

Chapter One: Introduction

I have been consumed by the power of pregnancy for three years now. It is a phenomenon I think about everyday and talk about almost as much. I think about how amazing it is that humans have the power to procreate. I wonder about what it really feels like to face womanhood in such a manner. My whole life I have never faced my womanhood in terms of pregnancy. I've been able to conceptualize myself and my relation to the world without considering what it would mean to my being if I were to experience pregnancy. I am fascinated by this possibility.

Three years ago, I was a senior in college. I attended a small Christian liberal arts institution. I was very involved in my collegiate experience. I had established some very honest and trusting relationships. I was intellectually and spiritually challenged by friends and mentors. While I was being challenged, it was still relatively comfortable. My identity seemed to be developing and I was comfortable with who I was becoming. I was comfortable with everything, until my best friend became pregnant. Her pregnancy was unintentional. It was unplanned.

Her unplanned pregnancy was a shock. It deconstructed the foundation on which I was building my identity. Christian girls didn't get pregnant. Christian girls didn't have sex. Christian girls did get pregnant. Christian girls were having sex. How could this be? How could I fit these realities into my life? How could I construct an identity with this new information? Slowly it became real to me. I had created an identity that was void of my own sexuality. I had created visions of womanhood, void of sexuality and the reality of pregnancy.

As I supported my friend through her pregnancy, I became quite consumed with the actual physical phenomenon and its effects on her life. I watched how her unplanned pregnancy tore her apart. I saw it destroy an intimate relationship. I saw it take her away. She withdrew from school. I saw how it stretched and complicated her family relationships. The unplanned pregnancy had affected every part and intersection of her life.

In the years that followed, I heard more stories of unplanned pregnancy. I heard many college women's stories. I started to realize that the outcomes of these pregnancies were almost irrelevant. Facing an unplanned pregnancy was a monumental task for these college women. These women had been deeply impacted by their experience. The effects of their pregnancy had found a way into most every aspect of their lives. These women had been profoundly changed.

It is the discovery of the effects of unplanned pregnancy that I am most interested in learning about. I am interested in learning about how it changes their educational experience, what it means for their family relationships, and how it affects their social lives or peer relationships. How do women perceive the pregnancy changes them? It is my most heartfelt wish that this study will bring some insight to the experience of unplanned pregnancy and college women.

Campuses: What's Going On?

The majority of today's college students engage in sexual intercourse (Abler & Sedlacek, 1989) and they are doing it with many partners (Netting, 1980). Many of these sexually active students use contraception; many do not. Some college student engage in high risk sexual behavior despite their knowledge of contraception. A study of 140 college women seeking a pregnancy test at a university health center revealed that 40% of the

women were not using any contraceptives at the time they were seeking the test (Sawyer & Beck, 1988).

If students are engaging in intercourse, failing to use contraceptives properly or not using contraceptives at all, it is not surprising that 12% of college students report either experiencing or being involved in unplanned pregnancy (Elliot & Brantley, 1997). Wiley, James, Funey, and Jordan-Belver (1997) estimate that this number may be closer to 23% of college students. While both studies derived their different percentages from different college student populations, both percentages are alarming. Unplanned pregnancy is not only a reality for college students. It is a reality for American women. It is estimated that 57% of all pregnancies in 1988 were unplanned (Henshaw, 1998). At this time, an American woman may expect to experience 1.42 unplanned pregnancies by the time she is 45 years old (Henshaw, 1998).

A great deal of information exists on the experience of unplanned pregnancy and pregnancy for adult women and young adolescents, but much less is known about the experience of college students. While most studies of unplanned pregnancy do not explore or describe the experience of pregnancy for college women, some researchers have examined the likelihood of pregnancy in relation to age and education. Coverdill and Kraft (1996) discovered that school enrollment and educational attainment have a negative effect on the likelihood of pregnancy for women. However, the effect diminishes with age (Coverdill & Kraft, 1996). This finding may suggest that pregnancy is delayed among traditionally aged college women or that pregnancy occurs less frequently than with older

educated women or younger uneducated women. Findings like Coverdill and Kraft (1996) suggest that pregnancy occurs less frequently in traditionally aged college women.

This is of interesting note when examining abortion rates by age groups. Thirty-three percent of abortions are obtained by women ages 20-24 (Scholastic Update as cited in Schmittroth, 1991, p. 499). The second highest percentage of abortions are obtained by women ages 15-19 (Scholastic Update as cited in Schmittroth, 1991, p. 499). These groups contain women who would be considered traditionally aged college students.

The few studies that do describe the experience of college pregnancy are greatly varied in their purpose, methodology, and findings. The phenomenon of traditionally-aged college pregnancy has been studied in relation to motherhood (Hooper & March, 1980) and as hypothetical scenarios (Kaufman, 1982). Some attention has been paid to the college athletes experiencing a pregnancy (Evans, 1986) and college women who commit infanticide (Geraghty, 1997). A few studies of attrition at junior colleges name pregnancy as one of the many reasons women students leave these institutions (Conklin, 1992; LaGuardia Community College, 1983). The studies are so varied that it is difficult to clearly draw holistic conclusions about the experience of pregnancy for these women. It seems that only fragments of the college population and pregnancy have been studied and only partial effects of the pregnancy have been studied.

Purpose of the Study

The purpose of this study was to describe the women's perceptions of the effects of unplanned pregnancy on traditionally aged (18-22 year old) women while enrolled full-time in an institution of higher education. The study examined the effects of the pregnancy

from conception through the pregnancy outcome and until the woman felt she had sufficiently come to terms with the pregnancy or was not feeling the direct effects of the pregnancy anymore.

The study was concerned with unplanned pregnancies only. A pregnancy was considered unplanned if participants were not intentionally trying to conceive or became pregnant as a result of failed birth control. The study was not interested in pregnancy “wantedness.” Nor did it examine the effects of the pregnancy’s outcome, such as abortion, miscarriage, adoption, parenthood, or another alternative.

This research is underpinned by my assumption that pregnancy itself is an experience that changes women. The actual coming to terms with the unplanned pregnancy, regardless of a woman’s choice of outcome would be both unique and similar for college women. Kirkpatrick (1980) wrote, “The female, once impregnated, is never again in a zero or not-ever-gravid state (a never impregnated state). She may miscarry, elect to abort, or carry to term, but physiologically and psychologically, she can never again be a not-ever-pregnant self” (p. 189).

Research Questions

The study was designed to explore the effects reported by traditionally aged college women of an unplanned pregnancy on their lives. I used qualitative research methods to answer my two research questions.

1. What are the reported effects of unplanned pregnancy among traditionally aged college women?
2. Why do the effects vary between participants?

These questions assumed that there would be an effect and that it would vary between participants.

I developed a semi-structured interview to answer the research question. Case studies were developed from the interviews. The case studies were then analyzed for this examination of unplanned pregnancy.

Significance of the Study

The findings from this study were significant for several groups, including student affairs professionals, counselors or psychologists, and those interested in women's issues. Student affairs practitioners may use the results of this study to better understand the needs of college women who experience unplanned pregnancy. More knowledge about this population's needs may enable colleges and universities to respond appropriately to these needs.

Counselors or psychologists may also benefit from this study. It provided a description of the effects of unplanned pregnancy on college women. By knowing the effects of unplanned pregnancy, professionals who intervene in a woman's life during this time period may better guide, assist, or prepare a young woman for what may be unseen implications as a result of her pregnancy.

For those interested in women's issues, this study provided further insight into the experience of college women. The study's focus was on the woman and the experience she had due to her pregnancy. This study calls attention to specific details of women's sexuality in a social context that has often ignored. The study affirms past and present

notions that reproduction or the prevention of it is still continues to be the primary responsibility of women. This study furthers the story of women's lives.

Few studies on college women have examined the issue of unplanned pregnancy. The results generated from this study may spur further research into the experience of women. Results could lead to studies on the effects of parenthood, abortion, or adoption during the college years. Other research many include that of planned pregnancy during college years. Attrition rates of college women who experience pregnancy could also be kept and trends could be studied.

Limitations

Like most research, this study had a number of limitations. First, it was limited by sample selection. All participants attended the University where I conducted the research or were associated with the University in some way. The results of this study cannot be generalized to other students or other institutions due to the sample size and diversity.

Second, the research was limited by the criteria used to prescreen participants. One criterion required that participants were at least six months beyond their pregnancy and could be as many as three years from the experienced pregnancy. While this was done to allow the participants enough time to reflect on the effects of pregnancy, some memory loss may have occurred thus decreasing their ability to most accurately recall the effects.

Third, this study was limited by availability of participants. Students who chose to stay in or around the University community were involved. Students who had experienced an unplanned pregnancy and withdrew from the University, moved locations, or transferred to a different university are not a part of the study population.

Fourth, this study was limited by time. I conducted a single, one to two hour interview with each participant before making the final selection of the cases for this study. The short amount of time spent with participants may have limited the amount of trust built between the participant and myself. The participant may not have felt comfortable enough to disclose all of the information requested regarding their experience with the unplanned pregnancy.

College and University Response to Unplanned Pregnancy

It is difficult to know how American colleges and universities are handling unplanned pregnancy on their campuses. The topic has largely been ignored in higher education literature. Many colleges and universities provide health centers with birth control and pregnancy tests. Counseling centers are also made available to students. When pregnancy becomes an issue for students that seek help from their institution of higher education, they are usually counseled about their options and given information regarding where they may obtain the specific health care they need. Students are informed of outside resources that may help them.

A 1997 article appearing in The Chronicle of Higher Education may have called attention to a very important role the university may unintentionally play in a pregnant college woman's life. Geraghty's (1997) article on infanticide committed by college women discloses that while colleges may provide health and psychological support for women who experience a pregnancy in college, perhaps it is the climate of the university that prohibits these women from seeking assistance. The article raises a question whether colleges are providing enough health and psychological counseling to handle the problems

that college women encounter when faced with a pregnancy? The authors further suggest that helping women who experience unplanned pregnancy will also entail changing the campus climate. A campus climate that does not shun a pregnant woman may be more successful in developing a healthy and mature individual.

Organization of the Study

This study is organized around five chapters. The first chapter briefly introduced the study. It described the phenomenon to be examined, the purpose of the study, the research questions, and the implications of the study. Chapter Two reviews the literature relevant to the study. Chapter Three provides the methodology for the study, including sampling techniques, instrumentation, and the procedures followed to collect and analyze the data. Chapter Four presents the findings while Chapter Five discusses those results and their implications for future practice and research.

Chapter Two: Literature Review

This chapter provides a review of the literature on pregnancy. It is an examination of pregnancy rates in the United States, the sexual attitudes and behaviors of college students, issues of contraception and abortion, and the effects of education on pregnancy and abortion. This chapter also reviews psychological literature on the nature of pregnancy and an explanation for why the experience of pregnancy varies between women.

The majority of the literature I reviewed for this study were psychological and sociological studies of pregnancy. I also reviewed studies on the relationship of pregnancy and education. Other important areas were specific studies on the sexual behaviors and attitudes of college students.

There is an abundance of information on the psychological aspects of a first pregnancy which have drawn general conclusions about the experience of a first pregnancy. The majority of the studies did not specifically include the population of women used for this study. The non-married, traditionally aged, female college student was not present in most of these studies. Most of the participants were women or couples preparing for parenthood and did not experience an unplanned pregnancy. Although the studies did not specifically include college women, their conclusions were general enough to apply to college-age women experiencing their first pregnancy.

I also reviewed studies of education and pregnancy. Most of these studies focused on education's impact on conception, abortion, and parenthood. There was a moderate amount of information on this topic. Very few studies and currently published articles exist on the topic of college pregnancy. The studies are not descriptive. They reflect rates and

percentages. The topic of unplanned pregnancy and the college woman has virtually been ignored (Barnett & Balak, 1986).

The final area of literature I reviewed was on college student sexual attitudes and behaviors. There is a lot written about this topic. Information about students' sexual behavior can be found in studies of health issues and generation trends. Much of the information regarding student sexual health is centered on AIDS and the occurrences of rape. College student sexual attitudes and behaviors have been studied over generations and general conclusions about their changes have been made.

This literature review leads me to the following conclusions. Due to the liberalized behaviors and attitudes of college students, unplanned pregnancy remains a reality for college women. Although enrollment in education decreases the likelihood that a woman will conceive, the highest rates of abortion occur in the traditionally aged group of college women. College students often fail to use or improperly use contraceptives. These mistakes can lead to pregnancy. It is difficult to know exactly how many pregnancies are unplanned and how many occur in the setting of American universities. These statistics may be difficult to calculate due to home pregnancy testing and privacy issues that surround health issues in public and private health care facilities.

The Scope of Unplanned Pregnancy

Unplanned pregnancy is a reality for many women. It is estimated that American women can expect to have 1.42 unplanned pregnancies by the time they reach 45 years of age. The rate of unplanned pregnancy appears to be declining in recent years. In 1988, it was estimated that 57% of all pregnancies in the United States were unplanned (Henshaw, 1998). This percentage does not include those pregnancies that were unplanned and ended

in miscarriage. In 1994, unplanned pregnancies occurred as an estimated 49% of all pregnancies for the year (Henshaw, 1998). By including the amount of estimated miscarriages that would have ended in abortion, there was a total of 3.04 million unplanned pregnancies in the United States in 1994 (Henshaw, 1998).

It is difficult to estimate the amount of unplanned pregnancies experienced by college women. No agency keeps these records. Surveys of college students may be the best indicator of numbers or percentages of unplanned pregnancy in this population. A 1993 survey of 1,408 male and female college students revealed that 23% reported ever being pregnant or impregnated someone else (Wiley et al, 1997). The results do not distinguish if the pregnancies were planned or unplanned.

Changes in Sexual Attitudes and Behaviors Over Time

To create a context for understanding the phenomenon of unplanned pregnancy and college women, it is helpful to examine their sexual attitudes and behaviors. The sexual practices and attitudes of college students and changes in practice and attitudes over time have been of interest to scholars and student affairs practitioners (Abler & Sedlacek, 1989; Hildebrand & Abramowitz, 1984; Netting, 1982). The sexual revolution and the birth of the AIDS epidemic have drawn scholars to the topic of college student sexuality. It is also fitting to examine contraceptive use, rates of abortion, and the influence of education in matters of conception.

More sex. According to studies of college student sexual behavior and attitudes over the past twenty years, students have become increasingly sexually promiscuous

(Abler & Sedlacek, 1989; Hildebrand & Abramowitz, 1984). Students have more sexual partners (Abler & Sedlacek, 1989; Bustamante, 1992; Netting, 1992). It now seems more socially acceptable for students to engage in intercourse with casual acquaintances and friends (Kirkpatrick, 1980). Social norms regarding sexual behavior have changed considerably and students have responded with changed sexual behavior.

Abler and Sedlacek's (1989) study of changing sexual attitudes and behavior over a fifteen year period from 1972 to 1987 reports that students have become more liberal in their sexual attitudes and behaviors. Sexual permissiveness has become a campus norm (Hildebrand & Abramowitz, 1984). Most students engage in premarital intercourse (Abler & Sedlacek, 1989). By 1980, it was estimated that 80% (Netting, 1992) to 90% (Dungy, 1984) of male and female college students were sexually experienced. Other studies suggest that by the 1980s brought women much closer to intercourse rates of men (Dungy, 1984). These rates were estimated at 61% for women and 70% for men (Dungy, 1984). A 1996 survey of nearly 2,000 college students suggests that 80% of male students and 81% of female students are non-virgins (Elliot & Brantley, 1997). These findings confirm that women are more sexually active in the 1990s than in the 1980s. Perhaps the increase in college women's sexual encounters are due to culturally liberalized views of sexual intercourse for women.

Not only are the majority of college students engaging in sex , but they have increased the number of sexual partners (Abler & Sedlacek, 1989; Netting, 1992). Bustamante's (1992) survey of 200 undergraduate students at a northeastern university concluded that 51% of those students reported having two sexual partners since entering

college. Of this same population, 16.8% say they have three to five partners, and 11% reported having more than five partners since beginning their college years (Bustamente, 1992).

It has been suggested that college students not only engage in intercourse with those they feel a significant romantic relationship with, but it seems socially acceptable for male and female students to engage in intercourse with friends (Kirkpatrick, 1980). Many of today's college student are interested in the "hook-up" or casual intimate encounter with a sexual partner (Gabriel, 1997; Schaub, 1998). "Today's young women may become involved with yesterday's 'just friends' or with more casual acquaintances" (Kirkpatrick, 1980, p. 285). For many people the "hook-up" is no longer regarded as a male-only socially acceptable behavior. However, it can be questioned to what extent these casual "hook-ups" are socially acceptable for women. A double standard for the number of partners men and women can have is likely still to exist. Men seem to be less stigmatized by multiple, casual sexual encounters.

Failed contraceptives. Whether or not college women and men are using contraceptives and how effectively they are using them has a role in the frequency of unplanned pregnancy for this group. Contraceptive practices and effectiveness have been the focus of many studies on college student behavior and health (Furedi, 1996; Kirkpatrick, 1980; Simon, 1993). Although the frequency of sex and number of partners is increasing, a significant proportion of college students are not using contraceptives or are using them improperly.

In studies of college student health and AIDS, it is noted that women are more likely than men to take precautions to avoid sexually transmitted diseases (Bustamante, 1992). This study reported that men were less likely than women to ask their partner for a condom and women were more likely to abstain from intercourse if the partner refused to wear a condom. It is not known if or to what degree the risk of pregnancy also influenced the responses.

In a study of 140 college women seeking pregnancy tests at a university health clinic, over 40% of the women reported that they were not using contraceptives at the time they were seeking the test (Sawyer & Beck, 1988). Student's most commonly cited reasons for not using contraceptives were "didn't think I would have sex" and "not really sexually active" (Sawyer & Beck, 1988, p. 45). Fleissing (as reported in Furedi, 1996) found that 69% of the women experiencing an unplanned pregnancy became pregnant due to failed contraceptives. These findings are consistent with other comparable studies (Furedi, 1996).

Similar studies have confirmed Sawyer and Beck's (1988) findings. In a study of 110 college students, 30% of the 102 sexually active students reported ineffective or non-use of contraceptives (Bailey et al., 1985). The participants cited "not being involved in a serious relationship" and feeling "lucky or safe" as reasons for ineffective or non-use of contraception (Bailey et al., 1985). Simon (1993) also states that students report spontaneity and "being carried away" as reasons they do not use contraceptives (p. 56).

Other suggested psychological reasons that some students do not use contraception is to avoid the responsibility of being sexually active (Dembo & Lundell,

1979 as stated in Kaufman, 1982). By not using birth control, they do not accept the validity of their actions (Dembo & Lundell, as stated in Kaufman, 1982; Kirkpatrick, 1980). Student health care professionals report that some college students receive their sexual health information in climates of guilt and secrecy (Kirkpatrick, 1980). Student's guilt over sex may be the reason they do not take responsibility for their actions.

Some student affairs professionals suggest that failed contraceptive use amongst college students is due to student participation in drug and alcohol use (Simon, 1993; Kirkpatrick, 1980). Bustamante's study (1992) reported that 48.5% of the students surveyed reported that they occasionally were under the influence of alcohol or other drugs when they engaged in sex. Six percent of the surveyed students reported that they frequently or always were under the influence of drugs or alcohol when having intercourse (Bustamante, 1992). Drugs and alcohol are often also involved in college student instances of rape (Warshaw, 1988). In instances of acquaintance rape, 55% of women and 75% of men report drinking alcohol or taking drugs just before the attack (Warshaw, 1988). Because of under reporting of sexual assaults and the sensitive nature for which they are handled, it is difficult to know how many instances of rape during the college years end in pregnancies.

Education, Abortion, and Pregnancy

When pregnancy and educational rates are recorded, rarely are they studied in relation to each other. However, studies of who is likely to get pregnant and when they are likely to conceive have shown a significant relationship with educational attainment (Coverdill & Kraft, 1996). Educational attainment has a negative effect on conception

(Coverdill & Kraft, 1996) but a positive relationship to abortion (Trent & Powell-Grinner, 1991). These findings suggest that women college students are probably less likely to conceive than their female counterparts who are not in school.

Coverdill and Kraft's (1996) study of first premarital pregnancy among women aged 16 to 28 found that women enrolled in school were less likely to conceive than those not enrolled in school. Other researchers have come to the same conclusion (Trent & Powell-Griner, 1991). The odds for conception are reduced by about 50% for enrolled women (Coverdill & Kraft, 1996). The negative effect on the likelihood of a premarital pregnancy was true for White, Hispanic, and Black women in this study. Coverdill and Kraft (1996) report that this effect diminishes with age. This finding suggests that female college students beyond traditional age would have greater odds of conceiving than traditionally aged students, but lower odds than those enrolled in school.

These findings do not reflect women's risk of a premarital pregnancy. In fact, Coverdill and Kraft (1996) found that educational attainment has an insignificant effect on the risk of premarital pregnancy. What these seemingly contradictory findings may suggest is that enrolled women are less likely to participate in high risk sexual behavior but are still participating in sexual behavior. They are not having less intercourse. Coverdill and Kraft (1996) suggest that women enrolled in school have more to risk (i.e. educational attainment, economic impact) by conceiving. This suggests that college educated women may be more cautious and may take further precautions to prevent a pregnancy. This suggestion is of great interest when examining abortion rates.

Abortion, parenthood, and the college years. While education may decrease the likelihood of pregnancy, the highest percentages of abortions are obtained by women during the traditional college-age years (Henshaw & Van Hort as cited in Schmittroth, 1991, p. 499). During 1980 and 1985 the highest percentage of abortions were obtained by women 20 to 24; years of age this was closely followed by women ages 15-19 (Henshaw & Van Hort as cited in Schmittroth, 1991, p. 499). White women obtained twice as many abortions over the five year period than did black women (Henshaw & Van Hort as cited in Schmittroth, 1991, p. 499).

In a 1986 study of the educational attainment and abortion rates in 11 states reported that regardless of race, abortion ratios increased as educational attainment increased among women 18 to 24 years old (Kochanek, 1989). Trent and Powell-Grinner (1991) and Coverdill and Kraft (1996) also found that educational attainment increases the likelihood of abortion.

In addition to education increasing the likelihood of obtaining an abortion, education and parenthood are also related. In 1987, the second highest percentage of childless women were women ages 18-24 who had some college experience. This was true for White, Black, and Hispanic women. The highest percentage of childless women were among women with advanced degrees in the same age group. This was true for Black and White women. Due to sample size it is not known if this is true for Hispanic women (Fertility of American Women as cited in Schmittroth, 1991, p.503).

Trent & Powell-Griner (1991) suggest that the effects of education on abortion are explained in terms of risk. Generally speaking, an educated woman has more to risk in

terms of financial and career livelihood than a non-educated women (Trent & Powell-Griner, 1991). Other reasons education may have a strong effect on abortion are access and knowledge. University health centers provide health services or referral services for college women experiencing pregnancy that women not enrolled may either not be aware of or do not have access to.

The findings suggest that education is a key variable associated with a woman's conception and pregnancy outcome. Although Black women are less likely than White women to have an abortion, abortion rates are comparable for the two groups when educational levels are similar (Coverdill & Kraft, 1996) Regardless of race, women enrolled in college or who have obtained higher education are less likely to carry a pregnancy to term than less educated women.

Pregnancy as Crisis or Development: Theoretical Perspectives

The nature of pregnancy has been theorized, studied, and debated. Scholars have asked the question, "What is the inherent nature of the pregnancy experience?" A variety of conclusions have been drawn from this question. The experience of pregnancy has been described in contradictory ways. It has been described as a period of exceptional well-being, a psychological crisis, and a normal step in development (Leifer, 1980). According to Leifer (1980), most theorists have not thoroughly examined the social forces that shape a woman's response to pregnancy. It is also important to note that many of these theories on pregnancy were developed around planned pregnancies by married couples.

Crisis. Some college administrators and scholars have view the experience of pregnancy as inherently a crisis for women (Siddall, 1971). They describe it as a time of

psychological and physical agitation or disruption (Leifer, 1980; Shereshefsky & Yarrow, 1973). The view of pregnancy as crisis implies that stress is inherent in the experience (Leifer, 1980). The conclusions these scholars have drawn did not distinguish between the experience of unplanned and planned pregnancy.

Rossi (1968) refers to the crisis of pregnancy as a transition in an attempt to convey pregnancy as neither a normal stage of development or as an act which causes great distress and disruption. Similar to this view, Shereshefsky & Yarrow (1973) define pregnancy as “turning point” (p. 245). Pregnancy calls for a change in life-style, new decisions for the future, and a time of self analysis (Shereshefsky & Yarrow, 1973).

Caplan (1959) (as stated in Shereshefsky & Yarrow, 1973) describes the experience as inherently or biologically determined crisis. In later writings, Caplan (1961) begins to move away from pregnancy as inherently a period of crisis, rather it is viewed as a period of time when women have a greater sensitivity toward crisis. This view recognizes that the experience of pregnancy is affected by external factors. The pregnancy itself is not the only source of stress or crisis for the woman. Her environment and relationships may influence her response to the pregnancy.

Development. In contrast to the view of pregnancy as crisis, a second perspective has described pregnancy as a natural part of women’s development (Leifer, 1980; Pape, 1982). Some psychological literature states that pregnancy is a normal part of the life cycle and is a normal part of development (Leifer, 1980). The “maturational crisis” of pregnancy moves the pregnant woman to a new psychological stage (Pape, 1982. p. 186). The biological experience of pregnancy moves a woman beyond her childhood (Pape, 1982).

The view of pregnancy as a developmental stage is not without influence of the view of pregnancy as crisis. Some have stated that the crisis inherent in pregnancy is the driving force for change and development of women (Pape, 1982). “In a sense, everything she has ever been or hoped to be as well as everything she is now. But because pregnancy is state of crisis, she does not go through a smooth transition to a new state of being; rather she experiences far-reaching psychological change” (Pape, 1982, p. 186). According to this viewpoint, the crisis of pregnancy promotes the development of women who experience it. The woman is no longer a child. According to Pape (1982), regardless of a female’s age at pregnancy, she is no longer developmentally a child or teenager. Pape (1982) argues that the experience of pregnancy has fundamentally changed her physiologically and matured her into womanhood.

The view that pregnancy is associated with maturity and development may be of special interest in regards to college women. Does the view of pregnancy as a developmental stage suggest that only women who experience a pregnancy reach “mature womanhood”? Also, would college women who experience a pregnancy developmentally surpass their peers? Pape’s (1982) view suggests that once a woman experiences a pregnancy, regardless of her age, she has accomplished the transition from adolescence to adulthood.

How Experiences of Pregnancy Vary Between Women

There are many different factors that affect a woman’s experience of pregnancy (Leifer, 1980; Pape, 1982). Factors that influence the experience of pregnancy for women can include health, age, education, prior pregnancy experience, socioeconomic status,

personality, and relationship to her partner (Pape, 1982). The influence of more variables such as social support, life history, physical experience, and culture will vary in influence among women. Seegmiller (1993) states that pregnancy is an individual experience. The experience of pregnancy varies greatly between women due to the great amount of variables affecting the pregnancy.

The cultural definition of pregnancy influences a woman's individual experience of pregnancy (Seegmiller, 1993). Seegmiller (1993) calls attention to cultural influences such as increased touching during pregnancy. It is not uncommon for a pregnant woman to experience more touches from surrounding individuals because they place their hands on the woman's abdomen. This may cause a woman to withdraw in avoidance of being frequently touched (Seegmiller, 1993). This behavior may also invoke feelings of pregnancy being unusual or abnormal. A second example of a cultural influence such as the view of pregnancy as a sickness (Seegmiller, 1993), something that must be treated at the hospital may also influence a woman's experience of pregnancy.

Shereshefsky & Yarrow's (1973) study of first pregnancies of young married couples may provide further insight to the experience and influences of pregnancy. Shereshefsky & Yarrow's (1973) study set four variables specific to the prenatal period: life history, current personality, current life situation, and the pregnancy itself. Life history included the woman's childhood experiences that may influence her adaptation to pregnancy. Factors considered were family and peer relationships, schooling, and experience with children. The variable current personality examined the women's defenses, modes of expression, achievement of an adult role, feminine identification, and

her adaptive behavior. Current life situation focused on marital adaptation and external stresses not associated with the pregnancy. The last prenatal variable examined the actual pregnancy experience. This variable examined moods, anxieties, body image, and physical well-being.

The following subsections are an examination of Shereshefsky and Yarrow's (1973) variables. Findings from similar studies are also stated. Gaps in the literature about these variables and the experience of pregnancy for women are noted as well.

Social support. It has also been suggested that the experience of pregnancy varies between women due the social support a woman received from within her interpersonal relationships (Leifer, 1980). Social support can come from several sources, including family, friends, and the woman's partner. "The degree to which pregnancy is experienced as a time of well-being or stress may be critically related to the quality and extent of social and interpersonal support received" (Leifer, 1980, p.218).

A few studies provide evidence that female relationships change and significantly influence the experience of pregnancy (Falicove, 1971 and Thrasher, 1963 as cited in Leifer, 1980). The factors of social support and changing relationships may be of concern when examining the experience of young college students, just beginning to build new social networks in new environments.

Another source of social support may come from the pregnant woman's partner. Pape (1982) and Selby, Calhoun, Vogel, and King (1980) suggest that the relationship with the partner affects the pregnancy experience for women. Pape (1982) also suggests that the preexisting factors in the partner relationship have a significant influence on the

experience of pregnancy. The pregnancy causes changes in the woman's sexuality and also in the sexual relationship she has with her partner (Pape, 1982). The author does not state how the relationship affects the pregnancy. The relationships and factors surrounding a pregnant woman are so complex that it is difficult to say to what extent each variable affects her.

In my review of literature pertaining to the social support networks of pregnant women, I found no studies revealing the impact of extended family support. The woman's influence of her current relationship with her own parents or siblings was missing from relevant literature. This type of data could be found for teens experiencing a pregnancy. The living situations of these teens were dramatically different from those of adult women and the traditional college women focused on in this study.

Life history. Previous life experiences affect a woman's experience of pregnancy. Some of the previous life experiences mentioned in the literature include previous pregnancy experience (Raphael-Leff, 1980), family relationships (Caplan, 1961), and relationship with her mother (Pape, 1982). The relationship between the pregnant woman and her own mother seems to appear in literature with the most frequency (Ballou, 1978; Pape, 1982).

Pape (1982) suggests that pregnancy reminds the pregnant woman of her previous experiences with family members. Pregnancy may be used to heal childhood emotional wounds with parents, especially her mother (Pape, 1982). The woman sees herself as a mother able to make up for the mistakes of her own mother. She also may view this as a time when she is an equal adult to her own mother unable to be hurt by the events of the

past. Other studies also recognize the relationship between pregnancy and the pregnant woman's relationship to her own mother as a significant influence on her pregnancy (Ballou, 1978; Caplan, 1961; Selby, et al. 1980).

Not all studies confirm that the experience of pregnancy is affected by earlier family relationships (Shereshefsky & Yarrow, 1973). The variable life history was not significant in influencing the experience of pregnancy for participants in Shereshefsky & Yarrow's study (1973). This included women's perceptions of being mothered and the influence of peer relationships. The perceptions of being mothered were not statistically significant. The authors suggest that this is due to other life events which have taken place since childhood.

Again, the variables within life history are so many and difficult to measure that it is not known how much these influence the pregnancy experience. Each variable is different for every woman. Every woman's life history is different.

Personality. How well a young college woman may handle or be affected by her pregnancy may be due to her personality (Shereshefsky & Yarrow, 1973) or ego strength (Caplan, 1961). Shereshefsky & Yarrow (1973) found that personality was highly correlated with pregnancy adaptation. The factors within personality were ego strength and nurturance. "The woman's readiness and capacity to cope with her first pregnancy is a function of her personal strengths and weaknesses" (Shereshefsky & Yarrow, 1973, p. 74). Current situations involving external stresses, such as financial problems or stresses in the relationship created greater difficulty for women to adjust to their pregnancy. These

findings suggest that an unplanned pregnancy may have a less dramatic effect on a woman who has a strong sense of identity before the pregnancy occurs.

Most of the women in this Shereshefsky & Yarrow's (1973) study were not experiencing an unplanned pregnancy. Nor did any of the participants terminate their pregnancy. It is not known if the factors for unmarried traditionally aged college women experiencing an unplanned pregnancy would be the same.

Physical experiences. There are many variables that influence the physical experience of pregnancy. The biological and psychological response to pregnancy contributes to the physical experience of pregnancy. Biological responses to pregnancy vary between women. While some women may experience morning sickness, others may not have physical symptoms that let them know they are pregnant.

In a review of literature, Leifer (1980) states that women's physical response to pregnancy is related to the woman's image of pregnancy, cultural views of pregnancy, and the views of pregnancy as presented by the woman's peers and partner. The quality of the woman's relationship with the partner also influences her physical response (Leifer, 1980). For example, a woman experiencing a great deal of stress in her relationship with her partner may transfer stressful feelings onto her pregnancy.

Mood changes during pregnancy may also affect the experience of pregnancy. Shereshefsky & Yarrow (1973) reported that women generally experience increased sensitivity, depression, anxiety, and feelings of well-being at intermittent periods throughout the pregnancy. These emotional changes may be attributed to hormonal changes (Leifer, 1980).

The physical experience of pregnancy varied greatly between participants. However, all women reacted to the physical changes. The reactions varied between pleasure, mixed feelings, and annoyance. The uncertainty of specific physical changes left participants “feeling out of control of herself and her situation” (Shereshfsky & Yarrow, 1973, p. 78).

The physical burden of pregnancy can often be overwhelming for some women. “Those women who had special difficulty with the accommodation responded to the physiological and other changes of this period as burdens superimposed on them, the whole development an occurrence controlled by some inexorable fate. Their womanhood itself became burdensome as they found themselves engaged in encounter with an alien, outside force” (Shereshfsky & Yarrow , 1973, p. 249). The physical stress of the pregnancy may cause women to desire to remove themselves from the menial tasks of day to day living. The small tasks become overwhelming and seem to require more energy than they did before the pregnancy.

The overwhelming amount of emotion associated with pregnancy pose interesting scenarios for college women experiencing an unplanned pregnancy. It is possible that the burden of pregnancy may be too much for a young woman, thus causing her to retreat in her development and maturity. This could take the form of complete helplessness, where a woman begins to rely too heavily on her support system. She may rely on others to do her daily living tasks. This could take the form of others communicating for her or reminding the woman to eat or take care of herself.

The Role of the Administrator

Determining the role and responsibilities of the university in instances of college student unplanned pregnancy may well be determined by the way in which the university defines the pregnancy. A university's response to pregnancy as a crisis would dictate a far different action than if pregnancy were viewed as a normal stage of development. The following discussion explores the role of the university if pregnancy is viewed as a crisis or as a developmental stage.

If pregnancy is a crisis then it is the university's responsibility to intervene. The university must ensure that the student's mental and physical health is of top priority. This would include the student's safety as well. This would involve the efforts of many different campus departments. The intervention may well include residence life, health services, and counseling services. Depending on the student's reaction to the crisis it could also require the intervention efforts of academic departments for which the student is involved.

Those universities that determine an unplanned pregnancy in college women as a crisis would then need to establish a protocol for intervention. If the university has an established protocol for student crisis, an examination of the protocol would be necessary to determine if it met the needs of student pregnancy.

For those universities that determine unplanned pregnancy to be a developmental stage for college women, institutional response may be quite different. These institutions may have more of a non-judgemental policy for dealing with this circumstance.

Universities would need to examine how the student may be supported and challenged within the context of the college community to maximize the student's growth. The goal

of the university's support would be to ensure that women do not regress in maturity as a reaction to the experience of the pregnancy. The university may provide child care and academic support for women who were pregnant or a recent parent.

Those university's who do not examine the issue of pregnancy and college students may ignore it. No support or interventions would be established for women who need assistance. An atmosphere that appears intolerant of this experience would surely follow. In this setting, women student's who have this experience may have chosen to leave the institution.

Summary

Unplanned pregnancy is a reality for many of today's college women. Although enrollment in institutions of education decreases the odds of college students conceiving, college women are engaging in sexual behavior without contraceptives or not using contraceptives effectively. The highest rates of abortion and lowest rates of parenthood are among traditionally aged college women.

Although the experience of pregnancy for women has been described and theorized by scholars, it has rarely been described in the context of unplanned pregnancy and traditionally-aged college women. It is not known how the experience would vary for unmarried, 18 to 23 year old women, enrolled in institutions of higher education. A clearer picture of this experience during the college years is needed.

Chapter Three: Methodology

The purpose of this study was to explore the effects of unplanned pregnancy on traditionally aged college women. The following research questions guided the study:

1. What are the reported effects of unplanned pregnancy among traditionally aged college women?
2. Why do the effects vary between participants?

This chapter describes the methodology applied to the study. This includes sample selection, instrumentation, data collection procedures, trustworthiness and authenticity, and data analysis procedures.

Sample Selection

The population from which the sample was selected included women ages 18 to 25 who experienced an unplanned pregnancy while attending a college or university. There were several criteria used to select participants. First, participants must have been traditionally aged (18-22) at the time of pregnancy. Second, the pregnancy in college must have been their first pregnancy experience. Third, the end of their pregnancy must have been at least six months but not more than three years before data collection occurred. Fourth, respondents were required to be unmarried at the time of conception. Fifth, women experiencing another pregnancy at the time of study were not eligible.

These criteria were established to ensure that participants reflected the experience of the majority of college or university undergraduates who experienced an unplanned pregnancy. The restrictions on time past the pregnancy allowed participants to be far enough from their experience of pregnancy to reflect on its effects and close enough to remember its effects. The studied pregnancy was the participant's first unplanned

pregnancy to reflect the majority of the literature that informed this study. The majority of the literature was concerned with first time pregnancies. Marital status at the time of conception was controlled to reflect the marital status of the majority of traditionally aged college women. Last, current pregnancy status was controlled to ensure that the recalling the past pregnancy effects would not be influenced by the current experience of pregnancy.

Participants were solicited in a number of ways. Some were solicited through Women's studies and Black studies classes and campus women's organizations. I visited classes and informed students of the study. Students were given flyers that described the criteria required to participate and offered a \$25 incentive for taking part in a one to two-hour interview. Potential participants were asked to contact me by phone if they were interested in participating in the study. All participants were assigned an alias during the interview or interviews and in the study's write-up. For a sample flyer see Appendix A.

In addition to classroom solicitation, flyers advertising the study were placed in the Women's Center and women's health clinic on campus. Flyers were posted at the local Planned Parenthood chapter as well.

When potential participants contacted me, they were screened through a series of questions. Respondents were asked about their current age, previous pregnancy experience, age at the time of pregnancy, college or university enrollment status at the time of pregnancy, and marital status at time of conception. I continued to screen volunteers until I completed at least 10 interviews.

Instrumentation

I developed a semi-structured interview protocol for this study. The protocol included broad questions regarding the effects women perceived of their unplanned pregnancy during college. I encouraged women to talk about the effects the pregnancy had on their lives. I followed up closely with effects on their academic, social, and family lives. I also asked women to talk about what helped them cope with their pregnancy and what kind of obstacles they faced. The interview questions were designed to answer the research questions. The questions specifically sought to answer what the effects of the unplanned pregnancy were and why the experiences varied. For complete interview protocol see Appendix B.

Data Collection Procedures

In order to collect the data, I first submitted a proposal for the study to the Internal Review Board. Once approval was granted, I advertised for the study and began soliciting participants. The method for soliciting participants is listed above in the sample selection section of this chapter.

After respondents contacted me and were prescreened for qualifications, I scheduled meeting times with eligible participants. Participants chose a comfortable location for the interviews. I made arrangements for the interviews to take place in a private room in the Women's Center or the student center. Participants were given an option between the two. If neither location was a comfortable location for the participant I made other arrangements.

When the participants and I met to begin the interview process, I first obtained a signed consent form. The form explained the purpose of the study, its procedures,

procedures to ensure confidentiality, their compensation for participating, that they may withdraw from the study at any time, that I received university permission to do the study, and it requested their consent as a participant. It also gave my contact information. We discussed the informed consent if the participant had any questions. I also explained what would happen with the information they gave me. I informed the participants how I would protect their confidentiality in the study.

The interviews with the sample participants took between one and two hours. All interviews were audio taped with the participant's permission. In an effort to protect confidentiality, participants were referred to only by their alias during the interviews. This is the same alias I used for them through the entire data collection and analysis process.

I took notes during the interviews. I took notes partly to remind myself of questions to ask or observation to follow-up on. I also noted her emotional state and any changes in emotion that occurred during the interview. After each interview was completed I made additional notes on the participants nonverbal behavior during the interview. I wanted to know if the behavior seemed consistent with her words or if it seemed to communicate a different type of reaction.

From the audio tapes, I transcribed all interviews. I added my field notes to the transcript.

As a means of protecting the identities of the participants in my study, I took a few additional measures. In all transcripts, I used only the women's aliases and fictionalized

any identifying information such as birthplace or hometown. In a further effort to protect the participants' stories I destroyed the audio tapes after I defended my study.

Credibility

In an effort to enhance the credibility of this study, I took a number of precautions. The precautions dealt with my interview protocol, interviewing ability, and participant's validation of the data.

To enhance the credibility of my interview protocol, I pre-tested my interview questions. I conducted one interview with a woman who experienced an unplanned pregnancy. This process helped me to clarify the wording of the interview questions and to place them in the appropriate order.

Second, the credibility of my study was enhanced through improved interviewing skills. My committee chair reviewed one of the first interviews and gave me a detailed critique of my skills. She also guided a new structure for questioning my participants. My committee chair has conducted numerous interviews as a part of a research study.

Third, I sought credibility for the study by verifying my observations and conclusions with the participant during the interviews. I conducted member checks during the interviews. I restated their statements and asked for clarity about my understanding. Participants were able to correct or change my understanding of their stories during the interviews. I did not share copies of the transcripts with the participants.

Data Analysis Procedures

The analysis of the data for this study was done inductively. I did not start the analysis procedure with predetermined hypotheses or categories for the data. I used a

process of open coding. I allowed the data and emergent codes to determine the categories of my findings.

To start the process of open coding, I reviewed the transcripts for words and phrases that directly answered the research questions. I searched for stated effects and reasons why the effects varied. I developed individual lists of the data that were effects like depression, dropped grades, fought with partner, and/or felt sick.

Second, I searched the lists for emerging mega codes. The mega codes were effects that seemed to be immediate, intermediate, or long term effects. Immediate effects were those effects experienced around the discovery of the pregnancy until the woman had made a decision about the pregnancy's outcome. Intermediate effects were those that happen after the decision and around the time of termination. Long term effects were those effects that emerged or persisted after the termination.

Once the mega codes were established, I coded for the variation within the mega codes. I identified whether the effect in the mega code was related to the personal well-being of the participant, the relationship of the participant to her partner, peers, and academic life. I called this categorization the code. Codes were: personal, physical, family, partner, academic, and peer. The codes distinguished who or what the effect pertained to.

Third, the codes were further analyzed and categorized. I called this step the sub-code or theme. The theme established the nature of the effects in the code. The theme was descriptive of the effect. An example of the mega code, code, and theme follows. Data such as "I blamed my boyfriend for the pregnancy" would be placed in the immediate effects mega code. This was an effect that was experienced around the discovery of the pregnancy. The effect was then coded as a "partner" effect because it pertained to the

relationship between the participant and her partner. The partner code was further categorized as “blaming” because it was descriptive of the effect. The final coding scheme of this effect was immediate effect, partner blaming. This three step scheme described the effect.

Some names were altered to more accurately describe the phenomenon. An example of this, “partner support.” The actual findings within partner support are more accurately described as “inadequate partner support.”

In an effort to stay true to the data and experiences of the women, I met with my chairperson frequently to review the data analysis process. She helped me to mega code, code, and note the variations within the categories. I double checked my findings with her.

After all codes and variations were labeled, I was able to develop my hypothesis and assertions about the effects of unplanned pregnancy on college women. I spent approximately a month with the data before formalizing my hypotheses.

In an effort to defend these hypotheses, I then chose quotes of the women whose stories best represented the key findings. I did this to give a personalization to the data. I wanted at least some of the women’s voices to be heard. It was important to me that my reader understand the context of these women’s experiences. Analysis of the findings about the research questions are presented in Chapter 4.

Chapter 4: Findings

Chapter four contains the findings of this study about the effects of unplanned pregnancy reported by ten undergraduate college women. It reviews the demographics of the sample and major themes that emerged. It only describes those findings or effects by which four or more participants described in common with one another. However, most themes in this chapter were described by five or more participants. I included some of the effects described by four participants to add depth to the other findings or because of their close relationship to one another. Many of the effects in this chapter are interrelated.

The effects fell into three mega codes: immediate effects, intermediate effects, and long-term effects. Each of these mega codes are defined as they are discussed in this chapter. All of the data in the mega codes were then placed into codes. After the data or specific effects were mega coded and coded, most were further divided into sub-codes. The smallest categorization of data is referred to as a theme. Each sub-heading under a mega code is a theme. The themes are intended to give the reader a descriptive understanding of the findings.

The mega code with the greatest number of themes is long-term effects, followed by the immediate and intermediate effects mega codes. A total of 15 themes emerged throughout the mega codes. The themes were: physical symptoms, emotional distress, indecision, personalizing pregnancy, partner blaming, inattention to academics, inadequate partner support, guilt, stigma, peer bonding, partner bonding, maturity, recall, future, and family secrecy. Three of the themes appeared in more than one mega code. The themes

that crossed mega codes were emotional distress, guilt, and stigma. All themes or sub-codes are defined as they are discussed in this chapter.

A brief description of the sample of participants follows, including how the participants were recruited, which methods for finding participants were most fruitful, the ethnic background of participants, and other important information.

Sample

In order to find the 10 participants for my study, I chose several recruitment methods. First, I posted flyers advertising the study at the University's Women's Clinic and the Women's Center and at the local Planned Parenthood. After posting flyers, I also visited large undergraduate classes. I described my study to a total of seven classes in Black Studies, Women's Studies, Human Sexuality, Drug Education, and Health Education. Four women admitted to the study were recruited by these means. In addition to classroom announcements, I also visited student organizations. The organizations were historically Black fraternities, sororities, and a predominately White sorority. The numerous recruitment efforts may have contributed to the sample's diversity.

The ethnic composition of this sample was diverse. Five of the ten women were Caucasian, three were African American, one was Asian American, and one identified herself as bi-racial Hispanic. Most women experienced the pregnancy while in their sophomore year and were 19 or 20 years old. One woman was a freshman and two were juniors when they experienced the unplanned pregnancy. Most women were at least a year past the experienced pregnancy when they participated in the study.

The similarity in timing of the pregnancy that members of the sample share also extends to the circumstances under which they became pregnant. Eight women were in a

committed relationship when they discovered the pregnancy. The remaining two participants were no longer involved in the relationship when the pregnancy was confirmed. None of the women reported becoming pregnant as a result of a casual sexual encounter or assault. The members of the sample were further alike in the outcome of the pregnancy. Nine women terminated the pregnancy; one woman experienced a miscarriage. The woman who miscarried planned on terminating the pregnancy. Further context for these women's stories appears in the next section of the chapter.

The reported effects of the unplanned pregnancy will be presented in three sections. These are immediate effects, intermediate and long-term effects. Immediate effects are defined as those that occurred at the time surrounding the discovery of the pregnancy. Intermediate effects are those that the participant said occurred between discovery and termination of the pregnancy. Long-term effects are defined as those the participant described as occurring after the termination. The long-term effects were persistent at the time of the interview and some the participants felt would persist into the future.

Participant profiles. The following paragraphs are summaries of the participant's experience. The information is designed to create a context for their voices. The summaries contain information about the how the woman responded to her pregnancy and family and peer relationships. The voices of the women in this study appear throughout this chapter.

Janelle was a sophomore when the pregnancy occurred. She confided in her partner and a few close friends about the pregnancy. Janelle was very undecided about the outcome of her pregnancy. She expressed a great deal of guilt and regret over her

termination. Janelle told her mother and sister of the pregnancy, but later regretted it.

Disclosing the pregnancy to her family members continues to be a source of contention for the her relationship with them.

Anne was a sophomore when the pregnancy occurred. She disclosed the pregnancy to her partner and a close friend and eventually her mother. The pregnancy brought Anne emotionally closer with those she disclosed. However, she said she would never disclose her experience to her father. Being unable to share her experience with her family made it harder for Anne to cope with her experience.

Melissa was in her second year of college when the pregnancy occurred. She was recently broken up an engagement when she discovered the pregnancy. She disclosed the pregnancy to her former fiancé and eventually a few friends. Melissa endured an episode of physical abuse from her former fiancé while she was pregnant. He was also emotionally abusive. Melissa was the most decided participant about what the outcome of her pregnancy would be. This may be due to the abuse. Melissa told her family about her experience but expressed that family secrecy about it often hinders her ability to cope with it.

Renee was a freshman when her pregnancy occurred. She was fairly decided about the outcome of her pregnancy. Renee was the only participant that told both parents about her experience was not regretful of that decision. She also told her partner and one other

friend. Renee talked very little about her experience to help her cope with it. She and her partner were still together at the time of the interview.

Alexis was 18 years old and between her freshman and sophomore year when the pregnancy occurred. Alexis and her partner were no longer together when she discovered the pregnancy. While Alexis never told her family about the experience, she was probably the most open about her experience to other female friends and acquaintances. Alexis still feels connected with the child she lost and also feel that she may suffer loosing a potential mate because of her experience with pregnancy.

Alicia was in her second year of college when the pregnancy occurred. She disclosed her experience to her partner, roommate, and a few selected friends. Alicia experienced extreme guilt over her pregnancy and termination. As a result, she stopped attending church. The guilt and fear of disappointing her parents keeps Alicia from telling her family about her experience. Even two years after her experience, Alicia seems deeply haunted by it.

Missy was a junior when she discovered her pregnancy. She told her partner and her best friend. Missy experienced a great deal of anxiety over her pregnancy. The pregnancy ended with a miscarriage. Missy said that the miscarriage helped to alleviate some of the guilt she felt because it was a natural end to the pregnancy. Missy's partner was supportive of her throughout her experience. She and her partner were still together at the time of the interview.

Zora's pregnancy occurred when she was a junior in college. She told only her partner about the pregnancy. At the time of the interview, Zora had not told any of her

friends about her experience despite their own experiences with unplanned pregnancy. Zora described the experience as a crisis.

Taneen was a sophomore when the pregnancy occurred. She disclosed her pregnancy to her boyfriend and two other friends. Taneen relied heavily upon one girl friend for support during her pregnancy and termination. She felt emotionally distant from her partner because he lived in another state and was not disclosing his feelings about the pregnancy and termination to her. Taneen was still dating her partner at the time of the interview.

Nikkole was a sophomore when she discovered her pregnancy. She experienced a great deal of internal conflict about the pregnancy. In high school Nikkole was a pro-life advocate and felt like a hypocrite when she decided to terminate the unplanned pregnancy she experienced. In addition to the internal conflict she felt, she was overwhelmed by guilt and began to emotionally withdraw. Nikkole only told her partner and two other friends about her pregnancy and termination.

Immediate Effects

Immediate effects are those effects that arose as a result of learning about the pregnancy. These are the effects that surrounded the initial discovery of the pregnancy through the decision of the outcome for the pregnancy. The immediate effects generally did not persist as a continued or long-term effect of the pregnancy. However, some effects that first appeared as immediate effects also appeared as intermediate effects. Some effects in one mega code may not be an exact emergence of the same effect, but could be related to a different effect. An example of this is when the pregnancy caused turbulence in the

relationship between the participant and her partner which she later attributed to their break-up.

The second highest number of effects stated by the participants fell in the immediate term effects mega code. Five major themes emerged as immediate effects. The themes were physical symptoms, emotional distress, indecision, personalizing pregnancy, and partner blaming.

Physical symptoms. The physical symptoms are the bodily responses women reported early in the pregnancy. Physical symptoms appeared as an immediate effect only and were not reported by participants as intermediate or long-term effects. Virtually all of the participants stated that they experienced clear physical symptoms of their pregnancy. The physical symptoms came in the forms of morning sickness, cramps, stomach pains, weight gain, mood swings, and/or a change in eating habits. These changes in physical state were effects of pregnancy.

Most of the women who identified physical responses to the pregnancy also stated that they “just knew” they were pregnant. They were sure of their pregnancy before it was confirmed by a pregnancy test. This may be because of the physical symptoms they experienced. Nikkole, for example, was so sure of her pregnancy by the physical symptoms that she experienced that she did not take a pregnancy test until the night before her termination.

Emotional distress. The emotional distress theme refers to the emotional or psychological difficulty the individual participant expressed as a result of the pregnancy. This theme was only significant in the immediate and intermediate mega codes.

This study revealed a great deal of emotional distress among the participants as a result of the unplanned pregnancy. The distress was apparent upon discovery of the pregnancy and persisted until termination. Participants described learning of their pregnancy as devastating, terrifying, scary, stressing, and confusing.

Many participants said discovering the pregnancy caused them to become depressed or caused an emotional breakdown. One woman considered killing herself. Others expressed that they were so emotionally overwhelmed that they seemed to “zone out.” The distress they experienced caused them to focus all of their feelings and thoughts internally and to lose touch with their surroundings. They are so internally focused that they forget to eat or do other daily tasks. Taneen said, “ I guess you just don’t think about eating...you are in your little world, a secluded little world... You just get up, take a shower and lay right back down.” Some expressed that they missed classes or did not go to work.

Many of the participants described this as living in a “zone,” as entirely self absorbed. Their distress was all-consuming and made all other responsibilities trivial. Missy said this of her zone:

I got really...depressed...I almost lost my job because I didn’t show up to work and I didn’t even call. It just wasn’t on my mind...I didn’t even care. I missed class. I laid in bed all day.

Indecision. This theme pertains to the effects experienced by the participant that surrounded the decisions she faced regarding the pregnancy and/or its outcome. The indecision theme only occurred in the immediate effects mega code.

Most of the women in this study expressed a great deal of confusion over what to do about the pregnancy. Perhaps because it was unplanned, the participants experienced intense indecision about what option was their best choice given their personal circumstances. The confusion ranged from not knowing where to seek help, to being overwhelmed by the options of outcomes for the pregnancy, and to being mentally consumed by figuring out which options would work best for them. This effect is characterized by the question, “What am I going to do?” It seems that this period of indecision is mentally consuming and is strongly related to the effects of personal distress.

The process of trying to make a decision about the outcome of the pregnancy seems to be one that the majority of the women dealt with on their own. While some women confided in female friends about the pregnancy, none noted seeking advice or guidance from their friends about the outcome. No one mentioned talking to their parents about the decision. However, most of them did discuss options with their partner. Even within the committed relationship, participants perceived that the final responsibility of the pregnancy outcome was her own decision.

Personalizing pregnancy. The personalizing pregnancy code is defined as the personal connections the participant made to her pregnancy. This theme only appeared with significance in the immediate effects mega code.

The personal connection to their pregnancy took three forms. First, almost all of the women in some way referred to their “child” at some point in the interview. It is clear that at this point these women conceptualized it as a human life. Almost all of them had figured out the birth date of their “child” before the termination of the pregnancy occurred. Second, a few women expressed that at some point they were happy to be

pregnant or to be experiencing the “miracle” of pregnancy. Alexis said, “I smiled because I was... I didn’t cry or anything. I was kind of happy...it felt like a miracle.” Last, many women expressed that once they were pregnant, everything around them seemed to be about pregnancy.

Thus, the women in this study experienced an awareness of themselves as pregnant, made a connection with their pregnancy as a “child,” and realized that pregnancy was a phenomenon occurring around them as well. It is as though up until this point each woman had not paid much attention to pregnancy or made no personal connection with pregnancy. It seems that before this time pregnancy was not real to them.

Partner-blaming. The partner-blaming theme refers to the effects a participant experienced specifically relating to her sexual partner. The theme of partner-blaming is defined as the accusation of responsibility for the pregnancy between the participant and her partner or ex-partner. While the pregnancy had significant effects on the partner relationship in all mega codes, partner-blaming is only significant in immediate effects.

Before describing the theme of partner-blaming, it is important to understand the context of the relationship at that time. The participants expressed that the pregnancy caused stress on their relationships with their partners. Some stated that they fought about it and were frustrated by their partner’s actions in response to the pregnancy. The women also expressed a desire for their partners to provide emotional support for them. However, their partners were unable to fulfill their needs. Janelle spoke of how she depended on her partner to fulfill some of her emotional needs: “When it came to the point where he

wasn't filling my needs or relating like I wanted him to...I felt like I was going to have a breakdown.”

As participants described it, both participant and the partner were looking for someone to blame and the participant and the partner laid blame for the pregnancy upon each other. Anne, for example, said the pregnancy affected her relationship with her partner, “because at the time I blamed him for everything, even though it was a two-person thing. I couldn't even believe that he could let this happen to me.” Alexis had the opposite experience. Her partner blamed her for the pregnancy: “He just sort of blamed me for it.” At this stage of the experience, participants did not express a clear sense of self responsibility for the pregnancy.

Intermediate Effects

Intermediate effects are those effects that take place between the time decision of the pregnancy outcome and the termination of the pregnancy. In describing this time period, participants at some points had difficulty distinguishing whether the effects occurred as a result of pregnancy or termination. However, I have noted when participants distinctly separated the effects from the pregnancy and the termination. These are apparent in the inattention to academics and personal distress themes.

There were a total of five themes that emerged with significance in the intermediate effects mega code. They were emotional distress, inadequate partner support, inattention to academics, guilt, and stigma. Emotional distress is the only theme that appeared in both the immediate and intermediate mega codes.

Emotional distress. Emotional distress appears again in the intermediate mega code. The theme appeared as an immediate effect upon discovery of the pregnancy, and continues as an intermediate effect through the termination of the pregnancy. The women describe the time period as one of great personal anguish. It is also within this theme and mega code that the women made a distinct note of emotional distress as a direct result of the termination.

The phenomena of a “zone” is even more prevalent in this mega code than the immediate effects. There are marked signs of feeling isolation and the act of isolating one’s self. Taneen described “the zone:” “I mean going to class in a total zone, not going out, not participating. I can remember weekends where the only time I left the room was to go get something to eat...I mean I even got take-out.” Alicia described the isolation she felt in this time period: “A lot of times I feel like it’s one sided. Like I am the only one that is hurting or that I am the only one in pain.”

Women also continue to note that “nothing was important.” Janelle said: “But before that, there was a point of time when I cared a lot about my grades and then at that point, nothing was important to me.” Just dealing with the pregnancy seemed to dominate the women’s physical and mental capabilities. It was their first priority. All other needs or demands came second to how they were experiencing the pregnancy.

During the interviews, I did not directly ask the participants about the experience with termination. A few women talked about the personal distress they incurred as a result of their termination. The emotional distress of this time is marked by depression. Women describe the experience of the termination or miscarriage as horrible. They said they numbed themselves after the experience. “And then it got better...a little better the next

semester because I was able to numb myself a little more,” Melissa said. Some experienced a period of mourning for the loss. Alicia described her distress:

I don't know...it is something very painful. You want to share it with people because you want to alleviate that pain in some way, but you can't...I did go see a counselor. She basically told me that I was mourning the loss of this child. It was true...I really did.

Inadequate partner support. The inadequate partner support theme is defined as the participant's desire for emotional assistance from the partner. There is a hope expressed by the participant for the partner to share his feelings and thoughts about the pregnancy. Inadequate partner support is the only theme regarding the partner relationship in this mega code.

Most women expressed that during the time from discovery of the pregnancy to termination, they wanted more emotional support for their partners. They expressed a great deal of disappointment in their partner's lack of response to their needs. Only a few women expressed that they felt emotionally supported by their partners.

Some women also expressed a desire for their partners to talk about his feelings regarding the pregnancy. The lack of response by the partners contributed to the participants' disappointment and possibly the feelings of not being emotionally supported. While most stayed in the relationship, the women reported frustration over the partner's inability to disclose his feelings. Alicia described the feelings and effects within this theme well:

Of course I became resentful because I was feeling so depressed at times and he didn't appear to be feeling anything...I think that he knew I needed him for

support...He just didn't feel like he could show his emotions. He wasn't used to expressing his emotions.

At this stage of the pregnancy, the women in the study felt alone in their relationships. They desired emotional closeness in their partner relationship, but stated that their partners were unable to meet this need.

Inattention to academics. The inattention to academics theme is concerned with effects that are school-related. It is specifically concerned with grades, class attendance, and academic ability during that specific time. Participants generally reported that the pregnancy negatively affected their academic performance and engagement. This theme only emerged as an intermediate effect.

During the time between the confirmation of the pregnancy and termination, some women said that they found it difficult to attend class. They either missed classes or experienced a great deal of difficulty concentrating during class. It seems that participants were so preoccupied with the pregnancy that they had difficulty paying attention to anything else, including their school work.

A few women specifically stated that their grades fell or that they received poor grades the semester during the termination of their pregnancy. They made a clear distinction that the abortion attributed to their academic changes. Because the grades fell or continued to fall during the time of termination it may be safe to say that at least some of the same non-enhancing academic behaviors, like missing class and inability to

concentrate that were present through pregnancy, persisted through and after the termination.

Guilt. Accompanying the feelings of emotional distress, the women also expressed a great deal of personal guilt. This is the first time in the experience that a significant number of women expressed guilt. During this time, the women saw themselves as having committed an offense. The guilt theme is defined as imagined offenses for which the woman feels badly. Guilt persists as a long-term effect.

Guilt involves the woman feeling as though she is a horrible person. Renee said, “I was a horrible person. I didn’t know anyone that it had happened to that didn’t have the baby or wasn’t like 15 years old.” She describes herself as committing an offense against herself. The perceived offense leaves her feeling bad about herself.

The participants’ comments reveal a sense of remorse over what they see as a bad thing they have done. Janelle said she felt “dirty.” Alicia said: “I couldn’t help feeling a little careless, even though it was a fluke.” Zora felt selfish. She said: “I guess I was kind of selfish about the whole thing...my priority in life right now is to get out school and I knew that a pregnancy would complicate that big time.” The women describe times where they mentally beat themselves up.

It was difficult for the participants to separate whether the guilty feelings at this time period in their experience were attributed to the pregnancy or termination. A few times, I asked the participants to clarify what the effect was attributed to. Some women felt that the guilt was derived as a result of both.

Stigma. The stigma theme refers to “being marked.” In the context of this study it denotes the participant’s perception that as a result of her experience with the pregnancy or termination, she was socially marked as inferior. Stigma appears with significance in the long-term mega code.

During the interviews for this study, many women repeatedly talked about the secrecy associated with pregnancy. They were surprised when they learned about other women’s experiences with pregnancy. They also expressed great hesitation in disclosing about their own experience. Anne said: “It was kind of like I don’t want to be looked down upon. It is kind of like you don’t know what people’s views are, even if you are as close to them as you think.” Still other women expressed that their uncertainty of other views made them leery of giving themselves away. Alicia stated: “What would somebody say who hasn’t been through this? I would always have to figure that out first before I could open my mouth because I was afraid I was going to give myself away.”

Some women further believed that they would be so socially stigmatised that they would lose friends. Thus the women went to great lengths to keep their experiences a secret. One woman in this study chose only to disclose her experience to her partner and myself. She kept the secret of her pregnancy and termination despite the fact she had a close friend who experienced an unplanned pregnancy. A few other women disclosed their experience to only their partner, one girl friend, and myself. The fear of being stigmatized for their experience, motivated their secrecy.

Long-Term Effects

Long-term effects are those effects that arose or persisted after the pregnancy and termination. The largest number of effects appeared in this mega code, suggesting that even a year after pregnancy women reported many lasting effects. Eight substantial themes emerged. The themes were: guilt, stigma, partner bonding, peer bonding, maturity, recall, future, and family secrecy. The guilt and stigma themes persisted from the intermediate effects into the long-term effects.

Guilt. The same feelings of guilt that first appeared in the intermediate mega code persisted into the long-term effects. The women continue to be racked with shame over their experience. It seems that the guilt is both for the pregnancy and termination for most women. The feelings of guilt were difficult to distinguish as strictly due to the pregnancy or termination. Guilty feelings seems to be associated with their entire experience of the pregnancy.

When women chose to disclose about their experience, they felt ashamed. “I know when I do tell people or if I talk about it, I feel like ashamed,” Melissa said. They feel guilty when they see or are around children. The guilt is so intense that one participant feels guilty for her own freedom to do what she pleases. Taneen said, “I just feel bad for going out on a Thursday night because I knew that if I had been more responsible, I wouldn’t be out. I would be at home, sitting with a kid.”

Like Taneen, some women expressed the guilt they feel as a long-term effect in association with a feeling of being irresponsible. They believed that the “responsible” decision would have been to carry the pregnancy to term and to have been a parent now. Janelle said: “I have guilt every time I see a baby because I know that I was too selfish at

that time. I took the easy way out. I shouldn't have." The long-term guilt is associated with shame, selfishness, and irresponsibility.

Stigma. The fear of being marked as a woman who has experienced a pregnancy persisted well after the woman resolved her pregnancy. Most of the women in this study who were more than a year from the end of the pregnancy continued to be cautious about who they disclosed their experience to and feared being "found out." This was the same theme of stigma that appeared as an intermediate effect. However, as a long-term effect, it appears to have two parts.

First, there is fear that society or the participant's male and female peers will pass judgment upon them when or if they find out her secret. The participants view pregnancy as a socially taboo subject. "Its such a taboo thing. People just don't talk about it," Melissa said. The topic of pregnancy is one that these women are very cautious about discussing. They will avoid disclosing about their experience at almost all costs. Taneen talked about her discomfort in the classroom setting and her ability to hide her secret: "I never voiced my opinion. I never showed a sign that I was going through something." The participants will make sure that they "fit-in" with their social setting. They do not want their experience to distinguish them from their peers. These women keep their secret from most of their peers and social groups.

Second, the women in this study feel as though their experience has marked them as impure. They fear that this mark has left them less desirable to other men or that they may lose a future partner because they have already experienced pregnancy. Alicia expressed these feeling well:

I feel that if people knew about what had happened, they would view me or other guys would view me as used goods, damaged in some way. I had been pregnant. I had been pregnant with some other guy's baby...I have to risk losing the person that I love because I didn't tell him right away or he just doesn't want me because I'm used goods.

This fear of being marked "used goods" is severe. The women believe that it may impact their future relationships. They see themselves as damaged.

Partner bonding. Partner bonding is defined as those effects that bring or are attributed to bringing the participant and the partner emotionally closer. This finding occurred among women who were still with their partners at the time of the interview and those who were not with the partner at the time of the interview. Like peer bonding, this is the first time partner bonding emerges as a significant effect of the pregnancy experience.

Overwhelmingly, the majority of women reported that going through the experience made the relationship between the partner and participant stronger. The stronger relationship meant that going through a difficult experience allowed them to learn about each other. "It made us stronger. Now no matter what fights we have, we learned so much about each other that it is like...I think we're stronger," Janelle said of her relationship with her partner.

Other women expressed that the experience gave the couple a bond, despite their break up. Nikkole said: "We had just been on and off. I think that it is somewhat a part of it. It's almost like that is when we had this tie between us that we'll always have together." Many of the women still keep in contact with their partners. It seems that only after a period of time has passed after the pregnancy and termination are the partners or

ex-partners able to give support to the women. Some of the partners act as a support or friend when they women wish to talk about it. In these relationships, there is a shared understanding that the pregnancy experience was one that only the woman and partner share. It seems that their shared secret acts as a bond between them.

Peer bonding. The peer bonding theme is defined as those effects that brought the participant emotionally closer over the long-term to a female friend. This bonding effect occurred with partners as well. It is discussed in the next section. Peer bonding only appeared as a long-term effect.

The participants noted a substantial change in their relationships with their best friends or roommates. The participants usually only noted one intimate relationship for which the pregnancy experience brought them emotionally closer to an already established friendship. Women did not discuss that they had made additional friendships as a result of the experience. Some participants disclosed that their friend(s) had already gone through a similar experiences. This gave participants a great deal of comfort to the participants and allowed them to sympathize with their peer. Alicia said of her roommate: “I didn’t need to tell them (parents) because I have her. We could commiserate and sympathize, share with each other.” While the participants did not explicitly state that these friendships provided emotional support during the immediate and intermediate periods, it appears that these friends were somewhat supportive throughout the experience. It seems to be more important to the women that these friendships were more intimate as a long-term effect, rather than essential during the pregnancy and termination.

Maturity. Maturity is the growth or development participants perceive to be the result of the experience. Maturity occurred in their world view, relationships, and views of self. The maturity theme was only significant as a long-term effect.

Most of the women in this study reported that the experience profoundly changed them. Alexis said the following of her maturing experience:

I matured in the sense that now it's like okay. I actually sat down and thought about it. 'Okay, I'm pregnant. If I have this kid...What were the consequences of it. Or if don't have the kid'... It made me mature. It made my feelings mature. Many participants said they are more serious about their lives and less naive about the ways of the world as a result of the experience. They have lost their innocent view of the world. She realized that undesirable things could happen to her. She became more pessimistic. Melissa described her maturity as "jaded." Taneen described how her world view changed: "I am just more aware. I am more sensitive...It just made me aware that anything can happen. I guess I just look at things differently...It changed my whole outlook...I just took things a little more seriously."

Some women claim that their process of maturing made their relationships better. They value their relationships more. "I think I value life in general a lot different. I value my relationships, especially my boyfriend relationships," Anne observed. These women see themselves as better friends because of the experience. They are more understanding and trustworthy, less judgmental, and exhibit more respect for women with children. "I think differently than my friends who actually went through with it and had their babies. I have more respect for them. I feel like I want to help them out more," said Janelle. Nikkole has

become a better friend, “It has helped me become a better friend...it made me become a not judgmental person...a more trustworthy person.”

The women also express that they gain more faith in themselves. They know they are strong and can handle difficult situations on their own because they have gone through this experience. Zora said, “I’m a stronger girl because of it. The whole changes were all within myself.” Nikkole said of her strength:

Now I realize that I can get through college by myself and that I can handle it. I just take everything one step at a time. I just think that there is really no problem that I couldn’t completely deal with somehow.

The women have a new sense of self and the world. They have lost their innocent and naïve perceptions. They understand themselves as mature in thought, relationships, and self. For many participants, this experience moved them to seeing themselves as an adult.

Recall. The recall theme refers to the effects that deal with the participant’s ability to remember their experience with the unplanned pregnancy. It is about the quality of their ability to recall and the frequency with which they recall the experience. This theme appeared with strong significance only in this mega code. It was specifically addressed by seven of the participants.

While many of the women express that have “blocked out” or have difficulty in remembering the experiences they had surrounding the pregnancy, most claim that they still think about it frequently. The “blocking out” seems to be of the fine details of the daily experience because all of the women were able to describe in detail their feelings surrounding the pregnancy and the major events of that time. These women think about

their pregnancy every time they get their period and on significant days such as the conception, termination, and birth date. “I really think a lot, especially like around the time I think it was conceived and around the date when it happened, the date it would have been born and everything,” said Nikkole. Melissa says she thinks about it everyday. Seeing children makes Zora remember her experience with pregnancy: “That was really rough because I was holding my nephew and I thinking I could be having one now. That was rough, really rough.”

Specific dates, seeing children, and even the biology of their own bodies remind women of their experience with pregnancy. It seems virtually impossible for the women to achieve or get any mental relief from remembering the experience. They are haunted by the experience.

Future. The future theme arose in the long-term effects with particular significance. It did not occur in any other mega code. This theme is defined as those effects women stated regarding their goals, plans, or ideas about what is to come. These effects are a reflection of what the women understand their futures to be as a result of their experience with pregnancy.

It is first important to understand that these women perceive that their future experiences will not be as great because of the damage they incurred as a result of the pregnancy. Women discussed that because of the effects such as dropped grades and experience of pregnancy their futures have been altered. Melissa believes she has lost most of her dreams:

I had hopes of going to graduate school and everything and doing research and owning my own lab someday doing something like that...I mean with this and then

what happened last spring, I mean...I feel like everything has been taken away from me. My chances are blown because my grades have suffered.

Alicia feels that her future experience with pregnancy has been ruined because she has already experienced it. She and the other women feel a loss for something that has not happened yet. They are heading into their futures with an emotional burden that will affect the way they experience future pregnancies. Something about their future seems tarnished or taken away from. They feel disadvantaged.

While they feel disadvantaged, this seems to be motivation for them succeed in their future. They are more driven and focused on their future goals and aspirations. They are more serious about their success. Taneen said:

I just got more serious about school work and about what direction I want to take once I graduate. I know what I want to do. I have it...all mapped out whereas at first it was like yeah, I'm going to graduate, move, and get a job.

The new desire to succeed in the future may also be connected with their new sense of maturity. The women seem to have a clearer sense of self as a result of this experience. This experience may have given them clarity in their already established goals.

Family secrecy. The theme of family secrecy occurred in other mega codes but was only significant as a long-term effect. The issue of family appears to be a difficult and complex issue for the participants. Whether a woman disclosed her pregnancy to her family or not, there is a significant theme of secrecy within the family code. The issue of family secrecy is prevalent regardless if the woman was content with her decision to disclose or not.

Six of the women in this study did not disclose their experience with their family members. They said that they knew this was a secret they would carry with them forever.

Alicia said:

I come from a very Roman Catholic background, so even the options...I knew that I would have to keep this with me forever, by myself. I couldn't share with them...I knew that it was a secret that I would have to carry with me forever.

Participants chose not to reveal their pregnancy to their parents primarily because they did not want to disappoint them. Disappointing their parents, was not an result of disclosure that these women were willing to accept. Nikkole said, "I don't think I could ever tell them about it. I just don't think that I could bear to see the disappointment in their eyes if they knew that."

Two of the women who did disclose their pregnancy to their parents expressed some frustration over this. It seems that despite their disclosure, their experience was kept a secret and/or used intentionally or unintentionally to hurt the participant. Janelle said that while her mother does not expose her secret to others, she often brings it up:

Yeah, I did tell my mom. It was a mistake. She tells me to this day...she throws it in my face...even though I'm still with my boyfriend and we're happy and moving on with our lives. She still throws it in my face.

This causes Janelle to resent her mother. Melissa said that while her parents know about her experience she knows she can't bring it up. This code of silence interferes with her ability to deal with her experiences.

The code of silence continues to affect both the women who have disclosed and not disclosed their experience to their parents. One woman who did not disclose said that

she avoids family conversations about pregnancy. Her family's comments are hurtful.

Alicia said of her mother: "I know she has no idea, so when she says things sometimes its just like a stab in the back or in the heart." Another woman says her mother's comments about other people force her to question what her mother would think if she knew about her own experience. "She (mother) says, 'I can't believe it. What is she going to do?' Its just like if she is that concerned about the neighbor's kid and then it's happening within her own house," Taneen said of her mother's discovery of a friend's pregnancy. These women feel condemned by their parents' comments, despite their lack of knowledge about the daughter's experience. Anne described her experience with her father:

Although my dad is supposed to be the one who loves me and supposed to unconditionally, I felt like he was the one condemning me the most. He didn't directly mean to, but I knew how strong his feelings were about the situation. Like, I love my dad to this day, but I will never tell him.

Family secrecy is part of every woman's story in this study. Women have said that keeping the secret makes them feel bad or even guilty. Missy said:

I feel guilty about not telling her. She knows everything. She was a single parent and it was always my brother and I. We've been best friends since I was small. So, I feel guilty about keeping it from her.

For these women, living with the secret is better than the perceived alternative. Most women adamantly expressed that they would not be able to disappoint their parents by disclosing about their experience. Thus they will endure the emotional pain their parents unknowingly inflict upon them.

Summary

This study revealed 15 significant effects or themes of unplanned pregnancy. The effects fell under three mega codes. The mega codes were immediate effects, intermediate effects, and long-term effects of the pregnancy. Only three of the themes appeared with significance in more than one mega code: emotional distress, guilt and stigma. Emotional distress first appeared as an immediate effect and persisted through the intermediate mega code. It did not persist as an effect after the termination of the pregnancy. It seems that the participants were able to resolve their feelings of distress over the pregnancy and termination.

While the women may have been able to resolve their emotional distress, it appears that their feelings of guilt were not resolved. The theme of guilt first appeared in the intermediate mega code and persisted as a long-term effect. The women experienced feelings of guilt over their pregnancy and termination. By the time of the interview, the women were still unable to resolve those feelings and expressed that they felt the feeling would persist forever.

Like guilt, the theme of stigma first appeared in the intermediate mega code and persisted through as a long-term effect. The women retained a fear of being marked or stigmatized as having experienced a pregnancy. This probably contributed to secrecy. The participants kept their pregnancies a secret to avoid their perceived social stigma.

The participants ability to keep their experience a secret was revealed as a significant theme in the long-term effects. This theme was family secrecy. The act of keeping their experience a secret from their families caused the women in this study emotional pain. Some women felt guilty for not telling their parents. Others expressed that

their parents' ignorance of their experience led to hurtful comments. However, these emotional pains were endured because the women believed that disclosing their experience would cause their parents great disappointment. Causing their parents disappointment was not an alternative for these women. It is not clear whether the women believe that telling their parents about the pregnancy or the termination would cause them disappointment.

Family secrecy was not the only theme where the participants and I had difficulty distinguishing between effects of the pregnancy or termination. At times the effects were a result of both and at other times the effects were distinctly one or the other. Throughout this chapter, I clearly identified effects that were directly stated effects of the termination. While this study was about unplanned pregnancy, it was almost inevitable that the outcome of the pregnancy would be a part of the interview. The participants included it as a natural part of their story.

Chapter 5: Discussion and Conclusions

This chapter is a discussion of the findings presented in Chapter 4. The chapter is organized into six sub-headings: surprises, hypotheses, caveats, implications for practice, needs for future research, and closing remarks.

Surprises

There were a few surprises in the findings of this study that struck me as particularly interesting. They were relationship sex, the number of long term effects, and the issue of family secrecy.

Relationship sex. In the literature review I noted the changing sexual behaviors and attitudes of college students. There is an emerging liberal and casual attitude about sexual relations among college students. I noted studies that revealed that students today are having more sex and with more partners than in the past. These studies and the stereotype of reckless college sex in the media led me to believe that some of my participants would have become pregnant as a result of a casual sexual relationship. However, none of the women in the study had this experience. None of the women reported becoming pregnant from an unwanted sexual encounter or rape. While I did not ask about their contraceptive practices, three women volunteered information that the pregnancy had occurred as a result of failed contraceptives.

The women in this study did not become pregnant as a result of a “one night stand.” Most of the women were in a serious, monogamous relationship when the pregnancy occurred. Those women who were not in a relationship at the time they discovered the pregnancy had just recently broken up from the serious relationship. This finding may suggest that while sexual attitudes and behavior are becoming more liberal,

some students still value sex within committed relationships. These women valued their intimate sexual relationship. About half of the women continued in a relationship with the partner a year after the pregnancy experience and most of the other women at least kept in contact with their partner after they had broken up. The women took their pregnancy and the relationship that it occurred within seriously.

Long term effects. The number of long term effects reported by the participants was overwhelming. The long term effects mega code was distinctly marked by a greater number of effects than the other mega codes. One woman who was three years past the termination of her pregnancy was still racked with guilt and fear of being stigmatized.

The women in this study are haunted by their experience and see no immediate relief from it. Seeing children, having their period, and remembering the significant days of their experience cause them to relive their feelings and memories of the pregnancy and termination. The experience also haunts them in social settings. It is difficult for these women to be around their peers or in settings, such as the classroom, when the topics of pregnancy and abortion are crudely and insensitively discussed. While the women have kept the pregnancy a secret, they reported feeling personally attacked by critical comments made by others about abortion and pregnancy. The comments evoke feelings of guilt and fear that others may find out their secret. I suspect that this guilt and fear causes women to emotionally and rationally distance themselves from their peers. This may be a coping strategy.

The women in this study clearly see themselves as different from their peers. They understand themselves to be more mature. They say that because of this experience, they are more serious about all of their life decisions. The maturing process may be due to their

understanding of their experience as very difficult. They seemed to deal with the stress the unplanned pregnancy caused internally. The women felt that by dealing with it independently they became emotionally stronger and more focused on their futures. They do not see their peers as having this maturity. The women see themselves as profoundly different from their peers because of the experience.

Family secrecy. The women in this study were adamant that their parents not know about their unplanned pregnancy and termination. The women exhibited strong willpower to keep their secret. The women kept the secret despite their parents' and family members' unknowingly hurtful comments. It is as though some women would do anything to avoid telling their parents. The women felt that they could not endure the personal pain it would cause them to tell their parents. Most women thought that the unplanned pregnancy would be too great of a disappointment for their parents.

The ability for these women to keep the secret of their pregnancy is much different than the unplanned pregnancy experience of a teen living at home. For the most part, these college women are in a different geographic area than their families. The women are living independently and do not see their families daily or monthly. This may contribute to their ability to keep their situation secret. However, the anguish that these women experience as a result of their parents' and family's ignorance of the experience is mentally and emotionally torturous.

Secrecy may also drive these women to break from or change their emotional dependence on their families. There seemed to be a shift from seeking emotional support from their families to finding it in other sources. The women turn to their friends and partners. This experience also requires them to fulfill their emotional needs by themselves.

Hypotheses

While my interview protocol did not follow a chronological order, most women told the story of their experience chronologically. They seemed to have a desire to give me a complete picture of their experience. I started the interview by asking them about their first feelings or thoughts regarding their pregnancy. From that point, most women went through their experience of the pregnancy from discovery through termination.

Just as their stories came in a chronological story, it seems that their experience follows a linear path of development. There are clear distinctions about when the effects happened. The mega codes in my analysis suggest that there are stages the women experienced. There are clear and marked signs of physical, mental, and behavioral changes over the course of this experience. The following sections on affiliation with peers and responsibility are examples of this development.

Affiliation with peers. The majority of the women in this study reported that their relationship with their partner and one friend were enhanced as a result of this experience. The women became emotionally closer to these peers. They relied heavily on these people as a source of emotional support. The women were seeking help from their peers.

The affiliation they sought and sometimes received from their peers came at a time of disaffiliation with their families. The women did not overtly seek emotional support from their families. They disassociated from their families as a unit of support. This

disassociation with their families may be a moving of their self affiliation from their family to their peers. They are sensitive to what their peers think and say. At this same time, they also desire to know other peers or women who have experienced an unplanned pregnancy. They are looking to their social group for affiliation and support. These women clearly do not affiliate with their family while they are experiencing an unplanned pregnancy.

Responsibility. The woman's acceptance of responsibility is another clue that this process of dealing with an unplanned pregnancy may be developmental. One of the very first effects women note is the act of blaming their partner for the pregnancy. While the act of blaming was used by both partners, most women in the beginning stages of their pregnancy sought to blame their partner for the pregnancy. This act of blaming may be seen as an attempt to avoid taking responsibility for the pregnancy. The women did not take responsibility for their pregnancy in the early stages of discovering the pregnancy.

This act of blaming or denial of responsibility disappeared after the immediate effects or immediately after the discovery of the pregnancy. Finding someone to blame for the pregnancy does not seem to be an issue after the immediate effects. There appears to be a substantial change in this act of blaming between the immediate effects and the long term effects. As a long term effect, the women expressed guilt over their pregnancies and termination. When describing their guilt they described their "irresponsibility." They express a great deal of anguish and remorse over their "mistake." These descriptions of their experience lead me to believe they have begun assuming responsibility for their pregnancy. They do not see themselves as victims. They recognize their contribution and

their partner's contribution to the experience and do not desire to lay blame. The distinct move from blaming to accepting responsibility suggests that a developmental process has occurred.

Caveats

There are a few parameters of my study to remember when interpreting the findings of this research. I discuss the implications of these caveats in the following section about sample size, volunteer participants, race, and termination.

Sample size. This study was limited to ten undergraduate women who volunteered to participate in this study for a small stipend. The small number of participants limits the extent the findings can be generalized. It is likely that the list of effects would be longer with a larger sample. It is possible that the effects that appeared with significance with only ten participants might appear as less significant with a larger sample.

Some of the effects that may have been significant with a larger sample are long term health effects, trust issues in relationships, and faith issues. Some women expressed a fear for their future physical health as a result of the termination. Not enough women in my sample mentioned this effect for me to identify it as a significant effect. I also did not specifically ask for the participants' concerns over their future health. Other women may have experienced this effect, but did not state it as an effect for this study. These same reasons for the insignificance of effects for future health may be applicable for the effects of difficulty in trusting friends and partners as a result of the experience. Some of the women also expressed difficulty with their faith as a part of the struggle they encountered

with the pregnancy. All of these effects may have been significant with a larger sample size.

Volunteer participants. All of the participants in this study were volunteers. I did not identify women by medical records or by referral as having experienced an unplanned pregnancy. Because my sample consisted of volunteers, it may have affected my findings. Those women who did not volunteer may have been too ashamed to come forward. Their shame may have been so extensive that no incentive could motivate them to disclose their experience. Another possibility is that non-volunteer women may also have not been greatly affected by their experience and thus were able to emotionally move beyond the experience. Also women who chose parenthood or adoption as an outcome of their pregnancy probably left the institution.

Most of the volunteers who did come forward were still emotionally dealing with their experience. These women may have unconsciously volunteered for the study as a means for dealing with their experience. This could have affected the findings of this study.

Race. Half of the women in this study were ethnic minorities. While the sample for this study was racially diverse, the sample size was too small to make generalizations about difference and similarities in the experience of unplanned pregnancy by race. It is my sense, however, that majority and minority women reported many of the same effects and seemed to respond to their experience in very similar ways.

Termination. I did not anticipate that the majority of my participants would have terminated their pregnancies. While my study was focused on the experience of pregnancy,

I did not select participants based on the outcome of the pregnancy. However, because the majority of the women terminated the pregnancy, it is likely to have impacted the results of the study. It is possible that women who chose adoption or parenthood as an outcome of the pregnancy would have different feelings and effects from their pregnancy. It is likely that they may feel less guilt because they did not experience a termination. However, they too may have felt much of the same confusion over the options for their pregnancy. They may also have feared the social stigma that the women who terminated their pregnancies expressed. It is not possible to determine how the outcome of the pregnancy affected the findings of this study.

Implications for Practice

Throughout this study, the women expressed a great deal of frustration over the attitudes expressed by their peers and members of the university community. Many women repeatedly told me about how other members of this community could have helped them deal with their unplanned pregnancy. During the interviews, the women also discussed, with a sense of urgency, suggestions for helping other women who experience an unplanned pregnancy while in college. It is based on those suggestions that I make the following recommendations for practice. The recommendations are for peers, professors, administrators, counselors, and family members.

Peers. The women of this study expressed a great deal of dismay over their peers' attitudes. The women found their peers to be insensitive about the ways they expressed their feelings and thoughts on pregnancy and abortion. These attitudes made the women feel unsafe to speak about their own experience. This left them feeling isolated.

Women who experience an unplanned pregnancy may feel less isolated if their peers change the delivery of their thoughts and feelings on pregnancy and abortion. Peers should take more time to listen to each other and accept their different experiences. By listening and accepting the differences, these women may feel less isolated.

Included in the peer group recommendation are friends and partners. The friends and partners of women who experience an unplanned pregnancy can assist the women by listening and emotionally sharing their feelings. It seems that most women benefit from the emotional closeness of their best friend and partner during their emotional distress. Most women only share their experience with their intimate friends or partner. They expressed satisfaction when they could talk openly with these loved ones about their feelings through the pregnancy and termination. By expressing their own emotions and experiencing the emotions and feelings of these intimate relationships, the women felt supported and less isolated. Intimate friends of women who experience pregnancy should make themselves emotionally vulnerable to the women. It is also helpful to the women if they express the ways in which they are personally experiencing her pregnancy. These intimate relationships are what women attribute to helping them the most during their pregnancy and termination. It seems that through these relationships the women are able to share the burden of their distress.

Professors, administrators, and counselors. The feelings the women in this study expressed the same feelings about representatives of the university as they did about peers. These women desire a more sensitive university environment. The women did not feel safe to disclose their experience to professors, administrators, and even university counselors.

As a result of the secrecy, many did not receive academic assistance during their pregnancy and termination. In other words, their academic performance suffered as a result of their fear of disclosure.

Women expressed that they would have felt safer in sharing their experience if professors did not express their personal views about pregnancy and abortion with such great conviction or by not interjecting a more sensitive perspective to their students. The women also expressed that by not knowing how professors and administrators felt about pregnancy and abortion left them uncertain of their ability to confide in those university representatives. It may be appropriate for university officials to attend sensitivity training workshops. This undesirable environment may also be improved by intentionally expressing concern for the effects of pregnancy and termination. Programs and lectures may target these subjects and attempt to foster safe climates for these women to disclose their experience.

This study also revealed the participants' desire to talk with other women who have experienced an unplanned pregnancy. The women desperately did not want to feel alone in the experience. They wanted to share their story to help other women, but felt there were no safe places for this kind of exchange. Many women expressed that a support group would have helped them to cope with the experience. University counselors could start and facilitate support groups for these women.

Family. The issue of family secrecy was difficult for the women in this study. Keeping their pregnancy and termination from their parents left these women feeling personal guilt and distant from their families. The women expressed that they could not

hurt their parents by telling them about the experience. They would be disappointed in her and their disappointment would bring her far greater pain than what she endured by keeping the secret. By keeping the secret, the women felt guilt over not sharing their experience with their families. They also felt personally attacked by harsh family comments regarding pregnancy and abortion. Some women expressed fear of rejection from their families as well. The women do not feel safe enough in their family systems to disclose their experience.

There are a number of ways families can create safe environments where women who experience an unplanned pregnancy may disclose about her experience without fear of rejection. First, create a family system of listening. Wait to pass judgment. Allow the woman to speak without fear of rejection. Second, express unconditional love. The women who faced unplanned pregnancy felt uncertain of their parents love as a result of the pregnancy. Third, be honest. Many families or extended families are not unfamiliar with the experience of unplanned pregnancy, but they choose not to talk about it. By not discussing it, the women feel alone. When the women feel they are the only family member to experience this, they are especially unwilling to disclose their experience. Fourth, be sensitive. Express personal values and feelings with concern for how they may be received by other family members. In order for women who experience unplanned pregnancy disclose to their families, they must feel safe from rejection.

Need for Future Research

Research on unplanned pregnancy can be furthered in a number of ways. There are a number of questions this study leaves unanswered. Finding the answers to these

questions could have implications for the women who experience an unplanned pregnancy and the environments in which the experience takes places. These questions and answers may be of particular interest for those who work in higher education and student affairs.

First, it would be interesting and possibly fruitful to examine the issue of unplanned pregnancy in light of developmental theory. It appears from the findings of this study that a developmental process takes place. This hypothesis could be tested further. The adult development theories that may prove most fruitful in understanding unplanned pregnancy and college women are those that focus on the importance of life events and individual timing as part of human development. These women distinctly attribute this experience as causing them to mature.

Second, some of the effects stated by women who experience unplanned pregnancy are similar to those reported by rape and trauma survivors. A comparison of the effects of stigma, guilt, secrecy, zoning out, depression, and inability to attend class in both women who experienced rape or trauma and those who experienced unplanned pregnancy could lead to better understanding of the issues surrounding women's sexuality. Understanding these extreme effects and their similarities to those of rape may also guide intervention programs for women who experience unplanned pregnancy.

Third, this research could be furthered by expanding the number and diversity of the sample. My hypothesis that the experience of unplanned pregnancy is similar across racial and ethnic groups could be further tested with a large, racially diverse sample. A larger sample size would also allow for more exploration of how the effects of unplanned

pregnancy vary by outcome. The diverse outcomes of pregnancy may allow the findings to be more clearly attributed to the pregnancy or the termination.

By furthering research on unplanned pregnancy and college women, programs and interventions may be developed. It is possible that what we learn about this phenomenon and college women will allow better, less isolating university environments to be created for these women.

Closing Remarks

There were two findings of this research that greatly surprised me. They were the effects of stigma and guilt. These women are consumed by the fear of being socially marked from their experience. They are racked with guilt from the termination. After hearing these women's stories, I could not help but think about societal context contributing to these extreme effects they experienced. I attributed these two effects to the societal expectation that pregnancy is the largely the responsibility of women and political atmosphere of today.

Abortion is frequent topic of political debate; as are teen pregnancy and welfare. All of these issues are closely associated with the view of a reckless, careless, sexually irresponsible, and pregnant women. These images are powerful and I believe have made a lasting impression on the women in this study. The women in this study do understand themselves to be reckless, careless, and sexually irresponsible. To be associated or possibly associated with the negative political and societal messages about pregnancy is devastating to these women.

It appears that the political pro-life movement is having a significant impact on these women. They conceptualized their pregnancies as babies. They felt like murderers for terminating the pregnancies. While the women express extreme conflict over their termination, they did choose to terminate the pregnancy. Why? One reason they may have terminated the pregnancy is due to the social stigma that they would have had to endure as a result of carrying the pregnancy to term. The women may also terminate the pregnancy due to their perceived self responsibility for the pregnancy. The pro-choice movement teaches women that they are the only one responsible for their pregnancies. Women alone should control their bodies. While I believe this perspective is fair and just for women, it may also contribute to the women's isolation and fear of carrying the pregnancy to term. This viewpoint could argue that the pro-choice movement may enable men to dismiss their responsibility in pregnancy.

If the social stigma of pregnancy were removed, it is possible that more women would carry their pregnancies to term. I believe that if social stigmas regarding pregnancy were reduced, support programs for pregnant women in college were developed, and adoption was socially conveyed as an admirable alternative to termination, some women would choose not to terminate their pregnancies. This is a suggestion to those who seem to be doing a great deal to try and stop the termination of pregnancies.

On a personal note, I was deeply moved by the women who volunteered for this study. They were courageous to share their story with me, a stranger. These women felt a responsibility to share their experience. This is another expression of their maturity and a continuing need to cope with the experience. Each woman wanted to help another woman

find hope and relief from her emotional distress by knowing others have gone before her in this experience. I see the sharing of their experience as a gift of sisterhood.

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Appendix

Participants sought for a study on
Unplanned Pregnancy

*The outcome of the pregnancy does not effect
eligibility.*

*You may have kept, aborted, or adopted.

I am conducting a Master's thesis on the effects of unplanned pregnancy on college women. If you fit the following criteria, you may be eligible to participate. All chosen participants will receive a \$25 incentive. Interviews are absolutely confidential. The interviews will take place between January 25 and February 12. The interviews will last 1 to 2 hours.

- The pregnancy was unplanned.
- The pregnancy occurred while you were in college.
- You were between 18 and 22 and unmarried when the pregnancy occurred.
- This was the first pregnancy you experienced.
- You are currently not pregnant and are more than 6 months but not more than 3 years away from the end of the pregnancy.

If you meet the following criteria and would be willing to share your story of unplanned pregnancy in college please contact

Wendi at 552-5380 or email wstory@vt.edu

Interview Protocol
Appendix B

Date of Interview: _____

Time of Interview: _____

Interview Number: _____

Before we get going, I would like to tell you why I am personally interested in this topic and why I am doing this study. When I was a senior in college, my best friend became pregnant. To say the least it was traumatic. I was by her side through the whole ordeal. She did decide to carry the baby to term and adopt out. She did seriously consider abortion. Since my friend's pregnancy, I've heard many women's stories about unplanned pregnancy while in college. I've heard about women who aborted, kept the baby, adopted out, and even some other outcomes that don't seem to fit any of those categories. These lived experiences is what I am interested in. I am interested in how dealing with an unplanned pregnancy has effected your life and why you think it has had those effects.

This study is about the experience of unplanned pregnancy for college women. My goal is to create a picture of what unplanned pregnancy means for college women. I'm interested in the effects the unplanned pregnancy had on your life. This interview is about how you experienced and felt about the pregnancy.

I am not doing a study about the outcome of your pregnancy. The participants in this study may have aborted, adopted, or carried their pregnancy through term. I want to know specifically about how being pregnant affected different parts of your life and why you think it affected you in different ways.

I have set aside two hours for this interview. It will be recorded so that I can transcribe what we talk about. I will check with you through out the interview to make sure that I am hearing you correctly or that I understand your experiences in the best way you see fit. You may ask me to turn off the tape recorder at any time.

I received approval from the University to do this study. I also received money from different departments to pay my participants. Before we start the interview, we'll go over an informed consent form. You will have to sign it to be in the study. You will receive the \$25 incentive at the end of the interview. Do you have any questions?

There are a couple formalities that we'll start with before the actual interview.

1. Choose an alias: _____
2. Go over informed consent. _____

I'd like to ask for some general information about your pregnancy.

3. How old are you now? _____
4. When did your pregnancy occur? _____
5. How old were you? _____
6. What year in school were you? _____
7. How long was your pregnancy? _____
8. What was the outcome of your pregnancy? _____

That is all general information questions I have for you. We're going to move on to the interview. Do you have any questions for me?

Tell me about what kinds of things you thought about when you first discovered you were pregnant?

How did you find out?

Who did you discuss your pregnancy with after you found out?

Did you tell anyone at Tech?

Did you tell your partner

IF NO, Why not?

I am interested in the effects of this experience.

Can you talk to me about the ways this experience effected you?

Why did it have these effects?

How did it effect your school work?

Why did it have these effects?

How did it effect the relationship with your friends?

Why did it have these effects?

How did it effect the relationship with your peers or classmates?

Why did it have these effects?

How did it effect the relationship with your partner?

Why did it have these effects?

How did it effect the relationship with your family?

Why did it have these effects?

Did it significantly effect any other aspect of your life we haven't covered?

What factors helped you cope with this situation?

Before we close are there any additional things you'd like to say about this situation that you think is important?

Do you have any questions for me?

Pay Participant

Wendi A. Story's Vita

Education

- Bachelor of Arts in Speech Communication, 1996 from Whitworth College.
- Master of Arts in Educational Leadership and Policy Studies, 1999 from Virginia Polytechnic Institute and State University.

Leadership Experience

- President, Association for Student Development, 1997-1998
- President, Associated Student of Whitworth College, 1995-1996