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A COMPARATIVE STUDY OF THE SELF-CONCEPTS AND
ASPIRATIONS OF THREE GROUPS OF
PREGNANT ADOLESCENTS

By

Trellis Taylor Waxler

A DISSERTATION

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ABSTRACT

A COMPARATIVE STUDY OF THE SELF-CONCEPTS AND
ASPIRATIONS OF THREE GROUPS OF
PREGNANT ADOLESCENTS

By

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This study was designed to examine the development of the self-concepts of pregnant adolescents and to determine the relationship between the self-concept and aspirations.

The 39 students used in this study attended three schools that were established to provide educational services to pregnant adolescents who did not wish to remain in the regular classroom during their pregnancies. The first school was located in a small city. Nine students participated from that school. Thirteen adolescents who attended a large urban public school were in the second group. The third group was comprised of 17 students who attended a private school in the same large urban area as the second group.

The design of the study used repeated measures and a homogeneous sample. The data were collected by the use of nine categories of the Tennessee Self Concept Scale and the Cantril Self Anchoring Scale.

The nine categories of the Tennessee Self Concept Scale were Total Positive Score, Identity, Self-Satisfaction,

Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self.

The Cantril Self Anchoring Scale has two major parts. The first part of the scale allows individuals to express their personal wishes and aspirations. The second part contains ladder rankings that are checked in order to represent the level of future aspirations in terms of past and present standings.

The data were analyzed by analysis of variance (ANOVA), multivariate analysis of variance (MANOVA), matched pair t-test, Spearman rank correlation, and various descriptive statistics. The significant level was set at .01.

Based upon the analysis of the data, the following conclusions were made:

1. There were no differences in the self-concepts of the three groups of pregnant adolescents. No significant differences were found in the self-concepts of the different age level pregnant adolescents.
2. The self-concepts of the pregnant adolescents did not change over a two month time period.
3. There were no differences in the levels of aspiration of the three groups of pregnant adolescents. There were no significant differences in the levels of aspiration based on age.
4. Aspirations of the pregnant adolescents did not change in a two month time period.

5. A moderate positive relationship was found between the self-concept scores and levels of aspiration of the pregnant adolescents. This relationship was significant at the .001 level.
6. There was an indication that the younger adolescents differed from the older adolescents in the kinds of aspirations they expressed. The younger adolescents expressed more aspirations for their families. The older adolescents expressed more aspirations about their own personal improvement and development.

DEDICATION

To:

Rosalie and Wendy Denise

with love,

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CHAPTER I

INTRODUCTION

Statement of the Problem

In 1975 approximately 600,000 of all live births were to mothers under the age of twenty. This is an increase of 2 percent over the preceding year (National Center for Health Statistics, 1977). Some of the reasons given for the increase in adolescent pregnancy include: (1) an increase in this age population (Nye, 1976), (2) a decrease in the age of menarche (Tanner, 1972), (3) peer group pressure or model imitation (Nye, 1976), (4) ignorance of birth control measures (Furstenberg, 1976), (5) lack of options (Hartley, 1975), (6) emotional problems (Young, 1954), (7) decline in adolescent marriage rates (Chilman 1976), and (8) changes in attitudes towards premarital sexual relations (Reiss, 1967). A great number of adolescent pregnancies seem unplanned or unintended (Furstenberg, 1976; Cobliner, 1974). Ladner's (1971) study in a low-income urban housing project revealed that many Black adolescents became pregnant because there are no strong stigmas against premarital pregnancy in that setting.

Adolescent pregnancy has been described as problematic for the adolescent, her unborn child, and the society. Premature births, severely malnourished infants, birth defects, and poverty have all been cited as consequences of adolescent pregnancy (Sugar, 1976).

One immediate problem for the pregnant adolescent is the question of continuing and completing her education. It has been found that girls have high aspirations but because of a lack of support by the school system and the community many pregnant adolescents are unable to complete their education and fulfill their aspirations (Braen and Forbush, 1975; Douvan and Adelson, 1966; and Furstenberg, 1976).

Societal problems include increased welfare dependency and threats to the social order, particularly the nuclear family (Gordon, 1978). When women conceive without societal sanctions, it is often viewed as deviant behavior (Reiss, 1967). This negative attitude by the broader community adds to the problems that the adolescent has to face as she approaches the birth of her child.

Perhaps, however, the main threat of adolescent pregnancies is that such pregnancies force

. . . a premature commitment for long-term responsibilities upon those who created this child. It is in this forced and premature commitment that the basic problem lies for the adolescent. Almost by definition, adolescence precludes any form of long-term commitment which might impose rigid restrictions upon one's emerging self-identity or life style. For a variety of important reasons, a premature commitment is a threat to the psychic structure of the adolescent (Maddock, 1973, p. 338).

This study was designed to explore and describe some of the parameters of adolescent pregnancy by examining the self-concept and level of aspiration of three groups of pregnant adolescents.

Need for the Study

Although many research studies concerned with adolescent pregnancy have been conducted, few systematically explore psychological variables in any depth using standardized instruments (Chilman, 1976). Few studies concerned with adolescent pregnancy control for age differences. Many studies have related the self-concept to behavior, however few studies have explored the relationship of aspirations to the self-concept of pregnant adolescents. Few studies have controlled for differences in ecological setting. This study was designed to correct some of these deficiencies. In addition to adding to our understanding of adolescent pregnancy this study could increase our scientific knowledge about personality theory.

The information gained from the study should be particularly useful for those social service agencies, school systems, and parents that plan programs and provide services for adolescent parents and their children. Finally, the information may point to some possible prevention strategies.

Purpose of the Study

The purpose of the study was to determine whether any differences existed in the self-concepts and aspirations of pregnant adolescents who attended school in three different settings. The self-concepts and aspirations of pregnant adolescents of different age levels were determined. The study was designed to provide basic information about the impact of pregnancy on the self-concepts and aspirations of pregnant adolescents of different age levels who were attending schools in different ecological settings.

Hypotheses

- Hypothesis 1. There will be no difference in the self-concept scores of pregnant adolescents attending three different schools.
- Hypothesis 2. There will be no difference in the self-concept scores of pregnant adolescents at two different time periods.
- Hypothesis 3. There will be no difference in the future aspirations of pregnant adolescents attending three different schools.
- Hypothesis 4. There will be no difference in the future aspirations of pregnant adolescents at two different time periods.
- Hypothesis 5. There will be no relationship between the self-concept scores and the future aspirations of pregnant adolescents.

Statement of Objectives

The overall objective of this study was to examine the development of self-concept of adolescent girls and

explore the relationship of the self-concept with aspirations. The specific objectives of this study were:

1. To determine and compare the self-concepts, as measured by the Tennessee Self-Concept Scale, of three groups of pregnant adolescents.
2. To determine and compare the aspirations and fears, as measured by the Cantril Self Anchoring Scale, of three groups of pregnant adolescents.
3. To compare the self-concepts of pregnant adolescents of different ages.
4. To compare the aspirations and fears of pregnant adolescents of different ages.
5. To determine whether the self-concept of pregnant adolescents is stable over time.
6. To determine whether the level of aspiration of pregnant adolescents is stable over time.

Conceptual Framework

This study takes a developmental point of view because "while it is true that each phase (of development) has its own characteristics, the progress through successive phases of development is largely influenced by the child's environment" (Fralberg, 1959, p. 192). Adolescence is a particular stage of development that presents many problems that must be resolved. One of the major problems is the ability to accept and relate in a particular way to socially prescribed sexual restrictions. The adolescent is now

capable of childbearing. However, the society demands that childbearing be delayed until the socially defined adult period is reached.

Another developmental task of adolescence is the one of exploring and defining future work roles and goals. Erikson (1968) states that the society provides a moratorium between childhood and adulthood for just such a purpose. Maddock (1973) believes that an adolescent pregnancy prevents a girl from adequately using the moratorium to explore further goals.

American society, as do all other societies, possesses standards that control the timing of all important life events. This scheduling has to correspond to biological development, but the culture dictates the rules and sets up constraints. The society sets the norms (Furstenberg, 1976).

Sexual relations are regulated by every society.

The sexual standard an individual holds is important in the sense that it relates to the social groups to which he belongs. . . . An individual's conception of the male and female role may well affect his choice of an appropriate occupation, his attitudes toward schoolwork, and his basic self-concept (Reiss, 1967, p. 5).

The norms that are established are devised to protect the society itself and its individual members. All have a stake in the development of the members of the society. Nevertheless, each society has members that do not adhere to the practices and stated norms of the culture. Although the norms for sexual behavior are set by society, basically

individuals have free choice and opportunity to behave as they desire. When a young adolescent becomes pregnant she is not following the prescribed norm.

In order to adequately describe human development, the study must be valid ecologically. That is, there must be direct and indirect measures of the person's enduring environment that has social and psychological meaning. The near environment includes the home, school, neighborhood, and people in differing roles and relationships to the child. The far or supporting environment limits and shapes what can and does occur within the near environment (Bronfenbrenner, 1974). For this study the school that the students attend is the near environment and the urban or rural setting is the supporting environment.

The self-concept as a part of self-theory is believed to play a vital role in controlling behavior (Wylie, 1974; Coopersmith, 1968). Perhaps adolescents who fail to use the moratorium in a socially acceptable fashion have low self-esteem and low levels of aspiration concerning their future.

In essence, adolescent pregnancy is a unique problem for that stage of development. A person in the childhood stages is incapable of childbirth, a person in adulthood is at the socially permissible childbearing stage. Only an adolescent is capable of a "too early" pregnancy. Therefore, it is necessary to study this developmental phase if we are to understand the problems of adolescent pregnancy.

Assumptions

1. It is assumed that the self-concept of adolescents can be measured by the Tennessee Self-Concept Scale.
2. It is assumed that the Cantril Self Anchoring Scale can accurately measure aspirations of adolescents.

Definitions

Adolescence.--The period of growth from the onset of puberty to the stage of adult development.

Self-Concept.--An organized configuration of perceptions of self (Wylie, 1974).

Identity.--"An optimal sense of identity . . . is experienced merely as a sense of psychosocial well-being. Its most obvious concomitants are a feeling of being at home in one's body, a sense of 'knowing where one is going' and an inner assuredness of anticipated recognition from those who count" (Erikson, 1968, p. 165).

Limitations of the Study

This study is limited by the fact that the data were not gathered from a randomly selected sample. All of the adolescents who participated in the study volunteered. In addition, because of the nature of the problem investigated, the group is a very select one that may not be replicated in any other situation.

The study is also limited by the use of the instruments chosen. Both of the instruments used in the study are "self-report" instruments, i.e., the individuals answering the questions are free to answer as they desire. There is no way of accurately determining the truth or falsity of their responses.

Finally, can the self-concept be measured? The basic assumption of this study is that it is possible to measure the self-concept; however, in as much as there is always error in any measurement, the study is so limited.

CHAPTER II

REVIEW OF LITERATURE

The literature pertinent to this study is reviewed in four areas: adolescent development, aspirations, the self-concept, and adolescent pregnancy.

Adolescent Development

Theories of Adolescent Development

According to Phillipe Ariès (1962) adolescence was not recognized as a stage of development until the eighteenth century. G. Stanley Hall, who was one of the first to research this age of development, felt that this period was key:

for those prophetic souls interested in the future of our race and desirous of advancing it, the field of adolescence is the quarry in which they must seek to find both goals and means. If such a higher stage is ever added to the race, it will not be by increments at any later plateau of adult life, but it will come by increased development of the adolescent stage, which is the bud of promise for the race (Hall, 1905, p. 50).

Adolescence is the period between childhood and adulthood. More specifically it is defined ". . . as that span of a young person's life between the obvious onset of puberty and the completion of bone growth" (Konopka, 1973, p. 292). This is a biological definition of adolescence.

Sociologically, adolescence is the period in the life of the person when the society ceases to regard him/her as a child but does not assign him/her full adult status, roles, and functions (Hollingshead, 1975). Konopka (1973) has defined the years from 12 to 15 as early adolescence, the years from 15 to 18 as middle adolescence, and the years from 18 to 22 as late adolescence. This latter age period is called youth by many writers such as Keniston (1977). Erikson (1968) calls this period ". . . a psychosocial moratorium during which the young adult through free role experimentation may find a niche in some section of his society . . ." (p. 156).

There are many theories of adolescent development. Erik Erikson has theorized that adolescence is the period in which the human resolves the identity crises. He has identified eight stages of development and eight corresponding psychological crises. According to Erikson (1963) the stages of development are: (1) infancy, (2) early childhood, (3) play age, (4) school age, (5) adolescence, (6) young adult, (7) adulthood, and (8) maturity. During the fifth stage, the individual attempts to resolve the identity/role confusion crisis. A final self-identity may not be obtained by the end of the adolescent period. Identity is a lifelong process which may become an acute problem during adolescence for a variety of reasons. ". . . in puberty and adolescence all sameness and continuities relied on earlier are more or less questioned

again, because of a rapidity of body growth which equals that of early childhood and because of the new addition of genital maturity" (Erikson, 1963, p. 261).

For the first time the individual is able to perceive a future as well as a past that is personally unique. Career plans are defined. Sexual identity is clarified. Failure to resolve the questions of self leaves the person confused as to his or her own identity. Erikson (1963) calls this "role confusion." Another problem that Erikson sees is that some adolescents define their identity too early without adequate experience or experimentation with various roles. On occasion the society forces or makes the commitment for the person.

In attempting to use Erikson's model to study Kibbutz education, Bettelheim (1969) found that Kibbutz children do not experience the identity crisis.

Indeed, no further psychosocial crises are necessary beyond Erikson's fourth, that of industry versus inferiority. Since the fifth struggle, the one for a personal identity, would almost have to take the adolescent caught up in it away from the kibbutz, it is not pertinent for those who will stay. Nor can this crisis really develop. Those who fit into kibbutz life have no need to struggle for identity of a personal nature, since the community so largely defines it for them. In this way, the kibbutz adolescent escapes the identity diffusion that afflicts so many of our middle-class adolescents . . . (p. 316).

Jerome Kagan (1977) also contends that the identity problem is not universal. In American culture, there does appear to be the need for the adolescent to resolve the identity crisis. Studies by LaVoie (1976), Marcia (1976),

and Waterman and Waterman (1975) all point to this period as being important for the development of the self-concept and identity in adolescents in the American culture.

The resolution of the identity crisis is not an easy process for all adolescents. Some writers have pointed to a major difficulty that the adolescent has in resolving the identity conflict--the length of the period of adolescence. The length of adolescence has been increasing rapidly over the last century; however, researchers have pointed out that there is less association of adults with these young people now than in the past. Most of their socialization takes place in their peer groups (Bronfenbrenner, 1970; Coleman, 1961; Riesman, 1950). A study by Condry and Siman (1974) indicated that children who associated more with their peers than with their parents were prone to perform negative acts. The children who spent more time with their parents had more socially approved behavior.

Both Coleman (1961) and Bronfenbrenner (1970) have pointed out the potential problem of age segregation of youth from adult influence. Bronfenbrenner states: "If children have contact only with their own age-mates, there is no possibility for learning culturally established patterns of cooperation and mutual concern" (1970, p. 117). These children are left to define for themselves what they will do and become.

Gisela Konopka (1973) views adolescence from an eclectic point of view.

Basic to our view is the concept that adolescents are growing, developing persons in a particular age group--not pre-adult, pre-parents, or pre-workers, but human beings participating in the activities of the world around them. In brief, we see adolescence not only as a passage to somewhere but also as an important stage in itself (pp. 297-298).

Important concepts in her view of adolescence are sexual maturity, withdrawal from adult protection, experimentation, and the reevaluation of values. The cultural context in which adolescents live is very important to this conceptualization of adolescence. In the book, Young Girls: A Portrait of Adolescence, Konopka (1976) listed societal attributes that would contribute to positive development of the female adolescent: (1) open and free government, (2) representative demoncracy, (3) rule by law, (4) egalitarian and non-discriminatory practices, and (5) pluralism. She agrees with Erikson that adolescents must have adequate time and experimentation to develop their own identity. Further, she seems to be in agreement that a too early commitment to one role may be damaging to the emerging self-concept.

Joyce Ladner (1971) takes a sociohistorical perspective in describing lower socioeconomic status Black adolescents.

Perhaps the most decisive factor that influences the child-rearing patterns of the Black lower class relates to the oppression that even its children must endure and learn to deal with. Unlike the white middle-class child, Black children must also be subjected to the second-class citizenship of their parents (pp. 44-45).

Her particular emphasis was on the history of this minority group--slavery and also its African heritage. Other

researchers seem to be in agreement with her that growing up Black in America is qualitatively different from growing up White in America (Billingsley, 1968; Wilkinson, 1975). There are not many role models in these low income communities that fit the middle-class ideal.

A disproportionate number of blacks are unemployed and poor even though there are many who are in the middle and working classes. Very few are in the upper classes. None is a member of the corporate rich (Wilkinson, 1975, p. 288).

What affect prolonged poverty and limited prospects for the future have upon the development of the adolescent is not clear.

The tragic irony--not only for the hard-core poor themselves, but for the nation as a whole--is that while the majority of American youth are sharing an ever greater affluence and unparalleled job opportunities, the position of the poor, particularly the ethnically rejected poor, has tended to worsen. Millions of middle- and lower-class Americans, including millions of blacks, are making steady advances, but millions of others are falling ever further behind (Mussen, Conger, and Kagan, 1969, p. 726).

Another theory of adolescent development is the psychosexual theory of Peter Blos (1962). Peter Blos and Erik Erikson developed their theories of development after having studied with Sigmund Freud (Biehler, 1976). Erikson interpreted adolescent development in terms of the cultural and social impact. Blos' (1962) interpretations more closely followed Freud's psychosexual development. He points out that in order to understand adolescence, it is necessary to understand the nature of earlier stages of psychosexual development. He believes that peers give the elementary age child much of

his/her sense of satisfaction. With puberty emerges a great deal of sexual energy.

Blos agrees with Erikson that the final phase of adolescence is a time of crisis and that the young person experiences a need to consolidate and integrate feelings about self. He describes adolescence in these terms:

Adolescence is . . . viewed as the sum total of all attempts at adjustment to the state of puberty, to the new set of inner and outer--endogenous and exogenous--conditions which confront the individual. The urgent necessity to cope with the novel condition of puberty evokes all the modes of excitation, tension, gratification, and defense that ever played a role in previous years--that is, during the psychosexual development of infancy and early childhood. This infantile admixture is responsible for the bizarreness and the regressive character of adolescent behavior; it is the typical expression of the adolescent struggle to regain or to retain a psychic equilibrium which has been jolted by the crisis of puberty (Blos, 1962, p. 11).

Physical and Cognitive Development in the Adolescent

Early adolescence is the second most rapid period of growth in the human (Erikson, 1968; Lipsitz, 1977; Tanner, 1972). After the period of early childhood, the rate and tempo of physical growth and development is steady. However, with the onset of puberty the rate of physical growth increases rapidly. This rapid change in physical development is also accompanied by increasing self-awareness. During the earlier period of growth, the child was basically unaware of the changes taking place within the body. The adolescent, as well as those around him/her, are very cognizant of the changes that are taking place. After the initial rapid rate

of growth, a gradual slowing down does occur until full adult height is reached at about eighteen for females and about twenty or twenty-one for males (Tanner, 1972).

An important historical development is that in most modern societies, particularly the United States, the onset of puberty is occurring at an earlier age. The rate of maturation seems to be dependent upon a complex interaction of genetic and environmental factors (Hunt, 1976; Tanner, 1972).

It should be emphasized that there is great variability in the rate of change during this period. Not all children develop at the same rate. Much internal stress is caused by the fact that there are different rates of growth in physiological development and in the development of secondary sex characteristics. Being "different" causes many of the problems for this age group (Thomas, 1973).

This period is important for its role in the process of cognitive development. By the time that most adolescents are sixteen, they are capable of most formal operations. This concept is based on cognitive theory of development (Biehler, 1977). Kohlberg (1972) has pointed out that some adults never reach full formal operational thought. He stated that being capable of formal operations implies that:

. . . the adolescent can classify classifications, that he can combine combinations, that he can relate relationships. It implies that he can think about thought, and can create thought systems or "hypothetico-deductive" theories. This involves the logical construction of all possibilities--that is, the awareness of the observed as only a subset of what may be logically

possible. In related fashion, it implies the hypothetico-deductive attitude, the notion that a belief or proposition is not an immediate truth but a hypothesis whose truth value consists in the truth of the concrete propositions derivable from it (p. 154).

Adolescent Sexuality

In addition to physical development, "The period from twelve to sixteen is the period of priority in developing and integrating the sexual into general patterns of gender development in Western societies" (Gagnon, 1972, p. 255).

Any discussion of human sexuality must recognize the degree to which modern thinking about sexuality has been dominated by the work of Sigmund Freud (Gagnon, 1972). Freud contends that a child becomes a sexual being during the adolescent stage of development (Biehler, 1976). Heterosexual desires become important at this stage of development.

The work of Freud stimulated an interest in trying to understand the sexual nature of humans. Many studies have been conducted to understand this area of human development.

One of the most scientifically valid studies using adolescents was conducted by Kantner and Zelnik (1972). They conducted a study of premarital coital behavior using a national probability sample of girls between the ages of 15 and 19. They found that 40 percent of the 19 year olds had had premarital intercourse: 40 percent of Whites and 80 percent of Blacks. Of those who were sexually active, 53 percent failed to use any kind of contraceptive; among

the youngest groups--those 15--the figures reaches 71 percent. This study did not find any regional differences in the sexual behavior of the adolescents who participated in their study. However, they did find that the rates for coital activity were higher for females who had moved from farm to urban areas, especially if they were poor, Black, and lived in the central city.

Studies have consistently indicated that Black teenagers begin coital activity earlier than Whites and have a higher rate of activity than Whites (Chilman, 1976; Jessor and Jessor, 1975). However, the Kantner and Zelnik (1972) study found that Black teenage girls who came from families in which the father had graduated from college had premarital coitus rates similar to White girls of analogous families.

Other studies have indicated that the rate of premarital intercourse is increasing at all age levels and in all socioeconomic groups (Chilman, 1976; Furstenberg, 1976; Jessor and Jessor, 1975; Kantner and Zelnik, 1972; and Reiss, 1968).

Summary

Adolescence is the second most rapid period of growth in the human. In addition to physical development and maturation, sexual and cognitive maturity is reached during the adolescent period.

Many researchers have postulated theories about this stage of development. One of the most widely researched

theories is the one proposed by Erik Erikson. His theory is based on the assumption that there are crises that must be resolved at each of eight developmental stages. Adolescence is the period in which the identity crisis must be resolved. Part of the identity crises is concerned with role definition and experimentation. The society allows the adolescent this period of time between childhood and adulthood as a moratorium period to experiment with different roles to determine ultimate aspirations.

Psychosexual, eclectic, and sociohistorical theories were discussed. One theorist, Gisela Konopka (1973) emphasized the developmental differences in the different age level adolescents.

Changes in adolescent sexual behavior were discussed. Socioeconomic and racial differences were noted in sexual behavior.

Aspirations

Since individuals hold a number of aspirations simultaneously, it is probable that adolescents will be concerned about a number of future goals. They would, therefore, hold a set of status goals, more or less integrated and differentially valued (Merton, 1957). This concept has especial relevance to the status attainment process, because in order to predict goal-oriented behavior, one must have knowledge about the individual's defined goals and any conflicts between goals.

Sex role confusions may cause various problems for adolescents trying to develop a clear sense of identity, but according to Erikson (1968) occupational choice is perhaps the major decision leading to a sense of identity. The occupation one chooses influences other aspects of life such as the amount of money that can be earned and where and how the individual will live.

A comprehensive study by Little (1967) found that lower socioeconomic status students have lower career aspirations than middle socioeconomic status students. Public and private high school graduating seniors were used in this study. The study included all the graduating seniors in one state. At the time of graduation each student was asked what occupation he/she hoped to enter. These choices were later compared to the jobs that were actually attained. The lower socioeconomic status students' later actual job attainments were quite close to their aspirations.

Hoppe's (1930) concept about level of aspiration may help in interpreting these findings. He observed that people tended to set a level of aspiration in an effort to achieve a compromise between two conflicting tendencies--(1) the desire to succeed at the highest possible level, and (2) the desire to avoid disappointment accompanying failure.

Douvan and Adelson (1966) found sexual differences in identity and level of aspiration of adolescents. They explained the adolescent experience in much the same terms as Erickson: "The normal adolescent holds, we think, two

conceptions of himself--what he is and what he will be--and the way in which he integrates the future image into his current life will indicate a good deal about his current adolescent integration" (p. 23). They found after lengthy interviews with many adolescents that there is a masculine and feminine identity and that in general identity for girls is much more vague than for boys. In addition, girls have a higher level of aspiration than boys. The measurement for boys' aspirations were related in terms of their career goals as opposed to current jobs held by their fathers. The investigators had to compare the girls' aspirations in terms of their hopes for their future husbands' job categories. They assume that the ability to integrate the future to present life situation and current self-concept is the best measure of overall integration in adolescents.

Katheryn Thomas (1971) also examined the aspirations of girls. Although her sample was restricted to rural Black and White girls, the findings were in basic agreement with the Douvan and Adelson study. She found that aspirations were higher than expectations and that this direction did not change over the two year period in which the girls were questioned. The girls were high school sophomores at the beginning of the study. The study focused on the integration of occupational and educational aspirations with expectations about marriage and future familial status-roles. Integration was considered in terms of how well job aspirations related to projections about marriage and motherhood. Aspirations

always remained high regardless of familial role-status expectations. That is, as the desire for education increased, the desire for children decreased.

An explanation of why adolescents have high aspiration levels was offered by Murray and Kluckhohn (1959). They speculated that one of the functions of personality was to lower aspirations to realizable levels. They felt that through experience persons would come to realize that all needs could not be fully satisfied. Perhaps adolescents have not had enough experiences to cause them to lower their aspirations.

A study by Schwab (1974) may also offer some explanations concerning the Thomas study. Schwab (1974) used 248 male eleventh grade high school students to examine the relationship between self-concept and vocational maturity, as independent variables, and the level of occupational choice, the dependent variable. The students were placed in four groups according to self-concept scores and vocational maturity scores:

1. high self-concept and high vocational maturity,
2. high self-concept and low vocational maturity,
3. low self-concept and high vocational maturity, and
4. low self-concept and low vocational maturity.

He found that high school males who had high self-concepts and high vocational maturity had significantly lower discrepancy scores on the level of occupational choice than did the high vocational maturity and low self-concept group.

Furthermore, the low self-concept and low vocational maturity group had significantly smaller discrepancies than did the high vocational maturity and low self-concept group. This finding indicates that there must be congruence between self-concept and level of aspiration for integration to take place.

Different instruments have been used to measure most psychological variables (Anastasi, 1968). Many of the studies concerned with aspirations have used various techniques of gathering data. Hadley Cantril (1963) developed a "self-anchoring" scale that could be used in different countries to measure individual attitudes about personal progress and future aspirations. The "self-anchoring" scale devised by Cantril solves two major problems in measuring aspirations:

On the one hand, it is necessary to get people to voice their concerns and aspirations in their own terms; on the other, this information must be secured in such a form that the responses of different individuals and groups of individuals either within the same society or in different societies can be compared to one another in some meaningful way. . . . a present ladder rating of "6" for an upper-middle-class housewife in the New York suburbs is the psychological equivalent of a "6" rating for a sharecropper in the Southwest, even though the substance of their hopes and fears may differ markedly (Cantril and Roll, 1971, p. 17).

The Cantril Self Anchoring Scale has been used in a number of national and international surveys to determine what the future aspirations are for the various nations (Cantril and Roll, 1971).

Summary

Murray and Kluckhohn (1959) have identified personality as being important in controlling the level of aspiration. Cantril (1963) devised a measuring instrument that can be used cross-culturally to measure the level of aspiration.

Aspirations are believed to be important in forming a sense of identity. Sexual and socioeconomic differences were noted in the level of aspirations. Males have lower levels of aspirations than females. However, female identity is much more vague than male identity (Douvan and Adelson, 1966). There are also differences in the level of aspirations of different socioeconomic status students. Racial differences were also noted.

It was speculated that in order for personality integration to take place, there must be congruence between self-concept and level of aspiration.

Self-Concept

The self is essentially an abstraction of what one believes or remembers (Rogers, 1977). The self-concept is one's conscious perceptions of self. One of the most critical aspects of the self-concept is that of self-esteem which refers to an individual's judgment of personal worth (Coppersmith, 1967). In fact, self-esteem and self-concept are often used synonymously in the literature.

Another term that is often used for self-concept is that of identity. Rogers (1977) however, states that "self-concept embraces an individual's total picture of self, whereas identity refers to feelings of distinctiveness from others" (p. 123). In discussing the issue Erikson observed that:

It would be obviously wrong to let some terms of personology and of social psychology often identified with identity or identity confusion--terms such as self-concept, self-imagery, or self-esteem, on the one hand, and role ambiguity, role conflict, or role loss, in the other--take over the area to be studied, although teamwork methods are, at the moment, the best approach in this general area. What these approaches as yet lack, however, is a theory of human development which attempts to come closer to something by finding out wherefrom and whereto it develops. For identity is never "established" as an "achievement" in the form of a personality armor, or anything static and unchangeable (Erikson, 1968, pp. 23-24).

Carl Rogers (1951) defined self-concept "as an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and attitudes, the percepts and concepts of the self in relation to other and to the environment; the value qualities which are perceived as associated with experience and objects; and goals, and ideals which are perceived as having positive or negative valences" (p. 136).

Self-Concept Formation

According to Dorothy Rogers (1977) the infant is born without any feeling that could be called a self-concept. The

first step towards a self-concept is the discovery of one's own body as being separate from that of all others.

The family plays an important rôle because it is the first and most consistent "other" that the child experiences. Peers also are reported to have a major impact on the development of the self-concept. In a study examining the self-concept of adolescents and their feelings towards parents and friends, using 138 eight graders and 139 eleventh graders, it was found that feelings towards family were more related to self-concept; the relationship does decrease with age (O'Donnell, 1976). Self-concept was measured by the Tennessee Self Concept Scale.

Comer and Poussaint (1975) postulated that parental influence may be greater in early adolescence and peers may be more influential in later adolescence. A study by Schwartz and Baden (1973) indicated that the impact may not be that simple. The Schwartz and Baden study examined the significant others of low socioeconomic status and middle socioeconomic status girls. It was found that the young low socioeconomic status girl's self-concept was more influenced by her mother and teachers. The older lower socioeconomic status girl is influenced by her mother and best friends. Middle socioeconomic status young girls are more influenced by their fathers, and teachers and peers, while the older girls are influenced by their mothers, fathers, teachers, and best friends.

In a study concerned with identity and self-concept development in middle adolescence, LaVoie (1976) found that self-concept increased with age. Boys had higher total self-concept scores than the girls. The subjects in this study were sophomore, junior, and senior high school males and females. The students who scored high on identity had significantly higher total self-concept scores. This study used the Tennessee Self Concept Scale.

Other researchers have found that self-concept may decrease in middle childhood and that there are sex differences in self-concept. In a study using Korean-American and Black Americans elementary school children in the third, fourth, fifth, and sixth grades, Chang (1975) found that self-concept scores declined at the higher grade levels. She used the Pier-Harris Children's Self-Concept Scale, The Way I Feel About Myself.

Bohan (1973) found in comparing fourth, sixth, eighth, and tenth grade girls and boys on the Coopersmith Self-Esteem Inventory, that tenth grade girls were significantly lower in self-esteem than all the other groups. All of the subjects in this study were from middle class white-collar and professional families. One explanation offered by the investigator for the findings was that the adolescent girls were now cognitively aware that their status was not as highly valued by the society as was the male status. A similar explanation was offered by Ruth Lyell (1973) when she compared a group of working young adult males, with a

group of unemployed young adult women, and a group of adolescent females and a group of adolescent males. She found that the employed males had the most positive self-concept of the four groups.

Self-Concept and Behavior

There is evidence that children's behavior in any specific context is determined by the way they perceive themselves (Rogers, 1977). Self-concept about one's adequacy may be thought of as consisting of both highly situation specific performance expectations. According to Mischel (1976) specific expectancies refer to the individual's expectancies that a particular set of behaviors on his/her part will lead to particular outcomes in the specific situation to be confronted.

In a study conducted to analyze the differences between highly competent adolescents, randomly selected adolescents, court referred adolescents, and institutionalized adolescents on the Tennessee Self Concept Scale, Light (1976) found that the highly competent girls received significantly higher scores than the other three groups. The randomly selected group and the court-referred group had similar scores. The institutionalized adolescents had the lowest scores on the test. All of the subjects in this study were female. The highly competent group had a mean total score of 342, the randomly selected had a score of 309.7, the court referred group had a score of 312.6, and the institutionalized delinquents had a mean total of 295.35.

Coopersmith (1968) also found behavioral differences in a group of middle-class urban boys aged 10 to 12 who had three levels of self-concept--high, medium, and low. This study was conducted over an eight year period and compared the boys' memories, perceptions, level of aspirations, conformity, and responses to stress. The researcher examined the boys' levels of ability, personality traits, attitudes, and styles of response. The study included interviews with parents of the boys that examined factors of upbringing or experiences that might be related to each boy's self-concept. There was some indication that self-concept is self-defined and based on the individual's personal achievement and the treatment that the person receives in his/her own environment.

An additional finding of this study was that the boys' self-estimations of their self-concepts matched that of their teachers and agreed with scores on other psychological tests in 80 percent of the cases. Other important findings from this major longitudinal study was that boys with high self-concepts were active, successful academically and socially, not overly sensitive to criticism, and they were not anxious. High self-concept was not related to physical attractiveness, size of family, social position, economic level, or mothers' employment status. The boys with medium self-concept were similar to high self-concepts boys in most characteristics. However, the medium self-concept boys showed the strongest tendency to support the middle class

value system and compliance to its norms and demands. These boys were also the most uncertain in their self-ratings of their personal worth and tended to be particularly dependent on social acceptance. Low self-concept boys were discouraged and generally depressed.

The level of aspiration was positively related to self-concept. The results showed that high self-concept boys had higher aspirations and were more successful in achieving their goals. "In tests designed to indicate the level of goals they set for themselves the high esteem boys had a mean score of 86.3; the medium esteem group, 76.7; the low-esteem group, only 70.1" (Coopersmith, 1968, p. 100). The relationship between the boys and their parents seemed to be important in fostering high self-concept. The parents of boys with high self-concept had high standards and were not permissive.

The basic assumptions underlying research in the area of self-theory is that one can predict behavior from the self-concept (Fitts, 1972; Wylie, 1974). It is also assumed that the trait is stable. However, some researchers have found that the self-concept does change.

In a study of 25 unwed mothers who were residents of a special home for unwed mothers, it was found that:

upon admission to the home, the subjects viewed themselves as differing greatly in interpersonal behavior from their conception of what they and their parents would have liked them to be, and as differing especially from their conception of what most other teen-age girls are. A week after postpartum, however, the subjects saw themselves as being significantly more like other

teen-age girls and more like what they and their parents would like them to be (Kogan, Boe, and Valentine, 1965, p. 9).

All of these girls gave up their babies for adoption. The mean age for the group was 16.5. The instrument was Logan's Revised Interpersonal Check List containing 64 items.

Butler (1970) found that the college experience changed the self-concept of first term students. Both Black and White students experienced a decrease in self-concept. Urban Black freshmen students had an increase in concept of physical self. This study included 180 students and used the Tennessee Self Concept Scale.

Social climate or events can also influence the self-concept. Jeffrey Jacques (1976) found that southern Blacks had very high self-concepts. He credited his finding to the changes that have taken place in the American society, particularly the increased interest in Black studies and history.

William Fitts (1972), the developer of the Tennessee Self Concept Scale, has compiled a great deal of evidence indicating that the self-concept is positively related to behavior. The 1972 monograph provides an overview of research activity he has been involved in from 1953 to 1972. He cites research studies on juvenile delinquency, vocational rehabilitation, and psychopathology as evidence that the self-concept is a significant variable in human behavior.

Not all studies have found a consistent relationship between self-concept and behavior. For example, Jessor and Jessor (1975) found that there were no differences in

self-concept scores of high school females who were sexually active and those who were not sexually active. However, high school males who were sexually active had significantly higher self-concept scores than those males who were not sexually active. The sexually active high school females scored significantly lower in items concerned with future expectations and in a motivational variable the researchers called values on achievement. That is, the sexually active females placed little value on academic achievement.

The Jessor and Jessor (1975) study was conducted over a four year period of time and used a fifty page questionnaire to gather the data. Data were collected in April and May of each year.

Summary

Self-esteem and self-concept are often used synonymously in the literature. Many persons use the term identity for self-concept. However, Dorothy Rogers (1977) distinguishes between the two concepts. She defines the self-concept as the individual's total picture of self. Identity is defined as feelings of distinctiveness from others.

Erikson (1968) combines the two definitions to form his definition of identity. In addition he adds three other important concepts to his definition of identity: a sense of well-being, a sense of knowing where one is going, and assurance of recognition from important others.

The family and peers were identified as being important in the development of a positive self-concept.

Age, race, socioeconomic status, and sexual differences were noted in self-concept formation.

Most personality theorist believe that there is a positive relationship between behavior and self-concept. However, a review of the literature in this area indicates some inconsistencies.

Adolescent Pregnancy

Although the overall birthrate in the United States has been declining, the number of children being born to mothers under 20 years of age has been increasing over the past few years (National Center for Health Statistics, 1977). A close examination of the data indicates that the greatest increase has occurred in the 15 to 17 age range.

Betty Moore Plionis (1975), in a review of the literature concerned with adolescent pregnancy found great theoretical disarray. She described the various camps postulating causes of adolescent pregnancy: psychological views, sociological views, views concerned with pathology and stress, medical views, economic views, and the view of adolescent pregnancy as a social problem.

Hartley (1975) has classified various theories that deal with the causes of illegitimacy: (1) physical features, including race and geography; (2) psychological explanations such as the personality problems of unwed mothers, unconscious

but purposive behavior, and unsocialized personalities; (3) structural explanations including poverty, living conditions, number of women in the work force, sex ratio, and social disorganization; (4) cultural explanations including cultural relativism, value stretch, religion, general education and sex education; and (5) single versus multiple causation.

In 1971, Johnson noted that most research on adolescent pregnancy concentrated on the fact that the pregnancy occurred outside of marriage. She claims that ". . . the adverse effects of adolescent pregnancy have been shrouded by moral precepts" (Johnson, 1971, p. 1). The problem for her is one of age regardless of whether the person is married or not.

An additional problem in this area is that an accurate count of the number of pregnancies outside of marriage is difficult to secure (Krammerer, 1918; Pope, 1967; Vincent, 1961; Young, 1954). Over sixty years ago Kammerer (1918) observed that "A certain group of the population, . . . is possessed of a sufficient means to enable them to secure abortions which again prevent the registration of their illicit sex intercourse from the pages of the birth register" (p. 2). Clark Vincent (1961) indicated that the protective attitude towards middle-class illegitimacy may be changing. However, he did find that research in the area of pregnancy among unwed mothers tend to focus upon only certain groups of unwed mothers--the lower socioeconomic status mother.

It is easier to obtain information from public clinics and public hospitals than it is to get information from private physicians and hospitals. Pope (1967) found the same situation to be true when attempting to interview all the females in one state that had given birth out of wedlock. The investigator could not locate most of the white middle-class unwed mothers from the information given on the birth records. In recent years the National Center for Health Statistics has provided accurate statistics for adolescent pregnancy.

Causes of Out of Wedlock Pregnancy

Over the years many explanations have been given about the causes of out of wedlock pregnancy. In 1918 Kammerer listed eleven causative factors of unwed pregnancies. He studied the case records of 500 women ranging in age from 13 to over 30. According to his analysis, most of the unwed mothers came from bad home conditions. The next largest group was identified as having bad companions and bad environments.

A more recent explanation of premarital pregnancy was offered by Young (1954). She described out of wedlock pregnancy as a deliberate compulsive act.

Why does a girl have to bear a baby at such a cost to herself! The answer can only be sought in her past life, her home and her childhood. Like every human being she responds dynamically to her particular life situation. The question is what particular combinations of factors and circumstances produces that psychological development which finds its expression in an out-of-wedlock child (Young, 1954, p. 39).

Young's answer is that these girls are driven by one of their parents. "The great majority of unmarried mothers come from homes dominated by the mother" (Young, 1954, p. 41). Her observations were based on active case work with 350 unmarried mothers and approximately 1,000 other case records from social workers in public and private agencies. All age levels were represented in her sample.

Furstenberg (1976) seems to believe that many adolescent pregnancies are not "caused," they are simply unplanned. The adolescents are aware of birth control, but just did not use them. He cites two factors he believes contributes to the increase in teenage pregnancy: (1) the changing patterns of sexual behavior that expose a greater number of unmarried teenagers to the possibility of pregnancy, and (2) the tendency to delay marriage.

One other researcher who believed that adolescent pregnancy is unplanned is Cobliner. He describes it as the "unanticipated consequence of their sexual activity" (Cobliner, 1974, p. 20). The study by Cobliner was concerned with the role of cognitive function in adolescent pregnancy. A sample of girls who had abortions was used to test the supposition that the adolescents who wanted to avoid pregnancy and were aware of birth control measures, were not capable of anticipating all the possible outcomes of their behavior. In other words, these adolescents had not reached the level of formal operation as far as cognitive development was concerned.

Many researchers have pointed to the fact that there is an apparent link between early sexual maturity, sexual permissiveness, increased premarital sexual experiences, increased age of first marriage, lack of accurate knowledge about contraceptives, and increased rate of adolescent pregnancy (Chilman, 1976; Furstenberg, 1976; Morris, 1974; Pope, 1967; Zelnik and Kantner, 1974).

Some persons believe that women who become pregnant before they marry are deviants. Pope (1967) argues against the deviant model of adolescent pregnancy. He interviewed almost 1,000 unwed mothers of all age levels and found that by all normal standards most of the women could not be considered deviant, nor were their sexual partners deviants. The majority of the couples were in long-term relationships when the women became pregnant. The study was concluded with this summary:

That some courtships produce illegitimate births is not surprising in a period in which American youth exercise much control over their courtship activity, given a culture that emphasizes the importance of sexual attractiveness. Many couples engage in premarital sexual relations, and yet some unknown proportion of these avoid having children--either through contraception or abortion or because they are not fertile. Others get married after a premarital pregnancy but before a premarital birth (Pope, 1967, p. 567).

Nye (1976), in his analysis of the consequences of school-age parenthood, implies that one cause of teenage pregnancy is peer pressure to engage in premarital sexual intercourse. Joyce Ladner (1971) pointed to peer pressure as one of the major causes of adolescent pregnancy in the community she studied.

Consequences of Adolescent Pregnancy

Details concerning the consequences of adolescent pregnancy abound in the research and theoretical literature (Baizerman, Sheehan, Ellison, and Schlesinger, 1971). They emphasized that when adolescent pregnancy is conceptualized and studied as a medical problem, factors such as race, social class, familial relationships, peer relationships, and social living situations are not included.

A number of adverse health outcomes for the pregnant adolescent have been reported in the literature. Sugar (1976) conducted a cross-cultural study dealing with the dangers to the mother and the child when the mother begins her childbearing at an early age. He defined early age as being under 20. He found that there was higher maternal mortality, severe anemia, complicated labor, and higher prematurity among the young mothers. In addition, among the population he studied there was higher parity among these young women.

Rains (1971) points out that repeated pregnancies by teenagers are detrimental to the health of infants. In a study of the data on adolescent pregnancies, it was found that infants born to teenage mothers are more likely to die before their first birthday; birth defects are more prevalent among babies born to teenagers (Nye, 1976)

A major health problem for pregnant teenagers is abortion. Zelnik and Kantner (1974) found that about

35 percent of pregnant White teenagers aborted, while approximately 5 percent of the pregnant Black teenagers aborted.

In 1969 the fifth leading cause of death among female teenagers 15 to 19 years of age was complications of pregnancy, childbirth, and the puerperium (National Center for Health Statistics, 1974).

Osofsky, Osofsky, Kendall, and Rajan (1973) found that with good medical treatment there was a decrease in prematurity and perinatal mortality among 490 girls enrolled in a program for adolescent mothers. This study implies that medical problems are not necessarily the obvious outcome of an adolescent pregnancy.

A number of other problems have been positively associated with adolescent pregnancy.

Maddock (1973), using Erikson's concept of identity, speculated that an adolescent pregnancy might be damaging to the adolescent's psychic structure. He believes an adolescent pregnancy does not allow the adolescent adequate time to experiment with different roles before a final adult commitment is made.

Johnson (1972), Furstenberg (1976), and Hunt (1976) found that one of the most detrimental social consequences of adolescent pregnancy was that education was interrupted and careers were also interrupted.

Furstenberg (1976), conducted a longitudinal study that compared pregnant adolescents with their peers who did not have an out of wedlock child. He found that early

pregnancy did create a distinct set of problems for some adolescents. There were problems in marriage, disruptions of schooling, economic problems, childrearing problems, and family size regulation. However, a proportion of the young mothers were able to surmount all of the problems and achieve life plans.

Sauber and Corrigan (1970) agree with Furstenberg that for the great majority, this experience has not been the beginning of a life of promiscuity, instability, and dependency. "The majority have coped very well, pursuing their lives in different ways, with the result that, six years after their first child was born, they have in most respects blended into the general population of mothers and children . . ." (Sauber and Corrigan, 1970, p. 157).

Another social consequence of adolescent pregnancy is that more children are being reared in single parent families by very young parents (Chilman, 1976; Furstenberg, 1976; Zelnik and Kantner, 1974). Zelnik and Kantner (1974) found that about 2 percent of the Black girls gave up their children for adoption; 18 percent of the White adolescents give up their children for adoption. The authors point out that about 35 percent of the pregnant teenagers marry before the infant is born. Again there were racial differences--whites are about 5 or 6 times more likely to marry before the birth of the child than Blacks.

Pope (1969) found similar racial differences in his study concerned with premarital pregnancy. This particular

study followed 205 unwed mothers and their first born children for six years. The study did point out that the younger the woman was when she had her first child, the more difficult were her life chances. This is in basic agreement with the Furstenberg study.

Most researchers in this area have listed the financial costs to society of unmarried pregnancy. Perhaps this finding is related to the fact that most researchers have dealt with low income subjects (Vincent, 1961).

Prevention of Early Pregnancy

"Most, possibly all, would agree that for one girl in ten to be a mother at age 17 or younger does constitute a problem for those involved and for the American society" (Nye, 1976, p. 20). In this regard many of the researchers concerned about adolescent pregnancies have proposed preventative measures and policy statements. Most of these proposals are speculative and not based on empirical data.

Nye (1976) made several suggestions for the teenagers themselves and their parents. Students were advised not to pressure each other, and if they were sexually active they should take precautionary measures. The parents of the teenagers were encouraged to keep communication channels open; to remember that they have a right and a duty to be concerned about their children's behavior; to support their adolescent's efforts to resist peer pressure; parents should try to help their children develop a sense of responsibility.

According to Furstenberg (1976), the greatest need is to better distribute social resources, the school should become an active participant in prevention of early pregnancy; services should be less crises oriented; service delivery should be improved and services should be expanded.

Catherine Chilman (1976) has suggested that adolescent self-concepts be improved in order to decrease the incidence of early pregnancies.

According to Hartley's (1975) concatenated theory, one way to decrease out of wedlock pregnancies is for the society to offer more meaningful options to females of childbearing age.

Coblner, (1974) using the theory of cognition development, made the following suggestions to prevent adolescent pregnancy:

We submit that adolescents and many other persons have not, as yet, fully reached the stage of operative thinking. In order to influence them to practice birth control, constant and effective stimuli that act on their imagination . . . will set off necessary feedback loops for action, namely, contraceptive practice (Coblner, 1974, p. 25).

Summary

Single and multifactor explanations about adolescent pregnancy were discussed.

Research has shown that pregnancy during the adolescent stage of development can be problematic for the adolescent, her unborn child, and the society. Many causes and consequences of adolescent pregnancy have been documented

by researchers. However, as would be expected from an issue as complex as this one, much of the information is conflicting and results of studies are often confusing. Much of the confusion is caused by inexact measures and lack of clear variables. For example, much of the research concerned with unwed mothers does not report exact age differences. Very limited research concerns itself with pregnancy in the early adolescent stage of development, especially those under sixteen years of age. Few studies have systematically examined psychological variables and adolescent pregnancy.

Various suggestions have been offered to prevent a too early pregnancy. Included in these suggestions are the following:

1. Peers are advised not to pressure each other to become sexually active.
2. Parents are encouraged to keep communication channels open and to support their children's efforts to resist peer pressure.
3. Parents are encouraged to help their children develop a sense of responsibility.
4. The distribution of social resources should be made more equitable.
5. Schools should be made actively involved in trying to prevent adolescent pregnancies.
6. Service delivery should be improved, expanded, and should be less crises oriented.

7. The society should offer more meaningful options to women of childbearing age.
8. The self-concept of adolescents should be improved to help decrease adolescent pregnancies.

Conclusion

Adolescent pregnancy is considered to be a social and health problem. The review of the literature indicates that there is still a need for additional information about the causes and consequences of adolescent pregnancy. Studies concerned with preventive strategies are also needed.

The literature review has shown the uniqueness of the adolescent period for the development of a clear identity, positive self-concept, and realistic aspirations for the future.

This study will examine some of the consequences of adolescent pregnancy by exploring the effects of pregnancy on the self-concept and aspirations of three groups of pregnant adolescent.

CHAPTER III

METHODOLOGY

This chapter provides a description of the sample, the procedures used in the study, a description of the instruments, the design of the study, the testable hypotheses, and a discussion of the data analysis.

Description of the Sample

The thirty-nine subjects for the study were enrolled in three different schools designed for pregnant adolescents in two cities in Michigan. All of the students in this study were unmarried, ranged in ages from 14 to 18, and were in grades 8 to 12. This was the first pregnancy for each student. All the students used in this study were volunteers.

This study explored the self-concept, as measured by the Tennessee Self Concept Scale, and aspirations, as measured by the Cantril Self Anchoring Scale, of pregnant adolescents from different ecological settings. The first difference is a small city versus large city differences, and the second is a public versus private facility variable.

The age of the adolescents is another factor that was important and therefore had to be considered in using students in the study. The student must never have been

married and this must be a first pregnancy. In addition to the above criteria, all of the subjects had to express a willingness to participate in the study and the school personnel had to be willing to participate in the study.

There was an indirect control of economic and academic variables. The students in the urban school were of low academic ability and had low incomes. Students in the small city and private school were from moderate income families and had varied academic abilities. The urban school was specifically set up for low income, low achieving students. The other two schools received any student who was pregnant and wanted to leave the regular classroom during her pregnancy.

An essential of the study was that the adolescent must be currently enrolled and attending school. This was felt to be important so that the students would not be faced with the dilemma of how to continue their education. The pregnancy would be the main problem facing the adolescent at this time.

Subjects

Small city school group.--The subject attended a public school in a small city of approximately 40,000. This school was approved by the state as an alternative school for pregnant students. The classroom that the students used was in a large modern vocational education facility. The school was supported by the county and had

students in attendance from throughout the county. Nine girls met the criteria at this site. Five other students volunteered to participate but did not meet the criteria of the study and were therefore dropped from the study. Three of the students were repeat pregnancies and two of the students were married. According to the staff most of the students were from predominantly moderate income families. Academic ability was varied.

Urban school group.--Thirteen students volunteered to participate from this school. Two other students volunteered but did not meet the study criteria. Both of these students had given birth to their babies. This school was housed in an old building that had served many purposes in its obviously long history. The school was located in an urban area with a population of over one million. This school was specifically organized to serve low income, underachievers. Underachievement was defined as being two grades behind in mathematics and reading ability.

Private school group.--The 17 students in this group were attending a private school run by a social service agency that is nationwide in scope. The school was an approved school and was located in a metropolitan area. Twelve of these students were residents of the facility and five of them commuted to the school on a daily basis. The students were mainly from moderate income families and had diverse academic abilities, according to the staff. Three

of the students who volunteered to participate in the study had to be dropped because they did not meet all the criteria of the study. They had given birth to their babies.

Table 3.1. Enrollment data for the three groups.

	Group		
	Small City	Urban	Private
Total students served during the year (1977-78)	103	240	132
Average enrollment	53	157	47
Average daily attendance	18-30*	35-58*	25-32
Total students tested	14	15	20
Students who met criteria for study	9	13	17

*These figures include the students who are on home-bound status.

Table 3.1 provides enrollment data for the three groups used in the study. The small city school had the smallest enrollment for the year. The school with the largest average enrollment was the urban public school. That is, at any given time during the school year there were approximately 157 students registered at that school. The average daily attendance figure was very low for all the schools.

Tables 3.2 to 3.8 provide demographic formation about the students participating in the study.

Table 3.2. Age of students.

Ages	Group		
	Small City	Urban	Private
14	1	0	1
15	1	3	4
16	2	6	5
17	3	3	4
18	2	1	3

There were a total of 39 students who participated in the study. The average age of the students in the three schools was 16 (Table 3.2). The average grade in school was the tenth grade (Table 3.3).

Table 3.3. Grade in school.

Grades	Group		
	Small City*	Urban	Private
8	0	0	1
9	1	7	3
10	3	0	3
11	1	4	8
12	3	2	2

*Grade not given for one student.

Table 3.4 indicates that the students were in various ordinal positions in the family. The average student participating in the study was from a family with four or five children.

Table 3.4. Ordinal position of students in their families.

Position	Group		
	Small City	Urban	Private
Only	0	0	3
Oldest	2	2	3
Youngest	3	2	2
Middle	0	2	4
Other	4	7	5

Approximately 78 percent of the students listed both of their parents as living (Table 3.5). However, only 13 percent of them lived with both parents (Table 3.6). Thirty percent of the students were living in a home for unmarried mothers and attending school in this private setting. Table 3.6 indicates that all the students, with the exception of two students, listed their previous living arrangement. When these figures are combined with the other students' listings, approximately 18 percent of the students live with both parents and 33 percent of them live with their mothers only. Over 12 percent of them live with

Table 3.5. Status of adolescents' parents.

	Group		
	Small City	Urban	Private
Both living	9	8	13
Only mother living	0	3	2
Only father living	0	2	1
Both dead	0	0	1

Table 3.6. Living arrangements of the three groups.

	Group		
	Small City	Urban	Private
Mother and father	2	1	2 (2)
Mother and stepfather	2	0	2 (1)
Mother only	2	7	0 (4)
Father only	0	2	0 (1)
Grandparent(s)	0	0	0 (2)
Sibling	0	2	1 (0)
Other	3	1	0 (2)*

Note: The figures in the parenthesis are the students who live in the home for unwed mothers.

*These students did not give a home listing other than the home for unwed mothers.

their mothers and stepfathers. Twenty-eight percent of the students live with someone other than a parent.

Most of the fathers of the students could be classified as factory workers (Table 3.7). There were a few service workers such as city busdrivers or service station attendants. There were a number of truck drivers (listed under the category blue collar--other). Eight of the students did not give the employment status of their fathers. Two of these eight students indicated that they did not know what type of work their fathers did.

Table 3.7. Type of work done by fathers.

Job Category	Group		
	Small City	Urban	Private
Blue Collar			
Factory	7	2	5
Supervisor	0	3	0
Other	0	3	0
Service	1	2	1
Unemployed	0	2	0
Disabled	0	1	2
Retired	0	0	1
Not listed	1	1	6

A little over half of the students were from families in which the mother was either employed full time or part time. Forty-three percent of the mothers had full time employment (Table 3.8).

Table 3.8. Employment status of the mothers.

	Group		
	Small City	Urban*	Private*
Employed			
Full time	5	2	8
Part time	1	3	1
Unemployed	3	6	6

Procedures

This study consisted of three phases. Phase 1 was a pilot study. Phase 2 was used to collect data from the participants in the study. The third phase was used to collect similar data as phase 2 after a two month delay of time.

Phase 1

The pilot study was conducted to provide practice material for coding the information generated by the Cantril Self Anchoring Scale. The students used in the pilot study attended an alternative school for pregnant adolescents located in a small rural community. The school was housed in the basement of a local church. Fifteen students participated in this phase of the study. These students were not included in the final sample.

The personal data questionnaire was developed during this phase. This was a short questionnaire developed to gain pertinent information about the students such as their

socioeconomic status, age of their parents, education and employment status of parents, and a brief family history (see Appendix A).

One of the main purposes of the first phase of the study was to locate and invite schools to participate in the study. Several of the schools that were requested to participate in the study declined to participate for various reasons. Some of the explanations were: (1) the school had too few students; (2) the school was informally linked to another university for research purposes; (3) the director of one school decided not to participate in any additional outside research activities because the school was located near a large university which made many research requests of the school; and (4) some of the directors of the programs felt that their students were too emotionally vulnerable at this period in their lives to participate in a research project.

A basis criteria for each school was that a special program for pregnant adolescents was available. After the three test schools agreed to participate in the study, the personnel at the schools reviewed the instruments which were to be used in the study. There were several objections to some of the questions on the personal data form. The schools felt that some of the questions such as the marital status of the parents of the pregnant adolescents, age of parents, family history, and educational background of

parents invaded the privacy of the parents of the students used in the study.

The personal data instrument was modified to meet the restrictions set by the school systems. In effect, this revised instrument meant that much of the information about the students' near environments could not be obtained and analyzed (Appendix B).

Because the subjects in the study were still attending school, and most of them were under the age of 18, parents were asked to give permission for their daughters' participation in the study. Written letters were sent to the parents for this purpose (Appendix C).

The letters to the parents contained a brief explanation about the purpose of the study. In addition, it contained a standard form permission slip that the parents were asked to sign and return to the school if they were willing for their daughters to participate in the study. Assurances were given to the parents that the information provided by their daughters would be protected and would remain confidential. It was emphasized that participation was voluntary. No student was to feel that she had to participate in the study.

Phase 2

Phase 2 consisted of administering the Tennessee Self Concept Scale, the Cantril Self Anchoring Scale, and the personal data schedule during the month of March, 1978.

The tests and questionnaire were administered in a group setting at the same time.

At each of the schools the students were seated in a large room and given the Tennessee Self Concept Scale to complete as the first step. The students had been told about the test and they and their parents had signed permission slips. However, the general purpose of the study was explained to the students again.

They were told that the researcher and others, such as their teachers, were interested in adolescent development. Knowledge about the self-concept and aspirations would aid teachers in planning more meaningful programs. They were told that there were no right or wrong answers for either the Tennessee Self Concept Scale or the Cantril Self Anchoring Scale. What was of interest was their honest answers to each of the questions on both tests.

After this introduction the directions from the Tennessee Self Concept Scale (TSCS) were read to them. They were then requested to complete the test.

After the students had completed the TSCS they were given the Cantril Self Anchoring Scale (CSAS). The students were read the directions for each of the three parts of this test.

The students completed the CSAS and then answered the personal data form.

Phase 3

Phase 3 consisted of readministering the Tennessee Self Concept Scale and the Cantril Self Anchoring Scale ladder rating late in the month of May, 1978. Half of the students who participated in the first testing had left school to give birth to their babies. Only those students who were still in school and had not given birth were used in phase 3.

A total of sixteen (16) students participated in phase 3 of the study--6 students from group 1, 4 students from group 2, and 6 students from group 3. Most of the students participating in this phase were 16 year olds and in the eleventh grade in school.

Instruments

Tennessee Self Concept Scale

The Tennessee Self Concept Scale (TSCS) was developed by William Fitts in 1965 (Fitts, 1972). There are two forms of the instrument--(1) a counseling form and (2) a clinical/research form. The research form was used for this study. Both forms used the same 100 self-descriptive items but are scored differently. There are nine subscales on the test that measure an aspect of self-concept and a total self-concept score. The nine subscores are: (1) self-criticism, (2) identity, (3) self-satisfaction, (4) behavior, (5) physical self, (6) moral-ethical self, (7) personal self, (8) family self, and (9) social self.

The self-criticism score is comprised of 10 mildly derogative statements that most people would tend to agree as being true for them. High scores indicate a normal amount of self-criticism.

The total positive self-concept score is the most important single score on the test and reflects the overall self-concept. This items is composed of all the items on the test with the exception of the ten (10) self-criticism items.

Identity, self-satisfaction, and behavior have 30 items each. These three scales are composed of six different items from the subscales for physical, moral-ethical, personal, family, and social items. In other words the items overlap on eight of the subscales. Half of the items on these scales are negative and half are stated positively. Below are brief descriptions of each subscale (see Appendix D for a specimen copy of the test).

Definition of TSCS Subscales

1. Identity are the items that describe "what I am."
This is how an individual sees himself/herself.
2. Self-satisfaction are those items that describe how individuals feel about themselves. Basically these items reflect the level of self-satisfaction and self-acceptance.
3. The behavior score comes from those items that describe "what I do or how I act."

4. The physical self scale includes items about the person's body, state of health, physical appearance, skills, and sexuality.
5. Moral-ethical items describe the self in relationship to God, feelings of good or bad, satisfaction with one's religion or lack of it.
6. Items on the personal self scale reflect an individual's sense of personal worth, feeling of adequacy as a person and evaluates the individual's personality apart from his/her body or relationships to others.
7. Scores on the family self scale reflect one's feelings of adequacy, warmth, and value as a family member.
8. Social self items pertain to the self as perceived in relation to others. It reflects the person's sense of adequacy and worth in his/her social interaction with other people in general.

The TSCS can be administered either individually or in groups. It can be used with subjects 12 years of age or higher having at least a sixth grade reading level. Each of the 100 items is answered on a five point scale: (1) completely false, (2) mostly false, (3) partly false and partly true, (4) mostly true, and (5) completely true. The highest score would be five (5). Negative items are scored in reverse order, i.e., someone scoring a negative item 1,

would be counted as 5, 2 would be counted as 4, 3 would be 3, 4 would be 2, and 5 would be counted as 1.

The scale was normalized on a sample of 626 persons of various age, sex, race, and socioeconomic status. The norm total positive score is 345.57 (Fitts, 1972). Test-retest reliability is in the .80 to .90 range (Fitts, 1965). The test has fairly high correlation with other instruments measuring personality functions such as the Minnesota Multiphasic Personality Inventory. Validity was further checked by comparing the norm group (626 subjects) to a group of psychiatric patients (369 subjects). The results was significant at the .001 level (Fitts, 1965).

This instrument was chosen for two main reasons. It was felt that a unified body of data is needed concerning this group and that to keep adding to the proliferation of instruments would only add to the confusion currently in the field. The TSCS has been found to be useful in other settings with other groups.

Cantril Self-Anchoring Scale

The Cantril Self-Anchoring Scale has been used in a variety of national surveys to determine persons' hopes and fears for themselves, and their hopes and fears for their countries (see Appendix E for specimen copy of scale). The test is usually administered individually with the information being recorded verbatim. This instrument was designed by Hadley Cantril (1962) who was interested in

developing an instrument that could be used cross-culturally and that would allow individuals to express their own values in their own words rather than the researcher's. The instrument has two parts. The first part is concerned about the actual expressed aspirations and fears of individuals. This part of the test must be coded before it can be analyzed. The second part of the test is concerned with the level of aspirations of individuals. Three ladder rating scales are used for this part of the study. One ladder represents the present, another the past, and one ladder represents the future. The average ratings for personal life for Americans are: Past--5.9, present--6.6, and future--7.8. The leading personal aspirations are good health of self or family (56%), decent or improved standard of living (38), and adequate opportunities for children (29%) (Cantril, 1962).

The procedure for administering the scale was modified for this study--it was given in a group setting. Usually the scale is given individually. Each subject was asked to list all of their hopes and wishes for the future. They were then requested to list as many worries and fears that they may have for the future.

After the subjects completed this part of the test, they were given a drawing of three ladders with a scale ranging from zero to ten at the top. The verbal and written instruction was that:

The three ladders symbolize life--the present, the past, and the future. The top rung of each ladder represents the worst possible life. Using the first ladder put a check mark on the rung where you feel you stand at the present time. Take the second ladder and place a check mark on the rung where you feel you were one (1) year ago. On the third ladder put a check mark on the rung where you think you will be in one (1) year from now.

The Cantril coding system for the first part of the test has three major categories and eleven subcategories. The three major categories are: (1) concerns about self and/or family; (2) concern about other people, community, or nation; and (3) concerns about international situations and world (see Appendix F for codes). The following definitions are used for the Cantril Coding System:

A. Concerns about self and/or family.

1. Own personal character includes emotional stability and maturity; self-development or improvement; acceptance by others; achieve sense of own personal worth; resolution of one's own religious, spiritual or ethical problems; to lead a disciplined life.
2. Personal economic situation includes improved or decent standards of living for self or family; have own business; have own land or own farm; have own house, apartment, or get better ones; have modern conveniences such as car, clothes, television, etc.; have money to do anything I/we wish.

3. Job or work situation includes: having a good job; employment for self or other family member; make a contribution to one's field.
 4. Other references to self includes: continued or regained health; happy and long life; secure old age; recreation, travel, leisure time.
 5. Other references to family has references to: happy family life; happy marriage; pleasant home; love within family; concern for spouse, children, parents, or other relatives; continued good health or improved health for members of family; adequate opportunities for children (including education); children themselves do well, be happy, successful; have a husband or wife; have children.
- B. Concerns about other People, Community, or Nation.
6. Political items include: freedom, including freedom of speech, occupation, etc.
 7. General economic situation includes: economic stability; freedom from inflation; fair prices.
 8. Social items include: greater equality in treatment; benefits and opportunities afforded all elements of the society; better opportunities for future generation; social security for old age.

9. Religion, morality, and public service include:
desire to be useful to others; to serve the
people, community, nation, or world.

C. Concerns about International Situation and World

10. This category includes the desire or concern about
maintenance of peace, no threat of war; more
international cooperation; more international
understanding and responsibility.
11. General items include: maintenance of status quo;
happy with things as they are now; miscellaneous
aspirations that do not fit under any of the
preceding categories.

The aspirations of individuals are stated in the positive mode in the coding system and fears are stated negatively. For example, the negative of 1(a) would be "emotional instability and immaturity."

Coding of Data

The researcher and another graduate student coded each statement made by the students on the Cantril Scale. The two coders were trained by using the data from the pilot study until an agreement rate of 90 percent was reached. After the training period they independently coded each statement. The coding done by the second coder was only used for purposes of checking intercoder agreement. Differences between the coders were not reconciled.

Intercoder agreement was checked by dividing the number of agreements by number of agreements plus number of disagreements. $\frac{\text{agreements}}{\text{disagreements} + \text{agreements}}$. The intercoder agreement was .75.

Design of the Study

The two independent variables in this study were the ages of the students: 14, 15, 16, 17, and 18 years old; the three different schools that the students attended: small city public school, urban public school, and urban private school. Self-concept scores on the Tennessee Self Concept Scale and ladder ratings and aspirations/fear categories on the Cantril Self Anchoring Scale were the dependent variables.

The study used repeated measures taken over a two-month time period. An ex post facto design with homogeneous groups was the research method utilized (Campbell and Stanley, 1963).

Table 3.9 gives the design of the study. Thirty-nine students participated in the first test period and sixteen students participated in the second test period.

Table 3.9. Design of study and cell size.

Ages	Group					
	Small City		Urban Public		Urban Private	
	Test	Re-test	Test	Re-test	Test	Re-test
14	1	1	0	0	1	0
15	1	1	3	0	4	2
16	2	1	6	3	5	2
17	3	2	3	1	4	1
18	2	1	1	0	3	1

Testable Hypotheses

The following hypotheses were tested in this study.

H_1 : Null hypothesis. There will be no difference in the self-concept scores of pregnant adolescents attending three different schools.

Alternative hypothesis. There will be a difference in the self-concept scores of pregnant adolescents attending three different schools.

H_2 : Null hypothesis. There will be no difference in the self-concept scores of pregnant adolescents at two different time periods.

Alternative hypothesis. There will be a difference in the self-concept scores of pregnant adolescents at two different time periods.

H_3 : Null hypothesis. There will be no difference in the future aspirations of pregnant adolescents attending three different schools.

Alternative hypothesis. There will be a difference in the future aspirations of pregnant adolescents attending three different schools.

H₄: Null hypothesis. There will be no difference in the future aspirations of pregnant adolescents at two different time periods.

Alternative hypothesis. There will be a difference in the future aspirations of pregnant adolescents at two different time periods.

H₅: Null hypothesis. There will be no relationship between the self-concept scores and the future aspirations of pregnant adolescents.

Alternative hypothesis. There will be a relationship between the self-concept scores and the future aspirations of pregnant adolescents.

Analysis of Data

The data obtained from the Tennessee Self Concept Scale were computer scored by the publisher of the Scale, Counselor Recordings and Tests, Nashville, Tennessee. Data from the Cantril Self Anchoring Scale were coded and key punched on the same cards with the TSCS.

The statistical test used to determine if there are differences between the three groups of subjects with respect to total self-concept scores on TSCS and future ladder ratings on the CSAS was the two-way analysis of variance (ANOVA) fixed effects model. The Northwestern University Statistical Package for the Social Service (SPSS) was the computer program for data analysis. ANOVA was used because it not only can determine differences between independent groups, but it can also detect any interactions between the independent variables. The alpha level for the statistical analysis was set at .01.

Since there are eight subscores on the Tennessee Self Concept Scale, multivariate analysis of variance (MANOVA) was used to test differences between the three groups and five age levels on the eight subscales on the Tennessee Self Concept Scale. MANOVA allows one to test multiple dependent variables simultaneously. Overall level of significance was set at .08; each subscale had a level of significance of .01.

Spearman rank correlation was used to determine whether there is a relationship between the scores on the Tennessee Self Concept Scale and the Cantril Self Anchoring Scale ladder rating. This statistical test had to be used because the Cantril Self Anchoring Scale is an ordinal scale.

A matched pair t-test was used to compare the changes in the self-concept from phase 2 to phase 3. This statistical test was used because only test scores of those students who participated in the two test periods were used. In other words, their two sets of test scores were matched and compared.

Table 3.10 summarizes the scheme for data analysis of the study.

Table 3.10. Methods used in analysis of data.

Purposes of Analysis	Data Used in Analysis	Statistic Used
Comparison of Self-Concept of pregnant adolescents -Adolescents of different age levels -Adolescents attending different schools	Total positive self-concept score on Tennessee Self-Concept Scale (TSCS) Scores on the eight sub-scores of TSCS	2-way ANOVA (3 X 5) MANOVA (3 X 5)
Comparison of aspirations of pregnant adolescents -Adolescents of different age levels -Adolescents attending schools	Scores on Cantril Self Anchoring Scale--fears and aspiration categories. Scores on Cantril Self Anchoring Scale ladder ratings	Percentages and pooled means 2-way ANOVA (3 X 5)
Correlation of self-concept and level of aspiration	Total positive self-concept score on TSCS and scores on Cantril Self Anchoring Scale ladder ratings	Spearman Rank Correlation
Differences in self-concept of pregnant adolescents at two points in time	Total positive self-concept score on TSCS	Matched pair t-test
Comparison of changes in aspiration levels over a two month period of time.	Scores on the Cantril Self Anchoring Scale ladder ratings	Pooled means

CHAPTER IV

ANALYSIS OF RESULTS

The results of the data analyses are presented in this chapter. Each hypothesis will be presented separately, followed by the analysis.

Hypothesis 1

There will be no difference in the self-concept scores of pregnant adolescents attending three different schools.

The two-way analysis of variance (ANOVA) reveals that there are no differences between the means of the total positive self-concept scores of the three groups of pregnant adolescents; there are no differences between the five age levels of the adolescents; there are no interaction effects between the two independent variables--(1) school settings, and (2) age levels (Table 4.1).

Table 4.2 indicates that the urban school group had the highest mean self-concept score of the three groups at 332.54. The lowest self-concept score was made by the students attending the small city school. The grand mean total positive self-concept score for the thirty-nine subjects in the study was 323.77.

Table 4.1. Summary ANOVA for main effects and interaction.

Source of Variation	Sum of Squares	DF	Mean Squares	F	Probability
Main Effects	4455.056	6	742.509	.503	.800 NS
Group	1545.106	2	772.554	.524	.599 NS
Age	2435.001	4	608.750	.413	.798 NS
Two-Way Interaction	14221.117	7	2031.588	1.377	.258 NS
Group-Age	14221.117	7	2031.588	1.377	.258 NS

Table 4.2. Adjusted mean total positive self-concept scores for groups.

Group		
Small City	Urban	Private
315.59	332.54	321.4
Grand Mean = 323.77		

The adjusted means for the five different age levels are shown in Table 4.3. It can be seen that there are differences in the total positive self-concept scores of the pregnant adolescents at different age levels. In comparing ages it can be seen that the sixteen year olds obtained the highest score and the fifteen year olds obtained the lowest scores.

Table 4.3. Adjusted mean total positive self-concept scores for age.

Age				
14	15	16	17	18
320.28	310.8	331.13	328.47	318.45

Table 4.4 indicates that all three groups scored well below the national norm of 345.57. The grand mean of the three groups was 323.77, 21.8 points below the norm.

Table 4.4. Comparison of means of three groups with national norm.

National Norm	Group		
	Small City	Urban	Private
345.57	315.59	332.54	321.4

The multivariate analysis of variance (MANOVA) reveals that there are no significant differences between

the three groups on any of the eight subscales on the Tennessee Self Concept Scale (Table 4.5). There are no age differences and there are no interaction effects on any of the subscales. However, the subscale for family self does approach significance level for group differences. Table 4.6 indicates that the private school group is well below the other two groups on this subscale. Although there are differences on the subscales they are minor. The Detroit group is closest to the norm scores on all five of these subscales.

Identity, self-satisfaction, and behavior are the three major subscales on the Tennessee Self Concept Scale. Each of these scales is composed of 30 items of the 100 item test. As can be seen from Table 4.7, the urban group scores are the highest scores on the three subscales. With the exception of the score on the behavior category, the scores for Group 2 are close to the national norm scores.

Hypothesis 2

There will be no difference in the self-concept scores of pregnant adolescents at two different time periods.

Results of the matched pair t-test indicate that the self-concept scores of the pregnant adolescents did not change (Table 4.8). This test used the 16 students who participated in both test periods. For the matched pair t-test these 16 students were treated as a single group.

Table 4.5. Summary MANOVA for main effects and interaction for eight TSCS subscales.

Source of Variance	Sum of Squares	DF	Mean Squares	F	Probability
Main Effects--(Identity)					
Group	186.65	2	93.22	.65	.53
Age	763.26	4	190.81	1.32	.28
Group/Age Interaction	1299.56	7	185.65	1.29	.29
Main Effects--(Self-Satisfaction)					
Group	325.24	2	162.62	.62	.54
Age	428.31	4	107.07	.40	.80
Group/Age Interaction	2879.47	7	411.35	1.56	.19
Main Effects--(Behavior)					
Group	249.42	2	124.74	.55	.58
Age	115.87	4	28.96	.12	.97
Group/Age Interaction	1586.24	7	226.60	1.00	.44
Main Effects--(Physical Self)					
Group	161.38	2	80.69	.58	.56
Age	90.35	4	22.68	.16	.95
Group/Age Interaction	979.22	7	139.88	1.02	.44
Main Effects--(Moral Ethical)					
Group	4.68	2	2.34	.04	.95
Age	272.82	4	68.20	1.21	.33
Group/Age Interaction	931.46	7	133.06	2.36	.05
Main Effects--(Personal Self)					
Group	145.65	2	72.82	.98	.38
Age	81.47	4	20.36	.27	.89
Group/Age Interaction	721.09	7	103.01	1.38	.25
Main Effects--(Family Self)					
Group	929.16	2	464.68	4.19	.02
Age	507.90	4	126.97	1.14	.35
Group/Age Interaction	1176.122	7	168.02	1.51	.20
Main Effects--(Social Self)					
Group	28.70	2	14.35	.22	.79
Age	217.68	4	54.42	.86	.49
Group/Age Interaction	510.91	7	72.98	1.15	.36

Table 4.6. Means scores for TSCS subscales.

Group	Physical-Self	Moral-Ethical	Personal-Self	Family-Self	Social-Self
Norm Score	71.98	70.33	64.55	70.83	68.14
Small City	65.88	63.11	59.22	63.8	63.66
Urban-Public	70.9	63.99	63.15	70.2	65.30
Urban-Private	70.5	63.41	64.05	59	63.41

Table 4.7. Means for specific subscales of the Tennessee Self Concept Scale.

Group	Identity	Self Satisfaction	Behavior
Norm Score	127.10	103.67	115.01
Small City	121	94.66	99.88
Urban-Public	124.76	102.69	106.15
Urban-Private	119.82	99.11	101.29

Table 4.8. Matched pair t-test.

Variable	Number of Cases	Mean	T Value	Significance
TSCS-1	16	319.12	.21	.839 NS
TSCS-2	16	318.25		

Table 4.9 compares the sixteen students by their group representation. There are minor differences in the individual group scores. The private school students had the lowest scores at both test time periods. The urban students (Group 2) had the highest score at the second test period. This score, 354.5, is above the national norm.

Table 4.9. Mean self-concept score at two time periods.

Group	Test Periods	
	First	Second
Small City	321.16	318.5
Urban-Public	319.12	354.5
Urban-Private	287	293.83
Grand Means =	319.12	318.25

Hypothesis 3

There will be no difference in the future aspirations of pregnant adolescents attending three different schools.

The two-way analysis of variance (ANOVA) reveals that there are no significant differences for group, age or interaction for future aspirations (Table 4.10).

Table 4.10. Summary analysis of variance for CSAS.

Source of Variation	Sum of Squares	DF	Mean Square	F	Probability
Main Effects	17.923	6	2.987	1.496	.220 NS
Group	2.025	2	1.013	.507	.608 NS
Age	14.796	4	3.699	1.853	.150 NS
Two-Way Interaction	37.392	7	5.342	2.675	.033 NS
Group-Age	37.392	7	5.342	2.675	.033 NS

Tables 4.11 and 4.12 contain the means for the three groups and the five different age levels. As can be seen there are very minor differences between the three group ratings. The urban school group has the highest score on the future rating.

Table 4.11. Future aspirations of the three groups of pregnant adolescents.

Group		
Small City	Urban	Private
8.55	8.94	8.42
Grand Mean = 8.62		

Table 4.12. Future aspirations of the different age levels.

Ages				
14	15	16	17	18
9.64	8.25	8.95	9.01	7.41

The 14 and 17 year olds have the highest future aspiration ratings. The 18 year olds have the lowest future aspirations of the different ages.

Figures 4.1 and 4.2 reveal the differences on the present, past, and future ladder ratings for the three groups and the different age levels. The present rating for the urban school group is the highest rating of the three groups. The past rating for the small city group is the highest rating for the three groups.

The 14 year olds gave the highest rating for the present and the 18 year olds gave the lowest present rating. Seventeen year olds gave the highest past rating and again the 18 year olds gave the lowest past rating for the different age levels. The 18 year olds gave the lowest ratings for all three time periods.

Hypothesis 4

There will be no difference in the future aspirations of pregnant adolescents at two different time periods.

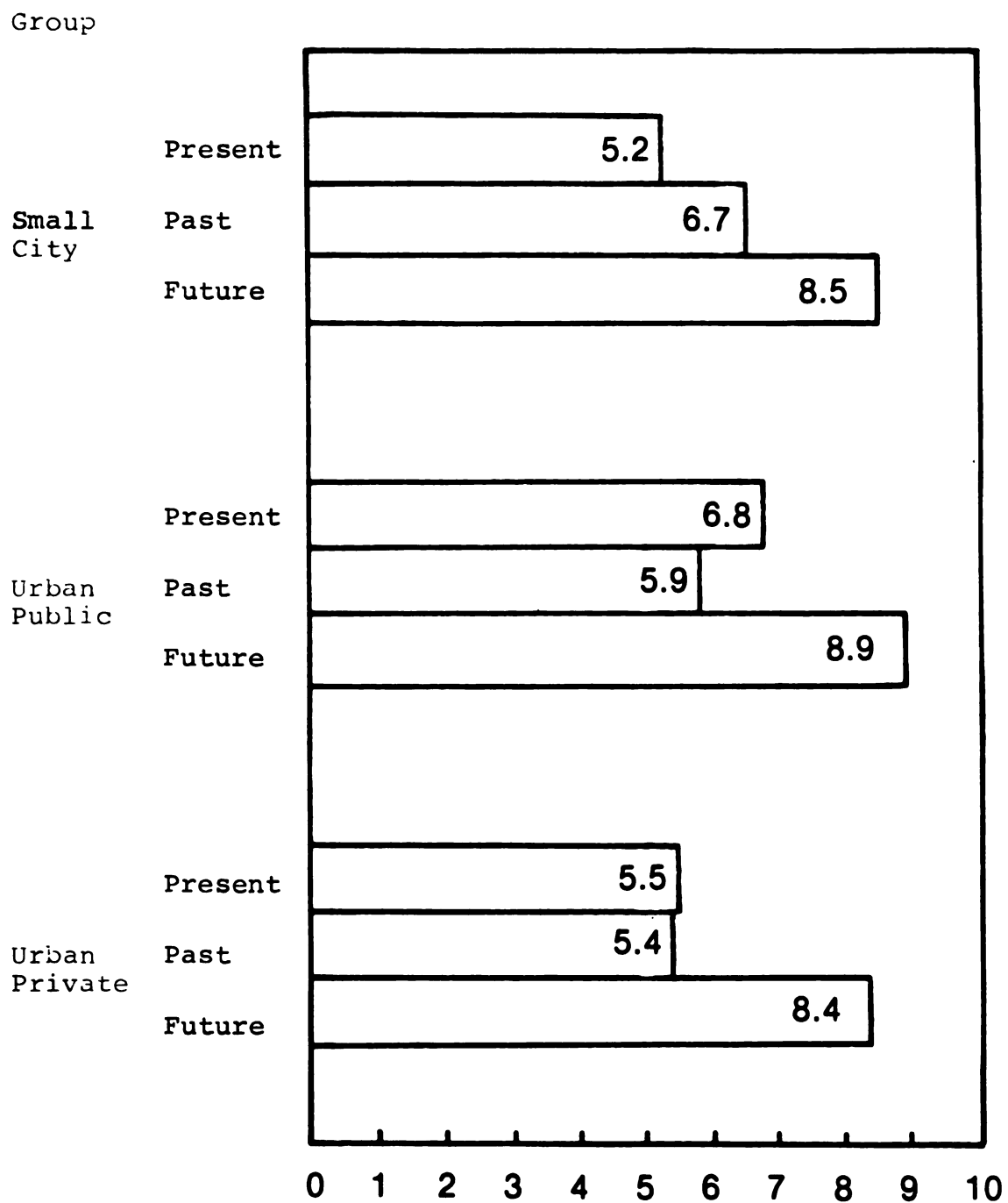


Figure 4.1 Level of aspiration of three groups of pregnant adolescents.

Age

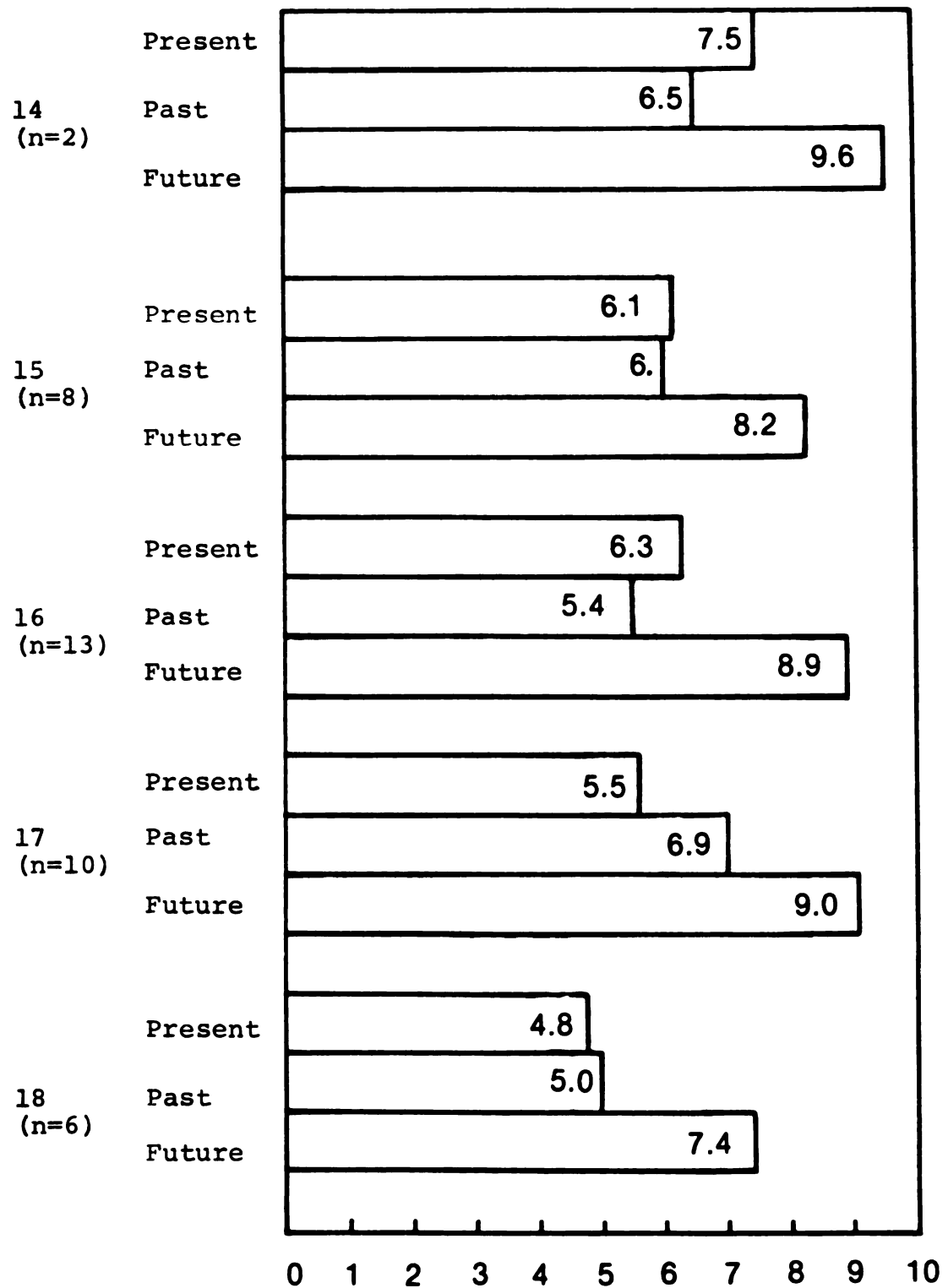


Figure 4.2. Level of aspiration of different age pregnant adolescents.

The level of aspiration for these pregnant adolescents did not change over the two time periods. Table 4.13 indicates that there is a .2 difference in the future aspiration rating at the two time periods.

Table 4.13. Comparison of aspirations at two time periods.

	Test Period	
	First	Second
Present	5.2	6.2
Past	6.1	5.9
Future	8.3	8.5

Although the future rating on the CSAS did not change from the first test period to the second test period, the present rating did change. There was a 1.0 positive change as indicated in Table 4.13. The past rating did not change over the two test sessions. Only .2 separated the two times.

Hypothesis 5

There will be no relationship between the self-concept scores and the future aspirations of pregnant adolescents.

The Spearman rank correlation (Table 4.14) reveals that there is a positive correlation of the Tennessee Self Concept Scale (TSCS) total positive score with the future aspiration rating on the Cantril Self Anchoring Scale (CSAS) of the 39 pregnant adolescents who participated in

Table 4.14. Spearman rank correlation of TSCS and CSAS.

Variable Pair	Number of Subjects	r	Significance
TSCS with CSAS	39	.5834	.001

this study. The correlation is significant at the .001 level. The scattergram in Figure 4.3 shows this moderate positive correlation.

Additional Data

Some additional information generated by the Cantril Self Anchoring Scale not included in the hypotheses is included in this section.

Aspirations

The pregnant adolescents who participated in this study mentioned 183 aspirations (Table 4.15). Table 4.16 indicates the average number of aspirations that were given by each student in the three groups. Students in the urban school gave the largest number of aspirations.

Table 4.15. Number of aspirations of pregnant adolescents.

	Group		
	Small City	Urban	Private
Aspirations	43	67	73

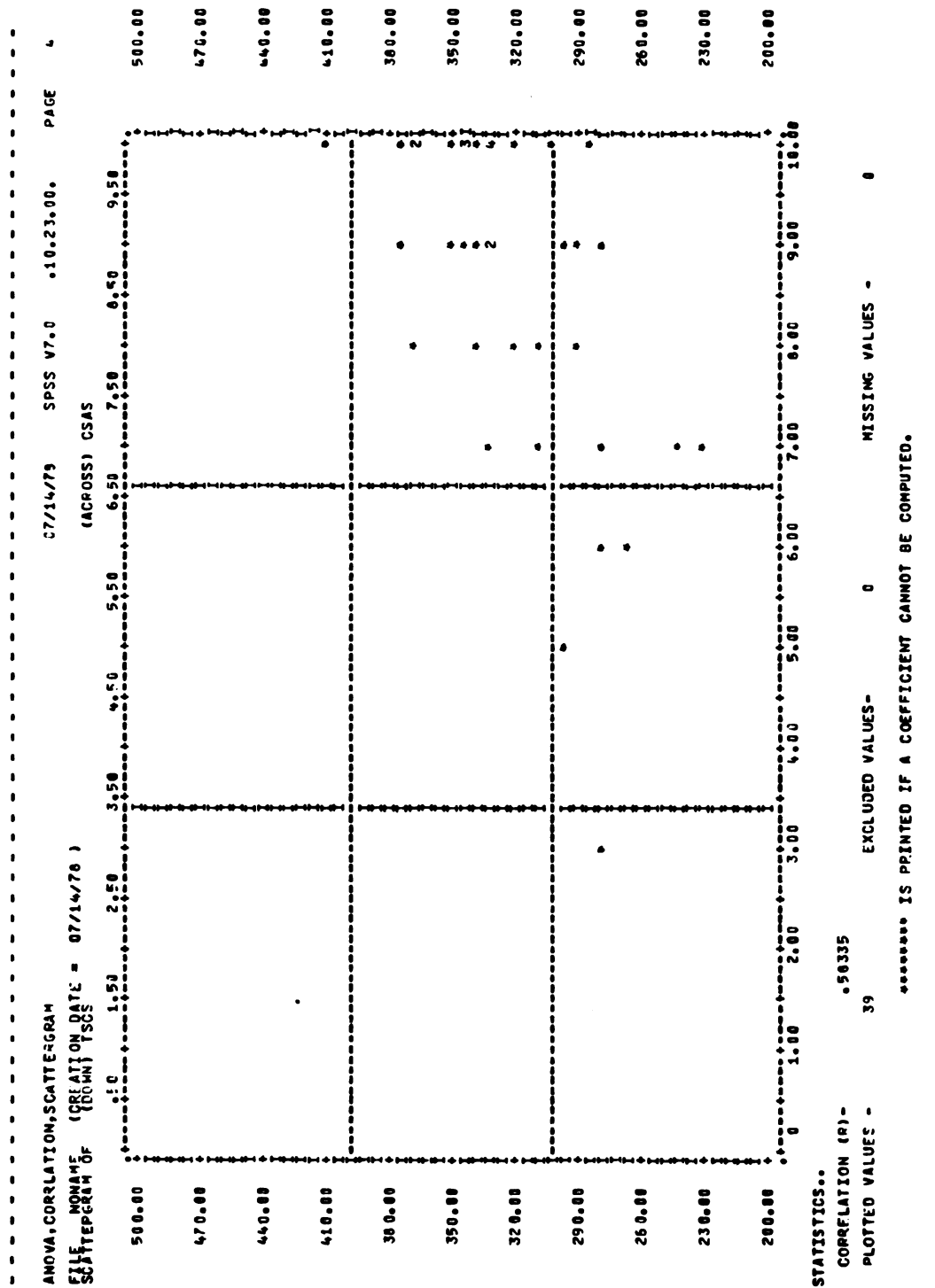


Figure 4.3. Computer printout of scattergram of Tennessee Self Concept Scale scores and Cantril Self Anchoring Scale future ratings.

Table 4.16. Mean number of aspirations of three groups of pregnant adolescents.

	Group		
	Small City	Urban	Private
Aspirations	4.77	5.15	4.29

Table 4.17 indicates the number of aspirations stated by the various age levels of adolescents. The 15 and 16 year olds stated the largest number of aspirations of the various ages. The 14 and 18 year olds gave the fewest number of aspirations of the students.

Table 4.17. Mean number of aspirations of different age pregnant adolescents.

	Ages				
	14	15	16	17	18
Aspirations	3	5.125	5.23	4.8	3.33

As can be seen in Table 4.18, four of the 11 aspiration categories were not mentioned by any of the pregnant adolescents. The most frequently mentioned categories were: personal character, personal economic situation and references to the family.

Of the aspirations mentioned by the small city students, 32 percent of the aspirations were about

Table 4.18. Mean number of aspirations of pregnant adolescents.

Personal Character	1.64
Personal Economic Situation	.92
Job or Work Situation	.35
Other References to Self	.12
References to Family	1.50
Political	.00
General Economic Situation	.00
Social Condition	.05
Religion, Morality and Public Service	.00
International Situation	.025
Miscellaneous	.00

references to family, 28 percent were about personal character, and 21 percent were about personal economic situation.

In order of preference, the urban students mentioned references to family (40 percent), personal character (27 percent), and personal economic situation (21 percent).

The private school students mentioned personal character (47 percent), references to family (27 percent), and personal economic situation (16 percent) (Table 4.19).

Table 4.20 indicates that the 14 and 15 year olds mentioned references to family most frequently of all the aspirations. The 16, 17, and 18 year olds, mentioned personal character most frequently.

Table 4.19. Percentage of most frequently mentioned aspirations of three groups of pregnant adolescents.

Aspirations	Group		
	Small City	Urban	Private
Personal Character	28	27	27
References to Family	32	40	29
Personal Economic Situation	21	21	16

Below are some of the personal aspirations of the pregnant adolescents participating in this study.

One of the 15 year olds had this wish: "I want to major in medicine . . ." A 17 year wrote: "I hope to finish high school and go straight to college . . ." Another 15 year old student gave this as her first aspiration: "I would like to become a lawyer . . ."

Table 4.20. Percentage of most frequently mentioned aspirations of pregnant adolescents at different age levels.

Aspirations	Ages				
	14	15	16	17	18
Personal Character	17	34	35	33	45
References to Family	50	39	31	31	35
Personal Economic Situation	17	17	18	25	15

Fears

The pregnant adolescents who participated in this study mentioned 125 fears or concerns about the future (Table 4.21). The average number of fears mentioned by each of the students in the three groups ranged from 3.0 to 3.29 (Table 4.22).

Table 4.21. Number of fears of pregnant adolescents.

	Group		
	Small City	Urban	Private
Fears	27	42	56

Table 4.22. Mean number of fears of three groups of pregnant adolescents.

	Group		
	Small City	Urban	Private
Fears	3.0	3.23	3.29

Table 4.23 indicates that each age level mentioned approximately three fears.

The students mentioned fears in all the fear categories with the exception of three. The most frequently mentioned categories are: personal character and references to family (Table 4.24).

Table 4.23. Mean number of fears of different age pregnant adolescents.

	Ages				
	14	15	16	17	18
Fears	3.0	3.75	2.84	3.8	2.33

Table 4.24. Mean number of fears of pregnant adolescents.

Personal Character	1.10
Personal Economic Situation	.51
Job or Work Situation	.17
Other References to Self	.15
References to Family	1.05
Political	.0
General Economic Situation	.0
Social Condition	.025
Religion, Morality and Public Service	.0
International Situation	.076
Miscellaneous	.05

Table 4.25 indicates that of all the fears mentioned by small city group, most of them were about personal character. Most of the fears mentioned by urban group were references to family. Group 3 mentioned personal character most often of all the fears that they mentioned.

Table 4.25. Percentage of most frequently mentioned fears of pregnant adolescents.

Fears	Group		
	Small City	Urban	Private
Personal Character	41	21	41
References to Family	26	40	32
Personal Economic Situation	22	16	14

Table 4.26 indicates that the 14, 15, and 16 year old pregnant adolescents made references to family their most frequently mentioned fear category. The 17 and 18 year olds made personal character their most frequently mentioned fear category.

Table 4.26. Percentage of most frequently mentioned fears of different age pregnant adolescents.

Fears	Ages				
	14	15	16	17	18
Personal Character	17	33	32	39	36
References to Family	50	37	35	31	21
Personal Economic Situation	17	23	13	13	21

Examples of personal fears mentioned by the pregnant adolescents included:

"I feel that college will be too hard for me."
"I think that life would be all downhill for me." "If something should happen to prevent me from going to college."

The summary for all the hypotheses tested are found in Figure 4.4.

Hypotheses	Decision Rule The Null Hypothesis Was:
H_1 : There will be no difference in the self-concept scores of pregnant adolescents attending three different schools.	Not Rejected
H_2 : There will be no difference in the self-concept scores of pregnant adolescents at two different time periods.	Not Rejected
H_3 : There will be no difference in the future aspirations of pregnant adolescents attending three different schools.	Not Rejected
H_4 : There will be no difference in the future aspirations of pregnant adolescents at two different time periods.	Not Rejected
H_5 : There will be no relationship between the self-concept scores and the future aspirations of pregnant adolescents.	Rejected

Figure 4.4. Summary of hypotheses tested and decision rules.

CHAPTER V

SUMMARY, DISCUSSION AND IMPLICATIONS

Summary of Findings

The data for this study were collected at two time periods using 39 subjects for the first test period, and 16 of the 39 subjects for the second test period. The subjects ranged in age from 14 to 18. Nine of the students attended public school in a small city. Thirteen students attended an urban public school, and 17 students attended a private school in a metropolitan area. The three schools were specifically established to provide schooling for pregnant adolescents.

As was stated earlier, 16 of the 39 students participated in both test periods. Six of these students were from a small city, 4 were from the urban public school, and 6 attended the private school in a metropolitan area.

The purpose of the study was to examine the self-concept and aspirations of the three groups of pregnant adolescents.

Data were obtained through the use of the Tennessee Self Concept Scale and the Cantril Self Anchoring Scale. A

short questionnaire was used to obtain demographic information about the students.

The Tennessee Self Concept Scale (TSCS) was used to determine the self-concept scores of the students at the two test periods. The TSCS is a 100 item test composed of nine basic subscales and a total positive self-concept score.

The total positive self-concept score utilizes all the items on the test, with the exception of the ten self-criticism items. These items convey three ideas: (1) identity--what I am, (2) self-satisfaction--how I feel about myself, and (3) behavior--what I do. The other subscales are: physical self, moral-ethical self, personal self, family self, and social self.

The Cantril Self Anchoring Scale has two parts with three sections. The first section requires that a person list all the aspirations she/he has for the future. In the second section, the person is asked what are her/his worries or fears about the future.

The data generated by the two sections of part one of the CSAS have to be coded before it can be analyzed. The data for this study were coded by two persons to determine intercoder agreement. The two coders reached an agreement rate of .75.

The second part of the CSAS is concerned with the level of aspiration for the future. There are three ladders in this section of the test that must be rated by each

person. The first ladder represents the present. Using a zero to ten rating scale the individual is requested to state where she/he thinks she/he stands at the present time. The second ladder represents the past. Using the same rating system, the individual is requested to indicate where she/he stood at some specified time in the past.

The third ladder, the future, is the most important one on this part of the test. This represents how hopeful the person feels about her/his future. This is the level of aspiration.

A two-way analysis of variance (ANOVA) was used to analyze the data for the self-concept scores and a multivariate analysis of variance (MANOVA) was used to analyze the data for the self-concept subscales. This method of analysis allowed for testing for significant main effects and interactions among groups.

Differences in the self-concept scores at the two time periods were determined by the use of a matched pair t-test. In this test each student's score from the first test period was matched with her score from the second test period.

The Spearman rank correlation was used to compare the total positive self-concept scores of the TSCS with the future ratings on the CSAS. This statistic is used to determine relationships when at least one of the scores is an ordinal number. The rankings on the Cantril Self Anchoring Scale are ordinal in nature.

Descriptive statistics were used to analyze parts of the data that resulted from the Cantril Self Anchoring Scale.

As a result of the data analysis it was found that there were no differences in the total positive self-concept scores of the three groups of pregnant adolescents. The data indicated that there were no main effects for age or groups. That is, when the different age pregnant adolescents were compared, there were no significant differences in their self-concept scores. There were no differences in self-concept scores whether the girls attended a small city public school, a large urban public school, or a large urban private school.

There were no interaction effects for group or age on the total positive self-concept scores on the eight subscales.

One of the subscales, family self, approached significance. The data indicated that girls attending the private school had a much lower score on this subscale than the other two groups. The highest score on that subscale was made by the urban public school students. In fact, this group had the highest total positive self-concept score, and the highest scores on all the subscales with the exception of one subscale--personal life. The private school group made the highest score on that subscale. Its total positive self-concept score was the second highest score. The small city group had the lowest total positive

self-concept score. This group scored the lowest on all the scores with the exception of the identity, social self, and family self subscales.

On one of the subscales less than one point separated the highest from the lowest score. This was the moral-ethical subscale. Less than two points separated the three groups on the social self subscale.

Approximately 17 points separated the lowest and highest total positive self-concept scores for the three groups.

The results of the matched pair t-test indicated that the total positive self-concept scores did not change over a two-month period of time. The 16 students who were participants in this part of the study were treated as a single group and their two sets of TSCS scores were used for the data analysis.

There were no significant differences in the level of aspiration for the three groups of pregnant adolescents. There were no main effects for age and there were no interaction effects. Less than .40 separated the three groups. About 2.2 points separated the groups on age differences.

The data indicated that the future aspirations did not change in a two month period.

The Spearman rank correlation revealed that there was a moderate positive correlation of the TSCS with the CSAS, significant at the .001 level. That is, as the

self-concept scores increased in magnitude, so did the future aspiration ratings.

The students who participated in this study mentioned 183 aspirations and 126 fears. Each student mentioned approximately five aspirations and three fears.

Most of the aspirations and fears of the three groups of pregnant adolescents centered around their own personal development; and references to their families, including concerns about their unborn children, future marriage possibilities, and health of the family.

Discussion of Findings

Self-Concept

The data from this study indicated that there were no differences in the self-concepts of pregnant adolescents who attended school in three different settings. It was expected that there would be age differences. There were no differences according to age.

It was expected that the self-concept would change over a period of time. This did not occur.

The literature is fairly contradictory on these points. For example, Butler (1970) found that the self-concept, as measured by TSCS, did decrease in a three month period. Perhaps a two-month period was too short a time to detect changes in the adolescents' self-concept scores.

Wylie (1974), and Fitts (1972) stated that behavior could be predicted from the self-concept. However, Jessor

and Jessor (1975) found that there were no differences in the self-concept scores of high school females who were sexually active and those who were not sexually active.

A study by Light (1976) reported significant differences between four groups of girls on the TSCS. The highly competent girls had a mean score of 342, randomly selected group had a mean score of 309.7, a court-referred group had a mean score of 312.6, and a group of institutionalized delinquent girls had a mean score of 295.35.

The norm score on the TSCS is 345.57. Although the grand mean of 323.77 for these pregnant adolescents is below the norm and the highly competent girls' score, it is above the other three groups in Light's study.

Aspirations

The pregnant adolescents had high aspirations when compared to the American national future rating of 7.8 that Cantril (1962) reported. The pregnant adolescents had a grand mean of 8.62. The 18 year olds were closest to the national average with a rating of 7.41. All the other ages were above the national average. The 14 year olds had the highest rating at 9.64.

This study gives support to the Douvan and Adelson (1966) contention that female adolescents tend to have high aspirations.

An explanation for the age level difference in level of aspiration is offered by the work of Thomas (1971) and

Murray and Kluckhohn (1959). Perhaps the 18 year olds had a decrease in aspiration because their aspirations were more integrated with the reality of the situation they were facing. That is, they were young, uneducated, unmarried, and about to give birth to their first child.

Fears and Aspirations of Pregnant Adolescents

The most frequently mentioned fears and aspirations of the three groups of pregnant adolescents were concerns about personal character, such as self-development or improvement; and concerns about the family such as happy family life, concerns for children, parents, or other relatives. The younger adolescents mentioned aspirations for their families more often than they mentioned personal character. The oldest group mentioned personal character aspirations more frequently.

Younger adolescents had more fears or worries about their families. Again, the older students were more concerned about personal improvement than they were about family.

This finding does add some support to those who believe that young adolescents are still closely tied to their families, particularly their parents, at this age level. It is assumed that the young adolescent is still in need of parental emotional support more so than the older adolescents.

Relationship of Self-Concept to Aspirations

This study found that there is a positive correlation of self-concept and level of future aspiration. That is, if there is a high self-concept, the level of aspiration will also be high. It should be pointed out that this relationship held true although the self-concept scores were low for all the adolescents participating in this study. It is assumed that the relationship would have been even stronger if the self-concept scores had been higher. The finding does support the contention that self-concept is related to aspirations for the future and that most adolescents are hopeful about their future prospects. Although these students were undergoing a poorly timed life event they were hopeful that their lives would improve.

Effect of Pregnancy on Aspirations and Self-Concept

The pregnant adolescents in this study had low self-concepts and high aspirations. There were no significant differences on either the self-concept or the level of aspiration for the different school groups or the different age levels.

There was a positive correlation between the self-concept and the level of aspiration.

Neither the self-concept or the level of aspiration changed during a two month time period.

It is not possible to determine from the data presented in this study a causal relationship between pregnancy and the self-concept. Additional studies need to be conducted to determine whether the adolescents became pregnant because of low self-concepts or whether their self-concepts are lowered because of the pregnancy.

Much of the literature implies that there is a single causal factor operating in adolescent pregnancy. Young (1954) and Chilman (1976) seem to believe that the self-concept may be low in girls who become pregnant. Maddock (1973) indicates that a low self-concept may be the result of pregnancy during adolescence.

Other explanations may be needed to explain why the adolescents in this study had low self-concepts. One explanation may be the sexual identity of the students. LaVoie (1976), Bohan (1973), and Lyell (1973) found that females have lower self-concepts than males. In fact, even the highly competent girls in Light's study (1976) scored below the national norm on the Tennessee Self Concepts Scale.

Coopersmith (1968) found that the self-concept increased with socioeconomic status. A close examination of the family data for the students in this study indicates that many of the girls are from families that Rubin (1977) describes as the "working poor." Regardless of where they lived, the majority of the fathers worked in factories.

This indicates that there are probably limited socioeconomic differences between the adolescents in this study.

From this analysis it is possible to speculate that the subjects in this study had low self-concepts before they became pregnant. This explanation implies that adolescent girls, particularly those from low and moderate income families, will tend to have low self-concept scores.

Pregnancy during adolescence did not have a depressing effect on the level of aspiration for the students in this study. Although the adolescents were experiencing a poorly timed life event, they were optimistic about their futures. Even the 18 year olds were relatively optimistic, though less so than the younger adolescents. The results of this study indicate that age and sexual identification may be the important factors in controlling aspirations. That is, young adolescent girls are relatively unrealistic about their aspirations.

In summary, it can be stated that the self-concept scores and the levels of aspiration of the pregnant adolescents in this study are similar to the self-concept scores and levels of aspiration of other female adolescents.

The question remains: how do some female adolescents avoid pregnancy? A single causal explanation about the influence of low-self concept on the chances of a "too early" pregnancy is not adequate. Multiple causal explanations are needed to explore adolescent pregnancy. As

Erikson (1968) states: ". . . anatomy, history, and personality are our combined destiny" (p. 285).

Implications

Implications for Future Research

The following suggestions for future research are proposed.

1. There were some indications in the literature that there are racial differences on self-concept and sexual behavior. Additional information could be gained from examining racial differences of pregnant adolescents' self-concepts and level of aspirations.
2. There were indications from the literature and this study that socioeconomic status may be important in the development of a positive self-concept. Differences of socioeconomic status on the aspirations of adolescents should also be determined.
3. The pregnant adolescents who participated in this study were still attending school. Much of the literature indicates that a major problem in adolescent pregnancy is that the girls drop out of school when they discover they are pregnant. Additional information could be gained by determining the self-concepts of pregnant adolescents who drop out of school during their pregnancies.

4. Many pregnant adolescents remain in the regular classroom during their pregnancies. These students should be studied.
5. Many of the pregnant adolescents marry before they give birth to their babies. Married pregnant adolescents, at all age levels, should be studied.
6. There is some indication from the literature that the length of time between the two test periods in this study were too short. Perhaps a study that controlled for time at various intervals in the pregnancy could be useful.
7. Many theories about the causes and consequences of adolescent pregnancy have been offered. There does appear to be a need for longitudinal studies that could follow groups of adolescents before pregnancy occurred so that causative factors could be determined.
8. Any pregnancy involves at least two persons. The male partners of the adolescent girls should be studied.
9. There are indications in the literature that expectations about the future are more realistic than are one's aspirations and hopes for the future. This question should be studied for pregnant adolescents.

Implications for Action

It does appear that the adolescents who participated in this study have very low self-concepts. There were no age or location differences in the groups. One immediate action seems to be necessary--help this group of young mothers to improve their self-concepts. This is particularly important as they move into the developmental task of parenthood. Many of these adolescents are still in need of parental support for themselves. Nevertheless they are expected to rear and support their own children. With such low self-concepts it is difficult to imagine how any in this group will do a good job of parenting.

A second implication for future action comes from the age differences on the Cantril fear and aspiration categories. This test demonstrated some age differences in the kinds of concerns that this group of adolescents experienced. Persons planning programs for pregnant adolescents should be aware that the younger girls may have needs that are different from the needs of the older adolescents. From this study it does appear that the older adolescents may be performing at an adult level of aspiration and have more concerns about personal fulfillment. The younger adolescents aged 14 and 15 are more tied to their families and have needs that are centered around their families.

APPENDICES

APPENDIX A

ORIGINAL PERSONAL DATA QUESTIONNAIRE

APPENDIX A

ORIGINAL PERSONAL DATA QUESTIONNAIRE

DATA SHEET

Name: _____
(Optional)

Age: _____ Birthdate: _____
Month Day Year

Grade in School: _____

1. Marital Status: (Check one)

- _____ Single
- _____ Married
- _____ Separated
- _____ Divorced

2. Do you have any children? (Check one)

- _____ None
- _____ One
- _____ Two
- _____ Three or more

3. If you have any brothers and sisters, give their ages.

Ages of brothers: _____

Ages of sisters: _____

4. Are your parents living? (Check one)

- ☐ Both living
☐ Only mother living
☐ Only father living
☐ Neither living

5. Are your parents divorced or separated?

- ☐ Yes
☐ No

6. How old are your parents?

_____ Father _____ Mother

7. How old were your parents when their first child was born?

_____ Father _____ Mother

8. Do you live with . . . (Check one)

- ☐ Mother and father
☐ Mother and stepfather
☐ Father and stepmother
☐ Mother
☐ Father
☐ Grandparent
☐ Other. Write in: _____

9. How much formal education did your father have? (Check one)

- ☐ Some grade school
☐ Finished grade school
☐ Some high school
☐ Finished high school

- ☐ Some college
- ☐ Finished college
- ☐ Attended graduate school or professional school after college
- ☐ Don't know

10. How much formal education did your mother have?

(Check one)

- ☐ Some grade school
- ☐ Finished grade school
- ☐ Some high school
- ☐ Finished high school
- ☐ Some college
- ☐ Finished college
- ☐ Attended graduate school or professional school after college.
- ☐ Don't know.

11. What is your father's occupation; what does he do? Be as specific as you can. (If he is dead, say what his occupation was.)

12. In what place, business, or organization does he work?

13. Does your mother have a job outside the home?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

14. If your mother is employed, what is her occupation; what does she do? Be as specific as you can. (If she is dead, say what her occupation was.)

15. In what place, business, or organization does she work?

APPENDIX B

REVISED PERSONAL DATA QUESTIONNAIRE

APPENDIX B
REVISED PERSONAL DATA QUESTIONNAIRE
DATA SHEET

Name: _____
(optional)

Age: _____ Birth Date _____
Month Day Year

Grade in School: _____

1. Do you have any children? (Check one)

_____ None

_____ One

_____ Two

_____ Three or more

2. If you have any brothers and sisters, give their ages.

Ages of brothers: _____

Ages of sisters: _____

3. Are your parents living? (Check one)

_____ Both living

_____ Only mother living

_____ Only father living

_____ Neither living

4. Do you live with . . . (Check one)

_____ Mother and father

_____ Mother and stepfather

_____ Father and stepmother

_____ Mother

_____ Father

_____ Grandparent

_____ Other. Write in: _____

5. What is your father's occupation; what does he do?

Be as specific as you can. (If he is dead, say what his occupation was.)

6. Does your mother have a job outside the home?

_____ Yes, fulltime

_____ Yes, parttime

_____ No

7. If your mother is employed, what is her occupation;

what does she do? Be as specific as you can. (If she is dead, say what her occupation was.)

APPENDIX C

EXAMPLE OF LETTER TO PARENTS

APPENDIX C

EXAMPLE OF LETTER TO PARENTS

Dear Parents:

I am a graduate student attending Michigan State University in East Lansing, Michigan. Under the direction of my major professor, Dr. Beatrice Paolucci, I am conducting a research project on the development of the self-concept in adolescents. It is important that educators find out how girls in this age group feel about themselves and what they want in the future in order that better programs can be planned and implemented for this age group.

I am requesting that you allow your daughter to participate in the project.

The research project has received approval from the Research and Evaluation Department, Detroit Public Schools. Each student participating in the project will be required to complete the Tennessee Self-Concept Scale (TSCS). The TSCS is not a test--there are no right or wrong answers. It consists of 100 items to which an individual responds on a scale of 1 to 5 indicating the degree to which each statement applies personally. It should not take more than twenty minutes to complete.

Every precaution will be taken to ensure that the students participating in this project will remain anonymous. I will not be given the names or addresses of the students. Of course, students will not be required to participate in the project.

Summary data will be shared with parents and students at the end of the research period in June.

I certainly hope that you will give permission for your daughter to participate in the project. Thank you for your cooperation and assistance.

Sincerely,

Trellis Waxler (Mrs.)

APPENDIX D

TENNESSES SELF-CONCEPT SCALE

APPENDIX D

TENNESSEE SELF CONCEPT SCALE

DIRECTIONS: Fill in your name and other information on the separate answer sheet.

The statements in this inventory are to help you describe yourself as you see yourself. Please answer them as if you were describing yourself to yourself. Read each item carefully; then select one of the five responses below and fill in the answer space on the separate answer sheet.

Don't skip any items. Answer each one. Use a soft lead pencil. Pens won't work. If you change an answer, you must erase the old answer completely and enter the new one.

RESPONSES

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
C	M		M	C
F	F	PF-PT	T	T
1	2	3	4	5

- | | |
|---|----|
| 1. I have a healthy body | 1 |
| 2. I am an attractive person. | 2 |
| 3. I consider myself a sloppy person | 3 |
| 4. I am a decent sort of person. | 4 |
| 5. I am an honest person | 5 |
| 6. I am a bad person | 6 |
| 7. I am a cheerful person. | 7 |
| 8. I am a calm and easy going person | 8 |
| 9. I am a nobody. | 9 |
| 10. I have a family that would always help me in any
kind of trouble | 10 |
| 11. I am a member of a happy family. | 11 |
| 12. My friends have no confidence in me | 12 |
| 13. I am a friendly person. | 13 |

14. I am popular with men	14
15. I am not interested in what other people do. . .	15
16. I do not always tell the truth	16
17. I get angry sometimes	17
18. I like to look nice and neat all the time . . .	18
19. I am full of aches and pains.	19
20. I am a sick person	20
21. I am a religious person	21
22. I am a moral failure	22
23. I am a morally weak person	23
24. I have a lot of self-control	24
25. I am a hateful person.	25
26. I am losing my mind	26
27. I am an important person to my friends and. family	27
28. I am not loved by my family.	28
29. I feel that my family doesn't trust me	29
30. I am popular with women	30
31. I am mad at the whole world.	31
32. I am hard to be friendly with	32
33. Once in a while I think of things too bad to . . talk about	33
34. Sometimes when I am not feeling well, I am cross.	34
35. I am neither too fat nor too thin.	35
36. I like my looks just the way they are	36
37. I would like to change some parts of my body . .	37
38. I am satisfied with my moral behavior	38
39. I am satisfied with my relationship to God. . .	39
40. I ought to go to church more	40
41. I am satisfied to be just what I am	41
42. I am just as nice as I should be	42
43. I despise myself	43
44. I am satisfied with my family relationships . .	44
45. I understand my family as well as I should. . .	45
46. I should trust my family more	46
47. I am as sociable as I want to be	47
48. I try to please others, but I don't overdo it. .	48
49. I am no good at all from a social standpoint . .	49
50. I do not like everyone I know	50
51. Once in a while, I laugh at a dirty joke . . .	51
52. I am neither too tall nor too short	52
53. I don't feel as well as I should	53
54. I should have more sex appeal	54
55. I am as religious as I want to be.	55
56. I wish I could be more trustworthy	56
57. I shouldn't tell so many lies	57
58. I am as smart as I want to be	58
59. I am not the person I would like to be	59
60. I wish I didn't give up as easily as I do. . . .	60
61. I treat my parents as well as I should (Use past. tense if parents are not living)	61
62. I am too sensitive to things my family say. . .	62
63. I should love my family more	63

64. I am satisfied with the way I treat other people.	64
65. I should be more polite to others.	65
66. I ought to get along better with other people. .	66
67. I gossip a little at times	67
68. At times I feel like swearing	68
69. I take good care of myself physically	69
70. I try to be careful about my appearance.	70
71. I often act like I am "all thumbs"	71
72. I am true to my religion in my everyday life. . .	72
73. I try to change when I know I'm doing things . .	73
that are wrong	
74. I sometimes do very bad things	74
75. I can always take care of myself in any situation .	75
76. I take the blame for things without getting mad. .	76
77. I do things without thinking about them first . .	77
78. I try to play fair with my friends and family . .	78
79. I take a real interest in my family.	79
80. I give in to my parents. (Use past tense if . .	80
parents are not living)	
81. I try to understand the other fellow's point . .	81
of view	
82. I get along well with other people	82
83. I do not forgive others easily	83
84. I would rather win than lose in a game.	84
85. I feel good most of the time	85
86. I do poorly in sports and games	86
87. I am a poor sleeper	87
88. I do what is right most of the time.	88
89. I sometimes use unfair means to get ahead. . . .	89
90. I have trouble doing the things that are right . .	90
91. I solve my problems quite easily.	91
92. I change my mind a lot	92
93. I try to run away from my problems	93
94. I do my share of work at home.	94
95. I quarrel with my family	95
96. I do not act like my family thinks I should . . .	96
97. I see good points in all the people I meet . . .	97
98. I do not feel at ease with other people	98
99. I find it hard to talk with strangers	99
100. Once in a while I put off until tomorrow what I .	100
ought to do today	

TSCS SUBSCALES

Positive ItemNegative ItemPhysical Self

- | | |
|---|--|
| 1. I have a healthy body | 4. I am a decent sort of person |
| 2. I am an attractive person | 5. I am an honest person |
| 3. I consider myself a sloppy person | 6. I am a bad person |
| 7. I am a cheerful person | 10. I have a family that would always help me in any kind of trouble |
| 8. I am a calm and easy going person | 11. I am a member of a happy family |
| 9. I am a nobody | 12. My friends have no confidence in me |
| 13. I am a friendly person | 16. I do not always tell the truth |
| 14. I am popular with men | 17. I get angry sometimes |
| 15. I am not interested in what other people do | 18. I like to look nice and neat all the time |

Moral-Ethical Self

- | | |
|---|--|
| 19. I am full of aches and pains | 22. I am a moral failure |
| 20. I am a sick person | 23. I am a morally weak person |
| 21. I am a religious person | 24. I have a lot of self-control |
| 25. I am a hateful person | 28. I am not loved by my family |
| 26. I am losing my mind | 29. I feel that my family doesn't trust me |
| 27. I am an important person to my friends and family | 30. I am popular with women |
| 31. I am mad at the whole world | 34. Sometimes when I am not feeling well, I am cross |
| 32. I am hard to be friendly with | 35. I am neither too fat nor too thin |
| 33. Once in a while I think of things too bad to talk about | 36. I like my looks just the way they are |

Positive ItemNegative ItemPersonal Self

- | | |
|--|---|
| 37. I would like to change some parts of my body | 40. I ought to go to church more |
| 38. I am satisfied with my moral behavior | 41. I am satisfied to be just what I am |
| 39. I am satisfied with my relationship to God | 42. I am just as nice as I should be |
| 43. I despise myself | 46. I should trust my family more |
| 44. I am satisfied with my family relationships | 47. I am as sociable as I want to be |
| 45. I understand my family as well as I should | 48. I try to please others, but I don't overdo it |
| 49. I am no good at all from a social standpoint | 52. I am neither too tall nor too short |
| 50. I do not like everyone I know | 53. I don't feel as well as I should |
| 51. Once in a while, I laugh at a dirty joke | 54. I should have more sex appeal |

Family Self

- | | |
|---|--|
| 55. I am as religious as I want to be | 58. I am as smart as I want to be |
| 56. I wish I could be more trustworthy | 59. I am not the person I would like to be |
| 57. I shouldn't tell so many lies | 60. I wish I didn't give up as easily as I do |
| 61. I treat my parents as well as I should (use past tense if parents are not living) | 64. I am satisfied with the way I treat other people |
| 62. I am too sensitive to things my family say | 65. I should be more polite to others |
| 63. I should love my family more | 66. I ought to get along better with other people |
| 67. I gossip a little at times | 70. I try to be careful about my appearance |
| 68. At times I feel like swearing | 71. I often act like I am "all thumbs" |
| 69. I take good of myself physically | 72. I am true to my religion in my everyday life |

Positive ItemNegative ItemSocial Self

- | | |
|--|---|
| 73. I try to change when I know I'm doing things that are wrong | 76. I take the blame for things without getting mad |
| 74. I sometimes do very bad things | 77. I do things without thinking about them first |
| 75. I can always take care of myself in any situation | 78. I try to play fair with my friends and family |
| 79. I take a real interest in my family | 82. I get along well with other people |
| 80. I give in to my parents (use past tense if parents are not living) | 83. I do not forgive others easily |
| 81. I try to understand the other fellow's point of view | 84. I would rather win than lose in a game |
| 85. I feel good most of the time | 88. I do what is right most of the time |
| 86. I do poorly in sports and games | 89. I sometimes use unfair means to get ahead |
| 87. I am a poor sleeper | 90. I have trouble doing the things that are right |

Identity

- | | |
|--|---|
| 1. I have a healthy body | 4. I am a decent sort of person |
| 2. I am an attractive person | 5. I am an honest person |
| 3. I consider myself a sloppy person | 6. I am a bad person |
| 19. I am full of aches and pains | 22. I am a moral failure |
| 20. I am a sick person | 23. I am a morally weak person |
| 21. I am a religious person | 24. I have a lot of self-control |
| 37. I would like to change some parts of my body | 40. I ought to go to church more |
| 38. I am satisfied with my moral behavior | 41. I am satisfied to be just what I am |
| 39. I am satisfied with my relationship to God | 42. I am just as nice as I should be |

Positive ItemNegative ItemIdentity

- | | |
|---|---|
| 55. I am as religious as I want to be | 58. I am as smart as I want to be |
| 56. I wish I could be more trustworthy | 59. I am not the person I would like to be |
| 57. I shouldn't tell so many lies | 60. I wish I didn't give up as easily as I do |
| 73. I try to change when I know I'm doing things that are wrong | 76. I take the blame for things without getting mad |
| 74. I sometimes do very bad things | 77. I do things without thinking about them first |
| 75. I can always take care of myself in any situation | 78. I try to play fair with my friends and family |

Self Satisfaction

- | | |
|---|--|
| 7. I am a cheerful person | 10. I have a family that would always help me in any kind of trouble |
| 8. I am a calm and easy going person | 11. I am a member of a happy family |
| 9. I am a nobody | 12. My friends have no confidence in me |
| 25. I am a hateful person | 28. I am not loved by my family |
| 26. I am losing my mind | 29. I feel that my family doesn't trust me |
| 27. I am an important person to my friends and family | 30. I am popular with women |
| 43. I despise myself | 46. I should trust my family more |
| 44. I am satisfied with my family relationships | 47. I am as sociable as I want to be |
| 45. I understand my family as well as I should | 48. I try to please others, but I don't overdo it |
| 61. I treat my parents as well as I should (use past tense if parents are not living) | 64. I am satisfied with the way I treat other people |

Positive ItemNegative ItemSelf Satisfaction

- | | |
|--|---|
| 62. I am too sensitive to things my family say | 65. I should be more polite to others |
| 63. I should love my family more | 66. I ought to get along better with other people |
| 79. I take a real interest in my family | 82. I get along well with other people |
| 80. I give in to my parents (use past tense if parents are not living) | 83. I do not forgive others easily |
| 81. I try to understand the other fellow's point of view | 84. I would rather win than lose in a game |

Behavior

- | | |
|---|--|
| 13. I am a friendly person | 16. I do not always tell the truth |
| 14. I am popular with men | 17. I get angry sometimes |
| 15. I am not interested in what other people do | 18. I like to look nice and neat all the time |
| 31. I am mad at the whole world | 34. Sometimes when I am not feeling well, I am cross |
| 32. I am hard to be friendly with | 35. I am neither too fat nor too thin |
| 33. Once in a while I think of things too bad to talk about | 36. I like my looks just the way they are |
| 49. I am no good at all from a social standpoint | 52. I am neither too tall nor too short |
| 50. I do not like everyone I know | 53. I don't feel as well as I should |
| 51. Once in a while, I laugh at a dirty joke | 54. I should have more sex appeal |
| 67. I gossip a little at times | 70. I try to be careful about my appearance |
| 68. At times I feel like swearing | 71. I often act like I am "all thumbs" |
| 69. I take good care of myself physically | |

Positive ItemNegative ItemBehavior

85. I feel good most of the time

72. I am true to my religion in
my everyday life

86. I do poorly in sports and
games

88. I do what is right most of the
time

87. I am a poor sleeper

89. I sometimes use unfair means
to get ahead

90. I have trouble doing the things
that are right

APPENDIX E

CANTRIL SELF-ANCHORING SCALE

APPENDIX E

CANTRIL SELF-ANCHORING SCALE

(Modified)

- A. All of us want certain things out of life. When you think about what really matters in your own life, what are your wishes and hopes for the future? In other words, if you imagine your future in the best possible light, what would your life look like then, if you are to be happy? Take your time in writing your answer; such things aren't easy to put into words. You may write as many hopes and wishes as you like.
- B. Now, taking the other side of the picture, what are your fears and worries about the future: In other words, if you imagine your future in the worst possible light, what would your life look like then? Again, take your time in writing your answer. You may write as many fears and worries as you feel would apply to you.

PRESENT	PAST	FUTURE
10	10	10
9	9	9
8	8	8
7	7	7
6	6	6
5	5	5
4	4	4
3	3	3
2	2	2
1	1	1
0	0	0

- C. Here are three ladders that symbolize life - the present, the past, and the future. The top rung of each ladder represents the best possible life for you, and the bottom rung of each ladder represents the worst possible life. Using the first ladder put a check mark on the rung where you feel you stand at the present time. Take the second ladder and place a check mark on the rung where you feel you were one (1) year ago. On the third ladder put a check mark on the rung where you think you will be one (1) year from now.

APPENDIX F

CODING INSTRUCTIONS FOR CSAS

APPENDIX F

CODING INSTRUCTIONS FOR CSAS

Columns 1 to 6 (Personal Hopes and Aspirations)
Columns 7 to 12 (Personal Worries and Fears)

Concerned with Self and/or Family

Own Personal Character

- | | |
|---|---|
| <p>Col. 1</p> <p>1. <u>Emotional Stability and maturity - peace of mind, mental health and well being; sense of humor, understanding of others, etc.; harmonious life.</u></p> <p>2. <u>Be a normal, decent person, leading a quiet life, harming no one.</u></p> <p>3. <u>Self-development or improvement - opportunity for independence of thought and action, for following through with own interest; further study; reading for non-leisure purposes; no "rut."</u></p> <p>4. <u>Acceptance by other - recognition of my status by others; to be liked respected or loved (exception: where reference is restricted to family or marriage, code under Col. 4-1).</u></p> | <p>Col. 7</p> <p>1. <u>Emotional instability and immaturity - lack of peace of mind, of mental health or wellbeing; no sense of humor or understanding of others, etc.; life of disharmony.</u></p> <p>2. <u>Become anti-social; take to crime.</u></p> <p>3. <u>No self-development or improvement - getting in a "rut"; no opportunity for independence of thought and action, for following through with own interest; no further study or reading.</u></p> <p>4. <u>Not to be accepted by others - no recognition of my status by others; not be liked, respected or loved (exception: where mention is restricted to family or marriage, code under Col. 9-5).</u></p> |
|---|---|

Col. 1 (cont'd)

5. Achieve sense of my own personal worth - self-satisfaction; feeling of accomplishment; lead a purposeful life. (Note: recognition by self as contrasted to recognition by others.)
6. Resolution of one's own religious spiritual or ethical problems
7. To lead a disciplined life.
8. Miscellaneous aspirations regarding one's own personal character.

Personal Economic Situation

Col. 2

1. Improved or decent standard of living for self or family; sufficient money to live better or to live decently; freedom from debt; make ends meet; relief from poverty; not suffer want, hunger, etc.

3. Have own business; ability to increase or expand one's business.

4. Have own land or own farm.

5. Have own house, apartment or garden; or get better ones.

Col. 8

1. Deterioration in or inadequate standard of living for self or family; not sufficient money to live better or to live decently; debt; poverty; suffer want, hunger, etc.
3. Miscellaneous worries and fears having to do with the economic situation of self or family.

Col. 2 (cont'd)

6. Have modern convenience, such as a car, bathroom, fine or new furniture, fine clothes, large appliances such as washing machine, radio, television, etc.

7. Have wealth - money to do anything I/we wish.

8. Miscellaneous aspirations having to do with economic situation of self or family.

Job or Work Situation

Col. 3

1. Good job, congenial work for self, spouse or other family member; independence in choice of occupation; pleasant, interesting job or work situation; chance of advancement.

2. Employment - steady work for self, spouse or other family member.

3. Success in one's work for self, spouse or other family member, make a contribution to one's field.

5. Miscellaneous aspiration regarding job or work situation.

Col. 8 (cont'd)

6. Poor job, uncongenial work for self, spouse, or other family member; no independence in choice of occupation; unpleasant, uninteresting job or work situation; no chance for advancement;

7. Unemployment - no steady work for self, spouse or other family member; inability to find or hold a job; unable to work because of sickness or old age.

8. Failure in one's work for self, spouse or other family member; contribute little or nothing to one's field.

9. Miscellaneous worries and fears regarding job or work situation.

Other References to "Self"

Col. 3 (cont'd)

7. One's own health - continued or re-gained health (physical or mental) for self; strength to enjoy life.
8. Happy old age - long and happy life; peaceful, pleasant, secure old age.
9. Recreation, travel, leisure time; sports, reading for pleasure, etc.
0. Miscellaneous aspirations involving other references to "self."

Other References to Family

Col. 4

1. Happy family life - Happy marriage; pleasant home; love within family.
2. Relatives - concern for spouse, children parents or other relatives; be close to them; keep them together or get them together again; help or take care of them; live up to their expectations.
3. Health of family - continued good health or improved health (physical or mental) for members of family.
4. Children - adequate opportunities for them (including education); children themselves do well, be happy, successful.

Col. 9 (cont'd)

5. No or unhappy family life - unhappy marriage; unhappy home; no love within the family.
6. Relatives - separation from (or abandonment by) spouse, children, parents or other relative; not to be able to help or take care of them; not to live up to their expectations.
7. Ill health, accident, death or continued poor health (physical or mental) for members of family.
8. Children - inadequate opportunities for them (including education); children themselves do poorly, be unhappy, unsuccessful.

Col. 4 (cont'd)

5. Miscellaneous aspiration regarding family.

6. Have a husband or wife; have children.

7. Miscellaneous aspirations.

Concerned about other People, Community or Nation

Political

Col. 4 (cont'd)

7. Freedom, including specifically freedom of speech, of religion, of occupation, of movement, etc.

8. Miscellaneous aspirations having to do with the political situation.

Col. 10

1. Lack of freedom, including specifically lack of freedom of speech, of religion, of occupation, or movement, etc.

2. No improvement in present government; fear present government will continue.

3. Political instability; chaos, confusion; lack of internal peace; civil war, etc.

4. Miscellaneous worries and fears having to do with the political situation.

General Economic Situation

Col. 5

1. Economic Stability (in general); freedom from inflation; fair prices.

2. Miscellaneous economic aspirations not restricted to self or family.

Col. 10 (cont'd)

7. Economic instability (in general); inflation; unfair or high prices.

8. Deterioration in or inadequate standard of living for nation or group.

9. Miscellaneous economic worries and fears not restricted to self or family.

Social

Col. 5 (cont'd)

5. Social justice - greater equality in the treatment, benefits and opportunities afforded all element of the population, irrespective of race, color, class, cast, religion, etc.; integration; fairer distribution of wealth; elimination of discrimination or exploitation.

6. Future generation - better prospects and opportunities.

7. Social security, including pensions, annuities, etc.

8. Miscellaneous aspiration have to do with the social situation.

Religion, Morality, Public Service

Col. 6

1. Desire to be useful to others; ability and opportunity to serve the people, community, nation, world; or to hold public office.

2. Miscellaneous aspirations having to do with public service or with religion or morality where the reference is not restricted to self or family.

Col. 11.

1. Social injustice; continued inequality in the treatment, benefits and opportunities afforded various elements of the population; discrimination or exploitation based on race, color, class, cast, religion, etc.; continuing unfair distribution of wealth.

2. Future generations - no better prospects or worse prospects; no opportunities.

3. No social security; no pensions, no annuities, etc.

4. Miscellaneous worries and fears having to do with the social situation.

Col. 11 (cont'd)

7. Not to be useful to others; not to serve the people, community, nation, or world.

8. Spiritual, ethical, moral or religious disintegration; deterioration; or complacency on the part of society.

9. Miscellaneous worries or fears having to do with public service or with religion or morality.

Concerned about International Situation and World

Col. 6 (cont'd)

5. Peace - maintenance of; no war;
no threat of war.

6. Better world - more international
cooperation; countries working
together; more international
understanding and responsibility;
relaxation of international tensions;
stronger U.N.; world government.

7. Miscellaneous aspirations having to
do with the international or
world situation.

Col. 12

1. War; nuclear war; living in fear of
war.

2. Militarism and armaments; misuse of
nuclear energy; fall outs from
nuclear tests.

3. Threat, aggression, domination or
conquest by Russia, Communist China
or other Communist power; become a
Communist satellite.

4. Miscellaneous worries and fears having
to do with the international or
world situation.

General

Col. 6 (cont'd)

9. Maintain status quo (in general);
person is happy with things as they
are now.

0. Miscellaneous aspirations that do not
fit under any of the preceding
categories.

Col. 12 (cont'd)

7. Can't think of any fears or worries.

8. Miscellaneous worries and fears that
do not fit under any of the
preceding categories.

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