



The perceived level of communication of pregnant and non-pregnant teenagers with their parents
by Valeria Flo Handley Williams

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
MASTER OF NURSING

Montana State University

© Copyright by Valeria Flo Handley Williams (1974)

Abstract:

The purpose of this study was to determine if there was a difference between perceived communication level of pregnant teenagers and their parents and non-pregnant teenagers and their parents. This study was important because teenage pregnancy has been recognized as a problem in middle class American society. However, society has not been able to solve the problem of teenage pregnancy by waiting until the pregnancy has occurred and treating the symptoms. Recent research has suggested that early dating, lack of proper sex education and lack of parental supervision were significant factors in the causation of teenage pregnancy. Parents are feeling an inability to communicate with their children about the so-called sex revolution which is sweeping the United States. It was intended that this study would provide some insight into the perceived level of communication of pregnant and nonpregnant teenagers and their respective parents.

The Parent Adolescent Communication Inventory developed by Millard. J. Bienvenu, Sr., was used to collect data. The Inventory was administered by the researcher and a public health nurse to twenty pregnant teenagers. The Inventory was mailed to a select random sample of 50 non-pregnant teenagers of similar backgrounds. Thirty-nine of the nonpregnant teenagers responded. Thirty-five respondents were included in this study.; The Mann-Whitney U-Test was used to determine if a difference existed between the way pregnant and non-pregnant teenagers perceived their communication level with their respective parents. The same test was used for the before-pregnant and non-pregnant group. The Wilcoxon Matched Pairs Signed-Rank Test was used to determine if a difference existed between the perceived level of communication of pregnant teenagers and their parents before and after the pregnancy occurred. The null hypothesis which stated that there is no difference between the perceived communication level of pregnant and non-pregnant teenagers and their respective parents was retained because there was no significant difference at the .05 level in any of the three groups which were compared.

Both the pregnant and non-pregnant groups indicated a need to improve the communication level with their parents. There was an indication that realistic sex education is inadequate in both groups. Nurses and other professional persons should be instrumental in meeting these needs of teenagers and their parents.

Statement of Permission To Copy

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by my major professor, or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission

Signature Valeria Handley Williams
Date May 28, 1974

THE PERCEIVED LEVEL OF COMMUNICATION OF PREGNANT AND
NON-PREGNANT TEENAGERS WITH THEIR PARENTS

by

VALERIA HANDLEY WILLIAMS

A thesis submitted to the Graduate Faculty in partial
fulfillment of the requirements for the degree

of

MASTER OF NURSING

Approved:

Mrs Laura Walker B.N. Ph.D
Head, Major Department

Virginia E. Felton
Chairman, Examining Committee

Henry L. Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

June, 1974

ACKNOWLEDGMENTS

A special thank you to Virginia Felton who became my chairman when Barbara Hauf requested an educational leave.

I am indebted to Barbara Hauf for her encouragement and suggestions especially in the early stage of writing this paper.

I am grateful to Ruth Tombre for her wisdom and guidance in enlarging my maternal nursing knowledge and skills and for serving on my committee.

A sincere thank you to Dr. Richard Horswell for becoming my minor area advisor after the untimely death of Dr. S. Gordon Simpson.

A special thank you to Dr. Eric Strohmeier who gave so generously of his time and talents in helping me with the statistical portion of my study.

I am indebted to Lark Hackney and Karen Northey for encouraging the pregnant teenagers to participate in this study; and to the pregnant teenagers for participating.

A big thank you to the non-pregnant teenagers for their time and interest in participating in this study.

A special thank you to my friends Carol Thurston, Larilyn Miller and Patricia Sweeney for typing, general assistance, and moral support.

Many thanks to my husband, Dennis, my children Cindy, Sherry, Janet and Keith for their encouragement and endurance and help in general

I am grateful to my classmates for their concern and support.

I want to remember the late Dr. S. Gordon Simpson with a special tribute. He was a warm, thinking, feeling person and an outstanding educator. He is sincerely missed by his family and all who knew him.

To my classmates Eileen Sahinen and Coral Collins, who were claimed by death before completing their masters program, I say thank you. My life is richer for having known you.

TABLE OF CONTENTS

	Page
VITA.	ii
ACKNOWLEDGMENTS	iii
LIST OF TABLES.	v
ABSTRACT.	vi
CHAPTER	
I INTRODUCTION	1
Statement of Problem	2
Need or Purpose of the Study	2
General Questions to be Answered	6
General Procedure.	6
Limitations and Delimitations.	7
Definition of Terms.	8
Summary.	8
II REVIEW OF LITERATURE	9
III METHODOLOGY.	21
IV ANALYSIS OF DATA	28
V SUMMARY, CONCLUSIONS, RECOMMENDATIONS.	37
Summary.	37
Conclusions.	38
Recommendations.	41
LITERATURE CITED.	42
APPENDICES.	45

LIST OF TABLES

Table		Page
1.	Inventory Scores.	30
2.	Confidence and Sharing Information.	32
3.	Expression of Feeling	33
4.	Listening	34
5.	Criticism, Sarcasm and Lack of Trust.	35

ABSTRACT

The purpose of this study was to determine if there was a difference between perceived communication level of pregnant teenagers and their parents and non-pregnant teenagers and their parents. This study was important because teenage pregnancy has been recognized as a problem in middle class American society. However, society has not been able to solve the problem of teenage pregnancy by waiting until the pregnancy has occurred and treating the symptoms. Recent research has suggested that early dating, lack of proper sex education and lack of parental supervision were significant factors in the causation of teenage pregnancy. Parents are feeling an inability to communicate with their children about the so-called sex revolution which is sweeping the United States. It was intended that this study would provide some insight into the perceived level of communication of pregnant and non-pregnant teenagers and their respective parents.

The Parent Adolescent Communication Inventory developed by Millard J. Bienvenu, Sr., was used to collect data. The Inventory was administered by the researcher and a public health nurse to twenty pregnant teenagers. The Inventory was mailed to a select random sample of 50 non-pregnant teenagers of similar backgrounds. Thirty-nine of the non-pregnant teenagers responded. Thirty-five respondents were included in this study.

The Mann-Whitney U-Test was used to determine if a difference existed between the way pregnant and non-pregnant teenagers perceived their communication level with their respective parents. The same test was used for the before-pregnant and non-pregnant group. The Wilcoxon Matched Pairs Signed-Rank Test was used to determine if a difference existed between the perceived level of communication of pregnant teenagers and their parents before and after the pregnancy occurred. The null hypothesis which stated that there is no difference between the perceived communication level of pregnant and non-pregnant teenagers and their respective parents was retained because there was no significant difference at the .05 level in any of the three groups which were compared.

Both the pregnant and non-pregnant groups indicated a need to improve the communication level with their parents. There was an indication that realistic sex education is inadequate in both groups. Nurses and other professional persons should be instrumental in meeting these needs of teenagers and their parents.

CHAPTER I

INTRODUCTION

According to June V. Schwartz, M. D., there were more than thirty-nine million persons in the United States between the ages of ten and nineteen in 1970. It is during this period of time when a young person experiences a tremendous growth spurt. It is second only to the first year of life.¹

Erikson sees early adolescence (ages twelve-fourteen) as one of the most critical and painful stages of human development. This is a time of drastic physiological changes and at the same time the adolescent is involved in a frightening new cluster of social role expectations. These expectations are often ambiguous and ambivalent. The most critical phase of the "identity crises" is the development of a sexual identity. The adolescent seeks increased clarification of identity through his peer groups and through new heterosexual relationships. Later adolescence (ages fifteen to nineteen) is concerned with a continued working through of the problems encountered in early adolescence. Once sexual identity is at least partially acquired the nature of the identity crisis shifts to the establishment of identity as a worker.²

¹June V. Schwartz, "Health Care for the Adolescent," Public Affairs Pamphlet, No. 463. (New York: Public Affairs Pamphlets, May, 1971), pp. 1-3.

²E. H. Erikson, Childhood and Society, (New York: Norton, 1950), pp. 227-229.

When a pregnancy occurs during adolescence, the pregnant adolescent's normal striving toward independence is distorted and disrupted. She is confronted with two or more crises at the same time. Her ability to handle these crises is dependent upon her coping mechanisms. Her coping mechanisms may be inadequate because of her lack of experience and lack of support from others.

The experts in the field agree that prevention would be the best solution to the problem of teenage pregnancy. More research is needed in the area of prevention. Improved communications between parents and child may be one preventive measure to be considered.

STATEMENT OF THE PROBLEM

The problem of this study was to determine if there was a difference between perceived communication level of pregnant teenagers and their parents and those teenagers who were not pregnant and their parents. Some steps could be taken to improve communication levels between parents and children if they were found to be inadequate.

NEED OR PURPOSE OF THE STUDY

This study was important because teenage pregnancy has been recognized as a problem in the United States today. A study done by Wallace and others states that pregnancy among teenage girls is a most important

consideration relevant to the population problem in the United States today.³ Leon Gordis, who did a study dealing with adolescent pregnancies in Baltimore, says that adolescent pregnancy can well be considered a modern-day urban epidemic in the United States and as such merits intensive efforts at primary prevention.⁴ M. Dick Richards called teenage pregnancy a serious and spiraling community problem which needs guidelines and increased understanding to establish relationships of trust with the clients.⁵ Douglas Hoeft states that illegitimacy is an acknowledged problem in the public schools today.⁶

No segment of society is immune to teenage pregnancy. In 1968 there were approximately two hundred ten thousand reported teenage pregnancies. It is estimated that by 1980 there will be four hundred thousand pregnant teenagers. By applying one of life's most difficult equations, "one plus one equals three" to the case of teenage pregnancies, at least one million two-hundred thousand lives will be

³Helen Wallace and others, "Study of Services and Needs of Teenage Pregnant Girls in Large Cities of the United States," American Journal of Public Health, 63:5-16, January, 1973.

⁴Leon Gordis, "Evaluation of a Program for Preventing Adolescent Pregnancy," New England Journal of Medicine, 282:1078, May, 1970.

⁵M. Dick Richards, "Caught in Conflict: The Unmarried Minor Mother," Child Welfare, LI 6:391, June, 1972.

⁶Douglas L. Hoeft, "Study of the Unwed Mother in Public Schools," Journal of Educational Research, LXI,226-229, January, 1968.

affected in 1980. This figure does not include the parents of the pregnant teenager, the parents of the putative father, the siblings and others.

Secondary care for the pregnant teenager has been the concern of the health professionals because they are dedicated to a concept of high level wellness for all mothers and babies. Since society has been able to overcome the stigma associated with illegitimacy, emphasis has been placed on prenatal care of the mother and also on help for her whether she decides to keep or relinquish her infant. Secondary care is important. However, it would not need the same impetus if primary care (prevention) could be improved.

The importance of a preventive approach to the social problem of the unwed mothers and unwanted fatherless babies and the need for community cooperation at all levels has been elaborated in a study done by Helen Dickens and others.⁷ Realistic sex education for young people is gaining in importance. Elizabeth Connell and Lenbania Jacobson found that lack of factual knowledge concerning sexual matters is cited as one major cause of unwanted or unplanned pregnancy.⁸ Blake found

⁷Helen O Dickens, "One Hundred Pregnant Adolescents, Treatment Approaches in a University Hospital," American Journal of Public Health, 63:800, September, 1973.

⁸Elizabeth B. Connell and Lenbania Jacobson, "Pregnancy, The Teenager and Sex Education," American Journal of Public Health, 6:1840, September, 1971.

that birth control education seems to be acceptable to most Americans; however, providing birth control services seems to be less acceptable at the present time.⁹

Aria C. Rosner feels that young people today are being swept by the tides of a so-called sex revolution. Parents are feeling an inability to communicate with their children about so crucial a subject. Parents are subjected to fears, lack of knowledge and a multitude of other problems that accompany the whole subject of sex and sexuality. Aria C. Rosner says that

Educating young persons to relieve them of ignorance in sexual matters has become a curricular imperative of the current decade, . . . but there has been no attempt to include parents in the same educational process.¹⁰

Loren Benson states that parents may feel frustrated and guilty in the delicate and demanding communication roles with their families.¹¹ This study attempted to find out if there was a difference between the level at which pregnant and non-pregnant teenagers perceived their communication with their parents.

⁹ Judith Blake, "The Teenage Birth Control Dilemma and Public Opinion," Science, 180:709, May, 1973.

¹⁰ Aria C. Rosner, "An Exemplary Awareness Program for Parents," Journal of School Health, 43:397, June, 1973.

¹¹ Loren Benson and others, "Family Communications Systems," Elementary School Guidance and Counseling, ed. Mary K. Ryan 7:233, March, 1973.

GENERAL QUESTIONS TO BE ANSWERED

Answers to the following questions were sought by this researcher:

1. How did pregnant teenagers perceive their communication level with their parents?
 - a. What were the strong areas of communication?
 - b. What were the problem areas of communication?
2. How did teenagers who were not pregnant perceive their communication level with their parents?
 - a. What are the strong areas of communication?
 - b. What are the problem areas of communication?
3. Based on the responses to the instrument was there a difference between the way pregnant and non-pregnant teenager girls perceived their communication level with their respective parents?
4. Was the perceived communication level of the pregnant teenagers and their parents the same before they became pregnant as it was after the pregnancy occurred?

GENERAL PROCEDURE

The procedure of this study was to administer the Parent-Adolescent Communication Inventory developed by Millard J. Bienvenu, Sr. to a group of pregnant teenagers and to a group of non-pregnant teenagers of similar ages and backgrounds. The Inventory was given twice to the

pregnant teenagers. The first time they responded to the questions by determining the way they perceive their communication level with their parents now that they were pregnant. The second time they filled out the Inventory, they responded by checking the responses that indicated the way that they perceived their communication level with their parents before they became pregnant.

Three comparisons were made. The responses of the pregnant group were compared before and after pregnancy to see if there had been a change in their perceived communication level with their parents. The pregnant and non-pregnant groups' responses were compared to see if there was a difference in their perceived communication level with their parents. The third group to be compared was before they became pregnant responses and those responses of the non-pregnant group.

LIMITATIONS AND DELIMITATIONS

1. Only teenagers thirteen through seventeen years of age were included in this study.
2. Since most of the pregnant teenagers were living in a home for unwed their perceived level of communication could possibly have been different than it would have been if they remained in their own homes.
3. The non-pregnant teenagers were from only one area, a university city with a population of approximately 19,000 and the surrounding rural area.

DEFINITION OF TERMS

1. Teenagers will be those who have passed their thirteenth birthday but have not reached their eighteenth birthday.
2. Communication is all the means by which individuals influence and understand one another.¹²

SUMMARY

Prevention of teenage pregnancy seems to be the best solution to the problems associated with early child bearing. "Unfortunately, sound education about reproduction, sexual behavior and interpersonal relationships has lagged behind increased sexual freedom."¹³ The purpose of this study was to determine the perceived level of communication of pregnant and non-pregnant teenagers and their parents. If this study were to indicate a greater communication failure between parents and children in the pregnant groups, improvement of communication could be emphasized as one approach to the prevention of teenage pregnancy.

¹²Jurgen Ruesch, "The Role of Communication in Therapeutic Transactions," The Journal of Communication, 13. 1963.

¹³June V. Schwartz, "Health Care for the Adolescent," Public Affairs Pamphlet, No. 463. (New York: Public Affairs Pamphlets, May, 1971), pp. 16.

CHAPTER II

REVIEW OF LITERATURE

INTRODUCTION

The review of literature in this chapter followed the steps in problem solving. The first section identified teenage pregnancy as a problem in middle-class American society. The second section was devoted to data gathering about teenage pregnancy, a brief review of attempted solutions and the evaluation of these solutions. The third section dealt with prevention of teenage pregnancy and suggest that parents may be instrumental in helping prevent the rising number of teenage pregnancies. Improvement of communication between parent and child was suggested as one possible solution.

TEENAGE PREGNANCY A PROBLEM IN MIDDLE- CLASS AMERICAN SOCIETY

The following section is a condensed history of "Illegitimacy" as found in the Encyclopedia Britannica for the year of 1972.¹⁴

Until the beginning of the twentieth century society was more concerned with the marital status of a mother than her health and social well-being or that of her infant. Illegitimacy has posed problems for

¹⁴"Illegitimacy," Encyclopedia Britannica (1972), XI, 1077-79.

all societies which choose to sanction procreation within some form of marriage. The responsibility for rearing the children was placed within the marriage. Almost all marriage laws and customs condemned out-of-wedlock births.

Illegitimacy was defined as the status of a child born to an unmarried mother or to a married woman whose husband was not the father of her child. Illegitimacy had some strong connotations in past societies. In common law a bastard was filius nullius ("son of no man") and thus could inherit from neither parent. Statutes and judicial decisions have made provisions for an illegitimate child to inherit from his mother in many states in the United States today.

Because of the harsh treatment of illegitimacy in our society before the turn of this century, many infants were abandoned. The first institution for care of these children was founded in London in, 1739. St. Vincent's Infant Asylum, Baltimore, Maryland was established by the Sisters of Charity in 1856. By 1900 similar institutions were established in the major cities in the United States.

A liberal trend came in with the twentieth century. Some evidences of this liberal trend was to care for "foundlings" or the deserted by legal adoption, foster home care and assistance for unwed mothers which enabled them to raise their own children. There was also an effort to accord illegitimate children legal and social rights with other

children. The movement of not recording illegitimacies on birth records was begun.¹⁵

As the century progressed maternity homes began to develop. Adoption agencies, especially those for minorities groups, began to emerge. Social Security benefits entitled Aid to Dependent Children (A.D.C.) made funds available for illegitimate children.

In 1960 the Sixth White House Conference was called by President Dwight D. Eisenhower. The theme of this conference was "Opportunities for Children and Youth to Realize their Full Potential for Creative Life in Freedom and Dignity." The focus was turned toward a richer life for the youth of America. Educators began to take a serious look at school enrollments.

Early in the 1960's there was great national concern about the high school drop-out rate. Pregnancy was found to be a prime contributor. "The funds which followed from this concern in the context of the general health and social legislation of the mid 1960's made possible special programs such as those for pregnant school girls."¹⁶

Even though teenage pregnancy was not a new phenomenon, it was recognized as having such adverse health and social consequences that

¹⁵ Clark E. Vincent, "Illegitimacy," Encyclopedia Britannica, (1972), 11:1078.

¹⁶ John J. Dempsey and G. Patricia Ravacon, "The Pregnant and the Married High School Student in the Educational Journals of the 1960's." Journal of School Health, XLI, 8:441, 1971.

illegitimacy was only a compounding factor as were many other variables. The exact number of teenage pregnancies is difficult to determine. Montana has a high number of teenage mothers as indicated by the following table which shows the number of live births to mothers in Montana.¹⁷

<u>Year</u>	<u>Total Occurrence</u>	<u>Mothers 13 thru 17</u>	<u>Illegitimate (13 thru 17)</u>
1960	17,266	615	not listed
1965	13,521	549	151
1971	12,229	594	238
1972	11,315	673	300

In the United States in 1968 approximately two hundred thousand babies were born to mothers seventeen years and younger, and two fifths of these were born out of wedlock. Another important statistic is that as overall birthrates and illegitimacy rates have declined since the beginning of the 1960's, the proportion of all babies born to teenagers has risen appreciably, and teenage illegitimacy rates have continued to increase.¹⁸

The statistics presented only deal with the teenage mother. Some of the other lives affected by a teenage pregnancy include the child, the putative father and the families of the teenage parents.

¹⁷Bureau of Records and Statistics. Number of Live Births (1960-1972), Montana State Department of Health, Helena, Montana.

¹⁸Jane Menken, "The Health and Social Consequences of Teenage Childbearing," Family Planning Perspectives, 4:45-53, July, 1972.

Professional persons are also needed to help when this situation develops. Joseph Rauch and others summed the situation up when they recognized that the problems of the pregnant teenager are not new.¹⁹ Fortunately, the health disciplines have recently become concerned with ways to break the self-defeating cycle of out-of-wedlock pregnancy, school loss, one parent family struggle, lack of vocational competence, financial dependency, repeat pregnancy, and low self esteem.

DATA GATHERING AND SOME APPROACHES TO SOLVING
THE PROBLEM OF TEENAGE PREGNANCY

Dr. Phillip M. Sarrel, an authority on teenage pregnancy says "pregnant teenagers are high risks medically, socially and educationally."²⁰

Child bearing at any age is considered a crisis. It is a disruption in the normal state of a woman's life. When a mother is a teenager, new dimensions are added. Comparative studies done with teenage mothers and mothers in their twenties have shown that if a mother is very young (under fifteen) the chances of delivering a normal healthy infant are lessened. Some of the risks to infants born to very young mothers

¹⁹ Joseph L. Rauch and others, "The Management of Adolescent Pregnancy and Prevention of Repeat Pregnancies," HSMHA Health Reports, 86:69, January, 1971.

²⁰ Philip M. Sarrell, "Caring for the Pregnant Teenager," Syntex, March, 1969, p. 15.

include a higher incidence of still births, prematurity and perinatal mortality.

Teenage mothers tend to have higher than average incidences of toxemia, excessive weight gain, iron deficiency anemia and prolonged labor. Jane Menkin says that "Early child bearing is also associated with high parity and short birth intervals, compounding the already high risks of the life and health of the young mother and her infant."²¹

Comprehensive medical care is needed for pregnant teenagers. A study carried out at Mount Sinai Medical Center indicated that late prenatal care, inadequate nutrition and inconsistency in following instructions about health care led to such complications as toxemia, prematurity and infant morbidity.²² Comprehensive medical care is essential in meeting medical needs of the pregnant teenager, but she also has educational needs.

John Dempsey did a study in which he found the two most frequently cited problems of teenage mothers were recidivism and withdrawal from school postpartum.²³ Education for all people is basic to the democratic way of life, but in the past most schools have dismissed girls

²¹Menkin, op. cit., p. 45.

²²Francis L. S. Curtiss, "Observation of Unwed Pregnant Adolescents," American Journal of Nursing, 70:100, January, 1974.

²³John J. Dempsey, "Recidivism and Post Delivery School Withdrawal: Implications of a Follow-up Study for Planning Preventive Services," Journal of School Health, XLII:291 (1972).

as soon as they were known to be pregnant. Some pregnant girls such as Donna Mendendall of Indiana have waged court battles to stay in school. The American Civil Liberties Union has been demanding the legal right for education to continue. There has been an underlying belief that the pregnant girl is a "bad girl." Findings indicate that the pregnant girl is usually not promiscuous. She has just begun sexual intercourse. Pregnant girls cannot be differentiated by psychological testing or by other means from students who are not pregnant.²⁴

In 1962 Hobart said that the available statistics relating to the incidence of high school pregnancies demonstrated that there was a significant and rapidly growing problem in the American High Schools. He did not feel that the school officials were devoting as much effort as was warranted.²⁵ About this same time there was great national concern about the high school dropout rate to which pregnancy was a prime contributor. The funds which followed from this concern made possible special programs for pregnant girls.²⁶ Not all pregnant girls continue their education. However, special programs have encouraged many pregnant girls to stay in school or to return to school.

²⁴Keith Beaven, "Pregnancy Among School Girls," Times Educational Supplement, No. 2893:16, 1969.

²⁵Charles W. Hobart, "Pregnant High School Girl: An Analysis and a Proposal," Personnel and Guidance Journal, XL:790, 1962.

²⁶John J. Dempsey and G. Patricia Ravacon, "The Pregnant and the Married High School Student in the Educational Journals of the 1960's." Journal of School Health, XLI, 8:441, 1971.

Marriage was once thought to be the solution when a pregnancy occurred even if the marriage partners were teenagers. Recent studies have shown that marriage is not a satisfactory solution to a teenage pregnancy. Two-thirds of the unwed mothers under eighteen marry before the birth of their infant. Those who marry between the ages of fifteen and nineteen have the highest divorce rate in our nation. The rate is three to four times as high as those who are older when they marry.²⁷ Research has also shown that the incidence of pregnancy and delivery is considerably higher among parous than nulliparous adolescents.²⁸

PREVENTION BEST SOLUTION TO THE
PROBLEM OF TEENAGE PREGNANCY

Prevention would be the best solution. Young people today are being swept by the so-called sexual revolution.

Leon Gordis says that,

there are over one thousand births annually to girls sixteen years or younger in Baltimore, and comparable data is reported from other cities. Adolescent pregnancy can well be considered a modern day urban epidemic in the United States, and as such merits intensive efforts at primary prevention.²⁹

²⁷Beaven, op. cit., p. 16.

²⁸John J. Dempsey, "Illegitimacy in Early Adolescence: A study of Fertility of Parity," American Journal of Obstetrics and Gynecology, 106:260, January, 1970.

²⁹Leon Gordis, "Evaluation of a Program for Preventing Adolescent Pregnancy," New England Journal of Medicine, 282:1080, May, 1970.

Sex education and birth control are thought to be steps towards prevention of teenage pregnancy. A recent study carried out by Elizabeth Connell and Lenbania Jacobson listed lack of factual knowledge concerning sexual matters as one major cause of unwanted or unplanned pregnancy.³⁰ There is a necessity to provide sex education early in school and to provide it in a way that has real meaning. Several pregnant teenagers have expressed surprise that impregnation occurred as quickly and easily as it did.

A recent study done by Judith Blake showed that most Americans polled in four National Gallup surveys believed that young people should be informed about contraception and that using high schools for this purpose was not objectionable.³¹ However, the respondents were less willing to extend its approval for providing services. President Nixon has said,

I also want to make it clear that I do not support the unrestricted distribution of family planning services and devices to minors. Such measures would do nothing to preserve and strengthen close family relationships.

Many states prevent family planning services from giving contraceptives to minors unless they are already sexually active or have permission from their parents.

³⁰Elizabeth B. Connell and Lenbania Jacobson, "Pregnancy, The Teenager and Sex Education," American Journal of Public Health, 6:1840, September, 1971.

³¹Judith Blake, "The Teenage Birth Control Dilemma and Public Opinion," Science, 180:709, May, 1973.

Studies have shown that the very young are less apt to use contraceptives effectively. The side effects of some methods of birth control may cause a young person to stop using birth control measures. Teenagers who have educational goals or other motivating factors are better candidates for contraceptive devices. Birth control measures are becoming more available. Still the number of teenage pregnancies continues to rise. In the past parents have tended to rely upon the school for the introduction and discussion of new ideas.³² Prevention of teenage pregnancy must begin within the family. Parents can consciously contribute to the formation of the child's sexual attitude via methods of childrearing. Children need behavioral models. Parents need to provide accurate information, and in all these processes they must be genuine, open and show warmth, acceptance and empathy to their children. According to Jane Woody, "Parents should draw facts from human sexuality, child development and human interaction and their own life experiences to help their children understand and accept themselves and others as sexual beings."³³

³²Connell and Jacobson, op. cit., p. 1840.

³³Jane Divita Woody, "Contemporary Sex Education: Attitudes and Implications for Childbearing," Journal of School Health, 43:246, April, 1973.

IMPROVED COMMUNICATION BETWEEN PARENT AND CHILD,
MAY BE AN IMPORTANT CONSIDERATION IN
PREVENTION OF TEENAGE PREGNANCY

Millard J. Brenvenu seems to feel that communication failure is a major problem in the contemporary American family. He would call on professional persons and parents to reduce this gap with more effective dialogue and rapport with our youth. People need to listen to each other and to respond to each others feelings. Listening involves risk taking.

Evelyn Millis Duvall says that parents face a dilemma when communicating with their teenagers.³⁴ The choice is either free and candid interaction or respectful quiet and a semblance of peace. Even though ventilation of one's feelings is healthy and a person feels listened to and understood, there is the uncomfortable state of having to listen to seemingly unpleasant and disrespectful attitudes and feelings. Today parents are facing a situation that is different than when they were teenagers. Free expression of true feelings is encouraged rather than stifled. Psychiatry now tells us that unexpressed hostility turns inward and can result in psychosomatic illness.

Evelyn Millis Duvall builds a strong case for free expression and exchange when she says:

³⁴Evelyn M. Duvall, "Family Dilemmas With Teen-Agers," The Family Life Coordinator, 14:37, 1965.

As a teenager is encouraged to express his true feelings he is free to respect his parents for themselves and not just for their position as Father and Mother in the home. . . the generations are bridged not by pretending that all is well between them, but by getting through to each other with increasing insight and appreciation.³⁵

SUMMARY

Teenage pregnancy has been recognized as a problem in middle class American society. However, society has not been able to solve the problem of teenage pregnancy by waiting until the pregnancy has occurred and treating the symptoms. A study by Elizabeth Connell and Lenbania Jacobson suggested that early dating, lack of proper sex education and a lack of parental supervision were significant factors in the causation of unwed pregnancy.³⁶ Since these findings were reliable, the primary responsibility for the prevention of the teenage pregnancy might rest with the parents--in which case good parent-child communication are essential. This researcher investigated the perceived communication of some pregnant and some non-pregnant teenagers and with their respective parents. The findings indicated that both parents and children need to develop their communication skills.

³⁵ Ibid.

³⁶ Connell and Jacobson, op. cit., p. 1840.

CHAPTER III

METHODOLOGY

INTRODUCTION

The problem of this study was to determine how two groups of teenage girls, one pregnant group and one non-pregnant group, perceive their communication level with their parents. The instrument to be used is a Family Life Publication called "A Parent-Adolescent Communication Inventory." (See Appendix) This chapter will include the following:

1. A description of the population and the procedure for sampling.
2. Description of investigation categories.
3. The method of collecting data.
4. The method of organizing the data.
5. The hypothesis.
6. Analysis of data.
7. The precaution taken for accuracy.
8. A summary of the chapter.

POPULATION DESCRIPTION AND SAMPLING PROCEDURE

The teenagers in this study were between the ages of thirteen and seventeen years. The pregnant teenagers were from the home for unwed mothers. These girls come to the home from all over Montana. Another group were from a city with a population of approximately 62,000.

They were from the case load of the public health nurse who works with high risks mothers and infants.

The researcher administered the Inventory to the pregnant girls at a home for unwed mothers. A public health nurse administered the Inventories to pregnant teenagers in an eastern Montana city.

A systematic random sample was drawn from the list of students attending the schools in a university city. The Inventories were mailed along with a cover letter and self-addressed envelope. Some of those chosen lived within the city limits while others were from the rural area around the city.

DESCRIPTION OF INVESTIGATION CATEGORIES

This researcher will describe the following categories:

1. Based on the responses to the instrument, how did pregnant teenagers perceive their communication level with their parents?
 - a. What were the strong areas of communication?
 - b. What were the problem areas of communication?
2. Based on the responses to the instrument, how did teenage girls who were not pregnant perceive their communication level with their parents?
 - a. What were the strong areas of communication?
 - b. What were the problem areas of communication?

3. Based on the responses to the instrument, is there a difference between the way pregnant and non-pregnant teenagers perceive their communication level with their respective parents?

4. Was the perceived communication level of the pregnant teenagers and their parents the same before they became pregnant as it was after the pregnancy occurred?

METHOD OF COLLECTING DATA

A Parent-Adolescent Communication Inventory developed by Millard J. Bienvenu, Sr. was used to collect data. This Inventory has been designed to help professional persons assess parent-teen relations for purposes of individual counseling and for a better understanding of today's youth. "Clinically" it is used for assessment (and diagnosis) of communication in the parent-adolescent relationship. The instrument is best suited for youngsters thirteen years and older with two parental figures in the home.

The reported validity and reliability of this instrument follows:

The first version of the Parent-Adolescent Communication Inventory, following extensive pilot work, consisted of 36 items formulated from a review of the literature and from the author's clinical experience. Other ideas for item formulation were obtained by examination of existing instruments dealing with family interaction. To promote face validity the 36 items were submitted to a clinical team consisting of a psychiatrist, psychologist and psychiatric social worker whose consensus was that all of the items are relevant to intra-family communication.

Data was then obtained from 376 high school youth in the spring of 1968. At the .01 level of confidence using the chi-square test, 31 of the 36 items were found to discriminate significantly between the upper and lower quartiles. Thirty out of these 31 items showed a discrimination of 20 per cent or better between the upper and lower quartiles. For cross-validation the mean scores of three major sub-groups (three different high schools) within the sample were compared. The same mean was found for two of the schools while the third school was one point higher.

Further validation was obtained from a study of 178 regular-session high school students and 97 summer-session students. The latter group were in attendance at summer school for reasons of failure and under-achievement. Using the "t" test a significant difference was found between the two groups with the regular-session students showing a higher level of parent-adolescent communication. Based on an item analysis of the first study mentioned and an evaluation of the latter study, the PACI then underwent a major revision.

Using this revised version a second quartile comparison was made from a study of 358 high school youth in the fall of 1968. At the .01 level of confidence using the chi-square test all 40 items were found to discriminate significantly between the upper and lower quartiles. Thirty-nine of the 40 items yielded a discrimination of 21 per cent or higher whereas one item showed a discrimination of 14 per cent.

Two additional studies with criterion groups were completed in the early part of 1969. A sample of 59 delinquent youth committed to a state training school was compared to an equal number of non-delinquent youth attending public school. The "t" test revealed a significant difference in the level of parent-adolescent communication between these groups with the 59 non-delinquents showing significantly better communication with their parents.

Twenty-five 10th grade honors students were then compared to 20 remedial students in the same school. Using the Mann-Whitney U test a highly significant difference in the level of parent-adolescent communication between the two groups was found in favor of the honors students.

Three reliability studies have been made with the present 40-item inventory. Using the Spearman-Brown formula a split-half correlation coefficient, computed on scores of 74 teen-age subjects on the odd-numbered and on the even-numbered statements, revealed a coefficient of .86 after correction. Using the Spearman Rho a test-retest study of 84 teen-age boys and girls within a three-week period revealed a .78 coefficient of reliability for this inventory. In a second test-retest reliability study of 63 additional subjects within a two-week period of reliability coefficient of .88 was obtained.

The respondents were informed that the Inventory was not a test, therefore there were no right or wrong answers. They were instructed to answer each question with their indication of the way they felt at the moment.

The test was scored by using a key. There were three possible responses, "yes," "sometimes," and "no." These received values from zero to three with the favorable response given the higher score. The possible range of scores was from zero to 120. The higher the score, the higher the level of parent-adolescent communication.

METHOD OF ORGANIZING DATA

Tables are used to compare data of the three groups which are as follows: before pregnant and after pregnant, before pregnant and not pregnant, and pregnant and not pregnant.

STATISTICAL HYPOTHESIS

There is no difference between the perceived level of communication of pregnant and non-pregnant teenagers and their respective parents.

ANALYSIS OF DATA

The Mann-Whitney U-Test was used to compare before pregnant and non pregnant groups and the pregnant and non pregnant groups. It was chosen because it is one of the most useful of the non-parametric tests, especially when comparing small sized samples. The calculated U was compared to the tabled value at the .05 level of significance and for the appropriate sample sizes.

The Wilcoxon matched-pairs signed-ranks test was chosen to test the before and after pregnant groups because it is a non-parametric alternative to the t-test for two related samples. The calculated value was compared to the tabled value at the .05 level of significance.

PRECAUTIONS TAKEN FOR ACCURACY

The data was checked and rechecked by the researcher and an expert statistician on a hand calculator.

SUMMARY

The problem of this study was to determine the perceived communication level of pregnant and non-pregnant teenagers with their

respective parents. The Parent-Adolescent Communication Inventory was used to collect data. The Mann-Whitney U-Test was used to compare the before pregnant and not pregnant groups, and the pregnant and not pregnant groups. The Wilcoxon Matched-Pairs Signed-Ranks Test was used to compare the before and after pregnant groups.

CHAPTER IV

ANALYSIS OF DATA

The problem of this study was to determine the perceived level of communication of pregnant and non-pregnant teenagers and their respective parents.

Data used in this study was gathered between January 15, 1974 and April 30, 1974.

Pregnant teenagers from a home for unwed mothers in Montana and from the case load of a public health nurse in a city in eastern Montana were asked to respond to the Parent-Adolescent Communication Inventory. One group of the pregnant teenagers was asked to respond to the Inventory twice. The first time they responded to the questions by indicating the way they perceived their communication level with their parents now that they were pregnant. The second time they responded by indicating the way they perceived their communication level before they became pregnant.

A systematic random sample of teenagers of similar backgrounds from a city of approximately 19,000 and the surrounding area were mailed Inventories and asked to respond to the Inventory by indicating the way they perceived their communication level with their parents.

Twenty pregnant teenagers responded to the Inventory. Twelve responded to their perceived communication level with parents both before and after they became pregnant.

Fifty Inventories were mailed to the non-pregnant teenagers. Thirty-nine non-pregnant teenagers responded to the Inventory. Only 35 were used in the analysis of data. One teenage male received an Inventory because the researcher assumed he was a female because of his name. Three females were not included because their Inventories were returned after the deadline.

The highest possible score on the Inventory was 120 points. The higher the score the higher the perceived level of communication between the parent and the adolescent. The scores for the pregnant and non-pregnant group and before pregnant groups ranged from a low score below fifty to a high score of over 100. The scores were as follow in Table 1:

TABLE 1

INVENTORY SCORES

Non-Pregnant (N=35)	Pregnant (N=20)	Before Pregnancy (N=12)
114 (two)	110	112
110 (two)	100	109
105	98	93
104	96	90
103	94	79
102	92	78
101	89	65
100	88	55 (two)
99 (two)	82	53
97 (two)	81	52
96 (two)	80	40
95	79	
91	78	
90 (three)	76	
88	75	
81	74	
80	68	
77	41	
74	37	
72	23	
70		
69		
65 (two)		
53		
38		
34		
21		

The questions to be answered by this study were as follows:

1. Based on the responses to the instrument, how did pregnant teenagers perceive their communication level with their parents?
 - a. What were the strong areas of communication?
 - b. What were the problem areas of communication?
2. Based on the responses to the instrument, how did teenage girls who were not pregnant perceive their communication level with their parents?
 - a. What were the strong areas of communication?
 - b. What were the problem areas of communication?
3. Based on the responses to the instrument, is there a difference between the way pregnant and non-pregnant teenagers perceive their communication level with their respective parents?
4. Was the perceived communication level of the pregnant teenagers and their parents the same before they became pregnant as it was after the pregnancy occurred?

Certain questions were selected from the Inventory to emphasize healthy communication between parent and adolescent. Other questions were selected which indicate the barriers that inhibit healthy communication between parent and adolescent. Tables have been prepared to compare the responses of the pregnant and non-pregnant groups.

Confidence and sharing information is essential to healthy communication. These attributes are reflected in the questions that

follow. The responses from the groups are presented in table form.

TABLE 2
CONFIDENCE AND SHARING INFORMATION

10. "Does your family talk things over with each other?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy (N=12)	3	7	2	
Pregnant (N=20)	10	9		
Not Pregnant (N=35)	16	12	7	

11. "Do you discuss personal problems with your mother?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy (N=12)	1	10	1	
Pregnant (N=20)	7	7	6	
Not Pregnant (N=35)	17	6	12	

15. "Do you discuss personal problems with your father?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	0	3	9	
Pregnant	1	4	15	
Not Pregnant	4	8	21	2

14. "Do they show an interest in your interests and activities?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	7	2	3	
Pregnant	7	5	8	
Not Pregnant	26	7	2	

37. "Do either of your parents explain their reason for not letting you do something?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	3	7	2	
Pregnant	7	6	7	
Not Pregnant	22	8	5	

18. "Do you discuss matters of sex with either of your parents?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	1	4	7	
Pregnant	4	4	12	
Not Pregnant	9	9	17	

Expression of feelings is a requisite for open healthy communication. The questions dealing with expression of feelings and the responses given are presented in the following table:

TABLE 3
EXPRESSION OF FEELINGS

30. "Do either of your parents allow you to get angry and blow off steam?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	6	4	2	
Pregnant	12	5	8	
Not Pregnant	12	14	9	

20. "Do you help your parents understand you by saying how you think and feel?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	4	7	1	
Pregnant	10	6	3	1
Not Pregnant	18	8	9	

40. "Do you find it hard to say what you feel at home?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	3	5	4	
Pregnant	3	7	10	
Not Pregnant	12	8	15	

Listening is a vital component of healthy communication.

TABLE 4

LISTENING

2. "Do your parents wait until you are through talking before 'having their say?'"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	3	5	4	
Pregnant	8	7	5	
Not Pregnant	23	7	5	

3. "Do you pretend you are listening to your parents when actually you have tuned them out?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	3	6	3	
Pregnant	6	9	5	
Not Pregnant	7	10	18	

Criticism, sarcasm and lack of trust are often cited as barriers to healthy communication. These are reflected in the questions in the following table:

TABLE 5

CRITICISM, SARCASM AND LACK OF TRUST

23. "Are your parents sarcastic toward you?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	0	4	8	
Pregnant	2	7	11	
Not Pregnant	2	9	24	

24. "Do you feel that your mother trusts you?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	9	2	1	
Pregnant	12	7	1	
Not Pregnant	25	7	3	

19. "Do you feel that your father trusts you?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	6	3	3	
Pregnant	8	7	4	
Not Pregnant	24	4	5	2

28. "Does your mother criticize you too much?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	0	4	8	
Pregnant	0	3	17	
Not Pregnant	3	2	30	

32. "Does your father criticize you too much?"

	Yes(usually)	Sometimes	No(seldom)	Omitted
Before Pregnancy	2	4	6	
Pregnant	0	6	13	1
Not Pregnant	1	3	29	2

The Mann-Whitney U-Test was used to determine if a difference existed between the way pregnant and non-pregnant teenagers perceive their communication level with their respective parents. The calculated U of 264.5 was compared to the tabled value at the .05 level of significance and for the appropriate sample sizes of 35 and 20. Since the calculated value of 264.5 was larger than the tabled value of 255, the null hypothesis was retained.

The before pregnant and non-pregnant groups were compared by using the Mann-Whitney U-Test also. The calculated value of 142.5 was greater than the tabled value of 141 when compared at the .05 level of significance. The null hypothesis was retained for this group also.

The Wilcoxon Matched-Pairs Signed-Rank Test was used to determine if a difference existed in the perceived communication level of pregnant teenagers and their parents before and after the pregnancy occurred. The value of T was 34. It was compared to the tabled value of 14 at the .05 level of significance for the appropriate value of N which was 12. The null hypothesis was retained because the calculated value of T was 34 which was larger than the tabled value of T equal to 14.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

SUMMARY

The purpose of this study was to determine if there was a difference between the perceived communication level of pregnant teenagers and their parents and non-pregnant teenagers and their parents. Teenage pregnancy has been recognized as a problem in middle class American society. Pregnant teenagers tend to be high risks, medically, socially and educationally. However, society has not been able to solve the problem of teenage pregnancy by waiting until the pregnancy has occurred and treating the symptoms.

It has been suggested by the studies that have already been done that early dating, lack of proper sex education and a lack of parental supervision were significant factors in the causation of teenage pregnancy. These findings tend to suggest that the primary responsibility for the prevention of teenage pregnancy might rest with the parents. If this is true, good parent-child communication is essential.

This study investigated the perceived level of communication of some pregnant and non-pregnant teenagers. It was an attempt to identify differences, in the level of communication, weak areas of communication and strong areas of communication.

