

THE RELATIONSHIP OF SELF-ACCEPTANCE,
ACCEPTANCE OF OTHERS AND
PARENTAL KNOWLEDGE OF
PREGNANT ADOLESCENTS

By

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CHAPTER I

INTRODUCTION

Figures compiled in 1973 on birth rates in the United States showed that per 1,000 women aged 15 to 44 years "our national fertility rate was lower than it had been since 1937" (Maternal and Child Health Service, 1974, p. 1). Additional statistics showed that this overall decreasing rate was not the complete story because of the numbers of adolescent girls becoming parents.

In 1975, "39 percent of all births were to single women aged 15 to 19" according to the National Alliance Concerned with School-age Parents (NACSAP) (1977, p. 1). This fact can be further broken down to show that "one out of every 10 adolescent girls will have a child before she is 18 years old" (Children's Defense Fund, 1974, p. 1). Of that number 60 percent who become pregnant under the age of 16 "will have an additional child while still of school-age" (Braen, 1971, p. 18).

Several studies were conducted to discover what implications these statistics should have on education. In April, 1969 the Home Economics Education Association stated:

People concerned with mental health, social well-being, and total education agree that to a great extent a child's success depends on the kind of parents he has. Thus, the problem of how to educate effectively for parenthood is an important one (p. 4).

The problem though is not only one of effectively educating for

parenthood. The adolescent is still in the process of meeting such developmental tasks as "accepting a more mature personal role, being able to think logically, developing a sex role, and establishing good relations with members of the group" (Hughes, 1969, p. 14). She or he may have experienced deep feelings of low self-acceptance and may have been a victim of inability to maintain healthy relationships whether they were with parents, peers or their own child.

With all of the developmental tasks to achieve in her own life, what type of mother can an adolescent become? Cohn (1972) stated that school-age mothers

tend to idealize the whole idea of parenting rather than being able to deal realistically with individual situations. . . . There is pride in the ability to bear and give life, and the assumption that the person who is successful in bearing a child will also be successful in raising the child (p. 20).

Turrini (1977, p. 2), in working with mothers of all ages, found that failure for the mother to achieve what she believed to be the parenting ideals caused "depression, child abuse, and flight or withdrawal from the mothering role".

In a similar study of married adolescent parents, DeLissovoy (1973) found evidence that young parents are not familiar with child development norms and often had unrealistic expectations of what their babies should be able to do. He summarized his research by stating:

It is my conclusion that the children of many adolescent marriages have a high risk of joining the number of battered and abused babies; any measures to help prevent this deserve serious consideration (p. 25).

Thus, research studies and authorities found that adolescent females, who are pregnant, may have problems associated with achieving the developmental tasks for their ages and stages of development.

Further, problems in parental expectations and child care techniques may arise for these adolescent females because of their highly idealized image of motherhood. There is a need for parenthood programs to see if assistance can be given to these pregnant teenagers in achieving their developmental tasks as well as developing competencies for being an effective mother.

Purpose and Objectives

The purpose of this research is to evaluate pregnant adolescents' self-acceptance and acceptance of others and the effectiveness of parenthood education classes on their development of realistic parental expectations and child care competencies. In order to accomplish the purpose as stated, the following specific objectives will guide the study:

1. To measure pregnant adolescents' self-acceptance and acceptance of others (Acceptance of Self and Others Scale, Berger, 1952).
2. To assess the relationship between pregnant adolescents' self-acceptance and acceptance of others and changes in their information concerning parenting knowledge.
3. To assess the relationship between specified variables such as age, marital status, grade in school, socio-economic status, number living in household, number of adults in household, number of pregnancies, age menses began and feelings of self-acceptance and acceptance of others

Hypotheses

Taking into consideration past research and information about

adolescent parenting and development of positive self-acceptance, the hypotheses of this research were:

H₁: There will be no significant relationship between self-acceptance scores of pregnant adolescents and a change in parenting information after completion of a parenting education course.

H₂: There will be no significant relationship between acceptance of others scores of pregnant adolescents and a change in parenting information after completion of a parenting education course.

H₃: There will be no significant relationship between self-acceptance scores of pregnant adolescents and the following:

- (a) age
- (b) marital status
- (c) grade in school
- (d) socio-economic status
- (e) number living in household
- (f) number of adults in household
- (g) number of pregnancies
- (h) age menses began

H₄: There will be no significant relationship between acceptance of others scores of pregnant adolescents and the following:

- (a) age
- (b) marital status
- (c) grade in school
- (d) socio-economic status
- (e) number living in household

- (f) number of adults in household
- (g) number of pregnancies
- (h) age menses began

Assumptions and Limitations

The following assumptions were made about this research:

1. The subjects willingly enrolled in the Margaret Hudson Program and were all attempting to complete high school graduation credits.
2. The subjects answered all scale items as they believed them to be true at the time of the test.

The limitations for this study were:

1. The population was not a random sampling of pregnant adolescents.
2. The curriculum taught followed general guidelines which had previously been determined.
3. The number of students completing the semester course was not the entire school enrollment.

Definitions

The following terms are used in the research:

1. Parent education: "an activity which uses educational techniques to influence parental role performance" (Brim, 1957, p. 54).
2. Adolescence: "a phase of growth extending from late childhood to maturity. It is a product of our times and culture but is firmly rooted in the biological facts of growth"

(Bernard, 1966, p. 299).

3. Self-acceptance: "the attitude one holds toward one's self" (Berger, 1952, p. 778) and "is reinforced by what others reveal of their feelings toward them" (MacDonald, 1973, p. 337).

CHAPTER II

REVIEW OF LITERATURE

Within recent years there has been an enormous amount of literature written on factors involved in adolescent parenting. This review is concerned with consequences of adolescent parenting, parenting education classes, and effects of self-acceptance and acceptance of others on personality development.

Consequences of Adolescent Pregnancy

This section is a beginning look at the social, health and educational consequences of adolescent childbearing. Menken (1972) stated the following philosophy on why it is important to study the pregnant adolescent:

Childbearing at any stage is a momentous event for a woman. For the teen-ager, however, it is often accompanied by problems quite different from and far less benign than those experienced by older mothers (p. 45).

Social Consequences

According to Braen (1971, p. 18) "early childbearing is associated with multiple social handicapping, early marriage, unstable family life, repeated pregnancies, and welfare dependency". Marino (1976) stated:

The social costs of teenage pregnancy are difficult to measure precisely, but teenage parents are more likely to be economically disadvantaged, ambivalent about child care,

less skilled and under stress of no marriage or a new marriage (p. 4).

Furstenberg (1976, p. 62) using statistics from the national natality survey 1964-1966 concluded, "close to half of all premarital pregnancies in the United States were legitimated by marriage before the child was born".

LaBarre (1968, p. 47) found "The divorce rate for those married in their teens is four times as high as for those married at later ages. One out of every two teenage marriages ends in divorce". Even when a marriage lasted, problems were present. Menken (1972, p. 51) studied couples that were premaritally pregnant and found four years later that their marriages were "economically disadvantaged in terms of occupation, income and assets when compared to other couples".

According to Braen (1971, p. 18) "welfare dependency is highly correlated with early childbearing". Marino (1976) stated:

The single best predictor of the ability of a young woman to be economically self-sufficient is the age at which her first pregnancy comes to term. The younger she is the less bright her future (p. 4).

When negative social attitudes were added to other social consequences it was not surprising that "nine percent of all adolescent mothers attempt suicide" (Gabrielson, 1970, p. 2289). This figure was seven times the national percentage for adolescent girls without children. Carta (1976) reported:

Socially, the school-age mother is isolated from familiar friends in the classroom and from former school and non-school activities with few or not social alternatives available (p. 2).

Health Consequences

Even though social problems were the primary concern of adolescent

mothers, health problems must be considered also. Menken (1972) stated:

The complications of pregnancy most frequently mentioned for young mothers are toxemia, prolonged labor and iron-deficiency anemia. Poor diets, late or inadequate prenatal care, and emotional and physical immaturity may be contributing factors (p. 51).

Marino (1976, p. 4) stated that "the possible effect of pregnancy on physical growth and development of the teenager is poorly understood". Evidence pointed toward early bone fusion and cessation of growth due to hormone changes. Braen (1971, p. 18) in comparing adolescent pregnant girls with women beyond their teens, found the additional factors of "hypertension . . . prematurity, low birth weight babies, excessive weight gain of mothers and prolonged labor".

When considering health consequences to the infant, Whelan and Higgins (1973) proposed:

Early childbearing threatens the health of the child in two ways: the child is more likely to die in the first year of life and is more likely to be of low birth weight, with its associated problems (p. 20).

Menken (1972, p. 50) found "prematurity has also been linked to such conditions as epilepsy, cerebral palsy and mental retardation, and to higher risks of deafness and blindness". In a study of 11,280 children Illsley (1967, pp. 29-42) found that a child's IQ can be linked to the age of the mother at delivery when other factors have been controlled.

Educational Consequences

Stine (1964) established in his research that pregnancy was the major known cause of school dropouts among girls in the United States. This is unfortunate considering findings by Barglow, Bornstein, Exum, Wright, and Visotsky (1968, p. 676) who found that 60 percent of those

studied could "study better, concentrate harder, and retain more knowledge than before pregnancy". They recommended greater curriculum variations in the direction of family living with pre-and post-natal discussions conducted by trained personnel.

Braen (1971, p. 17) found that "Educationally, the pregnant girl is at high risk because she is frequently forced out of school, often never to return". Children's Defense Fund (1974) in their report contended:

that excluding a pregnant girl from school affects her adversely by contributing to depression, isolation and possible denial of prenatal medical care and counseling through fear of exposing her condition (p. 2).

Furstenberg (1976) gave three explanations that he found in the literature which is a link between pregnancy and school withdrawal.

1. "Status failure" Girls were less committed and less competent students and pregnancy serves as an excuse for withdrawing from school (p. 129).
2. "Status conflict" Strains arise when an adolescent mother simultaneously tries to meet the demands of student, parent and/or wife (p. 129).
3. "Status disruption" The traditionally unsympathetic attitude of school policies and educational institutions compels her to leave (p. 130).

Even with these conditions "half of the young mothers in our (Furstenberg) study managed to complete high school despite the minimal assistance provided by educational programs" (p. 145). Furstenberg (1976) concluded his findings with the following statement:

By becoming pregnant prematurely, the adolescent mother often is removed from the sources of support and resources available. Moreover, precipitate entry into parenthood preempts the educational, vocational, and social experiences the adolescent

would otherwise acquire to prepare her for adult roles, including motherhood (p. 13).

Parenting Education

Education for parenthood or parenting education is not a new course of study but one that has been experiencing renewed interest by many facets of society. Grams (1972, p. 1) in writing about the concern of the Association for Childhood Education International wrote, ". . . parenting is a function shared by all individuals and organizations of individuals concerned with the development of children". He also stated:

Our purpose is . . . to suggest that quality parenting is the most important task confronting our society today. It is so important that we must do all we can to insure it for every child. The big question, of course, is how!
(pp. 3-4)

When writing about the role of the school in education for parenthood, Kruger (1973) said:

School-age parenthood, then, involves the formation of young families under 'high-risk' conditions that often result from or include inadequate understanding of and preparation for parenthood responsibilities (p. 4).

In a study of 150 grade 11 students, Byles (1975) sought to answer questions about teenage attitudes toward parenting. He asked:

Is 'effective parenting' something that can be taught-if so, are teen-agers receptive to learning about parenting. What do teen-agers think and feel about current issues and concerns related to parenthood? (p. 15)

From a study which tried to identify family life problems with which parents felt they needed education and help, Hale (1955, p. 41) concluded: "From the findings of this study, it was concluded that there is a definite need for further development of parent education and for

the institution of parent counseling services . . . ".

The following section will give some studies and conclusions made about the need for parenting education, content of parenting courses and methods used in teaching parenting education.

Need for Parenting Education Courses

Numerous studies and reports have suggested reasons why education for parenthood classes need to be taught. Smith (1976, p. 34) director of the Parent Education Project, Northwest Hospital, Seattle, Washington said: "The entire parent education project is based on the commonly accepted premise that a positive parent-infant relationship helps infants learn basic trust and molds a healthy character". In the final report of a project developed by the Home Economics Education Unit of Vocational Services, Carta (1976) stated:

It is hoped that through a better understanding of the child as a human being with feeling and special needs, especially the need for love and understanding, we can prepare parents who will be willing to take responsibility for their children in a gentle and guiding manner (p. 223).

When writing of the individuality of all parents, Grams (1972) said:

Those who parent are, after all, unique persons, and we who would help them must begin with a genuine respect for their individuality and endeavor always to nurture and enhance it.

. . . to be an effective parent one must first of all be an effective person. Angry, confused, frustrated, disillusioned adults do not good parents make! (p. 7)

Cohen (1973) believed that even adolescents not in the process of parenting could benefit by a course in parenting. He wrote:

The value of Education for Parenthood for the teenagers involved lies mainly in the fact that it can meet some of the adolescent's current developmental needs: to understand and to be of help to others (p. 29).

He also stated that no one course could solve all parenting problems

but significant impact could be made. He concluded:

And a course that educates young people about the basic life conditions required for people to be optimal parents may help adolescents to become wise and effective advocates for families (p. 29).

Hale (1955) found that public schools could serve families by providing counseling as well as classroom help. She stated:

By thus strengthening the home and increasing parent adequacy, teachers might be relieved of many social-parent duties which now take time from other phases of teaching (p. 41).

Such assistance could help parents obviate some of the conditions in which problems of a private and specific nature develop before they become personal and social problems of public concern (p. 43).

In an overview of Education for Parenthood as seen by the U.S. Office of Child Development, Rosoff (1973) listed what he felt the goals of the program should include. He wrote:

What are the goals of Education for Parenthood? I answer by saying that the program aims to help teenage boys and girls prepare for effective parenthood by learning about child development and the role of parents--and by working closely with young children (front cover).

Marland (1973) gave the Department of Health, Education and Welfare's view on development of parenthood education programs. He wrote:

Parenthood instruction seems to me double justified--first, because young people desperately need this help in order to fulfill their role as parents and maintain the the family as the vital basic unit in the American social structure, and secondly, because learning about children's needs and development is an obvious and essential component of the current national drive to build a coherent, effective system of career education (p. 3).

Contents of Parenting Education Programs

In their history of parent education, Croake and Glover (1977, p. 152) stated: "The content of parent education programs has dealt with

a variety of topics developed to help parents better understand their children and themselves in relation to their children". Grams (1972) found a fundamental question he felt needed to be answered considering what is to be taught in parenting classes. He asked:

If we alter our priorities and give much more prominence to the study of human development and its application in parenting, what is there that we can teach to persons who now or in the future will be guiding the development of children and adolescents (p. 5)?

When considering contents for high school programs, Jones (1972) wrote:

Children are receiving more of their personal and social education outside the home, and parents are looking to schools and community organizations to supplement the parenthood training that they give to their children (p. 61).

Anastasiow, Grimmett, Elleston and O'Shayahnessy (1974) wrote that education for parenthood classes could serve as a preventive measure in early parenting. They stated:

We feel that each student, whether a prospective teen-age parent or a 20-year-old parent, can profit from learning basic techniques of child growth and development as well as parenting interaction patterns which can prevent or alleviate handicapping conditions in the child (p. 200).

Jones (1972) added to this theory by suggesting:

A realistic understanding of what it is like to care for children may also enable teenagers to make more informed choices about both marriage and parenthood (p. 61).

The teenage parents' unrealistic expectations of their children was a factor contributing to their generally poor child-rearing practices. This same lack of knowledge may contribute to inadequate parenting skills demonstrated by other young parents (p. 61).

Cohen (1973) stated the value of adolescents taking a parenting course when he wrote:

As a result of the course, young parents may be sensitive to the central importance of parents in a child's life, to individual differences among children and to the broad range of nutritional, medical and psychological conditions

that must be satisfied for a child to develop to his full potential (p. 29).

Young (1975) outlined basic content areas she had found that needed to be taught in parenting classes. Her outline included the following points:

1. Growth and Development: A parent who understands growth and development will be better prepared to adjust to changes in offspring.
2. Attitudes and Habits: A parent who is knowledgeable about the influence of the home in offering healthy versus unhealthy attitudes will be more apt to convey positive health attitudes and habits.
3. Communicative Skills: A parent who is aware of common communication blocks and adept at using positive communication skills will have a better chance of fostering and maintaining good family communication.
4. Decision Making Skills: Parents who allow their children to make some choices will probably have teenagers and adults who will be more responsible in making decisions that affect their health and welfare.
5. Coping with Crisis: Parents who understand that children learn how to cope with crisis situations will be more likely to set a better example for the children in how they as a parent meet a crisis in their family.
6. Parents' concern for their own development of maximum quality of physical, social, and mental health will hopefully develop a similar concern in their offspring (p. 13).

Kruger (1973) had already given topics he felt had to be covered for adolescents to become effective parents. His list included:

Biological factors of human reproduction, heredity and environment
 Pregnancy and childbirth and prenatal and postnatal mother care
 Prenatal development of the child
 Infant care
 Child growth and development
 Individual differences in children
 The handicapped child
 Creative activities for children
 Family structure and functions

Parental roles and responsibilities
 Family planning and population growth
 Community resources to aid in parenting
 Child care arrangements
 Skills required for effective work with children (p. 7).

Methods of Teaching Parenting Education

Methods used to teach parenting education have been as varied as the contents being taught. Methods must meet the needs of those they are designed to teach. Gilliam (1975, p. 11) stated, "As national, state and local programs are developed, it is evident that no one approach is suitable for all groups of parents". Brim (1957, p. 54) used the following definition when evaluating the effects of parent education: "Parent education may be defined as an activity which uses educational techniques to influence parental role performance".

After a survey of existing programs and the methods they used, Kruger (1973, p. 7) said: "Two goals should be kept in mind when deciding upon an instructional approach to parenthood education: relevancy and universality". Croake and Glover (1977) found:

A variety of professionals and non-professionals teach in parent education programs under the auspices of mental health, schools and other associations using nearly every imaginable form of media (p. 152).

In his rationale for parent training, Luterman (1973) stated:

A parent education program should not be merely a collection of specific techniques; it should involve a philosophy or attitude toward education which focuses on the parent and views him as a co-learner with the professional (p. 504).

He added another aspect to methods to be used when he included parents.

He wrote:

All parents are teachers, and by helping to facilitate better teaching we are facilitating better parenting. A parent education program is a means for producing a

better functioning family unit and, therefore, a better functioning child (p. 505).

Kruger (1973) took an opposing view of the education that families give. He stated:

Those who question whether parenthood education should be a responsibility of the school system often assume that the family fulfills this role. However, fewer families today are able to provide teenage members with the kind of parenthood education that comes from observing their parents; family roles and caring for young brothers and sisters under their supervisions (p. 5).

Grams (1972, p. 8) concept of who is to be included in teaching was broader. He concluded: "The kind of parenting a child receives is the responsibility of the entire community, and our objective must be to make all those who wish to commit themselves to the task optimally effective".

Conclusion

According to Croake and Glover (1977)

Programs of parent education are expanding and seem to be achieving worthwhile results, but no final conclusions can be drawn that provide a precise definition or description of parent education as it currently exists (p. 156).

Kruger (1975) gave the schools role in parenting education by stating:

For all practical purposes the secondary school presents the last universal opportunity for parenthood education. For many, it is the termination of formal education; for others it marks the beginning of increasingly specialized vocational training which ignores the importance of the parent role as an aspect of adult life in our society (p. 292).

Brim((1958, P. 217) made a strong statement about parenting education. He wrote: "Parent Education can be justified only on the grounds that it will leave some effect on the behavior and belief of an individual striving to fulfill his role as a parent". Cohen's (1973) view

was somewhat different when he looked at meeting adolescent needs and parenting education. He wrote:

No single course can make a significant, enduring change in the lives of many young people. And no course, however well conceived and organized, will fundamentally alter the difficulties in parenting felt by many poor mothers and fathers (p. 29).

Hale (1955) gave a final important implication of parenting education. From her study of parental needs she concluded?

The findings of this study also have strong implications for teacher training in this very important field, and for the advanced training of counseling specialists in family life problems. Through curriculum revision at the various public school levels, training for parenthood and home living could become more effective in the lives of the students and in the life of the community (p. 144).

Acceptance of Self and Others

This section is to define acceptance of self and acceptance of others and to give the relationship between them as found in research. The part of self acceptance as it relates to parenting and parenting skills is also introduced.

Acceptance of Self

Combs and Soper (1957) used the following definition of self-acceptance:

. . . the ability of the individual to accept into awareness facts about himself with a minimum of defense or distortion. It is related to the accuracy of observation and self-awareness, and does not imply approval or disapproval of self (p. 142).

They further stated that: "The truly well-adjusted person may confess to an overall feeling of satisfaction, but probably has no great feeling of satisfaction, but probably has no great feeling of like or

dislike of self" (p. 142).

Elizabeth Sheerer (1949) introduced her analysis of the relationship between acceptance of self and acceptance of others by stating:

Observation and clinical experience have led many psychologists to the belief that the individual's concept of himself is of the utmost importance for an understanding of the dynamics of personality development and adjustment (p. 169).

She included a detailed definition of the extremes or end points of self-acceptance. She included these ideas in her multi-faceted definition:

1. The individual who expresses acceptance of and respect for self has internalized certain values and principles which serve as a general guide for behavior.
5. He feels equal as a person to others, neither inferior nor superior.
7. He does not question his worth as a person even if it seems to him that others do.
8. He does not doubt that he is able to contribute to the welfare and satisfaction of others.
10. He does not expect others to reject him regardless of how he behaves.
15. He resists domination.
17. He assumes responsibility for making his own decisions and accepts the consequences of his behavior (p. 170).

Acceptance of Others

In considering a definition of acceptance of others, Sheerer (1949) included the following points about the person who has a high acceptance of others:

1. . . . he grants others the right to their own beliefs, values, standards.
3. He does not deny the worth of others or their equality

with him.

6. He takes an active interest in others and makes a positive effort to create mutually satisfying relationships with them.
7. He neither dominates others nor assumes responsibility for them.
10. He learns to accept the opinions of others without depending on them too much (p. 171).

Fromm-Reichmann (1949, p. 167) in writing about the relationship between self and others said: ". . . one can love others only to the extent that one loves oneself". Horney (1937, p. 107), following the same idea, stated that the person who does not believe himself lovable is unable to love others". Omwake's (1954, p. 445) study found evidence that attitudes toward self appear to be reflected in attitudes toward other people. She stated that: "Only when the self is regarded with a fairly high degree of acceptance is it possible to relate effectively to others, to understand them, and to regard them as persons of worth". From information gathered Omwake (1954, p. 445) found a tendency "for those who accept themselves to be acceptant of others and to view others as being self-accepting. . . .".

Rogers (1951) one of the first researchers in aspects of personality development said:

. . . the person who accepts himself thoroughly, will necessarily improve his relationship with those with whom he has personal contact, because of his greater understanding and acceptance of them (p. 522).

In the evaluation of the results of his research, Berger (1952, p. 782) concluded that there is a positive correlation between expressed acceptance of self and expressed acceptance of others. He stated: "It was concluded that evidence for a positive correlation

between acceptance of self and acceptance of others was definitely supported and strengthened by the results of this study ". In addition, he found a greater correlation for girls who tended to score higher on acceptance of others for a given score on self-acceptance (p. 781).

Sheerer (1949, p. 175) in summarizing her research stated: "there is a definite and substantial correlation between acceptance of and respect for self and attitudes of acceptance of and respect for others".

In opening remarks concerning his study, Phillips (1951, p. 79) said: "Conversely, those who seem to like and respect themselves are included to be positive, at least, in their attitudes toward others and to be generally less critical of those around them". His study pointed to the importance of this relationship to the study of racial attitudes. He wrote: ". . . that one's own shortcomings and dislikes are projected in one way or another onto others". Sheerer's (1949, p. 174) central conclusion to a study concerned with counseling outcomes stated: "one's attitudes toward others are related, to a decidedly significant degree, to the attitudes one holds toward one's self". In using her results in counseling she believed that a change in attitudes toward self could bring about a change in attitudes of acceptance toward others. She applied this to social psychology and stated that: "increased acceptance of minority group . . . " (p. 174) could best be achieved by altering an individual's acceptance of himself.

When writing about the positive relationship of acceptance of self and acceptance of others, Berger (1952, p. 778) said: "Such a relationship would imply that self-rejection may be a factor of individual hostility toward groups or toward other individuals".

Fromm (1939, p. 513) after stating that self-love and the love of others go hand in hand proposed: "a failure to love the self is accompanied by a basic hostility toward others which arises out of the suppression of the individual's spontaneity of his 'real' self". Trent (1957) in a study of acceptance by minority children discussed the effect on developing a sense of I before an awareness of we or they. He stated:

We may interpret these data as suggesting that if a child does not accept himself as a person of worth and value he may tend to perceive groups, including his own, in a derogatory and hostile fashion (p. 30).

He further said: "the self-accepting child gives a positive appraisal of his own and other groups" (p. 30).

In the conclusion of her study on the interrelationships of self-concept and actions and feelings directed toward others, Stock (1949, p. 180) wrote: "As his feelings about himself change to objective or positive, feelings about others change in a similar direction". She also indicated there is a close correspondence between self attitudes and the emotion directed toward others and the feelings about the relationships with others (p. 180).

Fey (1955) used the hypothesis that acceptance by others is a function of the relationship between one's attitudes toward self and attitudes toward others. In analyzing his data he indicated that:

Persons who think relatively much better of themselves than they do of others tend to feel accepted by others, whereas actually they are significantly less well liked by them, this group significantly overestimates its acceptability to others (p. 274).

Implications on Parenting

Medinnus and Curtis (1963, P. 542) when studying the relation

between maternal self-acceptance and child acceptance found support for a significant positive relationship between the two items. They stated: "The extent to which a child develops a positive self-concept depends crucially upon the extent to which he is accepted by the 'significant others' (typically his parents) in the early years". Medinnue (1965) in a later study that followed the same area of research made the following statement:

In general, the subjects' self-acceptance and identification with mother and perceived acceptance by her were more closely related to their evaluation of her approach to child rearing than was true for the father (p. 153).

When trying to analyze perceived parenting, Randolph MacDonald (1973) said that anxious parents often use wrong approaches in handling children. He concluded:

The implication here is not that the motives behind parental behavior are conscious or intentional, but rather that they are a product of the parents' own anxiety. This anxiety is possibly a function of their own lack of acceptance of themselves which makes them unable to function genuinely or sincerely or in an emphathetic and accepting manner toward their offspring (p. 342).

Symonds (1939, p. 93) had much earlier observed that an individual's attitudes toward himself grow out of the attitudes displayed toward him by his parents.

Conclusion

Jersild (1952, p. 10) summarized acceptance of self when he said: "the healthy individual is one who understands and accepts himself". Phillips (1964, p. 104) also tied research done in the area together with his implication of how important the information discovered has been. He stated his views when he said: "This makes self understanding

and self-acceptance one of the most important tasks of psychology and education". It should be noted that the references used on self-acceptance and acceptance of others even though not recently written were still the main articles to be found on the subjects. Many of the authors cited have done definitive studies in these areas and are often cited in current writings.

CHAPTER III

RESEARCH PROCEDURES

The procedures explained in this chapter include the sampling and population used. Instruments used, the plan of the study, and the plan for statistical analysis are also discussed.

Sampling

The subjects of this study included 43 students enrolled in grades 9 to 12 the first two weeks of the 1978 fall semester at the Margaret Hudson Program (MHP), Tulsa, Oklahoma. To be eligible for enrollment at MHP a student had to meet the following criteria:

1. be certified pregnant by a physician or clinic of her choosing;
2. be able to participate in a normal school day and activities;
3. be receiving ongoing prenatal care by an obstetrician or out-patient clinic; and
4. be enrolled in a Tulsa county school or be eligible to enroll.

In addition to these requirements all subjects included were between the ages of 13 to 19 years. No control group was used since it was impossible to find a group with similar characteristics.

Background information was obtained from school enrollment applications completed by the student when applying for admission to MHP. Personal interviews with the researcher, the school nurse, and the student's social work counselor provided additional information in the study.

The Instruments

Two instruments were utilized in this research to assess subjects' expressed acceptance of self and others, and their change in parental knowledge after completion of a Life Patterns course. Scales given can be found in Appendix A and B.

The Acceptance of Self and Others scale developed by Berger (Shaw and Wright, 1967) using a Likert procedure was used to measure the expressed acceptance of self and expressed acceptance of others. For purposes of this research a modified version of this scale was utilized. Modifications were made in the wording of statements because the MHP staff considered the wording too difficult for students to understand. Students were instructed to mark on a scale from one to three whether they believed statements to not be true, be half true, or very true about themselves at the time the scale was administered. According to Berger (1952) and Shaw and Wright (1967, p. 433) "the reliability of the self-acceptance scale was .894 . . . and for the acceptance-of-others scale ranged from .776 to .884".

A questionnaire developed by Mann, Woodward, and Joseph (1961) for the Visiting Nurse Service of New York (VNSNY) was used to determine knowledge of parenting skills. Form A (Appendix B) of this questionnaire was administered before the subjects started the course of study and Form B (Appendix B) at the completion of the course. All questions on both forms were checked to make sure that the material had been covered in the Life Patterns Curriculum (Appendix C).

Administering the Instruments

The Acceptance of Self and Others questionnaire was administered the second day of Life Patterns class. The Parental Information Form A was administered two class days later. Students enrolling late were given the acceptance scale when enrolling and the pre-test two class days later. There were no new enrollees used in the study if they entered school more than two weeks after the course began. Form B of the Information scale was administered to those subjects who had completed the three months of curriculum outlined in Appendix C.

The researcher went over all questionnaires with the MHP staff before the scales were administered. Both scales were administered by the instructor of the Life Patterns course. The instructor answered any questions the students asked during or after the scale was given. No time limit other than the length of the class period (50 minutes) was given .

Statistical Analysis

The data were analyzed by using frequencies and percentages for all information and scale scores. The Pearson r product moment correlation was utilized to determine the relationship between the score on the self-acceptance scale and the amount of change on the pre-and post-parental knowledge scales.

The scoring on the acceptance scale for each of the 64 items ranged from one to three. Items expressing a favorable attitude toward self and others were rated by the following scale:

- 3 points if answered true of myself
- 2 points if answered half true of myself
- 1 point if answered not at all true of myself.

For items negatively worded the scoring was reversed. All the item scores on the 36 self and 28 other questions were added separately to find the subjects attitude toward self and/or others.

Answers given by subjects on Forms A and B of the Parental Information scale were checked for correctness and the amount of improvement was noted. The Pearson r product moment correlation was used to determine if a significant relationship existed between the acceptance scales and the parental knowledge change score. This correlation was used to examine hypothesis one and two.

Hypothesis three and four were examined by Chi-Square tests to determine if any relationship existed between feelings of self-acceptance and acceptance of others. Variables tested included age, marital status, grade in school, socio-economic status, number living in household, number of adults in household, number of pregnancies, and age menses began.

CHAPTER IV

RESULTS

Description of Subjects

A detailed description of the 43 adolescent mothers-to-be used in this study is presented in Table I. The subjects were all students in the Tulsa Public School System and were currently attending classes at the Margaret Hudson Program, an alternative school for school-age mothers.

The subjects ranged from 14 to 18 years of age with the largest proportion being 16 (34.88%) and 17 (37.21%) years of age. Most (86.05%) (86.05%) of the subjects were not married at the time the data were gathered. The majority of the subjects were eleventh (37.21%) or twelfth (37.21%) grade students.

The 1979 criteria used by the Oklahoma Department of Institutional and Social Rehabilitation Services based on number in family and amount of income was used to determine whether a student was poverty level or non-poverty level. There were 55.81% of the subjects at poverty level and 44.19% at non-poverty level.

The number of people living in the household ranged from two to eight with most of the responses being three and four with 23.26% each. The number of adults in the household ranged from one to three with households with one or two being equal (46.51%).

TABLE I
CHARACTERISTICS OF THE SUBJECTS

Description	Number	Percent
<u>Age</u>		
14	3	6.98
15	6	13.95
16	15	34.88
17	16	37.21
18	3	6.98
<u>Marital Status</u>		
Married	6	13.95
Single	37	86.05
<u>Grade in School</u>		
9	3	6.98
10	8	18.60
11	16	37.21
12	16	37.21
<u>Socio-economic Status</u>		
Non-poverty	19	44.19
Poverty	24	55.81
<u>Number Living in Household</u>		
2	5	11.63
3	10	23.26
4	10	23.26
5	7	16.28
6	4	9.30
7	4	9.30
8	3	6.98
<u>Number of Adults in Household</u>		
1	20	46.51
2	20	46.51
3	3	6.98

TABLE I (Continued)

Description	Number	Percent
<u>Number of Pregnancies</u>		
1	40	93.02
2	2	4.65
3	1	2.33
<u>Age Menses Began</u>		
9	1	2.33
10	2	4.65
11	4	9.30
12	13	30.23
13	10	23.26
14	8	18.60
15	5	11.63

The majority (93.02%) of the subjects were involved in their first pregnancy. The onset of menses of the subjects ranged from 9 to 15 years of age with 30.23% beginning at age 12 and 23.25% beginning at age 13.

Feelings of Self-Acceptance and Acceptance of Others

The subjects were asked to mark whether they felt a statement of self-acceptance or acceptance of others was true (3 points), half true (2 points), or not true (1 point) of themselves. Table II shows the frequency of the responses to self-acceptance questions and Table III shows the frequency of the responses to acceptance of others. The

higher the score the more positive the subject feels about acceptance of self and acceptance of others.

TABLE II
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
 PREGNANT ADOLESCENTS ON FEELINGS
 OF SELF-ACCEPTANCE SCORES

Self Acceptance Score	Frequency	Percent
61	1	2.3
67	1	2.3
73	1	2.3
74	1	2.3
77	1	2.3
78	1	2.3
82	3	7.0
83	1	2.3
84	3	7.0
85	2	4.7
86	2	4.7
87	1	2.3
88	1	2.3
90	4	9.3
91	3	7.0
92	2	4.7
93	2	4.7
94	2	4.7
95	2	4.7
96	2	4.7
97	3	7.0
98	2	4.7
99	1	2.3
105	1	2.3

Mean 88.2

Standard Deviation 8.9

TABLE III
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
 PREGNANT ADOLESCENTS ON FEELINGS OF
 ACCEPTANCE OF OTHERS SCORES

Acceptance of Others Score	Frequency	Percent
46	1	2.3
50	1	2.3
54	1	2.3
55	1	2.3
57	1	2.3
59	3	7.0
60	2	4.7
62	6	14.0
63	6	14.0
64	6	14.0
65	1	2.3
66	4	9.3
67	1	2.3
68	2	4.7
69	1	2.3
70	3	7.0
71	3	7.0

Mean 63.2

Standard Deviation 5.3

Change in Parental Knowledge Scores

The subjects were asked to mark statements true or false and to circle the best answer on questions on pre-and post-parental knowledge scales. Scores were compared for each subject and the amount of increase or decrease was noted for each subject. Only 32 of the 33 questions were scored since question 25 was a subjective answer and the researcher could not be unbiased in its evaluation.

TABLE IV
 CHANGES IN PRE AND POST PARENTAL KNOWLEDGE
 SCORES OF PREGNANT ADOLESCENTS

Subject n=43	Parental Knowledge Pre	Scores Post	Change
1	22	22	0
2	19	20	+1
3	19	24	+5
4	15	23	+8
5	13	21	+8
6	6	13	+7
7	12	18	+6
8	10	16	+6
9	15	23	+8
10	20	20	0
11	13	23	+10
12	22	26	+4
13	12	18	+6
14	9	20	+11
15	11	18	+7
16	14	19	+5
17	21	21	0
18	12	19	+7
19	14	20	+6
20	13	9	-4
21	23	23	0
22	16	18	+2
23	13	18	+5
24	14	20	+6
25	14	26	+12
26	18	22	+4
27	12	22	+10
28	13	20	+7
29	11	16	+5
30	15	15	0
31	19	24	+5
32	9	19	+10
33	28	25	-3
34	12	19	+7
35	11	26	+15
36	13	23	+10
37	23	26	+3
38	16	16	0
39	14	19	+5
40	9	16	+7

TABLE IV (Continued)

Subject	Parental Knowledge Pre	Scores Post	Change
41	9	7	-2
42	10	10	0
43	17	17	0
Average Change			+4.8

Examination of Hypotheses

Hypothesis 1. There will be no significant relationship between self-acceptance scores of pregnant adolescents and a change in parenting information after completion of a parenting education course.

Scores for all subjects on the pre-and post-parental information tests were compared to obtain the change on the scores. The relationship between the self-acceptance scores and parental information (differences) scores was measured through use of Pearson r product moment correlation. The Pearson r was used rather than Spearman ρ on the basis of size of sample ($n=43$).

The results showed $r = .56$ ($p = .05$), therefore, it was concluded that there was no relationship between self-acceptance scores and the amount of change in parenting knowledge which students gained from the MHP Life Patterns curriculum.

Hypothesis 2. There will be no significant relationship between acceptance of others scores of pregnant adolescents and a change in parenting information after completion of a parenting education course.

The Pearson product moment correlation was used to measure the relationship between acceptance of others scores and the parental information (differences) scores. Based on the size of the sample ($n=43$) the Pearson r was used rather than the Spearman ρ .

The results showed $r = .79$ ($p \leq .05$), therefore, it was concluded that there was a correlation between acceptance of others scores and the amount of change in parenting knowledge gained from the MHP Life Patterns curriculum studied by the subjects. The hypothesis was rejected on this basis.

Hypothesis 3a. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and their age.

The chi-square test was utilized and the results showed there was no significant relationship between feelings of self-acceptance and the age of the pregnant adolescent (Table V).

TABLE V
CHI-SQUARE TABLE SHOWING DIFFERENCES IN
AGE AND SELF-ACCEPTANCE SCORES

Age of Subjects ($n = 43$)	Self-Acceptance Score			χ^2	Level of Sig.
	≤ 80	81-90	≥ 91		
14-16 years	3	10	11	.15	N.S.
17-18 years	3	7	9		

Hypothesis 3b. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and their marital status.

The chi-square test showed there was no significant relationship between acceptance of self and marital status of pregnant adolescents (Table VI).

TABLE VI
CHI-SQUARE TABLE SHOWING DIFFERENCES
IN MARITAL STATUS AND SELF
ACCEPTANCE SCORES

Marital Status (n = 43)	Self-Acceptance Score			χ^2	Level of Sig.
	≤80	81-90	≥90		
Married	1	1	4	1.57	N.S.
Single	5	16	16		

Hypothesis 3c. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and their grade in school.

The chi-square test revealed no significant relationship between acceptance of self and grade in school of pregnant adolescents (Table VII).

Hypothesis 3d. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and their socio-

TABLE VII
 CHI-SQUARE TABLE SHOWING DIFFERENCES
 IN GRADE IN SCHOOL AND SELF
 ACCEPTANCE SCORES

Grade in School (n = 43)	Self-Acceptance Score			χ^2	Level of Sig.
	≤80	81-90	≥91		
9-10 grade	2	3	6	.96	N.S.
11 grade	2	7	7		
12 grade	2	7	7		

economic status.

The chi-square test resulted in no significant relationship between acceptance of self and the socio-economic status of pregnant adolescents (Table VIII).

TABLE VIII
 CHI-SQUARE TABLE SHOWING DIFFERENCES
 IN SOCIO-ECONOMIC STATUS AND
 SELF-ACCEPTANCE SCORES

Socio-Economic Status (n = 43)	Self-Acceptance Score			χ^2	Level of Sig.
	≤80	81-90	≥91		
Poverty	3	13	8	5.05	N.S.
Non-Poverty	3	4	12		

Hypothesis 3e. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and the number of people living in a household.

The chi-square test showed no significant relationship between acceptance of self and the number of people living in the household of a pregnant adolescent (Table IX).

TABLE IX
CHI-SQUARE TABLE SHOWING DIFFERENCES IN
NUMBER PEOPLE LIVING IN HOUSEHOLD
AND SELF-ACCEPTANCE SCORES

Number in Household (n = 43)	Self-Acceptance Score			X ²	Level of Sig.
	≤80	81-90	≥91		
2-3 people	2	7	6	1.38	N.S.
4-5 people	3	5	9		
6 and above	1	5	5		

Hypothesis 3f. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and the number of adults living in the household.

The chi-square test resulted in no significant relationship between acceptance of self and the number of adults living in the household of pregnant adolescents (Table X).

TABLE X
CHI-SQUARE TABLE SHOWING DIFFERENCES IN
NUMBER OF ADULTS IN HOUSEHOLD AND
SELF-ACCEPTANCE SCORES

Number of Adults (n = 43)	Self-Acceptance Score			X ²	Level of Sig.
	≤80	81-90	≥91		
1 adult	2	7	11	1.19	N.S.
2 or more adults	4	10	9		

Hypothesis 3g. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and the number of pregnancies of each subject.

Over 93% of the subjects had only been pregnant one time, consequently a chi-square test under these circumstances would be inappropriate.

Hypothesis 3h. There will be no significant relationship between feelings of self-acceptance of pregnant adolescents and the age menses began.

The chi-square test yielded no significant relationship between acceptance of self and the age menses began of pregnant adolescents (Table XI).

Hypothesis 4a. There will be no significant relationship between feelings of acceptance of others of pregnant adolescents and their age.

The chi-square test utilized showed no significant relationship

TABLE XI
 CHI-SQUARE TABLE SHOWING DIFFERENCES
 IN AGE MENSES BEGAN AND SELF
 ACCEPTANCE SCORES

Age of Menses (n = 43)	Self-Acceptance Score			χ^2	Level of Sig.
	≤ 80	81-90	≥ 91		
9-12 years	3	8	9	.05	N.S.
13-15 years	3	9	11		

between feelings of acceptance of others and age of pregnant adolescents (Table XII).

TABLE XII
 CHI-SQUARE TABLE SHOWING DIFFERENCES IN
 AGE AND ACCEPTANCE OF OTHERS SCORES

Age of Subjects (n = 43)	Acceptance of Others Score			χ^2	Level of Sig.
	≤ 59	60-64	≥ 65		
14-16 years	3	12	9	1.33	N.S.
17-18 years	5	8	6		

Hypothesis 4b. There will be no significant relationship between feelings of acceptance of others or pregnant adolescents and their

marital status.

Over 88% of the subjects were single at the time the scales were administered. Consequently, a chi-square test under these circumstances would be inappropriate.

Hypothesis 4c. There will be no significant relationship between feelings of acceptance of others of pregnant adolescents and their grade in school.

The chi-square test resulted in no significant relationship between acceptance of others and grade in school of pregnant adolescents (Table XIII).

TABLE XIII

CHI-SQUARE TABLE SHOWING DIFFERENCES IN
GRADE IN SCHOOL AND ACCEPTANCE
OF OTHERS SCORES

Grade in School (n = 43)	Acceptance of Others Score			X ²	Level of Sig.
	≤59	60-64	≥65		
9-10 grade	1	6	4	1.19	N.S.
11 grade	3	7	6		
12 grade	4	7	5		

Hypothesis 4d. There will be no significant relationship between acceptance of others of pregnant adolescents and their socio-economic status.

The chi-square test obtained no significant relationship between acceptance of others and socio-economic status of pregnant adolescents (Table XIV).

TABLE XIV
CHI-SQUARE TABLE SHOWING DIFFERENCES
IN SOCIO-ECONOMIC STATUS
AND ACCEPTANCE OF
OTHERS SCORES

Socio-economic Status (n = 43)	Acceptance of Others Score			χ^2	Level of Sig.
	≤ 59	60-64	≥ 65		
Poverty	6	13	5	4.96	N.S.
Non-poverty	2	7	10		

Hypothesis 4e. There will be no significant relationship between acceptance of others of pregnant adolescents and the number of people living in a household.

The chi-square test revealed no significant relationship between acceptance of others and number of people living in a household of pregnant adolescents (Table XV).

Hypothesis 4f. There will be no significant relationship between acceptance of others of pregnant adolescents and the number of adults living in the household.

TABLE XV
 CHI-SQUARE TABLE SHOWING DIFFERENCES IN
 NUMBER OF PEOPLE LIVING IN
 HOUSEHOLD AND ACCEPTANCE
 OF OTHERS SCORES

Number in Household (n = 43)	Acceptance of Others Score			χ^2	Level of Sig.
	≤59	60-64	≥65		
2-3 people	2	8	5	2.36	N.S.
4-5 people	3	9	5		
6 and above	3	3	5		

The chi-square test showed there was no significant relationship between acceptance of others and the number of adults living in the household of pregnant adolescents (Table XVI).

TABLE XVI
 CHI-SQUARE TABLE SHOWING DIFFERENCES IN
 NUMBER OF ADULTS IN HOUSEHOLD
 AND ACCEPTANCE OF
 OTHERS SCORES

Number of Adults (n = 43)	Acceptance of Others Score			χ^2	Level of Sig.
	≤59	60-64	≥65		
1 adult	3	11	6	1.10	N.S.
2 or more adults	5	9	9		

Hypothesis 4g. There will be no significant relationship between acceptance of others of pregnant adolescents and the number of pregnancies of each subject.

Ninety-three percent of the subjects had only been pregnant one time, consequently, a chi-square test under these circumstances would be inappropriate.

Hypothesis 4h. There will be no significant relationship between acceptance of others of pregnant adolescents and the age menses began.

The chi-square test resulted in no significant relationship between acceptance of others and the age menses began of pregnant adolescents (Table XVII).

TABLE XVII

CHI-SQUARE TABLE SHOWING DIFFERENCES IN
AGE MENSES BEGAN AND ACCEPTANCE
OF OTHERS SCORES

Age of Menses (n = 43)	Acceptance of Others Score			X ²	Level of Sig.
	≤59	60-64	≥65		
9-12 years	2	11	7	2.7	N.S.
13-15 years	6	9	8		

CHAPTER V

SUMMARY

The purpose of this research was to assess pregnant adolescents' self-acceptance and acceptance of others and to determine the relationship between these and changes in parental knowledge. Another purpose was to assess the relationship between specified variables and pregnant adolescents' feelings of self-acceptance and acceptance of others.

The subjects of this study included 43 students enrolled in grades 9-12 the first two weeks of the 1978 fall semester at the Margaret Hudson Program, Tulsa, Oklahoma. All subjects were currently pregnant and had not graduated from secondary school.

Research instruments were utilized to determine subjects' expressed acceptance of self and others and their change in parental knowledge after completion of a one-semester Life Patterns course. The instruments used were The Acceptance of Self and Others Scale developed by Berger (Shaw and Wright, 1967) and the pre-and post-tests of parental knowledge developed by Mann, Woodward, and Joseph (1961) for the Visiting Nurse Service of New York.

The data were analyzed to determine if any relationship existed between self-acceptance and acceptance of others and change in parental knowledge, as well as relationships between specified variables and self-acceptance and acceptance of others. The Pearson r moment correlation and chi-square analysis were used to test the hypotheses.

The findings of this research were that no significant relationship exists between feelings of self-acceptance and change in parental information exhibited by completion of a curriculum specialized in parental knowledge. There was however, a significant relationship between acceptance of others and the amount of change that occurred in parental knowledge. Findings also indicate no relationship exists between pregnant adolescents' feelings of self-acceptance and acceptance of others and their age, marital status, grade in school, socio-economic status, number of people living in household, number of adults living in household, number of pregnancies, and the age menses began.

The changes that took place in the parental knowledge pre-and post tests should also be noted. Thirty-two (74%) of the students who took both tests and completed the one-semester course had an increase in parental knowledge. Only three (7%) students showed a decrease while eight (19%) of the students scores did not change. The average increase on the parenting skills test was +4.8. This was evidence that some learning of skills for prepared parenting had taken place.

Special attention should be paid to the fact that in additional testing of these students, reading and comprehension levels were lower than the national average for their grade levels. This would indicate that paper and pencil tests might not be a valid indication of a students' feelings or knowledge. Personal observation by the researcher in parenting laboratory situations showed evidences of more increased parental knowledge than the average gain score indicates.

Implications of the Study

This study clearly shows a need for additional research involving

pregnant adolescents. With the number of live births to adolescents increasing yearly, and Oklahoma being one of the nation's leaders in number of adolescent births it seems imperative that we learn as much as possible about pregnant adolescents. The significance of the acceptance of others needs also to be investigated to see the impact of peers, families, and educators can have on pregnant adolescents. This information could be used in a number of ways these include:

- 1) development of parenting education curriculum for use in secondary schools
- 2) development of techniques and information to be used in counseling adolescents and their parents
- 3) prevention of child abuse and neglect by enabling adolescent parents to be more prepared for parenting experiences
- 4) education of educators to the needs and crisis of adolescents in the parenting process
- 5) prevention of adolescent pregnancy by more informed adolescents, parents, and educators
- 6) community involvement in solving one of the nation's and Oklahoma's increasing problems
- 7) increased community support for programs and courses of study which concentrate on pregnant adolescents.

Recommendations for Further Study

The researcher presents these suggestions for further research studies involving Margaret Hudson Program students or other adolescents in the parenting process:

- 1) A longitudinal study be done to study correlations for new

enrollees of the program each semester

- 2) A larger sample be used so that more data is available to test hypotheses
- 3) Self-acceptance and acceptance of others scores be obtained for 9-12 graders in public schools who are not pregnant and compared with pregnant adolescents
- 4) A follow-up study of adolescent mothers one and two years after dropping out or graduating from school to see changes in self-acceptance and acceptance of others.

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APPENDIX A
ACCEPTANCE SCALE

ACCEPTANCE OF SELF AND OTHERS

This is a study of some of your attitudes. Of course, there is no right answer for any statements. The best answer is what you feel is true of yourself.

Use these ways to answer the question.

1 2 3
not true half true very true

Remember, the best answer is the one which applies to you.

	1	2	3
1. I'd like to find someone who would tell me how to solve my personal problems. _____			
2. I don't question my value as a person, even if others do. _____			
3. I can be comfortable with all kinds of people, rich/poor, black/white, old/young. _____			
4. I become so busy with what I'm doing that it doesn't bother me not to have close friends. _____			
5. I don't approve of spending time and energy doing things for other people; take care of your family and yourself and let others look out for themselves. _____			
6. When people say nice things about me, I find it hard to believe they really mean it. I think they're kidding or just aren't sincere. _____			
7. If anyone says anything bad about me, I just can't take it. _____			
8. I don't say much at parties because I'm afraid that people will laugh if I say the wrong thing. _____			
9. I realize that I'm doing as well as I could, but I don't believe I can do better. _____			
10. I don't approve of doing favors for people; they'll take advantage of you. _____			
11. I look on most of the feeling I have toward people as being natural and acceptable. _____			
12. Something inside me just won't let me be satisfied with any thing I've done. _____			

	1	2	3
13. I feel different from other people. _____			
14. I'd like to have the security that comes from knowing I'm not too different from other people. _____			
15. I'm afraid for friends to find out what I'm really like, for fear they'd be disappointed in me. _____			
16. Because of other people, I haven't been able to achieve as much as I should have. _____			
17. I am shy and self-conscious in groups. _____			
18. In order to get along and be liked, I tend to be what people expect me to be. _____			
19. I usually ignore the feelings of others when I'm doing something important. _____			
20. I seem to have a real inner strength in handling things. I'm pretty sure of myself. _____			
21. There's no sense in compromising. When people do things I don't like, I just don't have anything to do with them. _____			
22. The person I marry may not be perfect, but I will try to change him along my lines. _____			
23. I see no objection to stepping on other's toes if it'll help me get what I want. _____			
24. I feel self-conscious when I'm with people who are more popular than I am. _____			
25. I try to get people to do what I want them to do, in one way or another. _____			
26. I often tell people what they should do when they're having trouble making a decision. _____			
27. I enjoy being along. _____			
28. I think I'm not normal. _____			
29. I feel neither better or worse than people I meet. _____			
30. Sometimes people misunderstand me when I try to keep them from making mistakes. _____			

	1	2	3
31. Very often I don't try to be friendly with people because I think they won't like me. _____			
32. There are very few times when I compliment people on their talents or jobs they have done. _____			
33. I enjoy doing little favors for people even if I don't know them well. _____			
34. I feel that I'm as good as anyone else. _____			
35. I can't avoid feeling guilty about the way I feel toward certain people in my life. _____			
36. I prefer to be alone rather than have close friendships. _____			
37. I'm not afraid of meeting new people. There is no reason why they should dislike me. _____			
38. I believe in myself. _____			
39. I seldom worry about other people. I'm really pretty self-centered. _____			
40. I'm very sensitive. I think people are criticizing me when they are not. _____			
41. I feel confident that I can do something about the problems that may arise in the future. _____			
42. I believe that people should get credit for their accomplishments. _____			
43. I seldom find work that deserves praise. _____			
44. When someone asks for advice I most likely say, "It's up to you to decide," rather than tell him what to do. _____			
45. I guess I put on a show to impress people. I know I'm not the person I pretend to be sometimes. _____			
46. I feel that usually one has to fight his way through life, and people who stand in the way will be hurt. _____			
47. I can't help feeling more important than most people I know. _____			
48. I do not worry or condemn myself if others pass judgment against me. _____			

	1	2	3
49. I don't hesitate to urge people to live by the same high rules I do. _____			
50. I can be friendly with people who do things which I consider wrong. _____			
51. I don't feel very normal, but I want to. _____			
52. When I'm in a group I usually don't say much for fear of saying the wrong thing. _____			
53. I have a tendency to avoid my problems. _____			
54. If people are weak I'm inclined to take advantage of them. _____			
55. I believe you must be strong to achieve your goals. _____			
56. When I'm with younger person, I expect them to do what I tell them. _____			
57. I don't see much point to doing things for others unless they can do you some good later on. _____			
58. Even when people do think well of me, I feel guilty because I know I must be fooling them. _____			
59. I feel that I'm on the same level as other people and that helps me to have good relations with them. _____			
60. If someone I know is having difficulty in working things out, I like to tell him what to do. _____			
61. I feel that people react differently to me than they would to other people. _____			
62. I live too much by other people's rules. _____			
63. When I have to talk to a group, I get self-conscious and have trouble talking. _____			
64. If I didn't always have such bad luck, I'd accomplish more than I have. _____			

APPENDIX B
PARENTAL KNOWLEDGE SCALES

PRE-TEST

Please answer the following questions.

Circle T for true and F for false.

1. T F It is best for the baby to put him on a strict feeding schedule right away, with no ifs, ands, or buts.
2. T F You can tell that true labor is different from false labor by the degree of discomfort of the mother.
3. T F Parents need to end their baby's play time because babies do not know their own limits.
4. T F Sexual intercourse is never advisable until three months after delivery.
5. T F If her membranes rupture before the labor pains start the mother can expect a longer labor than if the labor pains start first.
6. T F When labor begins with frequent regular contractions, delivery usually follows within 2 hours.
7. T F Your baby should be kept at the breast for at least a half hour, right from the start.
8. T F Fraternal twins originate from the same ovum.
9. T F It is best for baby to be permitted to regulate his own feedings no matter how long it takes.
10. T F The fetus passes through the fallopian tubes during delivery.
11. T F Rooming-in means that the baby spends part of the day and evening with the parents instead of being kept in a nursery.
12. T F Babies have a well-developed sense of taste.
13. T F The sex of the coming baby can be predicted from the color of the mother's nipples.
14. T F Natural childbirth means delivery without any kind of drugs.
15. T F When a baby refuses some essential food, it is a poor idea to give in to him by finding another food.
16. T F Toward the end of pregnancy when the baby "drops" into the pelvis, it is not unusual for the mother to experience constipation combined with frequent urination.
17. T F After a cold water soaking, it is perfectly all right to wash diapers with your baby's other clothing.
18. T F For her return from the hospital after delivery, a new mother would be wise to plan to wear a dress which fit her during the third month of her pregnancy.

Circle the best answer

19. Which of the following organs produces sperm?
 - a. ovary
 - b. penis
 - c. clitoris
 - d. testis
 - e. don't know

20. Which of the following baby foods must be boiled?
- evaporated milk
 - orange juice
 - cod-liver oil
 - none of these
 - don't know
21. Which of the following organs is not part of the female reproductive system?
- vagina
 - clitoris
 - ovary
 - uterus
 - don't know
22. Most children can be potty trained by:
- 6 months
 - 12 months
 - 18 months
 - 24 months
 - don't know
23. A baby's interest in sucking is best described as:
- something that feels good
 - an unpleasant habit
 - a basic emotional need
 - nature's means to insure the taking of sufficient food
 - don't know
24. How many sperm are usually deposited during a single sex act?
- hundreds
 - thousands
 - millions
 - billions
 - don't know
25. Rank the following items in terms of how to get a two-year old to put things away after playtime. Assume that you have asked him to put them away but that he has continued to play. Place a 1 by the item you think would be best, 2 for the next best and so on until all five are numbered.
- _____ put him in his room until he agrees
- _____ tell him he will lose his dessert
- _____ ask him to help you put the toys away
- _____ offer him candy, cookies or ice cream if he puts them away
- _____ tell him that you will spank him if he is anughty.

Please answer all these items. Don't hesitate to guess if you are not sure.

	Entirely True	Mostly True	Mostly False	Entirely False
26. Even a slow baby will cut her first tooth by five months.				
27. It is a poor idea to permit a six-month baby to sit up without support.				
28. By three months a bright baby will succeed in grasping objects placed within reach.				
29. An average three-month old baby will remember his grandmother's face from one weekly visit to the next.				
30. Until babies are about six months old they are extremely light sleepers who can be very easily awakened.				
31. It is very likely that your baby will see objects clearly by the 3rd week.				
32. It is very likely that your baby will sometimes cry for a few hours without your being able to quiet him.				
33. It is very likely that your baby will sometimes turn red in the face.				

POST-TEST

Please answer the following questions.

Circle T for true and F for false.

1. T F Although babies know how to suck and swallow, they need some help at the breast in the beginning.
2. T F It is best for a woman in the first stage of labor to remain passive and relaxed instead of "pushing" along with the pains.
3. T F Some children are born with a fear of darkness.
4. T F Diarrhea in infants is a very serious disease; but loose stools from your baby do not necessarily mean diarrhea.
5. T F Frequent checking of the fetal heartbeat during labor is standard procedure and does not suggest any concern for the baby's well-being.
6. T F It is necessary to time only the intervals between labor contractions, not the duration of each contraction.
7. T F Bottles must be boiled for at least a half-hour in order to insure that they are safe.
8. T F Newborn babies do not have to be bathed every day.
9. T F Breasts need not be cleaned with an antiseptic solution after each feeding.
10. T F The fetus passes through the fallopian tubes on its way to the birth canal.
11. T F Brief "postpartum blues" are not particularly unusual.
12. T F Babies usually find pleasure in bowel movements and urination.
13. T F The sex of the coming baby can be predicted from the way a mother carries.
14. T F During the third stage of labor it is best for the mother to relax and let her uterus complete the delivery.
15. T F Babies don't have any particular need for sucking as pleasure.
16. T F After her membranes rupture, an expectant mother should wait until she experiences regular ten-minute contractions before calling the docto.
17. T F After a cold water soaking, it is perfectly all right to wash diapers with your baby's other clothing.
18. T F When your baby rejects a half-full bottle, it is perfectly safe to store it in a refrigerator for reuse.

Circle the best answer

19. In which of the following organs does fertilization usually occur?
 - a. uterus
 - b. fallopian tube
 - c. ovary
 - d. cervix
 - e. don't know

20. Which of the following body changes usually associated with pregnancy are permanent?
- back curvature
 - swollen breasts
 - enlarged vagina
 - none of these
 - don't know
21. Which of the following organs is present only during pregnancy?
- placenta
 - ovary
 - fallopian tubes
 - epididymis
 - don't know
22. When a nine-month-old baby who has been put to bed cries for attention, it's a good idea to:
- pick him up and walk him
 - give him a pacifier
 - let him cry then, but prolong his playtime later
 - let him sleep with parents
 - don't know
23. Sexual intercourse during the last six or eight weeks of pregnancy incurs which of the following as a reasonable risk?
- injury to the fetus
 - infection resulting from the introduction of a non-sterile object into the birth canal
 - a multiple birth
 - injury to the vagina and uterus
 - don't know
24. How soon after coming home from the hospital should your baby be bathed?
- immediately
 - after the cord falls off
 - after one week
 - after two weeks
 - don't know
25. Rank the following items in terms of their probable effectiveness as ways of getting a two-year-old to put his things away after playtime. Assume that you have asked him to put them away but that he has continued to play. Place a 1 for the item you think would be most effective, 2 for the next best item, and so on until all five are marked.
- _____ put him in his room until he agrees
- _____ tell him he will lose his dessert
- _____ ask him to help you put the toys away
- _____ offer him candy, cookies or ice cream if he puts them up
- _____ tell him that you will spank him if he is naughty.

Please answer all these items. Try not to guess.

	Entirely True	Mostly True	Mostly False	Entirely False
26. It is unrealistic to expect a baby to crawl at four months.				
27. At 3 months most babies cry, drool and spit because teething has begun.				
28. Parents must be careful to avoid responding to many of baby's cries during the first weeks of life because the little rascals can be spoiled from the word go.				
29. During the first 6 or 8 months parents should try to handle their babies only when they are being fed, changed or bathed because of their lack of resistance to disease.				
30. A baby will recognize her mother's face a 6 weeks.				
31. It is very likely that your baby will develop hiccoughs and perhaps gag while taking food during the first months.				
32. It is very likely that your baby will sleep so soundly during the first few weeks of life that you will have to awaken him for feeding.				
33. It is very likely that your baby will display quite rapid and irregular, apparently difficult breathing during sleep.				

APPENDIX C

LIFE PATTERNS CURRICULUM

LIFE PATTERNS CURRICULUM 1978-79

MARGARET HUDSON PROGRAM

The Life Patterns curriculum required for all students is an attempt to give each girl a chance to learn about herself, her world and her future. Every avenue is explored in order to give an overall view of what its like to be involved in parenting as an adolescent.

Enrichment Component

Clothing

Objectives were completed by students in the following:

- successful completion of a basic maternity garment
- basic care of all sewing equipment
- safe use of sewing equipment
- successful completion of a simple infant garment and other infant projects
- successful design and completion of an original toy

Enrichment Projects

- making inexpensive baby gifts
- ceramics
- designing Christmas decorations
- making silk flowers
- learning to crochet
- self-concept workshops

Community Resources and Group Counseling

This unit consists of two hours weekly. The goals were:

- to provide direct contact for the student with a professional trained in psycho-social development

facilitate student participation in decision making processes and group activities

provide special counseling in the area of adoption

to acquaint the student with the many service organizations and agencies that exist in her community

give students the opportunity to meet personally those in the community who can help her attain her full potential as a parent and wage earner.

Special Activities

Speaker: Family Planning on methods of birth control

Film: "Are You Ready for Sex"

Speaker: Self-defense

Film: "Crimes Against Women"

Speaker: National Conference of Christians and Jews on prejudice

Speaker: Mental Health Association on coping with stress

Film: "Coping"

Film: "A Chance of Love"

Film: "The Dove"

Discussion: Parent/child relationships

Speaker: U.N.I.C.E.F.

Film and Discussion: Children

Speaker: Director of Rainbow House on coping with children and the function of Rainbow House

Speaker: Tulsa Police Department with slides and talk on drugs

Periodically, a special activity is planned so that students can see people in action. In February, a new group was started for low achievers by Girl Scout volunteers, with emphasis on career planning. Tours of day care centers, ORU, Vo-tech and industries were conducted giving a sample of educational and experience requirements in the world of work. Student's feelings of self-worth are enhanced when they see people care enough to donate their time and efforts.

Health Component

The Health Education class emphasized the following topics: decision making, pre and post-natal care for the mother, child care, labor

and delivery, family planning, venereal disease, dental hygiene, breast self-exam, and a variety of other general health topics. Organized classes met three times weekly. In addition, exercise class made up an additional hour per week. If appropriate, the student could elect to take a class once weekly in the LaMaze methods of breathing and relaxation techniques.

In addition to organized class time, students are counseled once a week. Well baby examination are performed on all babies available. The nurse is also available to examine babies in the Parenting Education Lab when needed and to spend additional time teaching methods of physical care, normal physical findings, etc.

Included in the health education offerings is the outreach project. Provided to interested teenagers, boys and girls, pregnant and non-pregnant. The course for senior high students includes much of the same information as the health curriculum offered at MHP. The course is 20 hours in length and is conducted at various locations away from MHP. A 20-hour course is also available for junior high students. The junior high curriculum emphasizes decision-making, feelings and emotions of teens, VD, and responsible parenthood.

Goals of Health Education Class

increase student awareness of available community health resources

assist students in increasing their knowledge of childbirth and child care

to promote an awareness of available alternatives which enhance intelligent decision-making

increase student knowledge regarding labor and delivery and thereby decrease their fear

increase student knowledge of the prenatal period in order to
enhance maternal and fetal development

increase student knowledge and awareness regarding parenting skills
and responsibilities of parenthood

increase general health awareness

increase student knowledge of careers in the health field.

Curriculum

Decision-making: tools for decision-making
alternatives/consequences

Pregnancy: how pregnancy occurs
signs and symptoms
fetal growth and development
discomforts of pregnancy
danger signals of pregnancy
nutrition
prevention of birth defects

Labor and delivery: breathing and relaxation techniques
anatomy of labor
medication during labor and delivery
signs of labor
non-conforming labors
hospital procedures

Postpartum: psychological aspects
physiological aspects
breast vs bottle feeding
family planning

Parenting information: expectations of a newborn
maternal-infant attachment
child abuse, deprivation and failure to thrive
skills including bathing, diapering, feeding
caring for sick children
child safety
immunizations
child development

General health information: venereal disease
dental hygiene
pap smears and breasts self-exam
human sexuality

Special Activities Used in Health Education

Films: "Lynn and Smitty"
"Cesarean Births"
"After You Go Home"

"Newborn"
 "Gabriel is Two Days Old"
 "Two Weeks of Life"
 "Bill and Suzi--New Parents"
 "Teenage Sexuality"
 "Sexually Transmitted Diseases"
 "Something Very Special"
 "Growth Failure and Maternal Deprivation"
 "Teenage Father"
 "Woman--Child"
 "Feeding Baby Through the First Year"
 "The Amazing Newborn"
 "It Couldn't Happen to Me"
 "17, Pregnant and Don't Know What to Do"

Slides: Breastfeeding slides
 Newborn slides

Filmstrips: Infant development
 Human Growth and Development

Speakers: Breastfeeding by LaLeche League
 Venereal Disease--Public Health Department
 LaMaze Method of Childbirth--Childbirth Education Association
 Basic Anatomy and Physiology of Male and Female Reproductive
 Systems
 Sick Babies--Pediatric Nurse Practitioner
 Dental Hygiene--Dental Hygienist
 Dental Hygiene for Babies--Dental Hygienist
 Adoption--Catholic Social Services
 Public Health Department Visiting Nurse Service

Child Development Component

The Child Development program at Margaret Hudson consists of two parts - the theory classes and the Parent Education Laboratory for the teaching of skills. The skills most urgently needed by the students are those concerned with infant care and development, therefore, the PEL population consists of infants. This year the ages ranged from two weeks old to seventeen months. Skills taught in the lab are how to hold an infant safely, appropriate diapering procedures for both cloth and disposable diapers, formula preparation, feeding of liquid and solid foods, importance of thorough hand washing and equipment sanitization, bathing a baby, infant stimulation activities, and conducting daily health checks. These skills are taught in cooperation with the

information taught in health classes. The theory classes are concerned with the age range of newborn through age five.

Curriculum

overview of importance of good child care and good child care facilities
 developmental tasks of infancy and toddlerhood
 developmental characteristics (physical, social, emotional and intellectual) of infants through age five
 home and equipment safety (with emphasis on cribs, high chairs, walkers, etc.)
 characteristics of good quality toys
 homemade toys for all ages
 discipline and guidance
 characteristics of a good child care worker
 teaching skills
 job seeking skills
 day care licensing standards
 interest centers-room arrangement
 daily scheduling and planning
 activities for 3, 4, and 5 year olds

At present the curriculum is set up on a lecture or teacher oriented basis. Due to the high number of absences, (doctors visits, delivery period, practicum time) it is extremely difficult for the students to receive all of the course content.

Special Aids Used in Child Development

Textbooks: Caring for Children, Draper and Draper
Understanding and Guiding Young Children, Baker and Fane
Child Development-Occupational, State Dept. of Vo-tech
The Growing Child, Texas Dept. of Human Resources
Infant Activities, Mayer
It Hurts When They Cry, U.S. Consumer Safety Commission
Parents Are Teachers Too. Lybecker and Posner
Positive Parent Series
Workjobs, Baratte-Lorton

Film/Filmstrips: Discipline and Self Control
 Happy Talk
 Parent's Magazine Filmstrips

Fieldtrips: Early Childhood Development Center, Tulsa Public Schools.

VITA

Martha New Albin

Candidate for the Degree of

Master of Science

Thesis: THE RELATIONSHIP OF SELF-ACCEPTANCE, ACCEPTANCE OF OTHERS AND PARENTAL KNOWLEDGE OF PREGNANT ADOLESCENTS

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Biographical:

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Education: Graduated from Seiling High School, Seiling, Oklahoma, in May, 1966; attended Oklahoma State University, Stillwater, Oklahoma, from 1966 to 1970; received a Bachelor of Science degree in Vocational Home Economics Education from Oklahoma State University in 1970; completed requirements for the Master of Science degree in Family Relations and Child Development in December, 1979.

Professional Experience: Vocational Home Economics teacher, Laverne High School, Laverne, Oklahoma, from 1970-72; Vocational Home Economics teacher, Maud High School, Maud, Oklahoma, from 1972 to 1975; Education Coordinator for Margaret Hudson Program for School-age Parents, Tulsa Public Schools, Tulsa, Oklahoma, from 1976 to 1979; Graduate Research Assistant, Family Study Center, Oklahoma State University, 1979 to 1980.