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Teen Pregnancy, Self-Esteem, and their Relationship in an Urban High School

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Abstract

A prospective study examining the relationship between teen pregnancy and self-esteem was taken with 113 urban upstate New York students aged 12 through 19 years. Utilizing the Rosenberg Self-Esteem Inventory and a questionnaire of demographic and attitudinal information yielded a limited, to no significant relationship between pregnancy and self-esteem. The study however did show a pregnancy rate of 8% current to administration and 22% of teen females who reported “ever” being pregnant. The sexual activity experience rate was nearly 70% for these teens, with limited access to that resolve (pregnancy to term or abortion). Further research implications and areas of study are discussed as well as salience of self-esteem as it relates to pregnancy, sexual activity, and socio-economic status. Implications for counseling interventions are also discussed.

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Teen Pregnancy and Self-Esteem in an Urban High School

A significant health, educational, and social problem facing the United States is the occurrence of teen pregnancy. In the late 1980's The United States had been experiencing an increase in the teen pregnancy rate each year steadily from the decade of the seventies (Guttenmacher, 2004). In the late 1980's it was estimated that everyday in the United States over 2600 young women under 18 years old would become pregnant-most of them unmarried (McCullough & Schermann, 1991). Of these births it was estimated that 1,300 teens will give birth, close to 1,000 will abort, and the remaining reported a "miscarry" in survey of data (McCullough & Schermann, 1991). In 1989 alone, over 1 million teenage women reported to be pregnant (Guttenmacher, 1990). This rate (1989) was the highest rate of any industrialized nation; more than twice the rate of England, France, or Canada, almost three times the rate of Sweden, and seven times the teen pregnancy rate in the Netherlands (Guttenmacher, 1990). Despite decreasing rates of pregnancy and birth in the last decade, the United States still leads all industrialized nations in Teen birth rate (Henshaw, 1998). Further, in the 1980's over 9,000 adolescent young women per year aged 13 or 14 had their first baby and it was estimated that 5,000 sixteen year olds per year gave birth to their second child. (Dickman & Gordon, 1989). While pregnancy rates declined slightly during the 1990's, there were still more than 1 million births to teens between 15 years old and 19 years old in 1998 (Ventura et, al., 2000, Guttenmacher, 2004). In 2000, there were approximately 822,000 pregnancies nationally among this age group (Guttenmacher, 2004). While this is a decrease, the

number of teen births and teen pregnancy occurrences is still significant. The continued effects of teen pregnancy on society and the teen mothers is the focus of this report.

In the year 2000, the rate of pregnancy nationally in the United States was 84 pregnancies per 1,000 teenage women aged 15-19 years. The birth rate was 47.7 births per 1,000 teenage mothers aged 15-19 years. (Guttenmacher, 2004). However, it should be noted that the pregnancy rate for African-American teens was 153 pregnancies per 1000 teens in 2000. The birth rate was 77.4 per 1000 African-American teens. The Hispanic rate (of all cultures and races “Hispanic/Spanish”) was 128 per 1,000 pregnancies and a rate of 64.4 births per 1,000 teens. (Guttenmacher, 2004). From research, it was estimated that 78% of teen pregnancies are unplanned (Guttenmacher, 1999). The assumption and social concern is that these young women are not ready. Specifically not ready for the financial, medical, and emotional factors among many other factors that follow pregnancy. The corresponding problem is that society (government programs, labor opportunities, abortion/adoption issues, school personnel etc.) is not prepared or ready for the young mothers or their children in such great number to assimilate productively into American society. Teen pregnancy is still a major issue for our society despite the declining pregnancy rates. Research indicates and illustrates the consequence and impact of so many young poor children and poor mothers into our society (Carroll, 2005). A focus of this project is to compare and contrast teen pregnancy in an urban environment. The literature in this report will outline and demonstrate race differences in pregnancy and self-esteem, how teen pregnancy and academics are connected, the health effects of teen pregnancy and the relationship between self-esteem and teen pregnancy.

There is a disproportionate rate of teen pregnancy among Black/African American teens compared to White/Caucasian teens (Crump et. al., 1999; Furstenberg, 1991; Guttenmacher, 1999; 2004.). This higher rate may have several explanations. Some research, (Furstenberg, 1991; Geronimus, 2003; Sullivan, 1993) suggests that pregnancy in a young Black/African American teen's life is not seen as negative as compared to a White/Caucasian suburban teen may perceive. It is further suggested that that a Black/African American teen may already believe their life to be disadvantaged and having less of a chance of improving their socio-economic status or success. Furstenberg (1991) further posited that a Black/African American teen may also be less likely to abort or consider adoption as a course of action. The perception may be that a Black/African American teen would perceive that being an unwed mother will not create an additional disadvantage, but rather an improved status and respect...motherhood (Porter & Washington, 1979). This may be in contrast to a suburban White/Caucasian teen, who may view a pregnancy as a move toward a reduced socio-economic class (marriage preference, employment preference, lifestyle, etc.) and a disadvantaged status among her peers (Crump et. al. 1999; Geronimus, 2003).

The challenge is sometimes to sort out the negative outcomes associated with a teen birth (birth itself and sub-standard resources to raise a child, abortion, etc.) and question the timing or fact that many teen mothers are disadvantaged before the birth. Geronimus (2003) further posited that viewing a teen pregnancy or birth in the African-American community as a "negative" or a "disappointment" is a viewpoint from the dominant culture (white, affluent) and does not accept an alternative (positive?) or different explanatory purpose for a young Black teen getting pregnant and subsequently

giving birth. Regardless of objective data, such as higher drop-out rate, (Drummond & Hansford, 1990), lower birth weight, (Carroll, 2005), and a repetitive cycle of female babies born to teen mothers are more likely to be teen mothers themselves (Kalil & Kuntz, 1999), Geronimus posited that having a baby in the teen years is adaptive and often preferred. Delaying childbearing may offer rewards to teens if they use their adolescence for more education and employment establishment. However, because poverty and discrimination are more often a part of these teens experience, the supports available to “middle class” youths (social, financial, emotional, network of services, etc.) that could better support a college education are not as prevalent. Research indicates that the wage return for delaying pregnancy for poorer youth, though slightly greater for delayed childbearing, are “far less and more unreliable than for the middle class...”(Sullivan, 1993, p. 314). Regardless of objective data, the subjective experience of young black teen mother is that waiting or delaying pregnancy does not promise a better outcome (Geronimus, 2003).

Prior to teen pregnancy, is sexual activity. In research by Hofferth (1987), she found a difference in sexual activity and contraceptive use of teens who become pregnant and those that do not. The younger an adolescent is at first sexual experience (intercourse at age 11 or 12 years for example), the less likely that the younger teen used a contraceptive. A teen in his or her later teen years (17 to 19 years) are more likely to have used a contraceptive method. In another study, young women who reported being pregnant in the past year had an earlier age of first encounter than sexually active never pregnant teens (14.8 years vs. 15.6 years respectfully) (Morgan, 1995). The declining pregnancy and birth rate are hypothesized to be a function of better birth control methods

with more readily available birth control and an increase in teen abortion rates (Carroll, 2005; Moore, K., et al. 1993; Santrock, 2002). The study of mores and trends of teen sexuality is large field of research of its own. The focus of this report is with factors of teen pregnancy, however, it should be noted that a thorough examination of teen sexuality is the precursor to teen pregnancy. For the purpose of this report, it is teens that are sexually active (for whatever reasons, causes, or attributions) and their choice to be pregnant and follow to term as the focus of this report.

Educational Aspirations and Attitudes

A teenage pregnancy is a monumental event in the life of a young woman. This life changing event has corresponded with altered aspirations and goals that contrast with non-pregnant teens. One significant change brought about is a change in education. It has been reported in one study by Drummond & Hansford (1990) that four out of five teen mothers who become pregnant in high school will eventually drop out. Pregnancy was cited as the most common reason for a young teen woman to leave school in a similar study (Hahn & Danzberger, 1987). A reason for this statistical trend is offered by one researcher, Hockaday (2000), who suggests that low educational ability and low aspirations may explain why adolescents become pregnant and leave school. The position offered states that adolescents become parents because their educational experiences show little or no promise for them. School stress (low grade/achievement, disillusionment with school promise) coupled with lower parental socio-economic status, race (Black/African American), and father absent households were positively associated with teen pregnancy (Plotnik, 1992). In contrast, teens with high educational aspirations and positive attitudes toward school were associated with postponement of childbearing

(Plotnick, 1992). It is suggested that identifying young girls with academic and/or social-emotional difficulty early on and intervening (academic support, counseling, mentoring, etc.) “could” have an insulating or positive impact on reversing teen adolescent problem behaviors such as teen pregnancy (Plotnick, 1992).

Diminished educational aspirations and achievement also has a profound impact on a teen mother’s ability to support not only themselves, but their child. Pregnant teens were found to have lower expectations about future jobs than non-pregnant teens (Vernon et. al. 1983). This lowered expectation and corresponding lower academic achievement translated to an expectation of an “unskilled” versus “skilled” profession or job as the study explained. Vernon and colleagues (1983) also demonstrated that adolescent females with high career aspirations were less likely to engage in sexual activity. The research for this project seems to suggest a “contraceptive” for teen pregnancy is higher educational aspirations. Research seems to point to the relationship between lower educational aspiration, lower achievement, and corresponding higher incidence of teen pregnancy and birth (Hockaday et. al.; 2000 Plotnick, 1992; Vernon et. al., 1983).

Lowered academic achievement (high school drop out) has also been shown to be associated with delinquent behavior. Delinquent behavior has not been omitted from a pregnant teen’s repertoire, but often precedes pregnancy (Donovan & Jessor, 1995). Research has shown that adolescents who engage in delinquent behavior (e.g. skipping school, running away, petty theft) or used drugs were more likely to be involved in sexual activity and at higher rate than non-delinquent teens (Donovan & Jessor, 1995). It is suggested by Hockaday and colleagues (2000) that adolescent females will first perform

or participate in delinquency, then use drugs (alcohol is grouped with “harder” drugs), and then become sexually active last. A tenet of alcohol use in the teen years is associated with a higher frequency of sexual activity.

Health, Pregnancy, and statistics

In summary, teen pregnancy is still a serious health and social concern to the United States. From research on the World Wide Web, The National Campaign to Prevent Teen Pregnancy from Washington D.C. (2005) (www.teenpregnancy.org) publishes up to date information and research regarding the systemic effects of teen pregnancy. The following bullet points are a summary of the over 20 different articles, “fact sheets”, and research data compiled from this web site. The statistics presented are essential facts and research highlighting the depth and scope of teen pregnancy. Despite the declining rates in teen pregnancy, the following points are to illustrate and prove the saliency of the study of teen pregnancy;

- Forty percent of all American girls become pregnant by age 20. This is nearly 1 million per year.
- Almost 25% of teen mothers younger than 17 years will have their second birth within 24 months of their first baby.
- Half of all single mothers on welfare were teenagers when they had their first child.
- Nearly 80 percent of fathers of children born to teen mothers do not marry their babies’ mother. On average, these absent fathers pay less than \$800 annually for child support (2003 figure).

- 9 out of 10 Boyfriend/Fathers do not stay in a “mutual” relationship with their child’s mother after birth.
- Only 1.5% of teen mothers had earned a college degree by age 30 (2003).
- Parenthood is listed as the #1 reason for dropping out of High School.
- Children of teen mothers are on average at a higher risk for low birth weight, mental retardation, mental illness, cerebral palsy and infant death than women who are aged 20-34.
- Children of teen mothers are more likely to do poorly in school, and are at almost a 50% chance of repeating a grade, as compared to children born to women 20-34.
- Girls born to teen mothers are 22% more likely to become teen mothers themselves.
- Boys born to teen mothers are 13% more likely to end up in prison than sons born to older mothers.
- Children born to teens also suffer higher rates of abuse and neglect (reported) than children of older mothers.
- It is estimated that if a teen mother were able to wait until 20 to give birth, the national incarceration rate would drop by almost 3.5%. This could be a savings of over a billion dollars.
- Poverty...the chances of growing up and living in poverty to age 18 are mediated by many factors, however considering the following three, a child born with a factor of (1) a child’s mother is a teen, (2) the parents were unmarried at birth, and (3) the mother did not have a High School diploma or GED.

- If one factor is present, then the chances of growing up and living in poverty are 27%. If two factors are present, the chances are 42%, and if all three factors are present, the chances of poverty are 64%. In contrast, if none of these three factors are present at birth, then a child's chance of growing up in poverty are less than 7%. For teen mothers, who often have these three factors as part of their lives, the chance for their child growing up in poverty is 9 times greater than those who wait or who have none of these factors.

Addressing the societal impact and “problem” (Harper & Marshall, 1991; Hockaday et. al., 2000; Sullivan, 1993; Witwer, 1993) of teen pregnancy is salient research and a needy endeavor to pursue. Reducing the teen pregnancy rate will have benefits of economic, political, and social impact on society, but more importantly to the young mothers and their children. Changing the prevalence of teen pregnancy requires looking at factors malleable for change. This is the impetus for looking into a teen's self-esteem.

Self-Esteem

A commonly accepted definition of self-esteem is “the evaluation which the individual makes and customarily maintains with regard to himself, expressed as an attitude of approval or disapproval.” (Rosenberg, 1965, p.5). This definition is cited in more than one quarter of the literature reviewed for this report. Rosenberg's research (1965, 1982, 1978, and 1995) on self-esteem and self-concept are the basis for many researchers beginning of the topic of self-esteem. Rosenberg's Self-Esteem Inventory (RSE), used in this report, is still a valid measure used in literature and study since 1965. The 1965 version has not been altered or changed as a part of it's brief, yet consistent measure of global self-esteem for over 40 years. Formation of self-esteem is an important

element leading into the adolescent years. Research has noted qualitative changes in self-esteem are a function of a child's thought processes that are constantly changing with time and growth (Modrcin-Talbot et. al., 1998). Self-esteem is influenced by the development of both abstract reasoning and identity (Modrcin-Talbott et. al., 1998). Self-esteem can refer to an evaluation a person makes and then maintains of themselves. Another mode of understanding self-esteem can be how one expresses self-approval or disapproval in extent to which a person believes they are competent, successful, significant, or worthy (Campbell, 1990; Rosenberg et. al., 1995). Maturation and growth are often equated with psychological indicators of autonomy, separation, and independence. These are then coupled with a drive that stresses competitive achievement that ultimately serves the basis for self-evaluation (Owens et. al., 2003). Self-esteem becomes a maturity and growth process that is also viewed by autonomy, separation and independence. Are such measures universal in experience to both sexes as they mature?

Some researchers view the maturation and evaluation of self-esteem in a young adolescent female differently. Feelings about the "self" perhaps are more based on the maintenance of relationships with others instead of autonomic or independence of others (Owens et. al., 2003). The importance of examining this opposing view and structure of how self-esteem is developed in females versus males is important to understanding young adolescent females, but also adult women's understanding of self-evaluation and their own self-esteem.

Research of self-esteem as it relates to intimacy, attachment, and adolescent development have demonstrated that open and communicative familial relationships can serve two functions. This type of communication can serve as a way to build self-esteem

and decrease incidence of risky (delinquent) behaviors (Owens et. al. 2003). Researcher, Owens and colleagues state that it is crucial that parent-adolescent relationships are fostered. Further, Owens and colleagues stress the need for female teenagers to continuously hear about the importance of maintaining a connected, supported relationship with their mother. Quality relationships with parent(s) have been found to have a significant impact on well being and mental health according to these authors and their findings. In the transition from grade school through high school, young girls appear to suffer a greater psychological loss of self-esteem. Young girls who reported “I am happy the way I am” in a study of elementary girls and self-esteem (Evans, 1994) later in high school did not report the same statement. Of 3,000 girls in this study, 60% in elementary school agreed with that statement. In high school only 29% found “I am happy the way I am” as their descriptor in this study. Boys in this study only dropped from 67% in elementary school to 56% in high school agreeing with that descriptor.

Self-esteem and race factors

Is self-esteem mediated by race, sex, or socio-economic status? As for race, the research regarding race (Aarons & Jenkins, 2002; Crump et. al., 1999; Sullivan, 1993; Wood & Hillman, 1996,) points to socio-economic factors as stronger indicators instead of race. All research for this report show a diminished report of self-esteem more often found in teen females than corresponding teen males. From this research, if an individual teen is female and from a lower socio-economic status, than features of race have less impact or significance on high or low self-esteem (Sullivan, 1993). The differences in race and self-esteem bear more significance in “middle class” socio-economic status, where being a minority of race plays a more salient role of self-esteem and self-worth

(Crockett et. al., 1996). The relationship of self-esteem is tied more strongly to living in similar environments. An urban teen living in an urban environment despite its “problems” is a teen living, working and going to school with like race and like socio-economic cohorts. It is the teen who lives or attends school in a dissimilar environment that is “more likely” to have compromised self-esteem (Moore & Gullone, 1996).

Research focusing on the relationship between self-esteem and teen pregnancy has found limited results (Cheng & Furnham, 2003; McCullough & Scherman, 1991; Robinson & Frank, 1994; Vernon et al., 1983). While a level of statistical significance may not be found, the focus of these researchers was to find mediating factors that may be influenced by interventions (counseling, education, support, etc.) to make a difference with teen pregnancy prevalence. Socio-demographic factors such as race, socio-economic status, religiosity, and parental involvement were studied, but such factors are not easily, if at all, manipulated. The research of self-esteem comes with the hope of finding at least one factor that teachers, counselors and educators can grasp and manipulate (increase self-esteem) to buffer or simply reduce teen pregnancy (Cheng & Furnham, 2003). The focus of this report is to examine the relationship of teen pregnancy and self-esteem in an urban setting in hopes of establishing a basis for intervention and possible prevention.

Self-esteem research outside of the American urban populations has yielded some statistical evidence of a relationship between teen pregnancy and self-esteem (Conway & Giannopolous, 2001; Moore & Gullone, 1996; Smith & Grenyer, 1999; Orsham, 1998) in samples derived from Australian, Dominican Republic, and Canadian samples respectively. The relationships posed by this research are careful to point out that low self-esteem does not cause or is positively correlated with teen pregnancy, but a factor in

decisions to carry a pregnancy (Conway & Giannopolous, 2001). Research indicates culture as a mediating factor in decisions to be sexually active and choosing to carry a pregnancy to term, but religiosity, socio-economics, and mother/parents education level were stronger indicators of a teen pregnancy than self-esteem as measured (Orsham, 1998). Using the study by Vernon et al. (1983) as a template of studying self-esteem, socio-demographics, and prevalence of teen pregnancy (in rural/urban North Carolina), this report aims to duplicate that research with a smaller convenience population.

The goal of this project and research is to demonstrate the relationship between factors of self-esteem and their relevance to the significant health and societal impact of teen pregnancy. The objective of this report is to influence counseling and educational interventions surrounding the serious behavior of teen sexuality as it relates to corresponding teen pregnancy. Specifically, to suggest that intervening with young teen women about their feelings of self-esteem and self-worth before pregnancy, but with respect to their already present sexuality.

Method

Participants

The 113 students who filled out “Attitude Surveys” (see Appendix 1 & 2), were students who attend a large urban school in upstate New York. The students attend an urban school of approximately 2,000 students of which over 70% of the student population qualified for the federal free and reduced lunch program. The student body make-up is more than 60% African-American, with a sizable sample of Hispanic origin students, also Asian and many of European descent. The ratio of Caucasian students is quite small in comparison to the other reference groups (Author). The sample

participating was a “quasi-random” and ethnically diverse like the urban population of this region. The students participating were African-American (n=54), Latino/Hispanic (n=38), White/Caucasian (n=10), Asian, (n=3), and eight students who reported “other” or “mixed.” Males were N=28, and female participants were N= 85. All students ranged in age from 12 to 19 years. There were English and Spanish versions of the “Attitude Survey”, however only 6 of the 113 responding surveys were completed with the Spanish version. The students who filled out surveys did so by choice and were not compensated or given high school credit, nor were they required to complete the survey as part of seeing their School Counselor. The sample is referred to as “quasi- random” because the students coming to the counseling center are not necessarily statistically random from the entire population of the school. The conditions of participation were set to be random to students who simply came to the counseling suite during the prescribed week of time, (the second week in January). This sample was not recruited or chosen by the author or school personnel. The resulting sample was skewed more toward Junior’s, and Senior’s and only one (n=1) 12-14 year old (Freshmen and Sophomores) participated.

Procedure

The author used the school counseling suite and school counselors to collect survey data over a 10 day period prior to the second semester. The “traffic” of students is usually higher due to scheduling conflicts for the upcoming semester number two and the first semester grade and academic concerns. Each counselor (n=7) were given copies of the “Attitude Survey” in English and Spanish and asked to “leave them out” in their office. Counselors were asked to have students who visited their office for any purpose to “fill out a survey if you wish.” This request could be direct or a diversion activity in

response to waiting to see their counselor. Counselors were instructed that filling out the surveys was to be “voluntary” and participation was directed by the author to be described to students as “A survey for a graduate student looking at Teen attitudes and issues.” During the process of filling out a survey, counselors were instructed to say and respond to any question; “There is no right or wrong answer, just choose the best answer for you.” Counselors were also instructed to inform students to not put their names or any identifying marks on all surveys. Further, counselors instructed students that these surveys were to be “anonymous.” For the purpose of this research tool, the gathering of these surveys from the school counselors, it is assumed that compliance with the author’s instructions were followed precisely for implementation and gathering of student data. The counseling staff did not report any problems or concerns with instruction or student participation.

Instrument

The Rosenberg Self-Esteem Inventory (RSE) (Rosenberg, 1965) is a 10 item self-report measure designed to measure global self-esteem. The items are worded with 5 positive and 5 negative items to control for response bias. The scoring of the RSE is with a 4 point Likert-type format of scores of 1 to 4 points. The answers to each item were; strongly disagree, disagree, agree, and strongly agree with a “4” assigned to the most positive response. The scoring is reversed for negative item questions so that a minimum score of 10 is achieved and a maximum score of 40 is achieved. There is no specific standard set of directions or a manual for the RSE. The Rosenberg text(s) (1965, 1982) do not specify specific scoring other than scores ranging from 10-20 are considered “low”, and scores 21-30 are considered “medium” and scores 31-40 are considered

“high” in evaluating self-esteem. Rosenberg (1965) reports a .92 test-retest reliability. Research has demonstrated (Blount et. al., 2002; Braken & Mills, 1994; Vispoel, Boo, & Bleier, 2001,) the simple 10 item measure is both common and reliable. The alpha-reliability was reported to be .88 (Vispoel et. al., 2001). The ease of administration and scoring allow a greater flexibility and usefulness as a measure of global self-esteem. The limits to generalization come from the RSE being a self-report measure and bias attributed to self-report measures (Blount et. al., 2002; & Braken & Mills, 1994). Additionally, because the RSE is a relatively short and brief measure that only captures a global overall self-esteem, and not more specific domains of self-esteem.

For face validity, five questions were added to the RSE from the Rosenberg text (1965) (see Appendix 1). The “Stability of Self Scale” (Rosenberg, 1965, p. 308) was added as part of the face validity of the survey given to students that was not labeled as a self-esteem measure, but a measure of attitudes. The RSE is labeled “Attitude Survey” and not “self-esteem” survey or test. The author’s reasoning was to attempt to control for a desirable or high self-esteem response bias that may come from a survey labeled “self-esteem” survey. The addition of the five questions, and the label “Attitude Survey” are departures from previous research (Harper & Marshall, 1991; Hockaday et. al., 2000; Spencer et. al., 2002), but not such a significant alteration that the integrity of the RSE or data collection would not be valid by the author’s judgment. The five additional questions were not scored or examined for this report.

The demographic data sheet given to students (see Appendix 1) is labeled “Teen Attitudes.” This demographic sheet is basic in asking status of age, sex, sexual activity, pregnancy, relationship status, and plans for post High School. The data gathered is

simple as a function of ease and administration to multiple examiners (seven school counselors) and as least offensive or controversial for gathering acceptance from school officials. A more comprehensive survey involving sex specific information, abortion, family constellation, socio-economic status, or church attendance would have required a level of consent and involvement from the High School that was not available. An additional question about “plans” after high school was added for the survey school information as part of permission for passive access to the student population.

Results

The results to RSE scores are expressed in statistical figures of mean, mode, and median as form to this sample. The Rosenberg text (1965) does not suggest or require such calculations, as self-esteem is rated simply “low”, “medium”, or “high.” There were five young women who reported to be pregnant at the time of administration, and all five scored “high” on their self-esteem scale. A careful examination of the data shows that by mean score, all female participants scored “high” and interestingly the mode score was “40”, which is the highest score possible. From the entire sample (n=113), there were no low scores (see presentation chart). The range of all scores was 26 to 40. The data from the RSE was also put into charts to illustrate the results pictorially. Of interest in the charts are the described consistently high scores with this population with standard deviations near a value of “5.” This result gives a variability of scores expressed as moderate to high self-esteem. The table below (Table 1, RSE results) and chart below (chart 1; RSE statistics of population) represent the data taken from the RSE portion of the surveys given to students. The chart is a graphic representation of all 113 surveys by

statistical category. Chart 2 is a visual representation of the female sample only (chart 2; Female RSE statistics).

Chart 1; Rosenberg Statistics (RSE) of Survey Population

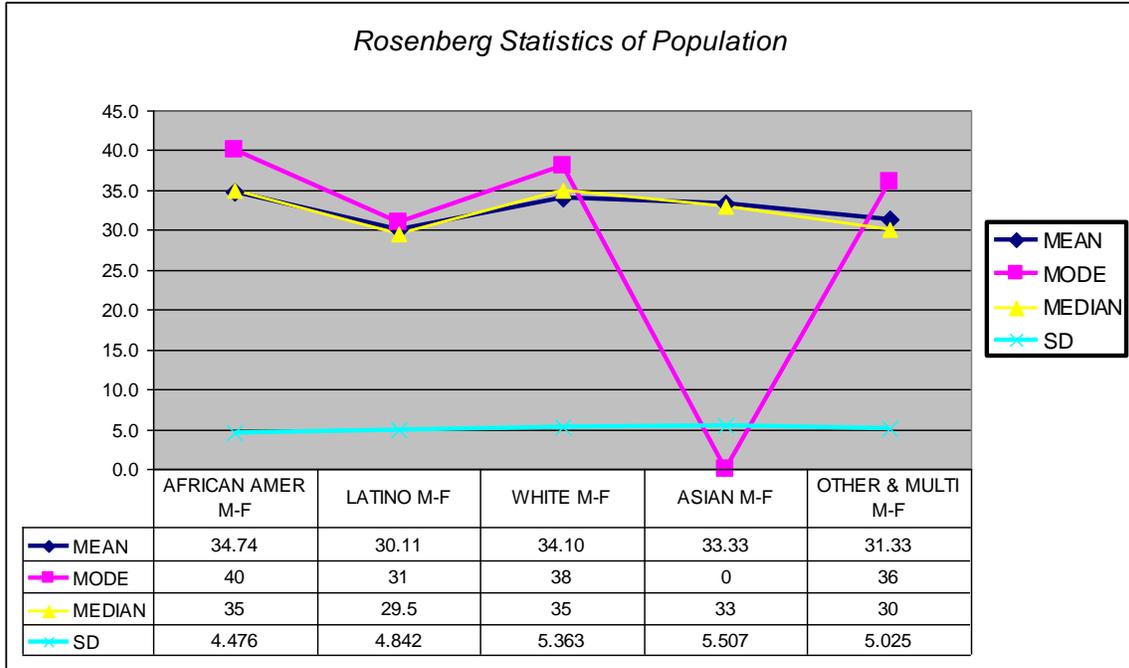


Chart 2; Rosenberg (RSE) Female only survey statistics

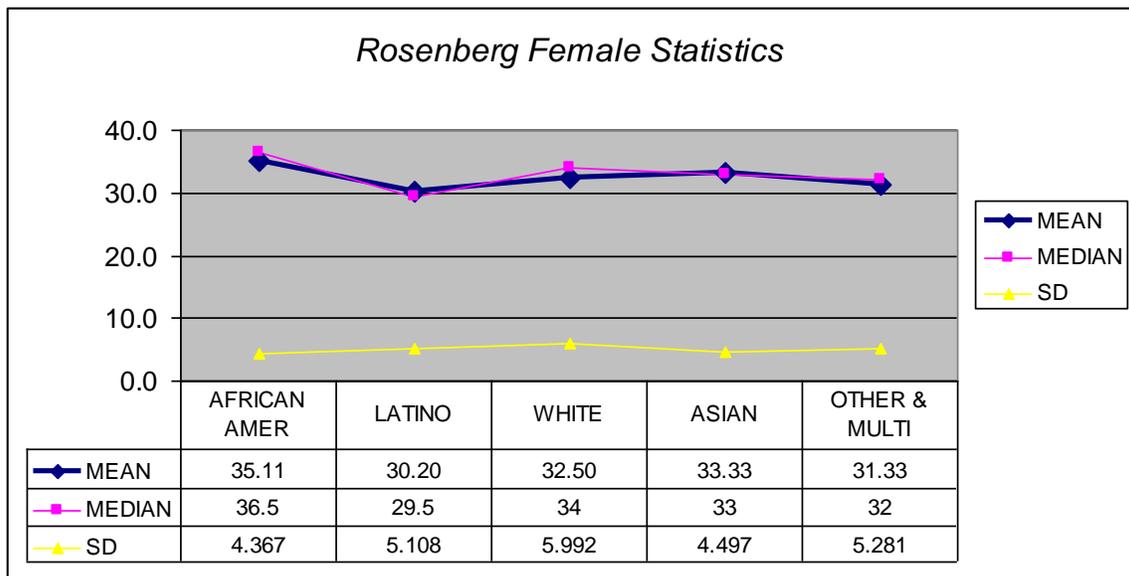


Table 1; Rosenberg Self-Esteem Inventory Results

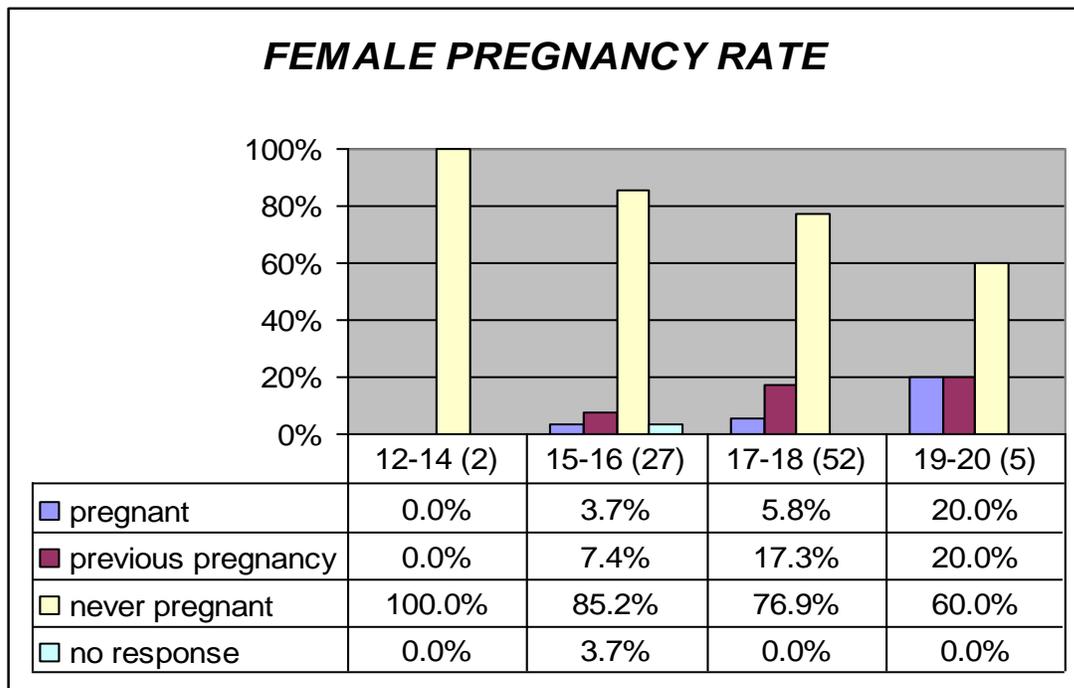
	N	MEAN	MODE	MEDIAN	SD
TOTAL SAMPLE	113	32.80	40	33	5.109
AFRICAN AMER M-F	54	34.74	40	35	4.476
LATINO M-F	38	30.11	31	29.5	4.842
WHITE M-F	10	34.10	38	35	5.363
ASIAN M-F	3	33.33	N/A	33	5.507
OTHER & MULTI M-F	9	31.33	36	30	5.025
12-14 YEARS	2	29.50	N/A	29.5	4.950
15-16 YEARS	34	32.58	40	31	5.621
17-18 YEARS	68	33.46	38	34.5	5.071
19-20 YEARS	9	31.44	31	31	3.432
MALES SAMPLE	28	32.59	28	31	4.751
FEMALE SAMPLE	85	32.86	40	33	5.277
AFRICAN AMER	40	35.11	40	36.5	4.367
LATINO	30	30.20	26	29.5	5.108
WHITE	6	32.50	34	34	5.992
ASIAN	3	33.33	*	33	4.497
OTHER & MULTI	6	31.33	*	32	5.281
CURRENT &/OR PREVIOUS PREGNANCY	16	33.41	37	35	5.456
NEVER PREGNANT	67	32.78	38	33	5.169
NO RESPONSE	2				

A significant relationship difference between pregnant and non pregnant teens was not found. From the sample of students for this report, the means for males and females were remarkably similar (32.59 vs. 32.86), however the mode scores were markedly different (28 vs. 40). It should be noted of the smaller sample size of male participants (n=28) may have skewed the data from the female sample (n=85). Of statistical interest, for both the overall sample of female participants and the African-

American sample of female participants (n=40), the most frequently occurring score was “40.” The significance, and surprise to this finding is that despite “urban” culture (an assumed lower socioeconomic status, economic hardship, and compromised health and safety) across all races of this population that this specific population would score simply highest. Not simply highest in score, but the absolute highest score consistently.

From the “Teen Attitudes” demographic inquiry (see Appendix 1 and 2), 6 teens reported being pregnant at the time of administration and 12 reported to have been pregnant “before.” There were 2 surveys that did not respond to this question. The illustration of these results is below in the following chart.

Chart 3; Female Pregnancy Rate

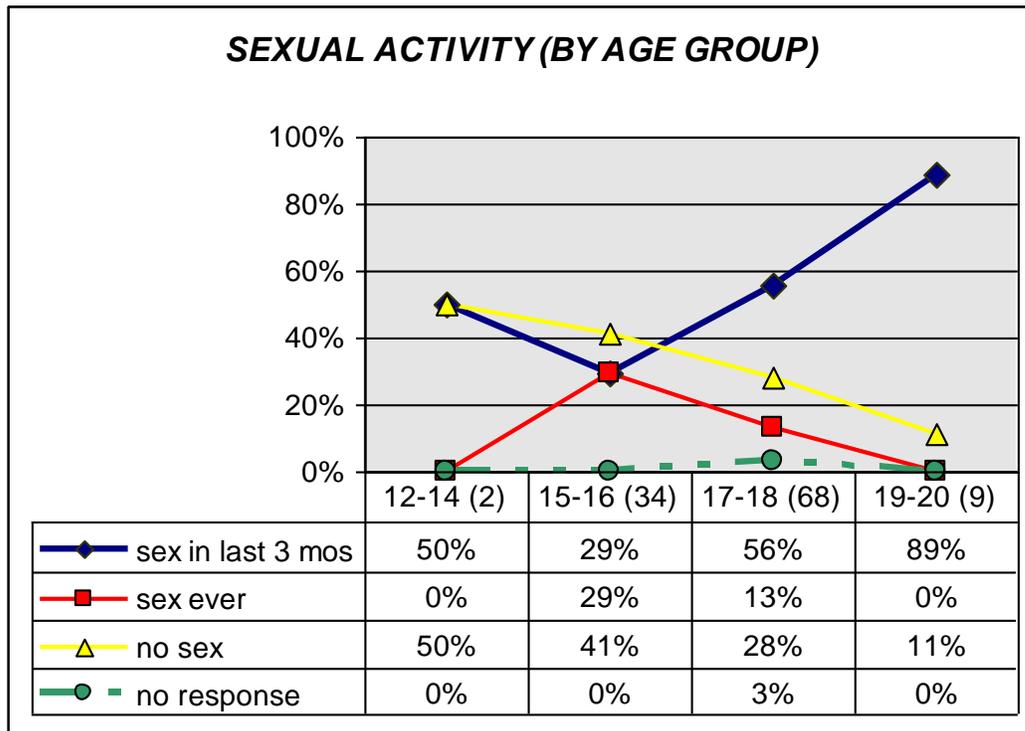


The male response to being “part” of a pregnancy (“have you now or ever had your partner become pregnant?”), yielded on 2 “yes” responses out of 28 males. All 113 respondents reported not being married at administration, yet 35 reported to be in a

serious relationship, and 36 in a “casual” relationship. From the future plans inquiry, all but one respondent believed they will graduate from high school. The survey asks respondents to mark where they “see themselves” in three years. The responses to these options are (quantity, descriptor); (7) “just working”, (53) “going to college full-time”, (4) “going to college part-time”, (47) “going to college part-time and working”, (zero) “staying home with baby/children”, (10) “not sure”, and (zero) “don’t care.” There were six respondents who choose 2 choices and three respondents who choose 3 choices. The “Teen Attitudes” questions were basic and simple. Compliance and understanding of the choices was assumed, as instructions were always “to give the best answer.”

The demographic questionnaire “Teen Attitudes” (see Appendix 1 & 2) also highlighted sexual activity through a simple request of activity and experience. The sexual experience and activity of the sample is expressed by the chart 4.

Chart 4; Sample Sexual Activity Rate



The interesting part of this data comes from the increasing sexual activity level as the teens are older in sexual activity in the last three months. The “sex ever” question yielded an ambiguous result, but over all the data points to this sample as sexually active and sexually “experienced.”

Discussion

While the survey results did not show a more direct or statistically significant relationship between self-esteem and teen pregnancy, the survey did show sexually active teens and corresponding teen pregnancy. Perhaps surprising to the scope of this research, the teens who participated in this survey, demonstrated high self-esteem. This may seem contrary to the lower socioeconomic status of urban youth, higher crime and safety concerns of these youth in their homes, neighborhoods and school. Further, it is hypothesized that self-esteem would be affected by the generalized effects that poverty can bring. A factor to consider from these results may lie in the sample collected. One hundred and thirteen (113) out of a possible 2,000 students is about 5% of the total student population. The sample is labeled “quasi-random” because it was dependant on students who happen to come to the counseling office during the pre-registration week. The sample was not purely a statistically random sample of the entire school. This is a confounding factor to the data collection. Are students who come to the counseling center and consent to an “Attitude Survey” different than a statistically derived sample of the entire school? The data and results seem to pose such a confounding factor.

In the interest of gathering information for gaining access to students, the “Teen Attitudes” questions were made simpler, basic, and as least offensive to school staff more so than to the target teen population. In Vernon and colleagues (1983) a demographic

data questionnaire of 27 background, socio-economic, sexuality, vocation, and feelings about sexuality were obtained. The scope of this project and report was smaller and by the author's inference, a less obtrusive or invasive study than Vernon and colleagues study from Duke University examining urban teens in North Carolina. While results were similar, in not finding a more statistically significant relationship of self-esteem and teen pregnancy, both this project and that study continue to document the prevalence of teen pregnancy. These results from urban populations do not meet statistical scrutiny in the area of connecting teen pregnancy with self-esteem, however, the thought and research continue to focus on the feelings and precipitating emotional states that seem to associate with a teen that gets pregnant and goes to term, versus an abortion or delaying sexual activity. The weak to no significant relationship findings are also leveraged by a self-report measure.

The RSE is statistically a good and common measure for self-esteem, but did this self-report measure come with an expectancy bias perhaps common to teens as well as the limit of a global self-esteem score? Pregnancy and sexuality may have a different value of self-esteem in contrast to school achievement or athletic prowess for example. Also, are higher self-esteem scores in measures of urban populations a reflection of a level of resiliency to the effects of poverty and urban lifestyle? The dynamic of a "perfect" score of "40" by African-American teen females (mode score) suggests that either such a resiliency exists, a teen bias of overstating self-esteem exists or perhaps the RSE is not the proper tool to measure the feelings and attributions prior to and present in pregnant urban teens. What is clear from the data is that most of teens are sexually active and appear to have moderate to high self-esteem.

As discussed by research from Geronimus (2003), despite objective data of the consequences of teen pregnancy (low birth weight, lower earning potential for mother, higher rates of being raised in poverty, etc.), the subjective reality points to a significant choice of young teens to be pregnant. The hypothesis that low self-esteem may lead to higher teen birth rates may be incorrect, or maybe is not borne out in a self-esteem measure. A more extensive testing with some qualitative research may lead to a better understanding of teen pregnancy. Guttenmacher and colleagues (2003) report that approximately 70% of teens becoming pregnant are “unplanned”, yet the root sexuality would appear to be “planned.” In other words, when faced with pregnancy, self-esteem does not appear to be a statistically significant mediating factor for this sample. Of equal concern to teen pregnancy, the resolve or “choice” of teens when faced with an unplanned pregnancy, is the option of abortion.

Implications for future Research

The scope and intervention of a basic survey with this sample did not address abortion. Both Guttenmacher (2003) and The National Campaign to Prevent Teen Pregnancy (2004) provide statistical data of the rates of abortions reported. New York State is the number one leading state in abortions performed, with approximately 45% to 60% of reported abortions performed (over 160,000 per year-2003 figure) are with women aged less than 25 years and with lower socio-economic status (Guttenmacher, 2003). It was not possible and was not addressed in the creation and confirmation of the survey tool to address abortion in research with this sample. In future research, despite the difficulties and obstacles in obtaining permissive rights to explore abortion with teens, it would be imperative to gather this information from teens. The “resolution” of

unplanned pregnancy may have self-esteem as one of many factors present in the decision making process. A failure of a ten item self-report measure to give or contrast a statistically significant relationship between self-esteem and teen pregnancy is cause for a more thorough and rigorous examination instead of abandonment of the potential relationship. A more thorough examination should include extensive research on teen sexuality. That examination should respect and recognize that United States teens are sexually active despite Federal impetus of abstinence only education.

The role of counseling is not reduced in aims at increasing self-esteem and self-confidence. The measure for counselors to intervene more often and perhaps more regularly comes from the rate of sexuality, rate of teen birth, and the prevalence of abortions by teens. While preventing teen pregnancy is seen as a positive and desirable goal from a research and societal perspective, reaching that goal may well come from counselor interventions to help better decision making processes. The result of that process (self-esteem enhancement, better decision making, feelings of confidence and non-judgmental listening and support) may not yield statistically significant decreases in teen births, but the true yield would be an increase of more realistic and educated choices. Continued research into self-esteem and resultant decision making should be incorporated into future research. Teen pregnancy is an emotional choice more so than a rational choice of facts and statistics. This research demonstrates further the need of effort on the part of counselors and educators to address the emotional states of teens as they are salient to the problem of teen pregnancy.

A sample of 113 students served as a convenience sample for this report, but it is suggested that a larger sample size be utilized. If a larger sample is not possible, an entire

school population for example, than a statistically random sample would be suggested. This report was skewed to individuals who came to the counseling suite, which is not necessarily random or representative of the school population. This could have been a confounding factor to the results obtained. The general demographic survey was simplistic as a form of gaining school approval. Despite the challenges of gaining the consent of teens, a more probing and specific (i.e. abortion factors, religion factors, and household information) survey may help researchers identify the relationships teen pregnancy and resultant decision making may have on a teen 1); getting pregnant, 2); carry to term/birth, 3); getting an abortion, or 4) adoption alternatives. Beyond sample issues, this report follows previous research using the RSE or another measure for self-esteem by self-reports. While self-report measures can have a skew towards being more positive than actual behavior, perhaps a more subjective clinical interview might give more insight to a teen's emotional state (with self-esteem only a part of that measure) and decision making style and capability. It is important to take note that while a statistical relationship may not have been found between self-esteem and teen pregnancy, future research should not abandon the study of self-esteem, self-worth, or emotional state as they relate to teen pregnancy. The decisions a teen makes to be sexually active, become pregnant by purpose or "accident", and then to give birth or abort, are certainly mediated by emotions and cognitions in each teen. It may well be that the RSE or other self-report measures maybe the wrong "tool" to measure the mediating emotional and cognitive processes a teen undergoes.

Implications for Counselors

Despite declining birth rates, the number of teen pregnancies (and teen abortions) is cause for continued intervention on the part of counselors. The health risks and societal impact for the teen mothers and their children are demonstrated by the research of this report. While specific interventions (i.e. activities to raise self-esteem for example) are not detailed by this report, the problem of teen pregnancy will not abate through neglect of the issue or ignoring the emotional antecedents leading to teen pregnancy. It is important for counselors to intervene on an emotional level to young teens as a group of “negative” objective facts and realities have little bearing on a teen’s decision making process. Labeling teen pregnancy as “bad” because of objective data, has historically and currently had little effect on teen birth rates. The drop in birth rate is more attributed to better birth control methods and a statistical drop in the number of teens (Carroll, 2005). The imperative from this report is for counselors to address young female students (perhaps as young as ten or eleven) and assess their sexual activity, their emotional state, including self-esteem and self-concept, and then their decision making capabilities. Teen pregnancy is cause for action and attention from counselors, despite the inability of research efforts to link or connect cause with the actions of a teen. From a societal impact, the cause or factors are less important than the results. Counselors have a role in the decisions and results teens can make.

The conclusion of this report did not find a statistical relationship between self-esteem and teen pregnancy as prevalent, but perhaps that a relationship between teen pregnancy and emotional state(s) with personal mediating life factors contribute to the teen birth rate. For counselors and educators, the intervention and focus should begin

proactively, as the factors present in becoming pregnant and giving birth appear to be present before any test administration or research had begun. The measure of self-esteem may only be a part of the issue of teen pregnancy, but it should continue to be studied as part of a more broad and subjective way to meet teens at an emotional level. It is also important to respect that teens are sexual and sexually active, and thus teen pregnancy is just a part of that decision to be sexually active.

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ATTITUDE SURVEY

- 1) On the whole, I am satisfied with myself.
 strongly agree
 agree
 disagree
 strongly disagree
- 2) At times I think I am no good at all.
 strongly agree
 agree
 disagree
 strongly disagree
- 3) I feel that I have a number of good qualities.
 strongly agree
 agree
 disagree
 strongly disagree
- 4) I am able to do things as well as most other people.
 strongly agree
 agree
 disagree
 strongly disagree
- 5) I feel I do not have much to be proud of.
 strongly agree
 agree
 disagree
 strongly disagree
- 6) I certainly feel useless at times.
 strongly agree
 agree
 disagree
 strongly disagree
- 7) I feel that I am a person of worth, at least equal with others.
 strongly agree
 agree
 disagree
 strongly disagree

ATTITUDE SURVEY PAGE 3

- 8) I wish I could have more respect for myself.
 strongly agree
 agree
 disagree
 strongly disagree
- 9) All things considered, I am likely to feel that I am a failure.
 strongly agree
 agree
 disagree
 strongly disagree
- 10) I take a positive attitude toward myself.
 strongly agree
 agree
 disagree
 strongly disagree
- 11) Does your opinion of yourself tend to change a good deal, or does it always remain the same?
 changes a great deal
 changes somewhat
 changes very little
 does not change at all
- 12) Do you ever find that on one day you have one opinion of yourself, and on another day you have a different opinion?
 Yes, this happens often
 Yes, this happens sometimes
 Yes, this rarely happens
 No, this never happens
- 13) I have noticed that my ideas about myself seem to change very quickly.
 agree
 disagree
- 14) Some days I have a very good opinion of myself; other days I have a very poor opinion of myself.
 agree
 disagree
- 15) I feel that nothing, or almost nothing, can change the opinion I currently hold of myself.
 agree
 disagree

Appendix II

Invierno 2005

ACTITUDES DE LA JUVENTUD

¡Gracias por participar en el estudio de Actitudes! Estas preguntas son parte de un proyecto y reporte de la juventud, y las actitudes que la juventud tiene de ello mismo. Toda la información y respuestas son considerada confidencial y son solamente usado por el propósito de generar la estadística en actitudes. **No quiero** su nombre o número de estudiante solamente las respuestas básicas a las siguientes preguntas acerca de adolescentes embarazadas así como preguntas de su edad y como te visualiza uno mismo. Por favor ponga una "X" al lado de la contestación que mejor explique como tu te sientes. ¡Gracias otra vez!

- 1) Edad 12-14 15-16 17-18 19-20 20+
- 2) Sexo Masculino Femenino
- 3) Actividad Sexual-¿Usted ha tenido sexo en los últimos tres meses? sí no
¿Usted ha tenido sexo antes? sí no
- 4) ¿Cómo te vez a si mismo? Latino/Hispano Moreno/Africano Americano
 Blanco/Caucasiano Asián Diferente a estas selecciones
Por favor describe _____
- 5) Femenino- ¿Estas embarazada ahora? sí no
¿Estado embarazada antes? sí no
Masculino- ¿Has estado o estas tu pareja embarazada? sí no
- 6) Relaciones- ¿Usted esta casado? sí no
¿Usted estas en una relación seria ("enamorado")? sí no
¿Usted estas en una relación casual (no "enamorado")? sí no
- 7) Plan del Futuro- ¿Usted crees que se va a graduar de la Escuela Superior? sí no
¿Usted se quiere graduar de la Escuela Superior?
 no me importa sí no
En tres años de ahora, ¿como te ves a su mismo?
 solamente trabajando
 asistiendo al colegio tiempo completo
 asistiendo al colegio medio tiempo
 asistiendo al colegio medio tiempo Y trabajando
 quedándose en la casa con bebe/hijos(as)
 no seguro
 no me importas

Gracias otra vez por contestando estas preguntas. Las próxima 15 preguntas son de cómo tu te ves y como tu te sientes de si mismo. No hay contestaciones correctas o malas, solamente como te sientes.

ESTUDIO DE ACTITUDES

Completamente, yo estoy satisfecha con yo mismo(a).

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

A tiempo yo pienso que no soy bueno(a).

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo siento que tengo una cantidad de calificaciones buena.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo soy capaz de hacer las cosas así como casi todas las otras personas.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo siento que no tengo mucho en que estar orgullosa.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo ciertamente me siento que soy inútil a tiempo.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo siento que soy una persona de valor, por lo meno igual a otros.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

ESTUDIO DE ACTITUDES PAGINA 3

Yo anhelo tener mas respeto hacia yo mismo(a).

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Con consideración, yo me siento que fallo en todo.

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

Yo tomo una actitud positiva con yo mismo(a).

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

La opinión de tu mismo cambias mucho, o se queda igual?

- acuerdo fuerte
- de acuerdo
- des acuerdo
- des acuerdo fuerte

¿Usted se encuentra que un día tienes una opinión de su mismo, y en otro día tienes una opinión diferente?

- Sí, esto pasa a menudo
- Sí, esto pasa a veces
- Sí, esto pasa bien raro
- No, esto nunca pasa

Yo he notado que mis ideas de yo mismo cambian bien rápido

- de acuerdo
- des acuerdo

Algunos día yo tengo una opinión bueno(a) de yo mismo(a), otro días yo tengo opiniones bien malo de yo mismo(a).

- de acuerdo
- des acuerdo

Yo siento que nada, o casi nada, puedes cambiar la opinión yo tengo ahora de yo mismo.

- de acuerdo
- des acuerdo

Visual Presentation Charts

