Teenage pregnancy: Cultural and familial predictors

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TEENAGE PREGNANCY:
CULTURAL AND FAMILIAL PREDICTORS

A Thesis
Presented to the
Faculty of
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Denise Antionette Navrkal
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ABSTRACT

Over one million adolescent females become pregnant every year. In order to decrease the likelihood of teen pregnancy, researchers have sought to identify factors that correlate with becoming a teen parent. Sixty-eight male and twenty female adolescent juvenile offenders from alternative institutions of education in southern California were surveyed in the study. They were given questionnaires to identify differences in usage of contraceptives, incidence of sexual intercourse, and pregnancy based on gender, ethnicity, socioeconomic status, status of ethnic identity, and perceived level of parent-adolescent communication. It was hypothesized that adolescents who had formed no clear ethnic identity and/or have extremely poor parental communication would be at increased risk for unprotected sexual activity and teen pregnancy. The findings indicated that in fact teens who had experienced a pregnancy had better communication with their mothers and were more likely to have achieved an ethnic identity. Social class had no effect on teen pregnancy in this group.
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INTRODUCTION

Teen pregnancy affects more than one million adolescent females and males every year. In 1991, approximately 531,591 teenage girls gave birth in the United States (Mayden, 1994; Yawn & Yawn, 1993). Of all the industrialized nations, the United States has the highest teen pregnancy rate. Approximately fifty percent of all teen pregnancies end in abortion (Yawn & Yawn, 1993). Another forty percent of mothers decide to keep their infants while less than ten percent place them up for adoption. In the 1990s, there has been an increase in the likelihood that young mothers keep their infants because social services are available to them and it is socially acceptable for teen mothers to keep their infants. This is illustrated by the increased attention teens get during their pregnancies and shortly after they give birth (Wallis, 1985).

Societal Effects of Teen Pregnancy

Medical and mental health professionals and legislators have been trying for decades to decrease the likelihood of young teenagers becoming parents due to the increased costs to our society (Mayden, 1994). However, because so many programs have been implemented within the last decade, little evaluation has been conducted to determine their effectiveness (Dryfoos, 1990). The number of teenagers becoming parents have either remained stable or increased in each state. Many programs have been established to help current teen mothers complete high school, retain
job skills, and obtain child care. However, the prevention of teen pregnancy among today's teens has rarely been addressed due to the fact that educators have yet to identify the direct causes of teen pregnancy or, more specifically, early sexual activity among adolescents. Once society becomes more knowledgeable about teen sexuality and pregnancy, proper solutions can evolve.

Society suffers greatly when adolescents become parents because poor outcomes often result for the teen mother, the teen father, and the infant. Because these young individuals must care for a third human being, it is not likely that they will further their education as they no longer have the available time and resources to do so. Currently, over fifty percent of teen mothers do not finish high school (Wallis, 1985). It is therefore not probable that they will become productive members in the workforce because they lack education. The teen fathers who do decide to remain with the mother of their child are generally urged to give up any opportunities of obtaining a college education to seek immediate employment to financially care for their family. However, even if the father did desire to maintain a relationship with the mother, he is often encouraged by the parents of the teen mother and by the system to reside away from the mother so that the child can continue to receive public assistance. A situation in which the father is absent from the home can be detrimental to a child's development (Dworetzky, 1987).
Unfortunately, teen paternity has not been adequately examined in the literature.

The infant of teen parents experiences many disadvantages. Wallis (1985) found that children born from teen mothers experienced higher rates of illness and infant mortality. She also indicated that these infants were more likely to experience educational and emotional problems later in life. The children of teen parents are also most likely to become teen parents themselves due to the cycle that exists between teen pregnancy, poverty, and lack of education. The overall cost to society was calculated in this study. It was estimated that the United States spends about $8.6 billion in social services to support teenagers who are pregnant or who had given birth (Wallis, 1985). In addition, she found that in 1985, of all families who were collecting Aid to Families with Dependent Children (AFDC), approximately 71% of the female recipients under thirty years of age had been teen mothers. This statistic clearly demonstrates the economic stress teen mothers place upon society.

Unfortunately, what prevents teen pregnancy may be different for each adolescent. First, as researchers, we must focus on the factors that precede an adolescent (male or female) becoming sexually active and failing to use contraceptives. The two main factors which this study will focus on: sociocultural and familial.
Sociocultural Factors

Correlates of teen pregnancy include several sociocultural factors: the family's socioeconomic status, the availability and knowledge of contraceptives, relationships within the family, cultural expectations, and ethnic identity. Currently, African-American adolescents have the highest rate of females becoming pregnant, 192 per 1,000, while Hispanics have a slightly lower rate, 158 per 1,000 (H. H. S., 1990). Although the Caucasian-American rate seems to be relatively low, (94 per 1,000), it is still higher than industrialized European nations. The Alan Guttmacher Institute, a research center in New York City, determined that although Caucasians in the United States have the lowest teen pregnancy rate of all ethnic groups, they have nearly double the rate of their Caucasian peers in Great Britain and France. In addition, teenage pregnancies in Holland occur at only one-sixth the rate of those in the United States (Wallis, 1985). Ladner (1987) further illustrated differential pregnancy rates among United States ethnic groups. She found that by the time females had reached their eighteenth year, 22 percent of African-Americans and only 8 percent of Caucasians had become mothers. Only two years later, the percentages had increased to 41 and 19 percent, respectively.

Sexual Intercourse. Ethnic differences have been evident as well when comparing the timing of adolescent intercourse.
Furstenberg and Moore (1987) found that African-American adolescent males and females, between 12 and 16 years of age, were 3.3 times more likely than their Caucasian counterparts to have had intercourse. Furthermore, it was noted that in the early 70's, adolescent African-Americans were more than twice as likely to have engaged in intercourse than Caucasians. Yawn and Yawn (1993) report similar findings regardless of socioeconomic status. They also found that Hispanic adolescents were more likely than Caucasian adolescents to be sexually active at a young age. Additionally, African and Hispanic males become sexually active at a much earlier age than their Caucasian counterparts (Finkel & Finkel, 1975; Johnson & Staples, 1979).

**Socioeconomics.** The parent's level of education often determines the family's socioeconomic status which influences the availability of contraceptives, cultural expectations, and level of stress and anxiety that exists within the family. Unfortunately, income was found to systematically vary with ethnicity (Betancourt & Lopez, 1993). They found that within the United States, more Caucasians are represented in the higher socioeconomic strata than in the lower while the reverse is true for Hispanics. Furthermore, most ethnic minorities, Latinos, African-Americans, and Native-Americans, are overrepresented in the lower-classes. Currently, low-income, minority families have the highest teen pregnancy rate. Thus, it
is unclear whether ethnic cultural beliefs or income most influence teen sexual behavior.

**Contraception.** The lack of knowledge and utilization of contraceptives continues to be problematic and varies by ethnic group. Torres and Singh (1986) found that 15 to 19 year-old Caucasian women utilized contraceptives at first intercourse more than twice as often as Hispanics and almost twice as much as African-Americans. Furthermore, it should be noted that approximately 77% of Hispanics and 64% of African-Americans did not use any form of birth control when first engaging in sexual intercourse. With regards to male contraceptive use, Sonenstein (1986) found that among all ages, African-American males were less likely to use contraception than Caucasian males. Although having access to contraceptives did correlate with the likelihood of a teen becoming pregnant, the adolescents who had access to contraceptive devices were often those who resided in middle- or upper-class families (Zelnik, Koenig, & Kim, 1984). As previously illustrated, there are fewer Hispanic and African-American upper class families than Caucasian families.

**Cultural Expectations.** The expectations that the culture places upon the individual may aid in explaining the higher rates of pregnancy among minority teens. Unfortunately, little research has been conducted to determine the influence of the cultural environment on the development of adolescent sexuality and contraceptive use. Forste
and Tienda (1992) examined the relationship between the ethnicity and academic achievement of teen mothers and found that within the Hispanic culture, motherhood and marriage are the respected and realistic goals that Latinas have to look forward to. They are goals to strive for if they want to be accepted within their cultural group. Therefore, the academic achievements of these Latina teen mothers were relatively low because this is not a priority for Latinas.

Ladner (1987) researched African-American teenage pregnancy because this group had the highest incidence. She indicated that fatherhood and motherhood in the African-American culture are symbols of attaining and proving your manhood or womanhood. Therefore, having a child has become a status symbol for young African-American men and women.

Parental Education. Education of the parents also has been a significant variable in influencing whether the adolescent engages in sexual intercourse and/or uses contraception. This is of importance because many ethnic parents do not pursue higher education due to their lack of resources and knowledge about the educational system (Harrison, Chan, Wilson, Buriel, & Pine, 1990). It would appear that the higher the level of education the parent(s) possesses, the more likely the parent(s) will discuss such issues as contraception and/or sexuality with their children. For example, Furstenberg et al. (1984) found
that those teenagers who used contraceptives more regularly than their peers had better communication with their mothers. Of the mothers who participated in this study, 84 percent had a high school education or higher. Unfortunately, it was difficult to determine how much post-high school education each mother had received. Having a less restricted range in the sample may have allowed a more definitive conclusion about the relationship between the education level of the mother and the degree of communication between the mother and the adolescent. Nevertheless, because minorities, specifically, African-American and Hispanics, are underrepresented among college graduates, they may be at a disadvantage when developing parent-adolescent communication patterns regarding sexuality.

Identity and Ethnicity. According to Erikson (1968), identity is defined as an integrated sense of self. An individual's identity is often developed in one of four ways. Marcia (1966) identified these four levels of identity status as: achieved, moratorium, foreclosed, and diffused. These four statuses are defined by the presence of two main variables, a process of searching and a commitment. First, identity achievement is defined as having established a sense of self after a period of searching through alternatives and making a commitment to follow a certain set of beliefs. Second, moratorium is achieved when the individual is still in the process
of searching for an identity. The individual is not only questioning the beliefs of the society at large but also that of the subculture in which he/she is a part. Third, foreclosure is defined as the state in which the individual has made a commitment without conducting any type of a search. Foreclosed individuals are often those children who accept the values and belief systems of their parents without questioning. Fourth, a diffused individual is one who is not searching, has not made a commitment, nor the desire to do either.

Each of the identity statuses has a direct effect on the psychological development of the adolescent. An adolescent who has achieved an identity is able to think in more abstract terms which may aid the individual when s/he begins to further develop personal, sexual, or occupational roles (Steinberg, 1993). Experimentation is most evident in the state of moratorium. However, anxiety and depression is often felt if the adolescent is not given the encouragement and space to try out different roles and personalities (Steinberg, 1993). Foreclosed adolescents who skip over the identity search and have made a commitment often miss out on the potential roles that could have arisen through experimentation. With foreclosed individuals, it is difficult to determine whether the adolescent or the parent(s) made the decision about of the roles of the adolescent. Adolescents who are in the state of diffusion often experience difficulties
in employment and academic achievement (Steinberg, 1993). They also develop problems maintaining intimate relationships and a sense of their sexual identity (Steinberg, 1993).

Unfortunately, what remains is the difficult task of determining whether these same levels of identity development exist regarding one's specific ethnic cultural status. Phinney (1992) defined an ethnic identity as an aspect of a person's social identity which forms because of their membership in a particular ethnic group. Because a person's ethnic identity is greatly determined by what ethnic group they belong to, their ethnic values and beliefs are likely to reflect that of their culture. For example, the Latino culture emphasizes marriage and motherhood for their young females. It is more probable that a young woman who does not question the values or beliefs assigned by her culture is an adolescent clearly in the state of foreclosure. She is likely to not leave the group and develop her own identity and personal belief system. An adolescent who has achieved an ethnic identity that includes aspects of the cultural belief system as well as values that fit them as an individual will only retain certain aspects of the cultural belief system. For fear of rejection, a foreclosed girl will most likely accept marriage and motherhood and adopt the beliefs of her parents, not that of the Western culture. Because of the cultural beliefs and expectations, Latina adolescent females
are reared to believe that motherhood and marriage are a social status one should look forward to achieving. Unfortunately, holding such beliefs may aid in explaining the high rate of teen pregnancies, as well as an increased likelihood of being a married teen, that exists among the Latino population.

However, the ethnic differences among African-American and Caucasian adolescent males' and females' pregnancy and contraceptive usage rates are more difficult to explain. Several factors have been introduced to aid in explaining the significant difference between African-American and Caucasian teenage pregnancy rates. However, because the cultures are so diverse, the explanation to help define the difference may be as diverse as well. It is believed that research on ethnic identity may help in explaining the ethnic differences in these teen pregnancy rates.

**Familial Factors**

The family is the most important aspect of a child's life. As a child develops and matures, the peer group and societal norms become important influences. Nevertheless, the familial atmosphere prior to becoming an adolescent and during the adolescent years may influence the likelihood of adolescent pregnancy. Familial factors include the family's socioeconomic status and familial communication patterns. The education level of the parent(s) generally determines the family's socioeconomic status as well as the parent-adolescent communication
patterns.

**Household Formation.** Several researchers have stated that teen pregnancy is most likely to occur in a single-parent household as compared to those families in which both biological parents are present (Hogan & Kitigawa, 1985; Mott, 1984; Newcomer & Udry, 1987). Newcomer and Udry (1987) found that, in general, both males and females were more likely to become sexually active in a single-parent household as compared to those adolescents who had remained in a two-parent household. Their analysis indicated specifically that females and males were more likely to become sexually active in a home in which the father is absent. Unfortunately, when a parent, usually a mother, rears a child alone, their economic situation generally worsens. Such circumstances provide little opportunity for the single-parent to obtain an education. What often results is an increased likelihood of poor parent-child communication due to the lack of education and the unavailability of the parent because of employment situations.

Blechman (1982) sought to determine whether or not there were associated risks for children when being raised by a single-parent and found several significant differences in female adolescent behavior. She found that females raised by divorced mothers were more forward with men, would sit closer to male interviewers, and utilized more sexual slang words as compared to those adolescent females
raised by two parents. It was further suggested that females raised in mother-headed, single-parent households had a difficult time when adjusting to heterosexual relationships because they lacked the social skills necessary to establish a healthy relationship. These social skills are often learned by observing the interactions between parental role models. Ten years earlier, Hetherington (1972) had similar findings. Such findings can be explained in a variety of ways. It seems that adolescents who reside with a single parent often act differently around the opposite sex; however, Blechman (1982) and Hetherington (1972) failed to explain why this occurs. It is evident that single-mothers are often at the lower end of the socioeconomic scale and, thus, would likely have a lower level of education and be under a great deal of stress. These women may not be good role models regarding romantic relationships and may not have time or energy to discuss what is appropriate regarding sexuality.

Economics. The family income is a significant predictor of teen pregnancy. It should be noted that disadvantaged teens, regardless of race and other confounding variables, are three to four times more likely to experience an out-of-wedlock teen birth regardless of age of onset of sexual activity than their more economically advantaged counterparts (Robinson, 1988). Contraceptive availability generally depends on whether or not the family has medical insurance, an asset most
commonly found in middle- and upper-class homes. If a family has private medical insurance, the parents generally do not need to give consent; however, upon receiving a monthly statement or a receipt from the doctor, they will know of their adolescents' actions. If an adolescent is covered by Medi-Cal, the medical insurance for low-income families, they can obtain contraceptives without parental consent at any county health clinic. Although in the past, contraceptive availability was based on income, this has been altered with the introduction of family planning clinics. In addition, contraception is now available at low cost or free to AFDC recipients. Unfortunately, low-income families are not taking advantage of these clinics. It is assumed that the lower-income families often lack the education to obtain information concerning the services local clinics provide. Evans (1976) and Wallis (1985) both indicated that most teenagers would rather take the risk of getting pregnant than to deal with the embarrassment of going to the local clinic or the drug store to purchase contraceptives. However, there may be other psychological barriers that deter adolescents from obtaining and utilizing contraceptives.

Evans (1976) indicated that many adolescents are generally misinformed, due to lack of communication with parents or someone knowledgeable about contraception. Therefore, they may decide not to use any contraception at all. A majority of them become sexually active prior
to obtaining any form of contraception. Evans (1976) and other researchers (Kantner & Zelnik, 1972; Wallis, 1985) indicated that one of the primary reasons young female adolescents did not utilize a contraceptive device was that the girls did not have any form of contraception readily available to them at the time of intercourse.

There are currently few contraceptives that are available to adolescents. The only contraception available over-the-counter are condoms, spermicides, and the spermicidal sponge. The other remaining forms of birth control, oral contraceptives, the diaphragm, the intrauterine device, or the intramuscular slow release hormones must be prescribed by a doctor. However, when a contraceptive method is used, it is primarily because the female had taken the responsibility of being protected (Elster & Lamb, 1986). In general, males are only likely to use contraception if they were engaged in a stable relationship. Because the income of the family determines what contraceptives and academic opportunities will be available to growing adolescents, it is predicted that lower-income families are less likely to use contraceptives due to the lack of education and poor communication with their parent(s).

Parent-Adolescent Communication. Communication between the parents and the adolescent regarding knowledge and acceptance of contraceptive use influences whether or not an adolescent becomes sexually active. Newcomer and Udry
(1985) found that those adolescents whose mothers had discussed sex and contraception with them as compared to adolescents whose mothers did not, were half as likely to have had intercourse. In addition, it was found that those daughters who had discussed contraception with their mothers were about three times more likely to use an effective contraceptive method as compared to those whose mothers did not provide their daughters with information (Newcomer & Udry, 1985). Although half the adolescents in this study were male, the generalizability of this study was limited in that approximately 73 percent of the parent-adolescent couples were Caucasian. In addition, neither socioeconomic status nor household formation was recorded.

The most significant reason stated by adolescents for not using contraception was fear that their family would find out and disapprove of their behavior (Furstenberg, Herceg-Baron, Shea, & Webb, 1984). Therefore, discussion of contraceptive options and sexuality by family members may increase the likelihood of adolescents utilizing contraception at first intercourse or may delay the onset of the first sexual experience. Several studies have reported that teenagers are less likely to use contraception effectively, if at all, if their parents do not know they are engaging in sexual activities. Furstenberg et al. (1984) reported that adolescents who had better communication with their mothers used an effective
contraceptive more regularly than those who lacked this communicative relationship.

Fox et al. (1980) introduced the notion that it was not only the communication per se that influenced the adolescent's likelihood of becoming sexually active but also the time at which the communication began (early versus late teen) and the frequency. They found that those female adolescents who were still virgins at the age of sixteen were more likely at age eleven to have attained knowledge from their parents about such topics as birth control, contraception, menstruation, and intercourse. They also indicated that the more frequently the mother and daughter discussed sexual issues, the more responsible the daughter's responses were regarding contraceptive use.

Hall (1987) also found that the family relationship was important. In his review of family relationships, he found that having a poor parent-child relationship increased the likelihood of the child experiencing problems when later forming an intimate relationship. Because parental warmth and support greatly influence the child's overall behavior, having a good parent-child relationship can decrease the incidence of antisocial behaviors like early sexual activity.

Newcomer and Udry (1984) studied the effects of the mother's behavior on her adolescent's sexual behavior. They found that those mothers who were sexually experienced by the time they had reached adolescence were more likely
to have adolescent children who were sexually experienced as well. Wallis (1985) found that of all the females, age 15 and younger, who had given birth, 82% were daughters of a teenage mother. Such findings are not uncommon as most researchers indicate that a teen pregnancy cycle does exist within families. The cycle may begin when there is a lack of communication within the family due to the lack of parental education. It is often the mother who maintains full custody of the children and, thus, suffers both financially and personally (Cox, 1993). Such unfortunate circumstances often cause anxiety and stress which directly affect the entire family.

The Present Investigation

The purpose of this study was to determine whether the socioeconomic status, the cultural environment, ethnic identity status, and parent-child communication patterns influence the sexual behavior of male and female adolescents. On the basis of the stated evidence, four hypotheses have been put forth. First, it was predicted that those male and female adolescents who engaged in unprotected sexual intercourse more frequently would have lower parental communication scores, representing a high degree of problems and a low degree of openness within the family communication. Second, it was predicted that Latino and African-American adolescent males and females who had experienced a pregnancy, in comparison to those adolescents who had not, would most likely reside in a
lower socioeconomic household. Third, it is predicted that African-American and Latin adolescent males and females who have experienced a pregnancy are most likely to have higher ethnic identity scores in comparison to other ethnic groups such as White and Asian-Americans. Finally, the main purpose of this study was to support the overall hypothesis, that male and female adolescents who a) live in poverty, b) reside in a culture that values marriage and parenthood as a sign of adulthood, c) have achieved an ethnic identity and d) who have poor communication with their parents are more likely to have experienced a teenage pregnancy than male and female adolescents who reside in an economically stable environment, do not reside in a culture which promotes parenthood and marriage, have not achieved an ethnic identity, or have strong and open communication with their parent(s).

METHOD

Subjects

Eighty-eight adolescents from 24-hour placement facilities for juvenile offenders in southern California were surveyed. These facilities were group homes in which these adolescents had an opportunity to improve their lives by avoiding drug use and attending school. Although their stay was on a volunteer basis, leaving without permission meant accepting another charge. A majority of these adolescents could not return home due to the poor familial environment. Furthermore, these juvenile offenders were
not first-time offenders and a majority of them were involved in gangs.

There were 68 males and 20 females whose ages ranged from 13 to 18 years (M = 16.1, SD = 1.0). The sample was primarily nonwhite (see Table 1). Most (59.1%) of the adolescents were from families who were divorced or separated (see Table 1). Teen pregnancy incidence was high: 40.9% had experienced at least one teen pregnancy while 59.1% had never experienced a teen pregnancy.

Table 2 illustrates the descriptive statistics for socioeconomic status. The father's and mother's level of education and occupational status were utilized to assess social position of the family unit. Overall, the majority of the fathers (56.9%) and mothers (61.4%) had at least a post-high school education.

Materials

Demographics. A demographic form was used to assess the adolescent's age, gender, formation of household, the parent's occupation, the parent's level of education, ethnicity, usage of contraception, and incidence of sexual intercourse and pregnancy (see Appendix A). Family's social position was calculated with an averaged score for mothers and fathers derived from Hollingshead's two-factor index (Hollingshead & Redlich, 1958). The occupational by educational scores for the mother and the father were averaged to produce a social position score for the family.

The categorical variables, use of contraceptive,
incidence of sexual intercourse, and number of teen pregnancies, are dependent variables. The independent variables or predictors, include ethnic identity of the adolescent, the degree of communication that exists between the parent(s) and the adolescent, and socioeconomic status. The independent variables are all continuous variables. Ethnicity is a categorical variable.

Communication. The adolescent's perception of communication with their parent's was assessed with the Parent-Adolescent Communication Scale (Barnes & Olson, 1985) which consisted of two 10-item subscales (see Appendix B). The first subscale measured the level of openness within family communication and the second subscale assessed whether problems existed within the communication of the family. Alpha reliabilities for each subscale are .87 and .78, respectively.

Parent-Adolescent Communication

The Parent-Adolescent Communication Scale consists of twenty questions the respondent answers with a five-point Likert scale. The responses indicate to what extent the subject agrees that the statement describes their parent-child relationship (Barnes & Olson, 1985). The adolescent must answer the same question twice, once in regard to his/her mother and again in regard to his/her father. The two individual scores are then analyzed separately. In the first subscale, which describes the degree of openness, a high score indicates that a high
degree of openness exists in the parent-adolescent communication. In the second subscale, which measures the extent of problems that exist within family communication, a high score reflects the opposite, that few problems exist in their communication. Thus, the higher the total overall score, which is the summation of the two subscale scores, the better the communication between the parent and the adolescent.

**Ethnic Identity.** Ethnic identity status of the adolescent will be assessed utilizing the Multigroup Ethnic Identity Measure (Phinney, 1992) which consists of 20 items that assess three aspects of ethnic identity: positive ethnic attitudes and sense of belonging, ethnic identity achievement, and ethnic behaviors and practices (see Appendix D). A Cronbach's alpha was calculated to assess the reliability of the ethnic search and ethnic commitment scores, the reliabilities were .80 and .66, respectively (Phinney, 1992). Ethnic commitment includes the assessment of whether the subject has achieved a positive ethnic identity (Phinney, 1992). Ethnic search is similar to that of Marcia's (1966) category of identity moratorium in that the ethnic minorities are currently exploring their ethnic identity. This exploration process is illustrated by the adolescent's behavior among members of their ethnic group and other ethnic groups. Ethnic commitment is similar to Marcia's (1966) category of foreclosure. Those who have committed themselves to a belief system that is held
by a certain subculture are said to have made an ethnic commitment (Phinney, 1992).

**Ethnic Identity**

The Multigroup Ethnic Identity Measure consists of 20 items that are rated on a four-point Likert scale from (1) strongly disagree to (4) strongly agree. The negatively worded items, such as those asking if they want to change their ethnicity or prefer another ethnic group, are reversed to determine the score (items 9, 10, and 15; Phinney, 1992). Once all the items have been summed and the mean for each identity status has been obtained, the identity level score can be determined. The highest score, four, indicates that the adolescent has achieved an ethnic identity, or commitment, while the lowest score, one, indicates that the adolescent is in a state of diffusion in regards to their ethnic identity (Phinney, 1992).

**Procedure**

The adolescents were given an informed consent form (see Appendix D) and a demographic form to identify their age, gender, formation of household, the parent's occupation, the parent's level of education, ethnicity, usage of contraceptives, and incidence of sexual intercourse. Each subject received a questionnaire to assess their level of perceived communication with both their mother and father and their ethnic identity status. Upon completion, the participants were provided a debriefing statement (see Appendix E). The materials were coded.
numerically to ensure confidentiality. Each subject was surveyed at their assigned 24-hour placement facility. Participation was voluntary. The subjects were treated according to the guidelines provided by the APA concerning research ethics with human subjects.

RESULTS

The present study investigated whether an adolescent's ethnicity, ethnic identity status, family status, socioeconomic status, and/or their communication pattern with their mother and father could be utilized to predict the likelihood of that adolescent engaging in unprotected sexual intercourse and teen pregnancy. Descriptive analyses were utilized to identify the means, standard deviations, and percentages for all the variables: demographic information, usage and type of contraceptives, number of teen pregnancies, result of teen pregnancies communication with mother scores, communication with father scores, and ethnic identity status scores. Hierarchial and logistic regression analyses were performed to determine the predictability of the dependent variable (teen pregnancy) by the predictor variables. Because other relationships were explored, MANOVA's and correlational analyses were utilized to determine the relationship between ethnicity, socioeconomic status, and family status with incidence of sexual intercourse and usage of contraceptives.

Sexual Activity and Pregnancies

Most of the subjects were sexually active though few
used any type of birth control. The sample was almost evenly divided between teens who had experienced at least one teen pregnancy (40.9%) and those who had never experienced a teen pregnancy (59.1%). Table 3 illustrates the frequencies of the variables relating to teen pregnancy: incidence of sexual intercourse/usage of contraceptives and type of contraceptive used. The most common contraceptive methods utilized by this sample was the condom and the withdrawal method which accounted for approximately 89% of the contraceptives used. However, approximately 30% of the sample reported that they used no contraceptive device. Table 4 indicates the number and results of the teen pregnancies. The majority of those who experienced a teen birth were providing care for the infant either financially or through caretaking responsibilities.

The two subscales of the Communication measure were Problems in Communication and Openness in Communication. The three subscales of the Ethnic Identity measure were Affirmation and Belonging, Ethnic Behaviors, and Other Group Orientation. The means and standards deviations for the sample are in Table 5. These scores were used in group comparisons.

A hierarchial regression analysis was computed to determine how well the independent measures, Ethnic Identity Achievement, Communication with Mother, and Communication with Father, and social position predicted the number of teen pregnancies. Social position was entered first but
only communication with mother predicted the number of teen pregnancies which accounted for 20 percent of the variance in the number of teen pregnancies; Multiple $R = .45, p < .01$ (see Table 6).

A logistic regression analysis was computed to determine how well the independent measures predicted the likelihood of an adolescent becoming pregnant. Even though ethnic identity was entered first in this analysis, again, communication with mother was the only variable that predicted the likelihood of an adolescent becoming pregnant: $R = .2562, p < .01$ (see Table 7).

MANOVA's were computed to test the differences between gender, ethnicity, and pregnancy groups on the three independent measures (communication with mother, communication with father, and ethnic identity). Two pregnancy groups were formed for analysis; one group included those male and female adolescents who had experienced a teen pregnancy and the other group included those adolescents who had not. The MANOVA for pregnancy x gender indicated a significant multivariate test, $F (1,3) = 7.19, p < .01$. Post hoc ANOVA's demonstrated main effects for pregnancy group and gender. Specifically, those teens who had experienced a teen pregnancy had higher communication scores with their fathers ($M = 69.3$), with their mothers ($M = 77.9$) and higher ethnic identity scores ($M = 3.4$) than the teens who had never experienced a teen pregnancy ($M = 59.9; M = 61.9; M = 3.0$). Adolescent males
had a higher communication score than adolescent females. Although females had better communication with their mothers than with their fathers, males appeared to have better communication with both parents regardless of teen pregnancy. The interaction was not significant, $F(1,3) = .81, p > .05$.

The MANOVA for pregnancy x ethnicity indicated a significant multivariate test, $F(1,3) = 5.92, p < .01$. Post hoc ANOVA's demonstrated main effects for pregnancy group and ethnicity. Specifically, the communication scores with the mother and ethnic identity scores were again significantly higher for those adolescents who experienced a teen pregnancy than those who had never become pregnant. The African-Americans ($M = 76.7$), Latinos ($M = 74.9$), and Multiracials ($M = 62.0$), had significantly higher communication with father scores than the Whites ($M = 42.8$). The African-Americans ($M = 3.4$), Latinos ($M = 3.3$), and Multiracials ($M = 3.4$), had significantly higher ethnic identity scores than the White adolescents ($M = 2.5$). The interaction was not significant, $F(3,9) = .36, p > .05$.

To determine the relationship between ethnicity and social position within the pregnancy groups, chi square analyses were performed. They indicated that ethnicity and social position were unrelated, $X^2 (N = 12) 13.43, p > .05$; that ethnicity and teen pregnancy were unrelated, $X^2 (N = 3) 3.47, p > .05$; and that teen pregnancy and social
position were unrelated, $X^2 (N = 4) = 2.93, p > .05$.

Table 8 indicates the correlation matrix between the number of teen pregnancies, age of the teen, and social position and the independent measures which included Communication with Father, Communication with Mother, Ethnic Identity Achievement, Belongingness, and Ethnic Behavior. The results indicated that parental communication, ethnic identity and ethnic identity achievement were all positively correlated with the number of teen pregnancies.

Further relationships were examined between several demographic variables such as ethnicity, ethnic identity, family status, gender, and communication with mother and father and contraceptive usage. A logistic regression analysis was computed to determine how well these variables predicted contraceptive use. Although communication with father, ethnic identity, and ethnicity were entered before family status (divorce), Family Status predicted use of contraceptives (see Table 9). It appeared that when an adolescent resided in a divorced home, compared to those adolescents who resided in homes in which their parent's were married or cohabitating, they were less likely to use contraceptives.
Table 1

Frequencies for the Demographic Variables: Gender, Ethnicity, and Family Marital Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68</td>
<td>77.3</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>22.7</td>
</tr>
<tr>
<td><strong>ETHNICITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>8</td>
<td>9.1</td>
</tr>
<tr>
<td>African-American</td>
<td>26</td>
<td>29.5</td>
</tr>
<tr>
<td>Other Black - non U. S.</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Latino</td>
<td>38</td>
<td>43.2</td>
</tr>
<tr>
<td>Asian-American</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Multiracial</td>
<td>14</td>
<td>15.9</td>
</tr>
<tr>
<td><strong>FAMILY MARITAL STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>52</td>
<td>59.1</td>
</tr>
<tr>
<td>Married and Intact</td>
<td>27</td>
<td>30.7</td>
</tr>
<tr>
<td>Cohabitation</td>
<td>8</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Table 2

Descriptive Statistics for Hollingshead Index of Social Position

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>12</td>
<td>13.6</td>
</tr>
<tr>
<td>MIDDLE-LOW</td>
<td>9</td>
<td>10.2</td>
</tr>
<tr>
<td>MIDDLE</td>
<td>26</td>
<td>29.5</td>
</tr>
<tr>
<td>MIDDLE-UPPER</td>
<td>25</td>
<td>28.4</td>
</tr>
<tr>
<td>UPPER</td>
<td>16</td>
<td>18.2</td>
</tr>
</tbody>
</table>
Table 3
Frequencies for the Dependent Variables: Incidence of Sexual Intercourse/Usage of Contraceptives and Type of Contraceptive Used

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERCOURSE/CONTRACEPTIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never had intercourse that was not forced</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Always use birth control</td>
<td>8</td>
<td>9.1</td>
</tr>
<tr>
<td>Usually use birth control</td>
<td>11</td>
<td>12.5</td>
</tr>
<tr>
<td>Use birth control half the time</td>
<td>19</td>
<td>21.6</td>
</tr>
<tr>
<td>Sometimes use birth control</td>
<td>11</td>
<td>12.5</td>
</tr>
<tr>
<td>Rarely use birth control</td>
<td>10</td>
<td>11.4</td>
</tr>
<tr>
<td>Never use birth control</td>
<td>25</td>
<td>28.4</td>
</tr>
<tr>
<td><strong>TYPE OF CONTRACEPTIVE USED (not mutually exclusive)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td>63</td>
<td>71.4</td>
</tr>
<tr>
<td>Stop intercourse before orgasm</td>
<td>16</td>
<td>18.0</td>
</tr>
<tr>
<td>Birth Control Pills</td>
<td>14</td>
<td>15.8</td>
</tr>
<tr>
<td>Norplant</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Spermicide</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>None</td>
<td>26</td>
<td>29.5</td>
</tr>
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</table>
Table 4
Frequencies for the Demographic Variables: Number and Results of Teen Pregnancies

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscarriage</td>
<td>19</td>
<td>21.5</td>
</tr>
<tr>
<td>Abortion</td>
<td>9</td>
<td>10.2</td>
</tr>
<tr>
<td>Birth</td>
<td>15</td>
<td>16.9</td>
</tr>
<tr>
<td>If birth, economic support provided</td>
<td>10</td>
<td>11.3</td>
</tr>
<tr>
<td>If birth, caretaking provided</td>
<td>10</td>
<td>11.3</td>
</tr>
</tbody>
</table>

NUMBER OF TEEN PREGNANCIES

<table>
<thead>
<tr>
<th>Number of Pregnancies</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>52</td>
<td>59.1</td>
</tr>
<tr>
<td>1</td>
<td>22</td>
<td>25.0</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>8.0</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>2.3</td>
</tr>
</tbody>
</table>
Table 5
Means and Standard Deviations for the Two Communication
Subscales and the Three Ethnic Identity Subscales

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Communication</td>
<td>36.61</td>
<td>12.07</td>
<td></td>
</tr>
<tr>
<td>Problems in communicating</td>
<td>31.76</td>
<td>9.62</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Communication</td>
<td>39.47</td>
<td>8.95</td>
<td></td>
</tr>
<tr>
<td>Problems in communicating</td>
<td>31.72</td>
<td>8.45</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Ethnic Identity</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmation &amp; Belonging</td>
<td>18.26</td>
<td>2.71</td>
<td></td>
</tr>
<tr>
<td>Ethnic Behaviors</td>
<td>6.02</td>
<td>1.92</td>
<td></td>
</tr>
<tr>
<td>Other Group Orientation</td>
<td>16.42</td>
<td>5.10</td>
<td></td>
</tr>
</tbody>
</table>
Table 6
Hierarchial Regression Predicting # of Teen Pregnancies

Variable Entered on Step Number
1. Social Class
2. Ethnic Identity Achievement
3. Communication with Mother
4. Communication with Father

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>.0017</td>
<td>.0123</td>
<td>.0219</td>
<td>.14</td>
</tr>
<tr>
<td>ETHNIC ACH</td>
<td>.0310</td>
<td>.0753</td>
<td>.0962</td>
<td>.41</td>
</tr>
<tr>
<td>MOTHER</td>
<td>.0304</td>
<td>.0124</td>
<td>.3470</td>
<td>2.46*</td>
</tr>
<tr>
<td>SOCIAL POSITION</td>
<td>.0923</td>
<td>.1403</td>
<td>.0760</td>
<td>.66</td>
</tr>
<tr>
<td>ETHNIC ID</td>
<td>.2260</td>
<td>.6793</td>
<td>.0831</td>
<td>.33</td>
</tr>
<tr>
<td>Constant</td>
<td>-3.112</td>
<td>1.211</td>
<td></td>
<td>.01</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01
Table 7
Logistic Regression Predicting # of Teen Pregnancies

Variables Entered on Step Number

1. Ethnic Identity
2. Social Class
3. Communication with Mother
4. Communication with Father

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHNIC ID</td>
<td>1.0524</td>
<td>.6383</td>
<td>.0883</td>
</tr>
<tr>
<td>SOCIAL POSITION</td>
<td>.0182</td>
<td>.0176</td>
<td>.0000</td>
</tr>
<tr>
<td>MOTHER</td>
<td>.0733</td>
<td>.0258</td>
<td>.2562**</td>
</tr>
<tr>
<td>FATHER</td>
<td>-.0173</td>
<td>.0205</td>
<td>.0000</td>
</tr>
<tr>
<td>Constant</td>
<td>-8.5725</td>
<td>2.6043</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05; **p < .01
### Table 8

**Correlations Between Pregnancies, Age & Social Position**

<table>
<thead>
<tr>
<th>Variable</th>
<th># of Pregnancies</th>
<th>Age</th>
<th>Social Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father Communication</td>
<td>.30*</td>
<td>.11</td>
<td>-.07</td>
</tr>
<tr>
<td>Mother Communication</td>
<td>.39**</td>
<td>.17</td>
<td>-.03</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.25*</td>
<td>.09</td>
<td>.03</td>
</tr>
<tr>
<td>Ethnic Identity Ach.</td>
<td>.24*</td>
<td>.03</td>
<td>-.00</td>
</tr>
<tr>
<td>Belongingness</td>
<td>.16</td>
<td>.13</td>
<td>.02</td>
</tr>
<tr>
<td>Ethnic Behavior</td>
<td>.16</td>
<td>.06</td>
<td>.10</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01
Table 9

Logistic Regression Predicting Likelihood of Contraceptive Use

Variables Entered on Step Number

1. Communication with Father
2. Ethnic Identity
3. Ethnicity
4. Family Marital Status
5. Gender
6. Communication with Mother

Variables in the Equation

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>-.0189</td>
<td>.0298</td>
<td>.0000</td>
</tr>
<tr>
<td>ETHNIC ID</td>
<td>.0458</td>
<td>.8218</td>
<td>.0000</td>
</tr>
<tr>
<td>FAMILY (Divorced)</td>
<td>1.1516</td>
<td>.5373</td>
<td>.1824*</td>
</tr>
<tr>
<td>FAMILY (Married)</td>
<td>.2358</td>
<td>.5248</td>
<td>.0000</td>
</tr>
<tr>
<td>GENDER</td>
<td>.6327</td>
<td>.4029</td>
<td>.0774</td>
</tr>
<tr>
<td>MOTHER</td>
<td>-.0005</td>
<td>.0270</td>
<td>.0000</td>
</tr>
<tr>
<td>Constant</td>
<td>3.2894</td>
<td>8.9576</td>
<td></td>
</tr>
</tbody>
</table>

* p < .05;  **p < .01
DISCUSSION

The purpose of the present study was to determine whether specific cultural and familial factors were predictors of an adolescent's contraceptive use or experience of teen pregnancy. Four hypotheses were examined and only two were partially supported. First, it was predicted that those male and female adolescents who engaged in unprotected sexual intercourse more frequently would have lower parental communication scores. The first hypothesis was not supported. As indicated, those adolescents who had experienced a teen pregnancy had significantly higher communication scores than those adolescents who had not experienced a teen pregnancy.

Second, it was predicted that those adolescents who had experienced a teen pregnancy, in comparison to those who had not, were more likely to have come from lower-socioeconomic residences. The second hypothesis was not supported. Chi square analyses determined that teen pregnancy and social position were unrelated.

Third, it was predicted that adolescent male and females who had experienced a pregnancy were more likely to have achieved an ethnic identity. The third hypothesis was supported. Overall, the adolescents who had experienced a pregnancy had significantly higher ethnic identity scores than those adolescents who had never experienced a pregnancy. Furthermore, and more specifically, it was demonstrated that the African-American
and Latin adolescents had higher ethnic identity scores than the Whites.

Finally, it was predicted that those adolescents who engaged in unprotected sexual intercourse were more likely to have come from a cultural environment that promoted marriage and parenthood and a familial environment that included lower economic resources and poor communication patterns between the parent(s) and the adolescent. The hypothesis was only partially supported.

Overall, the majority of the adolescents (68%) resided in the middle of the social position chart. However, there were more teen pregnancies evident in the African-American (28%) and Latin (39%) ethnic groups than in the Asian-American (0%) and White (8%) groups. Finally, a rather unexpected result, parent-adolescent communication patterns appeared to be more open and less problematic among those teens who had experienced a teen pregnancy in comparison to the parent-adolescent communication among the teens who had never experienced a teen pregnancy.

Overall, there were differences among ethnic groups and between the teen pregnancy group and the non pregnancy group. Surprising, we found the adolescents who had experienced a teen pregnancy and the adolescents who had not experienced a teen pregnancy did not differ in social position or family marital status. This finding partially conflicts with the teen pregnancy research which has indicated that adolescents who reside in single-parent
households among the lower socioeconomic levels were at a greater risk for becoming teen parents due to the lack of parental education. However, we did not simply use a measure of income. We employed a combined and weighted score of parental education and occupation to indicate social position rather than simply income. We thought this measure would be more appropriate in a group of largely minority teens because their parents' income may not be reflective of their status in society (see Table 2) and because teens may not know their parent's actual incomes. It is probable that income levels would be lower in minority parents because of racial discrimination. This may aid in explaining the discrepancies in the literature review regarding income.

African-Americans and Latinos experienced teen pregnancy more often than Whites and Asian-Americans. These findings were similar to that of other teen pregnancy researchers (Furstenberg & Moore, 1987; Ladner, 1987; Yawn & Yawn, 1993). The cultural environment that surrounds an ethnic adolescent may explain the high incidence of teen pregnancy. The ethnic groups with the highest ethnic identity scores, and with the cultures who highly value parenthood, also had the highest number of teen pregnancies across all ethnic groups. We think these findings indicate the role the cultural environment plays when an adolescent must make a moral decision of whether or not s/he will risk becoming pregnant.
Second, ethnic groups differed their descriptions of communication with their fathers. Specifically, paternal communication scores were significantly higher among African-Americans, Latinos, and Multiracials than among Whites. The higher score indicated a more open and less problematic communication style between the father and the male or female adolescent. Such a finding was rather surprising considering that the majority of the ethnic and parental research has indicated that a high percentage of African-American children are raised in a home environment in which no father is present and it is assumed that this means that the father has little role in his children's lives. Although most of the students utilized in this study were from divorced homes, the minority teens' communication with their fathers was still quite good.

Analyses to identify differences between adolescents who had experienced a teen pregnancy and adolescents who had not, several unexpected and significant findings emerged. First, communication with mother was more open and less problematic among adolescents who had experienced a teen pregnancy compared to those who had never experienced a teen pregnancy. Although several researchers have stated that good communication with the parent aids in less engagement of unprotected sexual activity and good decision-making skills regarding sexual relations (Furstenberg et al., 1984; Hall, 1987; Newcomer & Udry,
1985), this was not supported in our sample of troubled teens. However, because the teen pregnancy group included mainly African-Americans and Latinos, the cultural environment may explain these differential communication patterns. The African-American and Latino cultures have both held marriage and parenthood at a much more prestigious level than Asians and Whites. Therefore, when a pregnancy does occur in the family, regardless of the age of the mother and father, the family may have a tendency to become more supportive and accepting of the impending birth; thus, having established a close familial environment which may enhance the communication between the expecting adolescent and his or her mother.

Unfortunately, because the maternal-adolescent communication patterns were not tested prior to the adolescent pregnancy, it could not be determined at what time in the adolescent's life the communication became more open and less problematic. Based on this study and previous research, it appears that pregnancy has continued to be held in the highest esteem among African-Americans and Latinos and, thus, may unite a family after a grandchild is born.

A second explanation for the higher communication scores among the teen pregnancy group may be the pregnancy itself, regardless of the cultural environment. Once a parent has realized that their adolescent is no longer a child because they have experienced sexual activity
and birth, communication may become more open when
discussing such delicate issues as sexual intercourse
and contraceptives. Discussions about sexual issues which
may have in the past been considered taboo because the
parents did not identify their child as a sexual being
even though they were adolescents, become much easier.
Unfortunately, earlier, when the parent assumed the child
was not sexually active, little discussion may have
occurred regarding sexuality. In this situation, many
adolescents begin to receive inaccurate information
regarding sex and contraception from their peers.
Unfortunately, in some families a pregnancy must occur
before parental communication about sex and contraception
and other difficult issues can take place openly.

Communication with the mother was the only variable
that predicted whether an adolescent had experienced a
teen pregnancy. Such a finding conflicts with the majority
of the research that has been conducted on teen pregnancy.
Much of the past research indicated that when communication
is more open and less problematic between a parent and
an adolescent, the adolescent is more likely to use
contraceptives (Hogan & Kitigawa, 1985; Mott, 1984;
Newcomer & Udry, 1987). However, our findings indicated
that good communication with the mother was a predictor
of an adolescent who had been pregnant as a teen. As
a Latino, it was not surprising for me to find that the
mother's relationship with the adolescent was most
influential on the adolescent's sexual behavior because most Latino mothers value children at any time.

Once communication with mother was found to predict the likelihood of an adolescent becoming a teen parent, gender differences were analyzed. Although, females had better communication with their mothers than with their fathers, males appeared to have better communication with both parents regardless of teen pregnancy. Unfortunately, such a finding was consistent with the past research. Adolescent females tend to have better communication with their mothers than with their fathers when an unexpected pregnancy occurs due to the nature of the situation. Furthermore, because there has been little research conducted on teen paternity, no general expectations could be established in regards to communication between a male adolescent and his parent(s). We found that our male teens got along better with their parents than our female teens regardless of teen pregnancy. This finding may be indicating reasons female and male teens inact delinquent behaviors.

The sample utilized in this study was from a population that many adolescent development researchers have yet to examine, the juvenile delinquent population. Although the findings presented can only be generalized to juvenile offenders, much information has been provided about the gang population, as a majority of those juveniles incarcerated claim gang membership. The knowledge
obtained about the relationship between teen pregnancy and juvenile delinquents not only identified their sexual practices, specifically, percentages of contraceptive use and number of pregnancies but also about caretaking responsibilities for their children. The findings indicate few use reliable contraceptives consistently and most care for their own offspring in some way.

Because gangs are often racially divided, the cultural environment may be a stronger influence among these adolescents than in adolescents who are not in gangs. Since most of these criminal gangs were of African or Latin origin, and most expect to die at a young age, it is no surprise that becoming a teen parent seems to be acceptable and somewhat commonplace. Unfortunately, because of their cultural messages concerning the value of parenthood and the gangs messages concerning their short life expectancy, male and female gang members may be at a greater risk of becoming teen parents.

However, due to the characteristics of the sample, the results of this study cannot be generalized to White and Asian juvenile offenders and juvenile delinquent females. The information regarding females must be reviewed with caution because of the small sample size. A majority of the sample were of African-American or Latin origin and male. Unfortunately, only one Asian, one Non-United States Black, and twenty females were included in this sample. If the ethnic and gender sampling
breakdown had been more representative of the population as a whole, more understanding of teen pregnancy would have been gained. However, we have learned much about male gang members. Most of them seem to care for their offspring financially and anecdotally, we found that most were proud to be fathers.

Further research must be conducted to fully understand why pregnancy continues to be held in such high esteem among some ethnic groups. Furthermore, research is greatly needed to examine the meaning of teen pregnancy and ethnicity within the juvenile delinquent population. Finally, more research should be conducted to identify adolescent males, the silent partners, as teen parents to aid in the prevention of engaging in unprotected sexual intercourse.
## DEMOGRAPHIC FORM

### (A) AGE ________  GENDER ________

### (B) FAMILY OF ORIGIN (check one)

1. Divorced/Separated  
2. Married and Intact  
3. Cohabitation  

### (C) What is/was your father's occupation?  
What is/was your mother's occupation?  

### (D) What was the highest level of school your father completed?

1. Graduate degree  
2. BA/BS degree  
3. Completed at least one year of college  
4. High school  
5. Completed school up to the 10th or 11th grade  
6. Completed junior high  
7. Completed less than seven years of school  

### (E) What was the highest level of school your mother completed?

1. Graduate degree  
2. BA/BS degree  
3. Completed at least one year of college  
4. High school  
5. Completed school up to the 10th or 11th grade  
6. Completed junior high  
7. Completed less than seven years of school  

### (F) ETHNICITY (check one)

1. White  
2. African-American  
3. Other Black- non United States  
4. Latino  
5. Puerto-Rican  
6. Asian-American  
7. Native-American  
8. Pacific-Islander  
9. Multiracial  
10. Other (____________________)
G) YOUR USE OF BIRTH CONTROL AND INCIDENCE OF VOLUNTARY SEXUAL INTERCOURSE: (check one)

0 (never had intercourse that was not forced)
1 (always use birth control when having intercourse)
2 (usually use birth control)
3 (50% used birth control/50% did not use birth control)
4 (sometimes use birth control - 20% to 40% of the time)
5 (rarely use birth control - less than 20% of the time)
6 (never use birth control but have intercourse)

H) WHAT BIRTH CONTROL IS USED BY YOU AND YOUR SEXUAL PARTNER (check all that apply)

1 condom
2 sponge
3 diaphragm
4 rhythm method
5 norplant/depo provera
6 birth control pills
7 stop intercourse before orgasm
8 other ____________

I) NUMBER OF TEEN PREGNANCIES (before 18 years of age)

0 none
1 miscarriage(s)
2 abortion(s)
3 adoption(s)
4 birth(s) 
5 other ____________

J) RESULTS OF TEEN PREGNANCIES

1 no teen pregnancy
2 miscarriage
3 abortion
4 birth, if birth, does father provide the following:
   economic support
   helps care for the child
   other ____________

K) EXPERIENCED EACH OF THE FOLLOWING:

1 genetic counseling
2 counseling before pregnancy
3 counseling after pregnancy

L) YOUR USE OF BIRTH CONTROL AND INCIDENCE OF VOLUNTARY SEXUAL INTERCOURSE: (check one)

0 (never had intercourse that was not forced)
1 (always use birth control when having intercourse)
2 (usually use birth control)
3 (50% used birth control/50% did not use birth control)
4 (sometimes use birth control - 20% to 40% of the time)
5 (rarely use birth control - less than 20% of the time)
6 (never use birth control but have intercourse)
 
There are many types of families in today's world from living with a single-parent to having more than one set of parents. These questions ask about your relationship with your mother or the woman you consider as a mother figure. When answering these questions, think of how you talk with her and how you feel about talking with her. If you had no mother figure at home, you do not have to answer these questions.

Circle the number at the end of each sentence that corresponds with your answer to the question. For example, if you strongly disagree with the statement, circle number one.

1) I can discuss my beliefs with my mother without feeling restrained or embarrassed.

2) Sometimes I have trouble believing everything my mother tells me.

3) My mother is always a good listener.

4) I am sometimes afraid to ask my mother for what I want.

5) My mother has a tendency to say things to me which would be better left unsaid.

6) My mother can tell how I'm feeling without asking.

7) I am very satisfied with how my mother and I talk together.

8) If I were in trouble, I could tell my mother.

9) I openly show affection to my mother.

10) When we are having a problem, I often give my mother the silent treatment.

11) I am careful about what I say to my mother.

12) When talking to my mother, I have a tendency to say things that would be better left unsaid.

13) When I ask questions, I get honest answers from my mother.
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
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<tr>
<td>My mother tries to understand my point of view.</td>
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PARENT-ADOLESCENT COMMUNICATION
Adolescent and Father Form

There are many types of families in today's world from living with a single-parent to having more than one set of parents. These questions ask about your relationship with your father or the man you consider as a father figure. When answering these questions, think of how you talk with him and how you feel about talking with him. If you had no father figure at home, you do not have to answer these questions.

Circle the number at the end of each sentence that corresponds with your answer to the question. For example, if you strongly disagree with the statement, circle number one.

<table>
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<td>2</td>
<td>Sometimes I have trouble believing everything my father tells me.</td>
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<tr>
<td>3</td>
<td>My father is always a good listener.</td>
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<td>4</td>
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<td>I openly show affection to my father.</td>
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<tr>
<td>11</td>
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<td>12</td>
<td>When talking to my father, I have a tendency to say things that would be better left unsaid.</td>
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</table>

14) My father tries to understand my point of view.
15) There are topics I avoid discussing with my father.
16) I find it easy to discuss problems with my father.
17) It is very easy for me to express all my true feelings to my father.
18) My father nags/bothers me.
19) My father insults me when he is angry with me.
20) I don't think I can tell my father how I really feel about some things.
APPENDIX C
MULTIGROUP ETHNIC IDENTITY MEASURE
Cultural Background

In this country, people come from a lot of different cultures and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Mexican-American, Hispanic, Black, Asian-American, American-Indian, Anglo-American, and White. Every person is born into an ethnic group, or sometimes two groups, but people differ on how important their ethnicity is to them, how they feel about it, and how much their behavior is affected by it. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in:

In terms of ethnic group, I consider myself to be: ____________________

Circle the number at the end of each sentence that corresponds with your answer to the question. For example, if you strongly disagree with the statement, circle number one.

<table>
<thead>
<tr>
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<th>1</th>
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</thead>
<tbody>
<tr>
<td>1) I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>2) I am active in organizations or social groups that include mostly members of my own ethnic group.</td>
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<td>2</td>
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</tr>
<tr>
<td>3) I have a clear sense of my ethnic background and what it means for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4) I like meeting and getting to know people from ethnic groups other than my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5) I think a lot about how my life will be affected by my ethnic group membership.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6) I am happy that I am a member of the group I belong to.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7) I sometimes feel that it would be better if different ethnic groups didn't try to mix together.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>8) I am not very clear about the role of my ethnicity in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9) I often spend time with people from ethnic groups other than my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10) I really have not spent much time trying to learn more about the culture and history of my ethnic group.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>11) I have a strong sense of belonging to my own ethnic group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12) I understand pretty well what my ethnic group membership means to me, in terms of how to relate to my own group and other groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13) In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14) I have a lot of pride in my ethnic group and its accomplishments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15) I don’t try to become friends with people from other ethnic groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16) I participate in cultural practices of my own group, such as special food, music, or customs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17) I am involved in activities with people from other ethnic groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18) I feel a strong attachment towards my own ethnic group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19) I enjoy being around people from ethnic groups other than my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20) I feel good about my cultural or ethnic background.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

My father’s ethnicity is ____________________.
My mother’s ethnicity is ____________________.
The study in which you are about to participate is designed to examine teenage pregnancy, how you think about your identity, and how you feel about your relationship with your parents (for example, how easy is it for you to talk to your parents?). In this study you will be asked to fill out a survey that will take you about 20 to 30 minutes to complete. All information that you provide on the survey will be confidential and anonymous. No one will ever know which survey is yours. All information will be reported for groups of people, not for any one person.

The study is being conducted by Denise Navrkal and Dr. Kelly Morton in the department of psychology at California State University, San Bernardino. This study has been approved by the Institutional Review Board at the University and therefore, no harm will come to you if you choose to participate. If you have any questions about this study or if you would like to know what the outcome of the project will be, please contact Dr. Morton or Ms. Navrkal at (909) 880-5597.

Your participation is completely voluntary and you are free to withdraw at any time during this study without penalty and to remove your data at any time.

I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate.

Participant's Signature:

Date:

Director's Signature:

Date:

Researcher's Signature:

Date:

5500 University Parkway, San Bernardino, CA 92407-2397
Dear Adolescent Family Study Participant:

The reason for conducting this research was to identify what types of family situations and feelings about yourself within your cultural community effect your sexual choices. We want to know how your relationship with your parents and your community might influence your choices regarding teen pregnancy and sexual relations.

If you felt uncomfortable when answering the questions on the survey, you should think about talking to one of the counselors or your therapist on the facility about your parents or your past sexual relationships and choices regarding a teen pregnancy that you have experienced.

If you would like to obtain the results of the study or have any questions or concerns regarding your participation, please feel free to contact, Denise Navrkal or Dr. Kelly Morton at California State University, San Bernardino in the Department of Psychology, 5500 University Parkway, San Bernardino, California, or call at (909) 880-5597.

Please do not talk to your friends about the questions on this survey until all of the surveys have been completed and returned to the researchers.

[Signature]

Denise Navrkal

5500 University Parkway, San Bernardino, CA 92407-2397
REFERENCES


