’t know nothing about her and you can’t
be going right in and get married and stuff.

Less frequently girls reported their boyfriends playing out a similar scenario where the partner hoped his girlfriend would get pregnant and that would be enough to persuade her to marry him. One couple had used condoms to prevent pregnancy but as Tina said "I guess it must have been a couple of times that we didn't that I got caught." But to put the pregnancy in perspective, she added:

He used it (condoms) because I asked him to but as far as liking it though. He really—he wanted it (the baby).
He had told me before, 'You are going to have my kids.' I said, 'No, I'm not so why you put that on me?'

He wanted me for a long time, a real long time and I was just pretending like he wasn't even there. So it was something that was built up—like I'm going to get her if that is the last thing that I do...He wants to marry me after I graduate but I still have a whole lot of life ahead of me. I'm not sure yet. I might but then I might not. I might find somebody between now and then and if that happens I'm not going to feel that I led him on because I didn't.
3d. A Forthcoming Marriage (N =6)

A few of the girls reported that marriage had already been discussed with their partners and they had reason to believe it was forthcoming. The pregnancy was seen as just moving them faster down an already chosen path toward married life and children. As the research drew to a close one girl set a wedding date and during the summer another of the girls announced her marriage.

Int: So actually having a baby together was something you and your boyfriend had talked about.

Mary After I finished school and we settled down and got a place but not right now.

3e. To Resolve Conflicting Obligations (N=6)

Some of the girls felt that their partners were caught between conflicting loyalties and obligations. In these cases, pregnancy appeared as a way to force a partner to think things through and declare his intentions. Some girls mentioned that they knew their boyfriends were involved with other girls and the
gamble of pregnancy was a way of forcing them to
resolve the situation one way or the other.

One girl reflected somewhat bitterly on the risk
she took in getting pregnant:

He started seeing her—he was seeing
her some of the time like after a few
months—he was seeing her too and he
started telling me he that he had
these feelings about her. We was
together and he was starting to like
her and when I found out I was preg­
nant, we just broke up totally and
he was with her and liking her.

For other girls the threat to the relationship was
not interest in another girl but rather objections or
demands placed on the boyfriend by his family.
Pregnancy was a way to make the boy declare his
loyalty, either to her or his family.

Me and him know for a long time
before our parents knew (that she
was pregnant). As soon as his
parents found out, then his whole
attitude changed. I just say for­
get him. He just—I don’t know—
he used to call all the time when
he first found out and then after
his parents found out, it was like
he didn’t care no more. He’s
scared of his mom.
An alternate scenario but with a similar theme was that the pregnancy would make the partner stand up to her family's objections and claim her anyway.

I felt like if he wanted to be with me he would just go ahead and talk to my mom and stuff or just face it. But he would try to hide around and stuff. And just the other day him and my mom they got into an argument--like it was the first time he had called in a while. So he called and they argued and she told him that all she wanted was him to do was take care of the baby; she don't want me and him to settle down or nothing.

3. Pregnancy and Self Worth

If a pregnancy forced those around the girls to respond differently to them, what also emerged was that it made changes in how the girls viewed themselves and how they shaped their own lives. The pregnancies seemed to bring a new dynamic to their lives, a new catalyst from which change occurred.
Teachers observed that girls with low self-esteem were particularly vulnerable to the pull of pregnancy as a way to change their images of themselves. A teacher put it this way:

You have got a low self-esteem young lady here and she comes to the high school and here are these girls pregnant and other girls are oohing and aahing. 'When is the baby due? Oh, your stomach is getting so big. Oh, you look so cute.' They get a little bit of attention. And they see the baby coming and she brings the baby to school. 'Oh, the baby is so cute' and she gets all the attention that the baby does. And this young lady who has this low self-esteem sees this and thinks 'I should do this too. This is neat. This is a way to get attention. This is a way to make me something I'm not.'

3a. A New Seriousness About Goals (N=11)

The girls related they felt a new seriousness about their lives, the decisions they made for themselves and the goals they had. This seemed to be related to the awareness that their pregnancies and subsequent babies were both a source of motivation as well as a potential impediment to their future goals.
Girls were frank about the hardships they saw in combining full school days with part-time jobs and motherhood. At the same time many reported that their grades were up and they had a new determination to do well yet there was a sense that some felt they were hanging by a thread in terms of being able to juggle it all.

Like as far as my school work, I'm making pretty good grades. When I got pregnant and stuff I had a greater determination to finish school and to do all my work. My other school years I would get like some bad grades here and there but like so far I've just made A's and B's. Like now I feel myself falling because of going through so much and it is just hard and I'm sort of falling back in my classes.

There was a sense from many of the girls that they were working not only for themselves but for their babies as well.

School didn't mean anything to me until I ended up pregnant. I always wanted to graduate from school. Last year I cut it all the time. I think I only came to school three months out of the whole school year. I cut it that much. And then when I got pregnant I said it's not only for good for me to graduate but he
(her baby) is going to need that diploma too so I can get a job. Because I don't want to be on ADC forever.

From the data there is no way to determine if the changes the girls reported in their motivation and grades are long term ones. But since it was a retrospective study a number of the girls were in their second year of being students as well as mothers and had maintained the gains they reported in terms of better grades, attendance and motivation.

3b. A Greater Sense of Responsibility (N=8)

Some of the girls reported that becoming pregnant had sobered them in terms of now being responsible for someone's life other than their own. Upon reflection, the girls felt that this was a positive gain in their lives, putting it in terms of sensing a greater maturity in themselves.

One girl, in reflecting on her experience of becoming pregnant in tenth grade:

For me it made me grow up a whole lot. Now I have responsibility. I have to take care of her. I used to take care of myself, dress me. Now I have to dress me and
her. Keep her food. My mom backs me up a lot too. It made me grow up a lot and it made me notice things that I wouldn’t have noticed say as far as school being important...So it helped me grow up, the growing that I needed to do, it helped me do it.

In describing herself prior to the pregnancy:

I was mature before but this made me feel--I don’t know--I wasn’t mature not where I wanted to be. I wanted to act a little bit older. I wanted to be ahead of my age..I wanted to act like I got some commonsense so this really helped me get where I want to be..I still have some childish things maybe in me, because I’m still a baby myself, but I want it to help me.

3c. A Change in Direction (N=6)

A number of the girls saw their pregnancies as an opportunity to make a change in their lives, to steer it in a positive direction. They reported that their lives were on a downward spiral, the result of life in a gang, drugs, being on the street, or the wrong crowd. The pregnancy gave them the opportunity or motivation to escape from that and point their lives in a different direction. The pregnancy seemed to impose a
structure on their lives that they didn’t have otherwise.

I think having a kid really made me think because when I was 13 and in the eighth grade and my grandmother was living—I lived with my grandmother. And I got to do what I wanted because I’m the only granddaughter. So it’s like you get to do what you want to do...I got to stay out all night; I could party. I didn’t have to come home as long as she knewed I was in good care. She gave me money; I could spend my money on reefer, dope, anything—just go out and do what I wanted to do...But when I got pregnant I could still do these things but I was tired of what I was doing. Now, as I think about it, I’m glad I had a kid because it made me grow up.

That sense of where they might be, had they not gotten pregnant made many of them grateful that the pregnancy had occurred.

Because if I didn’t have a kid it would probably be like I’d have difficulties—smoking, drinking and doing bad things, probably my grades would have went down.

3d. Pride in Motherhood (N=7)

For some of the girls there was a sense of pride in becoming a mother and caring for a healthy, happy
child. In society's eyes they were fulfilling a time honored role that was highly regarded and while perhaps mothering earlier than society may sanction, that sense of stepping into a long tradition of motherhood brought satisfaction for a number of the girls.

At first I hated it--people would look at you and stare for a long time. They would come up to you 'Are you pregnant?' They would stare at you for a long time. It would make me mad but then after a while I was used to it and I was more proud of myself; instead of thinking about what people were saying I just started thinking of how I was going to raise this child, things like that. Thinking more about myself than what other people thought.

3e. Someone to Love and Be Loved By (N=4)

In a few of the cases, there was a sense of relief that there would at least be one person in their lives for them to love, someone who would not only need them but be committed to them as well. In a similar finding in her own study, Luker (1975) relates this feeling to a society that makes some women feel that only a child would want their love and attention or their interest
and commitment. In the type of society she describes, the benefits of getting pregnant are obvious.

Even though my boyfriend don’t care about me no more, I know my baby will always care about me. I know he will always love me. Because it is not like I neglect my baby; I’m always with him and I love him. I love him to death. I know if I love him he will love me back. I won’t feel alone.

4. Pregnancy and Women’s Roles

While many roles are opening up for women currently in society, these new opportunities are not without cost and anxiety. In giving up the traditional women’s roles, women are giving up the prerogatives (such as passivity and being taken care of) that accompanied them. Faced with such tradeoffs or lack of opportunities, what could be seen as limitations of the traditional female roles may instead be viewed as benefits and worth pursuing.

4a. The Traditional Family (N =13)

Many of the girls, in becoming pregnant, carried with them a vision of setting up a "traditional"
household: there would be the male breadwinner and the female wife and mother who would be home raising the children; the breadwinner would support his family well and, through marrying him, the girl would have the good things in life; for many this meant houses and big cars.

Int: If you would have predicted where you and your boyfriend would be at this point--say when you were pregnant and thinking ahead to having your child together--what did you imagine for the three of you? How is it different than the way you thought it would be?

Vicki: The luxuries the main thing. I imagine we still together. I imagine we living in this big old house. Have a lot of money. Getting to see my friends once in a while.

Int: Were the big house and money going to come from the person you married?

Vicki: Uh huh...yeah (giggle)

Other girls were less grandiose in their plans but the vision of the roles the couples would assume were the same. The girls saw themselves being taken care of by their male partners.
Like he gets a job and I stay home with the baby until she gets a little older. He has always been there for me when I need him and me and the baby don't want for anything because he works for all three of us.

I wanted to find a guy that stands up to my standards. I didn't want an immature guy and I wanted somebody that I knew that if anything happened he would take care of me.

In reality, a number of the girls reported that when they told their male partners that they were pregnant, their boyfriends suggested abortion. Because the boys also accepted it as their male duty to support their families, and since they had no possibilities of good jobs, the prospect of becoming economically responsible for a household was not an expectation that they could see themselves meeting at the given time.

Given that disappointment a few of the girls reassessed their own potential roles:

It kind of brought light to me, I think. I seen maybe I won't be with this guy so I'm going to have to be independent and now I know that if we don't get married I can still take care of me and my child.
4b. The Passive Woman (N=6)

Another variation on a traditional role theme was that of girls who took a passive stance regarding their own futures. This most often played itself out in terms of "he did me wrong" where girls saw themselves the victims of their boyfriends. The scenario was one where the girls had entrusted their futures to the male partners and the partners didn't come through for them in the way they expected.

The passivity began early on in the relationships when girls did not protect themselves contraceptively. The rationale seemed to be that if their partners did not want them to become pregnant, they would use something and since they didn't, it signified an unspoken agreement regarding the level of commitment to the relationship. From the girls' perspective the message conveyed was "he loves me enough to stick by me should anything happen."

It didn't seem like it was an accident because he had the protection sitting right there in his hand and wouldn't use it. And he would know when he was going to do something inside me and we would just do it. So it was like
he really wanted me to have his baby because if he didn't he would take precautions, pull it out.

The anxiety regarding an unplanned pregnancy was lessened in light of the expectation that, should that occur, the partner would do the right thing by them: take care of them and the baby. When that didn't occur, girls reported feeling "used" by their boyfriends and were profoundly disappointed. The accusation was that the boys had gotten away with something and, commonly, they wanted their boyfriends to have to "pay" in some way.

It hurt, it hurts real bad. If they can get away scot free...Sometimes I just sit and cry because I think about what he is out there doing. He don't have to suffer the consequences like I am. He has--this is his fourth child--he don't take care of none of them. It is just hard...I just wish something could be done about these guys...They should have to go through something too.

Interestingly, from their vantage point now, when girls reflected back on their relationships and the way they understood their own behavior, they attributed a lot of power to their male partners and to the power of love.
He just had my mind and everything.
I was just up there.
I was in love and when you are in love like that you do stupid things.

5. Pregnancy as a Proof of Fertility (N=3)

Pregnancy proves conclusively that one is fertile. While that would not appear to be a significant benefit when a woman does not want a child at a given time, for the few girls in this study who had reason to believe they might never conceive, relief was expressed when they found they could. This was particularly true of the girls who had been taking contraceptive risks for some period of time without conceiving. The pregnancy counteracted their fears of infertility.

I went six months without a period and I wasn’t pregnant. I couldn’t get pregnant. Well, not that I can’t—-I haven’t.

6. Pregnancy as a Plea for Help (N=3)

While it was the least frequently mentioned theme that emerged in the data, in a few of the cases, the girls reported being at a time of real crisis in their lives when they became pregnant. In two cases a death
had occurred in the family; in another, a family member had gotten arrested. For these few, the pregnancy was a "last straw", a hope that it would create a situation in which someone intervened or energies could be mobilized to help create a change in their lives. A "problem pregnancy" in our society is a legitimate entree for others to offer help whether they be family members or professionals; it can serve to organize others to intervene.

In one case, the whole family was disoriented, following the death of a family matriarch; the surviving members began drinking heavily, argued, and several left home. The girl in the study reported that she "began messing with boys" and although she had a history of contraceptive use, stopped going to the clinic for her pills. Once she became pregnant, the family mobilized its energies and began pulling together again; she and her mother reconciled and became very close.

Hoped for rallying of energies in the family and mobilization among them for help did not often occur. One girl did begin to see a counselor but discontinued when she felt it wasn't helpful.
She really couldn't do nothing; she didn't never tell me anything that would help me. She never tried to really help. I was looking for her to tell me something that would help me out.

Another aspect of the crisis theme was that the girls viewed it as a "wild" time in their lives, that things were spinning out of control. Coping day to day left them disoriented and with little energy; within that context, maintaining contraceptive measures were more than they could manage.

I have some birth control things and I was taking them and that's when we were going through hassles and everything and I moved away. I had them in my house but no excuse for not getting them but I just stopped taking stuff.
CHAPTER VI

DISCUSSION AND IMPLICATIONS

Context and the Construction of Sexuality

Developmentally, the task of adolescence is working at a sense of identity, a defining of oneself separate from that of the world of parents (Erikson, 1968). Increasingly, theorists are envisioning a two-step stage of adolescence, with teenagers first identifying with peers, formulating a sense of group identity, and then going on to formulate a more individual sense of self (Newman and Newman, 1987). The work of this stage is seen as a continuing negotiation and renegotiation with parents and friends, working to arrive at a sense of self in young adulthood.

Sexual identity involves the individual's attempt to match his or her experiences with the available sexual scripts of the part of the culture with which he or she has had contact; the culture and subcultures equip the individual with ways of understanding and
judging his or her own sexuality (Laws and Schwartz, 1977). These simultaneous constructions of sexuality are by no means consistent with each other and the task of the individual is to thread his or her path through them, "fitting" the social constructions with personal reality. The formation of a sense of sexual identity is viewed as an ongoing, dialectical process.

The range of the girls' experiences sexually and their contraceptive histories indicate that they are at varying places in terms of constructing their own sense of sexual identities. This is assumed to be an ongoing, dynamic process, open to continued experiences with varying sexual scripts. It is seen as part of the work of the age, of arriving at a sense of self, a work in process. One outgrowth of this view of sexual identity as dynamic is the assumption that whether one is currently using or not using contraception, one's stance toward birth control is part of the construction process, up for grabs as the "fit" between societal and personal scripts is negotiated.

The lives of the girls in this study included a subculture where "everybody's doing it," where adolescent pregnancies are described as "no big deal,"
where virtually every girl knew other adolescent girls in her neighborhood and in school who were parenting. Their lives also included an awareness of walking a fine line, of becoming active sexually without becoming "too active," grounds for gaining a "bad rep."

Parents offered a different script, sanctioning it through admonishments and warnings to the girls "to not get into trouble." They did this while simultaneously acknowledging the possibility of a pregnancy, or in Furstenberg's (1976) view, laying a groundwork for "moral redemption" should the girls slip. In addition, almost half of the girls had mothers who had had their own first children while adolescents, outside of marriage.

In school, the girls perceived their becoming pregnant as nonissues with teachers since it was, more often than not, not discussed with them and they discerned no noticeable difference in their relationships with teachers once they were pregnant. Among themselves, teachers discussed feeling like "dinosaurs" as they compared their own high school experiences with what they see at Jones. They walk a tightrope of giving information in class without
teaching values, of allowing pregnant and parenting teens to complete their educations while excluding them from parts of the life of the school.

One teacher discussed a fairly recent shift she'd made in her own teaching style, as she integrated her concerns and frustrations regarding adolescent pregnancy with her classroom approach:

I have been teaching sex ed for nine years. I taught in middle school before, not only sex ed. but in child development. I teach about male anatomy. I never used to teach the value part of getting pregnant and having sex. I was always afraid that I would offend young ladies or guys who have children. And then just recently, probably within the last two years, I've been saying 'Forget this!'

Kids will always say--what do you think? And I'm now saying 'No! I think sexual relationships do not belong in the high school. It does not belong in your life. You are not ready for it. And a young lady who has a baby has made a mistake and it is a mistake she has got to live with and he has got to live with.'

They ask 'What would you tell your kids?' I would tell them that if they are ready at age 16 to have a child, to care for a child, to marry someone and live with them the rest of their life, then they are ready to have a baby. But I don't know of any 16 year olds that are. Then they will object. 'You don't know,' I say I do know. I've been around and you listen to what I'm saying.

A lot of the people who object are the girls who have babies. 'You don't know,' I say I do know; I say I know that having a baby is not easy and living a life by
yourself is not easy and living off someone else’s money is not easy. Some listen and some don’t. But I have changed my tune. I used to be so afraid that I would offend these girls.

As this teacher became increasingly outspoken, she generated a lot of response among other teachers as they struggled themselves to assess their own roles in this educating process. An assessment of the educating process was taking place on another level throughout the school, as students registered their votes with daily absentee rates of 25 to 30 percent.

The script offered male students was one of proving themselves sexually as quickly as possible or otherwise risk being “outcasts.” A ninth grade boy, confiding that he had “never been into a girl that long or that heavy,” described the contrast he saw between life in middle school and the high school:

You come from middle school and you are used to acting like you ain’t really much worried about girls there. But when you come here, like you got to start getting into girls and stuff. You got to act more mature around here. You have more pressure.

While attending a school with a program specifically designed for parenting teens, male students saw none of their male counterparts enrolled.
The offering of GRADS in the Home Economics Department, with a predominantly female student body, helped define adolescent parenting as an issue for the girls rather than for themselves. Male and female students and staff alike agreed that there is no pressure on a boy to be actively involved in fathering or supporting a child he helped to conceive.

Costs of Contraception

The costs of contraception are the costs in terms of relationships with male partners, the personal and social costs of acknowledging sexuality, the costs of planning and engaging in continual sexual activity, as well as the biological, medical and access issues of contraception. The more concrete costs of contraception such as access to contraception and biological and medical costs, ie, side effects of contraception, were the least frequently mentioned ones in the study. Girls went to great lengths to explain that it wasn’t that they didn’t have enough information regarding contraception or where to obtain it, but rather, that they didn’t use what they knew.
The categories of costs that were more frequently mentioned were the social ones, where obtaining contraception meant renegotiating relationships that were significant to them, namely their relationships with their parents, their boyfriends, and their own view of themselves. These responses would seem to be in keeping with the task of adolescent girls, one of identity formation, separating from parents while feeling the competing ties, forging intimate relationships while furthering their sense of self.

In addition, if sexual activity is seen as a social construction, understood according to prevailing codes of meaning in a given society at a given point in time, the actions of the girls in this study, then, need to be understood in terms of the concurrent climate they experienced regarding sexuality and the sexual scripts available to them. Use of contraception, since it is directly related to sexual activity, carries with it many of the meanings associated with intercourse itself.

As delineated in the earlier literature review, the contemporary social climate in the United States offers a number of simultaneous constructions of female
sexuality which are inconsistent with each other. The social climate of Jones High School, with its simultaneously conflicting scripts, reflected this same inconsistency: "everybody's doing it" vs. the loss in status and subsequent labelling of the girl who is "too active" and at risk of a "bad rep."

The response of the girls then, in attempting to avoid the appearance of being sexually active, and consequently avoiding obtaining contraception, makes sense when seen as an attempt to sidestep a potentially negative label. Their attempt to have it both ways, be sexually involved without being "sexually active", can be seen as trying to resolve the conflicting messages offered them regarding their sexuality.

There was no agreement among the staff or students as to who was to be responsible for contraception; answers ranged from the girl to the boy to the couple. The girls reported that their male partners colluded with them in contraceptive risk-taking, and in some cases, undermined their use of contraception. There was agreement though that the girls were the only ones involved in parenting, paying the price for becoming
pregnant, while the boys, as one girl put it, "got off scot free."

Luker (1975) suggests that since the introduction of the birth control pill, the social definition of contraception is an exclusively female-oriented process. She advances the idea that to lower the social costs attached to contraception, society must refuse "to institutionalize the 'costly' notion that only women get pregnant and hence only women need to use contraceptives" (p. 150). While answers regarding responsibility for contraception were not clear cut, responsibility for the subsequent pregnancy clearly was placed with the girls. Institutionally, this was reenforced through the all female enrollment of GRADS and the recognition that boys were not at all under pressure to be involved as parents. Following Luker's thought that to institutionalize pregnancy as only a female issue leads to the idea that only women need to use contraception, then the climate at Jones High School places the responsibility to prevent pregnancy with the girls and the subsequent blame when it occurs. But the girls' responses demonstrated that when contraceptive risk-taking occurred, there was collusion
between the sexual partners toward that end, or undermining or opposition to contraceptive use on the part of the male partners. So while in the end, the girls are blamed should a pregnancy occur, the failure to use contraception reflects a dynamic between the couple that needs to be addressed.

Discounting the Possibility of Pregnancy

Uniformly the girls in this study expressed the idea that "it won’t happen to me." Some of the girls had a history of risk-taking over times ranging from six months to two years, leading them to revise downward their assessment of their likelihood of becoming pregnant. Others regarded the possibility of pregnancy with a sense of fatalism, in the offering but whether or when it would occur was not known. Pregnancies were seen as unplanned and often upsetting; thoughts of abortion were actively considered although not acted on.

Girls in this study were aware that they could become pregnant, they just discounted the likelihood of it. This is distinct from the notion of "magical thinking," believing that pregnancy couldn’t occur.
This discounting process is not unlike what many risk-takers, not just adolescents, engage in.

..there is a study which shows that over two-thirds of the cars on the road in America have a safety-related defect that could cause an accident. People put off repairing these defects for financial reasons, the study reports, even though an accident caused by these defects will almost invariably be more expensive than preventive costs. The drivers of these cars, then, are engaged in exactly the same kind of tacit bargaining as risk-taking women. The costs attached to immediate repair of a car are known and expensive, whereas the costs attached to leaving the part unrepaired and having an accident and unknown, and there is always the chance that the driver can 'get away with' not fixing the car.

Benefits of Pregnancy

While not considering their pregnancies "planned" or even very probable, girls in this study reported that they expected, should a pregnancy occur, to derive benefits from their pregnant status. Expected benefits ranged from changes in their relationships with parents and male partners to changes in their views of themselves as women and their female roles; other
possible benefits were proving their fertility and articulating a plea to obtain help. These were expected benefits; few were actually realized once the pregnancies occurred. But at least in the abstract, a pregnancy could be viewed as a possible means to a variety of desired ends.

As with the costs of contraception, the categories that emerged the strongest in the data were the ones that revolved around hopefully renegotiating relationships of significance to the girls, namely their parents, their boyfriends, and their relationship or view of themselves. Themes of separating from parents and attempting moves toward adulthood were again evident, as was the sense of still being tied to their families and wanting to extract parental love. The move toward strengthening of intimate relationships and a greater sense of self and choosing of roles or a future were also seen. All of the desired benefits speak to the developmental task at hand.

The literature documents that women have typically escaped from poverty not through an increase in job opportunities but rather through marriage. In addition, Rapp (1982) makes the point that in
working-class communities, founding a family is what people do for personal gratification and as a means toward gaining greater autonomy and a sense of adulthood for their lives. Traditional socialization has emphasized the role of nurturer for women, that as she cares for her family, a woman will be taken care of herself, i.e., have a home and be financially supported. The expected benefits from their pregnancies that the girls in this study reported seemed to put them in realms similarly reported in other studies of low and working class women in terms of their strategies toward a desired end.

While most of the anticipated potential benefits of pregnancy were not realized by the girls in this study, they did report positive gains in terms of their relationships with their parents and also in terms of their sense of self worth. As stated earlier, there is no way to determine from this particular set of data whether the changes realized were sustained, but at the very least, the responses seem to suggest there was a degree of "payoff" as anticipated in becoming pregnant.
Linkage to Luker's Theory of Contraceptive Risk Taking

The aim of this study was not to test theory but rather to explore the meaning making of the girls regarding their pregnancies. Yet the idea of the girls, in their choices, attempting to achieve more diffuse ends than simply preventing pregnancy, was certainly evident and thus warrants a closer look at the possible linkages to Luker's (1975) theory of contraceptive risk-taking. Luker formulates a series of decisions on the part of the risk-taker, where individuals perceive options and assign values to them. The social and cultural meanings society assigns to sexuality and contraception impact on the values assigned.

From the available options, one or more are seen as preferable to others and actions are taken to implement that choice in terms of behavior. Luker hypotheses that a contraceptive risk is typically based on the immediate "costs of contraception" and the anticipated benefits of a pregnancy which may be weighed differently once the pregnancy is an actuality. Indeed her study was based on women who ultimately
decided to abort their pregnancies once they were confirmed. Her formulation does not suggest that "rational decision-making" is always explicit or clearly articulated.

According to this formulation, use of contraception is assumed to have social, emotional, financial and physical costs which appear reasonable in the context in which they occur and impact on the value assigned to taking that option. Girls in this study reported feeling that opting into contraceptive use brought with it risks to relationships that were significant to them; in addition, they saw contraceptive use as putting them at risk of a negative labelling process within their immediate culture. The values assigned to contraception from the girls' vantage point make it an option that is seen as costly when they factor it into their decision-making process.

These costs are then coupled with a discounting of the probability of pregnancy, a belief that it is unlikely to happen to them. On the other hand, the pregnancy, should the "improbable" occur, was seen as having potential benefits, at least in the abstract, in terms of moving them closer to other goals they had for
themselves. The latter goals centered around renegotiating relationships toward some desired ends such as greater autonomy with their parents or a commitment from their male partners.

Luker's population was mainly young adults in their early twenties to thirty years of age. It is worth noting that the girls in this study are "older" teens, that is, 22 of the 24 girls interviewed were 16 to 18 years of age. Although there is considerable variation among individuals, this should put them in the formal operations stage as described by Piaget, that is, they should have the ability to apply operations of formal logic to themselves, to move their thinking from the real to the possible, hypothesize a number of options and deduce potential outcomes. Younger teens are characterized as rarely reasoning logically in cost-benefit terms and more likely to make a choice arbitrarily, based largely on impulse (Adelson, 1975).
Implications for Intervention

The profession of social work has defined itself as viewing the person-in-situation, with intervention appropriate on a continuum, from clinical work with the person to work in organizations, institutions and communities to intervening in the society at large.

Intervention on an Individual Level

The current weight of intervention to prevent teen pregnancy has been in terms of working with girls to accept responsibility for their own sexuality and in educating them in terms of contraceptive options, that will, hopefully, ultimately be reflected in their use of contraception. The girls in this study did not identify lack of contraceptive knowledge or access as major issues in terms of preventing their pregnancies. What did emerge as issues were the costs involved in acknowledging and planning for sexuality. As noted earlier in the literature review, this theme has been identified by a number of researchers as an important correlate of contraceptive use by an adolescent girl.
sexuality is the rejection of the fantasy that all sex must be spontaneous, and, accepting instead that sexual activity can exist as a planned event. But if that kind of planfulness moves a girl precariously close to a "bad rep" there is a disincentive to plan or even identify herself as one in need of contraception. This disincentive basically reflects an accurate assessment on the part of the girls of the culture that they are functioning in and the potential personal costs involved in obtaining and using contraception. The girls are being asked to resolve on a person level what society has been unable to resolve: the contradictory scripts currently available in terms of female sexuality. Their actions can be seen as a reflection of the ambiguity and confusion at large regarding "appropriate" female sexual activity.

While not considering their pregnancies "planned," there was evidence that the girls in this study expected to derive some benefits from their pregnancies, some desired end they hoped to attain. As social workers, one of the range of interventions used when working with clients is the idea of making the implicit explicit, drawing the decision making process
to consciousness so that it can be critiqued and evaluated realistically. Often part of this technique is setting a goal to be attained, then client and worker together brainstorming on approaches to the desired end. Part of the brainstorming process is development of a variety of approaches to a problem so that the route that lends itself most probably to success can be chosen. Involved in this process is the discarding of approaches that are unrealistic or unlikely to bring about the desired result.

One of the foci, them, in working with girls like those in this study, would be the decision making process, where the girls could evaluate their possible "solutions" in light of other alternatives and add that information to their decision making process. For example, if a girl becomes aware that she was bargaining for the right to be seen as an adult in her parents' eyes through becoming pregnant, she can focus on ways to achieve that end which will be less costly to her ultimately. Also, through the evaluating of her own attempt at problem solving and through making the process explicit, it is conjectured that the girl would be less likely to attempt the same route to a solution
again, particularly if she has learned a better problem solving process and sees alternatives.

**Intervention on an Institutional Level**

The responses of the girls indicate that male partners collude in contraceptive risk-taking, and in some cases, undermine the use of contraception by their female partners. The campaign by the Urban League notwithstanding to involve adolescent males in taking contraceptive responsibility when they become sexually active, in general, interventions are currently geared at females; they are encouraged to be responsible regarding contraceptive usage, for they after all, are the ones to become pregnant (Bolton, 1980). This would seem to reflect the social definition of contraception as an exclusively female-oriented process. To effectively intervene, change in this societal definition of contraception needs to be undertaken. To focus intervention primarily on females reflects a failure to take into account the obvious biological fact that it takes two risk-takers to create a pregnancy, and just as obviously, both risk-takers should be the target of concern.
Luker (1975) suggests that one way of beginning to change the societal definition of contraception as an exclusively female-oriented process is through explicit policy in contraceptive clinics, places where adolescents typically go when they intend to obtain contraception. This could include aiming advertising and services at males as well as females. Luker makes the point that currently clinics are structured so as to allow men to come into the clinic for a lecture on various kinds of contraception, but the actual delivery of these contraceptives "usually finds the male in the waiting room while the female makes the actual decision and learns how to use the method" (p. 151). He is, in effect, cut out of the service delivery and, on some level, receives the message that contraception is not his responsibility.

The interaction reported by the girls in this study regarding the effect of male partners on the use or nonuse of contraception indicates that adolescent couples could be targeted for instruction and intervention. While both staff and students at the school mentioned girls becoming pregnant through "one night stands", the girls in the sample, by and large,
were involved in relationships of some duration, ranging from 3 months to several years, before becoming pregnant with their partner. Luker (1975) suggests that:

for men who are in relatively stable relationships, the decision about what contraceptive to use and how to use it should be made mutually. Thus both men and women would discuss the alternatives and come to a joint decision in the presence of information about the risks attached to each method. Then both would learn to implement the decision together, and both men and women would receive medical counseling and advice that goes with contraceptive delivery (p. 151).

The failure to take adolescent couples "seriously" has resulted in a lop-sided approach to services that has mainly targeted females rather than taking the couple and the dynamic between them into account.

**Intervention on a Societal Level**

One of the tenets of feminist therapy has been the translation of "private concerns to public issues." One of the public issues involved in preventing teen pregnancy is the social construction of female sexuality in ways that offer contradictory scripts to girls. Society helps to construct a view of sexuality
that works against the assumption of contraceptive responsibility. Until the linkage between girls who planfully engage in sex and girls who get a "bad rep" is explored and exposed, contraceptive usage may prove too costly. As society can begin to address its own ambivalences and ambiguities regarding female sexuality, then will the scripts offered individual girls be less conflictual.

In addition, the girls indicated that they expected to derive some benefits from their pregnant status, an observation in keeping with the research on other low and working class women (Rapp, 1982). The larger societal question is whether "better," alternate routes to the same end are offered; if not intervention efforts need to focus not only on individual goal setting and planning but on the larger society as well in terms of opening up wider options. Self-determination can only truly take place in an environment of legitimate and diverse options.
Implications for Further Research

Documentation of Sexual Scripts

In the case of Jones High School, the sample of students and staff interviewed and observed could only hint at the sexual scripts in operation and the general climate of the school in this regard. There were suggestions in the data gathered that there was a sense of conflict between the public representation and the private meaning of sex for individuals. While staff and male and female students gave similar responses in terms of "everybody's doing it", it would be important to follow this lead further, pursue a more representative sample and document the available sexual scripts represented in the school.

Some initial data were gathered in this direction but it was beyond the scope of this particular study; the hints in the data suggest this as a fruitful research direction and could be an important linkage to the individual stories of the girls. As Vance (1984) suggests, this whole area of the current sexual scripts
The theme of "everybody's doing it" indicates a culture where sexual abstinence risks the label of deviant. It would be interesting to know if the level of sexual activity represented in the phrase is an accurate accounting of the lives of most of the teens in the school.

Possible Benefits of Pregnancy

The girls in this study reported some benefits derived from their pregnancies. References to improved relationships with their parents, particularly their mothers, and an increased sense of self worth were the most reoccurring themes in this regard. As stated earlier, there is no way to determine from this particular set of data whether the changes realized are ones that were sustained, but at the very least, the responses seem to indicate that there was a degree of "payoff" in becoming pregnant.

If this accurately represents the pregnancy process for some adolescent girls, it has implications in terms of interventions with this population of girls. Would it be possible, for instance, to explore alternate routes to the same "payoffs" that would
perhaps be less costly on other levels? At the very least, if the benefits are not sustained, that is important knowledge to add to the framework of adolescents making decisions regarding contraceptive risk-taking. If the benefits are sustained over a period of time, the challenge for workers is to open up alternate routes to the same end. In either case, it could be beneficial to pursue the subject further through a follow up to this research.

Testing of the Theory of Contraceptive Risk-Taking

This study was not designed to test a particular theory in a systematic fashion. Yet the data indicate that Luker's theory of contraceptive risk-taking could have relevance for an adolescent population. The available literature does not indicate that this theory has been extended in the direction of adolescents and it could be fruitful to pursue it further.

Limitations of the Study

This research focused intensely on one group of girls who became pregnant as adolescents. It was a self-selected sample in that anyone enrolled in the
GRADS program was invited to participate in the research. Since no records are kept on the number of girls who become pregnant at Jones High School there is no way of knowing how representative the girls in GRADS are of this larger population.

National statistics indicate that a high number of adolescent girls who become pregnant drop out of school (8 out of 10) so there is reason to believe that the GRADS girls are unique in having chosen to remain in school. These kinds of uniquenesses need to be considered in transferring the implications of the data from the study; similarity of the "receiving context" (Lincoln and Guba, 1985) is essential for the data to be applicable.

The information was gathered retrospectively leaving it open to recasting of events and circumstances in the present telling. Given this, there was no real way to further explore some areas of investigation. For example, in terms of contraceptive knowledge, very few girls reported that lack of knowledge regarding contraception was a factor in becoming pregnant. There was no way to determine the extent of their contraceptive knowledge at the time of
conception. The gathering of data took place after they had participated in a number of GRADS' classes on birth control.

Summary

Data from this study indicated that the adolescent girls in the study felt there were definite "costs" to obtaining contraception. These costs centered particularly around social relationships with their parents and their male partners; in addition they indicated that obtaining contraception figured into their own view or image of themselves. Issues such as access to contraception or fear of side effects of contraception were minor themes reported.

Overwhelmingly the girls in this study "discounted" the probability of becoming pregnant. While they knew that it was possible, they did not see it as likely to happen to them. Related to this discounting was a sense of fatalism, that pregnancy would land where it will, without particular rhyme or reason. In addition, risk-taking extended over time seemed to reinforce the view that they would not "get caught."
The girls indicated that, should the improbable occur, they expected to derive benefits from the pregnancy. These anticipated benefits included a renegotiation of their relationships with significant others, primarily their parents and male partners. In addition, they felt a pregnancy would make a significant change in their own lives, anticipated as a positive, new direction. They also indicated that they felt there could be some benefit in opting into a traditional role of mother, that there would be the reward of being taken care of while they cared for their children. Pregnancy as a proof of fertility was a minor theme the girls reported in terms of benefits as was pregnancy as a plea for help.

These benefits were anticipated but seldom realized. The two areas suggested where there appeared to be some actual "payoff" in becoming pregnant were in their relationships with their mothers and in changes they saw in themselves, i.e., a greater sense of self worth and direction.
APPENDIX A
Dear Parents:

As you know, the numbers of adolescents becoming parents are growing significantly. It is important that as social workers we gain a better understanding of this process so as to better serve the adolescent population. Toward that end I would like to talk with some of the students in your daughter's GRADS class to learn more about their experience with teenage pregnancy.

I would like your permission to interview your daughter, if, when asked, she indicates a willingness to participate in the project. Your daughter would not be identified by her real name in any report of the study which is written. Her participation or nonparticipation will have no effect on her status at school.

Please complete the form below and return it to the GRADS teacher or myself. If you would like more information on this, please call me at 292-5471.

Thank you for your cooperation.

Sincerely,

Kathryn Herr
Graduate Student

Joseph Parnicky, Ph.D.
Professor

I am willing to let my daughter talk with Kathryn Herr about her experience with teenage pregnancy.

Date_________________________Parent's Signature__________________________

Phone: (Area Code 614) 422-6288/Admissions 422-2972/Student Services 422-7488/Dean 422-5300
CONSENT FORM

I consent to serve as a participant in the research investigation entitled: "An Ethnographic Study of Adolescent Pregnancy in One Urban High School."

The nature and general purpose of the interview has been explained to me. The interview is to be performed by Kathryn Herr, graduate student at The Ohio State University.

I understand that any further questions I have concerning this procedure will be answered. I understand my identity will not be revealed in any publication, document, recording, or in any other way which relates to this research. Finally, I understand that I am free to withdraw my consent and discontinue participation at any time.

Signed ____________________

(Participant)

Date ____________________

Researcher
When I arrived at school, the smell of chocolate chip cookies already filled the air in the Home Ec. complex of rooms. A bake sale for the benefit of Operation Feed had been organized by Mrs. S., leader of her team. (There’s apparently a building competition.) A whole table of goodies for sale—brownies, cookies, etc. baked and brought in by various teachers—were laid out on a long table in the back of one of the Home Ec. rooms; Mrs. S. was fluttering about, organizing the sale. She said the GRADS kids could come in at any point and make a purchase and that they’d also be selling out in the hall during the lunch periods. Mrs.N. wryly commented that she guessed "all kinds of rules can be broken for the benefit of Operation Feed." She bought a chocolate chip brownie and munched as she walked back into the apartment.

Second Period

6 girls in class: Kelly, Toni, Angela, Adrianna, Christine, Karen.
Toni was the first to arrive for class. She took her usual seat in back of the table, in the chair next to Mrs. Andrews. Mrs. Andrews told her about the bake sale but Toni wasn't interested and settled into her chair. Angela, Adrianna, Christine and Karen gradually arrived.

Mrs. Andrews asked them to get their folders out and also a pen to take the test. Karen protests that she thought the test had been yesterday (when she was absent) and that today they were to have breakfast together. Mrs. A. told her that they had reviewed yesterday since this group needed to do well on the test to raise their grades. Karen continued to protest that she wasn't taking the test today since she had thought it was to be given yesterday. She interspersed her protests with inquiries about the bake sale and asked Mrs. A. if she was eating a blueberry muffin? "No, chocolate chip." How much was it? "40 cents." "Do they have anything for a quarter?" After establishing that some of the cookies were a quarter, Karen continued her complaints about the imminent test. She concluded her string of comments with "I hate this class. I should have stayed in study hall."

Mrs. A. passed out the exams to the now assembled
group. The girls bend over the table and begin to write, except for Karen who pushes her paper aside. Mrs. A. begins to grade folders; Karen got a 50% on hers and that brought another angry outburst. "You didn't tell us to write in our journals." Mrs. A. told her it was an understood expectation. Karen protested and repeated that they hadn't been told to write in their journals. And, as for the test, 'I thought we could take the test only if we wanted to.' That she was not prepared to take it today since she had thought the test was yesterday. "I don't like this class. I should have stayed in study hall," stated once again by an angry Karen. Mrs. A. called her bluff and told her to go ahead and go back to study hall, telling her, "You have to have a decent attitude." Karen stormed out.

Toni quickly finished the one page exam. She handed it to Mrs. A.; after sitting idly in her chair for awhile she moved over to the couch and browsed through some of the pamphlets on the table. The other girls continued to work. Adrianna went into the adjoining room and returned with a cookie, fresh from the oven, which she shared with Christina and continued with the test.
Karen came back into the room saying, "She (the study hall teacher) wants me back in here." Mrs. A. replies, "Well you might as well make the best of it." Karen took her seat and just sat. She read through the exam and pushed it aside once again. Karen noticed Adrianna's cookie and said, "How much is that?" "25 cents." She picked up the exam paper again and began to work on it. She leaned over to ask me about one of the questions re "maternal environment"; I repeated the explanation that I had heard Mrs. A. give another girl when Karen was out of the room. She caught onto the gist of the question and correctly filled in the answer. Mrs. A. encouraged her to continue working since grading is done on a point basis and any points are better than a zero, her grade if she doesn't work on the test.

PN I felt that it was easier for Karen to ask me a question rather than be "needy" in front of Mrs. A. and that actually, my presence in the classroom made it a little easier to diffuse the disagreement.

I was impressed with Mrs. A.'s
handling of the situation since Karen can be menacing appearing when she’s angry and has a rep in the school for her outbursts.

Mrs. S. sent a student in looking for cornmeal. Mrs. A. sent her on into the next Home Ec. room to ask for some. A little later a girl strolls into the room to say hi to Adrianna; Mrs. A. asks her to leave.

As the girls finished their exams Mrs. A. suggests they fill out their calendars for March. She told me not to "hesitate to grab someone" and interview them if I wanted. She continued grading folders, making a pile on the floor of the ones she had finished. Adrianna wanted to put her new calendar in her folder and asked for it. Since they were next to my chair I picked it up and gave it to her as she was asking one of the girls my name. "Mrs. Herr," Mrs. A. supplied. The bell rang and they left.

MN/PN
Being called Mrs. Herr felt very teacherish to me and I'm not at all sure that that's the most helpful image to be aligned with. When Mrs. A. called
me Mrs. Herr in
front of the girls
it felt like setting
up a false dichotomy,
authority/adult to
child. Yet in reality
I have no authority
over the students. I
finally settled in my
own mind that the stu-
dents could call me
Kathy; until Mrs. A.
had introduced me
otherwise, I had already
been introducing myself
that way.

When the room emptied, Mrs. A. commented to me that Karen
needs to "get rid of that chip
on her shoulder." I said that
I thought she had been really
caught by surprise when she
discovered the test was today
(Shes been absent the day be-
fore when it was announced).
Mrs. A. said "That's what you
think is going on?" I said
I'd remembered that she'd
never gotten around to taking
the last test either, despite
Mrs. A. reminding her a number
of times. Mrs. A. picked up
on this theme, linking it to
"low self-esteem." I said I
had been thinking that Karen
would be a good candidate for
the guidance counselor or
somebody to put on a contract
system, so she could claim
her own failures and successes
and not need to blame anyone
else. Mrs. A. said she
thought that could be "a real
good idea."
P.S. Karen got a 63 on the test. Mrs. A. commented: "At least she passed."

MN I felt like
I was functioning
in a social work
role here, lending
my observations as
a professional.
But that felt all-
right to me since
part of the original
contracting when I
asked for access to
the research site
was on the basis
that I'd like to
give as well as take.

Mrs. M. came in and sat at
the table briefly as the
classes changed. She asked us
if we'd heard that Mrs. May's
substitute had left in tears
yesterday; the sub said she'd
never seen kids like those at
Jones. Mrs. M. went on to say
that Mrs. May shouldn't feel
responsible; she couldn't help
it if the kids behaved when
she'd there but got out of
control with a sub. The bell
rang and the girls started
coming in for class.

TN Issue of how
tough these kids are
to control.
Teacher pride in
working in such a
difficult place.
Investment in keep-
ing them tough?
Third Period

5 girls in class: Darryl, Carole, Chris, Cara and Lavonne (new).

Darryl to Carole: "Are you ready?"
Carole: "Ready for what?"
Darryl: "the test" on birth defects.
Carole murmurs, no, that it's too much information anyway.

Mrs. A. has the girls get their folders so she can grade them while they take the exam. Chris offers that she "found the rest of my folder stuff," and puts it back in her folder. Connie volunteers that she "lost mine."

Loud laughter is heard in the hall. A teacher reprimands a student: "no coming out in the hall again without a pass." "Yes M'am!"

A voice from the hall yells into the classroom: "What's up Chris and Cara?"

The smell of baking cookies is everywhere. A teacher peeks in the door of the classroom and then goes around to the other door in the Home Ec. room. The smell of cookies baking is all over the building; "it's terrible. You're making me hungary."

Mrs. A. passes me one of the journals she's reading to
exerpt is something about 'so far a good week; I plan to keep it up.' Mrs. A. is obviously encouraged by this written comment.

Two boys duck into the room and Mrs. A. asks them to leave. They go over to the other Hom Ec. room. Mrs. A. comments that "Those kids are just wandering around." The boys are loudly making comments to the girls who are baking in the other room. "She looks like Oprah Winfrey."

Darryl hands in her exam and then Chris. Mrs. A. begins to grade them. Darryl says "Is that mine? I got an F." Mrs. A. says it's Chris' but then she does grade Darryl's and she gets an 88%. She grades Carole's exam--36%. Carole says she lost her packet on birth defects. Mrs. A.: "You should have told me."

Carole: "I did. You said you didn't have any more." Mrs. A.: 'Oh no...I didn't have any more complete packets; I was so frustrated that so many girls had lost theirs...you got the brunt of that.'

The bell rang and the girls left. I commented that a lot of girls handed their stuff in saying, 'well, I got an F' and that it was even the girls who do all right who make those comments. Mrs. A. said she thought it was a way to hedge
their bets, to keep from getting expectations up and being disappointed.

Fourth Period

Teachers' room.
As we go to the teachers' room a student is standing outside the door, doing time for detention.

A teacher was already sitting at the table Mrs. A. usually sits at for lunch. In all, Mrs. A., Mrs. T. (the math teacher), Mrs. T. (the history sub.), D. (the art teacher), and I were at the table. Two male teachers were at another table at the other end of the room. Mrs. A. asks Mrs. T. 'If she has Karen this year. No?' She doesn't pursue the matter.

The art teacher asks me who I am? I introduce myself and say I'm a doctoral study doing research for my dissertation here. She tells me I look familiar to her and asks me if I'm involved in the art scene in Columbus. I tell her no, that the closest I get is the new galleries in the Short North, near where I live. She asks me if I know 'Art Space' and says she helped get that set up.

MN How to deal with new faces in the teachers' room who may not be acquainted with
my research and therefore not be aware that they could potentially be observed? In this case I felt that the teacher wasn't really curious, that she wanted to tell me about her role in setting up a local gallery.

The conversation shifts away from me and the teachers begin to reminisce about their elementary school days. The art teacher volunteers that she 'got into trouble all the time,' that she "sat in the corner everyday" until her mother came in and complained. The math teacher said she thought that they had all gotten into trouble if they think back on it. Mrs. A. said that she 'hated elementary school up until sixth grade. That in sixth grade things came together for her and she liked school after that.' The art teacher said that she hated second and sixth grades, that the teachers didn't like her and she didn't like them. She said her fourth grade teacher used to hang her art on the walls; she used to illustrate stories and the teacher sent her to the Dayton Art Institute one summer—that that's what encouraged her in art.

Mrs. A. said none of them
knew 'the harm we unintentionally cause our students.' She recounted what had happened with Carole the previous period as an example.

Mrs. A. said she's groping with that second period class, to motivate them. She comments that she doesn't think that even a new girl would help that group, that a girl is coming back from home tutor soon and is anxious to get back into school. But Mrs. A. said she's not optimistic that a new presence in the group will help. She goes on to say that she's 'sure there must be good students here' at Jones but she "gets discouraged" with the ones she sees in class. Then she reflects that 'well, some of them are good students, Chris for example.' I say one thing I found interesting is that even Chris, with her good grades (honor roll) doesn't seem to have very high aspirations for herself, that I'd overheard her say that she was thinking of becoming a secretary. I said I was puzzled that college didn't seem to be a consideration for her.

PN Is this a value judgment on my part, holding up college as what good students should do?

The conversation shifts again and the art teacher said she had asked her students
what would make them come to school. She said she got some "wierd" answers like they'd come if they could "chew gum." That they like art because they can move around and do projects. She went on to say they said they'd like more variety, 'not just lectures' and taking notes, that they'd like more discussion. The math teacher commented, yeah, then they'd get tired of that and want something else. The history substitute was standing by his chair, ready to leave; he wore a big Jesus is Lord belt buckle. He observed that these kids are used to television where the camera changes every 3-5 seconds. He hopped from side to side, to demonstrate his point that that's what these kids expected from the teachers.

Fifth Period

Six girls in class--Zelda, Victoria, Anna, Elaine, Barrie and Cheryl.

Victoria came into the room and asked "You heard my name on the radio?" I told her I had heard her interview on public radio the day before but that I thought they hadn't pronounced her name right. She was obviously delighted to think that her interview was being broadcast.

Elaine complained that she was "tired of working" and
that Mrs. A. 'should give us the day off since we had a test yesterday.' Barrie saw me blow my nose and said she had to go to the bathroom to get some tissue; I offered her some of my kleenex which she smilingly took.

PN I often feel that Barrie is testing our relationship. She'll often ask for something, a pen, tissue, whatever, just to see how I'll respond.

Barrie volunteered that she has an A in history so far, that she and the teacher are 'like this'--two fingers crossed. They're to have a test today but Barrie says the teacher will let her take it Monday if she wants. She leafs through her book and comments that the test will be a long one, "three pages," over a lot of material.

Mrs. A. starts class. She asks the girls to take out a piece of paper and says they are going to have a pretest on infant nutrition. She dictates statements and asks them to write them down, answering with a T or F next to it.

"Children under age 1 should not be given honey because it has been known to cause botulism in babies."
There are 10 in all and the girls dutifully write, sometimes asking Mrs. A. to spell a word or slow down. There’s a lot of noise in the adjoining Home Ec. room where they’re showing a film; students are laughing loudly and talking. Victoria leaves her seat and goes to the door between the two rooms; Mrs. A. doesn’t seem to take any particular notice of her. Victoria opens the door and yells, "Would you all please be quiet!" She shuts the door and comes back to the table and sits down. The other girls comment that ‘she’s just like her mother’ meaning her mouth and Victoria looks pleased with herself. Mrs. A. looks embarrassed and asks Victoria whose class is over there? Mrs. M’s. Mrs. A. tells her that she wants her to never do that again. Meanwhile the movie next door has come to a grinding halt and raised voices can be heard.

After the girls have copies of all the statements, the class goes back over them one by one, answering if they are true or false. They seem to know the material on the pretest. Mrs. A. contributes some examples of her own early mothering days when she was inexperienced and wasn’t very sure of herself.
REFERENCES


