

AN ANALYSIS OF VARIABLES AFFECTING THE
SELF-CONCEPT IN UNMARRIED
TEENAGE GIRLS

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CHAPTER I

INTRODUCTION

There are many events that occur in the lifetime of a female which bring great joy, and the event that usually brings one of the greatest joys is childbirth. However, for thousands of teenagers, especially those who are not married, pregnancy can be devastating. Childbirth under these circumstances can cause a disastrous future of welfare dependency, emotional stress, unemployment, and poverty as well as health problems for mother and child.¹ As Campbell stated: "The girl who has an illegitimate child at the age of sixteen suddenly has ninety percent of her life's script written for her, her choices are few and most of them are bad."²

Former President Carter's proposed budget for fiscal year 1980 included a sixty million dollar request for a new program to provide medical and other supportive services to pregnant teenagers, adolescent parents and their babies. The fact that Carter requested funding for the teenage

¹Clara L. Johnson, "Adolescent Pregnancy: Intervention Into The Poverty Cycle," Adolescence, Vol. 9 (1974), pp. 391-406.

²Arthur A. Campbell, "The Role of Family Planning in the Reduction of Poverty," Journal of Marriage and the Family, Vol. 30 (1968), p. 236.

pregnancy program, at a time when he was calling for restraint in spending for most social-welfare programs, reflected his deep concern for what the former Secretary of Health, Education and Welfare, Califano, has called, the teenage problem, "one of the most serious and complex social problems facing our nation today."³ Most family planning and child welfare organizations, including those that have reservations about the administrations's approach to the problem, share in this concern for the teenager.

Each year about one million teenagers become pregnant; approximately 600,000 actually give birth. Nearly a quarter-million of these births are to girls between the ages of fifteen and seventeen, while over 12,000 are to girls under the age of fifteen. With birth rates declining for women over twenty, teenagers now account for nearly one in every five births in the country.⁴

When these adolescents become pregnant, an effort may be made to seek an abortion, and approximately one-third of all legal abortions performed in the United States involve teen-agers.⁵ The pregnant adolescent who does not opt for an abortion is far less inclined than her counterpart of a

³HEW News (April 13, 1978).

⁴R. Lincoln, S. Jaffe, and L. Ambrose, 11 Million Teenagers What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States (New York, 1976), p. 19.

⁵L. E. Westoff and C. F. Westoff, From Now to Zero; Fertility, Contraception and Abortion in America (Boston: 1971), p. 39.

generation ago to get married, and she is far more likely to keep her baby. Nearly two in five (thirty-nine percent) of all births to adolescents are out of wedlock.⁶ According to the latest statistics available (1975), illegitimate births to white and black teenagers are one of five and three of four, respectively.⁷

According to Zero Population Growth, Inc., eighty-seven percent of all teenagers who give birth out of wedlock keep the child; five percent send the baby to live with others; only eight percent give the baby up for adoption.⁸ Shipp, director of prenatal programs at the Johns Hopkins Center for School-Age Mothers in Baltimore, MD, feels that once the teenagers become pregnant, they keep their babies because they feel pressure from their peers to prove that they are responsible adults by raising the child themselves, whether they are capable or not.⁹

Why, in this age of the pill, has there been such a sharp rise in teenage pregnancies? Family planning experts point to two primary factors: (1) increased sexual activity

⁶P. M. Sorrel and C. D. Davis, "The Young Unwed Primipara," American Journal of Obstetrics and Gynecology, Vol. 95 (1966), pp. 722-725.

⁷H. P. Presser, "The Timing of the First Birth, Female Roles and Black Fertility," Milbank Memorial Fund Quarterly, Vol. 49 (1971), pp. 329-361.

⁸Zero Population Growth, Inc., Teenage Pregnancy: A Major Problem for Minors (Washington, D.C., August, 1977). Zero Population Growth is a national membership organization which advocates world population stabilization.

⁹Peter Schuck, "Rising Concern Over Surge in Illegitimacy," U.S. News and World Report (June 26, 1978), p. 60.

among young people¹⁰ and (2) non-use or improper use of contraceptives.¹¹ Some girls get pregnant because they want to have a baby. It is surmised that these girls believe a baby will bring them the love and affection their parents have failed to provide. Such hopes usually are unfulfilled.

Forbush, director of the National Alliance of Concerned School-Age Parents, asserts that most unwed teenage mothers "have the baby and then . . . whammy." The "whammy" turns out to be 2 a.m. feedings instead of Saturday night dates. It may mean dropping out of school to pay the pediatrician's bills.¹² Pregnancy and motherhood are the most common causes of young girls dropping out of school. According to a study (1976) by the Alan Guttmacher Institute, despite legislation and court decisions which support the right of school-age parents to education, still eight out of ten teenagers who become pregnant at seventeen or younger never complete high school.¹³ It also may mean conflict between the girl and her parents if she continues to live at home.¹⁴

It is the babies who most often bear the brunt of these

¹⁰"Planned Parenthood-World Population Washington Memo" (Washington, D.C., January 19, 1979).

¹¹Melvin Zelnik and John F. Kastner, "Sexual and Contraceptive Experience of Young Unmarried Women in the United States, 1976 and 1977," Family Planning Perspective, Vol. IX (1977), p. 55.

¹²Janet Forbush, "The Unmarried Mother Who Is a Minor," Child Welfare, Vol. 37 (October, 1978), pp. 12-13.

¹³Lincoln, Jaffe, and Ambrose, p. 25.

¹⁴Forbush, p. 13.

frustrations. According to Dr. Fontana, an expert on the problem of child abuse and medical director of the New York Foundling Hospital:

Troubled parents, particularly single adolescent mothers, become saturated with a sense of desperation, alienation and anger that during stressful situations leads them to lose control and strike out at what is closest to them--their child.¹⁵

For some girls the problems start even before the baby is born. Pregnant teenagers face far greater health risks than women in their twenties. The most common complications are toxemia, iron-deficiency anemia, bleeding in the late stages of pregnancy, and prolonged labor. Some of these problems are due to physical immaturity, others to the fact that many young girls do not seek or receive prenatal care, including special attention to nutritional needs.¹⁶

About six percent of the first babies born to girls under age fifteen die in their first twelve months of life. Prematurity and low birth weights, common in the children of adolescents, increase the chances of epilepsy, cerebral palsy, and mental retardation.¹⁷

Unemployment is a severe problem for young mothers. According to a study conducted in New York City in 1973 and 1974, over ninety percent of the mothers who gave birth at

¹⁵"The Teenage Pregnancy Epidemic," McCall's (July, 1978), p. 48.

¹⁶A. F. Brunswick, "Adolescent Health, Sex, and Fertility," American Journal of Public Health, Vol. 61 (1971), pp. 711-729.

¹⁷Ibid., p. 715.

age fifteen to seventeen were unemployed and twelve percent were receiving welfare; forty-one percent of the eighteen and nineteen year old mothers were also receiving welfare.¹⁸

Moore, of the Urban Institute in Washington, D.C., estimated that half of the \$9.4 billion spent on Aid to Families with Dependent Children in the United States goes to households in which there are women who first become mothers while still in their teens.¹⁹ As stated by Schuck, Deputy Assistant Secretary of Health, Education and Welfare, "There is definitely a high correlation between out-of-wedlock births, welfare costs and many of our most pressing social problems."²⁰

In view of these grim prospects faced by the young mother, this study dealt with the effects that pregnancy has on the self-concept of three different groups: (1) teenage girls who are pregnant, (2) teenage girls who have delivered their babies, and (3) teenage girls who have never been pregnant.

Why is there concern about self-concept? Because within the geographical location in which this study took place, such experiences as have been previously discussed are

¹⁸J. T. Fawcett, Psychology and Population: Behavioral Research Issues in Fertility and Family Planning (New York, 1971), p. 23.

¹⁹Kristin A. Moore, "Teenage Motherhood--Social and Economic Consequences," The Urban Institute (January, 1979), p. 10.

²⁰Peter Schuck, p. 59.

being undertaken daily by the teenagers. Due to the fact that teenage pregnancies are existent in the four geographic areas surveyed (Atoka, Durant, Colbert, Tishomingo) and appears to be at the level of great concern to parents as well as school administrators, there is an urgent need for such a study to try and ascertain a significant solution to this problem.

The researcher is and will be continually involved with the problems dealing with teenage pregnancy and has a genuine concern for what devastating effects have already occurred and for what the future may hold for these teenagers. In the time that has been spent with many of these girls, the researcher found that many times the teenagers whose educational background and economic levels are low have already experienced a shattered self-concept. Many of the girls have no home life to speak of and are looking for an escape. It is the hope of the researcher to take these findings and design a family health component to be incorporated into the Public Health Unit that will not only enhance the level of self-concept, but could very possibly solve fifty percent of the problem alone. Potentially, it might provide opportunities and experiences that could contribute to a healthier and happier life. Therefore, in an attempt to attain a starting point as to how these adolescents might be helped, the researcher determined if the self-concept of these girls declined before, during, or after they became pregnant, if at all.

Purpose of the Study

The purpose of this study was to determine if significant differences existed in the total self-concept and subscale scores on the Tennessee Self-Concept Scale between teenage girls presently pregnant, teenage girls who had delivered (3-11 months), and teenage girls who had never been pregnant. It was also determined if significant differences existed in total self-concept scores of the subjects classified according to demographic data.

Delimitations

The subjects (440) were teenage girls who were located in four Southeastern Oklahoma towns: Atoka, Colbert, Durant, and Tishomingo. The subjects were unmarried and ranged in age from thirteen to eighteen years old. There were three races involved in this study: Blacks, Whites, and Indians.

Assumptions

It is assumed that self-concept does exist within each person. Self-concept is measurable and it does have a relationship to behavior.

Hypotheses

1. There is no significant difference in the total self-concept scores of teenage girls presently pregnant, teenage girls who have delivered, and

- teenage girls who have never been pregnant.
2. There is no significant difference in the subscale scores of teenage girls presently pregnant, teenage girls who have delivered, and teenage girls who have never been pregnant.
 3. There is no significant difference in the total self-concept scores of subjects classified according to their age: 13, 14, 15, 16, 17, and 18.
 4. There is no significant difference in the total self-concept scores of subjects according to year in school.
 5. There is no significant difference in self-concept within the three groups in each demographic area within the races.
 6. There is no significant difference in self-concept within the three races in each demographic area.

Definitions

1. NP: individuals that have never been pregnant.
2. PP: individuals that have delivered their babies and are considered past pregnant.
3. PPG: individuals that are presently pregnant.
4. Total P: this is the most important single score and it reflects overall self esteem.
5. Self-Criticism: high scores would indicate normal self criticism, low scores indicate defensiveness and suggest that the Total P scores are probably

- artificially elevated.
6. Behavior: the individual's perception of her own behavior or the way she functions.
 7. Family Self: one's feeling of worth, adequacy, and value as a family member. It refers to the individual's perception of self in reference to her closest and most immediate circle of associates.
 8. Identity: The individual's description of her basic identity. Identity involves what she is as she sees herself.
 9. Moral-Ethical Self: description of self from a moral-ethical frame of reference. This includes more worth, relationship to God, feeling of being a "good" or a "bad" person, and satisfaction with one's religion or lack of it.
 10. Personal Self: the individual's sense of personal worth, her feeling of adequacy as a person, and her evaluation of her personality apart from her body or her relationships to others.
 11. Physical Self: how the individual views her body, state of health, physical appearance, skills, and sexuality.
 12. Self-Concept: the individual's perceptions and feelings about herself, encompassing all of the attitudes, values, and beliefs toward oneself in relation to environment.
 13. Self-Satisfaction: how the individual feels about

the self she perceives; the level of self-acceptance.

14. Social Self: the person's sense of adequacy and worth in her social interaction with other people in general.

CHAPTER II

REVIEW OF SELECTED LITERATURE

In this chapter, the literature that the researcher deemed relevant to the problem of this study will be discussed. There have been many studies, surveys, articles, books, and public addresses, which have made reference to the topic of this study; and some studies were concerned with subjects who were either married, older according to age, or who wanted abortions. However, studies were utilized because of relevant information toward the study.

Before the early decades of this century there was virtually no teenage pregnancy problem.¹ Aside perhaps from Victorian constraints, the reason can be found in statistics indicating that the average age at which girls can become pregnant has been younger decade by decade. Peterson, an assistant professor of psychiatry at the University of Chicago, reported that at the turn of the century the average age of first menstruation was about fourteen. It has been found that presently one-third of the girls in America reach puberty before or during their twelfth year, which is a fact that could possibly be attributed to improved nutrition

¹Edward M. Brecher, The Sex Researchers (Boston, 1969), p. 234.

and health.² "What we are facing in this country is not a sexual revolution but a biological one," stated Tepper, director of Rocky Mountain Planned Parenthood in Denver, Colorado.³

Few societies encourage childbearing at the time of puberty. According to Furstenbergs' article published in Unplanned Parenthood:

Even in traditional social systems, in which family formation tends to occur earlier, the age of marriage is likely to be postponed beyond the point at which individuals are biologically capable of becoming parents. The scheduling of marriage and parenthood will depend on the type of kinship system, on the social and economic value of children, and probably on demographic constraints on population growth. At no time has early childbearing been socially acceptable in the United States. Contrary to popular impression, parenthood before the age of eighteen has never been common in this country.⁴

Furstenberg stated further that the reproductive or fertility patterns of adolescents prior to the Civil War are difficult to ascertain because there has been no reliable data in which to validate theories. However, with statistical information on family formation in the seventeenth and eighteenth centuries, it is summarized that women typically married in their early twenties. Marriage prior to age eighteen was unusual and generally confined to the affluent.

²Anne C. Peterson, "Can Puberty Come Any Earlier?" Psychology Today (February, 1979), p. 45.

³Sheri Tepper, "Sexual Revolution or Biological One?" Parade (January 7, 1979), p. 20.

⁴Frank F. Furstenberg, Jr., Unplanned Parenthood: The Social Consequences of Teenage Childbearing (New York, 1976), p. 6.

According to census data collected in the late nineteenth century teenage marriage very seldom occurred, and the majority of women did not have their first child until they reached their twenties.⁵

The government began publishing birth statistics on a regular basis after 1915. These records showed a constant pattern of teenage fertility during the first half of the twentieth century. The birth rate among fifteen to nineteen year olds remained essentially unchanged until the end of World War II, fluctuating between fifty and sixty births per 1,000 women. Furstenberg noted that it was impossible to determine how many of these births occurred among women who were not yet eighteen, and said "since no specific information was published on this age group, an indication perhaps of how rare early childbearing was."⁶

Teenage marriages took a sharp rise in rate after World War II, therefore, we find a substantial increase in the number of births to teenagers. The birth rate climbed from 51.1 per 1,000 teenage women in 1945 to 96.3 by 1957, the peak year of the postwar baby boom. "Thus, the trend in the teenage population paralleled that in other age groups except that the birth rate shot up much more rapidly for teenagers than for the rest of the population."⁷ Births to very young

⁵Ibid., p. 6.

⁶Ibid., pp. 8-9.

⁷Ibid., p. 9.

girls still accounted for only a small proportion of teenage births. Of the 434,000 teenagers who produced children in 1955, less than one-third (132,000) were younger than eighteen. The convergence of several factors in the late 1950's and 1960's aroused public concern about adolescent parenthood. As the first of the baby boom children entered adolescence, there was a significant increase in the number of teenage mothers.

Growing apprehension about overpopulation in the 1960's also intensified concern about teenage pregnancy. Family planning experts were particularly concerned by the high proportion of teen births that occurred out-of-wedlock.

Furstenberg conceded:

This pattern always has been evident, but during the late fifties the illegitimacy ratio began to rise throughout the population. Teenagers by virtue of their marital status had the greatest potential for producing out-of-wedlock children, and therefore, the rising ratio among this group inevitably attracted more attention.⁸

During the 1960's, as Congress and the White House began addressing the problems of racial and economic inequality in the country, attention was drawn to the links between teenage pregnancy, poverty, and welfare dependence. The Department of Labor's Office of Policy Planning and Research issued a report in 1965 in which they stated that the black family was deteriorating because nearly one-fourth of all Negro births were illegitimate. The preparation of

⁸Ibid., pp. 10-11.

the report was directed by then Assistant Secretary of Labor Moynihan and was entitled "The Negro Family: The Case for National Action." The report noted that nearly one-fourth of the urban Negro marriages were dissolved and that women headed about one-fourth of the Negro Families.⁹

Family Planning and Problems Associated
With Sexual Activity Among Teenagers

Despite the government's growing interest in population problems, family planning for teenagers remained a controversial issue in the early 1970's. A proposal submitted to former President Nixon by the Commission on Population Growth and the American Future in 1972 recommended that all states provide contraceptive devices and other family-planning services to teenagers. Nixon rejected this proposal and also rejected the suggestion that states permit a doctor to perform abortions at a patient's request. Nixon said that he regarded abortions as an "unacceptable means of population control," and that the widespread distribution of contraceptives to minors would "do nothing to preserve and strengthen close family relations."¹⁰

The commission's recommendation that contraceptives be made more readily available to teenagers was based in part

⁹Daniel P. Moynihan, The Moynihan Report and the Politics of Controversy (Cambridge, MA, 1967), p. 57.

¹⁰U.S. News and World Report (October, 1972), p. 54.

on a report prepared by two Johns Hopkins University professors, Zelnik and Kantner.¹¹ It was found, after a survey of more than 1,000, that one-half of all unmarried women had sexual intercourse by the time they were nineteen and that over seventy-five percent of those who had intercourse never used contraceptives or used them only occasionally.

Subsequent findings indicated that sexual activity among young people has become even more widespread. "There just aren't any supports for those who want to be virgins," Moore of the Urban Institute stated. "It really is harder to say 'No'."¹² A follow-up survey by Zelnik and Kantner indicated that the number of single teenage girls having experienced sexual intercourse rose from twenty-seven percent in 1971 to thirty-five percent in 1976. They found that fewer than one girl in five (eighteen percent) had never had intercourse at age fifteen. But by age seventeen the number had doubled (more than forty percent) and by age nineteen had climbed to fifty-five percent.¹³ The researchers also stated the average age at which women first had

¹¹Melvin Zelnik and John F. Kantner, "Sexuality, Contraceptive and Pregnancy Among Young Unwed Females in the United States," Research Reports, Vol. I (1972), pp. 355-374.

¹²Kristin A. Moore, "Who Wants to be a Virgin," The New York Times (June 18, 1978), p. 24.

¹³Melvin Zelnik and John F. Kantner, "Sexual and Contraceptive Experience of Young Unmarried Women in the United States, 1971 and 1976," Family Planning Perspective, Vol. IX (1977), p. 55.

sexual intercourse had declined from age 16.5 in 1971 to to 16.2 in 1976.¹⁴

Zelnik and Kantner emphasized that teenage sexual activity is sporadic. About fifteen percent of the girls surveyed said they had experienced sex only once, while forty percent said they had been sexually inactive in the four weeks preceding the interview. Proportionally far more Blacks (sixty-three percent) than Whites (thirty-one percent) reported being sexually experienced, but the racial gap has narrowed since 1971. Along with increasing sexual experience, teenagers of all races are contacting venereal diseases in growing numbers. Persons of ages fifteen to nineteen are three times more likely to contact gonorrhea than those over twenty, while the risk of syphilis is sixty-one percent greater for teenagers.¹⁵

Although the term venereal disease has been synonymous with gonorrhea and syphilis, the Center for Disease Control now states herpes simplex type-2 is rapidly approaching and, in certain instances, has surpassed the annual cases of syphilis and gonorrhea.¹⁶

Genital herpes is not a reportable communicable disease, therefore no statistics are available on the exact

¹⁴Ibid.

¹⁵"Venereal Disease: Continuing Problem," Editorial Research Reports, Vol. I (1979), pp. 45-64.

¹⁶Warren L. McNab, "The 'Other' Venereal Diseases: Herpes Simplex, Trichomoniasis and Candidiasis," The Journal of School Health (February, 1979), pp. 79-83.

number of people infected each year. However, it is estimated that the genital herpes incidence is exploding and that it ranks close to gonorrhea as a commonly sexually transmitted disease.¹⁷

Herpes simplex viruses are apparently carried by most people at all times, though usually in the dormancy stage. Herpes simplex is a specific name for one of a family of viruses responsible for many persistent skin problems, from fever blisters, cold sores and eczema, to shingles.¹⁸ Herpes simplex virus type-1 (HSV-1) attacks the upper part of the body above the waist (cold sores, fever blisters), while herpes simplex virus type-2 (HSV-2) attacks below the waist and is better known as genital herpes. Most people have been exposed to a herpes simplex virus but are usually highly resistant.¹⁹

Genital herpes is a viral infection marked by latency and repeated recurrent localized lesions.²⁰ It is generally self-limiting, and in most cases, the body does not develop immunity to the virus. Symptoms generally occur within one week after exposure to a person with an active infection.

¹⁷Center for Disease Control, Herpes Simplex Type-2, Publication No. 00-2797 (Atlanta, 1976), pp. 18-25.

¹⁸Genell Subak-Sharpe, "The Venereal Disease of the New Morality," Today's Health (March, 1975), p. 42.

¹⁹J. A. Chiappa and J. J. Forish, The VD Book (New York, 1977), p. 82.

²⁰A. S. Benenson, Control of Communicable Diseases (Washington, D.C., 1975), p. 29.

In pregnant women, acute genital herpes increases the likelihood of spontaneous abortion and premature labor.²¹ Women with genital herpes have a miscarriage rate more than three times that of the general population, and delivery through an infected canal may expose the child to the virus, causing irreversible brain damage and possible death.²²

Women who have had HSV-2 can usually have a normal, safe delivery if there are no active sores in her vagina at the time of birth. If present, the virus can be transmitted to the child, and the doctor will usually recommend a Caesarean section.²³

It is also possible for the virus to be spread to the unborn fetus through the placenta during pregnancy, and if the child is born before maternal antibodies can be transferred across the placenta, severe systemic infection of the newborn may occur which can be fatal. Herpes may attack the eyes, mouth, lungs, intestines, coverings and linings of sex organs, and sometimes the central nervous system, including the brain.

Epidemiological evidence also indicates that if the cervix and uterus are infected, the incidence of cancer of the cervix developing is eight times higher than in

²¹J. S. Delora and C. B. Warren, Understanding Sexual Interaction (Boston, 1977), p. 143.

²²E. B. Steen and J. H. Price, Human Sex and Sexuality (New York, 1977), p. 75.

²³Benenson, p. 37.

non-infected women.²⁴ Hence, such complications caused by HSV-2, teenagers who engage in sexual activity run a much higher and dangerous risk of difficult pregnancies as well as irreversible damage to the unborn fetus.

There is no single explanation for the increase in teenage sexual activity. Perhaps one explanation is the simple fact that many teenagers do not practice birth control. Zelnik and Kantner reported that the number of sexually active teenage girls who never used contraception increased from seventeen percent in 1971 to twenty-six percent in 1976. About forty-five percent of the girls interviewed for the 1976 study said they used contraceptives only occasionally. However, the proportion of teenage girls who always practiced contraception increased from eighteen to thirty percent between 1971 and 1976.²⁵

Those teenagers who practice birth control are selecting more effective methods today than they did in 1971. The pill was named the "most recently used" method by forty-seven percent; others listed the condom (twenty-one percent); withdrawal (seventeen percent); foam, cream, diaphragm or rhythm (eight percent); douche (four percent); and IUD (three percent).²⁶ In 1971, the "most recently used" methods were the condom (twenty-seven percent), withdrawal (twenty-four

²⁴Center for Disease Control, Herpes Simplex Type-2, p. 33.

²⁵Zelnik and Kantner, p. 59.

²⁶R. Hatcher and G. Steward, Contraceptive Technology, 1978-1979 (9th rev. ed., New York, 1978), p. 97.

percent), and the pill (twenty-one percent). However, over the last few years, reports linking oral contraceptives to various health problems have caused many people to take a second look at the desirability of taking the birth control pill to prevent pregnancy.²⁷ For some, the benefits are no longer outweighing the possible risks; however, for others, the benefits of effectiveness and convenience override what may seem like a remote chance of deleterious effects.

Because the ingested hormones in the pill circulate in the bloodstream through the entire body, there are a variety of potential side effects. Some of the potential side effects include: (1) an increased risk of blood clots in users;²⁸ (2) increased likelihood of heart attacks (for this reason, the Federal Drug Administration has urged physicians not to prescribe the pill to women past forty years of age, especially for women past forty who smoke cigarettes); (3) developing high blood pressure (hypertension) is another potential risk while taking the pill (women who already have high blood pressure are usually advised not to take the pill); and (4) the FDA has recently listed the increased risk of liver tumors as a potential side effect of the pill. They are rare, but sometimes fatal due to rupture of the tumor and

²⁷Deborah A. Dunn, "Exploring Risks and Benefits of the Birth Control Pill," Health Education (January/February, 1981), p. 35.

²⁸Barbara Seaman and Gideon Seaman, Women and the Crisis in Sex Hormones (New York, 1978), pp. 28, 212-218. A highly critical view of the contraceptive industry and the medical profession's practices related to the risks of birth control.

hemorrhage. Women twenty-seven years and older who have used oral contraceptives with a high hormonal potency for seven years or more run the greatest risk of developing liver tumors.²⁹

A final comment on oral contraceptives or the pill: The long list of potential side effects of oral contraceptives makes it difficult not to sound like an alarmist. However, informed choice is dependent on thorough information and weighing the alternatives. Much is still to be studied and learned about the effects of the pill. Many informed women continue to choose the pill as their most viable contraceptive alternative for birth control. The physical risks associated with the pill are still less than those associated with pregnancy.³⁰

Many girls who do not use any form of birth control are poorly informed about the risks of pregnancy.³¹ Many parents today are skipping the traditional facts-of-life lecture in the belief that their children are knowledgeable already. But despite sex education classes in the schools, many teenagers are ignorant or misinformed about the basic

²⁹Center for Disease Control, "Increased Risk of Hepatocellular Adenoma in Women with Long-Term Use of Oral Contraception," Morbidity and Mortality Weekly Report (1977), pp. 26, 293.

³⁰Robert Crooks and Karla Baur, Our Sexuality (Menlo Park, CA, 1980), p. 495.

³¹Frank F. Furstenberg, Jr., "Birth Control Experience Among Pregnant Adolescents: The Process of Unplanned Parenthood," Social Problems, Vol. 19, No. 2 (1971), pp. 192-203.

facts of reproduction.³² The researcher feels this is apparent due to the ambiguous approach the sex education instructor takes toward presenting significant information to the student. Also, another deterrent is the fact that some educational systems do not attempt to eradicate this tendency toward illiteracy about the basic facts of reproduction and human sexuality.

In accordance with this area, the purpose of Senate Bill 136 was to provide an organizational framework and appropriations for comprehensive health education in all the public schools in Oklahoma. This legislation does not mandate a curriculum and was strictly permissive. According to the Annual Bulletin for Elementary and Secondary Schools, health education is already mandated in our schools. Apathy on the part of many administrators could be cited as a critical reason for its deletion. The Oklahoma Health Education Advisory Council, recognizing the problem, began to formulate legislation which would appropriate money for the expressed purpose of implementing a sequential health education program in the schools.

A detailed curriculum for comprehensive health education was developed. The curriculum included the following components: mental-emotional health; substance abuse; dental health, vision and hearing; nutrition; exercise, rest, and posture; disease and disorders; environmental health

³²S. Gordon, The Sexual Adolescent (North Scituate, MA, 1973), p. 16.

hazards; and community health resources.³³ Health education could possibly be an avenue to aid for teenagers in developing positive self-concepts.

Some girls believe they are too young to get pregnant, or believe they are protected because they have sex infrequently. Others believe they cannot become pregnant the first time they have intercourse. One of the most common reasons girls give for not using birth control is that they had intercourse at the "safe time of the month." Yet according to one survey, only thirty-eight percent could identify the time of the menstrual cycle when pregnancy is most likely to occur.³⁴

Some teenagers attribute their failure to use birth control to its unavailability. But in most cases they know they can obtain a contraceptive, but are afraid or embarrassed to ask for it or are worried about their parents' reaction if the contraceptive is discovered. Adolescent attitudes toward sex also interfere with their use of birth control. Many teenagers think that sex should be spontaneous and that planning for it makes it calculated and unromantic. "Girls often don't want to admit to themselves or their parents that they're sexually active," stated Dr. Crist, director of the Crist Clinic for Women in

³³Oklahoma Health Education Advisory Council, "Summary," Comprehensive Health Education Act of 1981, a report by the Oklahoma Health Education Advisory Council, pp. 4-5.

³⁴Zero Population Growth, Inc., Teenage Pregnancy: A Major Problem for Minors (Washington, D.C., August, 1977), p. 12.

Jacksonville, N.C. "If they consider birth control, that would affirm the fact that they have sex and therefore are bad."³⁵

Another aspect regarding sexual activity that complicates the problem is the fact that young men often leave contraceptive responsibility totally up to the female partner. About forty-three percent of 1,000 boys who answered a recent Chicago Planned Parenthood Questionnaire considered contraception the girls' responsibility. Sixty-one percent said it was all right to tell a girl you loved her in order to have sexual relations with her.³⁶

Another reason teenagers make inadequate use of birth control, according to Andrew Cherlin, assistant professor of social relations at Johns Hopkins University, is that the most effective methods are inappropriate for them.

To a young woman whose sex life is irregular, taking a birth control pill every day makes little sense, nor is she apt to go to the trouble of having an IUD (intrauterine device) inserted. One solution to this problem is more funds for research on a contraceptive suitable for teenagers, such as a pill which can be taken safely after intercourse.³⁷

A "morning-after pill" suitable for use as an emergency medication in cases such as rape or incest has been approved by the Food and Drug Administration. The treatment involves

³⁵Takey Crist, "Psychology of the Misuse and Rejection of Contraception," McCall's (July, 1978), p. 46.

³⁶Shirley Arnold and Arthur Hoffman, "Chicago's Planned Parenthood's Teen Scene: A Sociological Study for Participants," Adolescence, Vol. 9 (1974), pp. 371-390.

³⁷Andrew Cherlin, "Carter Half Sees the Problem," The Nation (June 17, 1978), p. 729.

taking 250 mg. of diethylstilbestrol (DES) over a period of five days. Many persons question the safety of the morning-after pill because DES has been linked to vaginal and cervical cancer.

A 1977 study by Rosen dealt with teenage pregnancy and parental involvement. This study investigated decision-making among women with unplanned and unwanted conceptions. Subjects were females younger than eighteen years old who were unmarried at the time they became pregnant (N=432). Data were obtained by means of questionnaires given to subjects prior to abortion or delivery. Questions concerned involvements of mother, father, parents combined, peers, girl friend, and male partner in the pregnancy and its resolution. Items addressed the amount of decision-making conflict, as well as the women's attitudes and perceptions. Findings indicated the following: (1) when respondents first thought they might be pregnant but were not sure, few sought parental advice, especially in comparison to proportions who turned to their male partner or to a friend; (2) once pregnancy was confirmed, the mother had some influence on one-half or more respondents in each category. This influence was most important for the white adoption and the black abortion groups; and (3) for all groups, mother's influence was positively associated with conflict, suggesting that those who experienced conflict tended to turn to mothers for support or that mother's intervention increased

or produced conflict.³⁸

Rader, in a similar project, studied the psychological correlates of unwanted pregnancy. This study explored several psychological factors such as contraception, family planning, illegitimate births, individual characteristics, personality assessment, pregnancy, risk, self-concept, and sex education for inadequate contraceptive practice. The following hypotheses were examined: Women who have an undesired pregnancy (1) are inclined toward taking risks as a general personality style, (2) are inclined to rely on denial and related defenses as a general response pattern, (3) are more inclined toward masochism or intropunitiveness, and (4) have more guilt concerning sexual behavior than those using medically prescribed contraceptive methods. Two specific personality variables, a proclivity toward the use of denial and tendencies toward masochism or self-directed aggression, received support as factors contributing to failure to take appropriate precautions against an unwanted pregnancy. Neither guilt about sexual activity nor risk-taking received support in this study.³⁹

Another 1977 study by Walters was concerned with factors related to adolescent pregnancy. This study assessed

³⁸Raye H. Rosen, Teenage Pregnancy and Parental Involvement: Changing Trends, Document Resume-Microfiche ED 151 673 (September, 1977).

³⁹Gordon E. Rader, Psychological Correlates of Unwanted Pregnancy, Document Resume-Microfiche ED 155 575 (August, 1977).

the attitudes of 1200 high school youth from Georgia concerning adolescent marriage, pregnancy, and maternal and newborn health. The data were analyzed primarily by a series of discriminant analyses in order to determine the variables which differentiated between males and females and pregnant and non-pregnant girls. An item analysis of the instrument utilized (Maternal and Child Health Test) revealed that: (1) adolescents were aware of the impact which an early marriage and pregnancy will have on their lives and (2) adolescents were unaware of the immediate consequences of an early pregnancy in terms of the welfare of the mother and child. Males and females and pregnant and non-pregnant girls did not differ significantly on the Maternal and Child Health Test. The analysis of the responses on the demographic questionnaire indicated that girls who were or had been pregnant tended: (1) to make friends with boys more easily, (2) to have a poorer relationship with their mothers, and (3) to be older.⁴⁰

Levenson and Hale were concerned with devising a Comprehensive Interactional Model for Health Education Delivery to Teenage Mothers.⁴¹ Traditionally, health education has been centered in school health programs or community health

⁴⁰James Walters, Factors Related to Adolescent Pregnancy, Document Resume-Microfiche ED 151 675 (1977).

⁴¹Phyllis Levenson and James Hale, "A Comprehensive Inter-Actional Model for Health Education Delivery to Teenage Mothers," The Journal of School Health (September, 1979), p. 393.

programs,⁴² with limited interaction between the two. The following program is a model of a comprehensive health education delivery system which coordinated the efforts of a community health organization, a school system, and a health care provider to help teenage mothers of high risk infants acquire and apply the skills needed to meet their children's present and future health needs.

Program participants were 56 mothers enrolled in the Demonstration and Training Center for High Risk and Mentally Retarded Infants of Teenage Mothers. In order to be eligible for program entry, a mother had to be less than twenty years old at the time of her baby's birth; and her baby had to have (1) a birthweight of 5 lbs. 8 ozs. or less, (2) a medical diagnosis of developmental delay, or (3) an Apgar score of 6 or below on the five-minute examination after birth. Upon referral to ITAM, infants and their families received a comprehensive, multidisciplinary assessment to identify strengths and needs. Through this program, teenage mothers of high risk infants were able to acquire and apply the skills necessary to meet the health needs of their babies. With these competencies, the mothers learned they were capable of making health related decisions and acting on those decisions for the benefit of their children.

Continuing in school is a key point in breaking the

⁴²S. K. Simonds, "Health Education Today: Issues and Challenges," The Journal of School Health, Vol. 87 (December, 1977), pp. 584-593.

"unwed mother cycle." A comprehensive, non-judgmental, interdisciplinary program of educational, social, and medical services administered in a sympathetic and loving manner is very important to pregnant adolescents.⁴³

The early assumption that a special separate school and program was best for the pregnant teenager has been questioned. A separate school setting exclusively for pregnant adolescents may result in the increased feelings of isolation. Moreover, a special school may present problems because duplication of facilities and personnel deprive regular schools of resources.⁴⁴ Researchers concur that "It is helpful for the girl to stay in her own school, with her own friends, in the mainstream of adolescent growth."⁴⁵

Therefore, in a study by Berg and Taylor, "The Prenatal Care for Pregnant Adolescents in a Public High School" was researched.⁴⁶ Four races were studied within this research project. The percentage racial composition was as follows: Chicano-19.4 percent; Caucasian-30.6 percent; Black-44.4 percent; and Native American-5.6 percent. Two groups of

⁴³F. E. Mecklenberg, "Pregnancy--An Adolescent Crisis," Minnesota Medicine, Vol. 56 (February, 1973), pp. 101-104.

⁴⁴A. M. Folz, L. Klerman, and J. Jekel, "Pregnancy and Special Education: Who Stays in School?" American Journal of Public Health, Vol. 62, No. 12 (December, 1972), pp. 1612-1619.

⁴⁵N. Mizrachi, "Helping the Pregnant Teenager," Medical News International Report, Vol. 1, No. 2 (March 14, 1977), pp. 13-19.

⁴⁶Marjorie Berg and Barbara Taylor, "Prenatal Care for Pregnant Adolescents in a Public High School," The Journal of School Health (January, 1979), pp. 32-35.

pregnant adolescents enrolled in the St. Paul, Minnesota Maternal and Infant Care Project were involved in this study. A retrospective analysis of obstetrical summary sheets of delivered pregnant adolescents was conducted to demonstrate the relationship of the availability of a comprehensive, interdisciplinary program of prenatal care in a regular public school setting to the achievement of early and continuous prenatal care and to the minimizing of obstetrical complications of the pregnant adolescents who were students in the school. A total sample of 36 students who received prenatal care in the school clinic (study group) from 1973 to 1976 was compared with a random sample of 36 adolescent patients (matched for race) who received care at a non-school clinic (comparison group). The data demonstrated that the study group initiated care earlier, had more total prenatal visits than did the comparison group, and had fewer obstetrical complications than the comparison group. The comparison group had more low birth weight infants and more complicated deliveries than did the study group.

This study further demonstrated a positive outcome for the pregnant adolescent when prenatal care is provided with a public school setting by an interdisciplinary team. The team of medical, social, and educational personnel serving as advocates to the pregnant adolescent significantly minimized medical and possibly educational risks.

According to St. Pierre, it is important that these

adolescents receive a continuous source of support from the outset of pregnancy on into the parenting phase.⁴⁷ St.

Pierre stated:

They are in great need of parenting skills and support systems during the demanding years of premature parenthood. What is needed is a total comprehensive school based program which will help the adolescent move through this trying time, become a good parent, and go on to lead a productive life.⁴⁸

Within this program the central focus of the entire program is the school-based support group. The support group serves many purposes. Primarily, the group provides the support for emotional and expressive needs in an accepting non-judgmental atmosphere. Group discussions give participants the opportunity to share common problems of pregnancy and its psychological effects on the girls, their families, and significant others in their lives.

Self-Concept Studies Between Races

Due to the fact that this study dealt with self-concept of three different races, the researcher deems it necessary to point out that earlier conventional views of low self-esteem among Blacks are no longer valid. Review of the literature revealed that a number of assumptions and conclusions have been drawn from poor, incomplete, and inadequate

⁴⁷Tena St. Pierre and Richard St. Pierre, "Adolescent Pregnancy: Guidelines for a Comprehensive School-Based Program," Health Education (May/June, 1980), pp. 12-13.

⁴⁸Ibid., p. 13.

empirical data. Results of more recent, rigorous investigations suggest alternative conclusions and interpretations regarding the meaning, level, and quality of black self-esteem.⁴⁹

Self-esteem is an intriguing concept in any analysis of the social psychology of race. Minority group self-esteem has been widely discussed by both psychologists and sociologists and the assumption is usually made that Blacks "internalize" society's negative opinion of them; and therefore, they cannot help but have lower self-esteem than Whites.

Dregger and Miller in their review of black and white differences stated:

Considering the variety of measures which have been used and the range of subjects studied, the results have been surprisingly uniform in revealing comparatively negative self-attitudes in Negroes. As with many of the areas covered in this review, this research is subject to considerable criticism. Even with recognition of deficiencies, however, there still seems to be little doubt that the American Negro holds relatively negative self-evaluations.⁵⁰

The general theoretical underpinnings for the assumption of low self-esteem among Blacks have been skillfully expressed by Gordon.

⁴⁹Delroy M. Loudon, "A Comparative Study of Self-Esteem Among Minority Group Adolescents in Britain," Journal of Adolescence, Vol. 3 (1980), pp. 17-33.

⁵⁰R. M. Dregger and K. S. Miller, "Comparative Psychological Studies of Negroes and Whites in the United States," Psychological Bulletin Monograph Supplement, No. 3, Part 2 (1965), p. 33.

Self hatred among members of minority groups have been a consistent theme in social-psychological writings. Marginality, self alienation, self-consciousness and self-disparagement have been suggested as essential features of being Jewish in a largely gentile world. More recently the focus of attention has shifted to the situation of black people. Whatever the substantive focus, the asserted relation is the same; a member of a disparaged and discriminated against social category is likely to internalize the meanings appended to that culture's stereotypes and to the social realities of the way he is treated, and then come to conceive himself in cognitive and evaluative terms similar to the discrediting accorded his group by the society's majority.⁵¹

However, the last several years have witnessed attempts to revise or modify conventional thinking on the psychological status of Blacks inspired by the appearance of new empirical data that directly contradict well-established views.⁵²

The challenge to conventional thinking is perhaps best exemplified in an article by McCarthy and Yancey in which they examine the theoretical and empirical underpinnings upon which prevailing views of black psychosocial functioning are based.⁵³ They argued that low self-esteem among Blacks is not "theoretically inevitable," and they proceeded to demonstrate how alternative hypotheses can be derived

⁵¹C. Gordon, Looking Ahead: Self-Conception, Race and Family Factors as Determinants of Adolescent Achievement Orientations (Cambridge, MA, 1975), p. 39.

⁵²Ibid.

⁵³J. McCarthy and W. L. Yancey, "Uncle Tom and Mr. Charlie: Metaphysical Pathos in the Study of Racism and Disorganization," American Journal of Sociology, Vol. 76 (1971), pp. 648-72.

from a slightly different application of well established theoretical postulates. For example, they argued that given the number of mechanisms available to minority groups as a means of self-evaluations within their subculture it can be hypothesized that the levels of self-esteem among Blacks and Whites do not differ substantially.

Baughman reasoned similarly when he suggested that differences in life patterns do not necessarily produce meaningful black and white gaps in level of self-esteem:

. . . blacks and whites may reach this level by different routes because of the different experiences, but they are not to be distinguished because one has more self-esteem than the other.⁵⁴

Baughman and Dahlstrom carried out a series of studies involving black and white adolescents in a number of Southern communities and found evidence quite at variance with conventional conclusions:

When we turn to the self-concepts of these children, their interview statement about themselves are markedly positive. This is particularly true for the Negro children, a fact that is at variance with the widely accepted belief that the self-esteem of the Negro is inevitably damaged, even at an early age. There was a tendency for more Negro than white children to say that they were very satisfied being the kind of person they were.⁵⁵

The authors explained this result on the basis of differences in comparative reference groups employed by

⁵⁴E. E. Baughman, Black Americans: A Psychological Analysis (New York, 1971), p. 42.

⁵⁵E. E. Baughman and E. G. Dahlstrom, Negro and White Children: A Psychological Study in Rural South (New York, 1971), p. 462.

black and white children, and in terms of the social context within which they live. On the latter point, they observed that school integration, because of its tendency to create "contextual dissonance" (i.e., direct exposure to prejudice and the normative views of the large society) may be somewhat injurious to the self-esteem of the black adolescents. But, as the authors noted, the effect of this dissonance is not very great and tends to be offset by more positive advantages of integration (which improves school performance and overall life chances). Indeed, the results of their study, and several others cited, indicated that while black children in integrated schools have decidedly lower self-esteem than Blacks in segregated schools, the self-esteem of the former group is still higher than that of Whites.⁵⁶

The most crucial factor identified as having a decisive impact on the level of black self-esteem is the general attitude of significant others toward the adolescent (what the adolescent believes his significant others think of him or her). Significant others for these adolescents are parents, siblings, friends, and teachers. In the United Kingdom, however, there are very few black teachers, and recently there has been what appears to be a critical generation gap particularly among West Indian adolescents and their parents.

⁵⁶G. J. Powell and M. Fuller, "School Desegregation and Self-Concept," forty-seventh Annual Meeting of the American Orthopsychiatric Assoc., San Francisco, CA, March 23-26, 1970.

By contrast, in the United States Rosenberg and Simmons found that, "The relationship between significant others' attitudes and self esteem appeared to be somewhat stronger among black and white children."⁵⁷

These findings reinforce the view that Blacks rather than Whites become the salient reference group for black adolescents. If the minority group child's significant others hold favorable attitudes toward him or her, then he or she is likely to have high self-esteem.

In 1969, Hunt and Hardt administered the Rosenberg Self-esteem Scale to a sample of 1662 economically deprived adolescents in Upward Bound Programs throughout the United States.⁵⁸ A sub-sample of 211 Blacks and 90 Whites was selected, and it was found that self-esteem among Blacks was somewhat higher than Whites both before and after participating in Upward Bound Programs.

McDill focused upon academic self-concept, and out of a nationwide sample of 19,000 ninth to twelfth grade adolescents, 327 Blacks were matched individually with Whites in 15 schools, and it was found that self-concepts among black

⁵⁷M. Rosenberg and R. G. Simmons, "Black and White Self-Esteem: The Urban School Child," Rose Monograph Series (Washington, D.C., 1973), p. 144.

⁵⁸D. E. Hunt and Robert H. Hardt, "The Effects of Upward Bound Programs on the Attitudes, Motivations, and Academic Achievements of Negro Students," Journal of Social Issues (July, 1969), pp. 122-124.

adolescents were higher.⁵⁹

Aided by self-ideal discrepancy scores based on 128 adjectives from the Interpersonal Check List, McDonald and Gynther studied 261 black and 211 white high school seniors in three schools in a southern urban community. Again findings indicated that the self-esteem among Blacks was significantly higher than Whites.⁶⁰

Wenland, utilizing the Tennessee Self-Concept Scale (only concerned with Total P-net positive score), studied 685 eighth grade pupils in five communities in Central North Carolina, and black children's mean scores were significantly higher than white.⁶¹

Therefore, investigations indicate that findings argue strongly against the notion of low self-esteem in young contemporary minority groups.

This chapter has consisted of a discussion of related literature that the researcher deemed to be pertinent to the study. This chapter has also contributed to the clarification of the problem researched.

⁵⁹E. L. McDill, Sources of Educational Climate in High School, Final Report, Project No. 199 submitted to the Bureau of Research, Office of Education, Dept. Of Health, Education and Welfare, Dept. of Social Relations, Johns Hopkins University, 1966.

⁶⁰R. L. McDonald and M. D. Gynther, "Relationship of self and Ideal-self Descriptions with Sex, Race and Class of Southern Adolescents, Journal of Personality and Social Psychology, Vol. I (1965), pp. 85-88.

⁶¹M. M. Wenland, "Self-Concept in Southern Negro and White Adolescents As Related to Rural-Urban Residents" (unpub. Ph.D thesis, University of North Carolina at Cowe Hill, 1967), pp. 72-75.

CHAPTER III

PROCEDURE

The purpose of this study was to determine if significant differences exist in the total self-concept and subscale scores on the Tennessee Self-Concept between three groups of teenage girls: girls presently pregnant, teenage girls who had delivered, and teenage girls who had never been pregnant. It was also determined if significant differences existed in total self-concept scores of the subjects classified according to demographic data. This chapter details the selection of subjects, the selection of the instrument, the conditions and procedures used in conducting the self-concept test, and the methods and procedures used by the researcher.

Selection of the Subjects

The subjects for this study were teenage girls (440), ranging in age from thirteen to eighteen, who were located in four Southeastern Oklahoma towns: Atoka, Colbert, Durant, and Tishomingo. Three races were studied: Blacks, Whites, and Indians, with three groups within each race: girls presently pregnant, girls who had delivered, and those who have never been pregnant.

The Indian subjects were from Tishomingo, Oklahoma. The

girls who were presently pregnant and the girls who had delivered were patients from the Tishomingo Indian Clinic.

The girls who had never been pregnant were girls in the ninth to twelfth grade classes of the Tishomingo High School.

The white and black subjects were from Durant, Colbert, and Atoka. The girls who were pregnant at the time of the study and the girls who had delivered were patients from the Durant Health Unit. The black subjects who had never been pregnant were members of the ninth to twelfth grade classes located in Colbert and Atoka High Schools. The white subjects who had never been pregnant were from the ninth to twelfth grade classes of the Durant High School.

The researcher met with the principal and superintendent of each school to discuss the study and receive authorization to administer the test. Also, the researcher met with the chairperson and physician of each Health Unit to discuss the study and receive authorization to administer the test. During the meetings the researcher discussed the purpose of the study, described the testing procedures involved, and requested permission to test subjects at each high school or unit. The nature of the test was not revealed to the subjects. However, results were discussed with each principal, chairperson, and physician.

Selection of the Instrument

The Tennessee Self-Concept Scale (TSCS) was utilized to measure the self-concept and the following subscale

scores of the subjects: behavior, family self, identity, moral-ethical self, personal self, physical self, self-satisfaction, social self, and self-criticism. The TSCS consists of 100 self-descriptive phrases which the subject uses to portray her own picture of herself. Five responses are provided for the subject to select from: completely false, mostly false, partly false-partly true, mostly true, or completely true.

The instrument is applicable to the whole gamut of psychological adjustment from healthy, well-adjusted people to psychiatric patients. The self-administering scale requires an average of twenty to twenty-five minutes to complete. Fitts reported reliability coefficients in the range of .80 to .90 for the various subscale scores. Highly significant differences have been found between psychiatric patients and non-patients ($p. < .001$) on most dimensions of the TSCS, which were indicative of the validity.¹

The standardization group from which the norms were developed was a broad sample of 626 people from various parts of the country, and age ranges from 12 to 68 years. There were approximately equal numbers of both sexes, both Negro and White subjects, representative of all social, and economic, intellectual and education levels from grade six through the Ph.D. degree.²

The researcher utilized the Tennessee Self-Concept Scale

¹Byron S. Willis, "The Identification of Variables Discriminating Between Groups Differing in Levels of Self-Actualization Through the Use of Multiple Discriminant Analysis" (unpub. Ph.D. dissertation, Oregon State University, 1972), p. 35.

²William H. Fitts, Tennessee Self-Concept Scale Manual (Nashville, 1965), p. 13.

because of its high reliability and because its variables were the areas the researcher wanted to investigate.

Conditions and Procedures for Administering the Measuring Instrument

The Tennessee Self-Concept Scale was administered to the subjects according to the directions of the researcher at each of the participating towns, beginning June 9, 1980, and ending February 16, 1981. Tishomingo tested June 9, 1980; Colbert tested August 26, 1980; Durant tested January 21, 1981; and Atoka tested February 16, 1981. Each subject completed the information section on the answer sheet and was shown the correct use of the test booklet and answer sheet. Each subject then read the test instruction and completed the test. No time limit was imposed for test completion. Upon completion of the test, each subject completed the demographic information sheet attached to the answer sheet (Appendix A). To compensate for the testing of reliability, the researcher coded the answer sheets. At each testing session the researcher randomly chose subjects who were tested one week later in the same location and at the same time to determine reliability.

Methods and Procedures of Statistical Analysis

Analysis of Variance was used to determine if

significant differences existed in total self-concept and subscale scores between teenage girls who were presently pregnant, teenage girls who had delivered, and teenage girls who had never been pregnant. Analysis of Variance was also used to determine if significant differences existed among total self-concept scores of subjects in all demographic areas except governmental assistance and family type. A t-test was utilized to determine if significant differences existed in the demographic areas--governmental assistance and family type as well as being used to identify where significant differences existed between variables.

The .05 level of confidence for both analytical procedures was established as the level of acceptance of the hypotheses.

The Tennessee Self-Concept Scale Answer Sheets were hand graded, but the statistical computations and interpretations of results were carried out by the Oklahoma State University Computer Center.

The reliability was measured by test re-test procedures of twenty girls in a time span of one week.

CHAPTER IV

ANALYSIS OF DATA

Introduction

The purpose of this study was to determine if significant differences existed in the total self-concept and subscale scores on the Tennessee Self-Concept Scale between teenage girls presently pregnant, teenage girls who had delivered (3-11 months old), and teenage girls who had never been pregnant. In addition, it was determined if significant differences existed in total self-concept scores of the subjects classified according to each demographic area: grade, age, race, town, governmental assistance, income, and family type.

This chapter includes the results of the statistical analysis of the data collected in this study.

Test Scores According to Variables Between Groups

Table I depicts the mean scores on each variable between groups. According to test scores of the groups there were no significant difference between groups (never pregnant N=248, presently pregnant N=95, and past pregnant girls N=99) on any of the variables. This seemed to indicate that

the overall self-concept scores of the girls participating in this study were similar.

TABLE I
TEST SCORES ACCORDING TO VARIABLES BETWEEN GROUPS

Variables	Mean			F Value	d.f.	Prof F
	NP N=248	PP N=95	PPG N=99			
Physical Self	65.52	65.45	65.13	0.06	2	0.940
Moral/Ethical Self	63.91	64.87	62.28	1.88	2	0.153
Personal Self	63.29	61.89	61.25	1.98	2	0.139
Family Self	64.06	61.68	62.71	2.01	2	0.135
Social Self	63.43	62.90	3.29	0.12	2	0.890
Identity	122.33	119.48	119.34	2.37	2	0.094
Self-Satisfaction	96.09	94.76	94.23	0.52	2	.592
Behavior	102.86	102.56	101.35	0.40	2	0.671
Total P	321.29	316.85	314.26	1.38	2	0.252
Self-Criticism	34.70	35.21	36.57	2.71	2	0.067

*Significant at P .05.

Test Scores According to Grade on Each Variable

Table II provides mean scores according to grades. Grades utilized were ninth $N=91$, tenth $N=76$, eleventh $N=90$, and twelfth $N=166$. There were no significant differences found between scores on all variables except Social Self. The Social Self showed a probability of .019.

TABLE II
TEST SCORES ACCORDING TO GRADE ON EACH VARIABLE

Variables	Mean				F Value	Prof F
	9th N=91	10th N=76	11th N=90	12th N=166		
Physical Self	65.59	65.90	65.45	65.09	0.15	0.928
Moral/Ethical Self	63.01	63.75	63.48	64.48	0.53	0.668
Personal Self	63.09	62.36	61.82	62.84	0.35	0.794
Family Self	62.56	63.05	62.42	64.16	0.77	0.513
Social Self	62.15	63.23	61.33	64.70	3.34	0.019*
Identity	120.41	123.17	119.56	121.38	1.01	0.388
Self-Satisfaction	94.12	93.76	95.35	96.61	0.71	0.551
Behavior	102.78	102.32	100.17	103.58	1.13	0.335
Total P	317.24	319.30	314.75	321.25	0.60	0.619
Self-Criticism	35.26	34.91	35.27	35.34	0.08	0.967

*Significant at P .05.

In order to pinpoint exactly what scores showed a difference, Table III was devised to show the analysis of the t-test and the difference was found to be between grades nine and twelve. Subjects in grade twelve had a higher mean of 64.73, whereas subjects in grade nine had a mean of 61.72, thus yielding a probability of .0115 (Table III). This possibly indicates that during the initial year of high school (ninth grade) subjects having not been exposed to numerous social activities have not yet developed a sense of adequacy dealing with interrelations. However, in later years subjects are exposed to more and more social activities, and then a sense of confidence and self-reliance toward involvement with people in general possibly develops.

TABLE III
TEST SCORES INDICATING SIGNIFICANT
DIFFERENCES BETWEEN GRADES

Variable	Mean		T Value	Probability
	9th N=95	12th N=168		
Social Self	61.72	64.73	-2.55	0.0115*

*Significant at P .05.

Test Scores According to
Age on Each Variable

Table IV indicates means scores according to age. Ages utilized were thirteen N=32, fourteen N=61, fifteen N=91, sixteen N=94, seventeen N=123, and eighteen N=42. There were no significant differences found between ages on any variables except Behavior. Behavior showed a probability of .016.

Test Scores Indicating Significant
Differences Between Ages

Table V provides scores indicating where significant differences occur between ages. Analyzing t-test results showed differences between ages on several variables.

TABLE IV
TEST SCORES ACCORDING TO AGE ON EACH VARIABLE

Variables	Mean						F Value	d.f.	Prof > F
	13 N=32	14 N=61	15 N=91	16 N=94	17 N=123	18 N=42			
Physical Self	65.90	65.85	66.23	63.36	65.73	66.38	1.19	5	0.312
Moral/Ethical Self	63.81	62.86	64.53	61.50	65.21	64.38	1.91	5	0.090
Personal Self	63.46	63.60	62.47	60.90	62.44	64.52	1.18	5	0.319
Family Self	63.59	62.88	63.31	61.59	63.87	65.23	0.92	5	0.472
Social Self	63.90	63.39	62.96	61.62	63.95	65.33	1.25	5	0.282
Identity	121.28	122.04	122.68	118.52	121.33	120.92	0.93	5	0.461
Self-Satisfaction	97.62	94.32	94.81	92.51	97.00	98.50	1.27	5	0.274
Behavior	102.96	103.67	102.71	98.02	103.65	106.47	2.80	5	0.016*
Total P	322.03	320.29	319.94	308.97	321.56	325.92	1.80	5	0.110
Self-Criticism	32.76	34.50	35.65	35.38	35.35	35.02	1.12	5	0.346

*Significant at $P .05$

TABLE V
TEST SCORES INDICATING SIGNIFICANT DIFFERENCES
BETWEEN AGES

Variable	Age	Mean	T Value	Probability
Behavior	14	103.53	2.30	0.022*
	16	98.15		
Physical Self	15	65.98	2.24	0.026*
	16	63.31		
Moral/Ethical Self	15	64.28	2.17	0.031*
	16	61.56		
Identity	15	122.42	2.00	0.046*
	16	118.56		
Behavior	15	103.03	2.49	0.013*
	16	98.15		
Total P	15	319.56	2.11	0.036*
	16	309.20		

TABLE V (Continued)

Variable	Age	Mean	T Value	Probability
Moral/Ethical Self	16	61.56	-2.62	0.009*
	17	65.02		
Behavior	16	98.15	-2.75	0.006*
	17	103.38		
Total P	16	309.20	-2.27	0.024*
	17	320.54		
Personal Self	16	60.93	-2.29	0.023*
	18	64.80		
Family Self	16	61.63	-1.92	0.055*
	18	65.07		
Self-Satisfaction	16	92.55	-2.16	0.031*
	18	99.00		
Behavior	16	98.15	-3.19	0.001*
	18	106.40		
Total P	16	309.20	-2.41	0.016*
	18	325.20		

*Significant at P .05

1. Between ages fourteen and sixteen year olds, Behavior showed a probability of .022. Fourteen year olds had a mean of 103.53 and sixteen year olds had a mean of 98.15. This indicates that the fourteen year old subjects had higher perceptions of their behavior and functions than the sixteen year old.
2. Between ages fifteen and sixteen year olds, Physical Self, Moral/Ethical Self, Identity, Behavior, and Total P showed significant differences (Table V).

This would indicate that overall the fifteen year olds have a higher self concept which was indicative of a mean of 319.56 and 309.20 for sixteen year olds. Taking a retrospective look at these ages, the researcher feels the only explanation for such a change in self-concept would be due to the fact that age sixteen is an age that is associated with new and uncertain experiences. It is a time when dating begins, the individual becomes aware of herself as a young woman, and peer pressure increases, thus causing the sixteen year old to revert, until she has a better grip on confidence once more.

3. Between ages sixteen and seventeen years of age, Moral/Ethical Self, Behavior, and Total P showed significant differences (Table V). The seventeen year old subjects had higher means than the sixteen year olds indicating that their overall self concept to be higher than sixteen year olds.
4. Between ages sixteen and eighteen year olds, Personal Self, Family Self, Self-Satisfaction, Behavior, and Total P showed significant differences (Table V). The eighteen year old girls had higher means than the sixteen year old girls indicating once again that the self-concept of eighteen year old girls to be higher than sixteen year old girls.

Hence, according to the findings in this study, age sixteen had the lowest self-concept than any other age. This perhaps indicates that age sixteen could be the most uncertain year for the adolescent.

Test Scores According to Race
on Each Variable

Table VI provides the mean scores on each variable according to race.

TABLE VI
TEST SCORES ACCORDING TO RACE ON EACH VARIABLE

Variables	Mean			F Value	d.f.	Prof > F
	B N=123	I N=80	W N=220			
Physical Self	64.34	67.38	65.31	2.64	2	0.072
Moral/Ethical Self	63.41	64.01	63.98	0.16	2	0.851
Personal Self	63.16	61.83	62.55	0.49	2	0.614
Family Self	63.06	62.97	63.45	0.09	2	0.913
Social Self	63.49	62.90	63.09	0.13	2	0.882
Identity	121.41	120.43	121.18	0.12	2	0.883
Self-Satisfaction	95.52	95.85	94.97	0.10	2	0.908
Behavior	101.20	102.97	102.97	0.68	2	0.509
Total P	318.13	319.32	318.80	0.03	2	0.974
Self-Criticism	34.15	36.39	35.43	2.99	2	0.051

*Significant at $P .05$

Races studies were: Blacks N=123, Whites N=220, and Indians N=80. There were no significant differences found

between races on any variable. This seems to indicate that the self-concept scores of all races were similar. However, two variables were approaching the significant level, Physical Self with .072 and Self-Criticism with .051. The Indian race had higher means on four of the variables, the Blacks had higher means on three of the variables, and the Whites had a higher mean on one variable. The Indian means were higher on Physical Self, Moral/Ethical Self, Self-Satisfaction, and Total P; the Black means were higher on Personal Self, Social Self, and Identity; the Whites had a high mean on Family Self.

Test Scores According to Town on Each Variable

Table VII yields the mean scores on each variable according to town. Towns were Atoka N=143, Colbert N=156, Durant N=61, and Tishomingo N=82. There were no significant differences found on any of the variables except Physical Self and Self-Criticism between the four towns studied.

Test Scores Indicating Significant Differences Between Towns

Table VIII stipulates where differences occur according to mean scores between towns. Analyzing the t-test revealed the differences in self-concept to occur between Atoka/Colbert; Atoka/Durant; Colbert/Tishomingo; and Durant/Tishomingo.

TABLE VII
TEST SCORES ACCORDING TO TOWN ON EACH VARIABLE

Variables	Mean				F Value	d.f.	Prof	F
	Atoka N=143	Colbert N=156	Durant N=61	Tish. N=82				
Physical Self	66.27	63.89	64.45	67.56	3.42	3	0.017*	
Moral/Ethical Self	66.27	63.90	63.11	64.00	0.17	3	0.915	
Personal Self	62.80	62.84	62.24	61.70	0.33	3	0.807	
Family Self	63.97	63.58	61.03	62.98	1.25	3	0.288	
Social Self	64.13	63.24	61.62	63.13	1.11	3	0.343	
Identity	121.79	121.71	118.32	120.51	1.06	3	0.367	
Self-Satisfaction	95.17	95.55	94.73	95.96	0.08	3	0.967	
Behavior	104.02	101.44	100.52	103.10	1.26	3	0.285	
Total P	320.94	318.37	313.47	319.63	0.57	3	0.636	
Self-Criticism	36.37	34.60	32.59	36.39	5.87	3	0.0007*	

*Significant at P .05.

TABLE VIII
TEST SCORES INDICATING SIGNIFICANT DIFFERENCES
BETWEEN TOWNS

Variable	Town	Mean	T Value	Probability
Behavior	Atoka	104.25	1.98	0.048*
	Colbert	100.83		
Self-Criticism	Atoka	36.28	2.07	0.038*
	Colbert	36.60		
Family Self	Atoka	64.14	1.99	0.047*
	Durant	51.31		
Self-Criticism	Atoka	36.28	3.06	0.002*
	Durant	33.08		

TABLE VIII (Continued)

Variable	Town	Mean	T Value	Probability
Physical Self	Colbert	53.57	-2.65	0.009*
	Tishomingo	57.17		
Self-Criticism	Colbert	34.60	-1.97	0.049*
	Tishomingo	36.39		
Self-Criticism	Durant	33.08	-2.95	0.003*
	Tishomingo	36.39		

Test Scores According to Governmental
Assistance on Each Variable

Table IX indicates the mean scores on each variable according to governmental assistance. Number of participants not receiving governmental assistance N=234, and those receiving governmental assistance was N=204. There were no significant differences found on any of the variables except Identity. The subjects not receiving any form of governmental assistance had a mean of 122.02, whereas the subjects receiving some form of governmental assistance had a mean of 119.38. This indicates that the subjects whose family does not receive any form of governmental assistance had a more positive self-identity than those subjects who did receive governmental assistance. Categories were (A) Social Security, (B) Welfare, and (C) Veteran.

TABLE IX
TEST SCORES ACCORDING TO GOVERNMENTAL ASSISTANCE
ON EACH VARIABLE

Variables	Mean		T Value	Probability
	No N=234	Yes N=204		
Physical Self	65.88	64.49	1.55	0.121
Moral/Ethical Self	63.67	63.47	0.22	0.821
Personal Self	62.91	61.93	1.09	0.275
Family Self	63.38	63.02	0.37	0.711
Social Self	63.73	62.25	1.71	0.087
Identity	122.03	119.38	1.97	0.049*
Self-Satisfaction	94.84	95.24	-0.24	0.806
Behavior	103.41	101.08	1.69	0.091
Total P	320.00	315.60	1.20	0.227
Self-Criticism	35.33	35.18	0.22	0.821

*Significant at P .05.

Govt. Asst. Categories: A. Social Security
B. Welfare
C. Veteran

Test Scores According to Income
on Each Variable

Table X depicts the mean scores on each variable according to income levels. Income levels utilized were: (A) 3,000-4,999 N=53; (B) 5,000-7,999 N=148; (C) 8,000-11,999 N=171; and (D) 12,000-above N=70. There were significant differences found on all variables in the area of income except Physical Self. The results of this area indicated how great an impact family income seems to have on the self-concept of subjects. In no other area did as many

variables show a significant difference as it did in the area of income.

TABLE X
TEST SCORES ACCORDING TO INCOME ON EACH VARIABLE

Variables	Mean				F Value	d.f.	Prof	F
	A N=53	B N=148	C N=171	D N=70				
Physical Self	62.37	65.69	65.83	66.12	2.13	3	0.093	
Moral/Ethical Self	60.05	63.90	64.61	64.12	3.23	3	0.022*	
Personal Self	59.01	62.37	63.12	64.11	3.44	3	0.016*	
Family Self	59.67	61.75	64.66	65.67	5.71	3	0.0009*	
Social Self	58.88	62.27	64.83	64.98	7.62	3	0.0001*	
Identity	113.83	120.57	122.11	124.91	7.12	3	0.0001*	
Self Satisfaction	88.09	95.06	97.93	95.40	4.83	3	0.0027*	
Behavior	98.28	101.29	103.42	105.75	3.38	3	0.0181*	
Total P	300.26	315.79	323.52	325.30	6.18	3	0.0005*	
Self Criticism	36.90	34.39	36.09	33.61	3.72	3	0.0116*	

*Significant at $P < .05$.

INCOME LEVELS
A. 3,000- 4,999
B. 5,000- 7,999
C. 8,000-11,999
D. 12,000- above

Test Scores Indicating Significant
Differences Between Income
Levels

Table XI indicates the mean score of income levels that showed a significant difference. Analyzing the t-test determined the difference in self-concept to occur between

income levels A/B, A/C, A/D, B/C, B/D, and C/D. The self-concept of subjects in income level A was the lowest when compared to each other income level. Subjects in income level C had higher self-concepts than subjects in income level B, and subjects in income level D had the highest self-concept than any other level.

TABLE XI
TEST SCORES INDICATING SIGNIFICANT DIFFERENCES
BETWEEN INCOME LEVELS

Variable	Income Group	Mean	T Value	Probability
Physical Self	A	62.30	-2.27	0.023*
	B	65.43		
Moral/Ethical Self	A	59.77	-2.99	0.003*
	B	53.99		
Personal Self	A	58.94	-2.64	0.008*
	B	62.40		
Social Self	A	58.47	-2.63	0.009*
	B	62.04		
Identity	A	113.51	-3.22	0.001*
	B	120.43		
Self-Satisfaction	A	87.56	-2.82	.005*
	B	94.82		
Total P	A	299.00	-3.19	0.001*
	B	316.49		
Physical Self	A	62.30	-2.15	0.032*
	C	65.64		
Moral/Ethical Self	A	59.77	-2.86	0.004*
	C	64.28		
Personal Self	A	58.94	-2.59	0.010*
	C	62.95		
Family Self	A	59.37	-3.37	0.0009*
	C	64.57		
Social Self	A	58.47	-4.40	0.0001*
	C	64.61		
Identity	A	113.54	-3.69	0.0003*
	C	121.89		
Self-Satisfaction	A	87.56	-3.73	0.0002*
	C	97.34		
Behavior	A	97.85	-2.27	0.023*
	C	103.11		
Total P	A	299.00	-3.82	0.0002*
	C	322.37		
Physical Self	A	62.30	-2.16	0.032*
	D	56.08		
Moral/Ethical Self	A	59.77	-2.35	0.020*
	D	63.91		
Personal Self	A	58.94	-2.81	0.005*
	D	64.10		
Family Self	A	59.37	-3.29	0.001*
	D	65.74		
Social Self	A	58.47	-3.76	0.0003*
	D	64.88		

TABLE XI (Continued)

Variable	Income Group	Mean	T Value	Probability
Identity	A	113.54	-4.12	0.0001*
	D	124.59		
Self Satisfaction	A	87.56	-2.38	0.018*
	D	95.49		
Behavior	A	97.86	-3.08	0.002*
	D	105.70		
Total P	A	299.00	-3.51	0.0006*
	D	324.98		
Self Criticism	A	36.90	2.20	0.034*
	D	33.41		
Family Self	B	61.90	-2.38	0.017*
Social Self	C	64.57	-2.67	0.008*
	B	62.04		
Self Criticism	C	64.61	-2.58	0.010*
	B	34.39		
Family Self	C	36.22	-2.50	0.013*
	B	61.90		
Social Self	D	65.74	-2.22	0.027*
	B	62.04		
Identity	D	64.83	-2.14	0.033*
	B	120.43		
Behavior	D	124.59	-1.88	0.062*
	B	101.49		
Self Criticism	D	105.70	3.00	0.003*
	C	36.22		
	D	33.41		

Test Scores According to Family
Type on Each Variable

Table XII yields mean scores on each variable according to family type. Family Type being--Single Parent Home N=185 and Both Parent Home N=221. When examining family types there were no significant differences found on any of the variables except Personal Self. However, the variable Identity was approaching the significant level with a probability of .052. These scores seem to indicate that there was very little decline in the self-concept of participants who lived with one parent and those who lived with both parents.

TABLE XII
TEST SCORES ACCORDING TO SINGLE PARENT HOME OR BOTH
PARENT HOME ON EACH VARIABLE

Variables	Mean		T Value	Probability
	Single N=185	Both N=221		
Physical Self	64.96	65.83	0.99	0.320
Moral/Ethical Self	62.97	64.25	1.32	0.185
Personal Self	61.82	63.66	1.98	0.047*
Family Self	62.55	63.82	1.24	0.215
Social Self	63.27	63.01	-0.28	0.775
Identity	119.91	122.58	1.94	0.052
Self-Satisfaction	95.00	95.33	0.19	0.848
Behavior	101.31	103.44	1.46	0.142
Total P	316.06	321.07	1.32	0.186
Self-Criticism	35.61	34.94	-0.97	0.329

*Significant at $P .05$.

Summary of Findings

1. The self-concept scores were not significantly different on any of the variables between the three groups.
2. The self-concept scores according to grade differed significantly only on the variable Social Self.

Grade twelve had a higher social self-concept than grade nine.

Findings According to Age

3. The self-concept scores according to age differed significantly only on the variable Behavior.
 - B. Fourteen year olds had higher perceptions of their behavior and functions than the sixteen year olds.
 - C. Between fifteen and sixteen year olds, the fifteen year olds had significantly higher self-concepts on variables Physical Self, Moral/Ethical Self, Identity, Behavior, and Total P.
 - D. Between ages sixteen and seventeen, the seventeen year olds were significantly higher on the variables of Moral/Ethical Self, Behavior, and Total P.
 - E. Between ages sixteen and eighteen, the eighteen year old subjects were significantly higher on the variables Personal Self, Family Self, Self-Satisfaction, Behavior, and Total P.
 - F. Classified according to age, sixteen year old subjects were found to have the lowest self-concept than any other age.
4. The self-concept scores of the races were not significantly different on any variable.

Findings According to Town

5. The self-concept scores of the towns differed significantly on the variables Physical Self and Self-Criticism.
 - B. The self-concept scores between Atoka and Colbert differed significantly on the variables Behavior and Self-Criticism, with Atoka being significantly higher than Colbert on the variable Behavior--Colbert being significantly higher than Atoka on the variable Self-Criticism.
 - C. The self-concept scores between Atoka and Durant differed significantly on the variables of Family Self and Self-Criticism, with Atoka being significantly higher than Durant on both variables.
 - D. The self-concept scores between Colbert and Tishomingo differed significantly on the variables Physical Self and Self-Criticism, with Tishomingo being significantly higher than Colbert on both variables.
 - E. The self-concept scores between Durant and Tishomingo differed significantly on variable Self-Criticism, with Tishomingo being significantly higher than Durant.

Findings According to Income Levels

6. The self-concept scores between income levels differed significantly on all variables.
 - B. The self-concept scores between income levels A/B differed significantly on the variables of Physical Self, Moral/Ethical Self, Personal Self, Social Self, Self-Satisfaction, and Total P; with income level B being significantly higher than income level A.
 - C. The self-concept scores between income levels A/C differed significantly on the variables of Physical Self, Moral/Ethical Self, Personal Self, Family Self, Social Self, Identity, Self-Satisfaction, Behavior and Total P; income level C was significantly higher than income level A.
 - D. The self-concept scores between income levels A/D differed significantly on the variables of Physical Self, Moral/Ethical Self, Personal Self, Family Self, Social Self, Identity, Self-Satisfaction, Behavior, Total P, and Self-Criticism; with income level D being significantly higher than income level A.
 - E. The self-concept scores between income levels B/C differed significantly on the variables of Family Self, Social Self, Identity, and Behavior; with income level D being

- significantly higher than income level B.
- F. The self-concept scores between income levels B/D differed significantly on the variables of Family Self, Social Self, Self-Criticism, with income level D being significantly higher than income level B.
- G. The self-concept scores between income levels C/D differed significantly only on the variable of Self-Criticism.
- H. The self-concept scores of all subjects in income level A had the lowest self-concept of all other subjects in their respective levels.
- I. The self-concept scores of all subjects in income level D had the highest self-concept of all other levels.
- J. The self-concept scores between family type differed significantly only on variable Personal Self.

CHAPTER V

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Purpose of the Study

The purpose of this study was to determine if significant differences existed in the total self-concept and subscale scores on the Tennessee Self-Concept Scale between teenage girls who were presently pregnant, teenage girls who had delivered (3-11 months old), and teenage girls who had never been pregnant. In addition, it was to determine if significant differences exist in total self-concept scores of the subjects classified according to each demographic area: grade, age, race, town, governmental assistance, income, and family type.

A total of 440 girls participated in this study. The subjects ranged from age thirteen to eighteen. There were three races studied; Blacks, Whites, and Indians. The Tennessee Self-Concept Scale was administered to each subject, however, groups were tested separately. The Analysis of Variance was used to analyze the data in all areas except governmental assistance and family type. The t-test was used to analyze these two areas and to determine where significant differences occurred.

Discussion and Summary

According to the results of this study there were no differences found in the self-concept between groups. There were differences found in subscale and demographic areas.

The demographic area that revealed a significant difference on ninety percent of the variables was Income Level. Every variable except Physical Self was affected according to income levels. With the strain of the present economy, it is only natural for there to be a monetary concern among adolescents because it appears to be a concern that is affecting every aspect of our being. Thus, this indicates that adolescents of today are possibly placing too much emphasis on family income, and material possession, and not enough on family life and character which, in turn, points to the fact of how materialistic and monetary oriented our society has become.

In this study it was found that subjects who lived with both parents had a higher personal self-concept than did those who lived with only one parent. Girls who live under "normal" conditions, normal meaning living with parents who have a positive guidance philosophy, seem to have better feelings about themselves as a person.

Age sixteen was the only age that had high levels of inadequacy according to the fact that their age group had the lowest means on all variables. Grades nine and twelve were the grades in which a significant difference occurred. The difference was revealed to have occurred in variable

Social Self. This fact could be attributed to increased interrelations upon entering high school as well as lack of social experience at the ninth grade level.

Overall, the results of this study showed that the total self-concept of all participants were similar according to group and few differences occurred within demographic areas. It was found that the greatest impact on the self-concept of these adolescents was income level.

Conclusions Based on Hypotheses

According to the findings of this study the following hypotheses were accepted or rejected according to .05 level of confidence.

The hypothesis that there will be no significant difference in the total self-concept scores of teenage girls presently pregnant, teenage girls who have delivered, and teenage girls who have never been pregnant was accepted. There was found to be no difference in self-concept between groups.

The hypothesis that there will be no significant difference in the subscale scores of teenage girls presently pregnant, teenage girls who have delivered, and teenage girls who have never been pregnant was rejected. There were differences found in subscale scores on variables Identity and Behavior between groups.

The hypothesis that there will be no significant difference in the total self-concept scores of subjects

classified according to their age was rejected. There were differences found between age sixteen and all other ages utilized.

The hypothesis that there will be no significant difference in the total self-concept scores of subjects classified according to their year in school was rejected. Grades nine and twelve indicated a significant difference in variable Social Self.

The hypothesis that there will be no significant difference in self-concept between groups in each demographic area within races was rejected. There were differences in in variables in each demographic area.

The hypothesis that there will be no significant difference in self-concept between the three races in each demographic area was rejected. There were differences found in variables in each demographic area.

Recommendations

Recommendations for future studies based on the findings of this study are to conduct a follow-up study on the group of girls presently pregnant to determine if their self-concept would differ immediately following birth. Also, due to the fact that income level appears to have such an impact on the self-concept of subjects in this study, a study could be conducted which would indicate why income has such an impact on adolescence within this age range.

The subjects in this study were unmarried, therefore, a

study utilizing teenage girls who are married would be feasible. Since a problem of this nature affects parents and family members, a study in which these affects are analyzed would be useful.

Due to the sociological implications found in this study such as: at what age level does pregnancy show up and the significance of income or pregnancy, a final recommendation would be to conduct a study to investigate these implications from a sociological standpoint.

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APPENDIXES

APPENDIX A

DEMOGRAPHIC INFORMATION SHEET

DEMOGRAPHIC INFORMATION SHEET

FILL OUT AS COMPLETELY AS POSSIBLE:

- A. RACE: AMERICAN INDIAN
 WHITE AMERICAN
 BLACK AMERICAN
 OTHER _____
- B. AGE _____
- C. DO YOU LIVE WITH
- a. MOTHER
 - b. FATHER
 - c. BOTH PARENTS
 - d. FRIEND
 - e. GUARDIAN
- D. PARENTS OCCUPATION
- MOTHER: _____

- FATHER: _____

- GUARDIAN: _____

- E. DOES YOUR PARENTS/GUARDIAN RECEIVE GOVERNMENTAL ASSISTANCE? _____ IF SO, WHAT KIND?
- a. SOCIAL SECURITY
 - b. WELFARE
 - c. VETERAN
- F. PARENTS OR GUARDIANS APPROXIMATE YEARLY INCOME:
- a. 3,000- 4,999
 - b. 5,000- 7,999
 - c. 8,000-11,999
 - d. 12,000- above
- G. HOW MANY CHILDREN DO YOU HAVE? _____
 HOW OLD ARE THEY? _____

APPENDIX B

DATA FORM FOR RECORDING VARIABLE SCORES
AND DEMOGRAPHIC INFORMATION

DATA FORM FOR RECORDING VARIABLE SCORES AND
DEMOGRAPHIC INFORMATION

GROUP _____	
VARIABLE SCORES	DEMOGRAPHIC INFORMATION
COL. A - PHYSICAL SELF _____	GRADE _____
COL. B - MORAL/ETHICAL SELF _____	RACE _____
COL. C - PERSONAL SELF _____	AGE _____
COL. D - FAMILY SELF _____	LIVE WITH _____
COL. E - SOCIAL SELF _____	P. OCCUP. _____
ROW 1 - IDENTITY _____	P. REC. GOV. ASST. _____
ROW 2 - SELF SATISFACTION _____	ANNUAL INCOME _____
ROW 3 - BEHAVIOR _____	CHILDREN _____
TOTAL P _____	CHILD. AGE _____
SELF CRIT. _____	TOWN _____

APPENDIX C

COMPUTER INFORMATION FORM

APPENDIX D

BREAKDOWN OF TOTAL POPULATION WITHIN
CATEGORIES

BREAKDOWN OF TOTAL POPULATION WITHIN
CATEGORIES

Town	White Amer			Black Amer			Indian Amer		
	NP	PPG	PP	NP	PPG	PP	NP	PPG	PP
DURANT	33	17	14	--	--	--	--	--	--
TISHOMINGO	--	--	--	--	--	--	44	19	17
COLBERT	47	14	18	45	15	17	--	--	--
ATOKA	56	17	15	25	16	14	--	--	--
TOTAL GIRLS	136	48	47	70	31	31	44	19	17

231

132

80

= 440 Total
Girls

APPENDIX E

TOTAL POPULATION

TOTAL POPULATION

Town	White	Black	Indian
Durant	64	0	0
Tishomingo	0	0	80
Colbert	79	77	0
Atoka	88	55	0

2
VITA

Marsha Kaye Gathron

Candidate for the Degree of

Doctor of Education

Thesis: AN ANALYSIS OF VARIABLES AFFECTING THE SELF-CONCEPT
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