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"Go confidently in the direction of your dreams. Live the life you’ve imagined." Henry David Thoreau

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Chapter I

Teenagers face a number of challenging decisions growing up. One of the many decisions teenagers make is when to engage in sexual intercourse. This decision can affect their lives in a variety of ways and has the possibility to introduce new obstacles during adolescence. Some of these possible obstacles include: contraceptive choices, peer pressure, sexually transmitted infections and pregnancy. Teenage pregnancy has been studied for a number of years because of the effects it has on the teenager, his or her family and the community.

Adolescent Sexuality

Prevalence of sexual intercourse.

Adolescents engage in sexual intercourse at young ages and there seems to be a correlation between early sexual initiation and unprotected sexual intercourse (Lewis, Melton, Succop & Rosenthal, 2000). The transition from virgin to non-virgin status has been the focal point in a variety of research studies. This transition often occurs during teenage years. In a longitudinal study from New Zealand, the researchers questioned participants about the age of their sexual debut (Paul, Fitzjohn, Herbison, & Dickson 2000). At the time of questioning, the participants were 21 years of age and were asked to remember when they first engaged in sexual intercourse. Results revealed that out of 926 participants, 27.5% of the males and 31.7% of females in the study transitioned to non-virgin status before 16 years of age (Paul et al.). Asking about sexual debut was done retrospectively, because there were concerns regarding questioning teenagers about sexual information. Overall the results added to the breadth of literature on the prevalence of early sexual intercourse in teenagers. However, while the concern regarding
questioning minors about sexual information was eliminated; retrospective questioning introduced other limitations (Paul et al.). It is possible participants were not able to remember the exact age they first engaged in sexual intercourse and/or the participants may have changed their reported age of sexual debut to preserve their image due to feelings of shame or embarrassment. The researchers attempted to reduce this possibility by anonymous administration of the survey on the computer (Paul et al.).

In 2005, the United States Youth Risk Behavior Survey was administered to a nationally representative sample of teenagers in 9th through 12th grades (Eaton et. al, 2006). The survey contained questions pertaining to risky behaviors in which teenagers engage, for example: drug use, seat belt use, helmet use, birth control use etc. and of particular interest, sexual intercourse (Eaton et. al.). In 9th grade, 34.3% of students reported engaging in sexual intercourse at least once. This percentage increased in each grade level that was assessed. Ultimately by 12th grade, 63.1% of students reported that they had sexual intercourse at least once (Eaton et al.). Of the entire sample, 6.2% of students reported they had sexual intercourse before the age of 13 (Eaton et. al). In the survey, researchers asked the date of onset for sexual intercourse but not when it became a regular occurrence. When the overall results from the Youth Risk Behavior Survey were broken down by race, the results depicted that 26.8% of African American males reported sexual debut before age 13, and 5.5% of white males reported sexual debut before age 13 (Eaton et al.). This study revealed similar percentages to the ones reported by O’Donnell, Myint-U and Stueve (2003).

O’Donnell et al. (2003) surveyed seventh grade students from three different urban middle schools about sexual initiation and sexual normative behavior. Researchers were interested in gaining information on early engagement in sexual intercourse, unprotected sexual
activity, violence, and substance use. In this self-report survey, 30.7% of males and 7.7% of females reported they first engaged in sexual intercourse prior to 7th grade (O’Donnell et al., 2003). The participants were 80% African American and 19.5% Latino. Students who attended these middle schools were from areas with high reported rates of teenage pregnancy, HIV/AIDS, and violence related injuries.

The sample utilized by O’Donnell et al. (2003) consisted of a higher percentage of African American participants than the national study results that were reported by Eaton et al. (2006). Although only 6.2% of the entire sample in the Youth Risk Behavior Survey reported sexual debut before age 13, there is a discrepancy between the percentages of African American teenagers and white teenagers engaging in sexual intercourse at early ages (Eaton et al). More African American teenagers engaged in sexual intercourse at earlier ages than their white counterparts (Eaton et al.). The percentages of African American males who engaged in early sexual intercourse are similar across the two studies described above (Eaton et al.; O’Donnell et al., 2003).

A common limitation in the studies described above is the format used to gather information on sexual intercourse. The researchers often utilized one or two ambiguous questions to inquire about sexual intercourse. The researchers do not clarify what constitutes sexual intercourse and what specifically they mean when they ask the participants about their sexual activity. Some teenagers considered oral sexual activity as sexual intercourse while others did not (Carlson & Tanner, 2006). The degree to which this limitation may have impacted the results varied across studies. If the question pertained to unprotected sexual intercourse teenagers were most likely considering only vaginal intercourse, as education about oral intercourse protection is not well known to many people. Therefore the vague question about
sexual intercourse is not likely to have a significant influence on those results. In studies that refer to the frequency of sexual intercourse or first sexual encounter, the impact may possibly be significant. The indistinct nature of the question does not give teenagers a context to decipher what may constitute as a sexual act.

Other limitations involved are self-disclosure and self-reported data. Self-reported data may be limited because individuals get to choose what and how much they report. Participants may present false information and/or they may hold back information about themselves for a variety of reasons to protect their image. There is no way for the researcher to determine when this occurs.

The percentages between males and females who reported sexual activity within the same sample seems discrepant. There were a higher percentage of males reporting sexual activity than females (Eaton et al., 2006; O’Donnell et al., 2003). Some possible explanations for this include: males are having sexual intercourse with the same girls or that the girls they are having sexual intercourse with were not included in the sample. Another reason is that girls may be underreporting their sexual activity while boys are possibly over reporting due to differing gender norms. Boys are praised for engaging in sexual activity while girls are seen negatively for engaging in the same behaviors (Hust, Brown, & L’Engle, 2008; O’Donnell et al., 2003).

Despite the limitations in the research, there continues to be significant consequences related to the prevalence of unprotected sexual intercourse among teenagers. Many community members are concerned with the effects that early sexual intercourse has on teenagers. Parents have reported that they were concerned about the high rates of early sexual intercourse in adolescents (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004) although the degree to which parents report concern about teenage sexual activity differs.
Carlson and Tanner (2006) examined the parental views of teenage sexual activity based on their parenting style. The researchers found that parents who had authoritative and authoritarian style reported overall ambivalent attitudes and did not support teenage sexual activity (Carlson & Tanner). Parents who were classified as having a neglectful style did not report disapproval of teenage sexual activity and exhibited more permissive attitudes. Parenting style may be related to how parents teach, educate and communicate about sexual intercourse to their children. Adolescent girls were surveyed about the risky behaviors in which they engaged in and their parents’ parenting styles (O’Donnell et al., 2008). The girls who reported that their parents were more involved in their day to day activities also reported fewer risky behaviors including sexual activity (O’Donnell et al., 2008). Parenting style seems to affect the sexual behaviors in which young adolescents engage, although the extent of this effect is unknown.

Despite the limitations of the studies, it is well established that some teenagers are having their first sexual encounters at young ages. The timing of first sexual intercourse affects other areas of adolescent sexuality such as contraception use and education, sexually transmitted disease acquisition and education, and teenage pregnancy.

**Use of contraception.**

An important component of adolescent sexuality is contraception. Researchers have theorized that there is a link between adolescent attitudes concerning pregnancy and the use of contraception (Brückner, Martin, & Bearman, 2004; Sheeder, Tocce, & Stevens-Simon, 2009; Stevens-Simon, Sheeder, & Harter, 2005). This link is not well understood as there have been some conflicting results. Some research supported the notion that those who have a negative view of pregnancy are more likely to use contraception (Sheeder et al.; Stevens-Simon et al.). Other research has indicated that the views teenagers have about pregnancy have no significant
effect on their contraceptive use (Brückner et al.). The conflicting results may be due to the populations that were studied. In the Brückner et al. study the sample included only sexually experienced youth whereas other studies included both sexually experienced and inexperienced youth (Sheeder et al.; Stevens-Simon et al.). It is plausible that pregnancy attitudes may affect the initial decision to begin engaging in sexual intercourse rather than the decision to use contraception. Other explanations for the difference are possible as well, but this literature review will focus on attitudes about contraception, as it has been correlated with actual use of contraception (Freeman et al., 1980; Brückner et al., 2004).

Teenagers between the ages of 15 and 19 were surveyed through the National Longitudinal Study of Adolescent Health and the data set was used by Brückner et al. (2004) to examine pregnancy attitudes and contraceptive attitudes of teenage females. The questions about contraceptive attitudes were designed to allow the teenager to rate their views on the convenience, morality, expense, and popularity of contraceptive use. Females who reported positive views towards contraception were more likely to use contraception consistently compared to those that reported negative views (Brückner et al.). Teenagers who were defined as having ambivalent or negative attitudes about contraceptive reported that they used contraception inconsistently, if at all. Although the correlation between negative or ambivalent views and no contraceptive or inconsistent contraceptive use is strong, the generalizability of this study is limited. The sample included only females who were sexually experienced, and it is not known how their sexual experiences may have affected the girls’ attitudes about contraception. Virgin teenage females are choosing to use abstinence as contraception, but it is uncertain how their contraceptive views will change when they choose to engage in sexual intercourse.
 Views about contraception have been correlated with teenagers’ choices on how to protect themselves during sexual intercourse. Males and females viewed contraception differently (Freeman et al., 1980) which may create some difficulties in the couples’ decision to utilize contraception. One study included a sample that consisted of males and females who were recruited through health classes in high school (Freeman et al.). Males and females within the same class differed significantly in the information they retained and reported. On average, males were less likely than females to report risks of pregnancy and did not report views that supported using contraception (Freeman et al.). Males also had learned less about contraceptive options than females. High school females were compared with females recruited through family clinics to determine if their knowledge of contraceptive choices differed. Females at both sites reported similar attitudes and knowledge about contraception (Freeman et al.). It seemed that females receive the information about contraception more readily than males who attended the same health classes.

Contraceptive use includes many types of methods, such as oral contraceptives, male condoms, withdrawal, and female condoms among many others. Teenagers most commonly reported using male condoms and oral contraceptives (Levine, 2001; Ott, Adler, Millstein, Tschann, & Ellen, 2002; Thorburn, 2007; Roye, 1998; Woodsong & Koo, 1999). The choice to use condoms or oral contraceptives may be a result of what is taught to teenagers by school, friends and family (Jones, Biddlecom, Hebert, & Milne). There was a consensus among teenagers and adults that male condoms should be used during every sexual encounter but most were less likely to use them when the female was prescribed oral contraceptives (Ott et al., 2002; Roye, 1998; Woodsong & Koo, 1999). Therefore this literature review will focus on the two most common contraceptive options, male condoms and oral birth control.
There are a variety of barriers that teenagers face in obtaining contraception. Laws preventing teenagers from obtaining contraception without parental consent pose a significant barrier. Most states have some laws concerning teenagers’ rights to access health care and utilize contraceptive services, but these laws vary significantly (State policies in brief, 2011). Some states allow teenagers to access contraceptive services without having to notify their parents, and others allow limited services without parental consent. Many teenagers continue to be sexually active without contraception when they are forced to have parental consent (State policies in brief, 2011). Therefore, some states have policies that help teenagers protect themselves sexually and maintain their confidentiality. Ohio does not have specific laws that inhibit nor allow teenagers to acquire contraception on their own. Depending on the state, the laws can significantly affect the frequency of contraceptive use amongst teenagers (State policies in brief, 2011).

Teenagers have the legal right to obtain and use certain contraception options. One explanation of why more teenagers do not exercise their right is the embarrassment they may experience when buying and using some contraceptive methods. Bell (2009) examined why students do not obtain and use condoms as a form of contraception. The sample consisted of 126 European male and 183 European female students between 12 to 17 years of age (Bell, 2009). The students were recruited from urban and rural areas and were interviewed in groups. Interviews included both semi-structured and open-ended questions about school-based sexual intercourse education, knowledge of sexual health and contraception (Bell, 2009). Students were specifically asked about condom usage and obtaining condoms. A common theme found in the discussion groups was that teenagers were embarrassed to purchase condoms at the store because they feared the reactions from those who witnessed them (Bell, 2009). Students also reported
that they were embarrassed to ask the school nurse for condoms or any other contraception, because other students might see them walk into the nurse’s office (Bell, 2009). They assumed other students would know they were inquiring about condoms if they were seen walking into the nurse’s office when they were not sick. This was perceived as a potentially embarrassing situation for teenagers that they wanted to avoid. Overall, the students felt there was no privacy or anonymity in obtaining condoms; therefore they avoided the possibly embarrassing situation and chose to go without contraception (Bell, 2009).

Teenagers reported that they were also embarrassed to be the one who initiated using a condom during a sexual encounter (Bell, 2009). They feared they may appear inexperienced in sexual intercourse by asking to use a condom or not knowing how to use one, so they go without contraception. Teenage boys felt embarrassed to ask the girl if she had a condom or insist on using one if the girl did not bring it up (Bell, 2009). Teenage girls felt boys would be embarrassed to use one because they might not know how to put on a condom correctly (Bell, 2009). Teenagers seemed to decide against contraception use to preserve their images.

While these results were not gathered in the United States, in this particular study the urban or rural setting did not significantly affect the results (Bell, 2009). Most teenagers included in the study were embarrassed by the topic of contraception, especially condom usage, regardless of the setting in which they lived (Bell, 2009). These European outcomes appear to be similar to what is experienced in the United States.

Teenaged mothers in Massachusetts were invited to participate in focus groups about pregnancy and contraception (Lemay, Cashman, Elfenbein, & Felice, 2007). The focus groups were conducted by a trained researcher with extensive knowledge in this topic area. Themes about barriers to using contraception included: embarrassment at asking the doctor,
embarrassment in discussing the topic with their boyfriends, a lack of confidentiality and a lack of knowledge about their contraceptive options. The teenagers spontaneously reported that embarrassment prevented them from using contraception. The teenagers’ spontaneous response extends support that embarrassment is a barrier in contraception acquisition for teenagers in the United States as well.

Lewis et al. (2000) examined a variety of variables to ascertain which ones had significant impact on the prevalence of condom use. The women in this study were between the ages of 18 to 24 and were considered sexually experienced (Lewis et al.). Women who perceived their friends as condom users were significantly more likely to use condoms than those who did not perceive their friends as condom users (Lewis et al.). Perceptions of what these women’s peers do seem to have influenced their decisions to use contraception. Given this finding it seems possible that there is limited embarrassment in obtaining condoms if condoms are used by a majority of women’s peers. The results of this study differ from the results that were described previously. The possibility of embarrassment may only affect one’s decision to use contraception if others are thought to not use contraception as well. Another explanation may be the age difference in the participants between these studies. College-aged women may have become more comfortable with acquiring and using condoms. Also, college-aged women are not required to have parental consent for contraception like their younger peers, which may be another factor in the differing results.

Males are typically left out of the research on sexual health and contraception. An exception is the study by The National Campaign to Prevent Teen and Unplanned Pregnancy ("That’s what he said"). Researchers asked what males think about contraception, specifically condoms and oral contraceptives. Many males explained they were willing to use condoms if
they were asked by their female partners, but they did not routinely initiate the use of condoms themselves ("That’s what he said"). Males reported that contraception is the responsibility of both males and females, yet they were evenly divided on how they would perceive a female that carried condoms ("That’s what he said"). Nearly half reported that they would think she was responsible, while the others considered her to be promiscuous ("That’s what he said"). Males also reported that they would accompany the females to obtain oral contraceptives if they were asked to do so ("That’s what he said"). They put the responsibility on the female despite reporting that pregnancy prevention should be shared equally.

Despite the possible embarrassment, some women have reported insisting that condoms were utilized during sexual intercourse (Auslander, Perfect, Succop, & Rosenthal 2007). Sexual partners may differ in their desire to use or not use contraception. The ability to assert oneself when a partner differs in their contraceptive wants or intentions could be an important characteristic to aid in consistent contraception use. Women’s assertiveness in protecting themselves in sexual relationships is of particular importance, specifically their ability to insist on protective behaviors in order to deter pregnancy. Auslander et al. evaluated sexual assertiveness among a group of college age women in Texas. Fifty-three percent of the sample was comprised of African American women. The women were administered a sexual assertiveness scale and a Pregnancy-STD Protection scale. African American women reported that they insisted on using protective contraception more often than the rest of the sample (Auslander et al.). Race was a significant predictor of the sexual assertiveness and Pregnancy-STD Protection scales, with African American women rating themselves as more sexually assertive than the rest of the sample. African-American women did not seem to have difficulty
asserting themselves in sexual relationships (Auslander et al.) and yet African American teenage girls have higher rates of pregnancy than other racial groups (Center for Disease Control, 2011).

Australian teenage females were individually interviewed to gather their views on contraception and evaluate the consistency of their contraception use (Skinner et al, 2009). There were 68 participants recruited from pregnancy clinics and sexual health clinics. The teenage girls were between ages 14 and 19, and were divided into three separate groups for analysis: never pregnant, terminated pregnancy and continuing pregnancy. The interviews were analyzed for themes and then compared across groups. Analysis revealed that majority of the never pregnant (NP) teenagers were future oriented and considered a baby to hinder their future goals of career, marriage, travel, school etc. and always used contraception. Most teenagers who terminated pregnancy (PT) had viewed themselves as invincible to pregnancy and had gotten away with unsafe sexual intercourse at least one time, so they felt that pregnancy only happened to other girls (Skinner et al.). The majority of teenagers who continued with the pregnancy (PC) viewed pregnancy as desirable and felt “complete” once they found out they were pregnant (Skinner et al.). They had in fact, desired pregnancy before it had occurred and therefore did not use contraception because it seems they had no intention of preventing it (Skinner et al.).

The Australian results are similar to the results reported by Paikoff (1990), of a study carried out in the Midwestern United States. Paikoff (1990) was one of the many researchers assessing teenagers and pregnancy during the rise in teenage pregnancy occurrences. Paikoff’s study evaluated the attitudes that teenage girls had about the consequences of their teenage pregnancy. Participants were recruited from a family planning clinic. All participants were either pregnant for the first time or had never been pregnant. Paikoff assessed the teenage girls’ knowledge of sexual intercourse, pregnancy, contraceptive behaviors, pregnancy history and
both immediate and future anticipated outcomes of teenage pregnancy. Paikoff reported finding that teenagers who had never been pregnant expressed more negative views on teenage pregnancy as well as more immediate negative consequences of giving birth at a young age compared to girls who had already given birth. Neither of the studies accounted for how the pregnancy itself may have altered the views of the teenagers. Cognitive dissonance leads to a change in attitudes to relieve the struggle between one's opposing views and actions. It may be that teenagers who become pregnant alter their views to relieve cognitive dissonance that they experience.

Teenagers often report that negative side effects associated with either male condoms or oral birth control pills is a barrier to consistent contraceptive use (Skinner et al., 2009; Lemay et al., 2007; Sheeder et al., 2009; Stevens-Simon et al., 2005). The negative side effects of oral contraceptives commonly reported by teenagers included: weight gain, health risks and the hassle of having to take the pill on a regular basis. Reported reasons for not using condoms included that sexual intercourse feels better without a condom and that it interrupts the flow of sexual activity by having to stop and put on a condom.

Research concerning contraceptive use varies in the methods of how information is gathered. Some research has reported rates of contraceptive use as high as 47.6% to 71.2% of a national sample of teenagers across the United States (Eaton et al., 2006). The teenagers were asked if they used contraception the last time they had sexual intercourse. The above percentages represent how many teenagers reported using contraception during their last sexual encounter and do not encompass who uses contraception consistently. To further explain this point, a college-aged sample of African American women self-reported that 76% of them used condoms which sounded promising until they were further asked the frequency with which they
used condoms (Lewis et al., 2000). Only 24% of the sample reported that they always used condoms (Lewis et al.).

The scales that were used in the studies have limited questions on attitudes and contraceptive use. The questions about frequency of contraceptive use were not specific about whether the questions were intended to mean consistent use or most recent use (Sheeder et al., 2009; Stevens-Simon et al., 2005; Brückner et al., 2004). Other research is qualitative from small samples and the generalizability to larger populations is unknown (Lemay et al., 2007; Skinner et al., 2009).

Teenagers seemed to make their decisions to use contraception based on their access to contraception. Specifically in African American communities, teenagers reported condoms and oral contraceptives were the most commonly accepted forms of contraception (Thorburn, 2007; Roye, 1998; Woodsong & Koo, 1999). Thorburn (2007) surveyed 433 African American male and female adults over the telephone about their contraception preferences. African American men and women had similar views in their acceptance of male condoms as contraception, although males were more likely than females to perceive male condoms as an effective means of preventing pregnancy (Thorburn). Norplant and Depo Provera, chemical contraception, were almost equally despised means of preventing pregnancy (Thorburn). Overall, the African American adult males and females rated male condoms and oral contraceptives more positively than any other contraceptive option (Thorburn).

African American females between the ages of 14 and 17 were asked in small focus groups about their views on contraception and parenting (Crump et al., 1999). Seventy percent of the teenage girls who had engaged in sexual intercourse had used condoms at least once, and 44% had used oral contraceptives (Crump et al., 1999). At the time of the focus group, 33% of
the girls who were engaging in sexual intercourse consistently had solely used condoms for contraception (Crump et al., 1999). Condoms and oral contraceptives were the most commonly used contraceptive choices for this sample of African American teenage girls (Crump et al., 1999) which is similar to African American adults (Thorburn, 2007), as well as the research mentioned above.

**STI statistics.**

With inconsistent use of condoms, it is expected that teenagers will contract sexually transmitted infections (STI). Chlamydia and gonorrhea are the two most commonly reported STI's every year and girls between the ages of 15 and 19 have the highest reported cases of any age group (Sexually Transmitted Diseases, 2009). There were approximately 382,875 new reported cases of chlamydia affecting girls ages 15-19 in 2008 (CDC, 2010; Sexually Transmitted Diseases). Also in 2008, there were 66,656 new reported cases of gonorrhea in girls between the ages of 15 and 19 (Sexually Transmitted Diseases). If these two diseases go untreated, they can lead to Pelvis Inflammatory Disease (PID), which can result in permanent damage in the reproductive organs and possibly infertility (CDC, 2010; Sexually Transmitted Diseases, 2009).

African American teenage girls reported the greatest number of new cases of gonorrhea and chlamydia compared to other racial groups (Sexually Transmitted Diseases, 2009). Chlamydia is nine times more common in African American girls between 15 and 19 than white teenage girls (Sexually Transmitted Diseases, 2009). With the lasting effects and common reports of new STI cases in African American teenage girls, further information on attitudes affecting contraception use in this population is vital.
Risk and protective factors for early sexual intercourse.

Many researchers have examined the factors that are significantly more common amongst teenagers that engage in sexual intercourse at younger ages than those that wait until they are older. These factors are considered risk factors for early sexual intercourse (ESI). Adolescents who were not involved in after school activities were more likely to have sexual intercourse at earlier ages (Paul et al., 2000). Specifically, the participants in this study who were not involved in activities after school, outside the home, or at church and reported feelings of not being attached to school were more likely to engage in ESI than students who were involved in afterschool activities (Paul et al.). Other risk factors included living with a single parent and engaging in other risky behaviors such as using drugs or cigarettes and skipping school (Paul, et al.). These factors have not been proven to lead to ESI, but have occurred frequently in teenagers who have engaged in ESI. Many of these factors themselves may be highly intercorrelated and possibly associated with limited adult supervision in single parent homes. It is difficult to tease out which factor is directly affecting the outcomes in complicated issues such as teenage pregnancy. Another possibility for limited after school activity involvement may be that the community in which the adolescent lives does not have many organized activities for young adolescents. The child may also not have the opportunity to attend activities offered in the community because of difficulty obtaining transportation.

The exact reasons why these risks are correlated to ESI are unknown. Hacker, Amare, Strunk, and Horst (2000) interviewed adolescents about their views on what is needed to prevent teenage pregnancy. The adolescents reported that they needed more accurate and realistic information from their parents and schools about sexual intercourse, contraception and pregnancy (Hacker et al.). The adolescents felt overall that parents were uncomfortable talking
to them about sexual intercourse and the adolescents felt uncomfortable bringing it up if they had questions. Adolescents need the information, and not having accurate information puts them at increased risk for ESI.

In order to help prevent the occurrence of ESI, researchers have studied the factors that deter sexual activity. Teenagers who are involved in the community, connected to school through sports and/or activities are less likely to engage in ESI (Paul et al., 2000) and also report closer relationships with their parents. Researchers in this area have repeatedly suggested that the parents who are more involved in the day to day activities of their children are more likely to have adolescents who defer sexual activity until later in their teenage years (Rink, Tricker, & Harvey, 2007; O’Donnell et al., 2008; Laflin, Wang, & Barry, 2008).

**Sources of information about sexual intercourse and pregnancy.**

There seems to be consensus in the literature that parents are uncomfortable talking to their children about sexual intercourse and safe practices of sexual intercourse (Moore & Rosenthal, 1991; Rodriguez & Moore, 1995; Carlson & Tanner 2006). The parents reported tending to avoid conversations about sexual intercourse or talked about it once and never again (Carlson & Tanner). Teenagers reported that by the time their parents talked to them about sexual intercourse, they had more often than not already begun having sexual intercourse (Rodriguez & Moore, 1995). Teenagers often stated that they did not get a wealth of knowledge on sexual intercourse and pregnancy from their parents, but they communicated desiring to know more from their parents about this topic (Hacker et al., 2000). The teenage girls reported their parents as a main source of information about sexual intercourse, pregnancy and contraception (Teitelman, Bohinski, & Boente, 2009). A majority of parents do not feel comfortable giving information to their teenagers about sexual intercourse, yet they remain the main resource for
information. Teenagers are left to fill in the gaps in their knowledge, if this is in fact the case that a main source of their information is the limited sex education they receive from their parents.

Teenagers give each other information about sexual intercourse and contraception (Teitelman et al., 2009). Peers are a main source of information, but where do they get the information to share with each other if not from their parents? Teenagers pick up a variety of sexual messages from various media outlets (Hust et al., 2008; Strasburger, 1995). Messages from magazines, television shows, movies and the internet were ways that teenagers filled the gaps in their knowledge about sexual intercourse, contraception and pregnancy. A preponderance of the messages from these media outlets lacked information on contraception and rather focused on the act of sexual intercourse alone (Hust et al.). The messages that were portrayed include that puberty is embarrassing and something to be avoided (Hust et al.), likely leading teenagers to take home the message to not talk about the changes in their bodies.

Television shows and movies often contained sexual intercourse scenes without showing the use of contraception or negative consequences from having sexual intercourse with random individuals (Hust et al.; Strasburger). Teenagers have also been shown images of boys who were obsessed with sexual intercourse and girls who were responsible for preventing STD’s and pregnancy (Hust et al.). These images and underlying messages may have a significant impact on teenagers’ development of attitudes about sexual intercourse and pregnancy during teenage years. The exact impact is difficult to analyze because of the difficulty of isolating this influence as a measurable variable. The images are still common and widespread across numerous media outlets today. If there was an impact, it is likely to still be a significant one which does not spread the kinds of messages that many adults want their teenagers to learn.
Teenage Pregnancy

The high occurrence of teenagers engaging in sexual activity, with limited contraceptive use, has caused teenage pregnancy to become a grave concern to many cultures across the world. Various communities have reported concerns about the effects of teenage pregnancy on their youth, their community and the future of both (Gallup-Black & Weitzman 2004; Burklow & Mills, 2008). Over the years, various governments have proposed funding and reforms to reduce the prevalence of teenage pregnancy. With the government’s help, there has been some advancement in reducing the prevalence of teenage pregnancy (By the numbers, 2006), but not to extent that was desired.

Statistics and Prevalence.

In the United States, teenage pregnancy rates were peaked in 1990. For every 10,000 teenage girls, there were approximately 1,169 pregnancies that occurred that year (Teen birth rates, 2010; Teen pregnancy rates, 2010). The rates reduced to approximately 695 pregnancies with the help of increased awareness of teenage pregnancy (Teen birth rates, 2010; Teen pregnancy rates, 2010). Despite this significant decline, there is evidence that the rates were on the rise again in 2007 and since have begun to decline (Teen birth rates, 2010; Teen pregnancy rates, 2010). The significant decline is progress for the United States, although the United States still has the highest teenage pregnancy rate of any industrialized country. As a result, this issue is still a public health concern across the country.

In 2006, the United States had a teenage pregnancy birth rate (actual pregnancy carried to term and delivery) of 41.9 births per 1,000 girls aged 15-19 (Teen birth rates, 2010; Teen pregnancy rates, 2010). The United Kingdom was the country with the next highest birth rate in 2006, with 26.7 births per 1,000 girls aged 15-19. The United Kingdom’s statistics are
significantly lower than the United States. Teenage pregnancy is well established as prevalent in the United States and an issue that has significant impact on the individual, family, community and country (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Hao & Cherlin, 2004).

Consequences of teenage pregnancy.

There are substantial public costs associated with teenage pregnancy. In Ohio, in 2004, there was an estimated cost of 352 million dollars at the federal, state and local level, although costs mainly fell onto the state and local budgets (By the numbers, 2006). This estimate is a result from many of the negative consequences that occur for children who are born to teenage mothers across various races and ethnicities. Some of these estimated costs include public health care, child welfare, and incarceration costs, amongst others.

Teenage mothers were more likely than women who delay pregnancy to rely on public assistance to raise their children, because they were more likely to drop out of school and remain unmarried (By the numbers, 2006). Daughters of teenage mothers were more likely to become teenage mothers themselves than daughters born to mothers who were older. Sons of teenage mothers were more likely to spend time incarcerated than sons of mothers who were older at their birth (By the numbers, 2006). Both male and female children of teenage mothers had a higher prevalence of low birth weights, were on child welfare, and grew up in poorer conditions in single parent homes compared to children whose mothers delayed pregnancy to later ages (By the numbers, 2006). Overall, teenage pregnancy is associated with considerable risks for the children and the mother. Achieving educational and financial goals are more difficult, and it seems to become a family cycle that is hard to break (By the numbers, 2006).

Teenage girls may be deterred from becoming pregnant at an early age by associating pregnancy with undesirable consequences. Teenage girls who had never been pregnant reported
anticipating more negative long term outcomes of having a teenage pregnancy than girls who were previously or currently pregnant at the time of the interview (Paikoff, 1990). Also of significance, the girls who were currently pregnant and intended to terminate their pregnancy reported more negative consequences of having a teenage pregnancy than the girls who intended to carry the baby to term (Paikoff). There were similar results for the immediate outcomes measures that were given to the teenage girls. Girls reported more negative immediate consequences of having a teenage pregnancy (Paikoff).

The results from this study reveal young girls’ views of the consequences of teenage pregnancy (Paikoff, 1990). Although somewhat dated, these results are consistent with current research (Herrman, 2008; Westphal & Wagner, 1993). Westphal and Wagner (1993) found similar results to Paikoff’s (1990) study, teenagers who had or currently were pregnant at the time of the study ascribed to more pro-pregnancy ideas than the teenagers who had never been pregnant. They also found that never pregnant girls had more rational beliefs about the consequences and impact of teenage pregnancy, dating, sexual intercourse and birth control on their lives than the girls who were pregnant.

Herrman’s (2008) study focused on the impact that pregnancy would have on different areas of the teenagers’ life: relationships, vocation and self. In terms of relationships, the teenagers in the focus groups reported both positive and negative outcomes to having a teenage pregnancy. Some of the positive outcomes included: choosing better friends, making better choices in their activities, and developing new friends who were supportive of their pregnancy (Herrman). Some negative factors of a teenage pregnancy were losing friends, having to get a babysitter all the time, lack of ability to participate in sports, parenting alone, and possibly losing their significant other (Herrman). When considering how teenage pregnancy is viewed by the
public, teenagers' reported mostly negative attributes. Teenagers perceived that teenage mothers would be viewed by the community as inadequate mothers and as having fewer options for their futures (Herrman).

Teenagers reported that pregnancy can have both positive and negative effects on their education (Herrman, 2008). Pregnancy can limit the teenager from finishing school, or it can motivate them to finish. Motivation was noted as stemming from the necessity to get an education to provide for their child. The same held true for acquiring a job. Teenagers reported both positive and negative impacts a pregnancy would have on their lives (Herrman). Pregnancy may push them to better themselves, make better judgments, and learn time management skills. It was also seen as negative because they may lose out on teenage years, never get enough sleep, and have no privacy, amongst other reasons (Herrman). In all aspects, the teenagers had insight into both positive and negative impacts that teenage childbearing had on themselves and their futures. In each case, they were able to report more negative than positive outcomes (Herrman).

All of the studies above found similar results over a span of at least 17 years. The research started at a time when the pregnancy rate was at its highest and continued through to when the pregnancy rate in the United States was at its lowest in recent history. It is important to consider the lack of male involvement in these studies. These views mentioned are mainly teenage females with the exception of Herrman's (2008) study. The lack of male voice within these views is a limitation in assessing teenage pregnancy beliefs and contributes to the widely held belief that it is the girl’s responsibility to prevent pregnancy. Including males in future research will help in the continued efforts to reduce the occurrence of teenage pregnancy. A strength of these studies is the representation of both Caucasian and African-American participants. Both races report similar views across the studies, however, what is lacking is
diversity in socioeconomic status (SES). The studies included participants from lower SES communities making the results difficult to generalize to members of the middle or upper class.

**Attitudes about Teenage Pregnancy**

Teenage pregnancy is viewed differently depending on the community and context. Studies performed in Australia, United Kingdom, and New Zealand view the teenage pregnancy issue in a similar broad context as the United States (Moore & Rosenthal, 1991; Skinner et al., 2009; Brückner et al., 2004; Herrman 2008). Each country seems to conclude that pregnancy is best if delayed beyond teenage years, although there is some variance within these views across communities.

**Community and policy influence.**

Community attitudes about teenage pregnancy have not been widely studied within the United States. There is a widely held belief that teenage pregnancy is still of public health concern because of its prevalence (State policies in brief, 2011; By the numbers, 2006). Beyond this general belief, there has not been an in-depth study into the attitudes community members have about when pregnancy is acceptable and what makes it acceptable.

The government reformed welfare in an attempt to motivate individuals to return to the workforce. The government hoped to significantly impact teenage pregnancy, as teenagers who have children often end up collecting welfare as do their children (By the numbers, 2006; Hao & Cherlin, 2004). Hao and Cherlin examined the effects welfare reform had on teenage pregnancy. In using two different cohorts, one from before the reform and one from after, the researchers found some evidence to support that welfare reform in fact may be associated with higher risk for teenage pregnancy and high school dropout. Teenage girls in families receiving public assistance seemed to have a greater prevalence of teenage pregnancy and higher dropout rates
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after welfare reform than beforehand (Hao & Cherlin). Welfare is less likely to support a married teenager with a child (Burton, 1990). The welfare system was designed to help the single mother who has limited resources to care for her child. It may, in fact, deter young females from marriage who continue to need the financial support from welfare. The welfare reform seemed to have the opposite effect on teenage pregnancy than what the government intended.

There is evidence that certain neighborhood characteristics are correlated with a greater risk of teenage pregnancy (Rankin & Quane, 2002; Upchurch, Aneshensel, Sucoff & Levy-Storms, 1999). Upchurch et al. (1999) interviewed and observed teenagers between the ages of 12 and 18 to investigate neighborhood effects on sexual debut. Structural components were defined as characteristics about the features of the neighborhood, such as race of the community members and their socioeconomic status. Experiential characteristics were defined as the perceived level of physical threat an individual experienced and the physical appearance of the community. The structural and experiential features of the neighborhood were correlated with a higher occurrence of teenage pregnancy. The experiential factors were more significantly correlated with sexual debut than the structural components (Upchurch et al., 1999).

Rankin and Quane (2002) further examined the effects of neighborhood characteristics on problem behaviors in teenagers, including teenage pregnancy. The participants were African American mothers and their children who lived in poor African American neighborhoods surrounding Chicago. The data were gathered through Census data and interviews with the families. Neighborhood characteristics were correlated with the views and attitudes of the adults within the community who then seem to pass this effect down to their children and other children in the neighborhood. The impact of neighborhood characteristics was higher in the communities
where adults felt a higher sense of collective responsibility of raising children (Rankin & Quane).

Community views have indirect effects on teenagers and teenage pregnancy rates. One way that community views influence teenagers is through sex education. Teenagers are exposed to sex education during their school years. Sex education within public schools is influenced by the attitudes and views of policy makers (Forrest & Silverman, 1989). Sex education is often funded by federal resources and therefore whatever programs were supported by the government were the programs taught in schools (Solinger, 2005). Public policy is different in every state and the access to information about pregnancy and birth control options varies by state as well (State policies in brief, 2011). The access that a teenager has to this information is likely to influence their views and the access that is given to teenagers is determined by the adult members in the community. Adults, in Solinger’s research, reported that there were invested in gaining power back over their children and did not want them to have access to abortions and birth control. The adults felt that information would increase the likelihood that the teenagers would engage in more sexual activity than before (Solinger, 2005).

The belief that education about contraception would increase the occurrence of sexual intercourse between teenagers has not been supported over the years (Bennett & Assefi, 2005). The researchers compiled 18 randomized controlled studies that evaluated pregnancy prevention programs. Some of programs taught abstinence as the only option, whereas others included information about other birth control methods. Most commonly, the other options taught were usage of condoms and oral contraceptives. Out of the 11 studies that included contraceptive information, only one showed an increase in sexual activity (Bennett & Assefi). Ten of the 11 exhibited decreased sexual activity (Bennett & Assefi). Five of the six studies had results
showing an increase in contraceptive knowledge when it was included in the program (Bennett & Assefi). The results varied depending on the study which can most likely be attributed to the variance in the curriculum of the sexual education program. Despite the variation, the common myth that teaching about birth control options would increase sexual activity and pregnancy was debunked (Bennett & Assefi).

African American teenage females had higher prevalence of pregnancy compared to their white counterparts (Teen birth rates, 2010; Teen pregnancy rates, 2010) and neighborhood characteristics had an important influence on teenage sexual activity (Brewster, 1994). Brewster analyzed the effects that neighborhoods had on sexual activity amongst teenagers. The participants were African American and Caucasian girls between 15 and 19 years of age. The researchers specifically evaluated the availability of jobs, racial concentration in neighborhoods, socioeconomic status of neighborhoods and the activity level of the teenagers in the community. Results indicated that neighborhood characteristics were correlated with teenage sexual activity (Brewster). Teenagers in neighborhoods that had higher concentrations of job availability, wealth of activities and higher socioeconomic status engaged in less sexual activity that teenagers in less affluent neighborhoods (Brewster). Race was a non-significant factor when neighborhood characteristics were added into the model (Brewster). The model indicated that neighborhood characteristics affect adults within the community which may influence in what ways they educate their children about realistic future goals (Brewster).

There is a gap in the literature concerning attitudes and views of teenage pregnancy within specific communities. Teenage pregnancy is viewed as a public health concern and beyond that there is scant literature to support what communities’ value as preferred minimum
goals and achievements to conception. Future research can include community attitudes about teenage pregnancy to gain a more thorough understanding of this social issue.

**Age differences.**

There are differing views on teenage pregnancy as a public health concern within in community. In a variety of large cities in the United States, most community leaders did not report teenage pregnancy as a major concern, but many adults within the community felt the prevalence of teenage pregnancy in their community was worrisome (Gallup-Black & Weitzman 2004). Leaders were prominent figures in the community, such as religious and political persons that had influence on social policy. Depending on who was questioned about this issue, there were differences in the attitudes and beliefs about the effect of the issue and prevalence of teenage pregnancy.

Overall, there has been a lack of research determining the differences in views based on the age of the participants. Research has either focused on the teenagers who are at risk (Herrman, 2008; Sable & Wilkenson, 1998; Kelly, Sheeder, & Stevens-Simon, 2004) or the parents of middle school to high school students in high risk teenage pregnancy areas (Carlson & Tanner, 2006). Parents have clearly expressed that they prefer their teenagers to wait until they are older to have sexual intercourse and to delay pregnancy (Carlson & Tanner; Burklow & Mills 2008; Gallup-Black & Weitzman, 2004). Teenagers, on the other hand, have a wide variety of views about teenage pregnancy which is contradicted across the literature. Some researchers have reported that youths accept that teenage pregnancy is common and also do not see it as negative (Gallup-Black & Weitzman). Simultaneously, a majority of the research has revealed ambivalent attitudes towards teenage pregnancy (Brückner et al., 2004; Jaccard, Dodge, & Dittus, 2003; Kelly et al., 2004; Skinner et al., 2009; Stevens-Simon et al., 2005). Ambivalent
attitudes about teenage pregnancy have been associated with a greater risk for future teenage pregnancy (Brücker et al.; Jaccard et al.; Stevens-Simon et al., 2005).

Moore and Rosenthal (1991) performed their research in Australia to assess undergraduate students’ views on the acceptance of sexual intercourse and contraceptive use. The sample consisted of mostly females, between the ages of 17 and 20 years old. Overall, the researchers discovered that students felt their peers accepted sexual intercourse and their parents did not. Students perceived their peers as permissive of a variety of sexual acts and they did not feel their parents would accept sexual activity (Moore & Rosenthal). Contraception was not discussed with their parents, and the participants did not feel that their parents were likely to assist in accessing contraception (Moore & Rosenthal). Although this does not directly compare the attitudes across age groups, it presents that college students between the ages of 17 and 20 feel that their parents’ views differ from their peers (Moore & Rosenthal). Teenagers and young adults typically hang out with friends that have similar views as their own, and research has shown peers have a significant influence on how pregnancy is viewed (O’Donnell et al., 2003; Laflin et al., 2008).

Research that has included multiple age groups has revealed differing views on teenage pregnancy across them (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Gound et al., 2007). Gound et al. (2007) performed a study examining the extent mother and child dyads agreed on a variety of attitudes concerning sexual activity. In terms of precursors to sexual activity, the mother and child dyads reported significantly different views. Children reported that it was acceptable to date and have a significant other, but mothers’ responses expressed that their children were not old enough to date (Gound). Children were also not accurate reporters of their mothers’ attitudes about dating and sexual intercourse. Children reported the attitudes of
their mothers as closer to their own, which supported the already mentioned finding that there is likely a limited amount of communication between parents and children about sexual intercourse and pregnancy (Hacker et al., 2000; O’Donnell et al., 2008; Moore & Rosenthal, 1991). Parents have often reported that they are uncomfortable talking to their children about sexual intercourse (Hacker et al.; O’Donnell et al., 2008; Moore & Rosenthal), so it seems likely that children were not able to report their mother’s attitudes due to a possible lack of exposure to these attitudes.

There is limited research comparing the attitudes held about teenage pregnancy across age groups, but there is some research on various groups’ intentions to have children in the first place. Augustine, Nelson and Edin (2009) interviewed over 100 fathers who were considered to be low income and were not married. These fathers did not have custody of their children at the time of the interviews. The researchers focused on their intentions to impregnate the women they were with and developed a continuum of pregnancy intention based on the results (Augustine et al.). It was determined that men’s intentions typically fell into four different categories: accidental pregnancies, just not thinking, unplanned but not unexpected, and planned (Augustine et al.). The majority of the fathers interviewed fell into the “just not thinking” category. This category was categorized by fathers who were aware of the risks of unprotected sex, but they were not thinking about prevention or the risks at the time of conception (Augustine et al.). The accounts of the stories include many other risk taking behaviors such as delinquency, drug use and a disregard for rules. The fathers in this study ranged from 17 to 57 years old. Although this study does not particularly assess attitudes towards teenage pregnancy, it gives insight into the attitudes about pregnancy that may occur prior to engaging in sexual intercourse (Augustine et al.).
Most of the fathers reported they were not intentionally attempting to have a child but were focused on sexual intercourse and did not evaluate the consequences of their actions (Augustine et al., 2009). This same view was revealed in Hacker et al.'s (2000) research amongst 10th and 11th grade students. The students reported often being fixated on sexual intercourse and neglecting to think of the possible consequences (Hacker et al.). They also reported not planning ahead to get contraception because they did not think sexual intercourse would occur (Hacker et al.). It seems there is a general attitude that sexual intercourse just happens and is not typically a planned occurrence (Augustine et al.; Hacker et al.), and in fact, pregnancy may likely be a result of a failure to plan ahead in various situations.

More information is needed to understand the differences held in views about teenage pregnancy across age groups. The studies cited previously utilized different measurement tools and a variety of samples. The studies are typically assessing one age group at a time. Although it can be gleaned that there are differences in attitudes across age groups, it is not definitive. The results are from a variety of different measurement tools, samples and variety of areas around the world. There is a need for a study to directly assess attitudes within a sample using the same measurement tool to more definitively state whether or the not there are age differences in attitudes about teenage pregnancy.

**African American attitudes about teenage pregnancy.**

There are differences in how various races view public health matters, and how those matters affect communities. There is a higher prevalence of teenage pregnancy and STI's in African American communities across the United States (Sexually Transmitted Diseases, 2009). African American teenage girls are more likely to report STI's than Caucasian girls (Sexually
Transmitted Diseases, 2009) which suggest these behaviors may also possibly increase their risk for unplanned teenage pregnancy.

A group of females between the ages of 14 and 19 were assessed by researchers concerning pregnancy intentions, risks of pregnancy, plans for pregnancy, and contraceptive use (Rosengard, Phipps, Adler, & Ellen, 2004). The sample consisted of 97 African American females, 72 Caucasian females, 60 Hispanic females, 57 Asian American females and 68 Mixed ethnicity females (Rosengard et al.). Pregnancy plans were asked using one Likert-type scale question about how likely the participant thought it was that she would get pregnant in the next six months. Plans for pregnancy were significantly different for each ethnic group (Rosengard et al.). Both African American and Hispanic females were more likely than their Caucasian, Asian American and Mixed ethnic counterparts to report having expectations to conceive in the near future (Rosengard et al.). Those who reported plans to get pregnant also reported more positive views of pregnancy and did not seem to feel there were significant risks to having a child at their age (Rosengard et al.). This led to the conclusion that African American and Hispanic females are more likely than their Caucasian, Asian American and Mixed ethnic female counterparts to have positive orientations to pregnancy during their teenage years and subsequently, they are less likely to attempt pregnancy prevention during sexual intercourse (Rosengard et al., 2004).

Accepted timing of pregnancy seems to be different in African American communities (Geronimus 2003; Smith & Zabin, 1993). During a sexual education high school course, the students were asked to rate the best age to have a child and the best age to get married (Smith & Zabin). The students rated the ages at which were the best for both of these life events to occur in their opinion. African American high school students rated the best age to have a child younger than the best age to get married, which significantly differed from their Caucasian peers
(Smith & Zabin). The sample was gathered from schools that had all African American students and the comparison group comprised of schools that had approximately one third African American students. In this study, the students had different standards for when they believe it is acceptable to have a child and when it is expected to get married (Smith & Zabin). The underlying reasons for this were not part of the study, but it is informative that one group of teenagers feels it is best to have a child first and the other group feels it is best to get married. The only variable in the study that statistically accounted for the difference was race.

Between 1960 and 1995 the number of two parent households has significantly declined in African American families (Belgrave & Allison, 2006; Franklin & Boddie). Children who grow up in single parent households are at greater risk to grow up poor and have children out of wedlock. Teenagers are more likely to have problems in school and drop out before graduating. There seems to be a cycle that continues within families and what keeps the cycling is unknown. Unfortunately, there are great risks with having children during teenage years and children growing up in single parent homes, which makes having children before marriage a public interest.

African American teenagers have been quoted in newspapers about their thoughts on marriage. Some teenagers have reported things like “marriage is for white people” and others fear that marriage will ultimately end up in divorce (Jones, V. 2006). The common themes from the teenagers’ quotes were that marriage does not last and ultimately they feared the commitment. The percentage of married African American couples has significantly declined since 1970, and at a greater rate than that of white couples (Belgrave & Allison, 2006; Jones, V. 2006). Teenagers see and read about failed marriages all the time in the media and it seems to be impacting their views about family and marriage. Faith institutions are beginning to creatively
promote marriage within African American communities and are committed to helping African Americans have healthy marriages in which children can be raised (Franklin & Boddie).

Adult African American women have reported that they want to marry in their twenties and men are not ready to settle down at that point (Jones, J. 2006). By the time the men are ready to settle down the women have become independent and are not willing to marry to have a husband they want more from the relationship and may end up deciding they are better off on their own. These women are reporting a mismatch in timing of attitudes about marriage and this may be impacting the increasing number of single parent homes. The direct impact this has on timing of pregnancy has yet to be determined.

Culture influences the values and morals ascribed to by individuals within a community. Different communities have different standards for their youth. Geronimus (2003) wrote that teenage pregnancy is adaptive for African American communities. The author reported that African Americans within high-poverty and high crime communities may need to have children at younger ages compared to European Americans in more affluent neighborhoods. Geronimus described that it was the dominant white culture that was placing judgment on teenage pregnancy as an unconstructive practice. It has been argued that it may be maladaptive for white females to have children during teenage years because they have the opportunities to further pursue education. Within some African American communities there may be a lack of educational attainment and therefore earlier pregnancy does not deter from education and rather just begins family life sooner (Geronimus). Other African American communities do not subscribe to this view and reported wanting to see their teenage girls complete school before having a child (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004).
African Americans in high crime and high poverty areas are at a greater risk to have shortened life spans which limits their years for bearing and raising their children. Burton (1990) interviewed and observed 20 families in a black, semi-rural, poor neighborhood. The focus of the study was to explore teenage childbearing as an alternative life-course strategy (Burton). Over a three year period, Burton interviewed, observed and talked with these 20 families to understand the reasoning behind having children at young ages. The majority of women in this sample purposely had children during their teenage years and were able to articulate why this was not only accepted but also encouraged. Within this community, it was common to have children during young teenage years, and instead of mothers raising children, grandmothers assumed the parenting roles (Burton). In order for a grandmother to assume parenting responsibilities, teenagers had to bear children so that grandmothers were still young enough to keep up with young children. Young grandmothers were needed due to the physical demands of raising children (Burton). This study is an example of how teenage pregnancy may be an adaptive occurrence rather than problematic.

A few men were also included in Burton’s (1990) study. The men that were included had very little interest in marrying black females because their status was raised if they were to date and marry white females. Black females in the sample reported that they did not expect to ever get married but desired children (Burton). More recent African American teenage males depict that they are not interested in marriage but are interested in being a good father (Jones, J. 2006).

Having children at young ages was adaptive to ensure that there would be intergenerational support to raise their child since the young mothers would be single (Burton, 1990). There was limited choice in black men to marry in this community because black men preferred to marry white females. The few black men that did not marry white women did not
have long life expectancies. If the black women were to get married, they expected to outlive their husbands and therefore would rely on the female intergenerational support that had been developed. Females within this sample were encouraged to bear children during teenage years and if possible, marry in their 20's (Burton).

A benefit of bearing children during teenage years includes the multitude of female family support in raising children in an African American community. A major trade off for this benefit is the limited financial resources for raising a family. Within Burton's (1990) sample, the women coped with this financial trade off by mainly relying on welfare checks and the support from other female family members. It was reported that approximately two females within a family would forgo child bearing responsibilities to move to other communities to work. They would consistently send money back home to their families to supplement the lack of finances (Burton). Despite the main stream negative view of teenage childbearing (Brückner et al., 2004; Herman 2008; Moore & Rosenthal, 1991; Skinner et al., 2009), this sample of women seemed to experience teenage childbearing as an alternative life strategy to survive social constraints.

Economic resources are not only important in raising a family but it also seems they are important in marital quality. Seventy-five African American couples were questioned about their economic resources and asked to rate their subjective quality of their marriage (Clark-Nicolas & Gray-Little, 1991). The average age of the couples was 41 years old. The couples' ratings of their marriage quality were significantly correlated with their reports of economic resources. The lower their income and supports the more negative the ratings of marriage quality. This impact was not as significant on couples who were considered middle or upper class (Clark-Nicolas & Gray-Little). Economic resources seem to play a role in both marriage
ratings and the ease of raising a child. Little is known about teenagers’ views of how much money is needed to raise a child and/or have a family with limited economic strain.

An Africentric perspective on African American family uncovers the integral part that extended family and community plays in raising children (Belgrave & Allison, 2006). Extended family units and the African American community view raising children as a neighborhood responsibility. There is an interconnectedness and family spirit that is felt throughout the community. Despite the challenges that mainstream culture sees in raising children during younger years there may or may not be a different view within smaller communities. The norms and values of the community may or may not be different in terms of timing of pregnancy and in fact it may be that age is not what matters but what supports the teenager has in place prior to conception.

Community values were not controlled for in the studies mentioned above as it is difficult to assess values and attitudes held by an entire community. Although it is a complex task, community values are likely to influence the messages that are given to the youth about the timing of pregnancy, marriage and how much money is needed to live without economic strain.

It is difficult to determine whether or not it is race or some other factor within the community that is affecting the difference in views. Despite this limitation it is important to consider the differences that exist amongst groups of people on a variety of levels.

**Gender differences.**

Boys and girls view sexual intercourse and pregnancy differently in their teenage years (Burklow & Mills, 2008; Smith & Zabin, 1993). Boys and girls views differed on when the timing of these life events is appropriate (Smith & Zabin). Boys typically reported older ages for these life events compared to females (Smith & Zabin). Boys, although wanting to wait longer,
reported more positive outcomes than girls of getting married and having children, regardless of the timing they feel is acceptable.

O’Donnell et al. (2003) found similar results concerning attitudes towards teenage pregnancy. The researchers studied teenage boys’ and girls’ views as to why teenagers have sexual intercourse. The teenage participants were attending middle school in New York City. Males were less likely than girls to report that they could say no to sexual intercourse when it was offered to them (O’Donnell et al., 2003). Boys felt pressured to have sexual intercourse when a girl asked in order to protect their sense of manhood (O’Donnell et al., 2003). Despite feeling pressured, boys were more likely than girls to view the outcome of having sexual intercourse as positive. Girls believed there were more negative outcomes to having sexual intercourse, which may be related to the messages girls receive about being sexually active (Hust et al., 2008; Strasburger, 1995). The one idea that teenagers did agree on was they were not ready to have a child at the time they were surveyed (Burklow & Mills, 2008; O’Donnell et al., 2003).

Boys seemed to be portrayed in media as constantly thinking about sexual intercourse and were always in search of potential female sex partners (Carlson & Tanner 2006; Moore & Rosenthal, 1991; Rodriguez & Moore, 1995). Boys reported they were more permissive of sexual intercourse and saw fewer negative risks to engaging in sexual activities (Eggelston, Jackson & Hardee, 1999). Boys, ages 11 to 14 years old, reported that they would like to wait until 20 years old, but it is just not realistic in their eyes (Eggelston et al.). Girls in this study also felt it would be best to wait, but agreed it was not realistic (Eggelston et al.). Within the limited research that has included both males and females during their teenage years, there is a consensus that they are not ready to have children and want to wait until they are older to have
sexual intercourse, but they do not. The main difference between gender attitudes towards pregnancy is that boys feel more positive about the outcomes than do females.

The minimal research on gender views on teenage pregnancy suggests there may be some differences in how males and females view sexual intercourse and pregnancy. The majority of the research focused on teenage girls and sometimes assessed what they believe males their age think about pregnancy. This research suggested girls who are pregnant viewed their significant others as wanting to have the baby and supportive of the pregnancy (Heavey et al., 2008). These girls were more likely to report themselves wanting a baby if they reported that their male partner wanted to have a baby (Heavey et al.). Males’ views on teenage pregnancy were important in the girls’ decision on whether or not she may be ready for pregnancy.

An issue closely related to pregnancy attitudes is parenting attitudes. Kelly, Lesser and Paper (2008) surveyed adolescents in detention centers and found significant gender differences in attitudes towards parenting. Boys reported more positive views on parenting than girls did. Boys were also able to report more positive benefits of parenting than girls were able to report (Kelly et al.). This research is limited because it was performed solely on detained adolescents who exhibit higher rates of risk taking behavior than the general population which may be affecting their attitudes about sexual behavior and parenting. Despite this limitation, it is important to consider their views because the adolescents surveyed were between the ages of 11 and 18, and their reported sexual activity was higher than what other studies have reported (Kelly et al.). This is likely to increase their odds of becoming a teenage parent.

Adolescent views about parenting and sexual intercourse are important factors in their decision to prevent pregnancy (Jaccard et al., 2003; Skinner et al., 2009). It seems thus far that
teenage males saw pregnancy as more positive than teenage females, which may lead to more acceptance of teenage pregnancy amongst youth (O’Donnell et al., 2003).

Ohio

The state of Ohio had a birth rate in the range of 307 to 390 births out of every 10,000 girls aged 15 to 19 years old (QuickStats, 2011). Recent teenage pregnancy research has been started in a community in an urban area of Ohio. This community will be referred to as Territory S for the purpose of this literature review. Territory S is inhabited mostly by African American individuals who are considered low-income. In 2002, 16.7% of births in Territory S were to teenagers (Besl, Rose, Hamilton, & Donovan, 2005), higher than U.S. statistics that 11% of births were to teenagers (Martin et. al., 2003). Focus groups have been performed in Territory S on the topic of teenage pregnancy, which revealed that the community members are concerned with how teenage pregnancy is affecting their youth and their community (Burklow & Mills, 2008). Some of the adults in the community felt that teenage pregnancy was destroying the family system. More importantly, they were concerned with their youth not graduating from high school and wanting them to aspire to wait until after high school to begin having children. The teenagers had different views on pregnancy. The teenagers were more accepting of the problem and didn’t view it as negatively as the adults did. Boys specifically felt that they needed to ensure that they had children so that their name would live on (Burklow & Mills, 2008; Davies et al., 2004).

This research (Burklow & Mills, 2008) was the beginning to understanding teenage pregnancy and the views of this issue in Territory S. The research is lacking a widespread sample within the community which may help to decipher whether the entire community holds these similar views. The qualitative research is also both a strength and limitation because it
limited the standardized information that was gathered across groups which were divided by gender and age. Future research that can survey a wider sample of the community about the themes that emerged within the focus groups will continue to add to the literature on the specific views of teenage pregnancy in this community.

Limitations in Current Research

Some of current research used the same database and analyzed the information in a variety of ways using different pieces of the large database provided by The National Longitudinal Study of Adolescent Health (Jaccard et al., 2003; Brückner et al., 2004). Although this large database is a valuable resource, the questions asked were not formatted for the studies in which they were used and therefore the wording may not have been ideal to try and answer the research questions.

A large portion of the research is qualitative research gathered through focus groups (Davies et al., 2004; Lemay et al., 2007; Herrman, 2008) and interviews (Gallup-Black & Weitzman 2004; Paul et al., 2000; Rosenthal et al., 2002; Skinner et al., 2009; Teitelman et al., 2009; Paikoff, 1990; Ott, Pfeiffer, & Fortenberry, 2006). These studies have provided very useful information and insight into the issue of teenage pregnancy, but the focus group and interview structure of the study make it difficult to replicate and generalize to other larger samples. It makes it especially difficult when these types of data collection are semi-structured because every time an interview is performed or a focus group is run, the questions may differ, possibly leading the researcher to variable results every time.

Another major research collection technique used in this research is surveys that were developed by the researchers specifically for the study (Smith & Zabin 1993; Hacker et al., 2000; Heavey et al., 2008; O'Donnell et al., 2003; O'Donnell et al., 2008; Moore & Rosenthal, 1991;
Stevens-Simon et al., 2005; Rodriguez & Moore, 1995; Kelly et al., 2004). This technique solved the limitation of the general, nonspecific questions but the surveys developed do not always have reported psychometric properties to show their reliability and validity in measurement. Some other technique limitations have included the small number of questions that were used to assess very complicated attitudes and or beliefs. Most of the surveys based their results on a single question on intention to conceive or contraceptive used. The problems here include the number of specific details that are not evaluated that go unanswered as was mentioned above. Often participants answer yes to using contraception but when the frequency of use is asked about, researchers found that it was inconsistent use.

Overall, the research has mainly been aimed at asking girls about teenage pregnancy and males are often left out of the research. Boys play an important role in teenage pregnancy and their views are not well known due to the lack of recruiting them as participants. Another limitation is the limited studies that survey large samples within a community including males and females, as well as representation of a diverse age range. The current study is proposed to help fill this gap in the literature by surveying Territory S and aims to acquire representation from males and females across a variety of age groups.
Chapter II

Rationale

Teenagers are engaging in sexual intercourse and there are considerable risks that are associated with having sexual intercourse at a young age. Girls who start having sexual intercourse before 13 years of age are at a greater risk for unplanned pregnancy and sexually transmitted diseases, than girls who wait until after 17 years of age (Greenberg, Magder & Aral, 1992).

Since the 1990's, teenage pregnancy rates have slowly declined, although the United States continues to have the highest rates of teenage pregnancy of any industrialized country (Teen birth rates, 2010; Teen pregnancy rates, 2010). Many individuals in the United States would prefer teenagers to put off pregnancy until they are older. There is limited information on when communities view pregnancy as acceptable and what it takes to make pregnancy acceptable. It is unclear if it is acceptable at a certain age or if it takes certain prerequisites in life to make pregnancy an acceptable event.

Teenagers feel that boys and girls who engage in sexual intercourse are viewed differently by their peers and the community (Herrman, 2008). Teenagers have reported feeling that boys were praised for engaging in sexual intercourse by their friends while in contrast, girls were condemned with demeaning names (O'Donnell et al., 2003; Herrman). Boys and girls must have had different reasons for engaging in sexual activity because their reputations were in jeopardy for different reasons. The views that boys and girls had about the possible consequences of engaging in sexual intercourse were related to their decision to engage in sexual
activity (Brücker et al., 2004; Eggelston et al., 1999; Jaccard et al., 2003; Paikoff, 1990; Sheeder et al., 2009; Skinner et al., 2009).

In media, there are also differing views portrayed for males and females who engage in sexual intercourse. An underlying message that is often portrayed is girls are responsible for obtaining contraception and that an unplanned pregnancy is the fault of the girl in the relationship (Hust et al., 2008). Exposure to these sexual messages in media may be impacting how teenagers treat each other and also the standards the community places on the teenagers through underlying messages. Research that evaluates community standards placed on youth that is based on gender, seems to be an important missing link.

Teenage pregnancy was rated as a top concern in many urban communities but this concern was not always viewed the same by different groups within the community (Gallup-Black & Weitzman 2004; Smith & Zabin's 1993). Community leaders reported concerns that teenage mothers were more likely to drop out of high school and graduating high school was considered necessary for success in most communities (Gallup-Black & Weitzman). The researchers also found that adults in urban communities viewed teenage pregnancy as prevalent and problematic, whereas teenagers themselves viewed it as prevalent but accepted. One possible conclusion is that there were generational differences in how teenage pregnancy was viewed.

There are differences in the rates of occurrence of teenage pregnancy in different racial groups. African Americans have exhibited a higher prevalence of teenage pregnancy than Caucasians (Teen birth rates, 2010; Teen pregnancy rates, 2010). African Americans have also reported accepting teenage pregnancy before marriage (Burnett, 1990; Geronimus, 2003; Smith & Zabin, 1993). Black teenagers from urban communities will wait longer for marriage than
they will to bear children (Geronimus; Smith & Zabin; Burnett). Having children is seen as more likely than the possibility of getting married. Understanding the different views about sexual intercourse may assist prevention programs. Program developers may be able to utilize the information from this study to develop prevention programs to the specific needs of the community.

Study Relevance

Community members in a public housing neighborhood have expressed concern with the rates of teenage pregnancy in their community. For the purpose of this study, this community will be referred to as “Territory S.” In 2005, it was reported that 16.7% of all births in Territory S were to girls under the age of 18 (Besl, Rose, Hamilton, & Donovan, 2005). The Territory S members reported in a community survey that they felt teenage pregnancy was “breaking up support systems” and leading to school dropout rates of teenage mothers in their community (Burklow & Mills, 2008). The members of the adult focus groups felt that teenage pregnancy is stopping some of their young girls from becoming successful by hindering their education and in turn limiting career opportunities.

There is little literature about expectations for teenagers prior to conception. The attitudes held about teenage pregnancy within a community influence the sexual practices of the youth, and specifically the choices they make about adherence to contraception (Skinner et. al, 2009; Teitelman et al., 2009). Given the prevalence of teenage pregnancy and the conflicting messages girls report, there is a need to analyze the expectations regarding when pregnancy becomes acceptable. The information gained by surveying the attitudes about both teenage pregnancy and sexual intercourse will be vital in future research and possibly prevention in Territory S.
Based on previous research, the results of the survey are expected to reveal age
differences, and sex differences. Previous research revealed that there are attitudes that girls are
responsible for obtaining contraception and blamed for the pregnancy if it occurs (Hust et al.,
2008). Therefore, first it is expected that community members will hold girls to higher standards
than boys. Second, it is expected that the older generations within the community will expect
teenagers to accomplish more than the teenagers will expect themselves to accomplish before
getting pregnant. Researchers have revealed that across generations, issues are viewed
differently (Gallup-Black & Weitzman, 2004). Research results have shown that boys felt the
need to have children sooner because they wanted to leave their legacy behind and there was a
higher prevalence of early death in their neighborhoods (Burklow & Mills, 2008), and that they
expected more positive outcomes from sexual intercourse (O’Donnell et al., 2003; Kelly et al.,
2008). Therefore, third it is expected that there will significant differences under what
circumstances males and females will view a teenage pregnancy as acceptable.

Hypotheses

1. Overall, the participants over the age of 18 in Territory S will desire teenagers to achieve
higher education and earn greater salaries before getting pregnant than the teenagers will
desire for themselves.
2. There will be higher demands placed on females than males. Females will be expected to
get higher education and higher income than males before getting pregnant.
3. Teenage males and females self expectations prior to conceiving are expected to differ.
Teenage males will expect to achieve less education and earn less income than teenage
females will expect.
4. Attitudes towards pregnancy and normative sexual behavior are expected to differ across
generations and sex. It is expected that younger individuals will have more permissive
sexual norms than older individuals within the community.
5. The Territory S views about preferred housing situations, social resources and
relationship statuses prior to conception will be explored, because there is no literature to
support hypotheses in any direction in these areas.
Chapter III

Overview

The proposed study is a 5x2 survey design. The independent variables include age and sex. The dependent variables are attitudes about teenage pregnancy and sexual intercourse. Quantitative data will be gathered through the use of a descriptive questionnaire. The questionnaire was designed to gather information on the attitudes about sexual intercourse and teenage pregnancy within a specific community. This study was developed in response to the community’s concern for the high prevalence of teenage pregnancy that was revealed in previous research.

Harmony Garden, a non-profit community research organization, has partnered with this study (Appendix A). Harmony Garden will be providing assistance in recruitment and financial incentives for the participants of the study.

Study Setting

Territory S is the community that will be surveyed and is located within an urban area of Ohio. The most recent US Census data in 2000 revealed that approximately 3,000 individuals live in Territory S. Of the estimated individuals who reside in this community, approximately 45% are females. Nearly 85% of the individuals in this community are African American with a median household income around $11,000, well below the national average ($41,994), making this a low-income, urban, African American community. Almost half of the community has not completed high school and one-third of the individuals in this community are not employed.
Participants

According to Paul, Erdfelder, Buchner, and Lang (2009), an estimated sample size of 300 participants is needed to detect a medium effect size; therefore at least 300 participants will be recruited. Both men and women will be invited to partake in the survey. The participants will be recruited from a public housing complex within Territory S. The complex includes approximately 1,000 households. Recruitment will include a sufficient representation of men and women across five age groups (i.e., 30 males and 30 females in each of the following age groups: 12-17, 18-24, 25-35, 36-50, 50 and over). Inclusion criteria for this study are as follows:

- Must be at least 12 years of age
- Must have resided in the community for at least 1 year prior to the start of the study
- Must have given consent if 18 years of age and older
- If between 12 and 17 years of age must have given assent and parent/guardian must have given consent for their child to participate in the study

Consent will be given by signing a consent form prior to completing the questionnaire. For minors, parents will be given a parental consent form at the time they are recruited. The child will then bring the parental consent form and give assent at the time he or she fill out the questionnaire. Only teenagers who have parental consent will be allowed to complete the survey. Using the Fry graph the adult consent form and parental consent forms are estimated to be at a sixth grade reading level (Fry, 1977). The teenager assent form is estimated to be at a third grade reading level.

Participants will be recruited by the Territory S Resident Research Team (TS-RRT). The TS-RRT consists of six women who have been trained by Harmony Garden on recruitment
procedures and have been previously involved in research with Harmony Garden. These women are members of the community and are familiar with the area that comprises the intended Territory S. They have all passed a university Human Subjects Research Training, which addresses both behavioral and medical research methods. The TS-RRT will hand out flyers (Appendix B) door to door within the community and will hang flyers in the community inviting residents to attend the data collection events.

Measures

Research is limited in the area of assessing an entire community’s attitudes about teenage pregnancy and therefore it was necessary to design a descriptive questionnaire that would cover the research questions. The questionnaire that will be administered was designed specifically for this study.

Questionnaire.

The questionnaire was developed on the basis of previous research in the area of teenage pregnancy, contraception use and sexual intercourse practices of teenagers. The questionnaire development relied heavily on the topics that emerged from the information gathered during focus groups run by Harmony Garden (Burklow & Mills, 2008) in Territory S of Cincinnati. The literature in the area of teenage pregnancy was used to design additional questions to fill gaps in the current research on attitudes towards teenage pregnancy. The questionnaire was reviewed by the TS-RRT because of their knowledge of this community. The TS-RRT reviewed the questionnaire and several meetings were held to discuss the language of the questions, the format, and length to ensure that it was culturally appropriate for the community being surveyed.

The questionnaire is divided up in several different parts. These sections cover sexual intercourse attitudes, expectations prior to conception, source of knowledge on sexual
intercourse and conception, and demographics. There are two versions of the questionnaire, one for adults who are 18 years of age and older, and one for the teenagers who are 12 and 17 years old. The only difference between the two versions occurs in the sexual intercourse attitudes section (Appendices C and D).

**Demographics.**

The demographics section contains questions about: sex, age, highest grade completed, religious affiliation, spirituality, marital status, race, current sexual activity, and parenthood. These questions are asked in two different ways. Age and race are formatted as fill in the blank questions. Marital status, sex, highest grade completed, relationship status, will be gathered through multiple choice question format. Dichotomous question format (yes or no) is used to gather information on parental status, sexual activity, and religiosity. Each of these questions has follow-up questions to further clarify “YES” responses.

**Source of knowledge section.**

The source of knowledge section has a total of 10 questions. The questions are asked in multiple choice formats. The topics covered include where teenagers get information about sex, contraception, teenage pregnancy and who they get help from when they are expecting. The section is split into two parts with one part asking about teenage girls (five questions) and the other part asking about teenage boys (five questions).

**Sexual intercourse attitudes section (adult questionnaire).**

This section consists of nine Likert-type scale questions. The Likert-type scale is one to five with one meaning “Not at all” agree and five meaning “Extremely” agree. This section asks questions such as: “It is acceptable for people to have one night stands with different people” and “It is the boy’s responsibility to prevent STD’s.”
Sexual intercourse attitudes section (teenager questionnaire).

This section consists of a total of 19 Likert-type scale questions. The Likert-type scale is one to five with one meaning "Not at all" agree and five meaning "Extremely" agree. This section has the same nine questions as the adult version plus an additional 10 questions that are specific to teenagers. Examples of these questions are: "My parents approve of sex before marriage" and, "I have people in my life I can talk to about sex."

Expectations prior to conception section.

This section assesses the views of the community as to what are the expectations in a variety of areas prior to conception. The section is divided into two sections. One section includes items that concern the minimum levels for a teenage girl to acquire or accomplish prior to conception and the other section asks the same questions for teenage boys. The section consists of multiple choice questions that cover various topics which include: education, yearly income, housing situation, social support and resources, and relationship status. Each section has items listed below the topic and participants are asked to circle the minimum item in each topic that they feel is necessary prior to conception.

Procedure

The following research study will be submitted to the Xavier University Institutional Review Board (IRB). No data will be collected before receiving approval from the IRB. After IRB approval, the questionnaire will be pilot tested. The group who will pilot the measure will consist of the females that will help with recruitment. The pilot will be their introduction to the questionnaire. During the pilot each participant will be asked to complete the questionnaire, while they listen to the questions read aloud by the administrator. This will be timed in order to gauge how long it will take to complete the questionnaire. Any questions that are asked will be
recorded on paper. The questions that are asked throughout the administration will be analyzed to determine if any necessary changes are needed to improve the clarity of the questions. Participants in the pilot test will be given a sheet of paper to write down any comments they may have on improving the measure or any further questions they have and may not have wanted to ask out loud.

Residents of Territory S will be recruited through the use of flyers (Appendix B) that will be both distributed door to door and hung up in Territory S. The flyers will be distributed by the TS-RRT. There will be meetings prior to the data collection events and prior to recruitment to ensure that all members of the TS-RRT are trained beforehand on the purpose of the study and will have a script (Appendix E) as to what to say to potential participants during recruitment.

There will be at least three questionnaire completion sessions held at the Senior Citizen Center in the Territory S. The center is often used for large community events which makes it a familiar, comfortable place for the participants. The questionnaire completion sessions will be divided by age groups: one night for the 12 to 17 age group, one night for the 18 to 24 and 25 to 35 age groups, and another night will be for the 36 to 50, and 50 and over age group. Splitting the age groups into different nights will allow for smaller group administration. The participants will be invited to come on their specified night, but if they attend on a separate night they will not be denied participation as long as they meet the inclusion criteria.

During the questionnaire completion participants will be offered light refreshments. At the designated start time participants will be introduced to the researcher by a member of the TS-RRT, who is well known by many individuals in the community. The researcher will give a brief scripted description of the survey (Appendix F) and go over the consent/assent form (Appendix G). Participants over the age of 18 will give consent by completing the questionnaire.
ATTITUDES TOWARDS TEENAGE PREGNANCY

The researcher will read the consent document out loud to all participants during the adult nights and it will be explained that by completing the questionnaire they are giving consent. This is to maintain anonymity for the adult participants.

Parental consent and assent forms will be collected on the teenager nights once completed. All the consent/assent forms will be placed in a single envelope, which will then be sealed to ensure confidentiality. These forms will remain separate from the completed questionnaires so no teenage participant’s answers will be identifiable. Teenagers will not be able to fill out a survey without a parental consent and assent form.

It is anticipated that teenagers will arrive at their questionnaire completion time without a parent/guardian, as this is what has occurred in various programs run by Harmony Garden in Territory S in the past. At the time of recruitment, parents/guardians of teenagers who consent to their child’s participation will be asked to complete the consent form for their teenager to provide on the data collection night. If the teenager attends the questionnaire completion time unaccompanied by an adult but the researcher has a signed consent form from their parent/guardian, he or she will be allowed to participate. Teenagers who show up without a parent/guardian and no consent form will be thanked for their willingness to participate, allowed to partake in refreshments but will not be able to complete the questionnaire at that time. They will be encouraged to attend another night when their parent can participate as well and will be given the opportunity at that time, with parental consent, to complete the questionnaire.

Participants will then be divided into smaller groups for administration of the survey. The members of TS-RRT will then read the survey aloud to the small groups in order to discreetly diminish effects of any reading difficulties of the participants. Each participant will have the survey to complete as they follow along with the administrator. The completion of the
survey is expected to take approximately 20 - 30 minutes. Once the surveys have been completed they will be collected and all will be placed in a single envelope to maintain confidentiality. The consent forms will never be paired with the surveys. Harmony Garden has donated five dollars to be given to each participant for their time.
Chapter IV

Proposed Analyses

Information gathered through the questionnaire will be analyzed using a variety of statistical techniques. Descriptive statistics will be utilized to describe the demographics of the final sample. All demographic variables will be analyzed using descriptive statistics.

According to Pallant (2007) categorical independent variables and categorical dependent variables should be analyzed using Chi Square for independence. This statistical technique will be utilized to analyze responses to questions based on sex. Specifically questions about where teenagers get information about sexual intercourse, and expectations prior to conception will be analyzed using the Chi Square for independence. This technique will allow the researcher to determine the significance sex plays on attitudes about expectations prior to conception.

The independent variable age, will be divided into age groups which makes this a categorical variable. The age variable is expected to have five levels. A categorical independent variable with more than three levels must be analyzed using the Kruskal-Wallis Test (Pallant, 2007). The Kruskal-Wallis test will be utilized to analyze the age differences among responses on the questionnaire. Specifically questions pertaining to expectations prior to conception.

Part of the questionnaire has Likert-type Scale questions that assess attitudes about normative sexual behavior. This part of the questionnaire will be analyzed using a Two-Way ANOVA to determine how sex and age are related to attitudes about normative sexual behavior. Two-way ANOVAs are utilized when there are two independent categorical variables and a continuous dependent variable (Pallant, 2007). This test will allow the researcher to not only
determine if sex or age are significantly correlated to responses about sexual behavior but will also reveal if there is an interaction between sex and age. A series of One-Way ANOVAs will be used to further analyze the data if there is, in fact, an interaction between sex and age.
References


Behavior, 28, 418-425.


http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6006a6.htm


Doi:10.1300/J013v42n01_04


Doi:10.1016/j.whi.2006.11.002


Appendix A

Letter from Harmony Garden

August 12, 2011

RE: Community Expectations Prior to Conception: Sex and Age Differences in Attitudes Towards Teenage Pregnancy

Dear Ms. Ricard:

I am writing to express my support of your dissertation project, “Community Expectations Prior to Conception: Sex and Age Differences in Attitudes Towards Teenage Pregnancy”. As the Director of Research and Education, I am excited that you have chosen to partner with our West End Community Resident Research team to carry out your project. This community research meets the needs of the teens and families in the West End community and is very much in line with our ongoing effort to address health disparities, particularly understanding teen pregnancy.

As we discussed, Harmony Garden will work with you to help recruit eligible teens and adults. We will also provide space in the West End Community Center for you to carry out the activities across the duration of this program and help with coordinating your efforts. We will also provide funding support to provide participants with compensation for their time and inconvenience related to participation.

I look forward to hearing about the data and outcomes of your program given that it is our wish to understand and support the needs of the West End community members. I strongly believe that this project will be of significant benefit to the teens and families who participate and look forward to working with you.

Sincerely,

Kathleen Burklow, Ph.D.
Director of Research and Education
Appendix B

Recruitment Flyer

Xavier University and Harmony Garden invite you to help provide information about teenage pregnancy and teenage parenting.

A research study is being performed to gather more information on when it is acceptable to parent and have children. If you are over 12 years of age you are invited to participate in this study. It consists of answering some questions on a specific night. There will be light refreshments provided and will be given five dollars as a thank you for your participation.

Please come to the community room at the Senior Citizen Center to participate.

If you are
- 12-17 please arrive at: _______ on _______
- 18-34 please arrive at: _______ on _______
- 35 and older please arrive at: _______ on _______

For more information: (Contact Info provided here)
3. Are you currently having sexual intercourse? Yes or No

4. What would you consider is the youngest age that is acceptable for a girl to get pregnant?

5. Where do you think that girls get most of their information about sexual intercourse and pregnancy? Community, Family, Friends, School, Media. (Circle only one)

6. Where do you think that most girls learn about birth control from?

7. Where do you think that girls learn about pregnancy from?

Following questions please answer the follow-up question then continue on. If you answer No, go on to the next question. If you answer Yes for any of the above questions continue on.
Does not matter or not important how much money is earned

<table>
<thead>
<tr>
<th>$1,000 - 2,000</th>
<th>$2,001 - 3,000</th>
<th>$3,001 - 5,000</th>
<th>$5,001 - 7,500</th>
<th>$7,501 - 10,000</th>
</tr>
</thead>
</table>

1. Below is a list of goals for money earned in a single year. In your opinion what is an acceptable amount of money in order for a girl to be financially stable before becoming a mother. Please only circle one goal.

2. Below is a list of educational goals. In your opinion what is an important goal in education that you would like to see completed?

3. Where do you think teenage mothers get the most help from?

(Circle only one)

4. Where do you think that girls learn about risks of unprotected sexual intercourse from?

(Circle only one)
see a girl have before becoming a mother. Please only circle one resource.

14. Below is a list of social supports and/or resources. In your opinion, what is an important resource you would like to have a girl have before becoming a mother? Please only circle one.

Does not matter or not important what social support or resource she has
Help from friends
Community Support
Help from family
Public assistance

D. Lives with friend or other community member
C. Lives on her own
B. Lives with parent or relative
O. Does not need to be the baby's father
O. With the baby's father
O. Living with significant other (if circled which of the following is important)

Before becoming a mother? Please only circle one goal.

13. Below is a list of different housing situations. In your opinion, what housing situation is important for a girl to be in before in

Does not matter or not important what type of relationship she is in if any
E. Single
D. Doesn't need to be the baby's father
C. Doesn't need to be the baby's father
B. In a committed relationship (if circled which of the following is important)
A. Doesn't need to be the baby's father
A. With the baby's father
A. With significant other
<table>
<thead>
<tr>
<th>Agree, Rate, or Disagree</th>
<th>A Little</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising a baby can be a good thing at any age</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>It is not acceptable for people to have random hook-ups with the same person</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It is acceptable for people to have one-night stands</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It is the girl's responsibility to prevent STDs</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It is the boy's responsibility to prevent STDs</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It is not acceptable for people to have sex before marriage</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I consider myself an independent person who doesn't need help from anyone</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>It is acceptable for people to have sex after a relationship is over</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A teen should try to get birth control if they get a sexually active couple</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A teen should try to get birth control if they get a sexually active couple</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Please indicate how much you agree with the following statements. If you do not agree at all, circle a 1 and if you totally agree circle a 5. Please circle only one answer for each statement.
ATTITUDES TOWARDS TEENAGE PREGNANCY

Family Friends Community School Media
(Circle only one)

31. Where do you think teenage fathers get the most help from?

Family Friends Community School Media
(Circle only one)

30. Where do you think that boys learn about risks of unprotected sexual intercourse from?

Family Friends Community School Media
(Circle only one)

29. Where do you think that boys learn about pregnancy from?

Family Friends Community School Media
(Circle only one)

28. Where do you think that most boys learn about birth control from?

Family Friends Community School Media
(Circle only one)

27. Where do you think that boys get most of their information about sexual intercourse from?

Your community, please circle your first choice for each of the following:

Your community is the youngest age that is acceptable for a boy to become a father?

Now please fill out some similar questions about teenage boys.
E. Does not matter what type of relationship he is in if any

D. Single

C. Doesn’t need to be the baby’s mother

B. In a committed relationship (circle which of the following is important)

A. Married (circle which of the following is important)

1. In before becoming a father? Please only circle one type.

2. Below is a list of different types of relationships. In your opinion, what type of relationship is important for a boy to be in before becoming a father? Please only circle one goal.

3. Below is a list of goals for money earned in a single year. In your opinion, what is an acceptable amount of money in

4. Does not matter or not important what social support or resources he has

Help from Family

Community Support

Public assistance

Help from friends

5. Does not matter or not important what social support or resources he would like to see a boy have before becoming a father. Please only circle one resource.
Below is a list of educational goals. In your opinion, which is an important goal in education that you would like to see a boy or girl achieve before becoming a father?

<table>
<thead>
<tr>
<th>Goal</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/Degree/GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete 11th Grade</td>
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<td>Complete 10th Grade</td>
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<td>Complete 9th Grade</td>
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<td>Complete 8th Grade</td>
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<td>Complete 7th Grade</td>
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<td>Complete 6th Grade</td>
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<td>Complete 5th Grade</td>
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<tr>
<td>Complete 4th Grade</td>
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<tr>
<td>College Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
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<tr>
<td>Completed</td>
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<td></td>
</tr>
</tbody>
</table>

35. Below is a list of different housing situations. In your opinion, which housing situation is important for a boy to be in before becoming a father?

A. Living with a significant other (if circled which of the following is important)
B. Lives with parent or relative
C. Lives on his own
D. Lives with friend or other community member
E. Does not matter or not important what housing situation he is in, it any

36. Below is a list of educational goals. In your opinion, what is an important goal in education that you would like to see a boy or girl achieve before becoming a father?

<table>
<thead>
<tr>
<th>Goal</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/Degree/GED</td>
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<td>Complete 11th Grade</td>
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<td>Complete 6th Grade</td>
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<td>Complete 5th Grade</td>
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<td>Complete 4th Grade</td>
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<tr>
<td>College Degree</td>
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<tr>
<td>Some College</td>
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<tr>
<td>Completed</td>
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<td></td>
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</tbody>
</table>

37. Below is a list of different housing situations. In your opinion, which housing situation is important for a boy to be in before becoming a father?

A. Living with a significant other (if circled which of the following is important)
B. Lives with parent or relative
C. Lives on his own
D. Lives with friend or other community member
E. Does not matter or not important what housing situation he is in, it any
Do you consider yourself a spiritual or religious person? YES or NO

If yes, how many times a month do you attend church?

If yes, do you attend church? YES or NO

Divorced

Separated

Married

Not married in a committed relationship

Choose only one from the following list that best describes your current relationships status from the list below:

College Degree

Some College

High School Diploma/GED

Complete 11th Grade

Complete 10th Grade

Complete 9th Grade

Complete 8th Grade

Complete 7th Grade

Complete 6th Grade

Please circle the highest grade you completed in school.

How old are you:

Sex: Male or Female

Using the information from the entire survey to help the community, they may be influenced by a variety of backgrounds and experiences. It helps to understand your views with the goal of accuracy. Sometimes people answer questions differently because it is not always straightforward. Please fill in the blanks below.
5. Where do you think that girls get most of their information about sexual intercourse from?

6. Where do you think that most girls learn about birth control from?

7. Where do you think that girls learn about pregnancy from?

---

4. What would you consider is the youngest age that is acceptable for a girl to get pregnant?

   - If so how often do you use birth control? Always
   - Sometimes
   - Never

3. Are you currently having sexual intercourse? Yes or No

   - If so at what age did you become a grandparent?
   - Not sure

2. Are you a grandparent? Yes or No

   - If so at what age did you have your first child?

1. Are you a parent? Yes or No

Please answer the following questions. If you answer No go on to the next question. If you answer Yes for any of the following questions please answer the follow-up questions then continue on.
11. Below is a list of goals for money earned in a single year. In your opinion what is an acceptable amount of money in order for girls to be financially stable before becoming a mother. Please only circle one goal.

<table>
<thead>
<tr>
<th>Does not matter or not important</th>
<th>Some College</th>
<th>College Degree</th>
<th>High School Degree/GED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00 - 10,000</td>
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<td>$10,001 - 25,000</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$25,001 - 75,000</td>
<td></td>
<td></td>
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<td>$75,001 - 100,000</td>
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<tr>
<td>&gt; $100,000</td>
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</tbody>
</table>

10. Below is a list of educational goals. In your opinion what is an important goal in education that you would like to see completed.

<table>
<thead>
<tr>
<th>Does not matter or not important</th>
<th>Family</th>
<th>Friends</th>
<th>Community</th>
<th>School</th>
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<tbody>
<tr>
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</table>

9. Where do you think teenage mothers get the most help from?

<table>
<thead>
<tr>
<th>Does not matter or not important</th>
<th>Family</th>
<th>Friends</th>
<th>Community</th>
<th>School</th>
<th>Media (Circle only one)</th>
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</tbody>
</table>

8. Where do you think that girls learn about risks of unprotected sexual intercourse from?

<table>
<thead>
<tr>
<th>Does not matter or not important</th>
<th>Family</th>
<th>Friends</th>
<th>Community</th>
<th>School</th>
<th>Media (Circle only one)</th>
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</tbody>
</table>
12. Below is a list of different types of relationships. In your opinion, what type of relationship is important for a girl to be in before becoming a mother? Please only circle one type.

A. Married (if circled which of the following is important)
  a. With the baby’s father
  b. With the baby’s father
  c. In a committed relationship (if circled which of the following is important)
  d. With the baby’s father
  e. With the baby’s father

B. Lives with Parent or Relative
  o Doesn’t need to be the baby’s father

C. Lives with Friend or other community member
  o Doesn’t need to be the baby’s father

D. Lives on her own
  o Doesn’t need to be the baby’s father

E. Single
  o Doesn’t need to be the baby’s father

13. Below is a list of different housing situations. In your opinion, which housing situation is important for a girl to be in before becoming a mother?

A. Below is a list of social supports and/or resources. In your opinion, what is an important resource you would like to see a girl have before becoming a mother? Please only circle one resource.

B. Does not matter or not important what social support or resources she has

C. Help from family

D. Help from friends

E. Public assistance
<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I could ask my parents for help with emotional problems.</td>
<td>2</td>
</tr>
<tr>
<td>I believe I could raise a baby right now in my life.</td>
<td>2</td>
</tr>
<tr>
<td>My parents have told me about the risks of unprotected sex</td>
<td>2</td>
</tr>
<tr>
<td>My parents have told me about the risks of unprotected sex</td>
<td>2</td>
</tr>
<tr>
<td>I can discuss my concerns about sex with my parents.</td>
<td>2</td>
</tr>
<tr>
<td>Achieving my goals for the future</td>
<td>2</td>
</tr>
<tr>
<td>Having a baby right now would not stop me from getting a good education</td>
<td>2</td>
</tr>
<tr>
<td>I have people in my life I can talk to about sex.</td>
<td>2</td>
</tr>
<tr>
<td>My parents approve of sex before marriage</td>
<td>2</td>
</tr>
<tr>
<td>My parents approve of people having casual sex</td>
<td>2</td>
</tr>
<tr>
<td>Raising my age are capable of raising a baby</td>
<td>2</td>
</tr>
<tr>
<td>Having a baby can be a good thing at any age</td>
<td>2</td>
</tr>
<tr>
<td>It is not a good idea for people to have children at my age</td>
<td>2</td>
</tr>
<tr>
<td>It is the boy's responsibility to prevent STD's</td>
<td>2</td>
</tr>
<tr>
<td>It is the girl's responsibility to prevent STD's</td>
<td>2</td>
</tr>
<tr>
<td>A teeneger can raise a baby with little difficulty with different people</td>
<td>2</td>
</tr>
<tr>
<td>It is acceptable for people to have one right stands</td>
<td>2</td>
</tr>
<tr>
<td>This can help me decide what I should do</td>
<td>2</td>
</tr>
<tr>
<td>The boy is responsible for getting help from anyone</td>
<td>2</td>
</tr>
<tr>
<td>I consider myself an independent person who doesn't rely on others</td>
<td>2</td>
</tr>
<tr>
<td>It is acceptable for people to have sexual intercourse</td>
<td>1</td>
</tr>
<tr>
<td>It is acceptable for people to have sexual intercourse</td>
<td>1</td>
</tr>
<tr>
<td>It is acceptable for people to have a baby before 17</td>
<td>1</td>
</tr>
<tr>
<td>It is unacceptable for people to have a baby before 17</td>
<td>1</td>
</tr>
<tr>
<td>It is unacceptable for people to have a baby before 17</td>
<td>1</td>
</tr>
</tbody>
</table>

*Please indicate how much you agree with the following statements. If you do not agree at all that is a 1 and if you totally agree that is a 5.*
41. Where do you think teenagers get the most help from?

40. Where do you think that boys learn about risks of unprotected sexual intercourse from?

39. Where do you think that boys learn about pregnancy from?

38. Where do you think that most boys learn about birth control from?

37. Where do you think that boys get most of their information about sexual intercourse from?

Your community may be different from the one you live in. In your opinion about

36. What would you consider an acceptable age for a boy to become a father?

Now please fill out some similar questions about teenage boys.
ATTITUDES TOWARDS TEENAGE PREGNANCY

44. Below is a list of different types of relationships. In your opinion, what type of relationship is important for a boy to

Does not matter or not important how much money is earned

$100,000 - 100,000 $75,000 - 75,000 $35,000 - 35,000

$25,000 - 25,000 $15,000 - 15,000 $5,000 - 5,000

order for a boy to be financially stable before becoming a father. Please only circle one goal.

43. Below is a list of goals for money earned in a single year. In your opinion, what is an acceptable amount of money in

Help from family

Help from friends

Community Support

Public assistance

Has a boy have before becoming a father. Please only circle one resource.

42. Below is a list of social supports and/or resource. In your opinion which is an important resource you would like to
46. Below is a list of educational goals. In your opinion, which one is an important goal in education that you would like to see:

- Does not matter or not important
- Important

College Degree
High School Diploma/GED
Complete 11th Grade
Complete 10th Grade
Complete 9th Grade
Complete 8th Grade
Complete 7th Grade
Complete 6th Grade
Complete 5th Grade

47. Before becoming a father, please only circle one goal:

- Does not matter or not important for a boy to be in
- Important

A. Lives with Significant Other (fill in which of the following is important):
   - Doesn't need to be the baby's mother
   - With the baby's mother

B. Lives with Parent or Relative

C. Lives on his own

D. Lives with friend or other community member

E. Lives with friend or other community member

48. Below is a list of different housing situations. In your opinion, which housing situation is important for a boy to be in:

- Does not matter or not important
- Important
If yes, do you attend church? YES or NO

Do you consider yourself a spiritual or religious person? YES or NO

Widowed/Widower
Separated
Divorced
Married
Not married/in a committed relationship

Choose only one from the following list that best describes your current relationships status from the list

Some College
College Degree
High School Degree/General Equivalency Diploma (GED)
Complete 12th Grade
Complete 11th Grade
Complete 10th Grade
Complete 9th Grade
Complete 8th Grade
Complete 7th Grade
Complete 6th Grade

Please circle the highest grade you completed in school

How old are you?

Sex: Male or Female

Using the information from the entire survey to help the community, they may be influenced by a variety of backgrounds and experiences. It helps to understand your views with the goal of sometimes people answer questions differently because please fill in the blanks below. This information is asked because
Hi, my name is ___________. I am working with Harmony Garden and a Xavier University student on a research project. Harmony Garden gathered information about our community in 2008 and we rated teenage pregnancy as one of our top concerns. Stephanie Riccardi, a Xavier student, is performing a research project to gather more information about our views on teenage pregnancy and teenage parenting. You are invited to participate in this research. The project will be held in the community room of the Senior Citizen center. Here is a flyer with the information about the dates and times it will be held. The only requirements to participation are that you have lived in this community for at least one year and are at least 12 years old. Please invite your friends and family to participate. If you have a teenager that is willing to participate please fill out this consent form and have them bring it with them on their night. Thank you and if you have any questions please feel free to contact Stephanie Riccardi through Harmony Garden. The information is on the flyer.
Appendix F

Introduction Script

First off I want to thank you for coming. My name is Stephanie Riccardi and I am currently in school at Xavier University. As part of my requirements I have partnered with Harmony Garden to continue their research on the topic of teenage pregnancy and teenage parenting. Your input on these topics will be helpful in future programs and prevention efforts in your community. The results of this study will be provided to you through Harmony Garden’s newsletter that is available to you throughout the year. As part of Xavier’s requirement I have to make you aware of the nature of the study and the purpose before we get started.

(Read Consent form and answer any questions)

Now we will divide up into small groups to fill out the survey.
Appendix G

Consent Forms

Adult Participation Script

You are invited to take part in a research project conducted through Xavier University. In order to take part in this survey you need to give consent. This project involves answering questions about teenage pregnancy and parenting. The survey will take about _______ minutes to finish.

There are no known risks related to this project. The information will be used to offer future programs to help your children. Your participation in this project is voluntary. If you wish to stop this project at any time you are free to do so.

All information that is answered on the survey will be kept private. Your name will not be attached to your answers at any time. The results of the survey will be printed in Harmony Garden’s newsletter. The information will be kept at Harmony Garden for future programs and research to benefit your community. You will be given five dollars to thank you for your time.

If you have any questions please feel free to let me know now. If you wish to talk about your questions or concerns in private you can contact Stephanie Riccardi through Harmony Garden or Dr. Janet Schultz at the Xavier University Psychology Department, 513-745-3248.

By completing the survey you are agreeing to take part in this research project.
Parent/Guardian Consent Form

Your child is invited to take part in a research project. It is run by a student from Xavier University. Harmony Garden supports this project. Your child needs your consent to take part. Your child will be asked to answer questions about teenage pregnancy and parenting. It will take about _____ minutes to finish.

There are no known risks related to this project. The information will be used to offer future programs to help your children. Your child’s involvement is voluntary. Your child can stop at any time if they want to.

All information from the survey will be kept private and your child’s name will not be on the survey. The results of the survey will be printed in Harmony Garden’s newsletter. The information will be kept at Harmony Garden for future programs and research to benefit your community. Your child will be provided with five dollars for taking part in the survey.

If you have any questions or concerns please feel free to contact Stephanie Riccardi through Harmony Garden or Dr. Janet Schultz at the Xavier University Psychology Department, 513-745-3248.

I ________________, give my consent for ________________ to take part in this research project.

_________________________________________  ________________
Sign                          Date
Teenage Assent Form

A student from Xavier University is working with Harmony Garden to get information on teenage pregnancy and parenting. Someone will read the survey out loud and you will answer the questions on your own. Your name will not be on the survey. There is no way for anyone to know how you answered the questions. The results of the survey will be printed in Harmony Garden's newsletter. There will be snacks available during the survey. You will be given five dollars for your time.

If you want to participate, write your name below. If you begin the survey and decide that you want to quit, you can and nothing bad will happen to you. If you have questions, you can ask Stephanie Riccardi, or call the supervisor, Janet Schultz, Ph.D., ABPP, at (513) 745-3248.

Thanks for your help!

Yes, I want to participate. ___________________________________________

Write your name on this line.
Chapter V: Dissertation

Abstract

This study evaluated the association between sex and/or age group with regard to minimum expectations for preferred goal achievement by teenagers prior to conceiving a child.

Participants were 314 individuals aged 12-82, living for a minimum of one year in an urban, low income and predominantly African American community with high rates of teenage pregnancy. Participants completed a questionnaire about their attitudes regarding preferred minimum expectations for goal attainment in the areas of yearly income, education level, social supports, and housing and relationship status prior to teenagers conceiving a child. Analyses revealed that age groups have statistically different views regarding minimum expected yearly income, $\chi^2 (10, n = 312) = 35.21, p < .001$, Cramer’s V = .24 (medium effect size), and preferred relationship status, $\chi^2 (8, n = 309) = 25.34, p = .001$, Cramer’s V = .20 (small effect size), for teenage girls. There was no association found for minimum expected educational attainment for both teenage females and males. Additionally, age groups have different opinions about where teenage females acquire information about birth control, $\chi^2 (6, n = 305) = 23.15, p = .001$, Cramer’s V = .20 (small effect size) and pregnancy, $\chi^2 (6, n = 308) = 22.67, p = .001$, Cramer’s V = .19 (small effect size). There were no significant differences found between male and female respondents reported preferences for minimum expectations for goal achievement prior to conception.

*Keywords:* teenage pregnancy, attitudes about pregnancy, and expected goal achievement.
Community Expectations Prior to Conception: Sex and Age Differences in Attitudes towards Teenage Pregnancy

Teenagers engage in sexual intercourse and there are considerable risks that are associated with having sexual intercourse at a young age. Girls who start having sexual intercourse before 13 years of age are at a greater risk for unplanned pregnancy and sexually transmitted diseases, than girls who wait until after 17 years of age (Greenberg, Magder & Aral, 1992). In the United States, teenage pregnancy rates peaked in 1990; there were approximately 1,169 pregnancies that occurred per every 10,000 teenage girls (Teen birth rates, 2010; Teen pregnancy rates, 2010). Many awareness and intervention programs were developed as a result of the high rates of teenage pregnancies and subsequently the rates reduced to approximately 695 pregnancies (Teen birth rates, 2010; Teen pregnancy rates, 2010), which is thought to be related to increased awareness and intervention although this has not been evaluated directly. Despite this significant decline, there is evidence that the rates were on the rise again in 2007 and since have begun to slowly decline (Teen birth rates, 2010; Teen pregnancy rates, 2010). As a result, teenage pregnancy is still a public health concern in the United States.

Adolescents begin to engage in sexual intercourse at young ages and there seems to be a correlation between early sexual initiation and unprotected sexual intercourse (Lewis, Melton, Succop & Rosenthal, 2000). O'Donnell, Myint-U and Stueve (2003), found 30.7% of males and 7.7% of females, reported they first engaged in sexual intercourse prior to seventh grade. The timing of first sexual intercourse affects other areas of adolescent sexuality such as contraception use, sexually transmitted infection acquisition, and teenage pregnancy (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004).
By the 12\textsuperscript{th} grade, 63.1\% of students reported that they engaged in sexual intercourse at least once (Eaton et. al, 2006). The high number or proportion of teenagers engaging in sexual activity, with limited contraceptive use, has caused teenage pregnancy to become a concern in the United States. Various communities have reported concerns about the effects of teenage pregnancy on their youth, their community and the future of both (Gallup-Black & Weitzman 2004; Burcklow & Mills, 2008). Over the years, the US government has proposed funding and reforms to reduce the prevalence of teenage pregnancy. There has been some progress in reducing the prevalence of teenage pregnancy (By the numbers, 2006), but not to extent desired.

A wealth of research has focused on teenagers' decision to use or not use contraception. There is a correlation between attitudes towards contraception and the actual use of contraception (Freeman et al. 1980; Brückner et al 2004; Frost, Duberstein Lindberg & Finer, 2012). Teenage females who reported positive views towards contraception were more likely to report consistent contraception use compared to those that reported negative views (Brückner et al.). Teenagers with ambivalent or negative attitudes about contraception reported that they used contraception inconsistently, if at all. Additionally, single adults aged 18-29 who reported dissatisfaction with their contraceptive method were more likely to use that method inconsistently, if at all (Frost, Duberstein Lindberg, & Finer, 2012). There is a need to understand the influences that affect attitudes about contraception and contraceptive use behaviors.

Understanding the decision to use or not use contraception is a critical element in reducing the prevalence of teenage pregnancy. Researchers have theorized that there is a link between adolescent attitudes concerning pregnancy and the use of contraception (Brückner, Martin, & Bearman, 2004; Sheeder, Tocce, & Stevens-Simon, 2009; Stevens-Simon, Sheeder, &
Harter, 2005). Some research supported the notion that those who have a negative view of pregnancy are more likely to use contraception (Sheeder et al.; Stevens-Simon et al.). Other research has indicated that how teenagers view pregnancy has no significant effect on the consistency of contraceptive use (Brückner et al.). It may be that teenagers' views of pregnancy affect only their initial decision to use contraception, making understanding attitudes about acceptable timing of pregnancy to be critical to creating effective pregnancy prevention programs.

Individuals in different age groups have different views about teenage pregnancy, as do males and females. Researchers who have included multiple age groups in their participant sample have revealed differing views regarding acceptable dating and sexual behaviors as well as preferred timing of pregnancy (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Gound et al., 2007). In a variety of research studies, adults have expressed their preference that teenagers wait until they are older to have sexual intercourse and to delay pregnancy (Carlson & Tanner, 2006; Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004) although it is not understood what “older” means and when pregnancy is acceptable. Alternately, teenagers’ views are less homogenous and vary greatly concerning the accepted timing of pregnancy. Some researchers have reported that youths accept teenage pregnancy as common and do not see it as negative (Gallup-Black & Weitzman). A majority of the research has revealed that teenagers endorse ambivalent attitudes towards teenage pregnancy (Brückner et al., 2004; Jaccard, Dodge, & Dittus, 2003; Kelly et al., 2004; Skinner et al., 2009; Stevens-Simon et al., 2005). Ambivalent attitudes about teenage pregnancy have been associated with a greater risk for future teenage pregnancy (Brücker et al.; Jaccard et al.; Stevens-Simon et al.).
Overall, there has been a lack of research determining the differences in specific views based on age. Researchers have mostly either focused on the teenagers who are at risk (Herrman, 2008; Sable & Wilkinson, 1998; Kelly, Sheeder, & Stevens-Simon, 2004) or the parents and adults in communities with high rates of teenage pregnancy (Gallup-Black & Weitzman, 2004; Carlson & Tanner, 2006). This limitation in the research makes it difficult to extrapolate the differences, if any, that exist about attitudes regarding views and attitudes about teenage pregnancy.

Teenage males and teenage females have different views regarding sexual intercourse and pregnancy (Burklow & Mills, 2008; Smith & Zabin, 1993). Teenage males were more permissive of sexual intercourse and saw fewer negative risks to engaging in sexual activities compared to teenage girls (Eggelston, Jackson & Hardee, 1999; O’Donnell et al., 2003). Teenage girls believed there were more negative outcomes to having sexual intercourse, which may be related to the messages they receive about being sexually active (Hust et al., 2008; Strasburger, 1995). Additionally, teenage males and teenage females viewed differently the appropriate timing of certain life events, one of which was pregnancy (Smith & Zabin). Teenage males typically reported they prefer older ages for these life events compared to their same aged female peers. Males, although wanting to wait longer, reported more positive outcomes than females of getting married and having children, regardless of their accepted timing of both (Smith & Zabin).

Teenagers agreed that they were not ready to have a child at the time they completed the survey (Burklow & Mills, 2008; O’Donnell et al., 2003). Both teenage males and females reported that they would like to wait until 20 years of age to have children, although they feel it is not realistic (Eggelston et al., 1999). Within the limited research that has included both males
and females, during their teenage years, there is a consensus that they are not ready to have children and want to wait until they are older to have sexual intercourse. However, the statistics about sexual intercourse initiation and rates of teenage pregnancy suggest teenagers are unable to follow through with their desire to wait.

Previous research findings have indicated that there are some statistical differences amongst racial groups in terms of teenage pregnancy rates and views regarding teenage pregnancy. African American teenage females have had higher prevalence of pregnancy compared to their white counterparts (Teen birth rates, 2010; Teen pregnancy rates, 2010) and neighborhood characteristics had an important influence on teenage sexual activity (Brewster, 1994). Researchers specifically evaluated the availability of jobs, racial concentration in neighborhoods, socioeconomic status of neighborhoods and the activity level of the teenagers in the community. Results indicated that neighborhood characteristics were correlated with teenage sexual activity (Brewster). Teenagers in neighborhoods that had higher concentrations of job availability, wealth of activities and higher socioeconomic status engaged in less sexual activity than teenagers in less affluent neighborhoods (Brewster). Race was a non-significant factor when neighborhood characteristics were added into the model (Brewster).

Other research findings indicated that there are different views regarding the acceptable timing of pregnancy amongst different racial groups (Geronimus 2003; Smith & Zabin, 1993). African American high school students rated the best age to have a child younger than the best age to get married, which significantly differed from their Caucasian peers (Smith & Zabin). The students had different standards for when they believe it is acceptable to have a child and when it is expected to get married (Smith & Zabin).
There is a widely held belief that teenage pregnancy is still a social concern because of its prevalence in a variety of communities (State policies in brief, 2011; By the numbers, 2006). Despite having a breadth of information on teenage pregnancy, researchers know little concerning community attitudes about teenage pregnancy. More specifically, community members’ views about the preferred timing of pregnancy are unknown. Furthermore, there has not been an in-depth study into the attitudes community members have about when pregnancy is acceptable and what, if any, achievements or goal attainments make it acceptable. The attitudes held about teenage pregnancy within a community influence the sexual practices of the youth, and specifically the choices they make about adherence to contraception (Teitelman, Bohinski, & Boente, 2009; Skinner et. al, 2009). Given the prevalence of teenage pregnancy, there are reasons to analyze the attitudes regarding when pregnancy becomes acceptable. The information gained by surveying the attitudes about both teenage pregnancy and sexual intercourse will be useful in informing new youth programs aimed at preventing teenage pregnancy.

Previous research findings suggest that individuals of different ages have differing levels of acceptance concerning sexual and dating behaviors (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Gound et al., 2007; Hust et al., 2008; Smith & Zabin 1993) as well as contraceptive behaviors (Crump et al., 1999; Thorburn, 2007). Furthermore, males and females have reported a variety of views about teenage pregnancy that differ (Eggelston, Jackson & Hardee, 1999; O’Donnell et al., 2008; Smith & Zabin, 1993). Based on previous research, individuals of different ages and sexes will endorse different attitudes about the preferred timing of teenage pregnancy. Teenage girls are held to higher standards than teenage boys regarding responsibility for prevention of pregnancy (Hust, Brown & L’Engle, 2008) and therefore it was first hypothesized that the participants over the age of 18 in Territory S will desire teenagers to
achieve higher education and earn greater salaries before getting pregnant than the teenagers desire for themselves. Secondly, community members will have higher demands for females than they would for males. Participants will expect females to complete higher education and earn greater income than males before conceiving children. Research results have shown that boys felt the need to have children sooner because of high crime in urban, low-income communities (Burklow & Mills, 2008), and that they expected more positive outcomes from sexual intercourse (O'Donnell et al., 2003; Kelly, Lesser & Paper, 2008). As a result, it is hypothesized that teenage males and females’ expectations about educational attainment and yearly income earnings prior to teenagers conceiving children are different. Teenage male respondents will expect to achieve less education and earn less income than teenage female respondents expect of teenagers to achieve prior to conceiving a child. Lastly, attitudes about teenage pregnancy and normative sexual behavior are expected to differ across generations and sex. Younger persons will endorse more permissive sexual norms than older persons endorse.

**Method**

The study was a 3x2-survey design. The independent variables included age group and sex. The dependent variables were attitudes about teenage pregnancy and sexual intercourse. The researcher designed a questionnaire to gather quantitative data to assess attitudes about sexual intercourse and teenage pregnancy within a specific community. Researchers have revealed the high prevalence of teenage pregnancy and therefore the current study is in response to the community’s concern about teenage pregnancy rates.

Harmony Garden, a non-profit community research organization, provided assistance in questionnaire development, recruitment and financial incentives for the participants of the study. Harmony Garden employed members of Territory S to learn data collection and data entry skills
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who ultimately assisted in collection of data for the present study. Members of Territory S know of Harmony Garden as the organization has previously collected data in Territory S.

Study Setting

Territory S was the community surveyed and was located within an urban area of Ohio. The most recent US Census data in 2000 revealed that approximately 3,000 individuals lived in Territory S. Of the estimated individuals who resided in this community, approximately 45% were females. Nearly 85% of the individuals in this community were African American with a median household income around $11,000, well below the national average ($41,994), making this a low-income, urban, African American community. Almost half of the adult community members have not completed high school and one-third of the adults in this community were not employed at the time of the census.

Participants

Participants were 314 male and female individuals recruited from Territory S through flyers (Appendix A) and snowball recruitment. Participants were required to be at least 12 years of age, have lived in Territory S for at least one year, to have given verbal consent if over the age of 17, or given assent with parental consent if they were 12-17 years of age. For participation in the study, each participant received five dollars. The mean age of the sample was 34 years old with a range of 12-82 years of age. With regard to sex, 155 participants were male and 159 participants were female. Two hundred and eighty-four participants reported themselves to be African American, two reported they were Hispanic, five reported as Mixed race, two reported they were Brown and 21 participants did not fill in their race. Fifty-eight percent of the participants were parents and three of the 55 participants in the teenage group were parents at the time of survey. Refer to Table 1 for the demographic breakdown of the sample.
Measures

Research is limited in the area of assessing an entire community’s attitudes about teenage pregnancy and therefore it was necessary to design a new descriptive questionnaire. There were no questionnaires found in the literature that would address the desired questions.

Questionnaire.

The survey included questions about teenage pregnancy, contraception use and sexual intercourse practices of teenagers. The questionnaire development relied heavily on the topics that emerged from the information gathered during focus groups run by Harmony Garden (Burklow & Mills, 2008) in Territory S. Additional questions came from the literature in the area of teenage pregnancy to fill gaps in the current research on attitudes towards teenage pregnancy. Several women from Territory S, who were later involved in recruitment and data collection, reviewed the questionnaire. The assistants from Territory S who reviewed the questionnaire, met with the researcher several times to discuss the language of the questions, the format, and length to ensure that it was culturally appropriate for the community. The reading level of the survey was approximately at a 6.6 grade reading level according to the Flesch-Kincaid Grade Level as evaluated by Microsoft Word Version 2010.

The questionnaire contained several different parts. These sections covered sexual intercourse attitudes, expectations prior to conception, source of knowledge regarding sexual intercourse and contraception, and demographics. There were two versions of the questionnaire, one for adults who were 18 years of age and older, and one for the teenagers who were between 12 and 17 years old. The only difference between the two versions occurs in the sexual intercourse attitudes section (Appendices B and C).
Demographics.

The demographics section contained questions about: sex, age, highest grade completed, religious affiliation, spirituality, marital status, race, current sexual activity, and parenthood.

Source of knowledge.

The source of knowledge section contained 10 multiple-choice questions. The topics included where teenagers get information: about sex, contraception, teenage pregnancy and who they get help from when they are expecting. The multiple choice options included: school, friends, media, family and community. The section has two parts with one part inquiring about teenage girls (five questions) and the other part about teenage boys (five questions).

Sexual intercourse attitudes (adult questionnaire).

This section consisted of nine Likert-type scale questions. The Likert-type scale was one to five, with one meaning “Not at all” agree and five meaning “Extremely” agree. This section included questions such as: “It is acceptable for people to have one night stands with different people” and “It is the boy’s responsibility to prevent STD’s.”

Sexual intercourse attitudes (teenager questionnaire).

This section consisted of 19 Likert-type scale questions. The Likert-type scale was one to five with one meaning “Not at all” agree and five meaning “Extremely” agree. This section had the same 9 questions as the adult version plus an additional 10 questions that were specific to teenagers. Examples of these questions were “My parents approve of sex before marriage” and, “I have people in my life I can talk to about sex.”

Expectations prior to conception.

This section assessed the views of the expectations community members have with regard to a variety of possible achievements prior to conception. The section has two parts; one
section included items that concerned the minimum levels for a teenage girl to acquire or accomplish prior to conception and the other section contained the same questions for teenage boys. The section consisted of multiple-choice questions that covered various topics including education, yearly income, housing situation, social support and resources, and relationship status.

Procedure

The Xavier University Institutional Review Board (IRB) approved the research study prior to data collection (Appendix D). After IRB approval, the questionnaire was pilot tested with six women who later assisted in recruitment. There were no changes made after the pilot test.

Recruiters distributed flyers (Appendix A) door to door and posted them in Territory S to let the residents know when the researcher was holding questionnaire completion sessions.

There were three questionnaire completion sessions: one was held at the senior citizen center in Territory S, one at a local church in the community and one at an after school youth program. The flyers provided potential participants with information about the specific time to attend based on age in order to organize small groupings in which to complete the questionnaire. The first questionnaire completion session lasted several hours. The last two questionnaire completion sessions lasted several hours and the researcher allowed participants to come at their convenience although the participants completed the questionnaires in small groups just as was the case in the first session.

The participants completed the survey in randomly divided small groups. Prior to questionnaire completion, participants were offered light refreshments. At the designated start time, a member of Harmony Garden who had previously done research in the community introduced participants to the researcher. The researcher read a brief description of the survey
(Appendix E) and gathered consent/assent at this time. Participants over the age of 18 gave consent by completing the questionnaire. The researcher read the consent document (Appendix F) aloud to all adult participants and explained that participants gave consent by completing the questionnaire to maintain anonymity for the adult participants.

A different consent procedure was used with participants younger than 18. During recruitment, recruiters distributed parental consent forms (Appendix G) to the community so that teenagers had the opportunity to have their parent/guardian sign them and bring the forms to the data collection event. Extra parental consent forms were available at the data collection event so teenagers could pick one up and bring it back later to complete the survey if their parent/guardian was not attending the data collection event. Teenagers completed the assent form (Appendix H) just prior to filling out the survey. The researcher placed the consent/assent forms in a single envelope and kept them in a locked box separate from the data to ensure confidentiality.

The researcher counterbalanced the surveys across groups so that some individuals completed survey questions about females first then males and others completed surveys with the opposite order, to control for any order effects that may occur when responding about a particular sex first. Graduate-student research assistants and the researcher read the survey aloud to small groups in order to diminish effects of any reading difficulties. Participants had the paper survey to complete as they followed along with the administrator. The completion of the survey took approximately 20 - 30 minutes. Once the surveys were completed, they were collected and locked in a file box to maintain confidentiality. The consent forms and surveys were separate at all times.
Results

Analytic Strategy

Analysis of the data required using a variety of statistical techniques. Descriptive and frequency statistics described the demographics of the final sample, presented in Table 1.

The chi square for independence was the technique employed to determine the role sex and age group of the respondent plays on attitudes about expectations prior to conception. In order to conduct the chi square analyses, it was necessary to collapse some of the dependent variable categories because too few participants chose a specific option. For expectations about education, the education categories changed into three categories: 5\textsuperscript{th}-11\textsuperscript{th} grades, high school diploma or GED, and some college to a college degree. Fewer than five participants endorsed the "does not matter" response option and as a result, the analyses did not include it as an option. The expected yearly income goal was also collapsed into fewer categories: less than or equal to $10,000, $10,001-25,000, $25,001-50,000, $50,001-75,000, greater than or equal to $75,001 and the "does not matter" response category was retained. The media option and the community option changed into one combined option for the questions about where teenagers get information about sexual intercourse, pregnancy, birth control etc. The researcher removed living with a community member or friend from the analyses for the expected housing situation as fewer than five people out of over 300 chose this option and it was necessary in order to perform the chi square analyses. The collapsing of the various dependent variable categories allowed for chi square analyses without violating any assumptions.

A chi square goodness-of-fit analysis computed the comparison of educational and yearly income expectations for girls to boys. The researcher compared the percentage of responses
across the categories of the dependent variable in question, education and income expectations, between girls and boys to determine whether there were differences.

Part of the questionnaire had Likert-type Scale questions that assessed attitudes about normative sexual behavior. A Two-Way analysis of variance (ANOVA) determined the presence of a relationship between sex and age in relation to attitudes about acceptable sexual behaviors. This test determined the association sex and/or age may have with responses about sexual behavior.

**Primary Analyses**

The researcher first analyzed all data to ensure that the data did not violate any of the assumptions of any of the statistical methods employed. After collapsing the response option categories in the dependent variables as described above, no assumptions of the statistical tests were violated.

Hypothesis 1 states that the participants over the age of 18 in Territory S will desire teenagers to achieve higher education and earn greater salaries than the 12-17 year old respondents desire teenagers to achieve prior to conception. The 12-17 age group respondents desired slightly higher educational attainment of females prior to conception than the 18 and older respondents although, a chi square test for independence indicated no statistically significant associations, $\chi^2 (2, n = 309) = 2.42, p = .30$, Cramer’s $V = .09$. The 18 and older age group participants desired females to achieve at least a high school diploma or GED whereas the 12-17 year old respondents desired females to achieve some college before conceiving a child. Evaluation of the findings suggested a similar pattern of expected educational attainment for males prior to conception. The 12-17 age group respondents endorsed slightly higher educational expectations of males to achieve prior to conception than the 18 and older
respondents endorsed although there were no statistically significant associations, $\chi^2 (2, n = 308) = 1.90, p = .40$, Cramer’s $V = .08$.

There was partial support for an association between 12-17 age group respondents’ and the 18 and over age group respondents’ expectations for yearly income prior to conception for females and males. The highest percentage of the 12-17 age group respondents (37.9%) endorsed the category of $0-10,000$ income as expected for females prior to conception while the highest percentage of the 18 and over age group respondents (32.7%) desired females to achieve income between $25,000-50,000$ prior to conception. A chi square test for independence indicated a significant relationship between teenagers’ and adults’ expectations of earned yearly income for females prior to conception, $\chi^2 (5, n = 312) = 27.26, p < .001$, Cramer’s $V = .30$ (medium effect size). The 18 and over age group respondents reported greater yearly income expectations for females that were statistically different from the 12-17 age group respondents’ expectations. This was not true for the expected yearly income for males prior to conception, as this was not significant, $\chi^2 (5, n = 309) = 9.57, p = .09$, Cramer’s $V = .18$ (small effect size). The highest percentage of the 12-17 age group respondents (22.8%) endorsed the category of $0-10,000$ income preferred for males prior to conception and the highest percentage of the 18 and over age group respondents (33.3%) desired males to achieve between $25,000-50,000$ prior to conception, although this difference was not statistically significant.

Hypothesis 2 states that the overall sample would have higher educational and income expectations for females than they do for males before pregnancy. The researcher conducted a chi square goodness-of-fit test for yearly income and education goals comparing what all respondents answered as expectations for females to what they answered as expectations for males. The chi square goodness-of-fit test indicated that there was no significant difference in
observed percentages for educational attainment expectancies between males and females, $\chi^2 (2, n = 308) = 3.44, p = .18$, meaning the distribution of responses for educational attainment expectations of females was similar to the distribution of responses for educational attainment expectations of males. Yearly income expectancies for males and females, were also not significantly different, $\chi^2 (5, n = 309) = 2.64, p = .76$, showing that the distribution of responses for yearly income expectations for males was similar to the distribution of responses for yearly income expectations for females. Figure 1 depicts distributions for yearly income expectations and Figure 2 depicts distributions for educational attainment.

Hypothesis 3 states that teenage males’ and teenage females’ self-expectations prior to conception are different. Teenage males will expect to achieve less education and earn less income than teenage females will expect. A chi square goodness-of-fit test indicated that there was not a significant difference between the teenage respondents’ minimum educational attainment expectations for teenage females and teenage males prior to conception, $\chi^2 (2, n = 58) = .28, p = .87$, meaning that the teenage respondents’ preferences for educational attainment were equally distributed amongst teenage males and teenage females. Teenage respondents’ have similar educational attainment expectations for teenage males and teenage females prior to conceiving a child. A chi square goodness-of-fit test indicated that there was not a significant difference between the teenage respondents’ yearly income expectations for teenage females and teenage males prior to conception, $\chi^2 (5, n = 57) = 6.36, p = .27$, meaning teenage respondents’ have similar yearly income expectations for teenage males and teenage females prior to conceiving a child. Figure 3 depicts distributions for teenage respondents’ yearly income and Figure 4 presents distributions of educational attainment.
Hypothesis 4 states that attitudes towards pregnancy and normative sexual behavior differ across generations and sex. Hypothesis 4 stated that younger individuals would have more permissive sexual norms than older individuals. A two-way between-groups analysis of variance analyzed the impact of sex of the respondent and age group on ratings of acceptable sexual behavior. Subjects were divided into three groups according to age (Group 1: 12-17 years; Group 2: 18-34 years; Group 3: 34 years and above) in an attempt to determine if there were generational differences in the endorsement of acceptable sexual behavior. Table 2 presents the descriptive statistics. There were no differences in the endorsed attitudes towards pregnancy and normative sexual behavior. Specifically, the three age groups of people within Territory S endorsed similar normative sexual behavior and attitudes towards pregnancy suggesting there are not age group differences. There was not a main effect for age group F (2, 257) = 1.9, p = .152 nor a main effect for sex F (1, 257) = 2.91, p = .089. The interaction effect between sex and age group was not statistically significant, F (2, 257) = 1.79, p = .168.

Exploratory Analyses

Exploratory analyses revealed some differences between age groups and between sexes of preferred: age, housing situations, social supports and relationship statuses prior to conception for both teenage girls and teenage boys. Chi square test for independence determined whether any statistically significant differences existed within the exploratory analyses. Due to the number of analyses, the researcher evaluated p values less than or equal to .01 as significant to control for Type I error in the exploratory analyses.

Sex as independent variable.

A chi square test for independence evaluated the presence, if any, of significant associations between sex and attitudes about minimum expectations prior to a teenager
conceiving a child. Overall, an individual's sex does not seem to be a significant factor in affecting attitudes towards sexual intercourse, pregnancy and related topics in terms of the exploratory analyses evaluated in this study. Males and females seem to share similar attitudes towards sexual intercourse, pregnancy and related topics. The distributions and \( \chi^2 \) values are located in Table 3.

A chi square test for independence also evaluated the presence, if any, of associations between respondents' sex and where teenagers obtain information. The specific questions analyzed were: where teenagers get information about sexual intercourse, birth control, risks of unprotected sexual intercourse, pregnancy and who helps teenage parents once they conceive. Overall, an individual's sex does not seem to be a significant factor in affecting beliefs about where teenagers get information about sexual intercourse, pregnancy and related topics in terms of the exploratory analyses evaluated in this study. Males and females seem to share similar attitudes about where teenagers receive information. All distributions and \( \chi^2 \) values are located in Table 4.

**Age groups as independent variable.**

Although there were no significant associations revealed for sex, there were significant associations between age groups and some of exploratory variables. The chi square test for independence did not reveal a significant association between age groups and housing expectations for females prior to having a child, \( \chi^2 (8, n = 311) = 16.29, p = .04, \text{Cramer's } V = .16 \) (small effect size). The greatest percentage within the teenage respondent group preferred for teenage girls to live with the father of the child, and the 18-34 and 35 and over age groups preferred for teenage girls to live on their own while raising a child, although this difference was not significant at the .01 level. The same was true for housing expectations for males, as there
was no significant association between age groups and housing expectations for males prior to conception, $\chi^2 (8, n = 305) = 7.1, p = .53, \text{Cramer's V} = .11$.

The chi square test for independence indicated a significant association between age groups and yearly income expectations for females prior to conception, $\chi^2 (10, n = 312) = 35.21, p < .001, \text{Cramer's V} = .24$ (medium effect size). There was no significant association between age groups and yearly income expectations for males prior to conception $\chi^2 (10, n = 309) = 19.41, p = .04, \text{Cramer's V} = .18$ (small effect size). The greatest percentage of teenage respondents endorsed that teenage girls and teenage boys should earn a minimum of $0-10,000 a year, whereas the greatest percentage of 18-34 and 35 and older age group respondents preferred for teenage girls and teenage boys to make a minimum of $25,001-50,000 a year prior to conceiving a child.

A chi square test for independence indicated no significant association between age groups and expected social supports/resources necessary for females prior to conception, $\chi^2 (8, n = 311) = 15.98, p = .04, \text{Cramer's V} = .16$ (small effect size). The greatest percentage within each of the three age groups indicated that help from family was the most important. Additionally, there was no significant association between age groups and expected social supports/resources for males prior to conception, $\chi^2 (8, n = 307) = 14.95, p = .06, \text{Cramer's V} = .16$.

Analyses indicated a similar pattern was true for expected relationship status prior to conceiving a child. A chi square test for independence revealed a significant association between age groups and expected relationship status for females, $\chi^2 (8, n = 309) = 25.34, p = .001, \text{Cramer's V} = .20$ (small effect size). The greatest percentage within each of the three age groups indicated that participants expected teenage girls to be married prior to conceiving a child.
and the difference amongst the age groups occurred where the second greatest percentage fell. The 35 and over age group respondents indicated that dating was the next preferred relationship status for teenage girls, whereas the teenage and 18-34 age groups indicated that being in a committed relationship was the next preferred relationship status. On the contrary, there was no significant association between age groups and expected relationship status for males, $\chi^2 (8, n = 309) = 12.94, p = .11$, Cramer’s $V = .15$. The distributions of the respondents who endorsed each category and $\chi^2$ values for significant and non-significant associations are located in Table 5.

The chi square test for independence evaluated the following associations of age groups with: where teenagers get information about sexual intercourse, risks of unprotected sexual intercourse, pregnancy, birth control and who gives help to teenage parents. Analysis revealed a significant relationship between age groups and beliefs about where teenage females get information about birth control, $\chi^2 (6, n = 305) = 23.15, p = .001$, Cramer’s $V = .20$ (small effect size). Teenage respondents and 18-34 year old respondents agree that teenage girls get information about birth control from their family; however, the 35 and older respondents feel that teenage girls learn about birth control from friends. Contrary to a significant relationship for the source of birth control information for teenage females, there was no significant relationship found between age groups and beliefs about where teenage males get information about birth control, $\chi^2 (6, n = 309) = 9.94, p = .13$, Cramer’s $V = .13$. Similarly, there was a significant association between age group and beliefs about where teenage females learn about pregnancy, $\chi^2 (6, n = 308) = 22.67, p = .001$, Cramer’s $V = .19$ (small effect size). Although there was no indication of an association between age groups and beliefs about where teenage males learn about pregnancy, $\chi^2 (6, n = 309) = 11.05, p = .09$, Cramer’s $V = .13$; findings indicated a similar
pattern to attitudes about where teenage girls learn about birth control and for attitudes about where teenage girls learn about pregnancy. Teenage respondents and 18-34 year old respondents agree that teenage girls get information about pregnancy from their family members; however, the 35 and older respondents believe that teenage girls learn about pregnancy from friends. The distributions of respondents who endorsed each category and $\chi^2$ values for significant and non-significant associations are located in Table 6.

**Survey analysis.**

The researcher designed the survey specifically for this study and therefore performed a factor analysis to determine the number of factors within the sexual attitudes portion of the survey. The eleven items of the sexual attitudes scale underwent a principal components analysis (PCA) using SPSS Version 19. The data revealed several coefficients of .3 and above within the correlation matrix and the Kaiser-Meyer-Oklin value was .66, which exceeded the suggested value of .6 (Pallant, 2007). Barlett’s Test of Sphericity was statistically significant, $p < .001$. Together, meeting these three criteria ensured that the data were suitable for factor analysis.

Analysis revealed the presence of three factors with eigenvalues over one, explaining 21.4%, 16.8%, and 9.3% of the variance using the principle components analysis. According to the screeplot, there are two factors explaining 38% of the variance. Only two items loaded onto the third factor and therefore there were only two distinct factors. Interpretation of the two factors revealed that component 1 contained items involving attitudes about sexual behavior and component 2 contained items involving attitudes about contraceptive responsibility. There was a weak correlation between the two factors, $r = -.14$, showing that the Likert scale portion of the questionnaire is devised of two separate factors that minimally overlap.
Additionally, chi square analysis was used to determine whether or not there were order effects. The surveys were counterbalanced, some individuals completed survey questions about females first then males and others completed surveys with the opposite order, to diminish the possibility of order effects. Results indicated that, despite counterbalancing the surveys, individuals who responded first about teenage females had significantly different responses regarding where teenage females get information about sexual intercourse $\chi^2 (3, n = 310) = 16.31, p = .001$, Cramer’s $V = .23$ (small effect size) and the risks of unprotected sexual intercourse $\chi^2 (3, n = 304) = 12.31, p = .006$, Cramer’s $V = .20$ (small effect size). Interpretation of the results was not affected by this finding as the effect sizes are small and the questions that were affected were not found to be significantly impacted by the sex and/or age group of the respondent. All other analyses of order effects revealed no significant differences between individuals’ responses regardless of whether they responded about teenage females or teenage males first.

**Discussion**

Prior to the current study, there has not been research evaluating the attitudes about goals that community members’ expect teenagers to achieve prior to becoming a parent or conceiving a child. The main goal of this investigation was to determine the community values as to minimum expectations of goal achievement for teenage males and females prior to conceiving a child. The second major goal of the study was to determine whether there were age group and/or sex differences within the reported minimum expectations. After surveying over 300 community members, results showed some support for the hypotheses.

The first hypothesis stated that participants over the age of 18 in Territory S desire teenagers to achieve higher education and earn greater salaries before getting pregnant than the
teenagers desire for themselves. In accordance with previous research (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Gound et al., 2007), it was expected that individuals of different age groups would endorse different values and views about the timing of teenage pregnancy. The current research suggests otherwise. There was no significant difference between teenagers (12-17 year old respondents) and the adults (18 years of age and older respondents) in terms of their preferred minimum educational attainment prior to conception. Additionally, the results were in opposition to what was expected. Individuals over the age of 18 preferred for both teenage males and teenage females to at least graduate high school or obtain a GED as a minimum requirement. Contrary to the predictions and previous research (Hust et al., 2008), respondents between the ages of 12-17 had higher expectations for teenage females and teenage males than the 18 and over respondents. The 12-17 year olds preferred that individuals attend some college as a minimum academic achievement before conceiving a child. The current study surveyed three age groups using the same set of questions to determine preferred minimum achievements, which is different from previous studies. Previous research has focused on one group (Gallup-Black & Weitzman, 2004; Gound et al., 2007) or asked questions during different focus groups (Burklow & Mills, 2008). The difference in survey methods and the inclusion of multiple age groups may account for at least some of the discrepancy between the results of the current study and previous research.

There was partial support found for an association between age groups and minimum expected yearly income earnings for female teenagers but not for male teenagers. The 18 and over respondents desired female teenagers to earn statistically higher yearly incomes than the 12-17 year old respondents endorsed for female teenagers. Older generations hold younger generations to higher standards only when referencing minimum yearly income for teenage
females prior to conceiving a child. Previous researchers suggested that people blamed females for pregnancy and held them responsible for caring for the child (Hust et al., 2008). Therefore, it may be that community members expected female teenagers to make a larger income in order to support a child.

The second hypothesis stated that community members expect teenage females to acquire higher education and earn higher income than teenage males prior to pregnancy. The results did not support the second hypothesis. The overall sample reported similar educational attainment expectations and yearly income earnings for teenage males and females prior to conception. The current findings are in contradiction to previous research (Hust et al., 2008; Burklow & Mills, 2008). There are several reasons that may clarify the contradiction. Previous research has focused on different aspects about teenage pregnancy such as, who is responsible for obtaining contraception and who is responsible for the pregnancy. The current study evaluated very specific questions as well; what should a teenager’s yearly income be prior to conception and what grade should a teenager graduate prior to conception. The discrepancy between the current results and previous research is likely due to the different questions contained in the surveys.

The third hypothesis stated that teenage males expect to achieve less education and earn less income than teenage females expect. Overall, there were no significant differences found between the distributions of yearly income expectations for teenage girls and teenage boys between male respondents and female respondents. The results are contrary to the previous research that suggests community members hold females to higher standards (Burklow & Mills, 2008; Hust et al., 2008). Although the results are consistent with traditional American gender roles, in that males are the “bread winners”. However, it is unclear what the traditional gender roles are specific to Territory S.
Similarly, teenage respondents held similar views about minimum education for teenage males and teenage females prior to conception. There was no significant difference between educational attainment expectations for teenage males and teenage females. Teenage respondents value education equivalently for both males and females prior to conception. The results were contrary to the hypothesis, although other researchers suggested that teenagers have become more ambitious and seek higher education more frequently than in previous generations (Schneider & Stevenson 1999) and that teenagers who have unintended pregnancies still aspire to achieve careers that require college degrees (Phipps, Salak, Nunes & Rosengard, 2011). In addition to being more ambitious, findings suggest that peers and family influence teenagers' educational attainment (Buchmann & Dalton, 2002). Teenagers seem to value and aspire to achieve higher education although their behaviors may not reflect their values. Further exploration of Territory S' attitudes about the importance of educational attainment is likely to support the current findings of preferring teenagers to acquire some college prior to conception.

The fourth hypothesis stated that younger individuals would endorse more permissive sexual norms than older individuals do within Territory S. On average, males and females in all age groups endorsed similar attitudes towards normative sexual behavior. Previous researchers found that teenagers tend to hold ambivalent attitudes about teenage pregnancy and sexual intercourse (Brückner et al., 2004; Jaccard, Dodge, & Dittus, 2003; Kelly et al., 2004; Skinner et al., 2009; Stevens-Simon et al., 2005). According to previous research, adults report conservative views on teenage pregnancy and sexual intercourse (Carlson & Tanner 2006; Burklow & Mills 2008; Gallup-Black & Weitzman, 2004). The closest choice option, in this study, to having ambivalent attitudes about teenage pregnancy and sexual intercourse would have been if teenagers chose “3” on the Likert scale. In this study, findings suggest that
teenagers, as well as individuals over the age of 18, have somewhat conservative views regarding pregnancy and normative sexual behavior based on the average of below “3” on the Likert scale. Teenage respondents in this sample did not endorse ambivalent attitudes about pregnancy and normative sexual behavior as other teenagers have in previous research studies.

The high rates of teenage pregnancy within Territory S seem to contradict the endorsed conservative beliefs that teenagers should wait until after graduating high school and getting married to conceive a child. The behaviors of teenagers within Territory S are not in line with the attitudes they reported, or with the attitudes endorsed by the community as a whole. There appears to be something that inhibits teenagers from acting in accordance with their beliefs and attitudes about what is necessary to achieve prior to conceiving a child. The researcher is not aware of research that directly evaluates what inhibits teenagers from waiting until after high school to conceive a child. Previous research suggests that teenagers do not seek out contraception in schools where it is offered due to their fear of embarrassment (Bell, 2009). It is plausible that peers and the fear of embarrassment negatively influence teenagers’ contraception choices, which inhibits them from protecting themselves from pregnancy prior to high school graduation. This study did not evaluate teenagers’ views about their peers’ attitudes towards teenage pregnancy and this may be an area for future research as a way to understand how the role of peer pressure and embarrassment inhibit teenagers from waiting until after high school to conceive a child.

Lastly, there was no previous research that evaluated the views about preferred housing situations, social resources and relationship statuses for teenagers to have prior to conception. Therefore, the current study aimed to fill this gap in the research and evaluated the preferred minimum expectations for housing situation, social resources and relationship status prior to
conception. Sex of the respondent as an independent variable did not prove to have any significant effects on preferred housing, social resources and relationship statuses prior to conception. Male and female respondents prefer for teenagers with a child to live on their own and to be married prior to conceiving a child. There was an option of living with the child’s father/mother, which participants did not endorse as often as living independently. The survey contained a question about preferred living situation and a question about preferred relationship status. Analyses revealed no significant correlation between the two questions. Despite no correlation, researchers may need to combine relationship status and housing situation into one variable rather than two separate variables. Furthermore, it seems as though the more conservative views from the Likert scale questionnaire are apparent in the exploratory analyses in that males and females prefer teenagers to have the traditional living situation of being married and living independently prior to conceiving. However, it is unknown whether this is the traditional living situation specific to Territory S. Help from family was the most endorsed and valued social support prior to conception by both males and females.

Similarly, males and females do not significantly differ in where they believe teenagers get information about sexual intercourse, risks of unprotected sexual intercourse, pregnancy, birth control, and where teenage parents get help. Males and females agree that friends are the main source of information about sexual intercourse and risks of unprotected sexual intercourse, which aligns with previous research findings (Teitelman, Bohinski, Boente, 2009). Previous researchers reported that parents do not feel comfortable discussing sexual intercourse and related topics with their children (Hacker et al., 2000; O’Donnell et al., 2008; Moore & Rosenthal, 1991). Teenagers may then turn to their friends for information and research findings have indicated that even young adults across the nation lack accurate knowledge about the
effectiveness of contraception, which affects their decision whether or not to use contraception (Frost, Duberstein Lindberg & Finer, 2012). It is possible that the lack of accurate information and minimal discussions from educated sources on the impacts of sexual intercourse can be contributing to the prevalence of teenage pregnancy. This is an area for further research and change as a way to reduce the rate of teenage pregnancy.

Additionally, participants identify family as the primary source of information on birth control, pregnancy and the primary source of assistance to teenage parents. Respondents identified family as the best resource for everything except information on sexual intercourse. Previous findings indicated that teenagers prefer their parents to inform them about sexual intercourse although they do not get the information in which they desire (Hacker et al., 2000; Teitelman, Bohinski, & Boente, 2009) and parents report they are not comfortable with discussing sexual intercourse with their children (Moore & Rosenthal, 1991; Rodriguez & Moore, 1995; Carlson & Tanner 2006). Our findings support the previous research that teenagers do not get information on sexual intercourse from their families.

Teenage respondents and 18-34 year old respondents agreed that teenage girls receive information about birth control from their families although the percentage of agreement was low and the effect size was small. However, the 35 and older respondents believed that teenage girls learn about birth control from friends. There was no significant relationship between age groups and beliefs about where teenage males get information about birth control although the same pattern was evident. Findings indicated a similar pattern between attitudes about where teenage girls learn about birth control and where teenage girls learn about pregnancy. Teenage respondents and 18-34 year old respondents agree that teenage girls get information about pregnancy from their family. However, the 35 and older respondents endorsed the idea that
teenage girls learn about pregnancy from friends. There was no indication of an association between age groups and beliefs about where teenage males and females learn about pregnancy. The participants identified family and friends as major sources of information on pregnancy, birth control and sexual intercourse. As previously mentioned, this may be adding to dissemination of misinformation to children and teenagers. Often parents do not feel comfortable discussing these topics with their children (Hacker et al., 2000; O’Donnell et al., 2008; Moore & Rosenthal, 1991) and teenagers are often are misled about the risks and benefits of birth control options, impact of sexual intercourse and parenthood (Herrman, 2008; Hust et al., 2008; Strasburger, 1995; Westphal & Wagner, 1993).

Exploratory analyses revealed some significant associations for age group as an independent variable. For housing situation, the greatest percentage within the teenage respondent group preferred for teenage girls to live with the father of the child and the 18-34 and 35 and over age groups preferred for teenage girls to live on their own while raising a child. This was not true for housing expectations for males. This finding may be due to the low prevalence of older males within the community of Territory S. According to focus group data (Burklow & Mills, 2008), the prevalence of males within the community decreases with age. Similar findings suggest that high-risk African American males are at a mortality disadvantage when compared to other minority groups in the United States and particularly the largest disadvantage was 15.4 years mortality disadvantage when compared to Asian Americans (Murray et al., 2006). Due to the community norm and supporting research findings, it is possible that older generations prefer females to live independently rather than become dependent on living with the baby’s father, as the teenagers prefer, because there is a strong likelihood that the male will pass away early on in
the child's life. Therefore, it would be important for the teenage female to be able to survive independently.

For yearly income minimum requirements, the greatest percentage of teenage respondents did not expect for teenage girls and teenage boys to make more than $0-10,000 a year. The greatest percentage of 18-34 and 35 and over age group respondents preferred for teenage girls and teenage boys to make a minimum of $25,001-50,000 a year prior to conceiving a child. Older generations prefer teenagers to earn more money yearly than teenagers expect for themselves. The majority of the teenagers in this study were not parents at the time of participation. It is possible that teenagers are unsure of what the cost of caring for a child is equivalent to and therefore they are satisfied at a lesser income level than older adults wish for their children to achieve prior to conceiving a child. According to 2000 Census Data, the median household income in Territory S was approximately $11,000 and therefore it could be that teenagers believe that earning $0-10,000 is adequate to raise a child, as they witness adults in the community raise children every day on similar incomes.

The greatest percentage within each of the three age groups indicated that participants preferred teenage girls to be married prior to conceiving a child and the difference amongst the age groups occurred where the second greatest percentage fell. The 35 and over age group respondents indicated that dating was the next preferred relationship status for teenage girls, where as the teenage and 18-34 age groups indicated that being in a committed relationship was the next preferred relationship status. On the contrary, there was no significant association between age groups and expected relationship status for males. There was a clear understanding of community expectations for teenage males across all three age groups and there are mixed beliefs held across age groups for teenage females. Despite the discrepancies, participants
expected teenage males and teenage females to be married and to live independently. Family support is valued as the number one important social support prior to conceiving a child.

Given the results of this study, future teenage prevention programs should include those who are closely involved in the teenagers' lives. Specifically, family and friends are valued as primary sources of information and help. Therefore, messages about abstinence, risks of unprotected sexual intercourse and birth control use are likely to have a bigger impact on teenagers if they come from family and friends rather than celebrities or school officials. Additionally, results suggest that teenagers would benefit from intervention specifically focused on ways to act in accordance with one's values and ways to eliminate barriers to acting in line with their goals.

Limitations

There were several limitations to the study that may have impacted the results. Developing a survey specifically for the study posed many challenges and many limitations are specific to the survey. Prior to the study, the researcher did not know the average education level of the participants and therefore it was unclear whether open-ended essay questions would have been possible to incorporate into the survey design. To accommodate possible education level limitations, the researcher designed the survey so the dependent variable was categorical and the participants chose among several options for each question. Considering there was not research in this specific area previously, related research informed the development of category choices as well as discussions with the focus group. This format limited the participants' options and it is not known how this limitation specifically influenced the results other than it is unknown what other possible choices may have been important to the participants. Due to few participants selecting certain options, it was necessary to combine some categories in order to analyze the
data, which created less specific categories to analyze. The researcher combined the least endorsed categories with another category that was closest in meaning or nearest in numerical value for options such as educational level or yearly income. Combining categories limited the specificity of the results because the categories were broader than what was originally intended.

Another limitation is the generalizability of the results. This study intentionally focused on a very specific population to serve the purpose of answering the research question. The large sample in this study supports generalizing the results to similar populations, such as African American individuals with low socioeconomic status residing in an urban area with high rates of reported teenage pregnancy. Researchers can only generalize the results of this study to populations similar to Territory S until other researchers replicate this study in other populations.

During the data collection events, it appeared that some of the participants might have been under the influence of drugs and/or alcohol while completing the survey. It was estimated by the researcher and graduate student research assistants that approximately 10 adult males (of the 155 adult males who participated) may have been under the influence as evidenced by smell of alcohol and marijuana. The individuals suspected of drug use were permitted to complete the study, as they were able to comprehend the directions and respond to the researcher without noticeable drug impaired thinking. Possible drug use introduced an uncontrolled variable into the research. Territory S has a high rate of drug and alcohol consumption and therefore it may be necessary to include this variable in future research to determine how this affects the normative views about teenage pregnancy and expectations prior to conception.

Lastly, the questions contained the word “media” as one of the choices on where teenagers get information. “Media” is a broad and general term that was rarely an endorsed
choice option. During the surveying, many participants asked for clarification on what the word media meant. Therefore, researchers may need to clarify the word “Media” and/or change it to a more specific word in future research on this topic so that it is clearer to the participants.

In light of the limitations, the current study adds to the body of research on teenage pregnancy and opens a new area for further research on attitudes about minimum expected goal attainment prior to conception. There are several strengths to the current study. Some of which include: a large sample size, specific attention to the needs of the community, use of community participation to collect the data and a large age range covering several generations within the community.

 Territory S rated teenage pregnancy as a major concern during previous focus group sessions (Burklow & Mills, 2008). As a result, the current study included a specialized questionnaire to gather further information about the specific attitudes held by individuals in Territory S to evaluate the association between sex and age group on beliefs about preferred goal achievement prior to teenagers’ conceiving a child. This allowed for specific data collection relevant to community members identified needs.

Additionally, the questionnaire was pilot tested with six women from Territory S to ensure that language was understandable and acceptable to members of the community. The reading level of the survey is approximately a 6.6 grade reading level according to the Flesch-Kincaid Grade Level, as evaluated by Microsoft Word Version 2010. The average education level of the sample was 11th grade with only 10 participants finishing only 5th grade at the time of completing the survey. Although the exact reading level is unknown for Territory S, a 6.6 grade level is likely appropriate given the education level of the sample, on average five grade levels above the reading level of the survey. This difference may compensate for the possibility
that grade level and reading level are not the same. In addition, the survey was read aloud to further diminish the effects of reading difficulties on the results. Together the piloting, the measured reading level of the survey and the process of administration make it a strong survey to gather data relevant to the hypotheses within the sample.

Another strength of the current study was the inclusion of a large range of ages amongst the participants and the large sample size. There was a greater chance at identifying the presence, if any, of significance between age groups and sex with beliefs about preferred goal achievement prior to teenage pregnancy by including a large sample size. The large sample size and the wide range of ages ensured that the researcher had the possibility to gather a wide breadth of views and beliefs held by the community members. The specificity of the questionnaire to the community needs and the large sample are the greatest strengths of the current study.

Lastly, the use of community members to aid in recruitment and assist in data collection was one way that the researcher was able to give back to the community as well as gain acceptance into the community. The community member assistants were employed through Harmony Garden and were able to further learn about data collection and the process of research by aiding the researcher. Community participation aided in strengthening the study by ensuring that the survey and data collection were tailored to the particular needs of the community.

**Future Research**

The current study leads to other research questions that could build on these results. The biggest limitation that needs rendering prior to replication is the category choices for the questions. Future research with this survey should use the combined category choices that were used for analysis to avoid the statistical complications that arose.
Other future research ideas include surveying two different community samples (one with high teenage pregnancy rates and one without) that could be compared against each other to determine the differences, if any, in the normative beliefs about expectations for goal achievement prior to pregnancy across different cultures and socioeconomic statuses. This would further give insight into how, if at all, attitudes about expectations for goal achievement prior to pregnancy are related to the rates of teenage pregnancy within a community. Future researchers may want to include questions pertaining to traditional gender roles to determine how these views may factor into attitudes about teenage pregnancy in relation to the current study. Additionally, current messages about the important of education could be included in future research to determine the affects of these messages on minimum expectations prior to conception. Another possible research study could focus on evaluating the knowledge teenagers possess about the cost of caring for a child and living independently. Furthermore future research could evaluate how teenagers' views on required yearly income may or may not change with education about the actual costs of raising a child. Lastly, this study revealed that teenagers might have similar attitudes and views to their parents about teenage pregnancy although the teenagers fail to act in accordance to their reported views. Future researchers may want to evaluate what inhibits teenagers from acting in accordance to their values and beliefs as a way to inform teenage pregnancy prevention programs.

Conclusions

The results of this study partially support the existing research in this area, in that there are differences in minimum expectations for goal achievement across age groups (Burklow & Mills, 2008; Gallup-Black & Weitzman, 2004; Gound et al., 2007). Contrary to what was predicted, there are no significant differences between male and female respondents reported
preferences for minimum expectations for goal achievement prior to conception, which differs from the previous research in this area (Burklow & Mills, 2008; O’Donnell et al., 2003; Eggelston, Jackson & Hardee, 1999; Smith & Zabin, 1993). The results highlighted that family and friends are valued as primary sources of information. Therefore, future teenage pregnancy prevention programs should include family and friends as the primary sources of information. The current results emphasize the importance of understanding more clearly how individual and community expectations contribute to high teenage pregnancy rates in certain communities. Understanding how individual and community expectations contribute to teenage pregnancy is an important area that is lacking in research. Future studies should examine the similarities and differences between the normative expectations in communities with and without high rates of teenage pregnancy.
References


American Journal of Health Behavior, 23, 32-42.


### Table 1

Number of Individuals in the Sample in each Demographic Category

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>12-17 year olds (n= 58)</th>
<th>18-34 year olds (n= 125)</th>
<th>35 years old and older (n= 131)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>62</td>
<td>69</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
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<td>111</td>
<td>123</td>
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<td>Hispanic</td>
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<td>0</td>
</tr>
<tr>
<td>Mixed</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Brown</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Missing</td>
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<td>7</td>
<td>9</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
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<td></td>
</tr>
<tr>
<td>Completed 5^{th}</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Completed 6^{th}</td>
<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>Completed 7^{th}</td>
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<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Completed 8^{th}</td>
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<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Completed 9^{th}</td>
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<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Completed 10^{th}</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Completed 11^{th}</td>
<td>10</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Completed 12^{th} / or GED</td>
<td>1</td>
<td>48</td>
<td>55</td>
</tr>
<tr>
<td>1-3 Years of College</td>
<td>0</td>
<td>27</td>
<td>24</td>
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<tr>
<td>College Degree</td>
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<td>16</td>
<td>12</td>
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<tr>
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<td>0</td>
<td>5</td>
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<tr>
<td>Single</td>
<td>29</td>
<td>78</td>
<td>51</td>
</tr>
<tr>
<td>Committed Relationship</td>
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<td>30</td>
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<tr>
<td>Married</td>
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<td>10</td>
<td>19</td>
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<tr>
<td>Separated</td>
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<td>21</td>
</tr>
<tr>
<td>Parent</td>
<td>3</td>
<td>70</td>
<td>110</td>
</tr>
<tr>
<td>Missing</td>
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<td>0</td>
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Table 2

Age Group and Sex of Respondent Differences in Total Sexual Intercourse Attitudes

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Male Respondents</th>
<th></th>
<th>Female Respondents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M(SD)</td>
<td>N</td>
<td>M(SD)</td>
</tr>
<tr>
<td>12-17</td>
<td>20</td>
<td>2.87(.47)</td>
<td>22</td>
<td>2.66(.27)</td>
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<tr>
<td>18-34</td>
<td>58</td>
<td>2.70(.42)</td>
<td>56</td>
<td>2.59(.35)</td>
</tr>
<tr>
<td>35 and over</td>
<td>50</td>
<td>2.61(.40)</td>
<td>57</td>
<td>2.65(.41)</td>
</tr>
</tbody>
</table>

Note. There was no statistical difference found amongst age groups or sex of the respondent and total sexual intercourse attitudes.
Table 3
Total Sample Expectations for Teenagers prior to Conception

<table>
<thead>
<tr>
<th></th>
<th>Male Respondents</th>
<th>Female Respondents</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5th-11th</td>
<td></td>
<td>( \chi^2 )</td>
</tr>
<tr>
<td>Grade Expectations for Teenage Females</td>
<td></td>
<td></td>
<td>(2, n=309)</td>
</tr>
<tr>
<td>High School/GED</td>
<td>74(48.1%)</td>
<td>74(47.7%)</td>
<td>= .756 (_a)</td>
</tr>
<tr>
<td>Some College/College Degree</td>
<td>64(41.6%)</td>
<td>69(44.5%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>= 2.21 (_a)</td>
</tr>
<tr>
<td></td>
<td>5th-11th</td>
<td></td>
<td>( \chi^2 )</td>
</tr>
<tr>
<td>Grade Expectations for Teenage Males</td>
<td></td>
<td></td>
<td>(2, n=308)</td>
</tr>
<tr>
<td>High School/GED</td>
<td>74(47.7%)</td>
<td>67(43.8%)</td>
<td></td>
</tr>
<tr>
<td>Some College/College Degree</td>
<td>68(43.9%)</td>
<td>78(51.0%)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>= 3.57 (_a)</td>
</tr>
<tr>
<td>Yearly Expectations for Teenage Females</td>
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<td></td>
<td>( \chi^2 )</td>
</tr>
<tr>
<td>&lt; $10,000</td>
<td>24(15.5%)</td>
<td>30(19.1%)</td>
<td></td>
</tr>
<tr>
<td>$10,001 - 25,000</td>
<td>30(19.4%)</td>
<td>25(15.9%)</td>
<td></td>
</tr>
<tr>
<td>$25,001 - 50,000</td>
<td>46(29.7%)</td>
<td>43(27.4%)</td>
<td></td>
</tr>
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<td>$50,001 - 75,000</td>
<td>25(16.1%)</td>
<td>19(12.1%)</td>
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<td>&gt;$75,001</td>
<td>19(12.3%)</td>
<td>27(17.2%)</td>
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<tr>
<td>Does not Matter</td>
<td>11(7.1%)</td>
<td>13(8.3%)</td>
<td>( \chi^2(5, n=312) )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>= 2.78 (_a)</td>
</tr>
<tr>
<td>Yearly Expectations for Teenage Males</td>
<td></td>
<td></td>
<td>( \chi^2 )</td>
</tr>
<tr>
<td>&lt; $10,000</td>
<td>30(19.6%)</td>
<td>28(17.9%)</td>
<td></td>
</tr>
<tr>
<td>$10,001 - 25,000</td>
<td>20(13.1%)</td>
<td>26(16.7%)</td>
<td></td>
</tr>
<tr>
<td>$25,001 - 50,000</td>
<td>50(32.7%)</td>
<td>43(27.6%)</td>
<td></td>
</tr>
<tr>
<td>$50,001 - 75,000</td>
<td>23(15.0%)</td>
<td>22(14.1%)</td>
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<tr>
<td>Does not Matter</td>
<td>10(6.5%)</td>
<td>16(10.3%)</td>
<td>( \chi^2(5, n=309) )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>= 2.78 (_a)</td>
</tr>
<tr>
<td>Preferred social supports/resources for Teenage Females</td>
<td></td>
<td></td>
<td>( \chi^2 )</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>21(13.7%)</td>
<td>16(10.1%)</td>
<td></td>
</tr>
<tr>
<td>Community Support</td>
<td>23(15.0%)</td>
<td>21(13.3%)</td>
<td></td>
</tr>
<tr>
<td>Help from Friends</td>
<td>10(6.5%)</td>
<td>4(2.5%)</td>
<td></td>
</tr>
<tr>
<td>Help From Family</td>
<td>91(59.5%)</td>
<td>101(63.9%)</td>
<td></td>
</tr>
<tr>
<td>Does not Matter</td>
<td>8(5.2%)</td>
<td>16(10.1%)</td>
<td>( \chi^2(4, n=311) )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>= 6.45 (_a)</td>
</tr>
</tbody>
</table>
### Preferred social supports/resources for Teenage Males

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Assistance</td>
<td>19(12.6%)</td>
<td>11(7.1%)</td>
</tr>
<tr>
<td>Community Support</td>
<td>26(17.2%)</td>
<td>21(13.5%)</td>
</tr>
<tr>
<td>Help from Friends</td>
<td>13(8.6%)</td>
<td>11(7.1%)</td>
</tr>
<tr>
<td>Help From Family</td>
<td>83(55.0%)</td>
<td>98(62.8%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>10(6.6%)</td>
<td>15(9.6%)</td>
</tr>
</tbody>
</table>

\[ \chi^2(4, n=307) = 5.00_a \]

###Preferred housing situations for Teenage Females

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Baby's Father</td>
<td>52(33.8%)</td>
<td>44(28.0%)</td>
</tr>
<tr>
<td>Living with Significant other (not baby's father)</td>
<td>11(7.1%)</td>
<td>16(10.2%)</td>
</tr>
<tr>
<td>Living with Parent/Relative</td>
<td>27(17.5%)</td>
<td>25(15.9%)</td>
</tr>
<tr>
<td>Living on her own</td>
<td>55(35.7%)</td>
<td>64(40.8%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>9(5.8%)</td>
<td>8(5.1%)</td>
</tr>
</tbody>
</table>

\[ \chi^2(4, n=311) = 2.38_a \]

###Preferred housing situations for Teenage Males

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Baby's Mother</td>
<td>50(32.7%)</td>
<td>43(28.3%)</td>
</tr>
<tr>
<td>Living with Significant other (not baby’s mother)</td>
<td>17(11.1%)</td>
<td>13(8.6%)</td>
</tr>
<tr>
<td>Living with Parent/Relative</td>
<td>28(18.3%)</td>
<td>20(13.2%)</td>
</tr>
<tr>
<td>Living on his own</td>
<td>53(34.6%)</td>
<td>65(42.8%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>5(3.3%)</td>
<td>11(7.2%)</td>
</tr>
</tbody>
</table>

\[ \chi^2(4, n=305) = 5.86_a \]

### Preferred Relationship Status for Teenage Females

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>70(46.7%)</td>
<td>88(55.3%)</td>
</tr>
<tr>
<td>Committed Relationship</td>
<td>34(22.7%)</td>
<td>29(18.2%)</td>
</tr>
<tr>
<td>Dating</td>
<td>31(20.7%)</td>
<td>23(14.5%)</td>
</tr>
<tr>
<td>Single</td>
<td>5(3.3%)</td>
<td>5(3.1%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>10(6.7%)</td>
<td>14(8.8%)</td>
</tr>
</tbody>
</table>

\[ \chi^2(4, n=309) = 4.04_a \]

### Preferred Relationship Status for Teenage Males

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>71(46.7%)</td>
<td>86(54.8%)</td>
</tr>
<tr>
<td>Committed Relationship</td>
<td>37(24.3%)</td>
<td>26(16.6%)</td>
</tr>
<tr>
<td>Dating</td>
<td>22(14.5%)</td>
<td>27(17.2%)</td>
</tr>
<tr>
<td>Single</td>
<td>10(6.6%)</td>
<td>7(4.5%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>12(7.9%)</td>
<td>11(7.0%)</td>
</tr>
</tbody>
</table>

\[ \chi^2(4, n=309) = 4.36_a \]

Notes: _a_ No significant differences were found between sex of respondent as the independent variable and the dependent variable. Percentages of individuals who endorsed that category are found within the parentheses.

* Significant at the .05 level
### Table 4

Sex of the Respondent and Beliefs about where Teenagers Get Information about Pregnancy and Birth Control

<table>
<thead>
<tr>
<th></th>
<th>Male Respondents</th>
<th>Female Respondents</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female Teenagers get Information about</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy from:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>29(19.0%)</td>
<td>33(21.3%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>36(23.5%)</td>
<td>52(33.5%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>23(15.0%)</td>
<td>21(13.5%)</td>
<td>( \chi^2(3, n=308) = 5.49 )</td>
</tr>
<tr>
<td>Family</td>
<td>65(42.5%)</td>
<td>49(31.6%)</td>
<td></td>
</tr>
<tr>
<td><strong>Male Teenagers get Information about</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy from:</strong></td>
<td></td>
<td></td>
<td>( \chi^2(3, n=309) = 6.16 )</td>
</tr>
<tr>
<td>School</td>
<td>35(23.0%)</td>
<td>26(16.6%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>34(22.4%)</td>
<td>53(33.8%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>27(17.8%)</td>
<td>21(13.4%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>56(36.8%)</td>
<td>57(36.3%)</td>
<td></td>
</tr>
<tr>
<td><strong>Female Teenagers get Information about</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Intercourse from:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>12(7.9%)</td>
<td>15(9.5%)</td>
<td>( \chi^2(3, n=310) = 3.81 )</td>
</tr>
<tr>
<td>Friends</td>
<td>95(62.5%)</td>
<td>87(55.1%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>19(12.5%)</td>
<td>15(9.5%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>26(17.1%)</td>
<td>41(25.9%)</td>
<td></td>
</tr>
<tr>
<td><strong>Male Teenagers get Information about</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Intercourse from:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>11(7.2%)</td>
<td>12(7.6%)</td>
<td>( \chi^2(3, n=311) = 0.71 )</td>
</tr>
<tr>
<td>Friends</td>
<td>85(55.6%)</td>
<td>94(59.5%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>26(17.0%)</td>
<td>25(15.8%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>31(20.3%)</td>
<td>27(17.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Female Teenagers get Information about</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>risks of unprotected sexual intercourse from:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>34(22.5%)</td>
<td>32(20.9%)</td>
<td>( \chi^2(3, n=304) = 0.67 )</td>
</tr>
<tr>
<td>Friends</td>
<td>46(30.5%)</td>
<td>47(30.7%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>37(24.5%)</td>
<td>34(22.2%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>34(22.5%)</td>
<td>40(26.1%)</td>
<td></td>
</tr>
<tr>
<td>Male Teenagers get Information about risks of unprotected sexual intercourse from:</td>
<td>School</td>
<td>34(22.5%)</td>
<td>26(16.4%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Friends</td>
<td>49(32.5%)</td>
<td>61(38.4%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>30(19.9%)</td>
<td>34(21.4%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>38(25.2%)</td>
<td>38(23.9%)</td>
<td></td>
</tr>
<tr>
<td>$\chi^2(3, n=310)$</td>
<td>2.42&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Teenagers get Information about birth control from:</td>
<td>School</td>
<td>29(19.5%)</td>
<td>25(16.0%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Friends</td>
<td>32(21.5%)</td>
<td>48(30.8%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>17(11.4%)</td>
<td>19(12.2%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>71(47.7%)</td>
<td>64(41.0%)</td>
<td></td>
</tr>
<tr>
<td>$\chi^2(3, n=305)$</td>
<td>3.81&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Teenagers get Information about birth control from:</td>
<td>School</td>
<td>35(23.0%)</td>
<td>31(19.7%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Friends</td>
<td>34(22.4%)</td>
<td>57(36.3%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>30(19.7%)</td>
<td>26(16.6%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>53(34.9%)</td>
<td>43(27.4%)</td>
<td></td>
</tr>
<tr>
<td>$\chi^2(3, n=309)$</td>
<td>7.30&lt;sub&gt;a&lt;/sub&gt;</td>
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<td></td>
</tr>
<tr>
<td>Teenage Mothers get help from:</td>
<td>School</td>
<td>6(3.9%)</td>
<td>2(1.3%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Friends</td>
<td>13(8.5%)</td>
<td>9(5.8%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>35(22.9%)</td>
<td>33(21.3%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>99(64.7%)</td>
<td>111(71.6%)</td>
<td></td>
</tr>
<tr>
<td>$\chi^2(3, n=308)$</td>
<td>3.46&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage Fathers get help from:</td>
<td>School</td>
<td>4(2.6%)</td>
<td>6(3.8%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Friends</td>
<td>20(13.1%)</td>
<td>18(11.4%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>20(13.1%)</td>
<td>22(13.9%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>109(71.2%)</td>
<td>112(70.9%)</td>
<td></td>
</tr>
<tr>
<td>$\chi^2(3, n=311)$</td>
<td>0.56&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: - <sub>a</sub> No significant differences were found between sex of respondent as the independent variable and the dependent variable. Percentages of individuals who endorsed that category are found within the parentheses.
* Significant at the .05 level
## ATTITUDES TOWARDS TEENAGE PREGNANCY

### Table 5

**Age Groups’ Expectations for Teenagers prior to Conception**

<table>
<thead>
<tr>
<th>Grade Expectations for Teenage Females</th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5^{th}$ - $11^{th}$</td>
<td>6(10.5%)</td>
<td>10(8.2%)</td>
<td>12(9.2%)</td>
<td></td>
</tr>
<tr>
<td>High School/GED</td>
<td>22(38.6%)</td>
<td>53(43.4%)</td>
<td>73(56.2%)</td>
<td></td>
</tr>
<tr>
<td>Some College/College Degree</td>
<td>29(50.9%)</td>
<td>59(48.4%)</td>
<td>45(34.6%)</td>
<td>$\chi^2(4, n=309) = 7.38\ a$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Expectations for Teenage Males</th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5^{th}$ - $11^{th}$</td>
<td>5(8.6%)</td>
<td>7(5.7%)</td>
<td>9(7.0%)</td>
<td></td>
</tr>
<tr>
<td>High School/GED</td>
<td>22(37.9%)</td>
<td>49(40.2%)</td>
<td>70(54.7%)</td>
<td></td>
</tr>
<tr>
<td>Some College/College Degree</td>
<td>31(53.4%)</td>
<td>66(54.1%)</td>
<td>49(38.3%)</td>
<td>$\chi^2(4, n=308) = 8.18\ a$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yearly Expectations for Teenage Females</th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $10,000</td>
<td>22(37.9%)</td>
<td>18(14.5%)</td>
<td>14(10.8%)</td>
<td></td>
</tr>
<tr>
<td>$10,001 - 25,000</td>
<td>10(17.2%)</td>
<td>18(14.5%)</td>
<td>27(20.8%)</td>
<td></td>
</tr>
<tr>
<td>$25,001 - 50,000</td>
<td>6(10.3%)</td>
<td>35(28.2%)</td>
<td>48(36.9%)</td>
<td></td>
</tr>
<tr>
<td>$50,001 - 75,000</td>
<td>10(17.2%)</td>
<td>19(15.3%)</td>
<td>15(11.5%)</td>
<td></td>
</tr>
<tr>
<td>&gt;$75,001</td>
<td>6(10.3%)</td>
<td>20(16.1%)</td>
<td>20(15.4%)</td>
<td></td>
</tr>
<tr>
<td>Does not Matter</td>
<td>4(6.9%)</td>
<td>14(11.3%)</td>
<td>6(4.6%)</td>
<td>$\chi^2(10, n=312) = 35.21\ a$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yearly Expectations for Teenage Males</th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $10,000</td>
<td>13(22.8%)</td>
<td>25(20.2%)</td>
<td>20(15.6%)</td>
<td></td>
</tr>
<tr>
<td>$10,001 - 25,000</td>
<td>12(21.1%)</td>
<td>15(12.1%)</td>
<td>19(14.8%)</td>
<td></td>
</tr>
<tr>
<td>$25,001 - 50,000</td>
<td>9(15.8%)</td>
<td>40(32.3%)</td>
<td>44(34.4%)</td>
<td></td>
</tr>
<tr>
<td>$50,001 - 75,000</td>
<td>12(21.1%)</td>
<td>10(8.1%)</td>
<td>23(18.0%)</td>
<td></td>
</tr>
<tr>
<td>&gt;$75,001</td>
<td>6(10.5%)</td>
<td>19(15.3%)</td>
<td>16(12.5%)</td>
<td></td>
</tr>
<tr>
<td>Does not Matter</td>
<td>5(8.8%)</td>
<td>15(12.1%)</td>
<td>6(4.7%)</td>
<td>$\chi^2(10, n=309) = 19.41\ a$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred social supports/resources for Teenage Females</th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Assistance</td>
<td>6(10.3%)</td>
<td>17(13.7%)</td>
<td>14(10.9%)</td>
<td></td>
</tr>
<tr>
<td>Community Support</td>
<td>2(3.4%)</td>
<td>16(12.9%)</td>
<td>26(20.2%)</td>
<td></td>
</tr>
<tr>
<td>Help from Friends</td>
<td>3(5.3%)</td>
<td>5(4.0%)</td>
<td>6(4.7%)</td>
<td></td>
</tr>
<tr>
<td>Help From Family</td>
<td>41(70.7%)</td>
<td>72(58.1%)</td>
<td>79(61.2%)</td>
<td></td>
</tr>
<tr>
<td>Does not Matter</td>
<td>6(10.3%)</td>
<td>14(11.3%)</td>
<td>4(3.1%)</td>
<td>$\chi^2(8, n=311) = 15.98\ a$</td>
</tr>
</tbody>
</table>
### Preferred social supports/resources for Teenage Males

<table>
<thead>
<tr>
<th>Support Type</th>
<th>5(8.9%)</th>
<th>15(12.2%)</th>
<th>10(7.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Support</td>
<td>4(7.1%)</td>
<td>20(16.3%)</td>
<td>23(18.0%)</td>
</tr>
<tr>
<td>Help from Friends</td>
<td>6(10.7%)</td>
<td>4(3.3%)</td>
<td>14(10.9%)</td>
</tr>
<tr>
<td>Help From Family</td>
<td>38(67.9%)</td>
<td>69(56.1%)</td>
<td>74(57.8%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>3(5.4%)</td>
<td>15(12.2%)</td>
<td>7(5.5%)</td>
</tr>
</tbody>
</table>

\[\chi^2(8, n=307) = 14.95\_a\]

### Preferred housing situations for Teenage Females

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>18(31.0%)</th>
<th>35(28.0%)</th>
<th>43(33.6%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Baby's Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Parent/Relative</td>
<td>14(24.1%)</td>
<td>17(13.6%)</td>
<td>21(16.4%)</td>
</tr>
<tr>
<td>Living on her own</td>
<td>13(22.4%)</td>
<td>53(42.4%)</td>
<td>53(41.4%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>5(8.6%)</td>
<td>10(8.0%)</td>
<td>2(1.6%)</td>
</tr>
</tbody>
</table>

\[\chi^2(8, n=311) = 16.29\_a\]

### Preferred housing situations for Teenage Males

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>22(39.3%)</th>
<th>35(28.9%)</th>
<th>36(28.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Baby's Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Parent/Relative</td>
<td>12(21.4%)</td>
<td>19(15.7%)</td>
<td>17(13.3%)</td>
</tr>
<tr>
<td>Living on his own</td>
<td>17(30.4%)</td>
<td>47(38.8%)</td>
<td>54(42.2%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>1(1.8%)</td>
<td>8(6.6%)</td>
<td>7(5.5%)</td>
</tr>
</tbody>
</table>

\[\chi^2(8, n=305) = 7.10\_a\]

### Preferred Relationship Status for Teenage Females

<table>
<thead>
<tr>
<th>Relationship</th>
<th>41(73.2%)</th>
<th>52(41.9%)</th>
<th>65(50.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed Relationship</td>
<td>10(17.9%)</td>
<td>32(25.8%)</td>
<td>21(16.3%)</td>
</tr>
<tr>
<td>Dating</td>
<td>1(1.8%)</td>
<td>22(17.7%)</td>
<td>31(24.0%)</td>
</tr>
<tr>
<td>Single</td>
<td>1(1.8%)</td>
<td>4(3.2%)</td>
<td>5(3.9%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>3(5.4%)</td>
<td>14(11.3%)</td>
<td>7(5.4%)</td>
</tr>
</tbody>
</table>

\[\chi^2(8, n=309) = 25.34\**\]

### Preferred Relationship Status for Teenage Males

<table>
<thead>
<tr>
<th>Relationship</th>
<th>30(53.6%)</th>
<th>56(45.2%)</th>
<th>71(55.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed Relationship</td>
<td>15(26.8%)</td>
<td>31(25.0%)</td>
<td>17(13.2%)</td>
</tr>
<tr>
<td>Dating</td>
<td>4(7.1%)</td>
<td>19(15.3%)</td>
<td>26(20.2%)</td>
</tr>
<tr>
<td>Single</td>
<td>2(3.6%)</td>
<td>7(5.6%)</td>
<td>8(6.2%)</td>
</tr>
<tr>
<td>Does not Matter</td>
<td>5(8.9%)</td>
<td>11(8.9%)</td>
<td>7(5.4%)</td>
</tr>
</tbody>
</table>

\[\chi^2(8, n=309) = 12.94\_a\]

**Notes:**

- a. No significant differences were found between age group as the independent variable and the dependent variable. Percentages of individuals who endorsed that category are found within the parentheses.

- ** Significant at the .01 level
Table 6

Age Groups' Beliefs about where Teenagers Get Information about Pregnancy and Birth Control

<table>
<thead>
<tr>
<th></th>
<th>12-17 yr. old Respondents</th>
<th>18-34 yr. old Respondents</th>
<th>35 and older Respondents</th>
<th>$\chi^2$ (6, n=308)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female Teenagers get Information about Pregnancy from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>21(36.2%)</td>
<td>20(16.5%)</td>
<td>21(16.3%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>5(8.6%)</td>
<td>34(28.1%)</td>
<td>49(38.0%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>9(15.5%)</td>
<td>18(14.9%)</td>
<td>17(13.2%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>23(39.7%)</td>
<td>49(40.5%)</td>
<td>42(32.6%)</td>
<td>$\chi^2$ (6, n=308) = 22.67**</td>
</tr>
<tr>
<td><strong>Male Teenagers get Information about Pregnancy from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>17(29.3%)</td>
<td>23(18.9%)</td>
<td>21(16.3%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>8(13.8%)</td>
<td>38(31.1%)</td>
<td>41(31.8%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>7(12.1%)</td>
<td>18(14.8%)</td>
<td>23(17.8%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>26(44.8%)</td>
<td>43(35.3%)</td>
<td>44(34.1%)</td>
<td>$\chi^2$ (6, n=309) = 11.05a</td>
</tr>
<tr>
<td><strong>Female Teenagers get Information about Sexual Intercourse from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>6(10.5%)</td>
<td>12(9.6%)</td>
<td>9(7.0%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>28(49.1%)</td>
<td>75(60.0%)</td>
<td>79(61.7%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>6(10.5%)</td>
<td>13(10.4%)</td>
<td>15(11.7%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>17(29.8%)</td>
<td>25(20.0%)</td>
<td>25(19.5%)</td>
<td>$\chi^2$ (6, n=310) = 4.17a</td>
</tr>
<tr>
<td><strong>Male Teenagers get Information about Sexual Intercourse from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>8(13.8%)</td>
<td>6(4.9%)</td>
<td>9(6.9%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>26(44.8%)</td>
<td>69(56.1%)</td>
<td>84(64.6%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>11(19.0%)</td>
<td>25(20.3%)</td>
<td>15(11.5%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>13(22.4%)</td>
<td>23(18.7%)</td>
<td>22(16.9%)</td>
<td>$\chi^2$ (6, n=311) = 11.02a</td>
</tr>
<tr>
<td><strong>Teenage females get information about unprotected sex from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>16(27.6%)</td>
<td>23(19.3%)</td>
<td>27(21.3%)</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>16(27.6%)</td>
<td>38(31.9%)</td>
<td>39(30.7%)</td>
<td></td>
</tr>
<tr>
<td>Media/Community</td>
<td>15(25.9%)</td>
<td>31(26.1%)</td>
<td>25(19.7%)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>11(19.0%)</td>
<td>27(22.7%)</td>
<td>36(28.3%)</td>
<td>$\chi^2$ (6, n=304) = 4.41a</td>
</tr>
</tbody>
</table>
**ATTITUDES TOWARDS TEENAGE PREGNANCY**

### Teenage males get information about unprotected sex from:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>13(22.8%)</td>
</tr>
<tr>
<td>Friends</td>
<td>16(28.1%)</td>
</tr>
<tr>
<td>Media/Community</td>
<td>9(15.8%)</td>
</tr>
<tr>
<td>Family</td>
<td>19(33.3%)</td>
</tr>
</tbody>
</table>

\[\chi^2(6, n=310) = 8.56_a\]

### Female Teenagers get Information about birth control from:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>10(17.2%)</td>
</tr>
<tr>
<td>Friends</td>
<td>7(12.1%)</td>
</tr>
<tr>
<td>Media/Community</td>
<td>9(15.5%)</td>
</tr>
<tr>
<td>Family</td>
<td>32(55.2%)</td>
</tr>
</tbody>
</table>

\[\chi^2(6, n=305) = 23.15^{**}\]

### Male Teenagers get Information about birth control from:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>15(26.3%)</td>
</tr>
<tr>
<td>Friends</td>
<td>8(14.0%)</td>
</tr>
<tr>
<td>Media/Community</td>
<td>12(21.1%)</td>
</tr>
<tr>
<td>Family</td>
<td>22(38.6%)</td>
</tr>
</tbody>
</table>

\[\chi^2(6, n=309) = 9.94_a\]

### Teenage Mothers get help from:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>4(6.9%)</td>
</tr>
<tr>
<td>Friends</td>
<td>4(6.9%)</td>
</tr>
<tr>
<td>Media/Community</td>
<td>10(17.2%)</td>
</tr>
<tr>
<td>Family</td>
<td>40(69.0%)</td>
</tr>
</tbody>
</table>

\[\chi^2(6, n=308) = 8.40_a\]

### Teenage Fathers get help from:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>2(3.5%)</td>
</tr>
<tr>
<td>Friends</td>
<td>6(10.5%)</td>
</tr>
<tr>
<td>Media/Community</td>
<td>6(10.5%)</td>
</tr>
<tr>
<td>Family</td>
<td>43(75.4%)</td>
</tr>
</tbody>
</table>

\[\chi^2(6, n=311) = 8.70_a\]

**Notes** - a. No significant differences were found between age group as the independent variable and the dependent variable. Percentages of individuals who endorsed that category are found within the parentheses.

**Significant at the .01 level**
Figure 1

Total Sample Distribution of Yearly Income Expectations for Teenagers

Note. No significant differences were found amongst the distributions of responses for expected income for teenage girls and for teenage boys.
Figure 2

Total Sample Distribution of Educational Expectations for Teenagers

Note. No significant differences were found amongst the distributions of responses for expected educational completion for teenage girls and for teenage boys.
Figure 3

Teenage Respondents’ Yearly Income Expectations for Teenagers

Note. No significant differences were found amongst the distributions of responses for expected income for teenage girls and for teenage boys.
Figure 4

Teenage Respondents' Educational Expectations for Teenagers

Note. No significant differences were found amongst the distributions of responses for expected educational completion for teenage girls and for teenage boys.
Aug 12, 2011

Re: Community Expectations Prior to Conception: Sex and Age Differences in Attitudes Towards Teenage Pregnancy

Dear Ms. Riccardi,

I am writing to express my support of your dissertation project, "Community Expectations Prior to Conception: Sex and Age Differences in Attitudes Towards Teenage Pregnancy". As the Director of Research and Education, I am excited that you have chosen to partner with our West End Community Resident Research team to carry out your project. This community research meets the needs of the teens and families in the West End community and is very much in line with our ongoing effort to address health disparities, particularly understanding teen pregnancy.

As we discussed, Harmony Garden will work with you to help recruit eligible teens and adults. We will also provide space in the West End Community Center for you to carry out the activities across the duration of this program and help with coordinating your efforts. We will also provide funding support to provide participants with compensation for their time and inconvenience related to participation.

I look forward to hearing about the data and outcomes of your program given that it is our wish to understand and support the needs of the West End community members. I strongly believe that this project will be of significant benefit to the teens and families who participate and look forward to working with you!

Sincerely,

Kathleen Burklow, Ph.D.
Director of Research and Education
Xavier University and Harmony Garden invite you to help provide information about teenage pregnancy and teenage parenting.

A research study is being performed to gather more information on when it is acceptable to parent and have children. If you are over 12 years of age you are invited to participate in this study. It consists of answering some questions on a specific night. There will be light refreshments provided and will be given five dollars as a thank you for your participation.

Please come to the community room at the Senior Citizen Center to participate.

If you are

- 12-17 please arrive at: ________ on ________
- 18-34 please arrive at: ________ on ________
- 35 and older please arrive at: ________ on ________

*For more information contact Dr. Kathy Burklow at 513-366-2490*
1. Are you a parent? **YES** or **NO**

2. Are you a grandparent? **YES** or **NO**

3. Are you currently having sexual intercourse? **YES** or **NO**  **Not sure**

4. What would you consider is the youngest age that is acceptable for a girl to get pregnant? **Never** **Sometimes** **Always**

5. Where do you think that girls get most of their information about sexual intercourse and pregnancy? **Community** **School** **Family** **Friends** **Media** (circle only one)

6. Where do you think that most girls learn about birth control from? **Community** **School** **Family** **Friends** **Media** (circle only one)

7. Where do you think that girls learn about pregnancy from? **Community** **School** **Family** **Friends** **Media** (circle only one)
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Educational Goal</th>
<th>Grade Level</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$10,000</td>
<td>College Degree</td>
<td>Complete 12th Grade</td>
<td></td>
</tr>
<tr>
<td>$10,001 - 25,000</td>
<td>Complete 10th Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,001 - 50,000</td>
<td>Complete 9th Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,001 - 75,000</td>
<td>Complete 8th Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75,001 - 100,000</td>
<td>High School Diploma/Certificate</td>
<td>Complete 8th Grade</td>
<td></td>
</tr>
<tr>
<td>$100,001 - 150,000</td>
<td>Some College</td>
<td>Complete 11th Grade</td>
<td></td>
</tr>
<tr>
<td>$150,001 - 250,000</td>
<td>College Degree</td>
<td>Complete 12th Grade</td>
<td></td>
</tr>
<tr>
<td>&gt;$250,000</td>
<td>College Degree</td>
<td>Complete 12th Grade</td>
<td></td>
</tr>
</tbody>
</table>

A girl achieves before becoming a mother. Please only circle one goal.

10. Below is a list of educational goals. In your opinion what is an important goal in education that you would like to see: Family, Friends, Community, School, Media.
12. Below is a list of different types of relationships. In your opinion, what type of relationship is important for a girl to be in before becoming a mother? Please only circle one type.

<table>
<thead>
<tr>
<th>A. Married (if circled which of the following is important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. With the baby's father</td>
</tr>
<tr>
<td>b. Doesn't need to be the baby's father</td>
</tr>
<tr>
<td>C. Dating (if circled which of the following is important)</td>
</tr>
<tr>
<td>a. With the baby's father</td>
</tr>
<tr>
<td>b. Doesn't need to be the baby's father</td>
</tr>
<tr>
<td>D. Single</td>
</tr>
<tr>
<td>E. Does not matter or not important what type of relationship she is in if any</td>
</tr>
</tbody>
</table>

13. Below is a list of different housing situations. In your opinion, which housing situation is important for a girl to be in before becoming a mother? Please only circle one goal.

<table>
<thead>
<tr>
<th>A. Living with Significant Other (if circled which of the following is important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. With the baby's father</td>
</tr>
<tr>
<td>b. Doesn't need to be the baby's father</td>
</tr>
<tr>
<td>B. Live with Parent or Relative</td>
</tr>
<tr>
<td>C. Lives on her own</td>
</tr>
<tr>
<td>D. Lives with friend or other community member</td>
</tr>
<tr>
<td>E. Does not matter or not important what housing situation she is in if any</td>
</tr>
</tbody>
</table>

14. Below is a list of social supports and/or resources. In your opinion what is an important resource you would like to see a girl have before becoming a mother. Please only circle one resource.

<table>
<thead>
<tr>
<th>A. Community Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Public assistance</td>
</tr>
<tr>
<td>C. Help from friends</td>
</tr>
<tr>
<td>D. Help from family</td>
</tr>
<tr>
<td>E. Does not matter or not important what social support or resources she has</td>
</tr>
<tr>
<td>Statement</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hook-ups with the same person.</td>
</tr>
<tr>
<td>It is not acceptable for people to have random sex</td>
</tr>
<tr>
<td>Having a baby can be a good thing at any age</td>
</tr>
<tr>
<td>With different people.</td>
</tr>
<tr>
<td>It is acceptable for people to have one night stands</td>
</tr>
<tr>
<td>A teenager can raise a baby with little difficulty</td>
</tr>
<tr>
<td>Birth control</td>
</tr>
<tr>
<td>Need help from anyone</td>
</tr>
<tr>
<td>I consider myself an independent person who doesn’t need marriage</td>
</tr>
<tr>
<td>It is acceptable for people to have sexual intercourse</td>
</tr>
<tr>
<td>For a sexually active couple, it is the girl’s responsibility</td>
</tr>
<tr>
<td>It is acceptable for people to have a baby before 17</td>
</tr>
</tbody>
</table>

Note: If you do not agree at all that is a 1 and if you totally agree that is a 5. Please circle only one answer for each statement.
Now please fill out some similar questions about teenage boys.

26. What would you consider is the youngest age that is acceptable for a boy to become a father? __________________

Boys get information from a variety of people and places about sexual intercourse and pregnancy. In your opinion about your community please circle your first choice for each of the following:

27. Where do you think that boys get most of their information about sexual intercourse from?
   (Circle only one)

   School     Friends     Media     Family     Community

28. Where do you think that most boys learn about birth control from?
   (Circle only one)

   Friends     Community     Family     School     Media

29. Where do you think that boys learn about pregnancy from?
   (Circle only one)

   Community     Family     School     Media     Friends

30. Where do you think that boys learn about risks of unprotected sexual intercourse from?
   (Circle only one)

   Family     Media     Friends     Community     School

31. Where do you think teenage fathers get the most help from?
   (Circle only one)

   Media     School     Community     Friends     Family
4. Below is a list of different types of relationships. In your opinion, which type of relationship is important for a boy to be in before becoming a father? Please only circle one type.

A. Married (if circled which of the following is important)
B. In a continued relationship (if circled which of the following is important)
C. Dating (if circled which of the following is important)
D. Single
E. Does not matter what type of relationship he is in if any

4. Does not matter or not important how much money is earned

$1,000
$500 - $1,000
$100 - $500
$25,000 - $50,000
$50,000 - $100,000
$100,000 - $250,000

4. Below is a list of goals for money earned in a single year. In your opinion, what is an acceptable amount of money in order for a boy to become financially stable before becoming a father? Please only circle one goal.

Help from family
Help from friends
Help from community support
Help from public assistance

4. Below is a list of social supports and/or resources. In your opinion, what is an important resource you would like to see a boy have before becoming a father? Please only circle one resource.
35. Below is a list of different housing situations. In your opinion, which housing situation is important for a boy to be in before becoming a father? Please only circle one goal.

- A. Living with Significant Other (if circled which of the following is important)
  - a) With the baby’s mother
  - b) Doesn’t need to be the baby’s mother
- B. Lives with Parent or Relative
- C. Lives on his own
- D. Lives with friend or other community member
- E. Does not matter or not important what housing situation he is in, if any

36. Below is a list of educational goals. In your opinion what is an important goal in education that you would like to see a boy achieve before becoming a father? Please only circle one goal.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete 5th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 6th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 7th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 8th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 9th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 10th grade</td>
<td></td>
</tr>
<tr>
<td>Complete 11th grade</td>
<td></td>
</tr>
<tr>
<td>High School Degree/GED</td>
<td></td>
</tr>
<tr>
<td>College Degree</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
</tr>
<tr>
<td>College Degree</td>
<td></td>
</tr>
<tr>
<td>Some College completed</td>
<td></td>
</tr>
<tr>
<td>Does not matter or not important what grade level is</td>
<td></td>
</tr>
</tbody>
</table>
If yes, how many times a month do you attend church?

**If yes, do you attend church? YES or NO**

**Do you consider yourself a spiritual or religious person? YES or NO**

**Widow/Widower, Separated, Divorced**

**Married, Not married, in a committed relationship**

Choose only one from the following list that best describes your current relationship status from the list:

- College Degree
- Some College
- High School Diploma/GED
- Complete 11th Grade
- Complete 10th Grade
- Complete 9th Grade
- Complete 8th Grade
- Complete 7th Grade
- Complete 6th Grade
- Complete 5th Grade

Please circle the highest grade you completed in school.

**How old are you:**

**Name:**

**Sex: Male or Female**

Please fill in the blanks below. This information is asked because sometimes people answer questions differently because they may be influenced by a variety of backgrounds and experiences. It helps to understand your views with the goal of using the information from the entire survey to help the community.
5. Where do you think that girls get most of their information about sexual intercourse and pregnancy?

6. Where do you think that most girls learn about birth control from?

7. Where do you think that girls learn about pregnant from?
### ATTITUDES TOWARDS TEENAGE PREGNANCY

**1.** Below is a list of goals for money earned in a single year. In your opinion which is an acceptable amount of money in order for a girl to be financially stable before becoming a mother. Please only circle one goal:

<table>
<thead>
<tr>
<th>Amount (Dollars)</th>
<th>000</th>
<th>000</th>
<th>000</th>
<th>000</th>
<th>000</th>
<th>000</th>
</tr>
</thead>
<tbody>
<tr>
<td>015.001 - 23.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>030.001 - 75.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>033.001 - 33.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>035.001 - 50.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 5100.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2.** Which of the following educational goals do you think is an important goal in education that you would like to see completed?

- Family
- Friends
- Community
- School
- Media

**3.** Where do you think teen age mothers get the most help from?

- Family
- Friends
- Community
- School
- Media

---

Does not matter or not important how much money is earned

Some College

High School Degree/GED

Complete 11th Grade

Complete 10th Grade

Complete 9th Grade

Complete 8th Grade

Complete 7th Grade

Complete 6th Grade

Complete 5th Grade

Complete 4th Grade

Complete 3rd Grade

Complete 2nd Grade

Complete 1st Grade

Complete Kindergarten

---
4. Below is a list of social supports and/or resources. In your opinion, which is an important resource you would like to see a girl have before becoming a mother? Please only circle one resource.

- Help from family
- Help from friends
- Community support
- Public assistance

5. Does the girl or not important or not important where housing situation she is in it any

- Lives with friend or other community member
- Lives on her own
- Lives with Parent or Relative
- Doesn’t need to be the baby’s father
- With the baby’s father

6. Living with significant other (if circled who is the following is important)

- Attitudes Towards Teenage Pregnancy

13. Below is a list of different housing situations. In your opinion, which housing situation is important for a girl to be in

- Single
- Doesn’t need to be the baby’s father
- With the baby’s father
- Does not matter or not important where type of relationship she is in it any
- In a Community Relationship (if circled who is the following is important)
- Doesn’t need to be the baby’s father
- With the baby’s father
- Married (if circled who is the following is important)
- Doesn’t need to be the baby’s father
- With the baby’s father

14. What type of relationship is important for a girl to be in before becoming a mother? Please only circle one type.
<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. There are good reasons to have a baby before 17.</td>
<td>34. I could ask my parents for help with birth control.</td>
<td>33. I believe I could raise a baby right now in my life.</td>
<td>32. My parents have told me about the risks of unprotected sex.</td>
<td>31. I can discuss my concerns about sex with my parents.</td>
</tr>
<tr>
<td>22. Having a baby right now would not stop me from having people in my life I can talk to about sex.</td>
<td>21. My parents approve of sex between different people.</td>
<td>20. My parents approve of people having casual sex.</td>
<td>19. My friends my age are capable of raising a baby.</td>
<td>18. Friends my age are capable of raising a baby.</td>
</tr>
<tr>
<td>26. Hook-ups with the same person.</td>
<td>25. Hook-ups with different people.</td>
<td>24. Having a baby can be a good thing at any age.</td>
<td>23. Having a baby can be a good thing at any age.</td>
<td>22. Hook-ups with the same person.</td>
</tr>
<tr>
<td>17. It is acceptable for people to have sex before marriage.</td>
<td>16. It is acceptable for people to have sex before marriage.</td>
<td>15. It is acceptable for people to have sex before marriage.</td>
<td>14. It is acceptable for people to have sex before marriage.</td>
<td>13. It is acceptable for people to have sex before marriage.</td>
</tr>
<tr>
<td>12. It is the boy's responsibility to prevent STDS.</td>
<td>11. It is not acceptable for people to have sex before marriage.</td>
<td>10. It is not acceptable for people to have sex before marriage.</td>
<td>9. It is not acceptable for people to have sex before marriage.</td>
<td>8. It is not acceptable for people to have sex before marriage.</td>
</tr>
<tr>
<td>7. It is responsible to prevent STDS.</td>
<td>6. A teenager can raise a baby with little difficulty.</td>
<td>5. Having a baby can be a good thing at any age.</td>
<td>4. Hook-ups with different people.</td>
<td>3. Hook-ups with the same person.</td>
</tr>
<tr>
<td>2. Having a baby is responsible for getting</td>
<td>1. It is responsible for people to have sex before marriage.</td>
<td>0. It is acceptable for people to have sex before marriage.</td>
<td>22. Hook-ups with different people.</td>
<td>21. My parents approve of sex between different people.</td>
</tr>
<tr>
<td>19. In a relationship the boy is responsible for getting</td>
<td>18. I consider myself an independent person who doesn't</td>
<td>17. It is acceptable for people to have sex before marriage.</td>
<td>16. It is acceptable for people to have sex before marriage.</td>
<td>15. It is acceptable for people to have sex before marriage.</td>
</tr>
<tr>
<td>14. It is acceptable for people to have sex before marriage.</td>
<td>13. It is acceptable for people to have sex before marriage.</td>
<td>12. It is acceptable for people to have sex before marriage.</td>
<td>11. It is acceptable for people to have sex before marriage.</td>
<td>10. It is acceptable for people to have sex before marriage.</td>
</tr>
<tr>
<td>9. It is acceptable for people to have sex before marriage.</td>
<td>8. It is acceptable for people to have sex before marriage.</td>
<td>7. It is acceptable for people to have sex before marriage.</td>
<td>6. A teenager can raise a baby with little difficulty.</td>
<td>5. Hook-ups with different people.</td>
</tr>
<tr>
<td>4. Having a baby can be a good thing at any age.</td>
<td>3. Hook-ups with the same person.</td>
<td>2. It is acceptable for people to have sex before marriage.</td>
<td>1. It is responsible for people to prevent STDS.</td>
<td>0. It is acceptable for people to have sex before marriage.</td>
</tr>
</tbody>
</table>

Please indicate how much you agree with the following statements. If you do not agree at all that is a 0. A little is 1, Very Much is 4.
48. Where do you think that boys learn about risks of unprotected sexual intercourse from?

Circle only one:

- Family
- Friends
- Community
- Media
- School

49. Where do you think that boys learn about pregnancy from?

Circle only one:

- Family
- Friends
- Community
- Media
- School

38. Where do you think that most boys learn about birth control from?

Circle only one:

- Community
- Family
- Friends
- Media
- School

37. Where do you think that boys get most of their information about sexual intercourse from?

Your community please circle your first choice for each of the following:

Now please fill out some similar questions about teenage girls.
E. Does not matter/whatever type of relationship he is in if any

D. Single

C. Doesn't need to be the baby's mother
   a. With the baby's mother
   b. In a committed relationship (it circled which of the following is important)
   c. In a non-committed relationship (it circled which of the following is important)

B. In a committed relationship (it circled which of the following is important)
   a. With the baby's mother
   b. In a non-committed relationship (it circled which of the following is important)
   c. In a non-committed relationship (it circled which of the following is important)

A. Listed (it circled which of the following is important)

44. Below is a list of different types of relationships. In your opinion, what type of relationship is important for a boy to be in before becoming a father? Please only circle one type.

Does not matter or not important how much money is earned

< $10,000

$10,000 - $25,000

$25,000 - $35,000

$35,000 - $50,000

$50,000 - $75,000

$75,000 - $100,000

>$100,000

Help from family

Community support

Help from friends

Public assistance

43. Below is a list of goals for money earned in a single year. In your opinion, what is an acceptable amount of money in order for a boy to be financially stable before becoming a father? Please only circle one goal.

Does not matter or not important what social support or resources he has

42. Below is a list of social supports and/or resources. In your opinion, what is an important resource you would like to see a boy have before becoming a father? Please only circle one resource.
<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>College Degree</th>
<th>Some College</th>
<th>Complete 11th Grade</th>
<th>Complete 10th Grade</th>
<th>Complete 9th Grade</th>
<th>Complete 8th Grade</th>
<th>Complete 7th Grade</th>
<th>Complete 6th Grade</th>
<th>Completed 5th Grade</th>
<th>Completed 4th Grade</th>
<th>Completed 3rd Grade</th>
<th>Completed 2nd Grade</th>
<th>Completed 1st Grade</th>
<th>Completed 0th Grade</th>
</tr>
</thead>
</table>

46. Below is a list of educational goals. In your opinion, which is the most important goal in education that you would like to see

A. Complete 12th Grade
B. Complete 11th Grade
C. Complete 10th Grade
D. Complete 9th Grade
E. Complete 8th Grade
F. Complete 7th Grade
G. Complete 6th Grade
H. Complete 5th Grade
I. Complete 4th Grade
J. Complete 3rd Grade
K. Complete 2nd Grade
L. Complete 1st Grade
M. Complete 0th Grade

45. Below is a list of different housing situations. In your opinion, which housing situation is important for a boy to be in

A. Living with Significant Other (Ex. Cited, which of the following is important)
B. Living with Parent or Relative
C. Living on his own
D. Lives with a friend or other community member
E. Does not matter or not important

4. Does not matter or not important when housing situation is an important goal in education that you would like to see

A. Boy achievement before becoming a father. Please only circle one goal.
B. College Degree
C. Some College
**If yes, how many times a month do you attend church?**

**If yes, do you attend church?**  **YES** or **NO**

**Do you consider yourself a spiritual or religious person?**  **YES** or **NO**

**Widow/Widower**  **Separated**  **Divorced**  **Married**  **Not married/in a committed relationship**

Choose only one from the following list that best describes your current relationships status from the list:

- College Degree
- Some College
- High School Degree/GED
- Complete 11th Grade
- Complete 10th Grade
- Complete 9th Grade
- Complete 8th Grade
- Complete 7th Grade

*Please circle the highest grade you completed in school.*

**How old are you?**

**Race:**  **Male** or **Female**

Using the information from the entire survey to help the community,

they may be influenced by a variety of backgrounds and experiences. It helps to understand your views with the goal of

Please fill in the blanks below. This information is asked because sometimes people answer questions differently because
Appendix E

Xavier Institutional Review Board Approval Letter

November 17, 2011

Stephanie Riccardi
2 E. Lake Shore Dr. Apt. 25
Cincinnati, OH 45237

Dear Ms. Riccardi:

The IRB reviewed the revisions to your protocol #1118, Community Experiences Prior to Conception: Sex and Age Differences in Attitudes Towards Teenage Pregnancy. We very much appreciated your attention to the issues raised, and your treatment of them.

Therefore, your study is approved in the Full Board Review category under Federal Regulation 45CFR46. Approval expires November 17, 2012. A progress report, available at http://www.xavier.edu/irb/irbsr.cfm, is due by that date. If you wish to modify your study, it will be necessary to obtain IRB approval prior to implementing the modification. If any adverse events occur, please notify the IRB immediately.

If you have any questions, please contact the IRB office at 745-2870. Thank you for your compliance efforts.

Sincerely,

[Signature]

Morell E. Mullins, Jr., Ph.D.
Chair, Xavier University IRB

[Signature]

C: Janet Schultz, advisor

Enclosure: stamped consent forms
Appendix F

Survey Description Script

First off I want to thank you for coming. My name is Stephanie Riccardi and I am currently in school at Xavier University. As part of my requirements, I have partnered with Harmony Garden to continue their research on the topic of teenage pregnancy and teenage parenting. Your input on these topics will be helpful in future programs and prevention efforts in your community. The results of this study will be provided to you through Harmony Garden's newsletter that is available to you throughout the year. As part of Xavier's requirement, I have to make you aware of the nature of the study and the purpose before we get started.

(Read Consent form and answer any questions).
Appendix G

Adult Consent Script

You are invited to take part in a research project conducted through Xavier University. In order to take part in this survey you need to give consent. This project involves answering questions about teenage pregnancy and parenting. The survey will take about 20-30 minutes to finish.

There are no known risks related to this project. The information will be used to offer future programs to help your children. Your participation in this project is voluntary. If you wish to stop this project at any time you are free to do so.

All information that is answered on the survey will be kept private. Your name will not be attached to your answers at any time. The results of the survey will be printed in Harmony Garden’s newsletter. The information will be kept at Harmony Garden for future programs and research to benefit your community. You will be given five dollars to thank you for your time.

If you have any questions please feel free to let me know now. If you wish to talk about your questions or concerns in private you can contact Stephanie Riccardi through Harmony Garden or Dr. Janet Schultz at the Xavier University Psychology Department, 513-745-3248.

By completing the survey you are agreeing to take part in this research project.
Appendix H

Parent/Guardian Consent Form

Parental/Guardian Consent Form

Your child is invited to take part in a research project. It is run by a student from Xavier University. Harmony Garden supports this project. Your child needs your consent to take part. Your child will be asked to answer questions about teenage pregnancy and parenting. It will take about _____ minutes to finish.

There are no known risks related to this project. The information will be used to offer future programs to help your children. Your child’s involvement is voluntary. Your child can stop at any time if they want to.

All information from the survey will be kept private and your child’s name will not be on the survey. The results of the survey will be printed in Harmony Garden’s newsletter. The information will be kept at Harmony Garden for future programs and research to benefit your community. Your child will be provided with five dollars for taking part in the survey.

If you have any questions or concerns please feel free to contact Stephanie Riccardi through Harmony Garden at (313) 366-2490 or Janet H. Schulitz, Ph.D., ABPP at the Xavier University Psychology Department, (513) 745-3248.

Questions about your rights as a research subject should be directed to Xavier University’s Institutional Review Board at (513) 745-2870.

I ____________________________ give my consent for

_______________________________ to take part in this research project.

_____________________________ Date

_____________________________ Sign

APPROVED
Xavier University
Institutional Review Board
Date: 11/1/11
Appendix I

Teenage Assent Form

Teenager Assent Form

A student from Xavier University is working with Harmony Garden to get information on teenage pregnancy and parenting. Someone will read the survey out loud and you will answer the questions on your own. Your name will not be on the survey. There is no way for anyone to know how you answered the questions. The results of the survey will be printed in Harmony Garden's newsletter. There will be snacks available during the survey. You will be given five dollars for your time.

If you want to participate, write your name below. If you begin the survey and decide that you want to quit, you can and nothing bad will happen to you. If you have questions, you can ask Stephanie Riccardi through Harmony Garden at (513) 566-2490, or call the supervisor, Janet Schulz, Ph.D., AIHP, at (513) 745-3248.

Thanks for your help!

Questions about your rights as a research subject should be directed to Xavier University's Institutional Review Board at (513) 745-2870.

Yes, I want to participate: ______________________________________________________________

Write your name on this line.

APPROVED
Xavier University
Institutional Review Board
Date: 11/1/11
Appendix J

Summary

Title: Community Expectations Prior to Conception: Sex and Age Differences in Attitudes towards Teenage Pregnancy

Problem: In 2010, the United States reported its lowest rates of teenage pregnancy since the 1960's (Teen birth rates, 2010; Teen pregnancy rates, 2010) although the US continues to have the highest rates of teenage pregnancy of any industrialized country. Previous research findings have established that girls who start having sexual intercourse before 13 years of age are at a greater risk for unplanned pregnancy and sexually transmitted diseases, than girls who wait until after 17 years of age (Greenberg, Magder & Aral, 1992). While there is a general consensus that teenage pregnancy is a public health concern, there is no known research that examines the attitudes about what the minimum expectations are for preferred goal achievement by teenagers prior to conceiving a child. The current study aimed to fill this gap in the literature as the first step towards analyzing the impact attitudes about goal achievement have on teenage pregnancy rates.

Method: A questionnaire was designed specifically for the current study to gather data on minimum preferred goal achievement in the areas of earned yearly income, educational attainment, housing and relationship status and social supports. Additionally, the questionnaire included questions about beliefs pertaining to where teenagers acquire information about sexual intercourse, risks of unprotected sexual intercourse, contraception, pregnancy and where teenage parents receive assistance. Participants were 314 individuals aged 12-82, living for a minimum of one year in an urban, low income and predominantly African American community with high
rates of teenage pregnancy. The mean age of the sample was 34 years old with a range of 12-82 years of age. With regard to sex, 155 participants were male and 159 participants were female. Two hundred and eighty-four participants reported themselves to be African American, two reported they were Hispanic, five reported as Mixed race, two reported they were Brown and 21 participants did not fill in their race. Fifty-eight percent of the participants were parents and three of the 55 participants in the teenage group were parents at the time of survey.

Findings: Analyses revealed that sex of the respondent is not significantly associated with the attitudes about what the minimum expectations are for preferred goal achievement by teenagers prior to conceiving a child. However, the three age groups have statistically different views regarding minimum expected yearly income, $\chi^2 (10, n = 312) = 35.21, p < .001$, Cramer's $V = .24$ (medium effect size), and preferred relationship status, $\chi^2 (8, n = 309) = 25.34, p = .001$, Cramer's $V = .20$ (small effect size), for teenage girls. Teenagers reported that they did not expect to earn more than $0-10,000 prior to conceiving a child, which is consistent with the average income ($11,000) for the surveyed community. In contrast, older individuals in the community preferred for teenage females to achieve a minimum of $25,001-50,000 prior to conceiving a child. There was no association found between age groups and attitudes regarding minimum expected educational attainment for both teenage females and males. Additionally, age groups have different opinions about where teenage females acquire information about birth control, $\chi^2 (6, n = 305) = 23.15, p = .001$, Cramer's $V = .20$ (small effect size) and pregnancy, $\chi^2 (6, n = 308) = 22.67, p = .001$, Cramer's $V = .19$ (small effect size). The participants identified family and friends as major sources of information for teenage females about pregnancy, birth control and sexual intercourse. Additionally, participants across age groups endorse
conservative views about normative sexual behavior, which contradicts the high rates of teenage pregnancy within the community.

Implications: The findings support that there are different attitudes across age groups about what the minimum expectations are for preferred goal achievement by teenagers prior to conceiving a child. Despite the differences, the sample endorsed overall conservative views regarding accepted sexual behaviors. Even with the differences, the minimum expectations include graduating high school, earning some income and living independently. Therefore, pregnancy prevention programs may want to target ways to behave in accordance with one’s views and attitudes, as teenage pregnancy is inconsistent with reported attitudes. Additionally, teenage pregnancy prevention programs should use friends and family to disseminate information, as they are likely to have a greater impact on teenagers than if celebrities or school officials inform the teenagers about sexual intercourse, birth control options and teenage pregnancy.