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The baby think it over doll: Does it affect adolescents' future oriented thinking?

Angela Patricia Ricketts

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THE BABY THINK IT OVER DOLL: DOES IT AFFECT ADOLESCENTS' FUTURE ORIENTED THINKING?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Angela Patricia Ricketts
Laura Kay Elgin
December 1999
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Approved by:

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ABSTRACT

There is a growing concern and recognition in our country and in our communities that something needs to be done to stem the tide of teen pregnancy. There are many programs beginning to build practice models which address adolescents and their hope for a future without early parenthood. This study was an examination of an intervention called the Baby Think It Over Doll in a small sample of teenagers. The study attempted to ascertain the impact of the doll on attitudes and beliefs surrounding early parenthood and a teen’s future hopes. The design was single subject and incorporated 10 teens using a snowball sampling method. There was a pre-questionnaire which was administered on one evening and the doll was left overnight and the post-questionnaire was given upon the following morning. The data involved nominal, ordinal and ratio levels of measurement and included a request for feedback in an open-ended format. The implications for social work are that the use of this intervention could benefit agencies working with this population. This study addressed teen pregnancy prevention with the view that children need to experience real world, hands-on interventions in order to bring about a change in thinking. This study found that The Baby Think It Over Doll affected teens’ attitudes about early parenting and future oriented thinking.

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We would like to take this opportunity to thank all of the teens and their parents for their participation in our project.
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PROBLEM STATEMENT

Teen pregnancy is a problem in our country which has reached epidemic proportions. One million adolescent females become pregnant every year in the United States (Kirby, 1997). Ninety-five percent of teen pregnancies are unintended and nearly half of these pregnancies result in a birth (Children's Network, 1998). This problem, especially in the wake of Welfare Reform, has become a very hotly debated and researched one. The estimated annual cost to taxpayers as a result of childbirth of young women aged 15 to 17 is at least 6.9 billion in lost revenues (Kirby, 1997).

There have been a number of strategies, programs, and intervention techniques created in the last few years which address teen pregnancy prevention. Since the teen pregnancy rate in our nation, our state and our county is now being examined and people are beginning to look at ways to prevent "babies having babies" there are many opportunities for social work to have an impact. The recent climate in Washington and the State of California surrounding welfare reform and teenage pregnancy has brought much attention to this issue. Suddenly, politicians, public welfare agencies, educators and the general public are very interested in teen pregnancy prevention. There is beginning to be a shift in thinking from treatment of an existing problem to examining
the protective factors which make teens able to postpone having children until they are through their own childhood. In 1995, Senator Bill Lockyer created the Teenage Pregnancy Prevention Grant Program (Senate Bill 1170) to encourage school and community partnerships in order to address this problem (Fact sheet, 1995).

Additionally, a Task Force was established in 1996 called The National Campaign to Prevent Teen Pregnancy. This nonpartisan, nonprofit organization issued a report in 1997 by Douglas Kirby titled "No easy Answers: Research Findings on Programs to Reduce Teen Pregnancy." The main thrust of this report was that there was no simple way to solve this problem. The key findings were as follows: (1) more programs need to address postponing sex and using contraception, (2) sex and HIV education programs have socially desirable merits but so far have not proven that they reduce risk-taking behaviors in teens, (3) programs that address birth control and HIV prevention, like school-based condom availability programs, do not increase sexual activity, (4) knowledge about birth control and availability of contraceptives does not necessarily prevent pregnancy, (5) multi-component programs in schools and communities may increase use of contraceptives, encourage prevention of pregnancy and, therefore decrease pregnancy and birth rates, and, finally, (6) youth development
programs studied (though limited by their small numbers) provided evidence that improving educational and career opportunities and thinking about their futures may be a very important component in reducing teen pregnancy.

The above mentioned report points out that from the mid-1950’s to the mid-1970’s, the teen birth rate began to decline. They posited that when our country was experiencing a steady increase in prosperity and young women’s life options were improving, with the advent of the women’s movement, childbearing was not as attractive an option as it is today. Many young women postponed marriage and childbearing and pursued higher education. The rate of teen pregnancy has increased by 23% since 1972 (Kirby, 1997).

The consequences of teen pregnancy are widespread. Teen moms are less likely to complete high school. In fact, less than one-third of teens who have a baby before they reach eighteen ever complete high school (National Campaign to Prevent Teen Pregnancy [NCTPTP], 1997). Furthermore, there is a terrible toll taken on the children of these teens. Their children are more likely to be born prematurely, low birth weight and have all of the attendant problems (NCTPTP, 1997). They often grow up fatherless. Nearly 80% of the fathers do not marry the young moms of their first children and if they pay child support at all,
on average they pay less than $800.00 a year (Moore & Snyder, 1996). Many teen mothers end up on welfare. In fact, three-fourths of unmarried adolescent mothers begin receiving AFDC (Aid to Families with Dependent Children) within five years of giving birth (Moore & Snyder, 1996). Children of teen parents also suffer higher rates of abuse and neglect. There are 110 reported incidents of abuse and neglect per 1,000 families headed by a young teen mother as opposed to mothers in their early twenties when the rate drops by half to 51 in 1,000 (Maynard, 1996). There needs to be available more teaching about positive life options to all our teens. We must become more vocal about addressing their future plans in order to combat the complacency and cultural norms that have become so firmly entrenched in our country. Kids need to understand that it is not the norm to have children at a very young age and that adolescence is meant to be a time when we grow in our independence and learn about ourselves and discover our strengths.

In the following section there will be a discussion as to what can be done to address one aspect of this problem—the idea that teens need to have a clearer view of their future possibilities. The proposed intervention attempted to help young men and women realize what a major commitment parenting was and encouraged thinking about a future bright with possibility.
PROBLEM FOCUS

In San Bernardino County, as well as the rest of the state and nation, there is beginning to be a shift in thinking from treatment of an existing problem to examining the protective factors which make teens able to postpone having children until they are through their own childhood.

There is a "cultural norm" that says it's O.K. to have a baby because there are certain benefits attendant to this occurrence. In our county, pregnant and parenting teens get money from TANF (Temporary Aid to Needy Families), and lots of services including a program which provides a Case Manager who visits once a month to attend to her and her baby. As case managers, the thought has often occurred to these authors, "What kind of message are we sending to other adolescents, both male and female? Are we possibly glamorizing this lifestyle that is inherently far from glamorous?" The question becomes, "How do we begin to look at prevention, early intervention when the focus traditionally has been to offer services after the fact?" How can we reinforce the positive aspects of remaining in school, preventing early parenthood and promote having a socially rewarding childhood filled with possibility and promise? That was why these authors chose to examine the issue of teen pregnancy reduction and what could be done in the way of positive solutions to this problem.
These authors became aware of a program at a local public health agency that utilized an intervention called the "Baby Think It Over Doll." The dolls are electronically programmed to cry at random intervals and could be left during a home visit with the agreement that the teen would "parent" it over a weekend until the case manager picked it up. This intervention would be something that would "bring home" the difficulty and all-consuming aspect of parenting a baby. We felt that there should be a questionnaire which would address the aspect of postponing parenthood and future thinking. It was the researchers' intention to discover how useful this intervention would be to teens by testing their pre and post reactions to caring for this high-tech baby and how they felt about early parenting and their future at both pre and post stages.

The findings of this proposed study had implications for social work in that this was a tangible way to test an intervention since we had an actual prop to utilize. This was an excellent way to engage an adolescent and an ideal way to positively impact a child, their family and, ultimately, their future. It was also an opportunity to pass on our results to agencies with a similar client population. This doll has been used in high schools and middle schools in a classroom setting, but a trained social worker might see more possibilities surrounding positive
outcomes and individual practice interventions.

The research question was "Does having the Baby Think It Over Doll over a night have a positive impact on a teen’s attitude about postponing early parenthood and future oriented thinking?"

LITERATURE REVIEW

A review of articles and books related to this subject naturally gravitated to studies that involved adolescents, risky behaviors, and past research surrounding teen pregnancy. Also there was a lot of literature that pertained to resiliency and developmental psychology.

A recent book titled "Risk and Resilience in Childhood", edited by Fraser (1997), examined the way in which poverty affected children by reducing their quality of life and their hope for the future. The contributors to this book posited a new way of looking at how we respond to the troubles our children are faced with every day. They termed it a shift in thinking from examining risk factors, which only come to light after a child has gotten into trouble, to focusing on risky environments and what can be done to develop more positive adaptations that promote good outcomes. They wanted to reach kids before they could take steps into risky behaviors that could be life altering. They thought that there were certain "protective factors" which helped prevent children from falling into certain "at
risk" behaviors like drug use, joining gangs, failing in school and having unprotected sex at too young an age. They called this new approach a Multisystems Perspective because it incorporated Bronfenbrenner's Ecological theory and Germain's Person in Environment Perspective (Longres, 1995; Newman & Newman, 1995).

Furthermore, "resiliency" is a term which fits very nicely with the Strengths Perspective as a way of avoiding blaming the victim and focusing on the positive aspects of people and their coping skills (Longres, 1995). Bonnie Benard (1993), a foremost expert on resiliency programs, stated in, "Turning The Corner: From Risk to Resiliency", that giving children a sense of purpose and future produces resilient children who "work well, play well, love well, and expect well."

In addition, we must remember that this problem is multi-faceted and its possible solutions involve the individuals, their families, the schools they attend, and their communities which incorporates the Ecological Model. As social work professionals, we are ideally suited to look at what factors contribute to this problem without blaming the victim. Along those lines we must also think about Social Learning Theory (Longres, pp. 111-114) which postulates that people learn how to operate in life by imitating and observing those who are most influential in
their lives. Unfortunately, in the case of teens, there is a very large influence wielded by their peers and many of their peers and siblings are getting pregnant.

According to Maslow's Hierarchy of Needs Theory, individuals must have their very basic needs met before they can concentrate on loftier pursuits. The case management model lends itself very well to this concept. In working with teens in lower socioeconomic circumstances we must always remember that if those basic needs are not met children and adolescents will be unable to think about their futures at all.

At this writing there was a dearth of research on the Baby Think It Over Doll as a social work intervention but there were several articles which addressed the need for interventions which encouraged kids' thinking about their future and postponing pregnancy. In a search for any articles on the doll there were many found which addressed its inception because it was so innovative (Forbes, 1996; Hudson, 1996). The articles also covered its utilization in school-based parenting classes. Also, the company received a Product of the Year award from Fortune Magazine in 1994, a Parenting Achievement Award in 1995 from Parenting Magazine and a Healthy Living Award in 1995, 1996, &1997 from What's New In Home Economics. There was an instruction manual, a video about its creation and some suggestions about ways to
utilize it in a school-based setting. There was no mention of its usefulness as a case management tool. However, there was a Web Page which gave information and "testimonials" about its successes. These were all anecdotal in nature.

In an article titled, "Adolescent Childbearing as a 'Career' Choice: Perspective from an Ecological Context," Merrick (1995) found that African American girls, between the ages of 16 to 21, saw early childbearing as a career path and a normative, alternative life path. The underpinnings of her research were the Developmental Psychology model (Chodorow, 1978; Gilligan, 1982) and the model of Ecological Development (Bronfenbrenner). She posited that young black women have been socialized to see childbearing as a way of legitimizing their place in the world and it was not seen as "deviant" as it is in so-called mainstream society. Merrick felt that social workers and others who work with this population should have a greater understanding of the perspective many lower socioeconomic black females have. She recommended that workers begin to include education and positive career options as an alternative to early childrearing instead of just targeting birth control education. This study was very useful in planning a questionnaire for the research since it dovetails with the researchers' belief that cultural norms play a large part in the decision to have children at a
young age and that there needs to be a major shift in thinking.

Another study was conducted by Scales and Gibbons in 1996. This was a survey of research that had been done in the area of the influence of parents and other related and non-related adults on the lives of adolescents. This study revealed that there were certain protective factors that seemed to prevent what they termed "lousy outcomes" for at-risk adolescents. Those factors included positive relationships with "non-parental" adults. These adults included "youth workers" (i.e., case managers and social workers). Although they thought parents were the most important positive relationship, as they well should have been, in situations where parents were "not there" physically or emotionally, youth workers were thought to have served as mentors and role models to great effect. This was encouraging in that social workers often do take on this kind of role with their clients in the absence of strong parenting.

Another interesting result of this study was the effect of gender on non-parental relationships. It seemed that girls formed what was called a greater "psychological intimacy" with non-parental adults than did boys. Girls seemed to have been drawn to adults that accepted them as they were. It was found that boys formed relationships
based on activities that adults had in common with them. This was helpful to know since this study focused on both genders.

Another pointed fact culled from this research was the discovery that ethnicity played a role in perceptions about adults in the community as role models. African American adolescents relied more on extended family members for support than non-related adults. Also, Latina girls and African American girls who lived in urban areas saw their "natural mentors" more than did girls who lived in the suburbs. Natural mentors were people from their own neighborhood or community who were chosen by the teen. This was thought by the researchers to potentially have an impact on the role of a social worker in attempting to form an "artificial" bond.

A seminal longitudinal study must also be mentioned when discussing mentoring and resiliency. In 1955, Werner and Smith began research with a group of children on the Hawaiian island of Kauai. They wanted to test the vulnerability in children who came from very difficult circumstances. Their 1982 book, Vulnerable but Invincible, summarized their research findings which were that some children had "self-righting tendencies" that allowed them to overcome adverse circumstances. One of their findings was that children usually could name one person who had
given them the gift of attention and, therefore, a sense of motivation and optimism. They also found that one out of three high-risk children developed into a confident and caring young person (Benard, 1993). Their new book, *Overcoming the Odds: High-Risk Children from Birth to Adulthood*, which was published in 1992, further reported that out of the remaining at-risk children, two thirds became successful adults by age 32 (Benard, 1993).

Another study addressed the role of poverty and neighborhood danger in the lives of adolescents. The authors, Bowen and Chapman (1996), found that social support was more important to teens than the perceived danger of their neighborhood. The sample was 207 middle and high school students who were enrolled in a school lunch program. There were an almost equal number of males (46.9%) and females (53.1%). All the students were from a low income, urban area. Twenty-six percent were white/non-Hispanic and sixty-two percent were African American. The age range was from 10 to 20 years of age. There was only one 10 year old and only one 20 year old. The median age was 12.8. The authors thought that increased social support would help to "detoxify" dangerous situations but warned that it didn’t negate the fact that children grow up in less than ideal circumstances.

Another interesting study related to adolescents’
feelings of invincibility was one titled "Separation-Individuation, Social Support, and Adolescent Egocentrism" (Vartanian, 1997). This work examined the idea of "personal fable", as posited by David Elkind in 1967, which they called the ideation pattern of adolescents that included feelings of omnipotence, invulnerability and uniqueness. Many adolescents take risks because they have an "it won't happen to me" attitude which translates to Piaget's Theory of Egocentrism and appears at the beginning of each stage of Cognitive Development (Longres, 1995). Adolescents also perceive what Elkind termed an "imaginary audience" in which everyone shares in their preoccupations and awkwardness. These facts are important to remember when working with and studying adolescents.

Last, there was a study (Small & Kerns, 1993) which explored the incidence and risk factors of unwanted sexual activity in a sample of 1,149 female adolescents. Twenty percent reported some type of unwanted sexual contact in the past year. This study's results related to the female adolescents in our study in that there must always be an awareness and sensitivity to the vulnerability of our subjects. Individuals who had a history of child sexual abuse, who used alcohol to excess, scored high on peer conformity, and had parents with an unstructured parental style were more likely to be victims. They also found that
the more risk factors present the greater the likelihood of problematic outcomes.

In summary, the literature culled from this review is many and varied. In working with this population it is good to consider as many facets of the problem as possible. Unfortunately, as mentioned in the problem scope and focus this is a very complex and difficult one that requires a compilation of methods and interventions. Our hope was that the Baby Think It Over Doll would be an intervention that helped teens to think about bringing another little life into this world before they have reached their full potential.

**METHOD**

**Study Design**

The purpose of this study was to evaluate whether an intervention, the Baby Think It Over Doll, affected the thinking of adolescents in regards to future plans and postponing parenting. The study utilized the single subject design and a pre and post questionnaire with 10 subjects. The questionnaire addressed the perceptions the teens had about early parenting and future aspirations.

The rationale for this method was that teens need lots of encouragement toward thinking about the repercussions of early parenthood and the benefits of exploring more positive life options. This study was about employing an
intervention that had the possibility to become a catalyst toward kids beginning to think about something that unfortunately has become a cultural norm—early parenting as an accepted and attractive life option in the absence of hope for a better future.

A limitation was that the number of subjects was small due to the fact that the choice was governed by the snowball sampling method and single subject design. However, that was why these researchers chose single subject design which can conceivably use a lower number of subjects with good results. As discussed in Rubin and Babbie (1997), single case evaluations allow for “extraneous forces” or events in the lives of clients and make room for this input which can produce richer results.

Sampling

The sample targeted was 5 female and 5 male adolescents between the ages of 14 and 17 years of age. The proposed subjects were drawn from a snowball sampling. Participation in the study was strictly voluntary and there was a consent that was signed by the teen and their parent when they decided to participate. Additionally, the client and their parent were required to sign a consent and explanation for the study (Appendix A & B). There was also a debriefing statement which included information on the availability of counseling if needed (Appendix C).
Data Collection and Instruments

The data was culled from a questionnaire utilized in a pre and post test format. The questions provided both nominal and ordinal information and utilized a Likert scale whenever possible. The ordinal questions were about grade level, degree of school involvement, school success and degree of perceived social competence. The nominal questions involved ethnicity, school enrollment and financial circumstances. The questionnaire also addressed questions about attitudes surrounding early parenting, ideal age at parenthood and aspirations for the future which included thoughts about college and career options. At the end of the post questionnaire there was also a section which allowed for an open ended response about the experience of having the doll (Appendix D).

The independent variables were age, grade level, ethnicity, socioeconomic status, school enrollment, school success, school involvement and social competence. The dependent variables were change in attitude toward early parenthood and change in attitude toward future aspirations.

The strengths of this method were that it allowed for the client to explore and express ideas about early parenthood and future aspirations. A limitation was that there was a relatively small number of respondents and the researchers didn’t want to generalize the thoughts of a few
teens to the vast population of adolescents overall. Using this doll as a social work intervention and testing its effectiveness was another very important goal of this study. Many agencies use tools and interventions but rarely formalize the study of their effectiveness. Therein lies the real strength of single subject design study for our profession— it ultimately helps the general population when social workers share their success and, yes, their failures.

Procedure

The procedure involved a visit to the home of the adolescent to administer the pre questionnaire and leave the baby overnight. The following day the researchers picked up the doll and administered the post questionnaire. The data were collected over a period of five weeks, allowing for 2 teens per weekend for a total of 10 subjects.

Protection of Human Subjects

As mentioned in the design section, there was an informed consent and explanation for both the subjects and their parent(s). Their confidentiality was ensured by separating the informed consent forms from the pre and post questionnaires.

RESULTS

There were ten adolescent subjects between the ages of fourteen and seventeen who participated in this study. The snowball sample yielded 8 female and 2 male participants.
Six of the subjects were seventeen years old, one was fifteen years old and three were fourteen years old. Because of the sample method, the age range, ethnicity and gender was less varied than it would have been if the subjects had been recruited in order to fit certain criteria. Additionally, two other males were recommended by other subjects but one failed to be home at the appointed time of the visit and the other called one of the researchers back to refuse participation in the study. All ten adolescents were Caucasian, all ten were enrolled in school, and the socioeconomic status of nine was reported as "parent(s) working", with one subject listing "other" (which was determined to be a combination of foster care and social security).

Six teens were in grade twelve, one was in grade ten and three were in grade nine. When asked "How involved in school activities are you?", six respondents said, "pretty involved", one said, "very involved", and three reported that they were, "sort of involved." In answer to the question " How well are you doing in school?", two reported " I'm doing O.K.", six selected "I'm doing pretty well", and two circled "I'm doing great."

The following results were found in the Pre and Post Test Questionnaire. The pre and post answers for each response will be addressed together. When the respondents
were asked "How do you feel about having a baby at this
time in your life?", in the pre-test, seven answered that,
"It would be very hard to have a baby.", and three responded
that "It would be hard to have a baby but I could handle
it." In the post-test responses, nine reported that "It
would be very hard to have a baby.", and one reported "It
would be hard to have a baby but I could handle it." Two
subjects changed their responses from "It would be very hard
to have a baby but I could handle it " to "It would be very
hard to have a baby."

The next question was " The best age to have a baby is
______." In the pre test, it was reported by one
respondent that the best age was between 19 and 24 years,
six listed the best age as between 25 and 29 years of age
and none of the subjects reported the best age as 30 to 35
years. Three subjects did not give a specific age. In the
post test, the best age was reported as 19 to 24 years by 2
of the subjects, 25 to 29 years by 4 of the teens and one
reported the best age to be between 30 and 35 years. Again,
3 respondents chose no particular age.

The third question was "The best time in life to have a
baby is when______." Three respondents answered when you are
'financially stable', three answered when you are
'married', two answered 'education or career in place' and
two answered when you are 'emotionally stable.' In the post
test, four answered when you are 'financially stable', four stated when you are 'married', and two cited 'education or career in place' as the best time in life to have a baby.

In response to the fourth pre-post question "I've thought about what I would like to do after I graduate from high school", in the pre-test, one teen chose "sometimes" as their response. Two subjects opted for "often" and seven selected "very often." In the post-test answers, one reported "sometimes", four said "often" and five said "very often."

In the fifth query "After I graduate I want to:", the responses were the same in both the pre and post test. Nine subjects reported "go to college" and one subject (the same teen) stated "I'm unsure."

The final open-ended statement/question "Please give any feedback about your experience with having the Baby Think It Over Doll for a night" elicited some very interesting responses. There were some themes that emerged and this next section will discuss the results.

Five of the subjects used negative adjectives to describe having the doll. They said it was "annoying", "loud", "bad", "inconvenient", "embarrassing", "difficult", and "stressful." Five subjects reported lack of sleep as a result of having the baby overnight. Three respondents mentioned how many times the baby woke them up. One stated
"It cried 6 times during the night and 4 times this morning. It cried so many times I think I might have slept through it a few times." Another subject had made a list of all the times it cried during the night, "10 p.m., 12 a.m., 2 a.m., 6 a.m., 8:30 a.m., and 9:50 a.m." She stated "I had to hold it while I brushed my teeth. When it cried at 2 a.m. it startled me awake and I had to find it in the dark." One respondent said "It only woke me up 3 times but cried for twenty minutes each time. I never thought about what would happen if it cried in the middle of the night. It was difficult to wake up."

Seven teens made the statement "I don't want to have a baby", or one similar in content. One teen said "I used to think it might be kind of fun to have a baby. Not now!" Another stated "I don't think I'm ready at all after this doll." Still another said "I don't want to have a baby at this young age. I need my sleep and the doll would cry and wake me up." One stated "It was really hard because I only got 4 hours of sleep. I did not feel very prepared to take care of the baby and it made me feel uncomfortable." One subject said "The doll helped me realize I did not want to have a baby."

Half of the subjects took the doll with them in order to participate in previously planned activities. One took the doll to a coffee shop and then locked it in the car by
mistake. It took an hour to get the car open and in the meantime the doll cried quite a few times by her report. Another teen took the doll to a party and an outside school event. He stated that it was, in the beginning, "basically nice having the attention." My friends said "Let me hold the baby," then "I found it annoying because I had to sit with the baby and couldn't join my friends in a game of Capture the Flag." The doll was transported to one girl's haircut appointment and she told the researcher that "it was embarrassing at first." She reported that she had to explain that "it was part of a study." Another adolescent took the doll to church and had to tend to it during the sermon. Yet, another respondent took the doll to a friend's house to watch a video and kept having to get up and go in the other room to respond to it. She stated "You can't leave it around like a normal doll." It was "24/7, like watching a pet" only more "stressful."

Two subjects communicated a negative view of the doll and its usefulness as a pregnancy prevention intervention. One teen said "It was not as hard as it could be. It should do other things. If it were like this anyone would have a baby." However, she also stated that "The doll helped me to realize I did not want to have a baby." The other subject stated "I wanted it to be more realistic. It did not cry as much as possible. Giga pets are more realistic. This
was not a terrible experience. I didn’t think it will discourage teens. My best friend has a baby and I get to see firsthand what she has to deal with. This doll is not as realistic as a real baby.”

Three respondents stated that it was “hard work” or “hard.” One said “It gives you an idea, sort of, of how much hard work a baby would be.” Another commented “It was really hard because I only got four hours of sleep. I found it to be stressful because I was worried that the baby would wake up my family members.” Another respondent said that “It was a lot harder than I thought it would be” and commented that “daytime would be okay.” One respondent stated “It really made me not want to have a baby. It was really bad. I really did not like it. It went off at the worst possible times. It was inconvenient. My friends that were around the doll even didn’t want to have kids.” (This was from the girl who took the doll to a coffee shop).

One 17 year old boy stated “boys are not used to nurturing but it feels good.” He said it was a “good learning experience.” One teen said it was “not surprising” that it was difficult and that she still felt the same way about early parenting as she did when she took the doll.

This study’s single subject design was focused on 10 discrete subjects and therefore the results should not be generalized to all teens of this age range. However,
several patterns in the responses did emerge. The numbers revealed a pattern which showed an increase in confidence of caring for a baby at a higher grade level. Analysis of the data indicated that those individuals in grade twelve were more likely to feel they could handle a baby at a younger age than those respondents in grade nine and ten, while the latter reported feeling better able to parent a baby when they were older. An examination of the data also found that individuals who were older felt that they were doing better in school compared with the younger age respondents.

**DISCUSSION**

This single subject design study which incorporated a pre and post questionnaire and an open-ended post-test question suggested that this type of intervention can be meaningful and impactful given the very rich and insightful comments of the subjects in the post test open-ended question. The purpose was to explore whether there would be any measurable change in the thinking of non-parenting teens as a result of having the Baby Think It Over Doll overnight. Additionally, the number of respondents who stated in the pre and post questionnaire that they could handle a baby changed from seven to nine who said "It would be very hard for me to have a baby but I could handle it" to "It would be very hard for me to have a baby."

The open-ended question was valuable in that it allowed
the teen to say whatever they wanted. Many commented that it actually reinforced their previous feelings about the undesirability of early parenting. Several stated that they felt it was useful and a good experience despite the lack of sleep and constraints on their social life. The positive attention it engendered made a few feel empowered and special. This is an interesting side benefit. Some commented that it was a big responsibility but at the end felt that they handled it well. Some of them commented that it was unexpectedly worse than they imagined. No one called the researchers to come and rescue them in the middle of the night which also speaks to their commitment to complete their part of the study. The researchers thanked them by giving some gift certificates for ice cream and in the debriefing emphasized their valuable contribution to the study. The sheer fact that they were part of a positive intervention that may impact other teens in the future is valuable in and of itself. This follows one of social work's basic tenets of drawing on strengths and honoring the client for their integral part of the intervention. The subjects and their parents were happy to allow this "intrusion" in their lives for the good of other teens in the future. The value of this aspect cannot be ignored.

Some limitations of this study were the small sample size and the snowball method of recruitment which
contributed to the lack of ethnic diversity, imbalance in
gender numbers, and lack of variance in the socioeconomic
status and age range. If this study were to be expanded or
replicated it might be suggested that either the researchers
use a different selection process, only target all one
gender of one age/grade, or one ethnicity, or some otherwise
homogeneous sample. The researchers also feel that perhaps
having the doll for a longer period of time might be
advisable in order to demonstrate the difficulties of
parenting an infant. The participants who did take the doll
on outings felt that it was more difficult than those that
did not judging by their open-ended comments. Also, two
sleepless nights might have illustrated more graphically the
difficulties of real life parenting. Another recommendation
for expansion of the study might be to have a pictorial
record of the before and after physical appearance of the
subject. The researchers noticed that the teens appeared to
be subdued, bleary-eyed and ready to go take a nap upon
arrival of the researcher the next day. An instrument might
be created to measure such behavioral cues. This would
allow for another dimension of study and encourage
triangulation which is often not available in single subject
research. Another suggestion is that follow up could be
done which would assess changes in teens' thoughts about
their future that would reinforce the strengths, talents and
desires of the individual. Follow up contacts should include education about birth control, self-esteem, and career options.

Regarding the implications for social work, this intervention is being under-utilized in many programs. There is much that can be done after the doll is left with a client. Follow up can be future-oriented and positive. Young teens need encouragement that they have a bright future and who better than a social worker can enlighten and empower them to reach their full potential no matter their life circumstances. The door is open for expanding the use of this doll with expectant parents in pre-natal classes, in schools with family life classes, and in pregnancy reduction/prevention programs. The possibilities are only limited by the imagination of the social worker. This kind of intervention lends itself well to the social work professional because we have the vision, the knowledge and the skill to design and implement whatever we think is necessary to optimally serve our clients.
Appendix A: INFORMED CONSENT FORM - TEEN

INFORMED CONSENT - TEEN

You are being asked to be a part of a study which examines how a doll called the "Baby Think It Over Doll" affects young teens thoughts about having a baby of their own. This study is being conducted by Laura Elgin and Angela Ricketts, Masters of Social Work students at California State University, San Bernardino under the supervision of professor Rosemary McCaslin and her phone number is (909) 880-5507. This study has been approved by the California State University, San Bernardino Institutional Review Board.

If you should agree to participate in this study you will be asked to fill out a questionnaire which will take about 10 minutes to fill out. The questionnaire attempts to find out how you feel about early parenthood and about your plans for the future. You will be given a doll, which cries at different times during the day and night, to "take care of " overnight. Instruction will be provided to you and your parent(s) on how to operate the doll (i.e. how to hold it and feed it) but the sole responsibility of its care will be yours. At the time that the doll will be picked up you will be asked to fill out the questionnaire again and to give any feedback you have about your experience with the
Baby Think It Over Doll. Your feedback will be recorded and transcribed without using your name and will be erased after the information is recorded.

Whether you decide to participate in this study is strictly up to you. You have the right to confidentiality and, in this study, your name will not be used. Your questionnaire will be assigned a number and after the information is recorded it will be destroyed. You have the right to change your mind about participating at any time during the study.

An Instruction sheet will be provided to you and a brief training on the operation of the doll. Should there be a problem with the doll please notify Laura Elgin at (909) 891-9233 or Angela Ricketts at (909) 849-7838 ext. 235. You and your parent will not be held liable for any damage to the doll.

Signature

_________________________ Date
INFORMED CONSENT - PARENT(S)

Your child is being asked to participate in a study which examines how a doll called the "Baby Think It Over Doll" impacts young teens thoughts about early parenthood. This study is being conducted by Laura Elgin and Angela Ricketts, Master of Social Work students at California State University, San Bernardino under the supervision of professor Rosemary McCaslin and her phone number is (909) 880-5507. This study has been approved by the California State University, San Bernardino Institutional Review Board.

If you agree that your child can participate in this study you will be asked to "supervise" the parenting of the doll overnight. This means that you and your child will be given instruction on how the doll operates (needs to be held and fed) but the sole responsibility of its care will be on your child. A questionnaire will be given to your child before the doll is left on overnight and after it is picked up the next day. At the time that the doll is picked up your child will be asked his/her feedback about the experience of having the Baby Think It Over Doll. Your child's feedback will be recorded and transcribed without using their name and will be erased after the information is recorded.
This exercise is strictly voluntary for you and your child. You and your child have the right to confidentiality and, in this study, neither your name nor your child's will be used. Your child's questionnaire will be assigned a number and after the information is recorded it will be destroyed. Also, you have the right to withdraw from the study at any time.

An instruction sheet will be provided to you and a brief training on the operation of the doll. Should there be a problem with the doll please notify Laura Elgin at (909) 891-9233 or Angela Ricketts at (909) 849-7838 ext. 235. You and your child will not be held liable for any damage to the doll.

________________________________________
Signature

______________________ Date
Appendix C: DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Teen and Parent(s)

You have participated in a study to examine whether the "Baby Think It Over Doll" is a useful tool in helping teens to think about early parenting and their future. This study was conducted by Laura Elgin and Angela Ricketts, Masters of Social work students at California State University, San Bernardino. Any concerns should be directed to Dr. Rosemary McCaslin, Research Advisor, at the Department of Social Work. Her phone is (909) 880-5507.

It is hoped that this study will help other young teens to use this doll as a way to think through their ideas about early parenting and their choices for the future. Your participation in this study was very much appreciated and valuable to many others.

We realize that "practice parenting" can be very stressful and we want you to know that should you feel the need for counseling you may talk to Laura Elgin at (909) 891-9233 or Angela Ricketts at (909) 849-7838 ext. 235. They will refer you for counseling or you can call San Bernardino County Mental Health at (909) 387-7171.

Should you desire to obtain the results of this study, they will be on file with the Social Work Department at
California State University, San Bernardino in early July 1999. The Department’s phone number is (909) 880-5501.
Appendix D: QUESTIONNAIRE

QUESTIONNAIRE

1) How old are you? ____

2) Please circle your ethnicity.
   Hispanic   African Amer.   White   Other

3) What form of income best describes your family? Please circle the number.
   1. TANF (Temporary Aid To Needy Families)
   2. SSI (Social Security Insurance)
   3. parent(s) working
   4. a combination of things
   5. other

4) Are you in school? Please circle. Yes or No

If you answered yes to #4, please fill out questions 5, 6, 7, & 8. If you answered no, please go to the next section.

5) What grade are you in? ____________
6) How involved in school activities are you? Please circle one answer.
1. not involved at all
2. sort of involved
3. pretty involved
4. very involved

7) How well are you doing in school?
1. I'm not doing well
2. I'm doing O.K.
3. I'm doing pretty well
4. I'm doing great

8) How happy are you with your social life at school?
1. I'm not happy
2. I'm sort of happy
3. I'm O.K.
4. I'm very happy

Pre and Post Questionnaire second section:

1) How do you feel about having a baby at this time in your life? Please circle the number that best describes your feelings.
1. It would be very hard for me to have a baby.
2. It would be hard to have a baby but I could handle it.
3. It would be all right for me to have a baby.
4. I would like to have a baby to take care of at this time in my life.

2) The best age to have a baby is____________________

_____________________________.

3) The best time in life to have a baby is when_________

_____________________________.

4) I have thought about what I would like to do after I graduate from high school. Please circle the answer that best describes your agreement with this statement.

1. not at all
2. sometimes
3. often
4. very often

5) After I graduate I want to:
Please circle the answer that best describes your feelings at this moment.
1. get a job
2. learn a trade
3. go to college
4. I'm unsure
5. I haven't thought about it

Post Questionnaire: To include above stated questions from Pre Questionnaire and an open ended question as stated below.

6) Please give any feedback about your experience with having the Baby Think It Over Doll for a night. Your feedback will be recorded and transcribed without using your name and will be erased after the information is recorded.
REFERENCES


