Self-Esteem Levels Of Pregnant Adolescents From Different Races

Stephanie M. Gale

Mississippi University for Women

Follow this and additional works at: https://athenacommons.muw.edu/msn-projects

Part of the Nursing Commons

Recommended Citation
https://athenacommons.muw.edu/msn-projects/177

This Thesis is brought to you for free and open access by the MSN Research at ATHENA COMMONS. It has been accepted for inclusion in MSN Research Projects by an authorized administrator of ATHENA COMMONS. For more information, please contact acpowers@muw.edu.
SELF-ESTEEM LEVELS OF PREGNANT

ADOLESCENTS FROM DIFFERENT RACES

by

STEPHANIE M. GALE

A Thesis
Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

August 1997
Self-Esteem Levels of Pregnant Adolescents from Different Races

by

Stephanie M. Gale

Instructor in Nursing
Director of Thesis

Associate Professor of Nursing
Member of Committee

Professor of Nursing
Member of Committee

Director of the Graduate School
Abstract

Effective pregnancy prevention in adolescence remains elusive to researchers and health care providers. Several studies have been conducted on the relationship between self-esteem and race and between self-esteem and pregnancy in adolescent populations. The purpose of this study was to determine if a difference exists between self-esteem levels and race in pregnant adolescents. Leininger’s Cultural Care Theory was the theoretical framework used in this study. The null hypothesis was there is no difference between self-esteem levels and race in pregnant adolescents. The setting for this descriptive comparison study was a prenatal clinic for underserved populations in the Southeastern United States. The sample consisted of 28 primigravida adolescents 14 to 18 years of age carrying a live fetus with a minimal gestational age of 12 weeks. Data analysis was accomplished using descriptive statistics and a two-tailed t test. While overall self-esteem levels as determined by the State Self-Esteem Scale (SSES) were relatively high (3.9 out of 5.0), a number of
significant correlates emerged. Significant differences were found between the race, age, and gestational age of participants. The null hypothesis was rejected. Implications of nursing were given in the area of education, practice, research, and theory. Teaching culturally sensitive nursing interventions are needed at the baccalaureate and master’s levels of nursing. Promoting self-esteem in adolescents using a culturally and ethnically sensitive aspect may improve prenatal care and pregnancy outcomes. Contentions of Leininger’s Cultural Care Theory that interracial differences affect perceived views of self was supported. Recommendations for further study were for replication of the study using a larger sample size with a more diverse racial sample and a variety of settings. Also studies were recommended involving pregnant adolescents and differences between race and other demographic characteristics affecting self-esteem, how fostering self-esteem early in pregnancy affects pregnancy outcomes, and the relationship between familial support and self-esteem. Recommendations for practice included development of interventions to foster self-esteem in all adolescents, development of culturally sensitive prenatal care, and development of programs for
families of pregnant adolescents which aid in fostering self-esteem.
Dedication

I would like to dedicate this thesis to my grandparents,

Mr. and Mrs. John Frances McLain,

Mrs. Henry Hamilton Munn, and

the late Henry Hamilton Munn.

Thank you for giving me love, encouragement, support and praise, and the best parents possible. Without you I would not be where I am or who I am. I love you deeply.
Acknowledgments

This past year has been a challenge for me personally and academically. Many have provided the support and encouragement I needed daily in facing this challenge. To these people I would like to express my gratitude and love.

To my husband, Todd Gale, you have shown me all the patience and love in the world. I could not have accomplished this without you. You have been my rock.

To my parents, Ralph and Judy McLain, thank you for your continuous support and unconditional love. You have given me everything and expecting nothing in return. You are truly the best.

To my sister, Natalie McLain McNair, who is as much a part of me as my heart, you are my inspiration.

To my committee members, Patsy Smyth and Linda Sullivan, thank you for your wisdom and expertise. You were gracious and kind in all your suggestions and praise.

To Lorraine Hamm, my chairperson and my friend, without your gentle nudge, I would not have reached this
far. Without your strong and ever-present shoulder I would not have been so comforted. Thank you for being all you are--a wonderful nurse, advisor, and person.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Dedication</td>
<td>vi</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>vii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xi</td>
</tr>
</tbody>
</table>

## Chapter

### I. The Research Problem

- Establishment of the Problem: 2
- Significance to Nursing: 4
  - Nursing education: 4
  - Nursing practice: 5
  - Nursing research: 6
  - Nursing theory: 6
- Theoretical Framework: 7
- Statement of the Problem: 9
- Purpose of the Study: 10
- Research Hypothesis: 10
- Definition of Terms: 10
- Assumptions: 11

### II. Review of the Literature

- Self-Esteem and Race: 13
- Self-Esteem and Pregnancy: 20
- Pregnancy in Adolescence: 27
- Summary: 37

### III. The Method

- Design of the Study: 39
- Variables: 40
- Limitations: 40
F. Letter Explaining Study to Participants and Guardians ................................ 81

G. Consent of Participant and Guardian ................................ 83
List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Characteristics of the Sample</td>
<td>46</td>
</tr>
<tr>
<td>2. Comparison of African American and Caucasian SSES Scores Using a Two-Tailed ( t ) Test</td>
<td>49</td>
</tr>
<tr>
<td>3. Comparison of Two Age Groups' Scores on the SSES Using a Two-Tailed ( t ) Test</td>
<td>50</td>
</tr>
<tr>
<td>4. Comparison of Gestational Age Groups’ Scores on the SSES Using a Two-Tailed ( t ) Test</td>
<td>51</td>
</tr>
<tr>
<td>5. Comparison of Mean SSES Scores Between Opposing Demographic Variables</td>
<td>52</td>
</tr>
</tbody>
</table>
Chapter I

The Research Problem

The incidence of teenage pregnancy is estimated to be 3 to 10 times higher in the United States than in any other developed country. An enormous increase, 15% to almost 65% of all births, occurred in adolescent population from 1960 to 1988 (Litt, cited in Donohoe et al., 1996). The problems associated with teenage pregnancy are multifactorial and have societal and personal components. Teenagers who become pregnant have a higher incidence of not receiving a high school education, developing psychological disorders, contracting sexually transmitted diseases, future unemployment, and long-term welfare dependency (Stevens-Simon & Boyle, 1995). Research studies on pregnancy prevention education have been controversial and contradictory. Effective pregnancy prevention in adolescents remains elusive to researchers and health care providers.

Other concerns of pregnancy in adolescents are the physiological consequences that accompany both pregnancy
and adolescence. During adolescence, adjustment from childhood to adulthood is occurring which may challenge self-esteem. Physical and hormonal changes are normal predecessors to fertilization that also may disrupt self-esteem. When adolescents become pregnant, these challenges are compounded.

Researchers have hypothesized that adolescent pregnancy and childbirth are not issues of sex and contraception but are issues of the physical and emotional world of adolescents (Cheng & Cheng, 1996). Adolescents are more likely to have poorer pregnancy outcomes than are older females. African-American adolescents have higher rates of low birth and very low birth weight infants and higher neonatal and infant mortality rates than Caucasian adolescents (Leland, Petersen, Braddock, & Alexander, 1995). Thus, the emotional state of adolescents during pregnancy is a concern for health care providers and society.

Establishment of the Problem

Studies have shown that sexually active and pregnant adolescents have lower self-esteem than nonsexually active adolescents (Smith, Johnson, & Finlay, 1994). Yet other
studies have shown a relationship among sexual activity, pregnancy, and low self-esteem in adolescent females and increased self-esteem in adolescent males (Robinson & Franks, 1994). Low levels of self-esteem have been associated with high risk-taking behaviors in adolescents. Female adolescents report lower levels of self-esteem than male adolescents. These adolescents have been hypothesized as attempting to bolster self-esteem through increased sexual activity (Robinson & Franks, 1994).

Adolescent self-esteem and behaviors are fostered through cultural values of family and peers (Tashakkori, 1993). Cultural groups that place high value on pregnancy, motherhood, and the maternal role may be less likely to show social disapproval of adolescent pregnancy, thus making pregnancy more attractive in subcultures than in dominant or more expressed cultures (Smith et al., 1994). Miller and Moore stated that race is one of the most influential contributors in determining age initiation of sexual activity and tolerance of teenage pregnancy when other demographic factors are controlled (Miller & Moore, 1990). Thus, the relationship between pregnancy and self-esteem levels in adolescents may be confounded by race.
Few studies have been conducted on pregnancy in adolescents and self-esteem which consider ethnicity or race. As Smith et al. stated, documented studies indicate that Caucasian adolescents view unintended pregnancy more negatively than non-Caucasians (Smith et al., 1994). Earlier studies not allowing for racial demographics may not present a complete picture on self-esteem levels in adolescents. Therefore, the problem for this research was to determine if a difference existed between self-esteem levels and race in pregnant adolescents.

Significance to Nursing

The current research study was conducted to determine whether there was a difference between self-esteem in pregnant adolescents of different racial groups. Knowledge of this relationship will aid the nurse practitioner in providing quality and comprehensive care to pregnant adolescents. This study may be of benefit to the nursing profession in the areas of education, practice, research, and theory.

Nursing education. The incidence of teenage pregnancy continues to increase yearly. The prevalence of pregnancy in schools is growing and descending into lower grades. It
is well established that self-esteem is an issue in many of these pregnancies. Knowledge about adolescents' self-esteem can improve health coverage and preventive care. Information from this study may be useful in developing racially sensitive and pertinent nursing interventions regarding pregnant adolescents' self-esteem. Such interventions must be taught at the baccalaureate and master's levels in schools of nursing in order for nurses to be adequately prepared to intervene appropriately with adolescents.

Nursing practice. Family nurse practitioners have a unique opportunity to assess adolescents in the community who are pregnant or who are at risk for becoming pregnant for reasons which may be related to low self-esteem. A large percentage of nurse practitioners practice in rural settings or provide health coverage to indigent or government-insured clients where the incidence of teenage pregnancy is extensive. In the Southeastern United States, the pregnant adolescent population is made up of a variety of ethnic groups. Understanding cultural and ethnic factors influencing self-esteem allows for culturally sensitive care. Acting as a patient advocate, the nurse
practitioner can foster self-esteem in adolescents who are at risk, thus decreasing subsequent pregnancies.

Nursing research. Limited research and empirical data exist on the relationship between self-esteem and race in pregnant adolescents. Numerous studies have examined the relationships between race and self-esteem and between pregnancy and race in the adolescent population, but none explore a connection among the three variables. Findings from this study may prove beneficial in identifying teenagers at risk for poor pregnancy outcomes. The need for research involving pregnant adolescents and self-esteem is becoming a priority for advanced practice nursing because of the expanding role of nurse practitioners in providing prenatal and preventative care.

Nursing theory. This study stressed the need to implement culturally sensitive care in health services to be most effective in providing care. Leininger's Cultural Care Theory was the framework within which the study was based. Leininger stated that nonculturally adapted nursing care is detrimental and prevents wellness or recovery (Reynolds & Leininger, 1993). This study sought to further establish Leininger's theory.
Theoretical Framework

Leininger's Cultural Care Theory (Reynolds & Leininger, 1993) was used as the theoretical framework for this study. Race is a complex concept that involves more than physiological differences, yet a person is identified by the physical attributes he or she possesses, one of which is race. Cultural differences, interracial and intraracial, affect perceived views of self and health. Leininger defines culture as "the learned, shared, and transmitted values, beliefs, norms, and lifestyle of a particular group that guides their thinking, decisions, and actions in patterned ways" (Reynolds & Leininger, 1993, p. 19). By identifying the culture of an individual or group needing care, nursing care can be adapted, thus becoming more efficient. Leininger theorized that non-culturally adapted nursing care causes conflicts and problems to arise that are detrimental to the individual or group needing care by preventing wellness or delaying recovery (Reynolds & Leininger, 1993).

Leininger identified three modes of nursing action based on providing culturally congruent care: (a) cultural care preservation, (b) cultural care accommodation, and (c) cultural care repatterning (Marriner-Tomey, 1994).
Cultural care preservation involves actions that preserve or maintain positive and healthy cultural habits. Cultural care accommodation refers to actions that help negotiate for a satisfying outcome between culturally diverse groups and health care providers. Cultural care repatterning refers to actions that facilitate the altering of lifestyle to a more beneficial or healthier life way while respecting cultural beliefs. Leininger denounces interventions as a culturally bias Western term that implies interference and imposing practices (Reynolds & Leininger, 1993).

The relevance of Leininger's Cultural Care Theory to this study is in self-perception of the individual when there is a change in health. Self-esteem has been identified as an attitude toward oneself. Cultural influences are one important parameter that contributes to self-esteem. Leininger's Cultural Care Theory was appropriate for this study because the difference between self-esteem levels in pregnant adolescents and race was explored.
Statement of the Problem

Adolescents face many difficult developmental tasks with one essential task being the development of positive self-esteem. Sexual activity among adolescent populations may be a chosen behavior for raising self-esteem and sexual identity with a resulting pregnancy being purposeful or accidental (Robinson & Franks, 1994). Identifying adolescents with low self-esteem and developing treatment plans to increase self-esteem levels through positive actions or interventions is a priority of the primary health provider.

Because the incidence of adolescent pregnancy is still very high, researchers are eager to identify correlates of the event. Few studies have focused on the relationship between self-esteem and race in pregnant adolescents. Previous findings indicate that low self-esteem is associated with adolescent pregnancy while other studies indicate that race and culture are factors influencing the teenage pregnancy rate. Still other studies indicate that self-esteem during pregnancy may be related to pregnancy outcomes. In this study, the problem addressed was whether a difference exists between self-esteem levels and race in pregnant adolescents.
Purpose of the Study

The purpose of this study was to determine whether a difference existed between self-esteem levels and race in pregnant adolescents. These data are necessary for the nurse practitioner seeking to provide culturally sensitive prenatal care to pregnant adolescents. The goal of this study was to increase awareness in racial differences associated with self-esteem in pregnant adolescents.

Research Hypothesis

The following null hypothesis guided this research: There is no difference between self-esteem levels and race in pregnant adolescents.

Definition of Terms

For the purposes of this study, the following terms were defined:

Self-esteem: the attitude or feelings an individual possesses toward oneself at a given time. Self-esteem can be divided into global and specific categories. Global self-esteem refers to an overall or the total attitude toward oneself whereas specific self-esteem refers to the attitude one takes toward different aspects of oneself.
such as academic ability or appearance (Dukes & Martinez, 1994). For the purposes of this study, self-esteem was defined as the overall general attitude one has toward self while pregnant. Operationally, self-esteem was defined as scores on the State Self-Esteem Scale (Heatherton & Polivy, 1991).

**Race:** an individual's ethnic origin, a distinct group classified by genetics. For this study, race was defined in terms of ethnicity and was divided into groups of Caucasian (white), African American (black), Native American, and others specified by the participant.

**Pregnant adolescent:** a person in the age and development stage between childhood and adulthood. For this study, pregnant adolescent was a female between the ages of 13 and 18 years who was carrying a live fetus ≥ 12 weeks gestational age.

**Assumptions**

The following assumptions were made regarding this study:

1. Self-esteem is a measurable attitude in adolescents.
2. Pregnancy is a physiological state which may alter an individual's self-esteem.

3. Race is a complex concept that involves more than physiological differences (Reynolds & Leininger, 1993).

4. Race has a distinct influence on cultural beliefs and behaviors.
Chapter II

Review of the Literature

The purpose of this review of literature was to determine what information existed on the relationships among ethnicity or race, self-esteem, and pregnancy in adolescent populations. Several studies have been conducted which examined the relationship between ethnicity and adolescent self-esteem and between pregnancy and self-esteem in adolescents. However, very few studies have examined the relationships among ethnicity or race, self-esteem, and pregnancy in adolescence. Because of the limited number of studies concerned with these variables, studies concerned with self-esteem and race, self-esteem and pregnancy, and pregnancy in adolescence were addressed for the purposes of this review.

Self-Esteem and Race

The purpose of the quantitative descriptive research study conducted by Smith et al. (1994) was to examine the relationships among ethnicity, pregnancy status, and self-esteem of an adolescent population. Smith et al. (1994)
included subjects enrolled in racially mixed teen-pregnancy academic programs in high schools from two southern states. Assertions were made that not controlling for ethnicity when exploring self-esteem and pregnancy status in adolescents could mask results.

Two hypotheses were generated by the researcher:

1. There will be no differences in levels of self-esteem among pregnant, parenting, or never pregnant African-American adolescents.

2. There will be differences in levels of self-esteem among pregnant, parenting, and never pregnant European American adolescents. (Smith et al., 1994, p. 188)

The multidimensional conceptualization of self-functioning was used as a framework for study. Self-esteem was defined as feelings and attitudes the individual has toward self. Forty-one African Americans (16 pregnant, 3 parenting, and 22 never pregnant) and 59 European Americans (30 pregnant, 4 parenting, and 25 never pregnant) comprised the sample of adolescents (N = 100), ages ranging from 15 to 19 years (M = 16.74 years, SD = 1.29 years). Subjects shared similar socioeconomic backgrounds.

Data were collected using the Offer Self-Image Questionnaire (OSIQ). Based on a 6-point Likert scale of 130 positive and negative statements related to self-
perception, the OSIQ uses a multidimensional construct approach to self-esteem with 11 components. The components are emotional tone, impulse control, mental health, social functioning, family functioning, vocational attitudes, self-confidence, self-reliance, body image, sexuality, and ethical values. A total score from the components reflects global self-esteem, with higher scores relating better psychosocial adjustment (Smith et al., 1994).

Preliminary data analysis failed to show any differences in self-esteem between pregnant and parenting adolescents, thus prompting the researchers to combine the data from these groups into a grouping labeled as pregnant. A MANCOVA was computed on self-esteem dimensions for ethnicity and pregnancy status. Significance was shown for both race ($p < .001$) and pregnancy status ($p < .01$) using Wilks's Lambda. Self-esteem scores for pregnant European Americans were lower than pregnant African Americans. Multivariate analysis of the effect of ethnicity on pregnancy status showed that ethnicity was significant for the pregnant group ($p < .0001$), but not significant for the never-pregnant group. The scores of the never-pregnant groups were very similar. ANCOVA data analysis revealed the impact of pregnancy on self-esteem
was greater for European Americans than for African Americans.

Both hypotheses were accepted by the researchers based on data significance. The researchers suggested that pregnancy status and self-esteem are related in adolescents but were dependent upon ethnicity. For the Smith et al. (1994) study, pregnancy status was not significantly associated with self-esteem for African Americans but was significantly associated with self-esteem in European Americans.

The Smith et al. (1994) study suggested ethnicity is a controlling variable which strongly influences the relationship between self-esteem and pregnancy status. Recommendations by Smith et al. were for further research involving ethnicity, self-esteem, and pregnancy without the confounding factor of grouping together parenting adolescents and pregnant adolescents. The proposed study will describe the relationship between self-esteem and race in pregnant adolescents. Thus, the current study will address Smith et al.'s recommendation by describing the relationship between self-esteem levels and race in a population of pregnant adolescents.
Other researchers concerned with adolescent self-esteem and the effect of ethnicity and gender on self-esteem have shown a variety of results over the past two decades (Dukes & Martinez, 1994). The purpose of Dukes and Martinez's (1994) study was to explore the impact of gender and race as a unit on self-esteem and to conciliate opposing views of other findings.

Dukes and Martinez (1994) used a nonexperimental, descriptive design format to measure core self-esteem and public self-esteem in an ethnically diverse male and female adolescent population. The concept of core self-esteem was described in the study as a means to convey a global, central, enveloping view of self. Public self-esteem, as a concept, addressed self-confidence, or one's perceived ability, and efficacy in an institutional or scholastic context. Dukes and Martinez also employed an "ethgender" concept as the unique social space which is occupied by individuals in which race and gender intersect, creating a unique perception of self.

Neither formal research question nor hypothesis was stated by the researchers, though several generalizations were named for the purpose of data analysis. Generalizations were listed as follows:
1. Core self-esteem of minority adolescents generally is about as high as that of whites.

2. Public self-esteem generally is lower for racial minority adolescents than for whites.

3. Core self-esteem of female adolescents generally is lower than that of males.

4. The difference in public self-esteem generally is less across adolescent males and females than across the 'races.' (Dukes & Martinez, 1994, p. 108)

The sample (N = 18,612) consisted of junior high and high school students in Colorado Springs, CO. The Rosenberg Self-Esteem Scale (RSE) was used to measure core self-esteem. An index containing three Likert-type questions that were intercorrelated (0.49 to 0.61) was used in measuring public self-esteem. Responses were scored using a 4-point scale with answers ranging from "Strongly disagree" to "Strongly agree." Demographic data also were collected. The questionnaires were administered by teachers in November 1989 and took approximately 20 minutes to complete.

Using analysis of variance (ANOVA) (p < .001) for the RSE, the mean score for males was 31.51 and 29.83 for females. The mean score for whites was 30.78 and for minorities 30.39 (p < .001). Both findings were statistically significant with gender having the stronger
effect on core self-esteem as predicted by Dukes and Martinez (1994).

On the public self-esteem index, the means for whites and minorities were 10.20 and 9.87, respectively ($p < .001$). Males had a mean score of 10.20 and females of 10.00, thus supporting the generalization that public self-esteem is greater for ethnicity than for gender.

Upon examining the scores of the core self-esteem, Dukes and Martinez (1994) found that males of all ethnic groups scored above the grand mean generated by males and females as a whole, and only black females scored above the grand mean in gender. Public self-esteem scores showed that females of all ethnic groups scored at least as high as males on the RSE. Ethgender results showed black males scoring highest on the RSE and white males scoring highest on the Public Self-Esteem Index. Asian females had the lowest scores on both questionnaires.

The researchers concluded that, though little research has been conducted on the impact of gender and race as a whole on self-esteem, there is evidence of an interactive effect. The study helped in identifying self-perceived self-esteem in adolescents. Implications were for further research on ethgender and development of more
thorough instruments for measuring public self-esteem. The current study did not employ the ethgender concept because the allowance for gender as a variable has been limited in selecting pregnant adolescents as the target population. Race and ethnic origin are identified as a strong factor influencing self-esteem. The current study will further aid in describing any differences in self-esteem levels as related to race utilizing a distinctively similar sample population.

**Self-Esteem and Pregnancy**

In a descriptive study conducted by Robinson and Franks (1994), the relationship between self-esteem, sexual activity, and pregnancy in adolescence was examined. The sample consisted of students from two university affiliated high schools (n = 287) and pregnant teenagers from a local physician’s office (n = 16). Eighty-three percent of the sample was between the ages of 15 and 18 years; the age range was 13 to 19 years. Other demographics were gender (male, 45%; female, 55%) and race (black, 40%; white, 53%; Hispanic, 2%; unspecified, 6%). The purpose of the study was to explore self-esteem
Four hypotheses were developed by the researchers. The first hypothesis stated sexually active males would report higher levels of self-esteem than non-sexually active males. Sexually-active females would report lower levels of self-esteem than females who were not sexually active was the second hypothesis. Higher levels of self-esteem would be reported by pregnant females than non-pregnant females was the third hypothesis. The fourth hypothesis stated males who had fathered a child would report higher levels of self-esteem than males who had not fathered a child. Neither self-esteem nor sexual activities were formally defined by the researchers. Implied meanings were self-esteem as a general positive attitude toward one’s whole self and sexual activity as sexual intercourse that can place oneself at risk for becoming or contributing to pregnancy (Robinson & Franks, 1994).

The Coopersmith Self-Esteem Inventory, a 25-item tool, was used for data collection. The tool described various personality traits and asked subjects to categorize themselves as "like me" or "unlike me." High
levels of self-esteem were indicated through high scores with the highest being 25. Additional open-ended questions regarding self-concept were asked related to goals, appearance, and personal characteristics. Questions dealing with sexual activity and demographics also were asked.

The procedure for data collection utilized by Robinson and Franks (1994) included receiving appropriate approval and consent from institutional review boards, subjects, and parents of subjects. Subjects were surveyed in the classroom. The pregnant teenagers were given the survey in the obstetrician's office and were asked to return the survey via mail.

Results revealed a mean self-esteem level of 17.776 for the sample. Data analysis was performed using a t-test, the two-tailed t-test, ANOVA testing, and multiple regression analysis. Robinson and Franks (1994) failed to support four hypotheses as no significant differences between the groups emerged. However, a trend was identified in the data with fathers reporting lower levels of self-esteem than non-fathers (p = .318).

Robinson and Franks (1994) concluded that in predicting adolescent self-esteem no single variable was
statistically significant and that no difference in self-esteem levels existed on the bases of race, gender, sexual activity, or pregnancy. High levels of self-esteem were fostered through environments where parents' and teachers' values related to educational and achievement goals. No relationship between self-esteem and sexual activity was found. Implications for practice were suggested dealing with prevention of teenage pregnancy. A comprehensive assessment of factors influencing adolescents at all levels is necessary since no single variable influences self-esteem. Also, fostering high achievement and career goals through education will improve self-esteem level of the individual. Since adolescents at all levels of self-esteem report sexual activity, as identified by Robinson and Franks (1994), pregnancy prevention should be stressed.

The conflicts between the findings of the Smith et al. (1994) and the Robinson and Franks (1994) studies serve to underscore the need for additional studies regarding self-esteem and race in adolescents. The proposed study will be an attempt to continue meeting the need to explore the relationships among the variables of pregnancy and self-esteem in the adolescent population.
An earlier study by Patten (1981) lends an important historical perspective to the current study. Patten examined self-esteem and self-concept in unwed pregnant adolescents. Comparisons were made between the sample from Patten's (1981) study and two previous studies that collected subject data from the same residence home in 1963 and 1970. Demographic variables were compared with the earlier studies as well as subjects' perception of causes contributing to their pregnancy and how pregnancy affects future expectations.

The sample consisted of 37 volunteers aged 13 to 24 years who were single, pregnant, and residing at the Florence Crittendon Home in Nashville, Tennessee. The two earlier studies used the same parameters for sample subjects. The Tennessee Self-Concept Scale and the Rosenberg Self-Esteem Scale were used for data collection. A 15-item questionnaire was developed based on interview questions from the 1963 study to measure feelings toward causes of their pregnancy and future expectations (Patten, 1981). Demographic data also were collected and included previous living arrangements, parental marital status, education, and occupation.
Several types of statistical analysis were incorporated in comparison of data with the earlier studies and with published normative values for self-concept and self-esteem of the general population. On self-concept, no significant difference was shown between the present subject and the earlier subjects, yet all three groups had lower self-concepts than the general population.

Significant differences were shown between the 1963 and 1979 groups in responsibility for own pregnancy with only 26% in 1963 and 81% in 1979. Those who reported they felt sex was necessary to keep a boyfriend also were found to have statistically significant differences between earlier groups, with 3% in 1963 and 27% in 1979. No other variable on placing responsibility for pregnancy was found significant. On expectations for the future, only "chances for a good marriage" and "relationship with friends" were found significantly different between groups with both variables declining in 1979 subjects (Patten, 1981).

Patten's findings supported previous studies in that pregnant adolescents have lower self-concepts and self-esteem than the general population. An unexpected finding by the researcher was no significant difference was shown
in self-concept ratings between the three groups. An explanation for low self-esteem scores in the 1979 subjects given by the researcher was differences in a negative attitude toward out-of-wedlock pregnancy and a permissive attitude toward sexual relationships (Patten, 1981).

Programs aimed at improving self-esteem in adolescents at risk for becoming pregnant, fostering good mental health, and focusing on sexual responsibility were suggested by the researcher as a means of lowering the illegitimacy rates of adolescents. Future research needs more exploration into adolescent self-esteem and the relationship to pregnancy. Investigation into the role of the male sex partner and his influence on the self-esteem of the pregnant adolescent also is warranted. Clinical implications involve identifying adolescents at risk, development and implementation of programs fostering a healthy mental status and self-concept, and education on sexual responsibility of both male and female adolescents.

The current researcher examined self-esteem in pregnant adolescents in the 1990s, bringing some of the variables in the earlier studies up to date. The Patten (1981) study was an important foundation for the current
study as it examined trends in adolescent self-esteem across time and reflected that self-esteem in pregnant adolescents has historically remained low.

**Pregnancy in Adolescence**

A descriptive study was conducted by Blinn-Pike, Stenberg, and Thompson (1994) on intraindividual variations in mood among a group of pregnant adolescents. The purpose of the study was to demonstrate that the pregnant adolescents' mood lability affects data supplied to other researchers on decision-making and psychometric properties (Blinn-Pike et al., 1994). The basis of the study centered around pregnant adolescents' affective tone, contextuality related to feelings about their mothers, their babies' fathers, and themselves, and lability of mood over time. Mood and intraindividual variation were used interchangeably and defined as "quickly changing, intensely felt, and widely fluctuating emotional experiences" (Blinn-Pike et al., 1994, p. 165).

Due to the limited research on mood lability of pregnant adolescents, the researchers focused their review of literature on two areas: intraindividual variations during adolescence and intraindividual variations during
pregnancy. From this study three researchable questions were developed for exploration:

(1) What mood patterns (affective tone and lability) are evident within the context of pregnant adolescents' feelings about themselves, their mothers, and their babies' fathers over time? (2) How are their mood patterns concerning themselves, their mothers, and their babies' fathers related? (3) What tentative hypotheses can be generated about interindividual variability during adolescent pregnancy for examining multiple cases of intraindividual variability? (Blinn-Pike et al., 1994, p. 165)

The sample population was determined by volunteerism of pregnant adolescents attending public high schools who were asked to participate by their classroom teachers. Participants consisted of 14 females with a mean age of 16 years (SD = 1.18) and a mean gestational age of 5.1 months (SD = 1.28). Of the participants, 2 were married and lived with their husbands, 8 lived with one or both parents, 3 lived in foster or residential homes, and one lived with a sister.

Data collection was in the form of weekly diaries kept by the participants for 6 consecutive weeks. All participants were asked to write about their feelings toward their mothers, their babies' fathers, and themselves weekly. A form sentence was given to facilitate expression that read "During the last week I thought [my
mother, my baby's father or I] was . . . because . . . " (Blinn-Pike et al., 1994, p. 170). Demographic information was collected the first week. Dairies were turned in weekly to the classroom teacher and mailed to researchers.

Data analysis involved four individuals who read each diary and rated weekly entries on the three topics and an overall impression based on a five-part scale with 1 being very negative and 5 being very positive. The raters, three were university faculty members in Home Economics or Child and Family Studies and one was a graduate student, were given no formal training and worked independently. Calculations of interrater reliability, descriptive statistics, and correlations were used for data analysis.

Using grand means for affective tone based on scores for each subject, topic, and week, participants' feelings toward their mothers rated highest and toward themselves rated the lowest. A scatter plot distribution was drawn reflecting each participant's average tone. This distribution revealed that participants had more positive feelings about their mothers than themselves. Positive feelings toward their mothers and neutral feelings toward their babies' fathers were highly labile and more variable than feelings toward themselves. Emotions toward
themselves were negative and moderately stable (Blinn-Pike et al., 1994).

From these results the researchers concluded that adolescents are aware of their labile moods and feelings which were independent and context specific, not interrelated. Also, there was a strong need for research and theory development on adolescent mood states during pregnancy and how they interact with decision making (Blinn-Pike et al., 1994). Three hypotheses were developed from this pilot study for future research:

1. Pregnant adolescents' feelings about and relationship with their babies' fathers do not influence their feelings about their mothers, or vice versa.

2. Pregnant adolescents feel more negatively about themselves than they do about their babies' fathers or their mothers.

3. Pregnant adolescents' negative self-images are more stable than their feelings about their mothers or babies' fathers, thereby making self-image data more reliable than data on their feelings about the other two people. (Blinn-Pike et al., 1994, p. 179)

Blinn-Pike et al. (1994) suggested clinical implications for practitioners included assisting pregnant adolescents in making effective decisions. Awareness of mood lability, contextual nature, and specific patterns of individual pregnant adolescents by practitioners will aid
adolescents in recognition of mood swings. Because decisions made during different mood states could affect the adolescent's future, the authors surmised that recognition and understanding of these changes would be beneficial in an effective decision-making process.

Stevens-Simon, Kelly, and Singer (1996) examined the attitudes of adolescent mothers. Adolescent mothers who conceived again during the first postpartum year were compared to adolescent mothers who did not conceive again during the same time interval. Using a quantitative descriptive study design, the research hypothesis stated that adolescent mothers who conceived again during the first postpartum year had more positive attitudes toward childbearing during pregnancy than adolescent mothers who did not conceive again during the first postpartum year.

The sample for the study consisted of 200 racially diverse, pregnant adolescents, age 13 to 18 years, who were primarily nulliparous (80.5%) and unmarried (92%). All subjects were enrolled in a comprehensive, multidisciplinary program designed for adolescent care throughout the entire pregnancy/parenthood experience, including care during prenatal, labor and delivery, and postpartum periods and an infant care program. Subjects
were recruited during the third trimester of pregnancy and were followed for one year postpartum.

Data collection was based on a self-administered questionnaire at time of enrollment by participants. The questionnaire collected information on the reasons why contraceptives were not used during the time of conception, prior to conception, and any reasons contributing to not using contraceptives. Sociodemographic factors, psychological variables, and prior sexual and reproductive history were obtained as well as plans for postpartum contraceptive use. Family support adequacy was determined using the Family Apgar Scale, and depressive symptoms were measured using the Center for Epidemiological Studies-Depression Scale. Alcohol and drug use information was obtained by participant report only.

Data analysis for the quantitative descriptive study employed the t test, chi-squared analysis, and analysis of variance between subjects who did and did not conceive again during the first postpartum year. Of the sample, 23 out of 200 participants (11.5%) became pregnant again within one year postpartum. Sociodemographic and psychological risk factors determined to be significantly related to repeat conception were that adolescents were
more likely to be living outside of parental home, had dropped out of high school prior to graduating, reported illicit drug use, and rated their families as unsupportive (Stevens-Simon et al., 1996). Using these four factors as independent variables for logistic regression analysis, the researchers found rating one's family as unsupportive during pregnancy was the strongest indicator for repeat conception during the first postpartum year. No significant differences were found between age, race, or Medicaid use and in subjects who did or did not conceive again.

The researchers used two more logistic regression analyses to interpret data. The second model used the subject's past and future reproductive behavior as the independent variable in determining repeat conception. Subjects who had experienced a miscarriage prior to conception were significantly more likely to conceive within the first year postpartum (85%). The final logistic regression analysis indicated that educational status was the most significant predictor in repeat conceptions. The data supported the research hypothesis that those adolescents who conceived again during the first postpartum year would express more positive attitudes
toward childbearing than those who did not conceive within the given time frame, but did not reach statistical significance (Stevens-Simon et al., 1996).

Stevens-Simon et al. (1996) concluded that though knowledge and access to contraceptives and services may be readily available use is not guaranteed. Also, adolescent mothers who conceive again within the first postpartum year are more likely to drop out of school, demonstrate socially deviant behaviors, live outside parental home, rate family as unsupportive, and have previously experienced adverse pregnancy outcomes, such as miscarriage. The researchers cautioned that, though the research hypothesis failed to be statistically significant, the outcome should not be construed as a positive attitude toward childbearing and rapid repeat pregnancy of adolescents as being unrelated.

Suggestions and recommendations for further studies testing the hypothesis and changes in attitude with successive pregnancies were given. Clinical suggestions included development of interventions to assist adolescents in meeting developmental and emotional needs rather than simply presenting contraceptive options.
This current study sought to examine self-esteem, a developmental and emotional issue, and its relationship to race in the already pregnant adolescent. By understanding adolescents' thoughts toward themselves during pregnancy, researchers are more apt to develop realistic interventions in decreasing the incidence of repeat adolescent pregnancies.

Miller and Moore (1990) reviewed published research of the 1980s that considered many aspects related to adolescent sexual behaviors, pregnancy, contraceptive use, and parenting. Abortion, adoption, and marriage were also addressed. The metaanalysis focused on adolescent behavior in the United States among persons aged 19 years or younger.

The researchers found that biological development precedes cognitive and emotional development in adolescence, thus adolescents lack in behavioral skills needed to understand the possible consequences of actions. One psychosocial factor adolescents who experience with sex at an early age possess is a high value for independence and a low value on academic achievement. Also, these adolescents were "more socially critical, more
tolerant of deviance, and less religious" (Miller & Moore, 1990, p. 1027).

Self-esteem levels of sexually active adolescents and how self-esteem influences sexual behavior are variable and depend on normative context. Miller and Moore's (1990) analysis found that adolescents who became pregnant did not differ in self-esteem levels from adolescents who did not become pregnant. Conversely another finding was that among sexually active adolescents there was a positive relationship with self-esteem if sexual intercourse was thought to be right and a negative relationship with self-esteem if sexual intercourse was thought to be wrong.

Sociocultural factors influence adolescent sexual behavior strongly in determining how sexuality is expressed (Miller & Moore, 1990). Adolescent sexuality is controlled through social institutions with family and religious beliefs having the most influence. Another sociocultural factor considered was race. The researchers stated that race was "one of the most powerful factors" (p. 1030) influencing the age at which sexual activity is initiated. Differences between blacks and whites do not change when all other demographic factors are controlled. The researchers attribute these differences to blacks
having a higher acceptance for premarital sexual activity, defining marriage as less important than whites. Blacks also have historically had a higher tolerance for out-of-wedlock births (Miller & Moore, 1990).

The researchers concluded that, though issues related to sexual behaviors and pregnancy have personal and cultural implications, values of adolescents are important variables in future research. Interaction among the social-behavioral sciences, policy-making official, and clinicians are necessary for a greater understanding.

Recommendations for further research in the areas of individual, family, and community-level factors as related to adolescent sexual behaviors and pregnancy. The examination of self-esteem in adolescents of several racial backgrounds is one such issue.

Summary

Findings from the literature have established a relationship between race and self-esteem and between pregnancy status and self-esteem. As Smith et al. (1994) stated, the relationship among the three variables have yet to be explored in much detail though a relationship has been shown to exist. The present study sought to
combine the variables in an attempt to discover whether there is a relationship between self-esteem and race in pregnant adolescents.
Chapter III

The Method

The purpose of this study was to determine if a difference exists between races and self-esteem levels in pregnant adolescents. In this chapter the research methods used to determine any relationship between the variables of race and self-esteem will be described. The descriptive comparative research design is explained. The characteristics of the population, sample, and setting are detailed. The instrumentation chosen for measuring self-esteem is discussed in addition to data collection and data analysis methods.

Design of the Study

The research design for this study was descriptive comparative. A descriptive comparative design was chosen because an attempt was made to determine if a difference between variables exists. A comparison study was chosen because relative rankings of self-esteem levels were compared with a variety of groups (Polit & Hungler, 1995).
Variables

The variables of interest in this study were self-esteem and race. Control variables were adolescent pregnancy and the age of the participants. Controlling the extraneous variable of attitude changes with subsequent pregnancies and recent discovery of pregnant state was attempted through acceptance of only nulliparous adolescents carrying a live fetus ≥ 12 weeks gestational age.

Limitations

The following limitations were identified for this study:

1. Based on the small sample size utilized in this study, results have limited generalization.

2. The use of only one rural geographic area for data selection limited generalization to other regions.

3. The sample consisting predominantly of only two races limited generalization to other races.

4. The use of only female adolescents in the sample limited generalization to only one age group.
Setting, Population, and Sample

The setting for this study was a health clinic for an underserved population staffed with nurse practitioners specializing in prenatal care. The area population was 66,000 for the county served.

The population being studied were pregnant female adolescents ages 13 to 18 years who were primigravidas carrying a live fetus with a gestational age $\geq$ 12 weeks. The racial composition of the clinic was 52% African American, 46% Caucasian, and 2% other. Approximately 50 pregnant adolescents 18 years of age or younger are seen in these clinics each month.

The sample consisted of all pregnant adolescents who gave their consent to participate. Guardian or parental consent was obtained if they accompanied the adolescent. A convenience sample was utilized for this study. The target sample size was $N = 30$.

Method of Data Collection

The following is a description of methods used in collection of the data. Focus is on instrumentation, techniques, and procedures implemented in collection and recording of the data.
Instrumentation. The instrument utilized for this study was the State Self-Esteem Scale (SSES) (see Appendix A). The SSES was designed to measure temporarily altered self-esteem based on three correlated factors: performance, social, and appearance self-esteem (Heatherton & Polivy, 1991). The SSES is a 20-item scale derived from the Rosenberg Self-Esteem Scale and the Janis-Field Feelings of Inadequacy Scale (JFS) in which participants rate present attitudes on a 5-point Likert-type scale ranging from 1 = Not at all to 5 = Extremely (Heatherton & Polivy, 1991). Scores are tabulated through summations and means. The higher the score on the State Self-Esteem Scale, the higher the level of self-esteem. Items 2, 4, 5, 7, 8, 10, 13, 15, 16, 17, 18, 19, and 20 are reverse keyed. The SSES has a reported reliability of $r = .67$ with $p < .001$ and construct validity as compared to the JFS (Heatherton & Polivy, 1991). Questionnaire packets included the SSES, a demographic data information sheet (see Appendix B), a pencil, and a return envelope.

Procedures. Following approval from the Committee on the Use of Human Subjects in Experimentation at Mississippi University for Women (see Appendix C), written permission was obtained from the developer of the State
Self-Esteem Scale (see Appendix D) and from the clinic used for data collection (see Appendix E). In the clinic, potential subjects were approached by the researcher when signing in for the visit. The study was explained verbally with emphasis being placed on volunteerism. Then those adolescents who were interested in participating were given a written explanation of the study (see Appendix F) as well as a consent form (see Appendix G) to sign. If the guardian was present, written permission was sought to allow the adolescent to participate. After signing the consent form and returning it to the researcher, the participant was given a questionnaire packet and asked to complete the contents before leaving the clinic. To assure anonymity, the participants were instructed to place completed questionnaires and demographic data sheets in the return envelope sealed in a collection box located near the exit and separately from consent forms when leaving. Confidentiality and anonymity were controlled by no names being placed on the return packages, and contents of the envelopes were numbered after data collection was completed.
Data Analysis

The sample was described using means and frequency distributions based on demographic characteristics. Data analysis employed the two-tailed $t$ test to determine if a significant difference existed between self-esteem levels and races.
Chapter IV

The Findings

The purpose of this study was to determine whether a difference existed between self-esteem levels and race in pregnant adolescents. A descriptive comparison design was utilized in this study. Self-esteem levels were measured by scores on the State Self-Esteem Scale (SSES) with descriptive statistics used for data analysis. The sample is discussed in this chapter and additional findings are presented.

Description of the Sample

Data collected for this study were obtained at a health clinic for an underserved population during prenatal care visits in a small southeast city. The research sample was composed of 28 pregnant adolescents ranging in age from 14 to 18 years who were 12 to 39 weeks pregnant. All subjects indicated they either had state Medicaid insurance or had applied for government funded medical aid. Demographic characteristics of the sample are presented in Table 1.
### Table 1
**Demographic Characteristics of the Sample**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>7.0</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>7.0</td>
</tr>
<tr>
<td>16</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>17</td>
<td>9</td>
<td>32.0</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>29.0</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>13</td>
<td>46.5</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>Interracial</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Weeks gestation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-27</td>
<td>15</td>
<td>54.0</td>
</tr>
<tr>
<td>28-39</td>
<td>13</td>
<td>46.0</td>
</tr>
<tr>
<td><strong>Insurance status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>27</td>
<td>96.5</td>
</tr>
<tr>
<td>Private</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>14.0</td>
</tr>
<tr>
<td>Unmarried</td>
<td>24</td>
<td>86.0</td>
</tr>
</tbody>
</table>

*(table continues)*
Table 1 (Continued)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from baby's father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>79.0</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>21.0</td>
</tr>
<tr>
<td>Intended to become pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>21.0</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>79.0</td>
</tr>
</tbody>
</table>

*N = 28.

Demographic findings not reflected in Table 1 also were examined. Of those participants who intended to become pregnant, 5 were unmarried and 2 were married. The relationship between support and intent was also of interest to the researcher. Two married participants reported they intended to become pregnant and had support from their partner. One married participant reported no intention of becoming pregnant and no support from her partner. One unmarried participant reported she did intend to become pregnant but did not have support from the baby's father.
Results of Data Analysis

The mean score on the State Self-Esteem Scale (SSES) for the sample as a whole was 3.797 (absolute range 1 to 5). The mean score for African Americans was 4.027 and 3.514 for Caucasians with a standard deviation of 0.368 and 0.530, respectively. The median score for African Americans was 4.100 and for Caucasians was 3.600.

A two-tailed t test was used for data analysis comparing mean SSES scores between African Americans and Caucasians. The one interracial participant was omitted for statistical purposes from data analysis because of small group size.

The null hypothesis for this research was there is no difference between self-esteem levels and race in pregnant adolescents. Based on a probability of $p = .0077$ and a $t(27) = 2.90$, the null hypothesis was rejected with African Americans having higher self-esteem levels than Caucasians. These values can be seen in Table 2.
Table 2

Comparison of African American and Caucasian SSES Scores Using a Two-Tailed t Test

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>13</td>
<td>4.027</td>
<td>0.368</td>
<td>2.90</td>
<td>.0077</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14</td>
<td>3.514</td>
<td>0.530</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 27.

*p < .05.

Additional Findings

A statistical comparison between age and self-esteem levels was also conducted using a two-tailed t test. Participants were divided into two age groups, 14-16 years and 17-18 years. Mean scores on the SSES were compared between the two age groups. Though the comparison failed to be significantly different at a probability of p = .05, it was approaching significance and was significant at a probability of p = .052. These values can be found in Table 3.
Table 3

Comparison of Two Age Groups' Scores on the SSES Using a Two-Tailed t Test

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 14-16</td>
<td>11</td>
<td>3.995</td>
<td>0.367</td>
<td>2.03</td>
<td>.052</td>
</tr>
<tr>
<td>Ages 17-18</td>
<td>17</td>
<td>3.615</td>
<td>0.545</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 28.

Other statistically significant findings in SSES scores were between participants with a gestational age of 12-27 weeks and 28-39 weeks. Participants with the longer gestational age had higher levels of self-esteem with a probability of p = .02. This information can be found in Table 4.
Table 4

Comparison of Gestational Age Groups' Scores on the SSES Using a Two-Tailed t Test

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-27</td>
<td>15</td>
<td>2.946</td>
<td>0.649</td>
<td>2.49</td>
<td>.02</td>
</tr>
<tr>
<td>28-39</td>
<td>13</td>
<td>3.640</td>
<td>0.510</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 28.

The researcher also was interested in comparing mean scores on the SSES to the other demographic variables of the sample. Comparisons were made between married and unmarried participants, between participants reporting support from the baby's father and those reporting no support from the baby's father, and between participants who intended to become pregnant and those who did not intend to become pregnant. Table 5 shows these values.
Table 5
Comparison of Mean SSES Scores Between Opposing Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>4</td>
<td>3.512</td>
</tr>
<tr>
<td>Unmarried</td>
<td>14</td>
<td>3.806</td>
</tr>
<tr>
<td>Support</td>
<td>22</td>
<td>3.873</td>
</tr>
<tr>
<td>No support</td>
<td>6</td>
<td>3.367</td>
</tr>
<tr>
<td>Intended to</td>
<td>7</td>
<td>3.721</td>
</tr>
<tr>
<td>Did not intend to</td>
<td>21</td>
<td>3.893</td>
</tr>
</tbody>
</table>

Note. N = 28.

Participants in the following groups scored higher as a whole on the SSES: unmarried participants, participants reporting support from the baby's father, and participants who did not intend to become pregnant. Lower mean scores on the SSES were seen in married participants, those who did not have support from the baby's father, and those who intended to become pregnant but not at a significant level.
Summary

This chapter presented a description of the sample of pregnant adolescents who participated in the study. African Americans and Caucasian scores on the SSES were analyzed using a two-tailed t test. The null hypothesis that there would be no difference between self-esteem levels and race in pregnant females was rejected. Other statistically significant findings were younger adolescents had higher levels of self-esteem than older participants and participants later in pregnancy had higher levels of self-esteem than participants at earlier in pregnancy. Finally mean scores from the SSES and opposing demographic characteristics were compared.
Chapter V
The Outcomes

Several studies have been conducted on the relationship between self-esteem and race and between self-esteem and pregnancy in adolescent populations. The purpose of this study was to determine if a difference exists between self-esteem levels and race in pregnant adolescents. Leininger’s Cultural Care Theory was the theoretical framework used in this study. The null hypothesis was there is no difference between self-esteem levels and race in pregnant adolescents. The setting for this descriptive comparison study was a prenatal clinic for underserved populations in the Southeastern United States. The sample consisted of 28 primigravida adolescents 14 to 18 years of age carrying a live fetus with a minimal gestational age of 12 weeks.

Data analysis was accomplished using descriptive statistics and a two-tailed t test. While overall self-esteem levels as determined by the State Self-Esteem Scale (SSES) were relatively high (3.9 out of 5.0), a number of
significant correlates emerged. Significant differences were found between the race, age, and gestational age of participants.

In this chapter findings from the study are discussed and suggestions are given for possible reasons for these findings. Implications for nursing and recommendations for both future research and practice are given.

The sample for the study consisted of 28 primigravida pregnant females with a gestational period ≥ 12 weeks who sought care at a prenatal clinic in the Southeastern United States. The participants ranged in age from 14 to 18 years with a mean age of 16.7 years. Thirty-one percent of the sample was between the ages of 14 and 16 years, and 69% of the sample was between the ages of 17 and 18 years. The mean score on the SSES for the 14- to 16-year-old participants was 3.995 and 3.615 for the 17- to 18-year-old participants. A significant difference was found in self-esteem levels between these age groups at a probability of p = .052 with the 14- to 16-year-olds having higher self-esteem levels.

The racial composition of the participants was 13 African Americans, 14 Caucasians, and 1 interracial mix. The African American participants had a mean SSES score of
4.027 which was higher than the Caucasian participants' mean SSES score of 3.514. Since these scores were found to be significantly different (p = .0077), the researcher was able to reject the null hypothesis that there is no difference between self-esteem levels and race in pregnant adolescents.

Discussion

From the findings the researcher surmised that ethnicity or race is significantly related to self-esteem levels in pregnant adolescents. In a study by Smith et al. (1994), it was found that self-esteem scores were significantly lower for pregnant European Americans than the self-esteem scores for pregnant African Americans. Smith et al. (1994) also determined that ethnicity had no significant effect on self-esteem levels of adolescents who had never been pregnant. Smith et al. suggested differences in self-esteem levels are related to one's cultural or ethnic views toward pregnancy, motherhood, and child-rearing. Thus cultures in which these variables are placed in a higher regard are more tolerant of pregnancy in adolescents. Smith et al. further asserted that in the African American culture, there is a higher tolerance for pregnancy in adolescents for the reasons mentioned.
The current study supported the Smith et al. (1994) study in that a significant difference was found between self-esteem levels and race in pregnant adolescents. It could, therefore, be extrapolated from this finding that in the Southeastern United States adolescent pregnancy in African Americans carries less of a social stigma than among Caucasians. Quality of familial and community supports for the pregnant adolescent in the African American culture may also less censorious, contributing to higher self-esteem levels in that racial group. The current study also fulfilled recommendations proposed by Smith et al. (1994) for further research involving ethnicity, self-esteem, and pregnancy in adolescents without the confounding factor of parenting adolescents.

Dukes and Martinez (1994) concluded from their study that race had a greater impact on public self-esteem of adolescents than gender. Public self-esteem was defined as one's perceived ability or self-confidence. Dukes and Martinez did not present any explanations for the impact of race and gender as a whole but did state there is evidence of an interactive effect. By eliminating the confounding gender variable, the current research examined the racial variable more attentively. The African American
participants had significantly higher scores on the SSES without controlling additional variables other than pregnancy.

Conversely, Robinson and Franks (1994) determined that no single variable was statistically significant in predicting self-esteem levels in adolescents including race and pregnancy. The current researcher did not examine all the variables included in the Robinson and Franks study, such as previous sexual activity and abstinence, but did explore variables directly related to pregnancy status. Of these variables racial culture emerged as the most significant in relation to adolescent self-esteem scores.

Throughout the world, cultural norms are embedded in daily routines. In the Southeastern United States the predominant ethnic groups are African American and European American, or Caucasians. Though many cultures mix and share habits and beliefs, Caucasians have consistently been critically disapproving of adolescents who are pregnant (Smith et al., 1994). While the African Americans do not condone pregnancy in adolescents, a pregnancy is not considered a failure of the adolescent. The researcher noted during data collection many of the African American
participants would have two or three older female family members accompany the participant during a routine prenatal visit. The Caucasian participants would more often be alone or accompanied by a female friend of similar age instead of a family member. Rarely did the researcher note a male accompanying any participant. The social supports for pregnant adolescents appear more embedded in the African American culture in this sample.

The question of familial support was not explored in the current study with the exception of support from the baby's father. Whether the participant did or did not have support from the baby's father failed to reveal any significant difference in self-esteem scores. It is notable that the vast majority of participants though not married (86%) reported having support from the baby's father (79%). However, observation of participants during data collection and evidence from data analysis led the researcher to question whether familial support may have a more positive effect on self-esteem in pregnant adolescents than partner support.

Patten's (1981) research examining changes in the self-concept of pregnant adolescents through two decades revealed that pregnant adolescents had consistently low
self-concepts as related to the general population. The current study brings into question the findings of the Patten study, because the current sample had a relatively high overall level of self-esteem with a mean SSES score 3.797 (absolute range 1 to 5). However, SSES were not gathered from the general population in the current study. It should be noted that participants in the Patten study were all living at a home for unwed pregnant mothers, which may have led to social stigma and loneliness, thus contributing to low self-esteem. Though the living arrangements of the current participants were not assessed, there was no similar facility in the area from which to gather data.

A more plausible explanation for the increase in self-esteem since the Patten study is the change in societal attitudes as a whole toward teenage pregnancy. Adolescent pregnancy has emerged in all cultural, ethnic, and socioeconomic groups throughout the United States. Though adolescent pregnancy continues to be strongly discouraged due to health risks, with increased prevalence comes increased tolerance. Schools no longer exclude pregnant adolescents. There are increased resources for pregnant adolescents including day-care in some high
schools. Celebrities are having out of wedlock births, all of which have changed the view toward pregnant. Thus, by mere numbers, if for no other reason, pregnant adolescents have become more accepted and with acceptance comes self-esteem.

Another serendipitous finding was that self-esteem scores were significantly higher in the age group of 14 to 16 years than in the 17 to 18 years \( (t = 2.03, p = .052) \). The finding may be due to the attention the adolescent receives from the pregnancy. Teachers, friends, and even strangers are more solicitous. However, the researcher suggests these differences may be due to the amount of familial support. Younger adolescents are commonly still in a home environment and dependent on a guardian or parent for familial and emotional support. Older adolescents are more likely to live in environments other than the home of their parent or guardian and also are more independent financially and have peer support groups rather than parental support. This interpretation is consistent with the findings of Robinson and Franks (1994) in that high self-esteem levels are fostered through values of parents and teachers.
A significant difference was found in self-esteem scores between adolescents who are 12 to 27 weeks pregnant and those who have an advanced pregnancy at 28 to 39 weeks, with the more advanced pregnant adolescent having higher levels of self-esteem ($t = 2.49, p = .02$). While the finding was incidental to this study, it may be of interest to nurses and practitioners involved in prenatal care. Though the majority of fetal anatomical development has occurred by the 12-week gestational age, risk-taking behaviors associated with low self-esteem in adolescents can still be detrimental throughout the prenatal period. The impact of fostering self-esteem in adolescents early in their pregnancies may be an important area for future research regarding pregnant adolescents.

Conclusions

The following conclusions can be made from the current research:

1. African American pregnant adolescents have higher levels of self-esteem than Caucasian pregnant adolescents.

2. Younger pregnant adolescents have higher levels of self-esteem than older pregnant adolescents.
3. Pregnant adolescents with an older gestational age have higher levels of self-esteem than pregnant adolescents with a younger gestational age.

Implications for Nursing

This research study was conducted to determine if a difference existed between self-esteem levels and race in pregnant adolescents. Knowledge of these differences may aid the nurse practitioner in providing a more holistic prenatal care to pregnant adolescents. This study is beneficial to the nursing profession in the areas of education, practice, research, and theory.

Nursing education. Information from this study demonstrates a difference does exist between self-esteem levels and various demographic characteristics in pregnant females with the most significant variable being race. Knowledge of racially sensitive nursing interventions is a responsibility of the nursing profession. Teaching of these interventions are needed at the baccalaureate and master's levels of nursing to adequately prepare nurses for appropriate interventions when working with different cultural or ethnic groups.

Nursing practice. The nurse practitioner is becoming more involved in all areas of medical practice, including
providing care in school, family practice, and obstetrical settings. By demonstrating that a difference does exist in self-esteem levels and demographic characteristics of pregnant adolescents, this study underscores the need for culturally and ethnically sensitive care in all patient populations. Pregnant adolescents have a twofold health risk, themselves and their child. By promoting self-esteem in clients who are adolescents and pregnant, the nurse practitioner can decrease the risk of poor pregnancy outcomes.

**Nursing research.** Because limited research and empirical data existed on the relationship between self-esteem levels and pregnant adolescents, this study explored whether any difference existed between self-esteem levels and race in pregnant adolescents. Findings from this study demonstrate a difference does exist. Other variables such as chronological ages of the participants and the gestational ages of their fetuses also were correlated with self-esteem. This study adds empirical data to an area with limited information and provides new information for yet other unexplained phenomena in adolescent pregnancy.
Nursing theory. This study accentuates the need for culturally sensitive nursing care of pregnant adolescents. Leininger's Cultural Care Theory was the framework for this study. This study supported contentions of Leininger that interracial differences affect perceived views of self. Therefore, Leininger's model might be appropriate as a framework for additional studies concerning racial and cultural issues of pregnancy in adolescents and in other age groups.

Recommendations for Further Study

Recommendations for further study established by this research are as follows:

1. Studies exploring differences between race and other demographic characteristics in pregnant adolescents affecting self-esteem.

2. Studies examining how fostering self-esteem in adolescents early in their pregnancy impacts pregnancy outcomes.

3. Studies concerning the relationship between familial support and self-esteem levels in pregnant adolescents when other demographic variables are controlled.
4. Replication of this study using a larger sample size and more diverse racial sample.

5. Replication of this study using a variety of sites for data collection, possibly a national sample.

**Recommendations for Practice**

Recommendations for practice established by this research are as follows:

1. Development of interventions to foster self-esteem in both pregnant and nonpregnant adolescents.


3. Development of programs for families of pregnant adolescents which aid in fostering self-esteem in the adolescent and the family during a potentially distressful period.
REFERENCES
References


APPENDIX A

STATE SELF-ESTEEM SCALE
State Self-Esteem Scale

This is a questionnaire designed to measure what you are feeling at this moment. There is no wrong answer for any of the statements. The best answer is what you feel is true of yourself at this moment. Be sure to answer all the items, even if you are not sure of the best answer. Again, answer these questions as they are true for you RIGHT NOW, and mark your answers with a circle beside each question, using the following scale:

1. I feel confident about my abilities.
2. I am worried about whether I am regarded as a success or failure.
3. I feel satisfied with the way my body looks right now.
4. I feel frustrated or rattled about my performance.
5. I feel I am having trouble understanding things that I read.
6. I feel that others respect and admire me.
7. I am dissatisfied with my weight.
8. I feel self-conscious.
9. I feel as smart as others.
10. I feel displeased with myself.
11. I feel good about myself.
12. I am pleased with my appearance right now.
13. I am worried about what other people think of me.
15. I feel inferior to others at this moment.
16. I feel unattractive.
17. I feel concerned about the impression that I am making.
18. I feel that I have less scholastic ability right now than others.
19. I feel like I’m not doing well.
20. I am worried about looking foolish.

Thank you so much for taking the time to complete this questionnaire. Please make sure your name does not appear on this sheet so that your answers will remain totally anonymous. Thank you again.

Source: Heatherton and Polivy, 1991
APPENDIX B

DEMOGRAPHIC DATA SHEET
Demographic Data Sheet

Please complete the following by filling in the blanks.

1. Your age:_________

2. Race
   ___ African American (Black)
   ___ Caucasian (White)
   ___ Asian American
   ___ Native American (Indian)
   ___ Hispanic
   ___ Other (please specify):________________________

3. How many weeks pregnant?_______ or due date_______

4. Insurance
   ___ None
   ___ Medicaid/Medicare
   ___ Private company

5. Marital status
   ___ Married
   ___ Unmarried

6. Do you have emotional support from the father of your baby?
   ___ Yes
   ___ No

7. Did you want or intend to become pregnant with the baby you are carrying?
   ___ Yes
   ___ No
APPENDIX C

APPROVAL OF MISSISSIPPI UNIVERSITY FOR WOMEN COMMITTEE ON USE OF HUMAN SUBJECTS IN EXPERIMENTATION
February 28, 1997

Ms. Stephanie McLain Gale  
c/o Graduate Program in Nursing  
Campus

Dear Ms. Gale:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research provided the following condition is met.

You must receive the consent of parents except in cases of emancipated minors.

I wish you much success in your research.

Sincerely,

Susan Kupisch, Ph.D.  
Vice President  
for Academic Affairs

SK: wr

cc: Mr. Jim Davidson  
Dr. Mary Pat Curtis  
Dr. Rent
APPENDIX D

PERMISSION TO USE STATE SELF-ESTEEM SCALE
Dear Mr. Heatherton:

I am a registered nurse and a graduate student at Mississippi University for Women in the School of Nursing. I am pursuing a Master of Science in Nursing with a functional degree as a Family Nurse Practitioner. For my thesis I am conducting a research study on the relationship between self-esteem levels and race in pregnant adolescents. In reviewing the literature I found an article written in 1991 by you and Janet Polivy in the *Journal of Personality and Social Psychology, 60*(6) for measuring state self-esteem. I would very much like to use the State Self-Esteem Scale to measure self-esteem levels in my study.

Please contact me concerning use of the State Self-Esteem Scale. My address is as follows:

Stephanie M. Gale  
703 21st Avenue North  
Columbus, MS 39701  
Telephone: (601) 328-2169

Thank you for your time in this matter. I am excited about beginning my study and look forward to hearing from you.

Sincerely,

Stephanie M. Gale
Dear Ms. Gale

Thank you for your interest in the State Self-Esteem Scale. You have my permission to use the scale and I wish you well in your research. Please do let me know how your study turns out.

Cordially,

Todd F. Heatherton, Ph.D.
APPENDIX E

LETTER GRANTING PERMISSION TO CONDUCT STUDY
Stephanie McLain Gale  
703 21st Avenue North  
Columbus, MS 39701

Ms. Jenean Smith, FNP  
Ms. Jane Wissinger, FNP  
Healthy Start Prenatal Clinic  
810 Garfield Street  
Tupelo, MS 38801

April 9, 1997

Dear Ms. Smith & Ms. Wissinger,

I am a registered nurse and a graduate student at Mississippi University for Women in the family nurse practitioner program. I am conducting research on self-esteem in pregnant adolescents and demographic relationships, specifically race. I have received permission from the Graduate School of the University to perform this research. I would like to collect my data at the Healthy Start Prenatal Clinic.

Though my research may not have any immediate benefit for your clinic, I believe it may give health care providers a clearer picture of how pregnant adolescents feel toward themselves. This understanding may aid in providing better prenatal care for adolescents and possibly better birth outcomes.

I have spoken with Ms. Jane Wissinger about my desire to collect data at your health center and have explained my research to her. My research will be based on answers on the State Self-Esteem Scale, a 20 item questionnaire, and the demographic data the participants give on a demographic data sheet. Please sign below if you give your permission for data collection at your clinic. Thank you for your time and attention.

Respectfully,

Stephanie McLain Gale, RN, MUW Graduate Student

I consent to allow my clinic to participate in this research study.

Jenean Smith, FNP

Jane Wissinger, FNP
APPENDIX F

LETTER EXPLAINING STUDY TO PARTICIPANTS AND GUARDIANS
Dear Teenager and Guardian,

I am a registered nurse and a graduate student at Mississippi University for Women. I am doing a study on attitudes of pregnant teenagers. I am collecting information by asking teenagers to fill out a questionnaire and a sheet about themselves. While the study may be of no immediate benefit to you, health care workers will be able to use the results to better understand future teenagers in your same condition. The study has been approved by Mississippi University for Women and this clinic.

I would like your permission to be a part of my study. In no way will your name be matched with your answers so your answers will be strictly confidential and used only as part of a group. Your decision to be in this study is totally voluntary, only if you want to be in the study. Your care given by this clinic will not change in any way if you decide to be in this study or not to be in this study. If you do decide to be in this study and then change your mind, you can withdraw by not turning in the questionnaire and sheet when you leave the clinic.

If you would like to be in this study, please sign your name and the date below. After completing the questionnaire and sheet about yourself, put both back in the envelope, seal the envelope, and place in the box by the exit.

Thank you very much for your time. I wish you the best for you and your baby.

Sincerely,

Stephanie Gale, Registered Nurse
Mississippi University for Women
Graduate Nursing Program
APPENDIX G

CONSENT OF PARTICIPANT AND GUARDIAN
Consent of Guardian and Participant

Guardian's Consent:

I have read Stephanie Gale's letter explaining her research project about teenage pregnancy. I understand that my child's participation is voluntary. I understand that my child may withdraw from the project at any time until the survey forms are turned in to Stephanie Gale. I understand that my child will not be identified in any way. I agree to allow my child to participate in this research project.

___________________________________________________
Guardian's Signature

Teenager's Consent:

I have read Stephanie Gale's letter explaining her research project about teenage pregnancy. I understand that my participation is voluntary. I understand that I may withdraw from the project at any time until the survey form is turned in to Stephanie Gale. I understand that I will not be identified in any way. I agree to participate in this research project. I agree to answer the survey questions honestly and to the best of my ability.

___________________________________________________
Teenager's Signature