BEHAVIOR ASSESSMENTS OF
PREGNANT ADOLESCENTS USING TFA SYSTEMS (tm)

by

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Very special thanks will always be in my heart for my husband Bill, and my children, Melany and Clint. It is both for
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To my parents I owe a great deal of thanks. My mother's love of learning and my father's perserverance are found within these pages. This document is written with great love to my mother's memory. To my father I dedicate this dissertation and acknowledge the dreams he saw as possibilities and the opportunities he made into realities.
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CHAPTER ONE
INTRODUCTION

Imagine a life script that is written by the time you are 16 years-old. All the energy of youth, the spirit of discovery, and the excitement of the future is clouded by overwhelming responsibility. Suddenly a future of carefree days, high fashion, and unlimited opportunities is exchanged for survival in the day to day world.

For over one million teenage young women, becoming pregnant during adolescence is the landmark event that compromises their destiny (Nicholson, 1988). Of these one million, over 400,000 teenagers obtain abortions, about 130,000 have spontaneous abortions, and nearly 470,000 give birth. The vast majority of these teens are unmarried and nearly half have not yet reached their 18th birthdays (Hayes, 1987).

Over 16 billion dollars is spent annually supporting adolescent mothers through government programs. The personal costs, tax liability, psychological barriers, societal impact, and lifetime adjustments add up to a national crisis of monumental proportions.

The scope of the the teen pregnancy problem permeates
all races, economic and educational levels of our society. The trend of teen pregnancy once focused on poor, black adolescents; but today's statistics reflect white middle class teens as the fastest growing group facing an adolescent pregnancy (Dash, 1986). Pricing lost education, missed opportunities, personal crises, and heart-wrenching losses is not comparable to the billions of dollars spent to support these women.

For the adolescent and our society, a premature pregnancy is a crisis situation. Families, churches, schools, and counselors face the challenge of addressing this crisis. Extensive research has examined the many factors affecting and impacting teen pregnancies, and countless solutions have been suggested and tested. In spite of such efforts, one of every ten young women becomes pregnant by the time she is 19 years old in the United States (Trussell, 1988). Children born to children, grandparenthood before 40, missing parental influences, and lost opportunities point to a changing society for the next generation. Attention to the magnitude and implications of this crisis deserves our best efforts and creative talents as we approach the 21st century.
BACKGROUND

The conceptual framework of this study is tied to the effects of thinking, feeling, and action variables on the behavior of pregnant teens. Professionals have long recognized the significant impact a teen pregnancy has on individual growth and development (Phipps-Yonas, 1980), as well as the upheaval created by the urgency of the situation. A teen pregnancy is a crisis situation (Janosik, 1984) and represents all characteristics that Baldwin (1978) describes in his classification system of crises. The crisis stages focus on intensity of the crisis, the cause, and the interventions necessary for stable decision-making. For the pregnant teen, unique developmental maturity issues often preclude responsible decision making. In the early 1980s researchers started the process of separating the cognitive, affective, and behavioral distortions of crisis (Janosik, 1980). Examination of these components made clear the idea that effective therapeutic intervention is best when we know how the three domains operate.

The TFA System was developed by Hutchins in 1979. This system explains individual behavior in terms of the interaction of thinking (T), feeling (F), and acting (A). TFA Systems (tm) (Hutchins & Vogler, 1988) facilitates a description of behavior and a prescription for changing behavior. By
examining the interaction of one's thoughts, feelings, and actions, a clear integration and direction for intervention can be established.

Hutchins and Vogler (1988) continued to expand the TFA Systems. Refinement of the basic concepts has given depth and practical application to the system. The development of the Helping Cycle systematically integrated assessment, interpretation, intervention, probing, deliberation, and commencement steps into an easily implemented structure for change.

The ease, accuracy, and efficiency of this system supports clinical effectiveness. When a counselor knows the thought, feeling, and action responses in a problem situation, the direction for change can be outlined with confidence. Planning intervention strategy becomes less guesswork and more accurate in connecting the individual response and behavior to the situation.

Many conceptual frameworks have been applied to the complex variables represented by teen pregnancy. Examination of societal, family and socio-economic variables has long been the basis for research (Black & DeBlassie, 1985; Franklin, 1988; Furstenberg, Lincoln, & Menker, 1981; Wallis, 1985;). Broad studies have provided insight into the larger aspects of the problem, but failed to account for the
individual differences. Those differences, measured by individual thoughts, feelings, and actions, are the concepts upon which the TFA System and this study are founded.

ASSUMPTIONS

Four assumptions provide a basis for this study. The first assumption is that TFA Systems methodologies assess the interaction of thoughts, feelings, and actions in quality and intensity. The second assumption is that the assessment is a situationally specific measure. The third assumption is that TFA is an appropriate method to use in assessing behavior of teenage females. The fourth assumption is that a post hoc assessment can be obtained that accurately reflects thoughts, feelings, and actions at the time of: (a) intercourse, (b) time when pregnancy is confirmed, and (c) six weeks post delivery.

LIMITATIONS

1. Because the subjects of this study will be students in a regional school system in one geographical area of Virginia, the results must be cautiously generalized to other regions and to the population of pregnant teens as a whole.

2. The constraints of the normal gestational period will limit the study's parameters.
3. Behavior will be assessed retrospectively by the subjects.

**STATEMENT OF THE PROBLEM**

Although studies are available about the multi-dimensional effects of adolescent pregnancy on the individual, examination of individual behavior as reflected by thoughts, feelings and actions of the pregnant adolescent is missing. The effects of a pregnant teen's thoughts, feelings, and actions carries over into the outcome decision management and life planning for the adolescent.

While numerous studies address the need to counsel pregnant teens in special ways (Marecek, 1987), researchers point to the need for intervention and assessment tools that enhance effective decision-making (Janosik, 1984). Diversity of behavioral responses has often been examined in isolated segments.

How one's thoughts, feelings, and actions combine to affect a pregnant teen's behavior is the question to be addressed. Using the TFA Systems (tm) this study will analyze the behavior of young female adolescents at three significant decision making times in pregnancy: the time of intercourse, confirmation of pregnancy, and six weeks post delivery.
PURPOSE

The general purpose of this study is to present an assessment of the thoughts, feelings, and actions experienced by teens at the point of intercourse, at confirmation of pregnancy, and six weeks post delivery of a viable child. Specifically, the investigator will:

1. Synthesize the extant literature.
2. Identify the socio-economic, partner, and parental factors affecting teenage pregnancy.
3. Isolate characteristics and conditions unique to a pregnant teen's behavior.
4. Identify thoughts, feelings, and actions of a pregnant teen's decision-making at three significant decision-making times: time of intercourse, time of confirmed pregnancy, and six weeks post delivery.
5. Assess the behavior of pregnant teens using the TFA Systems (tm).

RESEARCH QUESTIONS

Three major questions will be addressed in order to fulfill the purposes of this study. The review of literature will provide insight and direction to the general questions.
Ancillary questions will serve as guides for assessment and investigation of the general questions.

1. What are the primary research based variables related to adolescent pregnancy?
   a. What is adolescent pregnancy?
   b. What outcomes are possible for a teen pregnancy?

2. What is the relation of partner, socio-economic, and parental variables on the thoughts, feelings, and actions of pregnant adolescents?
   a. How do socio-economic factors relate to teen pregnancy and outcome decisions?
   b. How does the relationship with the father of the child relate to the outcome decision of a teen pregnancy?
   c. Do parental factors relate to teen pregnancy?
   d. What are the relationships among socio-economic, partner, and parental variables?

3. What are the patterns of thoughts, feelings, and actions of pregnant adolescents at the time of intercourse, confirmation of a pregnancy, and six weeks post delivery?
   a. What TFA patterns exist at these three decision making points?
   b. How are TFA patterns similar at these three decision making points?
   c. How are TFA patterns different at these three decision making points?
DELIMITATIONS

1. This study will focus upon teen pregnancy from the perspective of the female adolescent.

2. This study will look at pregnancy in teen girls aged 13- to 16 years-old.

3. This study will look at early teen pregnancy at one alternative school site for pregnant adolescents in Southwest Virginia.

4. This study will focus on behavior related to and resulting from the adolescent pregnancy, beginning at the time of intercourse until six weeks post delivery. While one could compare groups of pregnant adolescents with nonpregnant adolescents, this study will not collect data for the purposes of comparing those populations.

5. This study will examine single parenthood, adoption, marriage, foster care, and temporary placement as options open to teen mothers. Abortion will not be an option for this study since the research subjects have made decisions to continue the pregnancy.
DEFINITIONS

The following terms are defined as they will be used in this study.

1. Adolescent Pregnancy - Adolescence is the period of life from puberty to maturity (Webster, 1984). By age definition adolescence begins at age 13 and ends at the 20th birthday. Pregnancy is the period between conception and birth. A pregnant adolescent is a female between the ages of 13 and 19 who is carrying an unborn fetus.

2. Behavior - The interaction of thoughts, feelings, and actions.

3. Counseling - The process by which a trained counselor deliberately intervenes in the life of a client to assist that client in resolving concerns so as to live more effectively (Hutchins and Cole, 1986).

4. Crisis Counseling - Caplan (1964) describes crisis as a state resulting from impediments to life goals that make achieving those goals difficult or impossible. Crisis counseling is the professional relationship between a counselor and client that centers on bringing stability to a crisis situation in order for meaningful choices to be made by the client (Burgess & Baldwin, 1981).

5. Father - The male parent of the pregnant teen.

6. Father of the child - The biological father of the
teen's baby.


8. Mother - The female parent of the pregnant teen.

9. Outcome decision - The chosen option for management of an unintended pregnancy. The four options are: adoption, single parenthood, marriage, and abortion (Weinman, Robinson, Simmons, Schneiber, & Stafford, 1989).

10. Partner - The sexual partner of the pregnant adolescent and father of the unborn child.

11. Subject - The pregnant teen (pregnant adolescent) interviewed throughout the study.

12. TFA Model - A theoretical model developed by Hutchins (1979, 1982, 1984) that illustrates and explains one's behavior (thoughts, feelings, and actions) in specific situations.

13. TFA Rating - The operationalized thought, feeling, and action responses obtained from the TFA Triangle.

14. TFA Systems (tm) - A comprehensive approach to assessment, intervention, and resolution using the TFA model (Hutchins & Vogler, 1988).

15. TFA Triad - The triangle that emerges when one's behavior is plotted on the TFA triangle (Clow, 1989).

16. TFA Triangle - A triangular figure on which the interaction of thought, feeling, and action responses are plotted.
NEED FOR THE STUDY

The effects of adolescent pregnancy are absorbed by layers of our society. What appears to be an individual decision, a personal matter to be dealt with by relatively few people, becomes an issue for school systems, work settings, families, day care providers, and government agencies. Few personal decisions have the rippling impact on our society's future as the consequences of teen pregnancy (Trussell, 1988). Within this complex problem lie some of the most explosive issues facing the American public: abortion rights, contraceptives and accessibility by adolescents, school health clinics, sex education in the schools, and the increased risk of being a victim of not only a teen pregnancy, but the HIV virus as well.

Researchers estimate that if present trends continue, at least 40% of today's 14 year-old girls will be pregnant at least once before the age of 20 (Wallis, 1985). Attention to the overall impact of such a trend is often examined by researchers. Countless studies have focused on the trends, but research is lacking on assessments of the pregnant teen population. While there is need to address the impact of the trends; there is an even greater need to know who are these teens, what are they thinking, how do their feelings affect life-changing decisions, and what actions are resulting from
the decisions they are making. This important analysis of the pregnant teen's behavior has been overlooked.

Behavioral studies of adolescents in general are abundant. Research on the developmental and physical changes in adolescence fill shelves in libraries and provide rich material for course study. Descriptions of early and late blooming adolescents are numerous (Chilman, 1990; Mishne, 1988; Walters, Walters & Mckenry, 1987;) and add insight to the sporadic, but expected, path for adolescents. Adolescence is a time to explore, to begin breaking from the family unit, and to gradually assume greater degrees of responsibility. The thoughts of adolescents are often described as egocentric and not futuristically oriented. Mood swings and vacillating degrees of intensity are the usual portrayal of adolescent feelings. Impulsive, sporadic actions are typical exhibitions of teen behavior. The path of a developing teen leaves room for gradual entry into the adult world of responsibility, work, and role development. Clearly there has been great effort to understand the transitional period between childhood and adult behavior.

What is not as clear is the behavior pattern of the transitional teen suddenly faced with adult responsibilities. Though she still operates within the cycle of development for all teens, the prognosis changes as a pregnant teen makes
choices that impact her for life. Lacking maturity, life experiences, and life skills, the pregnant teen's behavior becomes more of a mystery. The thoughts, feelings, and actions are played against the parental, partner and societal factors contributing to the pregnancy. Once the pregnancy is confirmed, no longer is the adolescent viewed as "only a teenager." She now enters the adult world with many liabilities and few benefits to achieve her full potential.

A concern to the 84% of Americans who believe that teen pregnancy is a serious national problem is the increasing need to create effective intervention and prevention programs (Guttmacher, 1986). To affect such programs, the behavior patterns of pregnant teens can be studied and used to create descriptive assessments of the thoughts, feelings, and actions at three critical times. There is a growing need to build a data base that reflects behavior patterns of pregnant teens. In order for counselors to assess and intervene in individual situations and to address the larger problems evolving from adolescent pregnancy, there is the need to identify the thoughts, feelings and action characteristics. This study is not designed for predictive purposes, so that certain patterns of behavior can be identified as most "at risk" for teen pregnancy. Countless studies have attempted to examine such variables with
limited success (Black & DeBlassie, 1985; Chilman, 1989; Phipps-Yonas, 1980; Polit & Kahn, 1986). Rather, there is a need to identify what the thoughts, feelings, and actions are for a pregnant teen. When there is an understanding of behavioral characteristics, intervention and prevention programs may take on new relevance. The need for such data has relevance for decision-making, coping mechanisms, and future planning in addressing this complex problem.

Many teens acknowledge that they were "nobody" before becoming pregnant (Wallis, 1985) and proudly say they are at least mothers. Research is needed to understand what factors contribute to the onset of intercourse for 13- to 16-year-olds, what part thoughts, feelings and actions play as the teen decides how to deal with a confirmed pregnancy, and how these variables are integrated into the reality of motherhood six weeks after delivery of a viable child. Understanding how behavior patterns contribute to motherhood for the early teen enables research to address the potential for intervening with two generations, the teen mother and the child. Adding information about thoughts, feelings, and actions of pregnant adolescents to the body of literature may offer insight and opportunity for change in intervention and prevention strategies for future generations.
ORGANIZATION OF THE STUDY

Chapter Two contains a review of the literature related to adolescents experiencing unintended pregnancies. The TFA System (tm) is introduced, as are relevant theoretical and clinical issues.

Instrumentation and research design are presented in Chapter Three including descriptions of client interview forms and other instruments used in data collection and assessment.

The results and analysis of the data are presented in Chapter Four. Factors presented in the review of literature are supported with the findings of this applied study. Results are factually based.

Chapter Five interprets findings of the study. Subjective analysis, conclusions, and implications are discussed.
CHAPTER TWO

REVIEW OF LITERATURE

In this chapter the existing literature is reviewed as it relates to the purposes of this study. The relation of partner, socio-economic, and parental variables to the thoughts, feelings, and actions of pregnant adolescents are described. Behavior patterns of pregnant teens are examined at three significant decision making times: (a) time of intercourse, (b) point the pregnancy is confirmed, (c) six weeks post delivery of a viable child. The existing literature on adolescent pregnancy is the framework for this chapter.

MOTIVATING FACTORS FOR EARLY TEEN PREGNANCY

More than one million teenagers become pregnant in the United States each year. This astounding number translates into 3,000 adolescent pregnancies every day. The difficult crisis of combining adolescence and adulthood has become a tragedy of epidemic proportions for American society (Paget, 1988). In a study of 12- to 15 year-old pregnant teens, the mean age of first intercourse was 13.3 years (Miller, 1983). Social scientists estimate that if sexual activity continues at present rates, 40% of all 14-year-olds in the U.S. will be
pregnant at least once before they reach the age of 20 (Franklin, 1988).

There is little disagreement about what constitutes a teen pregnancy. Conception that occurs during the age span of 13- to 19- years is defined as an adolescent pregnancy. In recent years researchers have further defined the seven-year adolescent period by distinguishing developmental, cognitive, and affective differences (Compton, Duncan, & Hruska, 1987). Subcategories of adolescence are:

- Early adolescence 11 to 15- year olds
- Middle adolescence 15 to 16- year olds
- Late adolescence 17 to 19- year olds

For the purposes of this study, early and middle adolescence will be the focus in examining variables related to pregnancy.

While research is abundant related to adolescent pregnancy, Jorgenben & Sonstegard (1984) point to the lack of coherent and logically based theoretical models for researching variables leading to teen pregnancy. Most researchers agree on two areas that contribute towards increased risk of a teen pregnancy. (a) Changes in societal mores in the last thirty years have contributed significantly to how teen pregnancy is perceived and managed. (b) Combine these societal changes with diverse individual values, choices, life circumstances, and behavior patterns, and the
alarming rate of pregnancy for today's teens becomes a concern for all (Furstenburg, Lincoln, & Menken, 1981; Hayes, 1987; Trussell, 1988).

SOCIETAL TRENDS

The social revolution of the 1960s tested repressive sexual norms and challenged society to question values of virginity, premarital sex, and adolescent sexual experiences. Of women born between 1938–1940, only 3% had had sex by the time they were 15 years-old. By 1988 25%+ of all 15-year-old girls were sexually experienced (Kantrowitz, 1990).

Earlier standards of sexual behavior created an atmosphere of shame around teen pregnancy. Shotgun weddings, degradation, and humiliation motivated many teens to control sexual urges and impulses. Today's standards are less clear and offer overlapping and confusing messages. Values of love, freedom, interpersonal honesty, open communication, self-actualization, and short term commitments have permeated society since the '60s. The teens of the 1960s are the parents of teens in the 1990s, and the double bind of vague generational values seems obvious. Add to this scenario the earlier onset of menarche for females, societal demands for a more sophisticated teen, and the early exposure of children to sexual activity and a climate for teen pregnancy has been created (Black and
DeBlassie, 1985).

Often labeled as the "TV Generation," today's teens spend an average of 22 hours a week (Schwartz, 1990) watching TV, videos, and movies. Role models of 30 years ago were represented by a cross section of people: John Wayne, Andy Griffith, John Kennedy, and Gloria Steinem. Over the past thirty years Americans have watched on TV as a Presidential term ended in resignation, war heroes were replaced by peace protestors, civil rights battles filled streets, and media stars represented the most extreme values of a changing society. No longer were role models the wholesome examples parents aspired for their children to follow (Leerhensen, 1990). Teens saw political life drained of its elevated status by watching national leaders investigated on television. The role of women gave adolescents a new way of perceiving relationships and roles. Movie stars tested the limits of acceptance with children by different fathers and personal lives as extreme as the stage roles they played. By 1985 (Wallis, 1985) prime time television showed more than 9,000 scenes of suggested sexual intercourse per year. Advertising centered on sexually sophisticated appeals and music to teens that resounded the joys and expectations of sexual activity (Schwartz, 1990). Sexual activities, most often portrayed as completely rewarding with no risk of possible
pregnancies, sexually transmitted diseases, contraception, or the cost to human relationships (Chilman, 1989) are the standard today's teens have grown up with.

Despite the growing awareness of AIDS, statistics continue to show teens at great risk for contracting the HIV virus with multiple sexual partners during adolescence (Cowley & Hager, 1990). The early 1980s perception that only homosexuals were at risk for society's new "plague" slowly changed during the late '80s. The reality that teens behavior choices had put them in a category of great risk became a primary concern to health professionals (Study: Teens, Sex, 1990).

Society in the early '90s exhibited a vastly divergent set of standards and mores. The influence of media, role changes, a faster life style, financial demands, and a more sophisticated adolescent population contributed to a set of very conflicting values. Within these complex factors lie some of the basic tenets underlying the problem of adolescent pregnancy.

FACTORS ASSOCIATED WITH TEEN PREGNANCY

Countless research articles have focused on predisposing factors leading to pregnancy for an adolescent. While most researchers agree that a single profile does not exist
(Lindsay & Rodine, 1989; Phipps-Yonas, 1980; Walters & Walters, 1989), there appear to be common factors prevalent in many teen pregnancies. While understanding the rationale for risking a pregnancy escapes most adults' logic, the adolescent mentality often ignores the logic of the risk. The unique combination of personal, developmental, parental, socio-economic, and partner variables create for the individual teen a multitude of behavior options.

DEVELOPMENTAL ISSUES

Developmentally, today's teens encounter issues earlier than adolescents 30 years ago. The medical field has documented the earlier onset of menarche, which contributes to a longer sexually developed life cycle for females (Elkes & Crocitto, 1987). This earlier onset of menarche has meant adolescence begins as early as nine and ten years old for many young women. The implications of such rapid development carries over into increased pressure to be an adult as soon as possible for many female adolescents (Black & Deblassie, 1985; Gabriel & McAnarney, 1983; Lindsay & Rodine, 1989; Marecek, 1987).

The influence of media on behavior of adolescents continues to be supported (Lindsay & Rodine, 1989; Wallis, 1985) in research literature. A study by Ross-Reynolds (1985) suggests that adolescent pregnancy is linked to a need to prove one's
womanhood. Studies indicate that young teens are using drugs and alcohol at earlier ages, and such behavior is contributing to the high rate of teen pregnancy (Lindsay & Rodine, 1989; Mott & Haurin, 1986; Ulvedal & Feeg, 1983;).

Adolescents have been developmentally characterized as risk takers. This trait, when combined with other factors, often leads to decisions that fail to connect consequences with behavior (Gabriel & McAnarney, 1983; Lindsay & Rodine, 1989; Westoff, 1988). The inability to plan ahead has been found as a contributing factor for many teen pregnancies (Landy & Schubert, 1983; Lindsay & Rodine, 1989; Paget, 1988). The magical thinking that, "It can't happen to me," is often found in literature as a basis for an adolescent pregnancy (Lindsay & Rodine, 1989).

A natural curiosity is part of healthy sexual development for adolescents. Studies suggest (Scott, 1983) that when this curiosity is seen as a rite of passage, early teen pregnancy becomes a likelihood. In recent years studies have increasingly examined the part peers play in motivating adolescents to be sexually active. Thus far, studies show that teens are greatly influenced by peer pressure (Lindsay & Rodine, 1989; Scott, 1983). Accounting for one's lost virginity, keeping up with the crowd, and being able to speak with the assurance that you have not missed out on anything is important to teens today. See Table 1, Developmental Issues section.
Table 1

MOTIVATIONAL FACTORS CONTRIBUTING TO TEEN PREGNANCY

<table>
<thead>
<tr>
<th>Variable</th>
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<td><strong>Area of Interest: Developmental Issues</strong></td>
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<td>Wallis</td>
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<td>Teens as risk takers</td>
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<td>Gabriel &amp; McAnarney</td>
<td>1983</td>
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<td></td>
<td>Westoff</td>
<td>1988</td>
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<td>Teens feel planning to be sexually active wrong</td>
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PARTNER FACTORS

Research indicates that sexual behavior for the male partner of the pregnant teen is perceived differently than the same behavior for the female. Expectations and standards by which the male consents to be sexually active suggest his role is minimized compared to the female teen (Lindsay & Rodine, 1989; Marecek, 1987; Wallis, 1985). These differing standards create an atmosphere, the literature suggests, that the male is seen as manly for engaging in intercourse with the consequences resting clearly with the female partner. Pregnant teens in turn report the inability to discuss birth control with their partner as a factor leading to pregnancy (Lindsay & Rodine, 1989). There is wide support in the literature that teens who go steady are at increased risk for being sexually active and more likely to risk pregnancy (Davis, 1989; Hanson et al, 1987; Scott, 1983). See Table 1, Partner Factors section.

PARENTAL FACTORS

The body of literature supporting the part dysfunctional families play in teen pregnancy is vast (Landy & Schubert, 1983; Lindsay & Rodine, 1989; Marecek, 1987; Paget, 1988; Ross-Reynolds, 1985). The fear of parents finding out about teens being sexually active is found to be a contributing factor to adolescent pregnancy (Lindsay & Rodine, 1989; Paget, 1988). The
lack of information known by parents and teens about sexuality, contraception, and conception is found throughout the literature (Lindsay & Rodine, 1989; Paget, 1988; Ross-Reynolds, 1985) as being significant to the teen pregnancy issue. Problems with parent and teen communication patterns have also been recognized as key factors to adolescent pregnancy (Furstenberg, Baron, Shea & Webb, 1984; Lindsay & Rodine, 1989; Newcomer & Udry, 1985). Ignorance about responsibilities in being a parent is found in studies as further indication of the impact of dysfunctional families (Davis, 1989; Lindsay & Rodine, 1989) on adolescent pregnancy. Butler & Burton (1990) point to the fact that sexually abused females are at greater risk for a teen pregnancy, as are young women whose mothers or sisters experienced pregnancies during their teen years (Gabriel & McAnarney, 1983). The significance of the family relationship and dynamics contributing to adolescent pregnancy is well founded throughout the literature. See Table 1, Parental Factors section.

**Socio-Economic Factors**

Cycles of poverty have long been associated as contributing to teen pregnancy. Countless studies have looked at the powerlessness found in lower socio-economic environments and how such a variable contributes to the teen pregnancy problem (Robbins, Kaplan, & Martin, 1985). Within such settings, the
feelings of hopelessness about the future are often the rationale to risk pregnancy as a teenager (Black & Deblassie, 1985; Lindsay & Rodine, 1989). Financial limitations often restrict accessibility to health care and contraception, leaving sexually active adolescents at great risk for a premature pregnancy (Lindsay & Rodine, 1989). See Table 1, Socio-Economic Factors section.

**INDIVIDUAL FACTORS**

The personal factors that combine with the parental, partner, and socio-economic factors create a situation that makes each teen pregnancy unique. Literature is well founded that says a lack of self-esteem and low self-confidence contribute to a teen's being at risk for pregnancy (Landy & Schuber, 1983; Lindsay & Rodine, 1989; Robbins, 1985; Streetman, 1987). A general state of depression or unhappiness in the adolescent's life also increases the chances for adolescent pregnancy (Trussell, 1988; Lindsay & Rodine, 1989). The need to be loved is one of the strongest contributors to premature pregnancy (Davis, 1989; Lindsay & Rodine, 1989; Ross-Reynolds, 1985; Scott, 1983). A lack of structure in life, as well as a perception that life is boring, finds increased support as contributing factors to teen pregnancy (Lindsay & Rodine, 1989; Wallis, 1985). Traumatic life events, high levels of stress,
and crisis circumstances have also been found to motivate teens to risk pregnancy (Carlson, Kaiser, Yeaworth & Carlson, 1987; Marecek, 1987). See Table 1, Individual Factors section.

**UNINTENDED TEEN PREGNANCY**

Over 80% of all teen pregnancies are unintended (Trussell, 1988). For the approximately 16- to 20% of teen pregnancies that are intentional, deeply woven factors contribute to the intentionality (Ross-Reynolds, 1985). Escaping unpleasant home environments, sexual abuse and school failure, trapping a man, and having something to love are just a few examples given for intentional pregnancy (Black & DeBlassie, 1985; Elkes & Crocitto, 1987; Phipps-Yonas, 1980; Walters, Walters, & McKenry, 1987).

The unintended pregnancy offers challenges in logic for most researchers. While over 80% of pregnant teens say the pregnancy was not planned, most of the teens have been sexually active for six to nine months. Only one-third of teens use birth control “regularly,” one third use it inconsistently, and one third never use it at all (Smith, Beck, Davies, 1987). For most teens, entry into a medical setting is predominantly for pregnancy diagnosis. Misinformation about use of contraception often explains sporadic use and poor effectiveness of birth control (Miller, 1983). For the early and middle adolescent, research has
documented the double bind many female teens face. If the teen uses birth control she is often perceived as sexually “available, permissve, and a bad girl”. If she is swept off her feet in passion and submissively has sex, she is perceived as a “good girl” who made a mistake (Wallis, 1985). Such contradictions lead to unclear separation of what constitutes an intended versus unintended pregnancy.

OPTIONS FOR PREGNANT ADOLESCENTS

What is quite clear are the limited outcome decisions available to the pregnant teen. There are emotional and physical consequences to each of the choices. Research abounds in what the choices are, what choices are made by select populations, and the impact of the choice in later life (Campbell, 1988; Teti, 1989; Ulvedal & Feeg, 1983; Weinman et al., 1989). Most teens dispair when presented these options. The usual response is, “I don't like any of these. What else do you have?” (Marecek, 1987).

1. Abortion - According to statistics, the higher the socio-economic level of the teen, the greater the likelihood that she will choose abortion (Compton, Duncan, Hruska, 1987). Of the million teenage pregnancies each year, 40% will end in abortion. These terminations account for 26% of all abortions in the U.S. (Kantrowitz, 1990).
2. Adoption - Only 5 to 6% of babies born to teens are placed for adoption. This option has grown increasingly unpopular with teen mothers over the past 30 years.

3. Single Parenthood - For teens continuing a pregnancy this choice is most often selected. The vast majority choose to keep their baby and raise it as a single parent.

4. Marriage - Few teens choose marriage as an alternative to an unintended pregnancy. For those legitimizing the pregnancy through marriage, the prognosis is poor. One in five teen marriages are likely to break up the first year, one in three dissolve within two years, and three in five separate and divorce within six years (Black & DeBlassie, 1985).

5. Foster Care - This choice is a stop-gap measure. Designed as a means of relieving intense periods of stress or creating additional time for decision-making, it is rarely voluntarily utilized. Court or social service departments are the primary sources to initiate this option.
SOCIO-ECONOMIC FACTORS AND TEEN PREGNANCY

Socio-economic factors point to the fact that teenagers with the least to lose are the ones getting pregnant, staying pregnant, and keeping their babies (Ireson, 1984). Only half of all teen mothers finish high school, which greatly impairs the employment and earning potential of these women (Mott & Marsiglio, 1985). Cycles of poverty and patterns of powerlessness become clear when teens drop out of school. Two-thirds of families headed by women whose first birth came before 20 years-old live below the poverty level (Hayes, 1987). The cost to the American taxpayer is a staggering 16.65 billion dollars, paid through Aid to Families with Dependent Children, food stamps, and Medicaid to women who first gave birth as teenagers. If all teenage births were delayed until the mother was 20 or older, the potential savings to the public would be $5,560 for each delayed birth and $2.06 billion dollars per year for those teens who would have otherwise had a baby (Burt, 1986).

As the age of biological adulthood has decreased with the earlier onset of menarche, the age of social adulthood has become higher because of increased skills and training necessary for today's work force (Black & DeBlassie, 1985). Such a trend for the pregnant teen has far reaching effects.

Young women in America are more likely to become
pregnant than are comparable young women in other developed countries. Westoff (1988) cites socio-economic diversity as a leading cause of this trend. Unequal income distribution and enormous ethnic diversity has created what is now termed the underclass of America. Membership in this group is concentrated in urban areas, largely run by one-parent households, and represented by disproportionately black and Hispanic populations. The alienation created by such an underclass means difficulty in achieving goals related to education, occupation, and financial stability. The combination of poverty with other variables has been found to discourage teens from planning and from deferring gratification. As a result, one form of risk-taking becomes unprotected intercourse.

Gabriel and McAnarney (1983) illustrated sharp differences in socio-economic and subcultural values by studying a group of pregnant teens and middle class couples expecting babies. The adolescents hoped to marry men more economically independent than their boyfriends. They wanted to be gainfully employed, "not poor" and able to be without public assistance. Often the kinds of jobs they described were unrealistic and not in line with the realities of their abilities and impending responsibilities. In contrast, the married couples were financially prepared, had made child care arrangements, and
were directed in combining home and career roles. The merits of such a study draw attention to the vast differences in potential outcomes for both the parents and the infants.

The majority of young adolescents continue to live with their parents during and after the pregnancies. For many families already strained financially, the addition of another child takes a toll. Public officials have expressed concern that some teen mothers have continued to have children to improve their economic situation through welfare (Washington, 1982). In recent years there is growing concern that adolescent pregnancy welfare recipients may be increasingly using their support money for substance abuse dependency. Research is beginning to examine these socio-economic factors and substance abuse dependency issues.

Two factors have been of particular interest to researchers as they closely examine how socio-economic factors relate to teen pregnancy. Racial and educational differences have been studied by many researchers and the findings have relevance to this study.

**RACE**

Ethnic differences emerge in how teen pregnancy is perceived and handled (Franklin, 1988). Baldwin (1983) reported that black:white ratios of births ranged from 1.8:1
at age 19 to 4.8:1 at age 14. The birth rate for black females is almost twice that for white females -- 90% of which are illegitimate (Davis, 1989). Ladner & Gourdine (1984) report teenage pregnancy as perhaps the most critical issue facing the black community. Davis (1989) estimates that almost half of all black females will become pregnant before the age of 20.

A cultural perspective on the traditionally high birth rates among black teens notes the roots of such a trend lie in African ethos (Washington, 1982). The value of woman centered on her ability to bear children, the survival of the group centered on her directing the family, and the man's virility was measured by the number of children he fathered. Later transplanted to this country, these values were perpetuated by the slave experience and the economics of the South. Offspring were seen as economic assets and the matriarchal home persisted. There has been more acceptance of adolescent pregnancy in the black community historically, which may in part be explained by these cultural and ethnic factors.

Franklin (1988) cites reverse entry into the world of work as significantly different for young black females. While the usual progression for females is to enter the work force first and then move to childbearing, for the black
female a reverse pattern is often warranted. Because of high unemployment, inability to get training, and lack of experience, many black teens have found it easier to enter the work force after bearing children as teenagers. By the time her children are old enough to help with household responsibilities, she can then enter the work force with built in "home support." The stressors and implications of such a pattern cause concern for the individuals and the society at large.

It is important to note that the birthrate to black teens has decreased since 1975, where the incidence of teenage childbearing has risen most rapidly among young unmarried whites (Furstenberg, Levine, Brooks-Gunn, 1990). Studies show that socio-economic status is one variable strongly connected to early sexual activity (Olson, 1980). The outcome decisions of teen pregnancy are equally linked to the financial and racial variables contributing to the problem (Phipps-Yonas, 1980).

**EDUCATION**

The single greatest reason for adolescent females to drop out of school is teen pregnancy. Adolescents who become pregnant experience below average school performance even before they conceive (Paget, 1988). Mott & Marsiglio (1985) found that unmarried adolescents who chose to deliver had
lower educational levels than those who chose to terminate pregnancy, were more likely to be school dropouts, or were not on an age/grade appropriate level. Studies show students have lower chances of experiencing teenage childbirth if they are well behaved in school, have higher educational expectations, and live with parents who value achievement in school (Hanson, Myer, Ginsburg, 1987). Teti & Lamb (1989) found that regardless of circumstances adolescent childbirth places young women at a long-term disadvantage with respect to education.

Furstenberg (1990) found in his 20 year study of the children of teenage mothers that the children were more likely than their teen mothers to have failed a grade (57% versus 33%). Miller's study (1983) of 12- to 15-year old teen parents showed that only 35% of the teens fathers and 45% of the teen mothers had completed high school.

Career aspirations of pregnant teens are often not compatible with their qualifications. Gabriel & McAnarney (1983) found some teens who desired to be cashiers, but lacked the skills in simple arithmetic to provide change.

One of the most promising developments for pregnant teens and the school setting has evolved over the past fifteen years. Three hundred schools in 46 states have parenting and child care programs for adolescent mothers.
Such programs provide on-site day care while enabling the
teen mother to continue her education. With 800,000
children of teen mothers needing child care each year, the
school setting is intervening in the lives of two generations
through such programs (Kantrowitz, 1990). Furstenberg's
study (1990) suggests that such remedial education has
generally proven to be the most effective way to break the
intergenerational cycle of teen motherhood.

THE PARTNER IN A TEEN PREGNANCY

The partner of a pregnant adolescent has typically
maintained a low status in studies dealing with teen
pregnancy. Examining factors related to the pregnancy and
partner relationship requires an on-going study of what is
most often a very transient relationship. There are
instances when paternity is unknown, particularly when
alcohol or drug use is a factor (Mott & Haurin, 1986).
Circumstances, or the mere choice of the teen mother, may
mean the partner is never told about the pregnancy. And some
partners even deny being the father. For such reasons,
studies dealing with the partners have been difficult to
ground and follow. In many instances pregnant teens have
served as the primary source of information about their
partners.
Black & DeBlassie's (1985) study of partners of pregnant teens found the teens and partners had usually known each other at least a year and had strong feelings for each other. Fully 70% of the partners were teens themselves, typically two to three years older than the female. Both teens shared the same socio-economic backgrounds and had achieved similar educational status. This study found the initiation for the sexual relationship may have come from either one, with age differences being a consideration. The younger the adolescent, the more significant sexual pressure came from the partner (deAnda, 1983). Profiles of the young pregnant adolescent suggest that she began dating shortly after entering her teens and within a few months established an exclusive relationship. Intercourse most often takes place in the home of one partner or the other (Furstenburg, Lincoln, & Menken, 1981). Birth control becomes an important issue in retrospect for most young teens. When one 14-year-old was questioned why she chose not to use birth control, she said "I couldn't ruin it for my boyfriend. And anyway I didn't know him well enough to ask if we should use it."

After confirming the pregnancy, most female teens report not making joint decisions with the partners about how the pregnancies will be managed. Mothers of the pregnant teens are the most significant person to help make decisions
regarding the pregnancies (Carlson, Kaiser, Yeaworth & Carlson, 1984). Partners are portrayed as important supporters, along with close girlfriends. It should be noted that the outcome decision of a pregnancy seems highly correlated with the level of relationship with the partner (Olson, 1980). Studies indicate that teens who choose abortion as the outcome option are often in less committed relationships and desire to pursue roles other than parenthood with their partners.

Many times teens say they chose to continue their pregnancies because they lacked money or resources to do otherwise. Financial limitations restrict the options of the economically disadvantaged teens. These teens find it more inconceivable to come up with money for an abortion, than to pay for a child over a lifetime. The interaction of socio-economic and partner factors become evident.

Competition between parenthood and a relationship with the baby's father was a special concern for teens of lower socio-economic status. The females saw strong on-going dating relationships as incompatible with their roles as mothers. Middle class teens have more of a desire to legitimize their pregnancies through marriage or court confirmation of paternity responsibilities (Gabriel & McAnarney, 1983).
Expectations of post delivery commitment were also examined by Gabriel and McAnarney (1983). They found the teen mother did not expect the father of the baby to support the child financially. The family of the partner, particularly the mother, was expected to provide occasional financial contributions. The teen mother did expect the father to be proud of the child, especially if the baby was a male. The partner was expected to show some interest towards the child and spend some time with it.

In a recently published study involving the children of teen mothers over a 20-year period, it was found that the partners were more likely to have married the teen mothers 20 years ago. Some economic support and contact with the children during the 20-year span typified the partners. The study further found that today's partners have weaker relationships with their children than partners of 20 years ago. Of today's teen partners, 55% have no contact with their children, compared to 38% of partners in the older sample. (Furstenberg, Levine, Brooks-Gunn, 1990).

Miller's (1983) study of 12- to 15-year-old parents found the typical partner to have known the baby's mother for a year or longer and to be several years older than the mother. A year and a half after delivery, the partner saw the mother and baby, but less often. He occasionally
provided disposable diapers and small amounts of money, but not consistently or frequently. The mother had expected more support from the partner before the birth.

Literature is limited on the role of the partner of pregnant teens. Researchers are recognizing the increasing number of programs for adolescent fathers (Barret, & Robinson, 1982; Stengel, 1985). Such factors as the partners role in the pregnancy decision, his parenting skills, financial obligations, birth control, and relationship issues are being examined. It is likely that future research on adolescent pregnancy will reflect the current interest in this dimension of adolescent pregnancy.

PARENTAL FACTORS AND TEEN PREGNANCY

The literature confirms that parental factors do relate to teen pregnancy. The confusion found within communication patterns, the changed structure of single parent households, and the role modeling provided within the family context contribute to behavior leading to adolescent pregnancy. An analysis of family structure and dynamics offers a more complete picture of factors that shape teen pregnancy. Sexuality information, gender roles, communication, expectations, and values about pregnancy are often centered in the family environment. The family unit is a complex
dynamic network of interlocking, interconnected, interdependent, and interactive relationships. The thoughts, feelings, and actions of individuals in the family and factors that affect their behavior warrant closer study.

SECOND GENERATION MOTHERS

Patterns of repeat pregnancies from mother to daughter have been of interest to researchers for some time. In Miller's (1983) study of 12- to 15-year-old teen parents, 82% of the teens' mothers gave birth to their first child in adolescence and 41% had sisters who had also been pregnant as teens. Gabriel's and McAnarney's (1983) study of pregnant teens in Rochester, N.Y. found the teens often explaining their current pregnancies in relation to their mothers. They said, for example, "I am 15 and my mother was 15 when she had her first baby". It is evident that some adolescents use their mother's life patterns as a model for teen pregnancy. Similarly, sisters, other female relatives, and friends who became parents in adolescence served as role models for pregnant teens to justify their pregnancies (Polit & Kahn, 1986).

Current literature suggests there is reason to re-examine this variable. The Furstenburg, Levine, & Brooks-Gunn (1990) study of two generations of teenage childbearing
in Baltimore offers some indication that today's teens are not as inclined as their mothers to deliver children during adolescence. Two-thirds of the daughters of teen mothers 20 years ago did not become teen parents themselves. The study is not able to pinpoint any single reason why so many daughters avoided their mothers' fate. The researchers commended the school system efforts, individual family changes during the study, and a certain amount of luck. This is seen by many social scientists as a sign that the intervention and prevention strategies with the schools, individuals, and families affected behavior for second generation teens. Such assumptions deserve closer study and research.

SINGLE PARENT HOMES
Mother's who rear children without resident fathers demonstrate a social trend of our time. Newcomer and Udrey's (1987) study of the effects of parental marital status on adolescent sexual behavior revealed that adolescent girls reared without fathers were much more likely to become sexually active. Research has shown that the increase in adolescent sexual behavior in the '60s and '70s was paralleled by rapid increase in the proportion of children reared without fathers. A female adolescent from a lower socio-
economic, fatherless household, with siblings born out of wedlock is more at risk for teen pregnancy (Franklin, 1988; Olson, 1980). Studies have reported single mother households as a factor directly related to earlier sexual activity (Paget, 1988; Ulvedal & Fegg, 1983).

Since 1965 the rate of single mothers in the black community has risen from 25% to 57% in 1984. Studies predict that by the age of 14, over 70% of all black children will have experienced the absence of a parent (Furstenberg, Nord, Peterson, & Zill, 1983; Hofferth, 1987). In light of the connection in the literature between the single parent home and adolescent pregnancy, this factor deserves careful attention and study in the future.

**PARENTAL RELATIONSHIPS**

The type and quality of relationships in the family of a pregnant teen are frequently addressed as side issues in research. Olson & Worobey (1984) found that family experiences during adolescence were critical in determining what teens were at risk for pregnancy. If the teen felt alienated from her mother, or if the teen's relationship with her father was excessively intimate, early sexual behavior was more likely. Emotional malnutrition is often the climate from which pregnant teens evolve. Too little parental love, protection,
lack of supervision, little encouragement, and few opportunities to relate positively within the family are characteristics of the homes of pregnant teens (Landy, Schubert, Cleland, Clark and Montgomery, 1983).

A predominant variable in the literature shows the relationship with the mother to be a significant factor to teen pregnancy. The mother-daughter bond is biological and emotional. Olson & Worobey's study (1984) describes the bonding links to include such events as menstruation, conception, gestation, birth, and menopause. While these experiences can be positively shared links to sexual identity, they often represent barriers to sexual socialization with the pregnant teen. Teens relate they feel inadequate to their mothers, want to be loved and admired by their mothers, want to provide gifts to the mother, compete with the mothers, have babies to identify with the mothers role, and use hostility towards men as a way of relating with the mothers.

Landy, Schubert, Cleland, Clark and Montgomery's survey of 14- to 16-year-old pregnant teens found the mothers to be consistently dominant in the home. Most of the pregnant teens had been exposed to confusing, inconsistent, unpredictable, and frightening models of motherhood. In spite of this "poor mother" role model, the daughters felt
unusually tied to the mothers. The pregnant teens said they found it very difficult to live with their mothers, and impossible to live without them.

The relationships with the fathers of the teens shows extremes of behavior. Pregnant teens report either a passive, ineffective man or an exploitative, brutal one. "Irresponsible," "weak," and "disturbed" were descriptors of the fathers in their lives. In many teen homes the male figures were not the biological fathers, but boyfriends and stepfathers. In a study of pregnant teens, Ulvedal & Feeg (1983) found the relations with the male figures in the homes to be very poor.

Strained communication within the homes of teens is associated with an increased risk for teen pregnancies (Chilman, 1980; Hanson, Myers, & Ginzberg, 1987; Phipps-Yonas, 1980). Parental attitudes and values that are communicated, parental supervision, and positive expectations and future planning appear to deter childbirth in adolescence.

Of interest is the perceived difference between parent and teens about sexuality information exchanged prior to pregnancy. Furstenburg, Baron, Shea, & Webs (1984) found that parents and teens did not agree whether communication about sexuality had even taken place. In one study parents reported communicating values, information about birth control,
conception, and familial values about sex (Newcomer & Udry, 1985). The teens of these parents reported not being aware of parental values about sex-related issues. Conversations dealing with birth control and sexual activity were perceived by parents as having gone well, and perceived by the teens to have barely gone at all. Such ambiguity and confusion add to the contributing factors associated with teen pregnancy.

TRADITIONAL COUNSELING APPROACHES TO TEEN PREGNANCY

Historically, counselors have been trained to counsel the pregnant teen in the same manner they counsel all clients. Usually the counselor was trained in a specific theoretical orientation, and used a singular theoretical approach to work with all clients. The effectiveness of the relationship was often measured by the serendipitous chance that the client responded to the prescribed approach.

During the last 100 years, professional counseling and psychotherapy orientations taught that all clients were to be treated alike (Smith, 1982). Client issues could widely differ, but schools instructed counselors to respond to these differences by working with all clients by a strict adherence to theory. As counselors found that certain theoretical orientations were not compatible with some clients, more theories were developed. Nisenholz (1983)
reported that in 1976 more than 130 theoretical approaches were developed and that by 1980 375 theoretical approaches were identified. What became obvious was that not all clients responded to one particular counselor's theoretical style. In an effort to meet the needs of clients, the counselors kept developing theoretical approaches. Rather than recognize individual differences in clients, counselors continued to strive for diverse approaches to individuals (Peterson & Bradley, 1980). In spite of hundreds of theoretical orientations, counselors were still facing clients who did not respond to any singular approach.

ECLECTIC COUNSELING

From the confusion of which theoretical approach to use with a client grew increasing support for an eclectic approach to counseling. Current studies report a major shift towards eclecticism in the field of counseling (Braebeck & Welfel, 1985; Smith, 1982; Ward, 1983). The strength of such a trend is found in the recognition that selection of bits and pieces from diverse theoretical sources enables the counselor to be more open and flexible in responding to individual needs (Braebeck & Welfel, 1985).

The pregnant teen presenting herself to a helping professional brings a unique set of circumstances, values,
concerns and decisions to the counseling relationship. While the teen who is pregnant shares a gestational period and outcome delivery with all pregnant teens, her own thoughts, feelings, and actions separate her decisions as a unique situation. Research is abundant on teen pregnancy risk factors, medical complications, impact on children, economic liabilities, and effect on the American society, but research has not dealt with the more individualized variations in behavior and decision-making. In order to further support the development of eclectic counseling, data and research is needed to add to the body of literature.

THE USE OF TFA SYSTEMS (tm) IN COUNSELING PREGNANT TEENS

The use of TFA Systems (tm) provides an opportunity for a crisis situation, such as teen pregnancy, to be understood from a behavioral framework. The use of TFA means that individual differences present in each adolescent pregnancy can be identified, recognized, and made an integral part of the counseling process. The guesswork can be removed from the process, since the System allows easy access to the thoughts, feelings, and actions of the client.

TFA Systems (tm) originated through the work of Hutchins (1979), who explained individual behavior in terms of one's thinking (T), feeling (F), and acting (A). Looking at
behavior in this way meant situationally specific behavioral responses were easily identified. In contrast to other counseling approaches, the TFA System (tm) integrates the cognitive, affective, and psychomotor dimensions of behavior in a systematic manner.

The three components of the TFA System bring together the interaction of thoughts, feelings, and actions. This interaction is unique to the combination of individual and situational factors. A closer look at the System components follows (Hutchins, & Vogler, 1988).

THINKING

The cognitive part of behavior, thinking deals with information about people, data, or things. A person can have positive or negative thoughts.

How Thinking is a part of a teen pregnancy situation is illustrated by the following hypothetical examples.

I would like to think about the advantages and disadvantages of adoption before I decide.

What is the cost of prenatal care?

What is involved in filing for paternity?

Can my boyfriend be made to support this child?

Is it possible for my parents to make me get an abortion?
FEELING

The emotional component of behavior is represented in the Feeling area. Both positive and negative feelings are represented in individual behavior.

Hypothetical examples of feelings within the teen pregnancy context might include the following.

My parents will kill me!
I'm furious with my boyfriend for letting this happen.
This is great. Now I can leave home for sure.
This is awful! It can't be happening to me.

ACTION

Action refers to what a person does or how an individual responds to a specific situation. Action implies movement and can also have positive and negative elements.

Action behavior within the teen pregnancy issue can be found in the following hypothetical examples.

Can you tell me if the ADC office is open this afternoon so I can sign up?
Who will take me to apply for daycare?
Will the doctor see me right away to confirm that this test is correct?
INTERACTION OF TFA AND TEEN PREGNANCY

Behavior is determined by the combination of thoughts, feelings, and actions. The exact sequence of which occurs first is determined by the situation.

The teen who has intercourse because she is furious with her mother and wants to leave home has very different responses to a pregnancy than the teen who had sex with her boyfriend as a way to prove her love for him. The end result for both teens might well be pregnancy, but the behavior that motivated the action had a very different sequence. The anger with the mother and the plan to leave home illustrate a negative Feeling with an Action plan that contributed to the teen pregnancy. The teen who was swept off her feet in proving her love used her positive Feelings for her boyfriend to prompt her behavior. Neither teen responded with rational Thinking about the consequences of a pregnancy. Understanding the behavior of the pregnant teen provides insight into the orientation, motives, and expectations she brings to the crisis.

TFA AND TEEN PREGNANCY AS A CRISIS SITUATION

Adolescent pregnancy is considered a crisis situation (Baldwin, 1978; Janosik, 1986; Manecek, 1987). Acknowledging the complications of normal developmental dilemmas caused
by forced entry into adulthood through teen pregnancy causes teachers, counselors, and helping professionals to react with concern. Whether the pregnancy is to be continued or terminated, a child put up for adoption, or marriage to occur decisions must be reached (Bach, Kastner, & Schuman, 1987). All too often denial of the pregnancy by the teen has left the confirmation well past desired limits (Compton, Duncan, Hruska, 1987). The need for rapid decision-making goes against society's standards for the ideal, responsible decision-making. Thorough and reflective consideration is tested by the need to secure prenatal care, legitimize the pregnancy, or terminate it within the state's legal limits.

The need for a quick assessment of the individual's response to the pregnancy is important in order to facilitate the decision-making process (Manecek, 1987). Baldwin (1978) identifies a problem pregnancy as a dispositional crisis that requires clarifying the client's problematic situation through an interactive process. Assessment is directed at the situation that produced the crisis, modes of responses, and direction needed for resolution. Baldwin also recognized that traditional assessment techniques and psychiatric diagnosis do not fit the pregnancy crisis counseling modality.

Janosik (1986) relates that although a crisis is not a pathological condition, the accompanying disequilibrium causes
cognitive, affective, and behavioral distortions. To assess effectively it is important to clarify the events leading to the crisis, who is involved, what happened during and after the significant events, and how the client feels about it. Jansosik stresses the importance of connecting with the cognitive, affective, and behavioral distortions that are characteristic of crisis situations.

The goals for crisis counseling begin with an accurate, quick assessment of both the client and the situation. Maneck (1987) outlined the long term goals for crisis counseling in teen pregnancy to include:

1. Confirming and acknowledging the pregnancy
2. Exploring and weighing the alternatives
3. Deciding among the alternatives
4. Making commitment to the decision

The TFA System facilitates the process of assessing the situation through the thoughts, feelings, and actions of the client, and moves the client toward decision-making goals.

THREE SIGNIFICANT DECISION-MAKING POINTS IN TEEN PREGNANCY

The facets of teen pregnancy have far reaching effects. Decisions surrounding a teen pregnancy impact families, future opportunities, education, the psychological well-being of the individual and at least two generations. In
order to study the thoughts, feelings, and actions of pregnant teens with the TFA System, three significant decision-making times serve as the framework. These points represent times of crisis, assessment, and decision-making. The behavior at these three times bring unique characteristics and diverse implications.

TIME OF INTERCOURSE

Research on teen pregnancy has focused on two primary aspects related to sexual activity. These primary aspects are the factors that put teens at risk, and the outcome decision after conception. The behavior of teens at the time of intercourse provides insight into both contributing factors and individual situations. Understanding diversity of motivational factors leading to intercourse is easily assessed with the TFA System. Having a profile of what thoughts and feelings went into the decision to have intercourse is important information in assessment of the crisis.

CONFIRMATION OF PREGNANCY

Individual differences in reaction, management, and ability to cope with a positive pregnancy test cross the spectrum of possibilities when a pregnancy is confirmed.
During this time when the reality of consequences is suddenly thrust upon the teen, thoughts, feelings, and actions become paramount. For one teen the reaction may be very emotional; where for another the reaction is quite action-oriented. The TFA assesses behavioral responses that are sensitive to the individual and her circumstances. The situation of a confirmed pregnancy is quite different from the situation of having intercourse. It is important in using the TFA to discern if and how the thoughts, feelings and actions differ.

**SIX WEEKS POST DELIVERY**

The realities of teen motherhood - the strain of 24 hour care; difficulties in managing money, and time, and school; dating issues; and the knowledge that the baby is a responsibility for life - contribute to some very strong behavioral responses for many teens. The thoughts, feelings, and actions at this time are significant to the relationships and life pattern of the teen mother. The TFA assessment now focuses on a very different set of circumstances for the teen from time of intercourse and confirmation of pregnancy. It is important to differentiate this decision-making period by using the same System.
SUMMARY

The dramatic picture painted by current statistics and the continuing evidence through research suggest that the adolescent pregnancy epidemic warrants continued examination. At one time researchers attempted to evaluate factors that put one teen at risk for pregnancy and not another. This trend has significantly changed. Most social scientists agree that all teens today are at risk (Davis, 1989; Walters, Walters, & McKenry, 1987). No longer do we refer to “those girls,” but to all female adolescents. In this four-month study the behavior of pregnant teens spans almost a year's time (time of intercourse to six weeks post delivery). Understanding how, or if, the individual thoughts, feelings, and actions relate to teen pregnancy over this time period is crucial. The literature, the field of counseling, educational settings, and prevention programs can benefit from the use of the TFA System (tm) to address this personal and societal problem. The ability to contribute resources necessary to understand this perplexing issue brings positive possibilities for future involvement with individuals affected by adolescent pregnancy and the rippling effects absorbed by our society.
CHAPTER THREE

METHODOLOGY

In this 16 week study part of TFA Systems (tm) was used to descriptively analyze 13- to 16-year-old pregnant adolescents. The study presents thought, feeling, and action characteristics experienced by teens at three significant decision making times: (a) time of intercourse, (b) confirmation of pregnancy and (c) six weeks post delivery of a viable child.

SAMPLE

Participants were 13-to 16-year-olds enrolled in a school for pregnant adolescents located in southwest Virginia. Parental consent to participate in the study was secured for all subjects.

DESIGN OF THE STUDY

This descriptive study used in-depth structured interviews with each pregnant teen at the designated site over a four-month period.
The Interview Sheet (Appendix B) was used to gather information in the following categories related to teen pregnancy:

1. Demographic Information
2. Parental Factors
3. Socio-economic Variables
4. Partner Information
5. Motivation for Pregnancy
6. Significant observable information about relationships, attitudes, and behavior for each subject.

In addition to these variables, the researcher obtained a TFA assessment of each subject's thoughts (T), feelings (F), and actions (A) for each of the three significant decision-making times outlined above.

Depending on the stage of pregnancy, either two or three TFA assessments were secured. Some subjects had delivered their babies when the study began. For those participants, all three TFA assessments were retrospectively obtained. Other subjects had not delivered when the study ended and only two of their TFA assessments were obtained. This design was intentional to include the maximum number of subjects.
INSTRUMENTATION

INTERVIEW SHEET

A structured interview sheet was developed that reflected current research findings, variables associated with teen pregnancy, and areas of particular interest to this study. Ancillary instruments that contributed to the development of the interview sheet for this study included:

1. The Demographic and Social Support Questionnaire
   (Carlson, Kaiser, Yeaworth, & Carlson, 1980).

2. Adolescent Life Change Event Questionnaire
   (Carlson, Kaiser, Yeawoth, & Carlson, 1980).


4. Hutchins Behavior Inventory
   (Hutchins, 1984)

Survey questions were both open-ended and category coded for responses. Some of the open ended questions were categorized as the data was analyzed. The survey was designed to secure as much descriptive data as possible.
The final survey was divided into seven sections. The sections were subdivided by questions relevant to the study. Each section and all questions were supported by research findings relevant to this topic. See Appendix B for a copy.

The sections were as follows:

**DEMOGRAPHIC INFORMATION**

Birthdate, ethnic status, and grade level in school were recorded in this section. Each participant was given a code number to insure confidentiality throughout this study.

**PARENTAL FACTORS**

Variables were examined with parent-teen relationships, parental supervision, number of parents living in the home, and patterns of repeat teen pregnancy with mothers and daughters. Parental reaction to the teen pregnancy, parental input about how to manage the pregnancy, and sources of sexuality information were studied. Each teen subject described the thoughts, feelings, and actions of her parents to the pregnancy. Through those descriptions, additional insight was gained into attitudes and behavior of parents of pregnant teens.
Socio-economic Information

Subcategories of interest in this section include level of family income, parents' educational levels, occupations of parents, career ambitions of parents, and financial impact of the teen pregnancy on the family. Each subject described her future educational plans, hopes for her life in ten years and what her parents have told her about her future. Also included were questions about financing prenatal care, providing for the baby's needs, and plans for daycare. The blending of past and future socio-economic considerations enabled a broad range of descriptions and analysis.

Partner Information

The interview content examined the subject's relationship with the partner both (a) before conception and (b) after confirmation of pregnancy. The role of the partner in dealing with the pregnancy was examined, as well as his thoughts, feelings, and actions. A closer look at the subject's behavior and attitudes, and at her relationship with her partner provided further insight into the behavioral responses and decisions of the pregnant adolescent.
MOTIVATION

The thoughts, feelings, and actions that motivated the teen to risk pregnancy were examined in this section. Responses from each subject described why she was motivated to be sexually active. A checklist of people who helped the teen make decisions about the pregnancy was used to determine support systems utilized and reasons for selection.

TFA TRIADS

This section examined adolescent behavior patterns using the TFA triangle. During the interview procedure, TFA triads were generated that reflected the thoughts, feelings, and actions of the teen at three important decision-making times: (a) time of intercourse, (b) confirmation of pregnancy, and (c) six weeks post delivery. Grouped together, the TFA triad data resulted in assessments that could be used to compare behavior at these three times.

INTERVIEW OBSERVATIONS AND RELATED INFORMATION

The researcher recorded impressions, observations, and data not elsewhere represented in the survey. Personal details shared during the four month interview process were noted. Observations were combined with the behavioral assessments of each subject to examine factors contributing to adolescent pregnancy.
Behavioral Assessments

During each interview behavioral assessments were made of the teen at three significant times during the pregnancy: time of intercourse, confirmation of pregnancy, and six weeks post delivery. The TFA Triangle was used to systematically assess behavior at each time. While the TFA Triangle is currently in a developmental phase, it has been successfully used to assess behavior in specified crisis-related situations in recent years (Clow, 1989; Tieman, 1991).

TFA Triangle

Part of the TFA Systems (tm) developed by Hutchins and Vogler (1988), the TFA triangle is an open-ended scale framed by Thoughts, Feelings, and Actions at the vertices. Behavioral responses to the following questions were marked on each side of the triangle as shown in Figure 1.

In this situation (time of intercourse, confirmation of pregnancy, or six weeks post delivery)

1. Were you more Thinking (T) or Feeling (F) or about in the middle?
2. Were you more Feeling (F) or Acting (A) or about in the middle?
3. Were you more Thinking (T) or Acting (A) or about in the middle?
Question 1
Were you more Thinking or Feeling or about in the middle?

Question 2
Were you more Feeling or Acting or about in the middle?

Question 3
Were you more Acting or Thinking or about in the middle?

Figure 1. The TFA Triangle and three critical questions
The researcher recorded descriptive responses through analysis of individual thoughts, feelings, and actions. These descriptors were used to clarify and describe the subject's behavioral assessment. The responses marked on each side of the triangle were connected to form a TFA Triad, as shown in Figure 2. Operationally, the TFA Triad is a graphic display of the interaction of the individual's thoughts, feelings, and actions in a specified situation.

DATA ANALYSIS

1. Data collected from this study was analyzed both qualitatively and quantitatively.

2. Descriptive statistics were calculated on Number Cruncher Statistical System (NCSS) for all continuous variables. Means, standard deviations, ranges, and scatter plots were calculated.

3. Frequencies were tabulated for all categorical variables.
I have a lot of questions
I have many doubts
I need to read these brochures

I'm sorta happy
I'm scared
I'm not sure how I feel

I called my mother
I wrote a letter
I made an appointment
I made a list of things to do

Figure 2. Sample descriptors supplied by subjects
OPERATIONALIZING TFA TRIADS

TFA Triangles were used to collect data on the interaction of the subject's thoughts, feelings, and actions at the time of intercourse, the time of a confirmed pregnancy, and six weeks post delivery. TFA Triad responses were numerically operationalized using the following steps:

1. Bipolar responses on the triangle were given a 3-point value. Such responses represented a mark at the extremes of the Thought, Feeling, or Action linear scale. A bipolar response was designated by a capital T, F, or A.

2. Midpoint responses on the triangle were given a 2-point value from each of the bipolar extremes. Such responses represented a mark at the middle of the Thought, Feeling, or Action scale. A midpoint response was designated by a small letter t, f, or a.

3. Total number of points for Thoughts, Feelings, and Actions were summed for each Triad by adding all bipolar and midpoints assigned to Thoughts, Feelings, and Actions.

4. The TFA Triad was transformed into a numerical rating reflecting individual Thoughts, Feelings, and Actions in the three specific situations, as shown in Figure 3.
Figure 3. The operationalized interaction of thoughts, feelings, and actions
RESPONSE VARIABLES

Subject responses were analyzed in order to study similarities, differences, and patterns. Individual and group analyses enabled the researcher to closely examine variables contributing to and resulting from an adolescent pregnancy.

DATA MANAGEMENT

Data from the interview instrument was transcribed in raw form to the askSam Data Management System (askSam Systems, 1987) for analysis. Using the interview instrument as the framework for this analysis, ten templates were created within the data management system to assimilate information and responses from all subjects. These templates enabled the entire interview instrument to be qualitatively and quantitatively processed and analyzed. See Appendix C for a copy.

DATA DICTIONARY

Individual and group response patterns were vital to the qualitative analysis of this study. The askSam System reviewed all templates for key phrases, words, or terminology. Once a word was identified in a template, the researcher was able to see the connotation of the response in relation to
the intended meaning. The research questions of the study were used as search terms throughout the analysis.

A culmination of the qualitative analysis generated data dictionaries that supported Research Questions Two and Three. The data dictionaries represent the frequency of word count and meaning throughout the study. Patterns of communication were analyzed. Whenever possible, the researcher categorized the data dictionary responses into positive and negative categories. For example, a subject described her mother's feelings to the confirmation of pregnancy by saying, “She was mad. She freaked out.” Those responses reflect negative feelings on the part of the subject's mother. Another subject described her mother's feelings at confirmation of pregnancy as “happy, calm, excited”. The contrast in responses illustrate how positive and negative differentiation was possible by examination of the subject's response and intended meaning.

The data dictionaries served as the qualitative foundation of this study. The analysis of subject and group responses to the interviews supported the qualitative findings and research questions.
RESEARCH QUESTIONS AND ANALYSIS

Analysis of the research questions synthesizes the interview instrument, subject responses, and purposes of this study. Descriptions of the relationships among the interview instrument, analysis, and research questions follow. See Appendix B for the Interview Instrument.

RESEARCH QUESTION ONE

What is the research on variables related to adolescent pregnancy?

The analysis of research variables and adolescent pregnancy was addressed in Chapter Two of this study. The review of literature presented and analyzed variables relevant to the study of behavior assessments and pregnant adolescents.

RESEARCH QUESTION TWO

What is the relation of partner, socio-economic, and family variables to the thoughts, feelings, and actions of pregnant adolescents?

a. How do socio-economic factors relate to teen pregnancy and outcome decisions?
Section III (Questions a - i) of the interview instrument focused on this area of interest. The level of family income became a matter of whether the family qualified for government assistance. Actual income categories could not be obtained. Parents' education levels, primary provider of prenatal care, and provider of post natal care were analyzed quantitatively. Frequency counts and percentages were calculated.

Parental occupations and ambitions were qualitatively analyzed as were the subjects' goals, aspirations, school involvements and daycare plans, and the financial impact of pregnancy on the family. Data on these variables was processed on askSam templates two, three, and four.

The information in Section III, combined with demographic information in Section I, contributed to descriptive information included in each case study.

b. How does the relationship with the father of the child relate to the outcome decision of a teen pregnancy?

The partner of each subject was analyzed in Section IV (questions a - c) of the interview instrument. The role of the partner in dealing with the pregnancy was quantitatively examined with frequency and percentage
reported. Partner age variables in relation to other age variables in the study were examined. The subject partner dating relationship, the partner's response to the pregnancy, and the partner's current involvement were variables examined qualitatively. Template Five in the askSam Management Data System processed these variables. Data dictionaries categorized the responses and analysis.

Descriptive information supplied by subjects about their partners was included in individual interview assessments.

c. How do parental factors relate to teen pregnancy?

Section II (questions a - i) dealt with analyzing parental factors. Subjects' perceptions to their parents responses to the pregnancy were examined qualitatively through askSam Data Management System. Template One processed the thoughts, feelings, and actions of the mother and father of the subject in response to the confirmed pregnancy. Data dictionaries were created reflecting the pattern of responses. A dictionary of relationships examined the frequency of communication about significant people. Adult responsible at home, mother's age when first child was born, parental
input about pregnancy, influential persons, sources of sexuality information, confidanté for sensitive issues, and adults at home in the afternoon were all questions quantitatively processed. Frequency counts and percentages were calculated. The mean age of the subject's mother when her first child was born in relation to the subject's and partner's ages was analyzed.

Descriptive information about parental influence, factors, and relationships was included in each of the individual interview assessments.

d. What are the relationships among socio-economic, partner, and parental variables?

Sections II, III, and IV of the interview instrument were used to examine the relationships of all variables represented in these sections. Qualitative analysis was accomplished across the variables through the askSam Data Management System. Descriptive analysis of the relationship of these variables is presented (see Chapter Four, Discussion Section).
RESEARCH QUESTION THREE

What are the patterns of thoughts, feelings, and actions of pregnant adolescents at the time of intercourse, confirmation of pregnancy, and six weeks post delivery?

Sections V, VI, and VII of the interview instrument focused on the pregnant teen's thoughts, feelings, and actions. Their behavior patterns were analyzed qualitatively and quantitatively. Each subject retrospectively contributed TFA triangles for the time of intercourse and confirmation of pregnancy. Post delivery TFAs were done on those subjects who delivered during the study.

Quantitative analysis of thoughts, feelings, and actions examined group and individual patterns of operationalized TFA Triads. Quantitative differences in Thinking, Feeling, and Acting ratings enabled similarities and differences to be differentiated.

Qualitative analysis of thoughts, feelings, and actions of the pregnant adolescent at the three times was recorded on the askSam Data Management System. Descriptors of thoughts, feelings, and actions from the TFA triads were examined on templates six, seven, eight,
nine, and ten. Individual and group patterns were analyzed through the data dictionaries. Positive and negative behavioral responses were examined through the data dictionaries.

Descriptive information that detailed and clarified the thoughts, feelings, and actions of each subject evolved throughout the study. The integration of these details are presented in the individual assessments.
CHAPTER FOUR

RESULTS

A number of fundamental findings emerged from the review of literature which had major implications on the structure and implementation of this study.

REVIEW OF LITERATURE FINDINGS

While factors contributing to adolescent pregnancy are multiple and complex, there were particular trends apparent from the review of literature. The enumeration represents an extant summary of the review of literature chapter and aligns with research question one. The question was, “What are the primary research based variables related to adolescent pregnancy?”

1. A single factor or combination of particular factors are not catalysts to teen pregnancy. Individual responses to life circumstances, parental influence, socio-economic status, and dating relationships are varied. Factors that may put one adolescent “at risk” for teen pregnancy may not affect another. Better understanding of the factors influencing adolescent
behavior is best served by looking at how individual circumstances and responses contribute to the overall teen pregnancy problem.

2. Female adolescents are physically maturing earlier in life, prolonging years of reproduction.

3. Onset of sexual activity is occurring at younger ages for female teens. In 1970, only 4.6% of 15-year-olds had been sexually active, compared with 25.6% in 1988 (Center for Disease Control, 1988).

4. Societal norms, standards, and mores about sexuality have affected adolescent behavior.

5. Changes in family structure, roles, and relationships impact decisions made by adolescents.

6. Socio-economic issues contribute to conditions affecting life circumstances and choices available to many teens.

While these trends are not the exclusive contributors to teen pregnancy, the literature supported the need for further analysis. The first research question of this study was answered in Chapter Two. The remaining research questions were addressed through specific findings of this study.
OVERVIEW OF RESULTS

The results presented in the remainder of this chapter answer research questions two and three. Demographic information provides an overview of the subjects', stages of pregnancy, and post delivery options. Age variables of the subjects, partners, and mothers illustrate similarities and differences from previous research findings.

The relationship of partner, socio-economic, and parental variables was closely examined during the four-month study. As outlined in research question two, each of the variables was analyzed individually and collectively as it contributed to adolescent pregnancy.

Of primary interest to this study was the examination of individual thoughts, feelings, and actions. Research question three is answered through the analysis of subjects', parents', and partners' responses at significant times in the teen pregnancy. Analysis of individual thoughts, feelings, and actions provides a better understanding of behavioral patterns contributing to adolescent pregnancy.

When the teens' pregnancies were confirmed, thoughts, feelings, and actions of the partners, parents, and subjects were analyzed. As outlined in research question two and three, discriminating the contributing factors as well as
the behavioral patterns at significant decision making times supports and adds to the body of literature.

The subjects' thoughts, feelings, and actions at the three significant decision making times were especially important to this study. As part of research question three, this analysis gave substance to primary purposes of this study. TFA Triangle interviews at the three decision making periods supported qualitative and quantitative analysis.

The results that follow reflect examination of contributing factors and behavioral patterns of pregnant adolescents. The parents', partners', socio-economic variables, and individual responses were analyzed in order to identify specifically the relations and effects contributing to pregnancy for an adolescent.

DEMographic INFORMATION

The 11 subjects in this study volunteered to participate. During the course of the four-month study, all 11 actively participated in the research. The subjects attended school and were in the 9th, 10th, or 11th grades.

All subjects were experiencing their first deliveries. Three of the subjects had been pregnant within the previous 15 months and had elected to have abortions at that time.
Stages of pregnancy were quite varied for the subjects. Some babies were born within weeks of the beginning of the study; others were not to be born until months after the study was completed. All subjects in this study chose to keep their babies after delivery.

AGE VARIABLES

The age range of subjects was from 14 to 16 years old, with the mean age of the group was 15.45. Consistent with findings in the literature, the ages of the partners were an average of 3 years older than the subjects. The age range of the partners was from 16 to 24 years old. Throughout the literature, research suggested that the age of the subject's mother when her first child was born was a predictor for adolescent pregnancy. The findings of this study did not support that hypothesis. The average age of the subjects' mothers at first delivery was born was 20.45. The range of the mothers ages at delivery was 13 to 26 years old. The subjects were experiencing childbirth on the average of five years before their mothers, as shown in Table 2.
Table 2

**SUBJECTS', PARTNERS', AND MOTHERS' AGE VARIABLES**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects' Age</td>
<td>15.45</td>
<td>.69</td>
<td>14-16</td>
</tr>
<tr>
<td>Partners' age</td>
<td>18.64</td>
<td>2.01</td>
<td>16-24</td>
</tr>
<tr>
<td>Mother age 1st child</td>
<td>20.45</td>
<td>3.98</td>
<td>13-26</td>
</tr>
</tbody>
</table>
PARENTAL, PARTNER, AND SOCIO-ECONOMIC VARIABLES

The relations among factors associated with adolescent pregnancy was of interest from the outset of this study. While recognizing the over-lapping effect of these factors on individual behavior, overall patterns were evident for the subjects of this study.

PARENTAL VARIABLES

Parents were the primary caretakers of subjects in this study. Ninety-one percent of the subjects lived with parents. None of the subjects lived with both biological mother and father. The majority of young women grew up with separated, divorced, or divorced and remarried parents.

Over half of the teens said they had very satisfying relationships with their parents. Most of the subjects reported poor relationships with their parents prior to becoming pregnant. Once the parents "got used to the idea" of their daughters being pregnant, subjects described improved communication and level of acceptance at home. Those who were dissatisfied with the parental relationship were in abusive homes.

The influence of females was predominant with mothers, grandmothers, female cousins, and female peers providing the
majority of influence. Even though the maternal networks were strong, mothers were not the primary providers of sexuality information. Peers were the primary sources of information; schools the secondary. Once pregnant, the teens renewed communication with mothers, sisters, and other females to talk about sexuality issues.

As shown in Table 3, the role of parents in helping the teen manage her pregnancy was either minimal input or "a lot". Most subjects described "a lot of input" as an indication that their parents would financially and physically help care for the baby after delivery.

**SOCIO-ECONOMIC VARIABLES**

Financial resources were limited for all subjects who participated in the study. Nine of the eleven families qualified for government assistance. The remaining two families did not qualify by working two jobs and extra hours. Family size ranged from 1 to 7 children. Most of the subjects lacked knowledge about how the family managed financially. Two subjects could give ranges of income they thought their family counted on, but knew no definite figures. The other nine subjects were completely void of any financial knowledge.
### Table 3

**Categorical Variables Associated With Adolescent Pregnancy**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonwhite</td>
<td>8</td>
<td>72.7</td>
</tr>
<tr>
<td>White</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in school</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td><strong>Responsible at home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Grandparents</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Relationship with parents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td>Satisfied</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td><strong>Parental input on pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No input</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Minimal</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td><strong>Influence growing up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Father</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td><strong>Learned about sex, birth control from</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Peers</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>School</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td><strong>Who do you talk to now about sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Brother</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Peers</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Grandmother</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Cousin</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Husband</td>
<td>1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Table continues
<table>
<thead>
<tr>
<th>Adults at home after school</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Nobody Home</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Grandmother</td>
<td>2</td>
<td>18.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational level- Mother</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Dropout</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>H. S. Graduate</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>2 Yrs. College</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td>G.E.D.</td>
<td>1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational level-Father</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Dropout</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>H.S. Graduate</td>
<td>6</td>
<td>66.7</td>
</tr>
<tr>
<td>G.E.D.</td>
<td>1</td>
<td>11.1</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Paying for prenatal care</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen's Parents</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Father of Child</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Govt. Assistance</td>
<td>6</td>
<td>54.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paying for child's needs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen's Parents</td>
<td>3</td>
<td>27.3</td>
</tr>
<tr>
<td>Father of Child</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>Govt. Assistance</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Grandmother</td>
<td>1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner's role in pregnancy</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Input</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Very Little</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Shared Decision</td>
<td>5</td>
<td>45.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was this pregnancy planned</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally unplanned</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>Baby to Love</td>
<td>6</td>
<td>54.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who helped make decision about pregnancy</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Peers</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>36.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current relationship with partner</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Still Dating</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Broke Up</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Associated with drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>44.4</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>55.6</td>
</tr>
<tr>
<td>Place Of intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy's House</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Girl's House</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Motel</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Number of siblings in home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Two</td>
<td>4</td>
<td>44.4</td>
</tr>
<tr>
<td>Three</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Seven</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Parents current marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Remarried</td>
<td>3</td>
<td>27.3</td>
</tr>
</tbody>
</table>
Not one of the participants thought that adding a baby to her existing family would cause financial strain.

Prenatal care was provided for most through Prenatal Medicaid. Supplemental prenatal needs were met by varying degrees of money from partners, an insurance company, and parents. Subjects were unclear about how much money would be needed to care for their babies. Most thought they would depend on their partners to provide money. Consistent with the literature, perceptions of partner support ranged from dropping off diapers “now and then” to filing for child support. At the close of the study only one subject had petitioned the court for child support. The majority thought they would worry about those needs only when it became necessary.

Most parents of the participants had been educated through high school. More fathers than mothers had completed high school. Post-high-school training had been completed by only a few mothers. Emphasis on education in the home centered on obtaining a job that paid well.

Vocational, financial, and educational concerns were evident throughout the study. Almost half of the subjects admitted drug involvement, either personally or in their families. The overriding motives were to supplement family or personal income “in order to live”.
PARTNER VARIABLES

The partners' of the subjects were older by an average of three years. At the completion of the study half of the subjects were still dating their partners, one had married, and the rest ended their dating relationships. When the pregnancies were confirmed, almost half of the subjects thought their partners shared in the decision about how to manage the pregnancy. After further analysis, most subjects perceived a shared decision as "his" willingness to let her do whatever she wanted. More than half of the subjects said their partners had little or no input about managing the pregnancy.

SUMMARY OF PARENTAL, PARTNER, AND SOCIO-ECONOMIC VARIABLES

Results indicate that parental factors were heavily influenced by the mother in the family. Male influence was minimal, both for fathers and partners' of the subjects'. Age differences between the subjects' and their partners' revealed young teens dating males who were an average of two to three years older. Economic limitations were evident across the study for the majority of families. Future financial necessities for the teen and the baby was the
responsibility of the pregnant teen's family.

Analysis of these variables supports many findings in the literature. There is evidence that parental, partner, and socio-economic factors are associated with today's adolescent pregnancy trends.

THOUGHTS, FEELINGS, AND ACTIONS IN THE STUDY

Understanding how decisions leading to adolescent pregnancy were influenced by thoughts, feelings, and actions was of primary interest to this study. Subjects' behavior patterns at three significant decision-making times provided a new way for analyzing attitudes, choices, and factors associated with adolescent pregnancy.

Subject responses over the four month period were tape recorded, as well as transcribed on the interview instrument. Subjects were interviewed a minimum of two times during the study. For those subjects who delivered before the conclusion of the study, a third interview was conducted. Each interview session lasted an average of one to two hours. Subjects were enthusiastic about being interviewed and responded favorably to individual attention. Once rapport and trust level had been established it was not difficult to
communicate on a very personal level. With minimal
encouragement the subjects' shared life circumstances, values,
and contributing factors that influenced their thoughts,
feelings, and actions.

THOUGHT, FEELING, ACTION RESPONSES

The thought, feeling, and action responses shared by
subjects were assessed using Number Cruncher Statistical
System, askSam Data Management System, and the TFA Systems
(tm) (see Chapter Three). Analysis of the responses enabled
the researcher to examine both individual and group thought,
feeling, and action patterns.

Analysis of subject responses through the askSam
Management System revealed unique patterns of thoughts,
feelings, and actions. The interview instruments, taped
interviews, and TFA triad responses were analyzed for
individual and group patterns. Interview instrument responses
were transcribed into designated templates in the askSam
Management System. (See Chapter Three for a description of
the templates.) Data was verified by comparing the taped
interviews, TFA triad descriptors, and written interview
responses.
Individual and group response patterns were analyzed using the data within each template. General response patterns in the templates were initially examined. Frequently used terms were separated from the templates and designated as data dictionary terms. The dictionary reflected the frequently used responses found throughout the study.

Analysis of data dictionary terms was done by purging templates for each instance a term was used by subjects. Examination of the text in which terms were used enabled the researcher to do content and context analysis. Once terms were analyzed, the researcher divided the terms into thought, feeling, or action categories. The designation of these categories was based on the use of the term in the interview instrument, taped interviews, and TFA triads.

For example, the term "mad" was frequently found throughout the study. After including the term in the data dictionary, analysis was done on every instance where "mad" was used in the study. The researcher was able to examine the use of the term "mad" in all subject responses and classify it into a thought, feeling, or action category.

For the Feeling category the researcher was able to differentiate positive, negative, and neutral feelings. Analyzing the context in which the term was used each time in the study gave support for the positive, negative, or
neutral connotation of the term. While the researcher interpreted the context of the terms and made a subjective analysis of whether it was a thought, feeling, or action, this designation was done with the careful examination of the interview responses, taped interviews, and TFA descriptors.

The data dictionary of terms provides insight into the patterns of thoughts, feelings, and actions unique to the pregnant teens of this study. An overview of attitudes, values, and decisions are reflected in the data dictionary terms and analysis.

**THOUGHTS**

This category focuses on cognitive behavior: thinking, questioning, and processing information. The data dictionary of Thoughts reveals thinking behavior across the subjects (see Table 4).

The most frequently used term in this section was "think". Common responses included: "I don't know what I think," "I'm going to have to think about what I'm going to do," and "I didn't think at all." Analysis of other cognitive terms illustrate the presence of questioning, believing, and asking. ("I believe it is murder to have an abortion" or "I don't have any questions for the doctor"). Thought responses in Table 4 illustrate the degree to which subjects incorporated thinking into their behavior.
Table 4

**Data Dictionary for Subject Responses**

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Term</th>
<th>Number Found In Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Think</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2. Question</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>3. Thoughtful</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>4. Thinking</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5. Ask</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Believe</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>7. Idea</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8. Consider</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Total 72
FEELINGS

Emotional responses were categorized in the Feelings area of behavior. Because of the wide range of emotions represented, analysis of the positive, negative, and neutral aspects was of particular interest.

The frequency of positive terms was equivalent to negative terms. The negative feelings were more diverse, with a range of thirteen terms identified throughout subject responses. Feelings that were categorized as neutral were twice as frequent as the positive and negative terms (see Table 5).

The most frequently used term in the entire study was "want". Analysis of how the term was used revealed repeated desires for changed relationships ("I want my boyfriend to drop dead" or "I want to have someone to love me"). Desire for things (clothes, money, cars) and ideals (better education than my parents, good job) were prevalent over the four-month period. The term was repeatedly used as an indication of emotional need and reflected strong affective desires.

Of all the positive feelings found in the data dictionary, "happy" was most often used. The most frequent negative feeling was "mad". Such contrasts in feelings are an indication of the diverse feelings represented across the study.
Table 5

Data Dictionary for Subject Responses

<table>
<thead>
<tr>
<th>Feelings *</th>
<th>Positive</th>
<th></th>
<th>Negative</th>
<th></th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>Number</td>
<td>Term</td>
<td>Number</td>
<td>Term</td>
<td>Number</td>
</tr>
<tr>
<td>Happy</td>
<td>21</td>
<td>Mad</td>
<td>17</td>
<td>Want</td>
<td>92</td>
</tr>
<tr>
<td>Care</td>
<td>13</td>
<td>Worry</td>
<td>8</td>
<td>Feel</td>
<td>6</td>
</tr>
<tr>
<td>Surprised</td>
<td>7</td>
<td>Cried</td>
<td>6</td>
<td>Wonder</td>
<td>5</td>
</tr>
<tr>
<td>Good</td>
<td>6</td>
<td>Afraid</td>
<td>4</td>
<td>Decide</td>
<td>5</td>
</tr>
<tr>
<td>Trust</td>
<td>5</td>
<td>Scared</td>
<td>4</td>
<td>Responsibility</td>
<td>4</td>
</tr>
<tr>
<td>Attention</td>
<td>2</td>
<td>Angry</td>
<td>3</td>
<td>Feeling</td>
<td>1</td>
</tr>
<tr>
<td>__</td>
<td>Shocked</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>Sad</td>
<td>2</td>
<td>Total</td>
<td>113</td>
</tr>
<tr>
<td>Blame</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cry</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Fault</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>__</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* In order to classify Feeling terms into positive, negative, and neutral, the researcher analyzed the text in relation to the known content.
Common responses were, "I was surprised to find out I was pregnant," "My boyfriend is so happy," "I am mad at my mother," The intensity of emotions was impossible to measure; tone of voice, body language, tears, laughter, and gestures could not be measured.

ACTIONS

The Action category describes how subjects responded to their situation. In analyzing the overall pattern of terms, the action category is the lowest in frequency. Only six terms were consistently found in the group of subjects (see Table 6).

"Pay" was the most frequent action term in the study. Most subjects used the term in a punitive sense ("I'm going to make him pay for this," or "I'm going to pay her back for treating me so badly "). "Happen" was often used to explain actions ("I didn't think it would happen to me" or "I didn't mean for it to happen"). The term "tell" illustrated a low commitment to communication ("I'm not going to tell him about the baby" or "I don't tell anybody what I'm going to do"). Drug terms were used to describe activities by subjects or their family members. Strong anti-abortion beliefs were supported by the "not kill" term.
### Table 6

**Data Dictionary for Subject Responses**

<table>
<thead>
<tr>
<th>Term</th>
<th>Number Found in Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>14</td>
</tr>
<tr>
<td>Happen</td>
<td>13</td>
</tr>
<tr>
<td>Tell</td>
<td>10</td>
</tr>
<tr>
<td>Drugs</td>
<td>9</td>
</tr>
<tr>
<td>Broke</td>
<td>5</td>
</tr>
<tr>
<td>Not Kill</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total** 54
SUMMARY OF THOUGHTS, FEELINGS, AND ACTIONS IN THE STUDY

The overview of terms in the study reveals that subjects talked about their situations primarily with a Thinking/Feeling orientation. The primary term used, "want," is indicative of the level of need by these subjects. The range of Feelings reflects diverse responses to the pregnancy situation. The Action terms illustrate central issues associated with teen pregnancy. This overview is the framework from which further analysis of Thoughts, Feelings, and Actions evolved.

PARENTAL, PARTNER, AND SUBJECT THOUGHTS, FEELINGS, AND ACTIONS AT CONFIRMATION OF PREGNANCY

The similarities and differences of thoughts, feelings, and actions at significant times during teen pregnancies were of primary interest to this study. Because of varying stages of pregnancy, not all subjects were able to describe thoughts, feelings, and actions for all three significant times (time of intercourse, confirmation of pregnancy, and six weeks post delivery). All subjects did TFA Triads at time of intercourse and confirmation of pregnancy.

The thoughts, feelings, and actions of parents and partners, as perceived by the subjects, were also analyzed
when pregnancy was confirmed. Since this was one time in the teen pregnancy when primary participants were represented, it was appropriate to describe their behavioral responses. By assessing behavioral responses at confirmation of pregnancy the influence of contributing factors became more evident. Research questions two and three were addressed through this analysis. This retrospective description provides insight into the parental, partner, and individual factors contributing to an adolescent pregnancy.

THOUGHTS

The thoughts of the subjects' parents, perceived by the subjects', differed when the pregnancies were confirmed. Mothers expressed only two thoughts across the study. Resignation about the pregnancy was evident with both comments. The thoughts of the subjects' fathers were punitive ("Get an abortion or get out," "You'll have this baby"), or denied any connection ("I'm not worried," "Ain't got nothing to do with it").) Sharp contrast among the parents thoughts illustrated the negative influence of most fathers and the cognitive resignation of the mothers.

The partners' thoughts reflected a pattern similar to the fathers. Denial of any interest ("I don't have any
questions") was as evident as punitive thoughts ("You're too young to have a baby," "I'm not responsible," "Have an abortion"). One partner expressed worry, while another said he would not make her have an abortion this time ("I'll claim this child"). The subjects' thoughts showed two main trends: others' reactions and concern. Not unlike their mothers, the subjects were very unfocused in their thoughts.

The overall pattern suggests that fathers and partners expressed more thoughts, even though they were often punitive. The subjects' and mothers' thoughts were bland and non-directive. At the time pregnancy was confirmed the fathers' and partners' thoughts were more specific than the thoughts of the subjects' and mothers'.

FEELINGS

The mothers' feelings, perceived by the subjects', were more negative than positive at the time pregnancies were confirmed. The positive feelings reflected a resignation ("calm," "I'm not mad," "Understanding") about the teen pregnancy. Of the two more positive feelings ("happy," "excited," ) both reflect low level feelings in comparison to the negative. The range of negative feelings illustrated the mothers' emotional reactions ("silent," "cried," "nervous," "freaked out"). The fathers' feelings were
either neutral or negative. Their emotional responses were not as diverse as the mothers', and more emotional distance was evident ("doesn't care," "upset," "silent").

Partners' expressed only two positive feelings when the pregnancy was confirmed ("surprised," "happy"). The most prevalent feeling of the partners' was the strong desire for a male baby. Partners' feelings about this issue was evident throughout the study. The partners' positive and negative feelings were not diverse and represented a very narrow range of emotional responses. The feelings of the pregnant teen were equally divided between positive and negative emotions. The subjects' feelings at the time the pregnancies were confirmed were more clearly divided. Their positive feelings reflected motivational factors for the pregnancies ("I wanted a baby to love," "I'm in love"), as well as levels of happiness and surprise. The negative feelings marked anger towards partners ("I don't like my partner anymore," "I'll get him"). The desire for a male child was evident across the subjects, and seemed to reflect emotional responses of the partner.

The overall pattern of Feelings suggested that the subjects' and mothers' experienced more emotional responses to the pregnancies than the fathers' or partners'. The feelings of the mothers' were the most diverse, with the
subjects' feelings being divided. The partners' and fathers' presented more passive responses than the mothers' and subjects'. The Feeling responses when the pregnancies were confirmed came primarily from the mothers' and pregnant teens'.

**ACTIONS**

As seen by the subjects', the mothers' of the pregnant teens were activated in a very direct way when the pregnancy was confirmed ("She went to the doctor with me," "She called grandmother," "She wrote a list of questions"). While there was some passive action ("She just sat there," "She didn't do anything," ) mothers' were generally intentional in their actions. Fathers' actions were at polar extremes. There were indications of violent reactivity ("He threw stuff," "He broke some dishes," ) but the predominant action was "nothing." The fathers' appear silent and ineffective in becoming involved.

Partners' actions share similarity with the fathers'. There were minimal responses from the partners ("He called me back," "He turned up the music," "He told his mother," ) but otherwise tuned out the situation ("He did nothing," "He acted like he wasn't interested," "He did nothing") . The subjects' actions reflect similarity to their mothers. An
action oriented response pattern ("I made up a list of questions," "I stopped selling drugs," "I got married") illustrated more intentional action than the parents' or partners' responses.

The subjects' and mothers' share similar action responses, just as fathers' and partners' responses are similar. Passive activity, non-interest, and minimal responses best describe the fathers and partners. At the time the pregnancies were confirmed, the action responses of the mothers' and teens' were intentional and directed. The actions of the fathers' and partners' were minimal.

SUMMARY OF THOUGHTS, FEELINGS, AND ACTIONS AT CONFIRMATION

As seen by the subjects', the thought, feeling, and action behavior at the time pregnancies were confirmed revealed differences and similarities of importance. The fathers' and partners' were quite similar in their responses, as were the mothers' and subjects'.

The fathers' and partners' were generally negative, punitive, or not interested in the situation. While some level of partner support is seen in feelings of surprise and happiness, it is juxtaposed by the intense demand for male babies. The thoughts of the fathers' and partners' were the
most prevalent aspect of their behavior.

Mothers' thoughts were the least significant part of her responses, with their feelings and actions being much more evident. The subjects' shared a similar pattern to the mothers' with more diverse emotions and more directed actions.

Behavioral responses of males involved with the subjects' were assessed by the researcher as primarily Thinking/Feeling, while the female responses were more Feeling/Acting. The mothers' and pregnant teens were less thinking about the situation, and more focused on the feelings and actions. The fathers' and partners' were more cognitive in their behavior, but silent voices in managing the teen pregnancy problem. See Table 7.
Table 7

Parents', Partners', and Subjects' Thoughts, Feelings, and Actions at Confirmation of Pregnancy

<table>
<thead>
<tr>
<th>Mothers' Thoughts</th>
<th>Fathers' Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't have any questions</td>
<td>Get an abortion or get out</td>
</tr>
<tr>
<td>Knew it was coming</td>
<td>Think about an abortion</td>
</tr>
<tr>
<td></td>
<td>When is the due date</td>
</tr>
<tr>
<td></td>
<td>Going to be a grandfather early</td>
</tr>
<tr>
<td></td>
<td>I'm not worried</td>
</tr>
<tr>
<td></td>
<td>Ain't got nothing to do with it</td>
</tr>
<tr>
<td></td>
<td>You'll have this baby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partners' Thoughts</th>
<th>Subjects' Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'll claim this child</td>
<td>I wonder how people will react</td>
</tr>
<tr>
<td>I don't have any questions</td>
<td>My new boyfriend wishes</td>
</tr>
<tr>
<td>Have an abortion</td>
<td>the baby were his</td>
</tr>
<tr>
<td>I'm not responsible</td>
<td>Worried</td>
</tr>
<tr>
<td>You better not get an abortion</td>
<td>Have alot of questions</td>
</tr>
<tr>
<td>You're too young to have a baby</td>
<td></td>
</tr>
<tr>
<td>Worried</td>
<td></td>
</tr>
</tbody>
</table>

Table continues
### Mothers' Feelings

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm not mad.</td>
<td>Disturbed</td>
</tr>
<tr>
<td>Understanding</td>
<td>Nervous</td>
</tr>
<tr>
<td>Excited</td>
<td>Silent, not talking</td>
</tr>
<tr>
<td>Surprised</td>
<td>Disappointed</td>
</tr>
<tr>
<td>Calm</td>
<td>Upset</td>
</tr>
<tr>
<td>Happy</td>
<td>Afraid</td>
</tr>
</tbody>
</table>

### Fathers' Feelings

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>It just happens</td>
<td>Mad</td>
</tr>
<tr>
<td>Not Mad</td>
<td>Cussed</td>
</tr>
</tbody>
</table>

### Partners' Feelings

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Scared</td>
</tr>
<tr>
<td>Surprised</td>
<td>Mixed up</td>
</tr>
</tbody>
</table>

### Subjects' Feelings

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'll have this child</td>
<td>I don't like my partner</td>
</tr>
<tr>
<td>Happy</td>
<td>Shocked</td>
</tr>
<tr>
<td>Wanted baby to love</td>
<td>Scared</td>
</tr>
<tr>
<td>I'm in love</td>
<td>Don't want to be pregnant</td>
</tr>
<tr>
<td>Surprised</td>
<td>I'll get him</td>
</tr>
<tr>
<td>Excited because my partner is</td>
<td>Better have a boy</td>
</tr>
</tbody>
</table>

Table continues
### ACTIONS

<table>
<thead>
<tr>
<th>Mothers' Actions</th>
<th>Fathers' Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Called grandmother</td>
<td>Threw stuff</td>
</tr>
<tr>
<td>Didn't do anything</td>
<td>Broke some dishes</td>
</tr>
<tr>
<td>Cried</td>
<td>Never said anything</td>
</tr>
<tr>
<td>Went to Dr. with subject</td>
<td>Nothing</td>
</tr>
<tr>
<td>Told step-dad</td>
<td>He never does anything</td>
</tr>
<tr>
<td>Told father</td>
<td>Just looked at me</td>
</tr>
<tr>
<td>Said no abortion and no adoption</td>
<td>Sat there</td>
</tr>
<tr>
<td>Just sat there</td>
<td>Stared at me</td>
</tr>
<tr>
<td>Wrote list of questions</td>
<td>Didn't do anything</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partners' Actions</th>
<th>Subjects' Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Called me back</td>
<td>Made list of questions</td>
</tr>
<tr>
<td>Acted mean</td>
<td>Broke up with partner</td>
</tr>
<tr>
<td>Told his mother</td>
<td>Got married</td>
</tr>
<tr>
<td>Didn't talk about it</td>
<td>Wanted to change schools</td>
</tr>
<tr>
<td>Did nothing</td>
<td>Stopped selling drugs</td>
</tr>
<tr>
<td>Just listened--no response</td>
<td></td>
</tr>
<tr>
<td>Didn't care</td>
<td></td>
</tr>
<tr>
<td>Acted like he was not interested</td>
<td></td>
</tr>
<tr>
<td>Turned up the music</td>
<td></td>
</tr>
</tbody>
</table>
THOUGHTS, FEELINGS, AND ACTIONS OF PREGNANT TEENS AT THREE SIGNIFICANT TIMES

Of primary interest to this study was the analysis of thoughts, feelings, and actions of pregnant teens at three significant times (time of intercourse, confirmation of pregnancy, and six weeks post delivery). Behavior patterns at these times reflect adolescents' responses to external factors, life circumstances, and individual variables. As outlined in research question three, this important analysis provided insight into the unique combination of thoughts, feelings, and actions of pregnant teens.

The thoughts, feelings, and actions of the subjects' were analyzed through the interview instrument, tape recorded interviews, TFA Triads and TFA descriptors. The varied approaches to analyses provided maximum opportunities for differentiating individual thoughts, feelings, and actions.

Figure four illustrates TFA behavioral assessments for all subjects at each of the three significant times. As outlined in chapter three, all subjects were asked to respond to the same questions using the TFA triangle. Each triangle represents individual thoughts, feelings, and actions at the time of intercourse, confirmation of pregnancy, and six weeks post delivery. Triangles that were not completed at the post delivery period indicate that the subject had not delivered by the close of the study.
Figure 4. Thoughts, feelings, and actions of pregnant teens at three significant decision making times
INTERCOURSE

PREGNANCY

POST DELIVERY

SUBJECT 7

SUBJECT 8

SUBJECT 9
TIME OF INTERCOURSE

THOUGHTS

Analysis of thoughts at the time of intercourse reveals very little concrete thinking. Denial of the possibility of a pregnancy was a primary thought ("I didn't worry," "I wasn't thinking," "I didn't think it would happen to me"). Subjects were aware of secondary issues that contributed to their "not thinking." Parental relationships ("I was mad at my mother"), partner factors ("He said to just trust him"), and individual motivators ("I thought if I did it, I could keep him from moving to Florida") contributed to some levels of thinking.

All subjects reported "not really thinking," as evidenced by the TFA Triads in Figure 5. Out of eleven triads, there were no triad patterns at the thinking end of any bipolar scale. Three subjects indicated that thinking contributed on a minimal level at intercourse and so indicated by marking thinking at the midpoint on the scale.

TFA descriptors further support the TFA triangle analysis, as seen in Table 8. Thoughts were influenced by parental and partner factors at the time of intercourse. Subjects' were not concerned about the possibility of pregnancy when they engaged in intercourse. Thinking was a minor influence in their behavior at the time of intercourse.
Table 8

Composite of
Pregnant Teens’ Thoughts, Feelings, and Actions at Time of Intercourse

<table>
<thead>
<tr>
<th>Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn't worry</td>
</tr>
<tr>
<td>Wasn't thinking</td>
</tr>
<tr>
<td>Didn't think it would happen to me</td>
</tr>
<tr>
<td>Think babies are cute</td>
</tr>
<tr>
<td>He said trust him</td>
</tr>
<tr>
<td>Could keep him from moving</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>Can possess boyfriend</td>
</tr>
<tr>
<td>Want a baby like my friends</td>
</tr>
<tr>
<td>I loved him</td>
</tr>
<tr>
<td>Wanted to have sex</td>
</tr>
<tr>
<td>Between happy &amp; scared</td>
</tr>
<tr>
<td>Like him alot</td>
</tr>
<tr>
<td>Negative</td>
</tr>
<tr>
<td>I'm mad at my mother</td>
</tr>
<tr>
<td>Don't want to remember</td>
</tr>
<tr>
<td>Hurts too much to talk</td>
</tr>
<tr>
<td>Couldn't talk to mother</td>
</tr>
<tr>
<td>Cried during sex</td>
</tr>
<tr>
<td>Mad at parents</td>
</tr>
<tr>
<td>Trusted this guy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn't use birth control</td>
</tr>
<tr>
<td>Just back from state juvenile sentence</td>
</tr>
<tr>
<td>Dropped out of school last year &amp; came back</td>
</tr>
<tr>
<td>Just said it was ok to &quot;do it“</td>
</tr>
<tr>
<td>Just happened</td>
</tr>
<tr>
<td>Ran away from home right before</td>
</tr>
<tr>
<td>Physical abuse from Mother</td>
</tr>
<tr>
<td>Mother in prison - drug charges</td>
</tr>
<tr>
<td>Parents - drug dealers</td>
</tr>
</tbody>
</table>
FEELINGS

Subjects' feelings at the time of intercourse were intense, and equally divided between positive and negative responses. Diverse emotions were found in both categories and behavioral patterns evident, as shown in Table 8.

The love theme was apparent in the positive feelings ("I loved him," "I liked him a lot") as well as curiosity of a sexual experience ("I just wanted to have sex.") Manipulative behavior was seen by the subjects to be positive ("I can possess my boyfriend," "I wanted to have a baby like my friends.") Levels of happiness and fear were mildly represented ("I was between happy and scared.")

The negative feelings at intercourse reflected anger and hurt at very deep levels. Some subjects found describing their feelings at the time of intercourse emotionally difficult ("I don't want to remember," "It hurts too much to talk about," "I cried during sex.") Anger at the time of intercourse was a common theme, especially towards the subjects' mother ("I'm mad at my mother," "Couldn't talk to my mother," "Mad at my parents.") Some felt betrayed by of the partner ("I trusted this guy.")

TFA Triads in Figure 5 show nine of the eleven subjects ranked Feeling at the bipolar extreme on the linear scale. This pattern illustrates the very strong influence of feelings at the time of intercourse.
Figure 2. Thoughts, feelings, and actions of pregnant teens at time of intercourse.
ACTIONS

Actions at the time of intercourse went beyond sexual contact. Parental, partner and societal variables contributed to the behavior at the time of intercourse.

None of the subjects used birth control after becoming sexually active. They described intercourse as “just happening” and did not want to plan for “doing it.”

In describing their actions at the time of intercourse, most subjects went into great detail about external factors that affected their actions. Problems at home were common themes (“I ran away from home right before I had sex,” “My mother had abused my brother and me. The courts took my brother and left me.” “I had just moved in with my Grandmother. My mother was sent to the state prison on drug charges.” “My parents are drug dealers. I wanted out”). Poor school experiences and behavior problems were also contributing factors to actions at the time of intercourse (“I was just back from the state juvenile detention center.” “I had dropped out of school last year”). There were also levels of passive acceptance about intercourse (“I just said it was OK to do it”).

As shown in Figure 5, eight of the eleven subjects marked Action at the bipolar end of the TFA scale at the time of intercourse. Table 8 illustrates the descriptive support emphasizing Action at this time.
SUMMARY OF THOUGHTS, FEELINGS, AND ACTIONS AT INTERCOURSE

At the time of intercourse, subjects' were using a Feeling - Action behavior orientation. Little thinking was present and responses were mainly influenced by strong emotions.

Using operationalized TFA Triangles, Thoughts at the time of intercourse were the lowest aspect of the behavioral assessments ($\bar{M} = 1.18$). Actions were more evident than Thoughts ($\bar{M} = 3.36$). Feelings were the strongest part of decision-making at intercourse ($\bar{M} = 5.0$). These operationalized patterns illustrate the wide variation in behavioral responses at the time of intercourse.

TFA descriptors further support the analysis by illustrating the impact of parental and partner variables. The action oriented emotional responses were heavily influenced by subjects' lack of connecting consequences to actions. Impulsive feelings determined the behavior of these subjects.

Feelings at the time of intercourse greatly influenced actions. Thoughts did not provide a balance to the strong emotions and unprotected intercourse resulted. Parental and partner factors contributed to the complex emotions, impulsive actions, and minimal thinking at the time of intercourse.
CONFIRMATION OF PREGNANCY

THOUGHTS

Thinking became a significant behavior pattern at the point of a confirmed pregnancy, as shown in Table 9. Teens expressed specific concerns ("How will I tell my mother," "Wonder how people will react when they find out"). Questions about the future were evident in their thinking ("How will I pay for this," "Maybe I'll stop selling drugs"). For some subjects their thinking was an attempt to normalize the pregnancy ("All my friends have babies"). The subjects' personal beliefs, life experiences, and family values focused attention on continuing the pregnancy rather than thinking of the options ("Abortion isn't an option. I'll have to have it," "Father says I better get an abortion. My partner says I better not").

As illustrated in Figure 6, eight of the eleven subjects marked Thinking at the bipolar extreme when their pregnancy was confirmed. The remaining five said Thinking partially contributed to their behavior. TFA descriptors support the strong thoughts evident at the time the pregnancy was confirmed.

Confirmation of pregnancy brought out the strongest thinking behavior of the study. This strong behavioral pattern represented the subjects' response to the crisis situation.
Table 9

Composite of
Pregnant Teens' Thoughts, Feelings,
and Actions at Confirmation of Pregnancy

### Thoughts

Wonder how people will react
Have a lot of questions
Old boyfriend will pay or go to jail
Abortion isn't an option. I'll have to have it
How will I pay for it
Now I know we will be together
Father says I better get an abortion
Partner says I better not get an abortion
All my friends have babies
Maybe I'll stop selling drugs
How will I tell mother

### Feelings

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'll claim this child</td>
<td>I'll claim this child I guess</td>
</tr>
<tr>
<td>Will gauge how I feel by how</td>
<td>Father of this child gets on my nerves</td>
</tr>
<tr>
<td>my partner feels</td>
<td>I'll get used to the idea</td>
</tr>
<tr>
<td>Kinda want a baby</td>
<td>Afraid I'll have too much responsibility</td>
</tr>
<tr>
<td>Happy</td>
<td>It better be a boy</td>
</tr>
<tr>
<td>I feel love</td>
<td>Mother said if I ever got pregnant I would</td>
</tr>
<tr>
<td>Can play &amp; love this baby</td>
<td>have it</td>
</tr>
<tr>
<td></td>
<td>Don't like father of child that much. We just</td>
</tr>
<tr>
<td></td>
<td>date</td>
</tr>
</tbody>
</table>

### Actions

Boyfriend wants to get married
I want to go to county schools to get away from fights and drug dealers
Got married
Broke up with partner
Wrote down list of questions
Didn't tell mother -- just showed her piece of paper
Delayed finding out for sure
Figure 6. Thoughts, feelings, and actions of pregnant teens at confirmation of pregnancy
FEELINGS

Feelings at the time pregnancy was confirmed were predominantly negative, as seen in Table 9. Anger towards the partner was evident ("The father of this child gets on my nerves," "I don't like the father of the child that much. We just date.") Feelings about the sex of the baby were intense ("It better be a boy"), as were the emotional responses to parents ("Mother said if I ever got pregnant I had to have it.") Resigned acceptance was common in both the negative and positive sense ("I'll claim this child I guess," "I'll get used to the idea,", and "I kinda want a baby.")

Of the positive feelings expressed, the most common theme was of marginal happiness ("I'll gauge how I feel by how my partner feels," "I can maybe play and love this baby.") The positive feelings were less dramatic than the negative ones.

Analysis of TFA Triads supports the assessment that eight of the eleven subjects marked Feelings at the bipolar extreme. While this Feeling emphasis at confirmation is largely negative, it reflects the emotional response when the subjects were faced with the knowledge of the impending pregnancy.
ACTIONs

Action becomes less significant at the time pregnancy was confirmed. Most subjects purposely delayed confirming the pregnancy. This lack of action was interpreted as a conscious behavior on the part of most subjects. Communication about the pregnancy was passively acted on by many of the subjects ("I didn't tell my mother. I just showed her a piece of paper."). The most extreme actions dealt with the partners. As shown in Table 9 various responses illustrate the extreme actions of the pregnant teens' ("I broke up with my partner." "We got married").

TFA Triads show subject responses lacking Action orientation (see Figure 6). Only one of the eleven subjects marked Action at a bipolar extreme. Two other subjects indicated they were minimally activated when their pregnancy was confirmed and marked the TFA Triad at midpoints.

Subjects were not responding to their pregnancies with action oriented behavior. They showed very little ability to activate a response or plan in dealing with the pregnancy.
SUMMARY OF THOUGHTS, FEELINGS, AND ACTIONS AT CONFIRMATION

Behavioral responses at confirmation of pregnancy center on the high influence of Thinking. Of all behavioral assessments in the study, Thinking at this time was the most significant. Using the operationalized TFA Triangles, Thinking was the over-riding influence at confirmation of pregnancy ($M = 5.1$).

Feelings at confirmation of pregnancy were less intense ($M = 3.45$), and reflect a negative tone. Descriptors support the diverse positive and negative responses. Behavior at confirmation of pregnancy was not action oriented. Both TFA Triads and behavioral descriptors show the low impact of action at the time pregnancies were confirmed ($M = 1.18$).

The high level of Thinking at confirmation of pregnancy was minimized by the inability to translate the thinking into action. Emotional responses to the pregnancies were more evident than actions. Strong negative feelings may serve as contributing factors to thoughts never being activated.
POST DELIVERY

THOUGHTS

Thoughts at post delivery became less intense and changed in focus to a very concrete pattern. Teens expressed thoughts reflecting the reality of having a child ("I think I can handle this," "I'm thinking about how to raise her," "I have someone I have to put before me now"). The demands of motherhood became obvious in their thoughts ("I'm tired," "I'm worried. She threw up once."). There is evidence of immature thought processes at post delivery ("I doubt it will cost much to keep her"). The thoughts center on the teen - baby relationship entirely.

As shown in Figure 7, TFA Triads show three of the six subjects marking Thinking at bipolar extremes. Remaining subjects indicate Thinking at midpoints on the scale. These behavioral responses support the notion of at least a moderate thinking role after delivery.

Table 10 illustrates the change in thought content at post delivery, especially when compared to previous situations. While thinking is moderately influential at this period for adolescents, the content is obviously different from earlier times in the pregnancy. The post delivery period is a time when thinking is present for the adolescents, and the content descriptors provide insight into the changed direction of their thoughts.
* Empty triangle indicates subject did not deliver

*Figure 7. Thoughts, feelings, and actions of pregnant teens at six weeks post delivery*
Table 10

Composite of
Pregnant Teens' Thoughts, Feelings,
and Actions at Six Weeks Post Delivery

<table>
<thead>
<tr>
<th>Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think I can handle this</td>
</tr>
<tr>
<td>I have someone I have to put before me now</td>
</tr>
<tr>
<td>Worried -- is she OK -- she threw up once</td>
</tr>
<tr>
<td>I'm really tired</td>
</tr>
<tr>
<td>Doubt it will cost much to keep her</td>
</tr>
<tr>
<td>I don't have any questions for the doctor</td>
</tr>
<tr>
<td>Thinking about how to raise her</td>
</tr>
<tr>
<td>Will we run into hard times</td>
</tr>
<tr>
<td>Will she grow up right &amp; can I raise her right</td>
</tr>
<tr>
<td>Never knew it would cost so much</td>
</tr>
<tr>
<td>Is the baby safe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>Not depressed</td>
</tr>
<tr>
<td>Feel better</td>
</tr>
<tr>
<td>OK being a Mom</td>
</tr>
<tr>
<td>I love the baby</td>
</tr>
<tr>
<td>Excited</td>
</tr>
<tr>
<td>More patient</td>
</tr>
<tr>
<td>Have something of my own</td>
</tr>
<tr>
<td>Happier since she's been born</td>
</tr>
<tr>
<td>More loving toward my husband now</td>
</tr>
<tr>
<td>Feel allot of emotion</td>
</tr>
<tr>
<td>Negative</td>
</tr>
<tr>
<td>Feel older</td>
</tr>
<tr>
<td>Cried alot</td>
</tr>
<tr>
<td>Tired</td>
</tr>
<tr>
<td>Depressed</td>
</tr>
<tr>
<td>Sad</td>
</tr>
<tr>
<td>Don't feel older, just more mature</td>
</tr>
<tr>
<td>Don't know if father of child even knows</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby sick and in intensive care</td>
</tr>
<tr>
<td>All I do is feed &amp; change</td>
</tr>
<tr>
<td>Homework is hard to do now</td>
</tr>
<tr>
<td>Getting baby on schedule takes all my time</td>
</tr>
<tr>
<td>Stopped smoking</td>
</tr>
<tr>
<td>Want to run track at school</td>
</tr>
<tr>
<td>Can't get enough sleep</td>
</tr>
<tr>
<td>Can't see friends like I used to</td>
</tr>
<tr>
<td>Dropped out of school</td>
</tr>
</tbody>
</table>
FEELINGS

Post delivery feelings were equally balanced between positive and negative. As shown in Table 10 the positive feelings at this time were more focused on the baby ("I have something of my own now," "I love the baby"). Feelings of happiness, excitement, and improved well-being were expressed.

Negative feelings were present at post delivery, but difficult for many of the subjects to put into words ("I feel different, I just don't know how"). Postpartum depression surfaced for some subjects ("I feel older," "I'm tired," "I'm sad," "I'm depressed," "I cried a lot."). For those subjects who had negative feelings for the partner, angry feelings came out after delivery of the baby ("I don't even know if the father of this baby knows about her").

The TFA Triads in Figure 7 illustrate that feelings at post delivery were marked at the bipolar extreme for only two of the six subjects. The remaining subjects indicated feelings played a minimal influence during the post delivery period.
ACTIONS

Actions became quite intense at the post delivery period. Subjects focused on action behavior required to care for a new baby ("All I do is feed and change her." "I'm trying to get the baby on a schedule."). Actions of the post delivery period were disappointing to most subjects ("I can't see my friends like I used to." "I had wanted to run track at school." "Homework is getting hard to do now." "I can't get enough sleep." "The baby has been sick and in intensive care. I can't do anything").

TFA Triads were at the bipolar extreme for four of the six subjects. This action orientation reflects a change in emphasis and behavior for the adolescent.

The Actions at post delivery take on new meaning as behavior now includes the newborn. TFA descriptors and triads support the analysis that the role of mother influences the action behavior of adolescents.

SUMMARY OF THOUGHTS, FEELINGS, AND ACTIONS AT POST DELIVERY

Thoughts, feelings, and actions at the post delivery period are affected by the realities of a new role for the adolescent. Behavioral responses focused on surviving the present.
Thoughts at post delivery were very concrete, centering on the baby. Worry and anxiety about managing both the present and future was evident. Emotional responses were divided, with positive and negative feelings being represented. The action behavior of the teen mother indicated her struggle to balance life as a young teen with the demands of a baby.

Using the operationalized TFA Triads, analysis of post delivery thoughts, feelings, and actions show the significance of each component. Actions were the most significant part of behavior at post delivery (M = 4.0). Feelings were minimally influential on behavior at this period (M = 2.6). Thoughts were evident in behavioral responses in a moderate way (M = 3.0). TFA descriptors supported this analysis with subjects' responses.

Figure 8 illustrates the relationship of thoughts, feelings, and actions at each of the significant times in the teen pregnancy. Through both descriptive, qualitative, and quantitative analyses a better understanding of the influence of thoughts, feelings, and actions on behavioral responses was possible.
SUMMARY OF SUBJECTS' THOUGHTS, FEELINGS, AND ACTIONS

Behavior patterns reflect the interaction of thoughts, feelings, and actions. Analysis of behavior at three significant times in an adolescent pregnancy provides insight into the unique responses contributing to the complexity of a teen pregnancy. Time of intercourse, confirmation of pregnancy, and six weeks post delivery represent three transitional periods. The thought, feeling, and action responses of pregnant teens at these three times have relevance to the broader issue of teen pregnancy. The relationship of the thoughts, feelings, and actions at the three times contributes to an understanding of factors affecting adolescent behavior.

Figure 8 graphically illustrates the relationship of thoughts, feelings, and actions across the three significant times. At the time of intercourse there was a predominance of Feeling and Acting behavior. When the pregnancy was confirmed the teens were predominantly Thinking. At post delivery there was moderate Thinking and Feeling behavior with a greater need for Action.
Figure 8. Group means of thoughts, feelings, and actions at three times during adolescent pregnancy.
CHAPTER FIVE

DISCUSSION, FINDINGS, AND RECOMMENDATIONS

DISCUSSION

The thoughts, feelings, and actions of adolescents at risk for a teen pregnancy are affected by multiple factors. No single variable or cluster of variables affect individuals in the same way. What might be a very negative contributing factor for one teen could serve as a motivating factor for another. Within these individual differences lie patterns that are well supported by literature and are further substantiated by the results of this study. It is from these trends that better understanding of the teen pregnancy issues evolve.

The interaction of thoughts, feelings, and actions surround the adolescent. The continual interchange between individual behavior and parental, societal, socio-economic, and developmental factors generate endless response possibilities for adolescents. The unique combination of these factors prescribes what will put one female adolescent at risk for pregnancy and not another. Separating the individual from the external factors was impossible. Separating
how the individual responds to these factors was possible using parts of the TFA Systems (tm).

The remainder of this chapter will discuss the findings, recommendations, and future considerations related to adolescent pregnancy. The external factors that contribute to a teen pregnancy will be discussed in light of both the literature and findings of this study. Future considerations will address issues relevant to the intervention and prevention of a premature pregnancy.

PARENTAL FACTORS

As pregnant teens add offspring to existing families, the roles and responsibilities of parenthood become blended and confused. Role identity of who the mother really is, responsibilities of the male figures, and day to day survival take on new meaning. Family attitudes, living arrangements, and finances are challenged by adding a new generation to the family. Patterns of common parental influence were evident in this study: single parent homes, minimal male influence, restricted financial resources, family dysfunction, limited sexuality information, and a strong maternal network. These parental variables are important in providing insight into the teens' thought, feeling, and action responses.
MATERNAL NETWORK

One of the clearest findings of this study is the strong maternal network surrounding adolescent pregnancy. Teens rely heavily on their mother figure for emotional and financial support, as well as day to day sturcture. Olson & Worabey's (1984) and Landy, Schuber, Cleland, Clark & Montgomery's (1983) research revealed that mothers were consistently the predominant person in the home. The subjects of this study repeatedly described the central role of their mother and the key part she would continue to have in the care and upbringing of the baby. Some subjects discussed letting their mothers have the babies to raise until the teen mom was older. One subject decided to be called by her first name so the baby could call the grandmother "mother". Such fluid roles and family distinctions add to the confusion for three generations -- the mother, the teen mother, and the baby.

In homes where the mother does not function as a parent or is not living in the home, other females serve as substitute mothers. This repeat pattern of absorbing children into an already convoluted family system enables female cousins, grandmothers, aunts, sisters, stepmothers, and female friends to act as mothers. Such a pattern broadens and strengthens the maternal network. Dependance
on other females allows the teen mother to be cared for as well as her baby. Without such a network, adolescent pregnancy would not be incorporated into the family system.

SECOND GENERATION MOTHERS

Second generation teen parenthood is a strong part of the literature. Although many researchers focus on the teen's mother, there is evidence to suggest from this study that the birth patterns of other females in the maternal network bear examination. Sisters, cousins, and peers were strong influences in the subjects' perceptions of being a teen mother. The study does not support the notion that the teen is at risk for pregnancy because her mother was a teen mom. The mothers of the subjects were older by an average of five years when the first child was born. Furstenburg, Levine, & Brooks-Gunn (1990) also question the strength of the mothers age at first birth. Subjects of this study do not support Gabriel & McAnarney's (1983) premise that teens explain their pregnancy strictly in relation to their mother's pattern. More research is needed in this area to further clarify the impact of this variable.

CONFLICTING MOTHER - DAUGHTER RELATIONSHIPS

Even though teens say their mother is the most influential
person in their life, there is evidence to suggest it is a love-hate relationship. The teens often describe tensions, arguments, and bitter disagreements with their mothers. Once the teen became pregnant the relationship drastically improved. The pregnant teens often expressed that this was a benefit to becoming pregnant. The mother treated the daughter more “grown up” and saw her as a woman, once pregnant. This entry into the adult world and using sexuality as a landmark for legitimizing adulthood is strong both in the literature and in this study.

SEXUALITY ISSUES

Despite the strong maternal network in place for the subjects, attitudes and information about sexuality does not come from the mother. Female peers assumed the primary role as sexuality “educators”, and the school assumed a secondary role. The literature (Furstenburg et al., 1984) suggests there is a discrepancy between parents and teens about whether sexuality had been discussed. This study found that parents had not communicated about sexuality, and the subjects had counted on information from the peers and school as being adequate. The impact of any sexuality information on the thoughts, feelings, or actions of teens at the time of intercourse was not evident in this study.
Even though parents had not been the primary sexuality educators, the subjects indicated they would go to their mothers for sexuality information once they were pregnant. There is an obvious comfort for the mothers and daughters to deal with sexuality in an “after the fact” atmosphere.

FATHERS

The father of the teen is the least significant person in the teen pregnancy equation. Ulvedal & Feeg's (1983) study found the relationship with male figures in the home as poor. This study found the male influence to be minimal, if existant at all. The subjects often referred to their parents, but in closer examination they meant their mother. The fathers are only visible in the home and are basically ignored by the mother and teen. Even in homes where the mother is single, remarried, or living with a man, the teen refers to the male figure as “insignificant.” The father of the pregnant teen is a silent partner in the family system. His passive role further enhances the importance of the maternal network.

PARENTAL MARITAL STATUS

Parental marital status is not often discussed in the literature. Of the 11 subjects in this study, all were from
homes of divorce, separation, remarriage, or single parenthood. While the literature does suggest the part a dysfunctional home plays in adolescent pregnancy, it has not focused on the specific effects of the marital relationship. The maternal network, minimized male influence, and focus of power contributes to this finding. Upon examination of the thoughts, feelings, and actions of both mother and father, as reported by the teen, it is apparent that the marital relationship is a variable for further research.

**Dysfunctional Family**

Literature is abundant about the significant influence a dysfunctional family plays in teen pregnancy. This study supports the significance of this factor and recognizes the interplay of one dysfunctional segment against another. Carlson and colleagues (1987) and Marecek (1987) studied the influence of stress and life events on teen pregnancy. All eleven subjects of this study described events and stresses that affected their behavior. Parents selling drugs, Mother in prison, physical abuse at home, neglect, frequent trouble, and mother working all the time were discussed as contributing factors to the thoughts, feelings, and actions of the teens. Evidence to support this factor is particularly evident in the Individual Assessments (Appendix F). Candid comments
from subjects made it clear that teen pregnancy was seen as a way to "correct" family dysfunction, entrap the boy, or escape a negative home environment.

**SUMMARY AND RECOMMENDATIONS FOR PARENTAL FACTORS**

Parental factors are associated with behavior leading to adolescent pregnancy. The degree of influence and effect depends on the individual teen and her life circumstances. By looking at the family alone there is strong support for intervention, and yet the family cannot and does not operate in a vacuum. Combined with other variables, the family is only one piece of the puzzle in addressing adolescent pregnancy. It is apparent more attention needs to be paid to parenting skills, relationship and role boundaries, and positive experiences for the family system. Parents have limited knowledge, skill, and confidence in managing the adolescent period. The male role needs clarifying and strengthening in order for the next generation of fathers to find a voice in the home. Crisis intervention needs to become crisis prevention by establishing a more balanced approach to parenting. The premise that children will hold together a dysfunctional family, and fill the gaps left by premature parenthood needs challenging. Entrance into adulthood, and especially womanhood, deserves to come from maturity and not sexuality.
PARTNER FACTORS

According to the teen mothers in this research, the partner of a pregnant adolescent serves a minimal role once the pregnancy is confirmed. Over the years research dealing with teen pregnancy has concentrated on the teen mother and baby. The father of the child has been of little interest to researchers. This may in part be explained by a strong maternal network that absorbs the teen pregnancy and leaves the partner as a minor contributor. In recent years increasing interest in the variables that contribute to this passive role have been examined. Additional research is warranted in this area.

AGE DIFFERENCES

Literature is abundant on the age differences between the pregnant teen and her partner. This study supports prior research findings, showing an average of 2 to 3 years age difference between the teen and her partner. The question becomes why young teens are dating older partners, and how the age differences contribute to the pregnancy. Identification with older partners gives many younger teens a sense of maturity and "feeling grown". Likewise, subjects described how their partners liked the status of "having a young
thing". The false sense of adulthood, status, and adventure provides a rich climate for sexual exploitation.

**ROLE OF THE PARTNER**

Research supports the finding that most adolescents become pregnant by partners with whom they have gone steady (Black & DeBlassie, 1985). The subjects of this study also support that evidence. Most dated their boyfriends several months and were "going together" at the time of intercourse. One subject reported having sex the first time she met her partner, while most waited between three weeks and nine months before becoming sexually active. Intercourse usually took place at the home of the boy or girl when adults were not home. On-going problems within the relationship consumed most subjects, and once pregnant most of the young women perceived the partner as a lot of trouble.

These results suggest that the partner in a teen pregnancy functions only up to the time the pregnancy is confirmed. After that point, the partner is overshadowed by the maternal links to the pregnant teen. As literature suggests, the "steady" relationship becomes a lot of work and most pregnant teens experienced his presence as distracting from the baby. Since the role of men is associated negatively with the maternal network in general, it may be
these young men are merely replicating long standing patterns of behavior.

SUMMARY AND RECOMMENDATIONS FOR PARTNER FACTORS

Prevention of teen pregnancy must include more recognition of the male. Positive role models in schools, health clinics, churches, and work settings will serve the cause of fatherhood well. Anybody can make a baby, but a real man is one who can raise a baby is the desired standard for male involvement. The power of the maternal network needs to be challenged by more effective male influence. The socio-economic, parental, and partner variables often combine to give the male thoughts, feelings, and actions little credibility. Until this equation is more equally balanced, the responsibility for teen pregnancy will remain with the female.

SOCIO-ECONOMIC FACTORS

Restricted financial resources, limited career options, low educational levels, and unrealistic aspirations are deeply connected to teen pregnancy. Socio-economic factors
influence the life script and options for many teen mothers. Research suggests that even the options for an unintended teen pregnancy are greatly influenced by the socio-economic status of the family. The results of this study support research that says those that can least afford to have more children are often the ones having them.

FINANCES

Monetary limitations are a way of life for the teens of this study. Their families have experienced continual financial strain. The teens do not connect their pregnancy to any increased financial stress for their families. Realistic perceptions of the cost of a child are completely missing. Their financial framework is more of a week to week existence, with little understanding of larger financial obligations.

Dependency on government programs provides a sense of security for pregnant teens. Descriptions of government benefits leads one to believe the teens are talking about a "giant father" caring for them. While the literature suggests teens become pregnant to financially benefit, this study did not find that to be a primary motivator. Teens talked about government assistance as a way to care for their babies, not a reason to have them. Prenatal Medicaid
was absorbing the cost of prenatal care for most of the subjects, and little thought had been given to postnatal demands of food, diapers, clothing, and childcare.

**MEN AND MONEY**

The passive role of the male is further supported by his having little financial involvement or responsibility to the teen pregnancy. Even though most of the subjects said their partners would pay for the child's needs, they were actually talking about his dropping off diapers, clothing, and occasional money. Financial dependency rested clearly with the maternal network, and the male was role free of financial responsibility. Fathers of the subjects were generally more concerned than the partners about the costs of the baby.

**EDUCATION**

Emphasis on education was evident in the homes of the subjects, and the fact that all were still in school spoke to its importance. For some subjects the need to complete an education was a personal issue. Descriptions of wanting a better life than their parents was a common theme. Others felt pressure from their mothers to finish high school. The benefits of education were measured only in financial terms for these subjects. They could not see any benefit other
than better pay for staying in school. One subject dropped out of school at 14 and worked in a fast food restaurant. She was more committed than others to make education a priority. Life experiences may be the motivating factor connecting the "real world" with the costs of a missed education. Teti & Lamb's (1989) research showed that regardless of circumstances, adolescent childbirth puts young women at a lifetime disadvantage with education. While the results of this study can not say these subjects are educationally disadvantaged for a lifetime, it seems apparent that tremendous hurdles lie ahead.

ASPIRATIONS

Connected to both financial constraints and educational levels are the aspirations of pregnant teens. It is clear that their aspirational levels are often unrealistic and incompatible with adult roles. They talk of wanting to be bounty hunters, real estate agents, and lawyers. The thinking behind the aspirations is the more disturbing piece as they describe being a lawyer because they like to argue, being a real estate agent because they like to look at houses, and being a nurse so she can go to work with her mother. A positive alternative discussed by several subjects
would be entering the armed services for education and training. The service may serve as a positive factor that encourages compliance, offers structure, and cares for the individual. Such a “substitute family” may offer the teen mother a practical alternative to government assistance.

CUSTODIAL CARE

Childcare options center on the maternal network. Few subjects had considered daycare outside the home. Fears about child molestation were more predominate than the cost of daycare. Subjects described seeing stories on TV that told about children being sexually molested in daycare centers. Female friends discouraged leaving children with anyone not known to the subject. On site daycare at the site of the research study was often not used. This was primarily due to the subjects' attitudes that it would be better to stay home with the baby than bring it to be kept “by a stranger”. Long term childcare plans were nonexistant. A “wait and see attitude” prevailed about how the baby would be cared for over time.

DRUGS

Serendipitously, this study revealed a growing link between drugs and adolescent pregnancy. While research is
beginning to address drug use by pregnant teens, this study did not find use to be as significant as drug sales. There is evidence to suggest the sale of drugs is an economic support system for adolescent pregnancy. One subject said, "We don't want drugs to stop so we can make money for our kids." None of the subjects reported actual drug use, but almost half were either selling themselves or their parents were selling. In response to drug use one subject said, "I think too much of myself to take drugs. If someone wants to buy from me that is their problem." Another subject described washing out a pot to make oatmeal that her mother had used the night before to make crack. Subjects talked about drug information learned at school, but were unable to discriminate between the need for money and the risks of selling drugs. Unquestionably, the role of drugs in teen pregnancy has strong ties to socio-economic factors and family dysfunction.

**SUMMARY AND RECOMMENDATIONS ON SOCIO-ECONOMIC FACTORS**

Socio-economic variables provide strong messages that have an impact on behavior choices of teens. Recognizing the domino effect of one socio-economic variable against another, selecting intervention becomes a question of where to begin.

It is apparent that the role of education needs to take
prominence. In order to become financially independent, education and skill is necessary. Special programs for teen mothers that create individual treatment plans and educational models would be the ideal. Realistically, such costly programs on a population that finds attendance difficult and motivation low would be questionable in this day of budget constraints. Some school districts have found success in creating on-site daycare at high schools. Furstenburg's (1990) research over a 20 year period suggests that this step alone has increased the likelihood of completing school and providing post high school opportunities to adolescent mothers. He says this is the single most positive intervention step to break cycles of poverty and hopelessness. In turn the behavior, choices, and actions of the teen mother is improved. Efforts in that direction are warranted and cost effective. Greater financial accountability for the partner of the pregnant teen moves support systems to a more equitable status. Until the fathers of the children contribute to the costs of raising a child, they are immune to the responsibility.

Information about childcare options needs to address myths that surround it not being used. On site visitations, personal contacts, and affordability offers the teen mother an opportunity to go to school or work. Special school
centers continue to gain support in caring for babies where mothers can have easy accessibility to them. Opportunities to develop parenting skills, address child development issues, and learn ways to cope as a teen mother are well taught in a school setting.

The role of drugs in teen pregnancy warrants closer research. The financial benefits outweigh the legal risks. Quick access to money appears to be a "good job" to these teens. The manipulation of teens by major drug dealers is a larger issue that deserves attention. Quantities of money ensures the teen mother new stereos, fine clothes, and expensive strollers for her baby. An adult work ethic becomes questionable as teens compare the pay scale of drug sales with the pay scale of most jobs.

Realizing that the cost of teen pregnancy is 16.65 billion dollars a year, intervention steps are worth the risk. Feelings of self worth improve how one thinks and the choices one makes. The need to sell drugs may be less appealing if financial security is in place. Empowering adolescent mothers with skill, opportunity, and reward can provide hope for the future for the teen mother and the baby.
DEVELOPMENTAL ISSUES AND ATTITUDES

Developmental issues and attitudinal responses to those issues play a significant part in contributing to teen pregnancy. The influence of developmental issues depends on the individual and her life circumstances. The thoughts, feelings, and actions of teens are affected by the combination of variables, attitudes, and developmental patterns. Individual responses are unique and varied and this study has differentiated how behavior is affected by the integration of external and internal variables. Recognizing the variability of individual responses to development, overall common patterns were apparent in this study.

PHYSIOLOGICAL DEVELOPMENT

Physiological development had started for most of these subjects by 10- to 11-years-old. By 13 years-old, most were dating older guys and thought boys their own age were "babies". The differences in male and female rate of maturity accounts for the female draw to older partners. The early sexual maturity of the female contributes to the adolescent pregnancy problem. Literature points to the earlier onset of menarche as an uncontrollable variable. Such a trend increases the number of reproductive years for a
female and pushes forward biological maturity ahead of cognitive or emotional maturity.

GOOD GIRL VS. BAD GIRL IMAGE

All subjects said they did not use birth control, and yet the pregnancy was described as "totally unplanned". Repeatedly the teens supported Lindsay & Rodine's (1989) Magical Thinking Theory --"It can't happen to me." Lack of knowledge about birth control did not seem to be the issue. The inability to plan ahead was in part related to non-use of birth control, but it seemed to be a conscious decision to ignore the possibility of pregnancy. This thinking may be partially explained by the adolescent as a risk taker, and the perception that she would be considered "bad" if she planned to have sex and used birth control. Subjects expressed that a "good girl" was one that intercourse just happened to, as opposed to a "bad girl" that planned for it.

SOMETHING TO LOVE

While subjects understood the biological connection of birth control and pregnancy, their intense need for something to love was often discussed. This need for love and recognition has been examined in the literature, and offers a clue to some of the subconscious variables that affect the
thoughts, feelings, and actions of these teens. The interaction of the parental, socio-economic, partner, and developmental variables may be most evident in this "need."

**MEDIA INFLUENCES**

Research suggests that media influences the behavior of teenagers. The subjects of this study make reference to MTV and R-rated videos as sources of sexuality information. While the influence is acknowledged, there does not seem to be a strong connection. What may contribute to the thoughts, feelings, and actions of the teens is the unconscious standard set forth through this medium. Sexuality, adult roles, and womanhood is often portrayed as high adventure no cost relationships. Association with this unrealistic model serves as a standard through which some teens measure their behavioral responses.

**SUMMARY AND RECOMMENDATIONS FOR DEVELOPMENTAL FACTORS**

Intervention and prevention strategies around developmental issues are important in addressing teen pregnancy. While nothing can be done to delay the onset or rate of maturity for individuals, much can be done to help females adjust to new roles, images, and feelings.
Over the four month study, not one time was a church youth group, Girl Scout troop, girls club or special interest group mentioned. These subjects were "bored" and often talked about not having anywhere to go. Neighborhood programs for teens, after school volunteer work, or opportunities to learn skills could reduce the available time for at risk teens. After school activities are needed to draw these teens into more positive educational involvement opportunities. Standards for "being cool" need to include worthwhile participation in activities that enrich and contribute to the well being of the individual.

Assertiveness training is a necessity for these young women to survive in the adult world. Passive acceptance must no longer be looked at as a developmental issue, but an intervention possibility that could open the future. Taking control of her destiny, sexuality, birth control, and future empowers these teens in positive ways. Challenging the attitudes about being a teenage mother that presently exist within the maternal network, dysfunctional family, and community at large is of vital importance. When thoughts, feelings, and actions are recognized as the basis for this problem, progress towards making every child a wanted child can be accomplished.
SUMMARY OF FINDINGS

Significant findings emerged from this study that have relevance to adolescent pregnancy. The findings offer specific trends, values, and factors that are associated with pregnancy in adolescence. These findings emerged from behavioral assessments, extended interviews, and personal histories.

1. There is a strong maternal network surrounding adolescent pregnancy. This network absorbs the care of both the teen and her baby.

2. Second generation teen parenthood is a questionable factor. There is evidence that teen pregnancies of older sisters and female peers may be more influential than the birth pattern of the teen's mother.

3. The mother–daughter relationship is complex and often volatile. The combination of love and hate nurtures the contributing factors for an adolescent pregnancy.

4. Male influence is minimal. Fathers' and partners' are passive voices in the lives of pregnant teens.

5. Parental marital status affects the risks associated with teen pregnancy.

6. Dysfunctional families perpetuate mismanagement of
adolescent pregnancy. Family roles, expectations, values, and responsibilities are clouded by the dysfunctional family.

7. Young teens are dating older partners and presenting themselves as "older" than their years. False maturity contributes to greater risks for a teen pregnancy as they measure their maturity through sexuality.

8. Despite knowing about birth control, teens are not using protection at the time of intercourse. Multiple factors contribute to this "fable that it will never happen to me". Among the most common factors are: something to love, escape from home environments, and rite of passage.

9. Teens perceive their pregnancies are unplanned, even though birth control is not used. Good girls let sex "happen". Bad girls plan for it.

10. Adult status can be gained through a teen pregnancy. Improved home relationships, especially with the mother, usually accompany confirmation of pregnancy. This reward and recognition as an adult reinforces the power of the pregnancy.

11. Peers and schools are the primary sources for sexuality education.
12. Education is not seen as a way to improve the future. It is more important to parents than to pregnant teens.

13. Aspirations for the future are often unrealistic and incompatible with abilities, skills, and training opportunities.

14. Government assistance is seen as a source of survival by pregnant teens.

15. Partners' have little financial involvement or responsibility to their children.

16. Selling drugs is serving an increasingly important role in the financial stability of pregnant teens or their families.

17. Myths about childcare centers and "strangers" caring for children limit opportunities for teens to complete school or work.

18. At the time of intercourse little thinking is evident. Emotional responses and parental and partner factors contribute greatly to the teen's actions.

19. Teens are most cognitive when their pregnancy is confirmed. Thoughts predominate over emotions, but are not acted on. The delay in confirming most teen pregnancies may account for the minimal action in managing the pregnancy.

20. After delivery teens experience the harsh realities of
combining their own growth with the demands of their infants. Multiple issues begin to drain the teen of energy and interest.

21. Very different behavior patterns emerge at significant decision-making times in an adolescent pregnancy. The patterns reflect behavior that is more feeling - acting at intercourse, more cognitive at confirmation of pregnancy, and more action oriented at post delivery.

22. Counselors, teachers, and helping professionals need to be able to assess behavior responses in order to maximize intervention and prevention strategies. Curriculum materials, program development, and counseling approaches are best implemented when individual behavior differences are recognized.

SUMMARY OF RECOMMENDATIONS

The results of this study serve as an invitation to address adolescent pregnancy issues. While the findings suggest multiple contributing factors, significant emphasis is evident in particular areas.

FAMILY INTERVENTIONS

The power of the family system is well documented throughout literature. The level of family dysfunction
often indicates the level of risk a female teen has for a premature pregnancy. Early diagnosis and interventions in family dysfunction can increase the possibilities for better family function. Parent groups in housing projects, special classes in how to parent adolescents, support systems that include all members of the family, and resources that can be used to help in times of crisis would address this issue. The family is the core position from which to address adolescent pregnancy.

MALE INVOLVEMENT

Male involvement is necessary if adolescent pregnancy is to be equitably managed. The maternal network needs to leave room for the important role served by the teen's father and partner. As long as males are minimized the motivation and feeling of responsibility will be missing.

Partners' of pregnant teens deserve support and inclusion in the pregnancy process. Greater efforts must be made to provide opportunities for the partner to invest and assume responsibility for his child. Counseling and parent education for the partners' as well as the teens serves the future of the baby and the parents quite well.

Increased emphasis on the responsibility that goes with sexual relationships could create new measures of
accountability. Financial support, childcare responsibility, and a long term agreement of ways in which he would be counted on to help would add substance to the now weak role of the male. The male deserves to be heard, and must carry his part of the responsibility in attending to an adolescent pregnancy.

**SEXUALITY EDUCATION**

Schools and community agencies must take a more aggressive role in educating children about sexuality issues. Parental messages are often not acknowledged by teens, and all too often accurate information is never shared. Access to reliable resources is an important aspect in preventing teen pregnancy. Trained staff in schools, or in the community, can provide quality information that is necessary for sexual decision-making. Reliable information, trusting resources, and trained personnel reinforce the family role in sexuality education. No longer is teen pregnancy the ultimate consequence. The HIV virus looms heavily for many of these high risk teens.

**SPECIAL PROGRAMS**

All too often teens involved in school clubs, girl scout troops, and church activities are those that need it
the least. Those teens would no doubt be a part of school and community activities as a part of enriching their life experiences. Teens at risk for pregnancy often do not take advantage of extra-curricular activities because of poor inter-personal relationship skills, missed opportunities, lack of encouragement, and low self-esteem.

Churches, school clubs, and community groups need to identify teens at risk for pregnancy as early as possible. Involvement in worthwhile activities builds not only opportunities and skills, but is a constructive use of leisure time. Through such efforts teens find avenues of rewards other than an early entry into adulthood.

**CHILDCARE**

In order to care for the children of adolescents, childcare centers must be developed that address the unique needs of this population. Schools must step forward and create space in their environments if they want to address the drop-out rate of pregnant teens. The only way teen mothers' can stay in school is to have adequate childcare. Myths about children cared for in centers need to be dispelled before young teens will trust anyone outside of the maternal network. Childcare centers can serve as resource and support systems for the teen mother and child.
Group counseling, parenting classes, and reliable care for her child increase successful parenting experiences.

LIFE SKILLS

In order to be productive citizens of tomorrow, today's young women deserve training, opportunities, and encouragement. Premature parenthood must be challenged by alternatives that give young women the skills necessary for a meaningful life. Financial security belongs to the individual and not the government. In order to do so, self-worth must be found outside of sexuality experiences. Classes in assertive skills, goal setting, time management, and decision-making could give substance to young women's future. Training in vocational or occupational areas gives young women marketable skills in order to survive. Work ethics need to be modeled through school and community experiential programs. A life of selling drugs or being dependent on government assistance could be substituted by a young woman having the skills to create her future.

COUNSELING INTERVENTIONS

Teen pregnancy is a crisis situation that challenges the family, school, church, and helping professionals. Because of the complexity of the issue, easy answers are not
apparent for any of society's systems. Trained counselors are often called on to evaluate, assist, and intervene in teen pregnancy. Better trained counselors are needed in order to meet the demands of the crisis situation. Recognition of contributing factors, a clearer understanding of resources, and training in how to help the client gives counselors a more knowledgeable role in the teen pregnancy. As illustrated through the results of this study, the TFA System (tm) can help the counselor identify individual thoughts, feelings, and actions. Understanding how behavior choices and decision-making contribute to individual responses is powerful information for the counseling relationship. The counselor working with a teen or family experiencing an unintended pregnancy needs the most efficient, meaningful, and effective skills possible.

THOUGHT, FEELING, ACTION PROGRAM DEVELOPMENT

Differentiating thought, feeling, action behavior increases opportunities for effectiveness of professionals who work with adolescents. Recognizing that teens' respond to a pregnancy with varying emphasis on thoughts, feelings, and actions provides professionals valuable information. Knowing that at the time of intercourse cognitive behavior is quite low speaks to the need for new approaches to
prevention. When counseling the pregnant teen at confirmation of pregnancy, written materials, videos, and knowledge based information are an investment in her thinking behavior. For the teen mother, having someone respond to her action-oriented behavior at post delivery can structure her actions in a way that can enhance her future. Implementing training, developing counseling strategies that respond to individual differences, and providing appropriate materials to professionals will be the foundation from which adolescent pregnancy can be addressed.

CONTINUED RESEARCH

In order to attend to the growing problems created by teen pregnancy in our society, every effort must be made to provide new insight and information. Continued research into contributing factors and their impact on individual behavior is warranted. Opportunities must be taken to understand the complexity of the adolescent pregnancy issue. Only through continuing research can relevant insight be helpful to parents, schools, counselors, and churches. The research is necessary to validate the need for special intervention and prevention programs, as well as address the needs of affected families and individuals.
FUTURE CONSIDERATIONS

Adolescent pregnancy represents one of the most crucial issues facing American society. Every facet of personal and societal life absorbs the effects of premature parenthood. Willard Gaylin says, “The unattached, unsupported, and immature teenage mother is a knife at the throat of modern culture and a mortgage on future vitality” (p. 18). Attention to factors contributing to this growing crisis warrants our utmost energy.

The results of this study enables the behavior of pregnant teens to be more clearly defined and understood. The analysis of their thoughts, feelings, and actions bridges the gap between individual behavior responses and the effects of teen pregnancy in society. Understanding thought, feeling, and action patterns challenges us to respond.

Factors associated with teen pregnancy deserve continued research. Of particular interest to future research are issues that evolved from the findings of this study.

1. Knowledge of the partners' TFA Triad is worthy of investigation. The thoughts, feelings, and actions of
partners' in comparison to pregnant adolescents may provide insight into differing behavior patterns, motivations for, and management of an adolescent pregnancy. Evidence in this study strongly suggests a nearly total lack of commitment to the teen and child on behalf of the male.

2. This study clearly indicates generalized negative attitudes toward males, as reflected in animosity from mothers and pregnant teens. A clearer understanding of expectations and roles of the male might suggest how males could influence and be a part of positive family relationships.

3. Experiences that provide positive male role models are lacking. Research is needed in order to understand how to identify and create an environment where males identify with positive role models. Research into vocational, community, and educational leadership could offer males an opportunity for positive empowerment.

4. More study is warranted on the gender issue of the unborn baby. This study found subjects' need for producing male babies was of great importance, almost like a badge of honor. This study strongly suggests teens may continue to become pregnant to have a male
child. Parenting roles, acceptance of the child, bonding, and coping skills are influenced by gender expectations of the mothers. Understanding if the need for a male baby is a growing trend among pregnant teens may be of value to helping professionals. Further clarity on why male babies are preferable could provide insight into family dysfunction and cycles of repeat pregnancies. The link between a desire for a male child, negative attitudes towards males in general, and the lack of responsibility of the child's father combine to present a picture of conflicting behavior in a tangled socio-economic environment.

5. The role of government assistance in taking care of the teen mother is deserving of further research. In this study, teens perceived government as a "giant father" that would care for all needs. This attitude feeds into low career ambitions, lack of motivation for self sufficiency, and welfare dependency. Together these problems fuel the enormous, long term costs of adolescent pregnancy to individuals in particular and society in general. Research should be conducted into eliminating this vicious, destructive cycle.
The results of this study serve as an invitation to further research into a complex problem. A larger sample of pregnant adolescents would be beneficial. Analyzing intervention and prevention programs to see if and how they impact the thoughts, feelings, and actions of teens would be of great interest. There is still much to discover as changes in individuals, families, and our society affect behavioral responses.

Using the TFA Systems (tm) has been valuable in addressing this study. Being able to discriminate the thought, feeling, and action components of behavior has provided a closer analysis of how individuals respond to internal and external variables. As teens continue to become sexually active at younger ages, our best efforts in understanding their behavior is an investment in the world of tomorrow.
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Appendix A

CITATIONS FOR QUESTIONS SUPPORTING ADOLESCENT PREGNANCY INTERVIEW

I. Demographic Information
   a. Code
   b. Birthdate
   c. Race
   d. Grade in School
      1. Race, Class, & Adolescent Pregnancy, 1988
      2. Early Sexual Activity Among Adolescents in Small Towns & Rural Areas: Race & Gender 1989
      3. Adolescent Sexual Attitudes & Behavior: Are They Consistent, 1987
      5. Unintended Pregnancy, Contraceptive Practices, & Family Planning Services in Developed Countries, 1988
      6. Teenage Pregnancy in the U.S. 1988
      7. Unintended Pregnancy in America & Abroad, 1988

II. Parental Factors
   a. Number of parents living in home
   b. Relationship with parents
   c. Mother's age at birth of first child
   d. Parents input in pregnancy decision
   e. Who influenced you most
   f. How you learned about sex, birth control, sexuality
      1. Adolescent Pregnancy in the U.S., 1986
      3. Family Communication & Teenage Contraceptive Use, 1989
      5. Comparison of Minors’ & Adults Pregnancy Decisions, 1980
      6. Social & Psychological Correlates of Pregnancy 182
Resolution Among Adolescent Women, 1980
8. Implications of Family Trends for Children: 
   A Research Perspective, 1987
9. Parental Marital Status Effects on Adolescent 
   Sexual Behavior, 1987
10. A Comparison of Childhood Backgrounds of 
    Teenage Mothers and their Non-Mother Peers: 
    A New Formulation, 1988
11. Mother & Daughter Perceptions of their 
    Relationships: The Influence of Adolescent 
    Pregnancy Status, 1987
12. Family Functioning & the Adolescent Mother: 
    A Systems Approach, 1986

III. Socio-economic Factors
   a. Level of family income 
   b. Educational level 
   c. Family career patterns 
   d. Aspirations 
   e. School 
   f. Financial strain 
   g. Pre-natal care 
   h. Child's needs 
   i. Daycare

   1. An Exploratory Study of Life Change Events 
      Social Support & Pregnancy Decisions in 
      Adolescence, 1987
   2. Adolescent Pregnancy: Contributing Factors, 
      Consequences, Treatment & Plausible 
      Solutions, 1985.
   3. Teenage Pregnancy: A Theoretical Analysis 
   4. Early Subsequent Pregnancy among Economically 
      Disadvantaged Teenage Mothers, 1986
   5. Socioeconomic & Marital Outcomes of Adolescent 
      Marriage, Adolescent Childbirth, & their 
      Co-Occurrence, 1989
   6. Adolescent Pregnancy & Sex Roles, 1984
   7. School Age Pregnancy & Parenthood: 
   8. Approach to the Pregnant Adolescent, 1987
   9. Teen Parents: The Crisis & Challenge for 
      Vocational Education, 1986
10. Parenthood in Two Subcultures: White, Middle 
    Class couples & Black, Low Income Adolescents 
    In Rochester, N.Y., 1983
11. Differentiation of girls at Risk of Early
Pregnancy from the General Population of Adolescents, 1987
12. Antecedents of Pregnancy among Unmarried Adolescents, 1985
14. Early Childbearing & Completion of High School, 1985
15. Adolescent Childbearing & High School Completion in the ‘80’s, 1985
17. Approach to the Pregnant Adolescent, 1987

IV. Partner Information
   a. How long known partner
   b. Partner's role in pregnancy decision
   c. Father of child's responsibility
      1. First Intercourse Among Young Americans, 1983
      2. Characteristics of Married & Unmarried Adolescent Mothers & their Partners, 1986
      5. Premarital Sexual Involvement: A Developmental Investigation of Relational Correlates, 1988
      6. The Relation of Family & Partner Support to the Adjustment of Adolescent Mothers, 1988

V. Motivation Information
   a. Planned or unplanned pregnancy
   b. Motivation for pregnancy
   c. Outcome decision
      1. Teenagers Talk About Sex, Pregnancy, & Birth Control, 1985
      2. Linkages Between Sexual Activity & Alcohol & Drug Use Among American Adolescents, 1985
      3. A Scale of Motivation for Parenthood, 1983
      4. Comparison of Sexual Behavior among Adolescents Having an Early, Middle & late First Intercourse Experience, 1989
      6. Contraceptive Use among High Risk Adolescents, 1987
      7. Factors Associated With Sexual Activity in Early Adolescence, 1986
      8. Pregnancy in Early & Late Adolescence, 1983
      9. New Maps of Development, New Visions of
Maturity, 1982
10. Psychological Correlates of Teenage Motherhood 1983
12. Pregnant Teens Who Choose Childbirth,
15. The Sentiments of Love & Aspirations for Marriage & Their Association With Teenage Sexual activity & Pregnancy, 1983
17. MMPI Personality Differences in Various Populations of the Unwed Mother, 1986
18. Teen Pregnancy : Not simply a Result of Adolescent Ignorance, and Poor, and at Risk for Pregnancy, 1987
19. Social Cognition & Interpersonal Affect: Correlates of Role Taking Skills In Young Adulthood, 1984
20. Factors Predicting Pregnancy Resolution Decision Satisfaction of Unmarried Adolescents, 1984

VI. Interview Observations & Significant Information
1. Rethinking Teenage Childbearing: Is Sexual Abuse a Missing Link, 1990
2. Nonvoluntary Sexual Activity Among Adolescents, 1989
3. Adolescents Pregnancy & Unfinished Developmental Tasks in Childhood, 1987
4. Some Major Issues Regarding Adolescent Sexuality & childbearing in the U.S. 1989
5. Teenage Pregnancy, Professional Agendas, Problem Definitions, 1987
Crisis Counseling
1. A Paradigm for the Classification of Emotional Crises: Implications for Crisis Intervention, 1978
2. Pregnancy Counseling for Teenagers,
3. Counselor Values & the Pregnant Adolescent Client, 1984
5. Psychological Correlates of Teenage Mothers 1983
7. Teenage & Pregnant, 1988
10. Crises In Adolescence- Teenage Pregnancy Impact On Adolescent Development

ALL TFA SYSTEM MATERIAL
Appendix B

Date: Start

Finish

INTERVIEW SHEET FOR

ADOLESCENT PREGNANCY STUDY

I. Demographic Information

Code #_____________ Race_______________
Birthdate_____________ Grade in School________

II. Parental Factors

a. Who is responsible for you at home
   parents_______________ grandparents______
   foster parents__________ other______________

b. Describe your relationship with your parents.
   very dissatisfied
   dissatisfied
   satisfied
   very satisfied

1 2 3 4

c. How old was your mother when she had her first child?

   __________________________

   no input
   minimal input
   some input
   alot

   1 2 3

4
e. As you grew up, who had more influence on you--
   _____ Mother  _____ Father  _____ guardian
   _____ Father  _____ Grandmother  _____ Other

f. How have you learned about sex, birth control, &
   sexuality?
   _____ Mother  _____ Sister  _____ Peers
   _____ Father  _____ Brother  _____ Other

g. Who do you have to talk to now about these issues?
   ________________________________

h. What adults are home when you come home from
   school?____________________________

i. Family Reactions:
1. How did your mother react to your pregnancy? 
   Thoughts   Feelings   Actions

2. How did your father react to your pregnancy? 
   Thoughts   Feelings   Actions

III. Socio-economic Factors
   a. Level of income for family______________
      (weekly/Hourly)
   b. Level of education for mother____________
      father ______________
   c. What do your parents do?
      mother
      father

d. Aspirations-
   1. Did your mother fulfill her career ambitions?

   2. Did your father fulfill his career ambitions?

   3. What have you been told about your future?
4. In ten years, what do you want to be doing?

e. What part do you see school playing in your future?

f. Has your pregnancy caused any financial strain for your family?

* is for those teens keeping their babies *

g.* Who is paying for pre-natal care?

_____Your parents    _____Parents of F.O.C.
_____Father of child  _____Other

h.* Who will pay for your child's needs?

_____Your parents    _____Parents of F.O.C.
_____Father of child  _____Govt. Assistance

i.* What plans have been made about daycare and who will pay for it if needed?

IV. Partner Information

a. What was the relationship between you the the father of this child before your pregnancy?

b. What role did your partner play in deciding what to do about your pregnancy?

<table>
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<th>very little</th>
<th>some</th>
<th>shared decision</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Thoughts  Feelings  Actions

Why did you choose not to tell your partner about the pregnancy?

Thoughts  Feelings  Actions

c. How are you & your partner dealing with this pregnancy?

V. Motivation Information
   a. Did you plan this pregnancy?

______ totally unplanned (spontaneous intercourse)
______ birth control failed
______ trusted boyfriend
______ angry with parents
______ didn't understand how I'd get pregnant
______ wanted boy to be "mine"
______ wanted a baby to love
b. Why (or why not) did you want to be pregnant? (categorize into)

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Feelings</th>
<th>Actions</th>
</tr>
</thead>
</table>

Other

c. Who helped you make the decisions on how to handle this pregnancy?

|Mother|Minister|
|Father|Relatives|
|Grandparents|Family friend|
|Brother|Peers|
|Sister|Other|
|Counselor|Other|

VI. TFA TRIADS

1. TFA behavior pattern at the time of intercourse
   At the time you and your partner had intercourse, were you more:
   thinking or feeling or about in the middle
   feeling or acting or about in the middle
   or acting or thinking or about in the middle?
2. At the time you learned you had become pregnant were you more:
   Thinking or Feeling or about in the middle
   Feeling or Acting or about in the middle
   or Acting or Thinking or about in the middle?

3. It has been about six weeks since you had your baby. In thinking about how you are reacting to this new role are you more:
   Thinking or Feeling or about in the middle
   Feeling or Acting or about in the middle
   or Acting or Thinking or about in the middle?

VII. Interview Observations and significant related information.
Appendix C

* (Parenthesis indicates template association to research question).

ASKSAM TEMPLATES USED FOR
QUALITATIVE ANALYSIS

1. Template One - Parents thoughts, feelings, & actions (Parental variables)
   Mothers thoughts                                      Father's thoughts
   Mothers feelings                                      Father's feelings
   Mothers actions                                       Father's actions

2. Template Two - Occupational status & ambitions of parents
   (Socio-economic variables)
   Mothers occupation                                     Mothers ambition
   Fathers occupation                                      Fathers ambition

3. Template Three - Teen Mom's future
   (Pregnant teen variables)
   What has been said about future
   Goals 10 years from now
   Part School plays in future

4. Template Four - Family Finances
   (Socio-economic variables)
   Financial status with baby
   Daycare plans
   Family income

5. Template Five - Partners thoughts, feelings, actions
   (Partner variables)
   Relationship with partner
   Partners thoughts
   Partners feelings
   Partners actions
   How partner is dealing with pregnancy

6. Template Six - Motivation for pregnancy
   (Pregnant teen, partner variables)
   Was pregnancy planned
   Thoughts about a pregnancy
   Feelings about a pregnancy
   Actions about a pregnancy
7. Template seven- Time of Intercourse thoughts, feelings, actions (TFA)
   At the time of intercourse- thoughts
   At the time of intercourse- feelings
   At the time of intercourse- actions

8. Template eight- Time of confirmed pregnancy thoughts, feelings, actions (TFA)
   At the time of confirmed pregnancy- thoughts
   At the time of confirmed pregnancy- feelings
   At the time of confirmed pregnancy- actions

9. Template nine- Post delivery thoughts, feelings, actions (TFA)
   Post delivery- thoughts
   Post delivery- feelings
   Post delivery- actions

10. Template ten- Observations and recommendations
Appendix D

DATA DICTIONARY

Compilation of subject responses was done by using the AskSam Management System. Thoughts, Feelings, and Action data analysis is presented in Chapter Four. Other categories of data analysis are included below.

**Relationships**

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<td>47</td>
</tr>
<tr>
<td>Mom</td>
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### Medical Terminology

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</tr>
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### Time Relationships

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<td>Before</td>
<td>12</td>
</tr>
<tr>
<td>Yesterday</td>
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<td><strong>70</strong></td>
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THOUGHTS, FEELINGS, & ACTIONS OF PREGNANT TEENS OVER TIME
Appendix F

INDIVIDUAL BEHAVIORAL ASSESSMENTS

The eleven participants of this study willingly shared their life stories over the course of the research project. While their behavior has been analyzed in earlier sections of this document, the researcher would like to present each subject's personal history. Through these histories one can find the uniqueness of individual responses to difficult situations.

Some of the personal histories are quite dramatic; all have their element of pain. These subjects' were uncomplaining in presenting their circumstances. They never displayed arrogance or pride about their pregnancy, neither did they portray shame and guilt.

The researcher shares these stories with the hope that through the words of those experiencing adolescent pregnancy a deeper understanding of the contributing factors and individual responses are more clear.
INDIVIDUAL ASSESSMENT ONE

DEMOGRAPHICS

This 15 year-old subject lives with her mother, stepfather, and sister. She is in the 10th grade and has qualified for honors courses in high school. Before becoming pregnant she played the violin for eight years. She has not picked up the violin since finding out she was pregnant.

FAMILY RELATIONSHIPS

Even though there are two parents in the home it is evident the mother is the only functioning parent. This subject describes her stepfather as "weird and not somebody I have to obey." Descriptions of the family portray the stepfather as an appendage to work around. The father works in construction while the mother's health prevents her from working. Government assistance is counted on to help with expenses.

The family was not the source of sexuality information. MTV and videos were primary sources of information, with friends "filling in." Since becoming pregnant the subject says she would not talk to her mother or friends because "they don't know what they are talking about." She emphasizes the need for schools to be more explicit in family life education.
PARTNER

At 13 years old this young woman started dating the father of her child. He is 17 years old and works in construction. They waited almost a year before having sex. They never felt the need for birth control and were very surprised to find out she was pregnant. He sees the subject every day and takes her shopping sometimes after getting paid. His family has offered support by "throwing a baby shower."

RESPONSES TO THE PREGNANCY

Responses to the pregnancy were varied, but the decision about how to manage it rested clearly with the subject. Her partner was "mixed up for about 2 weeks," but he had no input on dealing with the pregnancy. The response of the mother was "a little mad, and she wanted to be sure I went to school." The stepfather only wanted to know the due date. In describing her own response to the pregnancy she said, "I didn't want to be pregnant at first. I'm afraid of too much responsibility. I decided to keep the baby because it was my fault and the baby didn't have nothing to do with it. I'm not going to kill a baby because of something I did."

FINANCIAL SUPPORT
The teen described how her partner would provide money for the baby "when he gets a raise." There was denial that the baby would add any financial strain to the family. Government assistance would be used and daycare would be provided by her mother and boyfriend, "depending on his hours."

EMOTIONAL SUPPORT

The mother and partner are the primary providers of emotional support. The ongoing dating relationship has given the teen the security she loves.

ASPIRATIONS

Teaching is the goal for this young woman, even to the point that she knows grade levels she prefers. She described an elaborate, well thought out plan for finishing college and caring for a child. She states that her college plans are most important and her boyfriend would be the babysitter for her to do so. She is quite philosophical in giving advice to other pregnant teens, "Go ahead with your plans. It might be hard. If you want it badly enough you'll do it. Just don't drop out of school." She wants to work in a daycare center to "add to her resume."
IMPRESSIONS

In many ways this teen shows promise for a hopeful outcome to an early pregnancy. She is committed to the need for school, has interests and abilities, and is diligent in her work. She has goals for the future and seems focused in continuing to develop and grow.

During the course of the research study, she delivered a 7 lb. 6 oz. girl. The baby's father attended childbirth classes and was with her during delivery. Her response to motherhood was that "it was OK." She is determined to not have more children "until my 30's" and says she will take birth control diligently. As the newness of the baby dwindled, this subject showed signs of fatigue and self doubt. She tried to figure out what was different about herself when she said, "I don't feel older since delivery, just more mature. I have someone I have to put before me." She searched for a way to connect her past with her future. At the conclusion of the last interview she said, "I think I will have to play the violin again. That way maybe I can get a scholarship to college."
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject One

Time of Intercourse

![Diagram of Time of Intercourse]

Confirmation of Pregnancy

![Diagram of Confirmation of Pregnancy]

Post Delivery

![Diagram of Post Delivery]
INDIVIDUAL ASSESSMENT TWO

DEMOGRAPHICS

A turbulent adolescence characterizes recent years for this 16 year-old teen. She is in the tenth grade and lives with her grandmother. Until a year ago she lived with her mother and stepfather. When her mother was sentenced to the state prison on drug charges, she moved in with her grandmother.

FAMILY RELATIONSHIPS

Family relationships have been difficult and filled with fluctuating periods of harmony and distress. The teen describes herself as “illegitimate” and says her own mother's teen pregnancy forced her grandmother to become “mother”. While the grandmother has had a significant role in this teen's life, it has not been without cost. During tense times at home, the teen would run away. During the past year her grandmother has taken her to court for running away, physically abused her, and had her placed in temporary custody.

After the teen became pregnant, discord at home vanished. The grandmother sees her grandchild as “more grown up now” and treats her very well. The greatest reward of pregnancy
for this adolescent is the impact it had on the perceptions and behavior of her grandmother.

Sexuality information was given by the grandmother, mother, and female peers. This teen says she would no longer talk to any of those people about sexuality issues. She says she would go to a health teacher at school and get accurate information.

PARTNER

The father of the child is 19 years-old and is no longer involved with the teen. They "broke up" prior to the confirmation of pregnancy. They dated for six months and had unprotected intercourse for two months. While the teen says her partner kept reassuring her "to just trust him," she never thought she would get pregnant. As she described repeated home conflicts, it became apparent that she was probably using the risk of a pregnancy as a means of dealing with her painful home environment. When questioned about not using birth control she admitted, "We sorta knew, but did it anyway." Once she realized she might be pregnant, she was rid of her partner.

RESPONSES TO THE PREGNANCY

The teen knew she was pregnant for three months prior to
getting it confirmed by a doctor. Her grandmother kept saying she was going to take her to the doctor, but would not say why. Once the pregnancy was confirmed, the teen left letters around the house that referred to the baby. The grandparents have never discussed the pregnancy, options, future plans, or impact on the family. When the teen was in her seventh month of pregnancy, her grandfather told her how much it would hurt to have the baby. These passive responses carried over to communication between the mother and grandmother. Subtle inferences and resigned acceptance are best reflected in the mother's response from prison, "My baby having a baby. I knew it was going to happen."

This teen admits being too young and immature to have a baby. She talks about wanting to go "back to the time when I was hanging out with girls having fun."

FINANCIAL SUPPORT

Strain on the family resources with the birth of the baby is not seen as a problem. She says her mother might help support the child (even though she is in jail) and the partner "will pay for his baby or go to jail too". Even though the family qualifies for government assistance, this teen is adamant about not receiving welfare. She says, "I
want to work and my mother or grandmother can take care of the baby.”

EMOTIONAL SUPPORT

It is difficult to ground the source of emotional support for this teen. The grandmother and mother have significant roles, but there is a deep level of mistrust and anger. She has a new boyfriend who “wishes this baby were his”. Over time her emotional support system will depend on the level of trust she is able to develop.

ASPIRATIONS

“I want to be a bounty hunter! I want to find escaped people, or be a nurse. If it's needed I don't mind going to college.” Her need for high adventure is compatible with her pattern of repeat “escapes from home.” She has little concept of the world of work and sees aspirations as a way to get away. Her grandmother and mother have wanted her to join the armed forces and she is considering doing so. School has no connection to her future but admits on the last interview, “I might have to think about school playing a part.”
IMPRESSIONS

This young woman is a victim on the run, hoping to find refuge in a baby. She experienced powerlessness until she became pregnant, and now she has credibility in the eyes of significant adults.

The need for the baby to be a boy was intense. She talked only of having a boy, and has only boys names picked out. Status in having a boy could add to her emerging image as a player in the adult world.

Risks for this teen and baby are endless. Her future appears tentative and volatile. Over the course of the study this teen responded well to the researcher. She always wanted to “get together” and talk. At the conclusion of the final interview she said, “I've loved this interview and all the attention. I found out stuff about myself that I haven't thought about. I haven't thought about what I was thinking and doing for a long time.”
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Two

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INTERVIEW ASSESSMENT THREE

DEMOGRAPHICS

This very attractive 15 year-old tenth grader lives with her parents and a brother. Both parents have responsible jobs outside the home.

FAMILY RELATIONSHIPS

The family environment has been and continues to be quite difficult for this teen. Her relationship with her parents has not been good and has created unhappiness for several years. The parents separate often and there are ongoing conflicts among everyone in the family.

Because of severe problems between the parents and children, courts removed the brother from the home and left the teen. Physical fights between the mother and daughter are not uncommon. During the study the courts removed her for a month and then returned her to the home. She says her mother “has an attitude and just doesn't like me.”

Even though both parents work outside the home, it became evident over time that “night activities” in the home were a source of concern. As the teen became more comfortable with the researcher, she described the drug sales of her parents at night. Descriptions of the sounds of
razors scraping across mirrors at night, washing out pans for breakfast that have cooked crack the night before, and the "night traffic" keeping her awake were chilling.

She emotionally recalls needing school clothes earlier in the fall. During her month of living away from home her Dad called and said he would pick her up and take her shopping. She stood outside and waited for him and he never showed up. "My dad lies like a dog. I have stopped paying him any mind."

The school has been her primary source of information about sexuality. She says her boyfriend and friends would be the people she would turn to for help and support "if I would need it."

PARTNER

The 18 year-old partner has been dating this teen since she was 13. They "talked on the phone for three weeks and then decided to go together." They did not use birth control and say the pregnancy was totally unplanned. Over the course of the study the teen had periods of rage with the partner. He had been treated for a sexually transmitted disease and she was breaking up with him one moment and making up with him the next. Following a period of rage she announced that she had finally found a way out of the house
-- she married her partner.

RESPONSES TO THE PREGNANCY

Considering the background of this subject it is not surprising to know the response to her pregnancy was dramatic. In describing her mother's reaction she said, "She didn't hit me. She told me how hard it was going to be." The teen goes on to wonder how the mother could be upset at all since her mother was only 13 when she had her first child. The mother forbid the daughter from having an abortion saying, "If you get pregnant I will make you have it." The father "said nothing." Her partner discussed the pregnancy on the phone because it was easier than talking face to face. After the young woman said she was keeping the baby "he was happy." It was apparent that her own response was a way out of the home when she said, "After I get a baby I can get away from mama. And I want a baby to love. I think they are cute. Anyway, I'm so mad at my mother."

FINANCIAL SUPPORT

Once the parents found out she was pregnant she was denied any financial support. "They told me I could get married and let somebody else pay." The father of the child and his mother and grandmother are the hopeful resources for
her care.

EMOTIONAL SUPPORT

Emotional stability centered on the teen's ability to be out of the home. On days she had been at home, she was more unstable than at other times. Once she married and moved in with his mother she became quite content.

ASPIRATIONS

This young woman's hopes for the future are lost within day to day survival. The only possibility she sees is maybe being a nurse like her mother-in-law and "going to work with her."

IMPRESSIONS

Environmental factors at home greatly influenced the behavior of this teen. There were times when her frustration and anger were so intense that attending to school work was a monumental task. The lack of love in the home, the continual conflict, the fear of being caught selling drugs, and the betrayal of parents made a baby look like a wonderful alternative.

After moving in with her husband, the teen said her "mother was acting like a real mother and calling up and
being nice.” The survival skills, plans, and future do not extend past the delivery of the baby. At the close of the last interview she leaves saying, “Every time I think about things it brings tears to my eyes because it's so sad.”
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Three

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT FOUR

DEMOGRAPHICS

This tall, slim 15 year-old teen lives with her recently divorced mother and two brothers. Her attractive appearance gives the impression that she is an older teen. Eye contact was difficult with this young woman, as she stared at the floor each time she was interviewed. She spoke so softly that hearing her took concentration. Her co-operation and desire to be a part of the research encouraged the slow, steady support necessary to reach her.

FAMILY RELATIONSHIPS

Very little was learned about the home environment of this teen over the four month study. She describes the relationship with her mother as “not good.” The mother does not work. Her father lives out of town and is “working in a hospital to learn to be a doctor.”

The person most influential on the life of this teen was an older female cousin. Through the cousin this teen has been introduced to the fast paced life of sex, early dating, and high fashion clothes. Decision making over the past few years has involved the direct input of the cousin.
PARTNER

The partner of her baby is a 24 year old male. He is a friend of the cousin and started dating this young woman at 13. In describing the first time she met him she painfully talks about "being talked into having sex." At one point she becomes so upset she says, "I don't want to remember." It appears both initially and over the course of the study that she was raped or sexually abused on repeated occasions. The "dating" went on for three or four months with her partner assuring her of his ability to "take care of things." The teen's mother did not know about the dating. When the partner found out about the pregnancy, he walked out on this young woman.

RESPONSES TO THE PREGNANCY

The only response the teen talked about was her partner's. She could not identify how her mother, cousin, or father responded. The break up with the partner appeared to cause some anger.

The teen's primary response to the pregnancy was her
intense desire to have a boy. After having a sonogram and finding out that she was having a girl she said, "I hope when I go back next time it will have changed to a boy."

FINANCIAL SUPPORT

Although the family qualifies for government assistance, this teen is oblivious to the monetary demands of the future. She says her mother will pay as she can and they will rely "on the government." She also adds "whatever my mother can't get me, my cousin will get me."

Over the course of the study, this teen quietly decided to take the partner to court on paternity charges. Her passive stance on other issues made this quite a surprise to the researcher. As the study ended she had accomplished her goal -- "make him pay."

EMOTIONAL SUPPORT

The cousin remained of primary importance to this young woman. Future plans, events, and values center on the input from the cousin.
ASPIRATIONS

School is seen as important to this teen as a way "to help me decide what I want to be." One message from the mother was her hope that the teen would become a lawyer. The basis for the encouragement was because the daughter "likes to argue so much." Any talk of the future overwhelmed this teen.

IMPRESSIONS

"Shell shocked" was the researcher's initial impression of this young woman. She remained diligent and eager to participate in the study, but totally absorbed in her own world. While she never admitted that she was raped or sexually abused, she exhibited all the symptoms of one who had been. Her difficulty in connecting with her emotions made behavioral assessment a challenge. Her passivity was not resistance, just pain.

The most striking outcome of the paternity suit was not the feat of "nailing the guy", but the disappointment she experienced in finding out she was having a girl. She often said, "I didn't want a girl."

The missing pieces, emotions, and responses contribute to a very complex picture of this teenager. She started the study in emotional distress and four months later was the
same way. As she said the last time she was seen, "Parts of this are too personal — too difficult to talk about."
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Four

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT FIVE

DEMOGRAPHICS

Quiet, gentle, and soft spoken best describes this 16 year-old sophomore in high school. Her petite frame hides a maturity beyond her years. She was the only teen married at the beginning of the research project.

FAMILY RELATIONSHIPS

Growing up in a divorced family had great impact on the development of this young woman. Her younger brother actually called the teen "mother" as she took primary responsibility for his care. Early experiences managing home, children, and school impressed on her the desire for the "perfect family."

This teen lives with her father, stepmother, and husband in an apartment. She describes very positive interactions among all the family members. She says both families have gotten along much better since she became pregnant. As she talks about her values on family life, one wonders if it is as "good" as she reports, or could it be that this teen fantasizes the way she would like it to be.
PARTNER

The teen's husband is 18 years-old and works two minimum wage jobs. They dated nine months after being friends for a long time. In describing their relationship the subject romanticizes it to sound like Cinderella or a current soap opera. They had sex after dating four months. "Before we did anything he said he wanted to marry me. We did it out of love. It was OK if it happened. It crossed my mind that it could keep him from moving to Florida." If this teen were not so genuinely in love with her husband, it would all sound almost too good to be true.

RESPONSES TO PREGNANCY

The husband knew she was pregnant before she did and said they needed to see a doctor. She reports his response to the positive test as being very loving and supportive. "He smiled -- I could see the sparkle in his eyes. He told me that now we knew for sure we could be together forever." Soon after finding out about the pregnancy they got married in a family attended church wedding.

FINANCIAL SUPPORT

Financially the parents and husband are bearing the
cost of the pregnancy. Her family does not qualify for
government assistance, but lives on the edge of constant
financial strain. The teen couple will qualify for government
assistance. Transportation is a problem for this couple
since neither can drive. The husband is currently taking
drivers education so he can match her father's offer by
paying for "half of an old car." As the months pass, this
teen talks about not being able to go out and do things
because of the cost. "We have responsibility to face now."

EMOTIONAL SUPPORT

Generous and loving support from both families brings
strength to this teen. Throughout the study her descrip-
tions and intense feelings of devotion to all involved never
wavered.

ASPIRATIONS

Her future centers on "being the best wife and mother I
can be." She talks about a job only as a way to help her
family. She readily acknowledges she may have to quit school
in order to care for the baby. A fear of child molestation
in daycare centers prohibits her from putting the baby in
childcare. "If I have to quit I want to finish high school
and get my G.E.D. right away. I want to get a job sometime
so I don't have to depend on others.'’

IMPRESSIONS

This teen is entirely focused on her pregnancy and new role as wife and mother. Her philosophy is that “love is the most important thing. Being able to understand each other is all that matters.”

Family support and direction for the future grounds this teen in a very hopeful way. She is eagerly anticipating her new role as mother, and with family support may well find success.

At six weeks post delivery this subject had already dropped out of school. She indicated that she would go back someday, but the baby was all she really needed. Her family support was sustaining her in the early weeks of motherhood. Her baby girl had become a part of the dream she worked so hard to create.

In spite of the romanticized tone of her teen pregnancy she had advice for other pregnant teens: “At first you think you are throwing your life away. If you hurt there is help and support. If you have time to mess around, you have time to raise a child. If now isn't a good time, think hard.”
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Five

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT SIX

DEMOGRAPHICS

This 14 year-old ninth grader lives with her mother, who has been separated for two years. The teen became pregnant in the eighth grade and has stayed in school throughout the pregnancy. She was quite co-operative during the study and responded favorably to individualized attention. Her level of maturity was low, even for a 14 year-old.

FAMILY RELATIONSHIPS

The relationship between the mother and teen has been strained for several years. The father lives away from home but maintains some level of communication with his daughter. Both parents have secure jobs and the family does not presently qualify for government assistance.

Since becoming pregnant, the mother and teen have enjoyed an improved relationship. The school was the primary source of sexuality information for this young woman, but since becoming pregnant she might try asking her mother "some things". This was seen by the teen as an indication of better communication between the two.

Few details about her home environment offered insight into the teen's behavior. Most often she merely "reported"
incidents as they happened with little self-understanding evident.

PARTNER

The partner of this teen is 16 years-old and attends school "twice a week." They have dated off and on since she was 12. The teen describes the relationship as tentative, "We don't date. We just go together." The partner does not seem to have a positive place in this young woman's life. She describes how she always has trouble talking to boys and with this boyfriend around she doesn't have to worry about it. "He likes to tell me what to do. I don't like him that much now that I'm pregnant."

RESPONSES TO THE PREGNANCY

The mother's response to the pregnancy was filled with questions. Since the teen was born out-of-wedlock when her mother was 24, the mother primarily encouraged her to get married. Unlike other fathers in the study, this teen's father was quite emotional and had some input about management of the pregnancy. The partner was "quite happy" and said "you better not get no abortion."

Of particular interest is the teen's response to the pregnancy. She had "wanted to have a baby. I always liked
babies -- holding them and buying them clothes. "When hearing her talk one would think she was talking about her doll collection.

FINANCIAL SUPPORT

It appears uncertain how the baby will financially affect this family. The mother has insurance that is helping with prenatal care, but they have not talked about how they will pay for expenses after delivery. The teen hopes to qualify for government assistance. She does not perceive that the partner has any obligation for the care of this baby.

EMOTIONAL SUPPORT

Support for this teen centers on material provisions from her mother and emotional nourishment from her father. Her partner serves no emotional support.

ASPIRATIONS

The immaturity of this teen becomes evident as she describes her life ambitions, "I want to be a real estate agent. I don't want to sell houses. I just like to ride around and look at them." Plans for school, daycare and the
future are unclear. It appears she is just not invested in any time frame except the present. Repeatedly she said, "We really haven't talked about it yet."

IMPRESSIONS

Even though this teen was physically pregnant, she seemed emotionally removed from the situation. Only after delivering a 6 lb 6 oz. girl did she seem remotely connected to the baby. "Since she was born I feel different. I'm not sure how, but I know I do." This teen appears to need so much parenting herself, it is almost inconceivable that she will in turn care for an infant. The future for this young woman may lie in the ability of her parents to structure her maturity as a developing teen and mother.
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Six

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT SEVEN

DEMOGRAPHICS

As one of seven children, this 16 year-old divides her time between living with her mother and grandmother. Her mother is divorced and the grandmother lives in the next block. The father is not involved with the family at all. This teen has been retained in the ninth grade.

FAMILY RELATIONSHIPS

Over the years, living arrangements have varied as her grandmother and mother raise seven children. Presently the male children are living with the grandmother, while the females live with the mother. In analyzing descriptions of relationships in the home it is hard to decide who is the mother, the birth mother or grandmother. Space is a concern in managing the seven children, and this young woman shares a bedroom and bed with her sisters. When her baby is born the baby will also share this space.

Sexuality information came from the teen's peers. She has never talked to her mother about sensitive issues. Their relationship is "OK" but it is evident with the number of children in the home the teen often feels "lost in the crowd."
PARTNER

The partner is 18 years-old and a recent high school drop out. He is not working and hopes to get a G.E.D. in the future. They have dated for eleven months and had unprotected intercourse for almost that long. Once, she borrowed "a birth control pill and it made my stomach hurt so I never used birth control again. We didn't worry about it. I didn't think I would get pregnant."

RESPONSES TO THE PREGNANCY

Responses to the pregnancy were positive from all areas of this teen's life. Her mother "was not mad. She was calm and said I couldn't get an abortion or give it up. She didn't no nothing." The partner was real happy and "couldn't wait until his baby comes." Her own response reflects heavy peer influence, "I had wanted a little baby to love, just not now." Most of her friends have babies and "we talk about babies all the time." This teen sees pregnancy as a way to get out of the house. She wants to go to Social Services and see if they will "help me get an apartment so I can live on my own." Over the course of the research project, she talked more about living on her own than the pregnancy or baby.
FINANCIAL SUPPORT

Limited financial resources have been an ongoing problem for this family. They qualify for government assistance, in addition to the mother working a 3 to 11 shift as a nurses aide. The teen does not see that the pregnancy and baby will add more strain to their family finances. The partner is not seen as having any financial obligations to the child. When asked about daycare or money for ongoing needs she says, "I don't know. I'll have to work something out."

EMOTIONAL SUPPORT

Mother and grandmother remain the two central figures for support and stability. Her partner "drops by" but clearly assumes no significant role in her life.

ASPIRATIONS

Becoming a nurse "like my mother" is a goal for this teen. Poor school experiences have followed her through every grade. She complains of always "falling asleep during classes." When asked about the importance of school in her future she says "It should be important."

IMPRESSIONS
Four weeks into the research project this teen delivered a healthy baby. "It's alright, I guess, it's a girl" was her response. The remaining months of the research project was a study in her being "happy, sad, exited, and depressed." Exhaustion became an issue as the baby's schedule kept "everyone in the bed awake." She related to the baby as a possession, "She's mine and I like keeping her to myself." The routine of childcare became more irritating during the project when she said, "everything I do for her has to be done again." Connections with peers weakened and the partner had not provided any money "or diapers" since the baby was born. She adds, "I doubt it will cost that much anyway."

This teen is at risk for repeat teen pregnancies with her lack of life skills, immaturity, and difficulty in school. She treated the baby as just another person in her already crowded world. She appeared lost and disconnected to the present, as well as the future. Her destiny seemed marked when she ended the last interview with "Now I want a boy."
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Seven

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT EIGHT

DEMOGRAPHICS

High risk drug deals, a state prison sentence, an abortion, and a baby by the time she is 16 has made this subject wise for her years. She lives with her divorced mother and younger sister and stays frequently with her grandmother. This young woman is quite attractive, very verbal, and sophisticated for her age. Her life experiences were shared in a very factual, "non-bragging" manner and truly took the researcher into uncharted territory.

FAMILY RELATIONSHIPS

Female influences have been significant in this teen's life, with her mother and grandmother holding the family together. She "can't stand" her father and has as little to do with him as possible. This young woman was educated about sexuality watching R-rated movies when she was 12.

The person who has influenced this teen the most was a female that lived next door to her. When the teen was 11 years old, the next door neighbor was 17. "She was my first bad influence and the one who changed my life the most. She taught me how to steal."
Up until age 12 to 13 the teen describes herself as a "tomboy." She says she loved to play sports with the boys in her neighborhood and never liked to hang out with the girls. Teachers and other girls said to her at 13 that it was time she started acting like a girl. The subject says, "I didn't know what that meant. I thought it meant acting like they did on the movies so I started screwing around with anybody. The boys couldn't believe that the tomboy they knew had turned into a real girl." By the time she was 15 she estimates that she had been with 15 to 20 sexual partners. She never used birth control and until a pregnancy last year assumed she could not get pregnant.

Stealing with her neighbor became a way of life and she was caught several times. By the time she was 14 she was sentenced to the state on charges of robbery. In describing her time spent in Richmond say says, "It was fine. I really learned a lot. There was always something to do." She returned to her home last spring.

Selling drugs began as a way to get some extra money and ended up as a job making as much as $14,000 per week. Detailed descriptions of plane trips to New York to pick up drugs, her shopping while "in the city", her role as a "mule" for a "drug man," and her avoidance being caught sounded like a sophisticated adult rather than a 16 year-old
from a housing project. During one of the interviews she talked about profit margins and folded paper to illustrate how she could turn a $500 block of crack into a $5,000 profit. She says, "Drugs are everywhere. We don't want drugs to stop so we can make money for our kids." It was evident that she is motivated to steal and sell drugs strictly for the income. She knows she was recruited to sell because of her outgoing personality and her ability to "take care of herself." Her personal stance on the use of drugs was firmly based on the decision to not use drugs, just sell them. "I think too much of myself to do something stupid like that. Anybody that is dumb enough to buy drugs from me, that is their problem. If they will buy I will sell, but that doesn't mean I will take them." Her social conscience extends only to the degree that she can survive and help her mother and sister. She does not associate selling drugs with contributing to another person's or society's problems. The only time she became visibly upset was when she was asked what she would do if her little sister was asked to take or sell drugs. With tears she said, "I would kill them."

PARTNER

Her partner is 18 years-old, son of a minister, and a drug dealer as well. He works at a menial job after getting
his G.E.D. and has "a church going background and strict parents." He likes to be called "Man." This is the only couple in the study that would go to a motel to have sex. Accessibility to money accounts for their ease in life style. Her mother was aware that she was staying with her boyfriend "and was not worried." After her abortion last year they used birth control, but when she returned from the state they "just didn't." She goes on to add, "I certainly was not curious about sex. It was a mistake and during the mistake we created the future. We just didn't think about it. It was totally unplanned."

Over the course of the study her relationship with "Man" changed. She says, "When I'm pregnant he gets on my nerves. And he wants me to have a boy so he can be a good drug dealer like him. My baby will never be a drug dealer."

RESPONSES TO PREGNANCY

Diverse responses to the pregnancy were not surprising. Her mother knew it was going to happen sooner or later. Her father went into an emotional rage "throwing dishes, breaking stuff." Her partner said he was "willing" to claim this child. Her own responses were difficult to identify. It appeared the pregnancy was just another life event to be dealt with.
FINANCIAL SUPPORT

Several months into the pregnancy she decided to stop stealing and selling drugs. The source of income for the family is government assistance, and she thought she would see how living on that "would work out." She laughingly says, "I think I'll let the state take care of me." When discussing money for the baby's needs or childcare she makes a point to say "Man" will pay her money for the baby. She will rely on her mother for daycare since, "I want my baby to go straight to kindergarten. I've heard about rape in those daycare places."

EMOTIONAL SUPPORT

Special affection and influence is evident in this teen's relationship with her mother, grandmother, and sister. Outside of those people, she is an emotional survivor. She knows how to work the streets and uses self talk to deal with difficult situations. She talks about not wanting to depend on anyone but herself.

ASPIRATIONS

Educational goals are important to this young woman and she says she "never wants to drop out of school." She has
mixed messages about how others see her in the future. "My Dad says I ain't going to be no good, and my mother says I can be whatever I want to be." She talks about going into the Army and becoming a surgical nurse. She is considering letting her mother raise her baby.

IMPRESSIONS

As the delivery date approached, this teen announced that she had decided she did not want to be called "mother" by the baby. She wants the baby to call her by her first name and let the mother be called "mama". Even when she was announcing this decision, one got the feeling that she was shifting maternal responsibility where she knew the baby would be safe.

Pregnancy complications and several rounds of false labor sent this teen in and out of the hospital during the last month of pregnancy. Each time she would stay a few hours and then check herself out of the hospital against the advice of doctors. After one hospital stay she was told she was having a girl. She was quite upset and said, "What will I do with a girl?" After that, school attendance became sporadic and at the close of the study she was not in school at all.

The future for this young woman is torn between the
tension of living a life of high risks and adventure and living a life of stability. Towards the end of the study she was weighing the odds of her drugs again. She admitted not "wanting to, but I will do what I have to do in order to live." Her life style has become accustomed to shoes that cost a hundred dollars, and "work" that can pay thousands of dollars a night. The chances of her choosing a stable lifestyle became more discouraging as the study progressed. Her clever sense of humor, intelligence, and attractive manner have been bought by a powerful subculture.
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Eight

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT NINE

DEMOGRAPHICS

This very attractive 16 year-old was in the last few weeks of pregnancy as the research project began. She is a junior in high school. Her mother has been divorced for four years and her father is not involved with the family. There are seven children in the home. Throughout the research project this teen was co-operative and enjoyable to interview. She was quite disconnected from the pregnancy and prefaced most of her responses with "I just don't know."

FAMILY RELATIONSHIPS

The family of this teen is close, with the mother as the central figure. There is a lot of support and reassurance from her siblings, and she especially enjoys a close relationship with an older sister. The sister has been the primary source of information about sexuality. Peers have been influential on this teen and "given her a lot of guidance."

PARTNER

The partner is 19 years-old and is no longer involved with the teen. They dated for "a while" and were constantly
involved in arguments. "Other than the physical attraction neither one of us really like each other." When the pregnancy was confirmed the relationship ended.

RESPONSES TO THE PREGNANCY

This young woman waited three to four months before confirming her pregnancy. Her mother was initially shocked, but then became excited. Anger was evident when she described her father's reaction, "He's not worried about it. I doubt he even cares." Brothers, sisters, the teen, and her mother talked about options in managing the pregnancy. "I couldn't do an adoption, I don't believe in abortion, and I have split up with the guy so I wouldn't marry him." Her pregnancy became a family matter and support for her continuing the pregnancy was evident. Once her partner denied being the father, she was through with him. "My mother said that if I didn't love him I didn't have to." The obvious parallel responses between her own father and her partner predominated her response to the pregnancy.

FINANCIAL SUPPORT

The family is presently dependent on government assistance. As the delivery date approaches, she begins to wonder if the baby will create financial strain for her mother.
She is adamant that the baby's father will not be asked to pay anything.

EMOTIONAL SUPPORT

Clearly brothers, sisters, and mother are the center of emotional support. Her family provides a lot of structure and reassurance in handling the pregnancy.

ASPIRATIONS

The future for this young woman is non-descript. The only thing her mother has ever told her about the future was "to marry a rich man, get a job, and take care of kids." She has considered learning how to type so she could get a job. Prior to this pregnancy, school attendance was a problem for her, with frequent absences. She would like to be the second in her family to finish high school.

IMPRESSIONS

During the course of the research project, this teen delivered a 7 lb 10 oz girl. Soon after the baby was taken home, the baby became quite ill and was placed in intensive care for two weeks. The teen was very involved with her mother during this period and they stayed at the hospital most of the time. The baby's recovery has centered on the
strong role of the teen's mother.

This young woman appears to be totally dependent on her family and peers to survive. She is easily led and distracted. Her lack of focus puts her at risk for dropping out of school. After being back in her home school a matter of days, she was suspended for skipping classes. Her mature appearance and "innocent" demeanor make her susceptible to repeat pregnancies. She says it best when she ends her interviews with, "I simply don't know."
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Nine

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT TEN

DEMOGRAPHICS

At 16 this tenth grader is experiencing her second pregnancy. Her previous pregnancy, at 14 years-old, ended in abortion. She lives with her mother and brother.

FAMILY RELATIONSHIPS

Relationships within this family are strong, particularly between the mother and the teen. The teen's mother never married her father, even though he lives “up the street”. He does not get along with the teen. Sexuality information was “taught” by her friends and she laughingly says, “they don't know what they're talking about.”

PARTNER

“It better be a boy” is the message from the partner. He is 19 years old and has dated this young woman for 18 months. She sometimes spent the night at his house and “neither mother cared.” Her partner has gotten several girls pregnant over the past few years. She says “He wants this one. He wants this one named after him.” This teen describes having sex with her partner as “just something to do to be together. I always wondered why we were doing it.”
RESPONSE TO THE PREGNANCY

When the teen's mother found out she was pregnant for the second time, her response was "I thought you wasn't going to do it no more." Despite the close mother-daughter relationship, the mother did not have any input about how the pregnancy would be managed. The father was silent for several days and then announced, "I ain't got nothing to do with it." When the teen called her partner to say she was pregnant he said, "Hold on and let me get my mom so you can tell her." This young woman's response was marked by the frank admission that she "likes him alot, but I'm not madly in love with him." The pregnancy was a surprise, even though she did not use birth control.

FINANCIAL SUPPORT

This teen is very direct about her need for child support for her baby. She thinks she will file for child support through the courts. Laughingly she adds how she is always telling her boyfriend that "I'm going to get you." The family qualifies for government assistance and will depend on that money for childcare. The teen describes how she is going to get a private child care arrangement for her baby.
and "let the state pay for it."

EMOTIONAL SUPPORT

The primary source of support is the mother of this teen. The mother's ability to manage two children without being married serves as encouragement for her daughter.

ASPIRATIONS

Emphasis on education is present in this home. The mother works as a cafeteria assistant in a school and volunteers as the PTA coordinator for her son's school. The mother has agreed to care for the baby if the teen will stay in school.

IMPRESSIONS

The candid, cheerful personality of this teen hid her immaturity. She enjoyed the attention of the interviews and willingly participated. Her approach to life centered on living in the present moment and her lack of connecting past behavior with present circumstances puts her at risk for future pregnancies. There is a sense of exuberance in her style and she admits she loves "good times." The issue of school will determine whether this young woman will have a future or merely exist. Until she decides whether she is
willing to invest in her destiny, others will continue to guide her fate.
INDIVIDUAL BEHAVIORAL ASSESSMENT

Subject Ten

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
INDIVIDUAL ASSESSMENT ELEVEN

DEMOGRAPHICS

This attractive, soft spoken 16 year-old is in the ninth grade and is expecting a baby in early summer. She lives alone with her mother, since an older brother and sister moved out. Last year this teen dropped out of school. She lied about her age and worked in a fast food restaurant. After realizing she could not make it on those wages she returned to school this fall “to make something of myself.”

FAMILY RELATIONSHIPS

“She's a best friend instead of a mother,” describes the relationship between this teen and her mother. “Nice and understanding” are common terms she uses to describe her mother. In spite of this close relationship, the teen says peers have been more influential on her life than her mother. When advice or sexuality information is needed, the teen turns to her friends.

PARTNER

The 19 year-old partner dropped out of school and now works in a minimum wage job. He lives with his parents. For the eight months they have dated, the teen has gone to his house every day. “I would stay at my boyfriend's house
until my mother picked me up when she got off work at 10.” They never used birth control and “is not sure why.” “We never discussed it. I didn't think it could happen to me and didn't worry about it. I wanted this relationship to last.” The influence of friends who had babies was evident in her descriptions. Remembering that her primary source of influence is her peer network, it is not surprising that she saw a baby as a status symbol and “something to love.”

RESPONSES TO THE PREGNANCY

Communicating to her mother about the pregnancy was done through a letter. The mother's response was gentle and helpful the teen felt. “She didn't force it out of me. She just let me talk about it.” Repeat unplanned pregnancies have been a pattern for the teen's older sister. The sister is now 26 years old, unmarried, and has four children. The teen repeatedly speaks of not being like the sister. The father's response was, “You'll be just like your sister.” When the partner was called about the positive pregnancy test he said, “It's getting late. I better let you get off the phone.” He called back 15 minutes later “real happy.” Even though the teen is enrolled in a special program for pregnant adolescents and her figure is quickly changing, they have opted not to tell his parents. The partner has told a
younger brother hoping he will "get mad and tell them."

Pregnancy options were well thought out by the teen and her mother. She describes her response to adoption by saying, "After carrying the baby and going through labor I'll grow to love it. What if it came looking for me later?". The teen is strongly opposed to abortion and says "she would stop a friend who was considering it." Even though her partner wants to get married she responds by saying, "I told him I didn't want to get married. I think I'm too young. I want to be sure my marriage is forever." She is resigned to the pregnancy "even though it was a mistake."

FINANCIAL SUPPORT

Money is a hard earned asset for this family. They do not qualify for government assistance. Her mother works as a hotel banquet waitress and is now considering getting a second job. In spite of the partner's parents not knowing about the pregnancy, the teen is certain they will "want to help." She says her partner will help "if he can."

EMOTIONAL SUPPORT

Emotionally this young woman relies heavily on her mother and boyfriend. She became less interested in friends
as the pregnancy progressed and admits that when her boyfriend is "mad she is mad, and when he is happy I am happy." She seems very dependent on others to set the emotional response tone.

ASPIRATIONS

Unlike some of the subjects of this study, this young woman has considered her future. She talks about the year she dropped out of school and how that helped her realize she was in charge of her future. "I know I'll make something of myself. I'll do better than my sister. My sister is lazy and only wants to go out. I like to work." The encouragement of the mother plays a part in this teen's future as she is encouraged to "get on at a company, retire, and do something with your life."

IMPRESSIONS

This teen benefited from dropping out of school and realizing the limited opportunities open to her without an education. She knows first hand how little minimum wages will buy. Future risks for this young woman come from the partner and peers she chooses. She is easily distracted and influenced. Because the family does not qualify for government assistance, they live on the edge of existence all the
time. After the baby is born, combining child care needs with school attendance is likely to present real problems for this teen. The mother cannot quit work, they cannot afford daycare, and the teen needs to be in school. How those issues are resolved will test the determination of this young woman.

The quiet stability of her mother and the lessons learned from testing limits gives this teen a level of maturity. She is introspective and not shy about admitting she has made errors in judgement. After finishing the last interview she walks to the door and adds, 'I wish I wouldn't have wanted to grow up so quickly'.
INDIVIDUAL BEHAVIORAL ASSESSMENT
Subject Eleven

Time of Intercourse

Confirmation of Pregnancy

Post Delivery
VITA

PERSONAL

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EMPLOYMENT

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Planned Parenthood of Southwest Virginia

1977-1981  
Director of Center for Children/Parents

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CREDENTIALS

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BEHAVIOR ASSESSMENTS OF
PREGNANT ADOLESCENTS USING TFA SYSTEMS (tm)

by

Patricia Pulliam Bundy

ABSTRACT

The purpose of this descriptive study was to assess the thoughts, feelings, and actions of pregnant teens at significant decision-making times: time of intercourse, confirmation of pregnancy, and six weeks post delivery. Factors associated with adolescent pregnancy and patterns of behavior were analyzed.

Examination of the extant literature on adolescent pregnancy yielded insight into parental, socio-economic, and partner factors. The interview protocol emanated from the literature analysis. The interaction of these factors on the thoughts, feelings, and actions of female teens was the focus of the study.

Data from personal recurrent interviews of pregnant teens over a four-month period served as the basis for analyzing thoughts, feelings, and actions. Analysis of individual and group thoughts, feelings, and actions generated behavior patterns relevant to each of the three decision-making times.

Each of the three decision-making times evoked different behavior responses. At the time of intercourse
thinking was minimal but increased greatly at confirmation of pregnancy. Intense feelings at intercourse shifted to action behavior at post delivery. The relation of the partner, socio-economic, and parental factors, as they relate to behavioral changes, confirmed the complexity of variables influencing the subjects' thoughts, feelings, and actions.

The TFA Systems (tm) enabled thoughts, feelings, and actions to be specifically identified. Patterns of behavior responses and analysis of factors contributing to premature pregnancy provided support to the growing need for specified intervention and prevention strategies.