A Historical Multi-Case Study of Five Women Who Experienced Pregnancy as Unmarried Teens

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A Historical Multi-Case Study of Five Women Who Experienced Pregnancy as Unmarried Teens

Marilyn Valerio

Multi-case study methodology was used to explore the experiences of five women from five different decades who became pregnant as unmarried teens. This historical view was developed by interviewing participants about family, social, and cultural contexts in which the event occurred. A clearer understanding of teen pregnancy resulted when the participants' stories were triangulated with decade literature. Four themes emerged: How They Got There, What Followed, Lifelong Impact, and Literature Over Time. The study supported the need for families and communities to engage in meaningful dialogue with their youth and to implement strategies that foster primary prevention of teen pregnancy. In addition, further research is needed on the outcomes of programs established to prevent teen pregnancy and on the relationship between environmental support and personal resilience of women who experience this event.

Every year almost one million teenage girls in the United States become pregnant. Contrary to common perception, teen pregnancy in the United States cuts across all groups and is not unique to poor, minority, and disadvantaged youth. Approximately 50% of the teens who become pregnant give birth, 29% to 40% obtain therapeutic abortions, and the remainder abort spontaneously (Alan Guttmacher Institute, 1999; Maynard, 1997; Stevens-Simon, 1992). Teen pregnancy significantly impacts our nation's fiscal and human resources. Though this impact cannot be measured solely in monetary terms, in 1994 alone, the federal government spent an estimated $25 billion on social, health, and welfare services for families of teenage mothers (Grimes, 1995).

Sexual activity among all teenagers in the United States has increased dramatically during the last three decades (Grimes, 1995; Public Health Service, 1990). Studies find that sexual activity at earlier ages results in frequent and unintended pregnancies (Alan Guttmacher Institute, 1999; Public Health Service, 1990). Birth rates to teens declined overall since 1991; however, births to single teenage women in the United States remain higher and a public concern. The birth rate to unmarried women ages 15-19 years increased.
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from 15.3 per 1000 in 1960 to a peak of 44.5 per 1000 in 1994 and declined to 41.5 per 1000 in 2000 (National Center for Health Statistics, Teenage Births, 2002).

The rise in births to unwed teenage girls raises significant issues in our society related to women, families, and cultural values. Welfare reform directly impacts young unwed pregnant teens in the system and cuts in federal welfare and state program budgets are one mechanism in place for controlling teenage pregnancies and births. If the concern of policy makers stems “from deep-seated feelings about morality and single parenthood and from anger about welfare payments” (Goldenberg & Klerman, 1995, p. 1162), risk exists for increasing the negative outcomes of teen pregnancy. Reforming the welfare system requires a clear understanding of the issues that influence the occurrence and perpetuation of teenage pregnancy. The continued persistence of teen pregnancy may signal conflict between aspired versus real and/or changing societal norms and mores (Eyer, 1996; Luker, 1996). Creation of effective policies and interventions is imperative to the well being of young teenage women, their children, and society as a whole. Concerns expressed about teen pregnancy need to be addressed but with a more comprehensive understanding.

Much of the literature on teenage pregnancy focuses on teen birth rates, related statistics, and on the outcomes of teen parents and their children. This focus on statistics and outcomes contributes to a stereotyped public perception of unwed teen pregnancy. Qualitative study of the actual experiences of pregnant teens is critical to the development of equitable and effective public policy and intervention programs. In addition, discovering how women from different decades describe their unmarried teen pregnancy experiences deepens the perspective. In their research, Brown and Gilligan (1992) suggested that the dominant culture in our society is “out of tune with girls’ voices.” (pg. 10) An historical interpretation of teen pregnancy through the voices of women who experienced pregnancy as unmarried
Unmarried Teen Pregnancy

Unmarried Teen Pregnancy

teens provided an opportunity to better understand this phenomenon and its evolutionary relationship to societal norms.

The purpose of this qualitative study was to gain a historical view of unmarried teen pregnancy from the experiences of five women from five different decades (the 1950s through the 1990s) who became pregnant as unmarried teens. The research questions were based on the assumption that an historical view of teen pregnancy influences its interpretation as a contemporary social issue. The overarching question for this study was:

• How do five women from five different decades describe their experiences as unmarried pregnant teens?

The following sub-questions were used to provide a more comprehensive focus:

• What is the context that surrounds the event of unmarried teen pregnancy for each of these five women?
• How do the participants describe their own responses to and the decisions about unmarried teen pregnancy?
• How do the participants describe family reactions to and involvement with their pregnancies?
• How do the participants describe social and cultural attitudes toward unmarried pregnant teens at the time of their pregnancies?
• How do the five descriptions of unmarried teen pregnancy correspond to professional literature and regional media at the time of each pregnancy?

Procedures

The issue of teen pregnancy is fraught with complexity and no simple explanations or solutions exist. Through the use of historical research, the interrelationships of the past history and present status of teen pregnancy were explored. A contextual, intergenerational study of five women's experiences permitted better understanding of the past and its relevance to the present (Brundage, 1989; Stake, 1995; Tuchman, 1994). The longitudinal perspective of this method allowed study of the fundamental societal beliefs and the evolution of social mores and behaviors that women and girls interpret as influencing their lives. The study of relevant documents, artifacts, archival records, and quantitative data played an important role and provided a means of surrounding the transcribed words of the informants with other interpretive information from each decade. Each individual story became vital and, together, the collective presented a historical collage that has the potential to shed light on other teen pregnancy experiences.

Researcher Role/Data Collection

The conceptual framework used to explore these women's experiences was "the creation of voice-centered, relational method" described by Brown and Gilligan (1992). This method acknowledged the uniqueness of each woman's voice and the dynamism of the relationship between informant and researcher. My goals became to listen to each participant's
voice and to capture the thick, rich description of the teen pregnancy experience while maintaining individual differences. The imperative existed to balance interpretive findings with what was observed. What was to be known came from the informants and their insider viewpoints.

The primary method of data collection was the interview. The number and length of interview sessions varied and were guided by the need to saturate the data. In addition, some participants recorded written thoughts and shared photographs and other memorabilia from the time periods of their lives during which the pregnancies occurred. All interviews were audio taped and transcribed. Participants reviewed transcripts for content verification. Telephone follow-up was used to supplement and clarify information.

Participants
Purposeful sampling and the technique of “snowballing” were used to select participants. Five women from five different decades who experienced unwed teen pregnancy participated. Use of identified guides helped me to find women who fit the study criteria and were willing and able informants. The criteria included: age (13-18 years old), representative of a decade between the 1950s and the 1990s; single at the time of conception; medical confirmation of the pregnancy; and ability to share memories, decisions, and insights related to the experience. The focus of the study required that participants be questioned about sensitive areas and that a trusting relationship be developed with them. Their identities are protected in this essay.

Analysis Procedures
Each case served to help in understanding the phenomena or relationships. The analysis of the data began with sequencing the data, developing preliminary coding, finalizing the coding, sorting information into folders, and finally, analyzing for patterns and themes (Bogdan & Biklen, 1992). Each phase of the analysis entailed data reduction and interpretation. Categorical aggregation and direct interpretation of data depended on the search for patterns. Use of a matrix facilitated cross-classification of themes and generation of new typologies. The end result of the analytic process was higher-level synthesis, an understanding of identified patterns and themes within the study.

Verification Methods
Interviews provided a window to these women’s behaviors, feelings, and interpretations of life events. The research process, thus conceptualized, became an interpretive process that was value-laden and biased. Clarifying researcher bias, rich thick description, triangulation, member checks, and an external audit were the procedures used as verification methods (Creswell, 1998; Stake, 1995). Triangulation brought together more than one source of data, thus, providing corroborating evidence (Creswell, 1998; Marshall & Rossman, 1995). Use of period literature and peer review by women who experienced unwed teen pregnancy but were not study participants served in this process.
Use of Literature
Critical review of health, education, and sociology literature facilitated the process of framing the research questions and identifying an appropriate methodology. The collection and analysis of the field data provided patterns and themes that were compared and contrasted to professional and popular periodic literature for assistance in interpretation of the findings and for setting the context of each woman’s experience.

Stories
Five women who experienced unwed teen pregnancy participated in this study: Margaret from the 1950s, Anna from the 1960s, Debbie from the 1970s, Jennifer from the 1980s, and Elizabeth from the 1990s. Each woman described her story of teen pregnancy and memories of the times. These women’s stories are the heart of the research.

Margaret
Margaret was 17 years old and a senior in high school when she became pregnant. Margaret is unique because she meticulously planned her teen pregnancy together with the young man she later married. They celebrated their 40th anniversary during the study.

Margaret was the oldest of three children. She grew up in a rural Midwest community and lived on a farm for the first 15 years of her life. Her parents were of European descent and farmed. At times her father drove a truck. Her mother stayed at home. Margaret loved school and made lasting friends easily. What Margaret endured, however, was a violent and abusive home life. Much of our discussion evolved around the impact that this environment had on her family.

As the oldest child, Margaret had household and childcare responsibilities. Her mother would help in the fields, and Margaret, as young as 9, had to make meals and watch over her younger brother and sister. She recalled, “I had to do a lot of that even with my sister being a baby in my arms; I was responsible for watching her while they worked in the fields.” Remembering her role in the family brought back the reality of Margaret and her siblings witnessing and listening “to fighting and the horrible fights that they had with the beatings. He beat my mother every day. I can’t remember a day of my life, the first 15 years of my life, that there wasn’t blood on every wall.” The violence of her childhood prompted a burning desire as she was growing up to “find the right guy and get the heck out of there—that’s all I could think of.” Her resolve to get out of her home strengthened as she matured.

Church and school became symbols of hope to Margaret. Her father banned church attendance by his family, but her mother secretly allowed her to attend. However, there were consequences to pay. When he found out, Margaret recalled “he beat my mother terribly.” The ongoing cycle of abuse strengthened her resolve to change her life. “I had this determination that I was not going to be like that. I would never be like my mother and let somebody beat on me and
take it.” Her developing faith provided support to efforts made to control her own life and decisions. For Margaret school was a positive, nurturing environment and ultimately the path out of her life situation. Margaret stated, “School was very important to me… I really wanted to learn.” She remembered two particular teachers stating, “They were always there encouraging me and rewarding me with compliments for accomplishments that I did do.”

Margaret started dating at 13. She remained focused on finding the right boy to take her away from home. By senior year Margaret had a steady boyfriend and they frequently discussed the idea of marriage after high school graduation. Margaret made it very clear to him from the beginning of their relationship that “…I was not a promiscuous girl, contrary to what my father really believed.” From the options the two young people discussed, Margaret concluded that “the only possible way we’re going to be able to get married is if I’m pregnant and I would have to. And of course that perked his ears right up.” She never had sexual intercourse with anyone until the decision was made to become pregnant. During this same time Margaret had a class on human sexuality that included family planning methods. The male teacher identified methods for planning a pregnancy and provided Margaret with the knowledge she needed to plan an escape from an unbearable home situation.

Before initiating the plan, Margaret visited her father’s lawyer. She discussed with him what actions her father might take should she become pregnant as an unwed minor. When asked about the boldness of this action, she stated “well, you have to – I guess I had to know where I stood. So then I went to find those answers before.” Her courage came from the strong conviction that she must leave home but that she must also know what consequences she might face. When she thought she might be pregnant, Margaret went to the doctor “who brought me into this world, [and] by the way, knew circumstances that surrounded my childhood and my home life.” The doctor confirmed her suspicions. Armed with this confirmation, Margaret went home to tell her family.

After telling them her news, her mother reacted with anger and “slapped me across the face.” Her mother’s anger died after her initial outburst. Margaret described the reaction as multi-dimensional—“I think that she had high hopes too if you come right down to it…. It was her first born of course. It was a stigma I think.” Her father’s response was more violent. “The first thing my father did was hit me, and I ended up in a corner. I wasn’t hurt. I was scared to death!” Her father eventually relented but with lingering malice. The wedding was one week later and Margaret left home that day. Margaret demonstrated both determination and resilience. She summed up her approach to living, “Life is worth living, very much so. This world is beautiful, and I think God has made this world for each of us to live in for a reason…..”

In the 1950s, teenage pregnancy was not uncommon. However, Margaret recalled that most teenage women who delivered babies were married. To become pregnant as a single woman often had one expected outcome – marriage. She had a conspicuous lack of memory related to the role of media and teen
pregnancy. “I don’t know if I do [remember]? I really at that time didn’t pay a lot of attention to the media to be honest with you, I just didn’t.” She did not recall any public discussion of teen pregnancy in the newspaper, on the radio, or on the television. Sex education was not the norm. Margaret stated that she knew more because “I fortunately lived on a farm, and of course I did know a lot more about things than a lot of them knew.” Margaret reinforced the notion that single pregnant teens were often banished, and a teen did not attend school if she became pregnant. These women were hidden away from the community. The dominant response of the community was “they did frown on it even at that period of time…you were to be married before you became pregnant.” Yet, Margaret chose to become pregnant outside of marriage at a time when she depicted her choice as directly opposing the cultural norm.

Anna
Anna became pregnant twice as a single teen. She was 16 years old when she became pregnant for the first time. Anna was born in a small Midwestern city and lived there most of the first eighteen years of her life. Her parents were of European descent and attended a Protestant church. Her father worked as a professional in health care and her mother stayed at home until she was about 10. Anna’s role in her family was influenced by birth order.

She was the oldest of four children. When Anna’s mother began working part-time outside of the home, she actively assumed childcare and household responsibilities. Anna’s mom wanted to work and “wanted to help Dad out. Dad was struggling with a new practice, so she decided to sell insurance.” Anna recalled that this transition increased the tension between her and her mother and that most of her efforts to please her mother resulted in criticism and lack of success. “I was made to work a lot by my mother at a really early age…. I was my mother’s little slave.” These memories were not happy ones; she described a more positive relationship with her father, but stated that her dad “had a heart attack when he was 37, and was lucky to live 25 years after that.”

The family went to church regularly. Anna described associations within the church and other outside activities. The outside involvement provided an outlet from her home environment. Anna did not describe school, classes, or teachers with much detail. She attended a large high school and did not remember any specific teachers. As a teen, Anna wanted to make her own decisions. She remembered times of conflict with her parents and particularly her mother. “They didn’t care for some of them [decisions], but I had my own mind. Too strong for my mother, she didn’t deal with it very well.” She described herself as “a little rebel.” Anna believed that the impetus for the rebellion came from the unfairness of the childcare and household duties delegated to her and “the disgust I had for my mother and the way I had been treated.” To Anna, life at the time of her adolescence was turbulent.

Anna dated in high school and became sexually active. She recalled, “I didn’t even care about boys until fifteen, fourteen maybe.” She remembered her education about sex “as a combination of what her mother told her, a film
at school, and my own feelings and senses.” Her second sexual partner, Tom, fathered her first child. Anna described their involvement as positive and sex as “a great learning experience! Sex made me feel content, cared for, and loved….I guess I didn’t care about school, just Tom.” To her, this relationship was “really good. It was an escape from a family situation.” When they were dating they talked about pregnancy. She recalled “yes, we said we’d deal with it when the time came.” Anna and Tom did not really think seriously about birth control. “Not really, you know…. We talked about it a couple times but couldn’t really figure it out. We were too young you know.”

Anna became pregnant in the late winter of her sophomore year in high school. She described her initial reaction to the possibility of a pregnancy as “scared, horrified. I wasn’t embarrassed. Scared to tell my parents….“ Anna described her parents’ responses as “something like, ‘oh no this can’t be, you’re too young, don’t even think about getting married.’ My mother called me a slut, more than once.” Her parents made decisions with outcomes that she did not want, and Tom’s family went along with their decisions. She was a minor and living at home, and adoption was the only option offered. Abortion was not legal, and single parenthood was not acceptable. There were arguments, “I was told my parents were too old to raise another child, and I needed to be a lot more educated and more mature to raise a child.” She recalled that eventually “my parents, myself, and Tom agreed that adoption was our only alternative. I was devastated. I was put into an unwed mothers’ home in another city, the Children’s Home…. Tom’s draft number was up so he joined because you got a better deal if you joined the army.”

The birth was premature and following the delivery of a baby girl, Anna chose not to see or name her newborn. “No, I could have, but that would have even made it harder to give her up, and I had to. I didn’t have any choice.” Anna returned home in late summer and was made to return to the same high school. She experienced “sadness for losing the baby’s father to the Army—devastation, depression, for never being able to have the baby that we made. And hate for my mother.” She resolved to leave home and stated, “after my daughter’s birth, I secretly decided to do anything, even get pregnant again which I did do, to get out of my parents’ house…. I found a boyfriend and got pregnant again four months after she was born.” Anna told her parents she would not give up another baby. She married the child’s father and moved out of her family home.

Anna’s first pregnancy occurred amid the turmoil of Vietnam and the civil rights movement of the 1960s. She described a generally negative societal response to unmarried pregnant teens. It was a “no-no,” an event that signaled embarrassment for families and communities. Her memory was that a young woman “who gets in this situation is a slut. It was practically a crime as far as social circles were concerned.” Anna lived with “a lot of gossip. I quit school and just kinda stayed to myself. I didn’t need other’s responses.” She left school stating, “They [school] wanted you to quit when you started to show.” When she became pregnant, she became isolated. She withdrew from activities at school, in church, and in the community—“all of this ended when I
became pregnant—not my choice—my mother’s.” This choice was one that was encouraged and tacitly sanctioned by the community. Anna believed that pregnant teens “deserve to be treated the same as they were treated before this happened…. There’s no room for lies when it comes to giving up babies…. There should be nothing hidden.”

Debbie
In August of 1972 at the age of 18, Debbie became pregnant. It was the summer after high school graduation and she was college bound. She dated in high school but “graduated from high school a virgin.” She summed up the fateful summer as a “coming of age” that ultimately changed the course of her life.

Debbie was the oldest of four siblings. She grew up in a small town in the rural Midwest and her ethnic heritage was Norwegian, English, and American Indian. She described her family as “the strong, silent type.” Her dad was the principal of the high school in town and a lay minister in their church. She described her mother as quite competent doing what moms did. Debbie did some child care but stated that she was not close to her siblings. In her teen years, this translated into a desire to get away, “I couldn’t wait to leave home.”

As the oldest child, Debbie believed she especially challenged her parents as a teen “…I wasn’t bad. I just made some stupid decisions…. I pushed but I didn’t—I bent rather than broke the rules.” The family did not discuss or share information, with most decisions made by her parents. She talked about expressions of affection in her family, “…Mom would always push my dad ‘don’t kiss me in front of the children’ and that kind of seems strange to me…. I don’t remember sitting on my mom’s lap or—I remember giving her a peck on the cheek now and then. Dad was the one for the bear hug, wrestling on the floor. She was just there.”

Debbie’s family was very involved in a fundamental church as she was growing up. She was required to attend every church function but did not recall any church members significantly influencing her life. In school Debbie “took the advanced or the college bound courses” and studied Spanish in grade school, high school, and college. She remembered all of her teachers and “their little idiosyncrasies” but did not remember “teachers as standing out or being role models or mentors.” Debbie remarked, “I was very sheltered as a child. I went to school. I went to the ball games. We did a lot of family-oriented, church-oriented things.”

For Debbie the summer after graduation from high school signaled a move toward independence. Debbie’s summer relationship led to her first sexual experience. She did not remember thinking of pregnancy as a possible consequence. She recalled thinking “that always happens to someone else. I never—I thought that I would be perfectly safe.” She knew contraception existed “…but had no idea how to obtain it.” She described pressure in the relationship with the 21 year-old man and stated the sex was not mutually desired. “Well, I was afraid. And, I was, I don’t know, I was just thinking that, you know, if I lose my boyfriend that the world would end so I said,
well all right.” Debbie’s reaction to her sexual encounter was, “Well, I was shocked and disappointed in myself, you know, that I would lose all of that firm resolve and of course the religious upbringing, you just don’t do that.” She gave up much of what she had been brought up with and believed that her “self-esteem and self-respect were totally ruined at that point.”

Not knowing that she was pregnant, Debbie went to college as planned. A friend she made at school went with her to the doctor when she suspected her pregnancy. When her suspicions were confirmed she remembered, “I cried all the way home from the doctor’s office because I was upset, anxious, I was nervous. I thought, ‘how could this happen to me?’” She did not tell her parents or the father of her child for a while. “I did tell him later—gosh, I was like—about three months before I managed to get home on a weekend to see him, tell him, and of course denial – automatic denial was his response.” She told her parents the same weekend. “My dad was going to – he’s not a violent person but he was upset – get a gun, and he’d never touched a gun in his life, to make him marry me. And my mom said no, that would not work and she wanted me to get an abortion.” Debbie did not remember if abortion was legal, but, for her, the only option was to keep her baby as a single mom.

She returned home at the end of her first semester of college to live and work until her baby was born. Living at home was difficult, “I was still under their rules. I couldn’t go shopping for baby things because I would have had to borrow their car and gone and they said no.” She was isolated and aware that persons in the community were shocked by her condition. Debbie found living at home stifling, and her goal became independence. When her baby was seven months old, Debbie moved out of her parents’ home.

Debbie lived in a very small, rural Midwest town. She remembered that teen pregnancy outside of marriage was “a shock to everyone. They kept it very hush, hush, quiet…even the shame and guilt associated with it were very, very damaging to a person….my dad almost lost his job.” In the church community that Debbie and her family were part of, unmarried pregnancy was a serious sin and “that was one of the Ten Commandments, so that was pretty bad…. I mean that’s what church is for – for sinners.” This event was seen as a travesty and not easily, if ever, forgiven.

Debbie talked about being part of the first group of 18 year-olds who got to vote. She remembered that time as “a coming of age – maybe an introduction into the adult world.” Vietnam and the hippie movement were less of an influence for her. She acknowledged that “a free love attitude…might have altered some of my thinking somewhat by just being around.” Debbie described the media presentation of teen pregnancy as “one of those staggering statistics. It didn’t come on the six o’clock news…. It was a shameful, guilty thing that people tried to brush under the rug.” In this milieu, her mother wanted her to have an abortion, her father to marry, but she was 18 years old. Debbie made a conscious choice to have her child as a single mother and to live “totally alien to the mom, the dad, and kids—that kind of a family life, that church-oriented” foundation she earlier described as intrinsic to her own life.
Jennifer

Jennifer sat before me a mature, gainfully employed college graduate. However, at age sixteen, she was a pregnant, unwed teen. This event followed the trauma of incest that began when she was 13 and ultimately led to her isolation from family and peers. The circumstances that contributed to her teen pregnancy were interwoven and complex.

Her mother was 18, unwed, and living at home when she was born. In Jennifer’s extended family, teen pregnancy outside of marriage was not unusual, but the expected outcome was marriage. Her mother, forbidden to marry by her father, lived in disgrace. She and Jennifer moved after she was born. Jennifer had vivid memories of this particular period in her life. She came to know Thomas, the man her mother eventually married and that she grew up believing was her father.

Jennifer and her mother moved back in with her extended family when she was three. Her family was Mexican and Catholic and lived in a conservative mid-sized town in the Midwest. Jennifer recalled the impact that her ethnic background had on her behavior as she was growing up, “I’m light-skinned, so I’m light enough to pass, but if you saw my family, you’d know my family is Mexican. So I always kind of hid that around. I didn’t really talk about my family or invite people to come over to my house or anything like that.”

Jennifer remembered her grandparents as her primary caretakers, “My mom worked all day during the day so...I knew what the rules were by my grandmother.” Jennifer described her grandmother as verbally aggressive and at times physically abusive to her and other family members. Her grandfather abused alcohol and Jennifer remembered him as the “rule-maker.” However, he left the running of the household to her grandmother and the rest of the family. She felt a sense of confusion about the rules and their inconsistent application. Although education was not a family priority, Jennifer had positive memories of grade school.

Her mother remained single until she married Thomas when Jennifer was nine years old. However, Thomas moved into her grandparents’ home with them when she was eight. As she got older, Jennifer described herself as a sullen “unbelievably angry child.” Contact between her mother and her occurred only when they would fight. Jennifer explained “I was always angry at my mother because I thought she thought he [Thomas] was the greatest thing since sliced bread, and I knew he wasn’t.”

At age 13, Thomas began sexually abusing her. The abuse occurred for three years in the very home where Jennifer grew up with strict rules about her behavior, especially with men. Jennifer found even the comments made by the man she believed to be her father confusing and difficult to understand. “I mean...TV shows would come on about sexual abuse or something like that and he would say ‘if anybody ever did that to my little girl, I’d kill them.’ And, I would always think, ‘well that’s kind of weird ‘cause it sounds like exactly like what’s going on.’”

Secrets characterized Jennifer’s life. When she was a sophomore in high school, she went on birth control pills because “my dad put me on the pill.”
Jennifer became more and more depressed and ultimately suicidal during the spring of her sophomore year. She “slashed her wrists,” bandaged them, and went to school. A friend asked about the injuries, and Jennifer told her what was happening at home. Her friend’s mother initiated an investigation and subsequent interventions by social service and the police. Jennifer was hospitalized for several months. Following her discharge, Jennifer, a ward of the state, lived with a foster family. She eventually returned to her grandparents’ home. By this time, she had learned that Thomas was not her biologic father and he was gone from the home, but the environment remained unforgiving, reinforcing blame and guilt.

Jennifer continued to be moody and rebellious. She began dating a man who was seven years older than she was. The instability of her home life and her acceptance by this man ultimately led to a relationship that was ongoing and intimate. “He was the rich man’s son and so for me it sort of was like a…flip in the face of the town.” Jennifer became pregnant in the spring of her junior year. When her pregnancy was confirmed, she remembered “I went through a state of denial for a long time. I was terrified.” For Jennifer the pregnancy “confirmed that I was some kind of a whore or something like that.” When she told the father of the child he was emotionless and disappeared for a month. Her romantic notions of getting married and a “house with a white picket fence” evaporated. When he returned he talked about abortion that for her “wasn’t an option.” She resigned herself to doing “this” alone, thinking, “I’ll be fine.”

Jennifer worked at a restaurant fulltime and continued in school although she did not do well academically. She dressed in “big leggings and the big shirts over them – the ‘80s kind of thing.” She wore her waitress uniform with the apron over it and was not noticeably pregnant at five months. One day at work she picked up a heavy bucket “and felt a stretch and a tear or a snap – it’s what I remember thinking, like a snap.” Jennifer miscarried. Jennifer’s mother did find out about the pregnancy before she miscarried. Her reaction was one of hysteria and chastisement, “You know your life is over, it’s over…of everything that’s gone on this had to happen to?” She never knew if her grandparents were aware of the pregnancy. For Jennifer the miscarriage ended her hopes of someone to love and be loved by, replacing them with the burden of another loss.

In the 1980s, Jennifer remembered the media’s emphasis on getting an education. She could choose to continue school in spite of her circumstances. The public response to teen sexual activity and pregnancy remained openly negative “…where people were feeling horrified at numbers of teen pregnancies and teenagers having sex.” In her high school “it was like…you’re a slut…you are one of those bad girls.” Television after school specials focused on problems and issues facing teenagers and their families. She also recalled discussion in church classes about premarital sex, “it’s wrong, wrong, you just shouldn’t do it…. You are a bad girl.” Peers had a more “romantic notion” about relationships and their importance. There was an “it won’t happen to me mentality … and a naughty, nice aura about having sex.”
Jennifer talked about differences in geographic and cultural attitudes about single teen pregnancy. She believed it was “more shameful in an Anglo culture” and more difficult for girls in small towns. She believed that her own family’s response to her as a sexual person related primarily to the incest and “…because I was damaged goods.” Jennifer struggled with many demons. The pregnancy she experienced in high school was a low in her life and “the loneliest point in time for me – the absolute loneliest…. I have an incredible amount of pride for the person that I am today in this room…my life is – sometimes it’s lonely. But, I am everything; I am everything that has been my life, my whole life.”

Elizabeth
Elizabeth was 18 when she became pregnant. She was a first semester senior at a small Catholic high school in a mid-sized Midwest town. Her pregnancy was a “shock” to her and “stunned” her family and school.
Elizabeth was the youngest of three children. Her family heritage was Irish Catholic. Her father was a successful businessman, and her mother was active in her children’s schools and devoted her life to raising the family. Elizabeth believed she and her siblings were given opportunities to make decisions and were achievement oriented. Elizabeth did not resent being the youngest and actually “I think I was given more opportunities as the younger child.”
Elizabeth described her father as a pillar citizen who “held a long-standing respectable position in the community.” At home he was a positive influence as well. She stated “my dad was very complimentary, always gave us kids ‘kudos’ for everything we did…. She further described him as a “very religious person, life for him is black and white. You do it or you don’t, either it’s right or it’s wrong. He doesn’t muddy things up and he doesn’t bend rules.” Elizabeth believed that her mom “was who you could talk to about stuff. But of all the children in my family, I’m the most like my dad. [But] in the household, if you made the aggregate of the three kids, mom definitely had the greater impact.”
Elizabeth described her family members as strong role models but not “very conversational.” Family talks were not the norm. She commented that she was “actually pretty comfortable with the boundaries that my parents set.” Elizabeth as a teen made the decision not to have sex before marriage and “that was the ideal that I held…that is the scary part to me that I had made a decision and still backed down on it.” Elizabeth learned about sexuality primarily from “girl talk.” She recalled “in my freshman year, early in high school, that a priest in a theology class discussed with us what he called heavy petting and that, none of that was appropriate because it was the precursor to sex which was, of course, inappropriate.” She did not remember that sex was discussed in other classes. At home, Elizabeth recalled “Mom wasn’t comfortable discussing these things with us a lot…. I think she sort of slipped by and maybe kept an eye [on us] hoping we knew it, but [she] never sat us down and talked about it.”
Elizabeth specifically identified the impact of the media on her awareness of sexuality. She postulated that TV and movies influenced her participation
in a premature sexual relationship. “The media, I believe, did and even more so does now, present sex as a reality in everybody’s life.... It is so present that I am certain that I had sex earlier because of TV and movies.... I had seen it so many times.”

Elizabeth dated in high school. The father of her child was “the first person that I had more than two dates with.... and I got pregnant either the first or second time I ever had sex in my life.” Elizabeth acknowledged the fact that she did know pregnancy could be an outcome; however, the outcome of intercourse was not directly equated to pregnancy. Elizabeth knew that she “would not have chosen to have sex if it wasn’t my boyfriend’s choice. I mean, I was a willing party, but it was definitely a case of appeasing him.... I was susceptible to his pressure.” His parents allowed the young couple “to watch TV in his room on his bed with the light off.” Elizabeth remembered that they were actually home the night that she got pregnant.

When she began to suspect that she might be pregnant, she chose to find out with a home pregnancy test. Elizabeth was anxious and fearful of the outcome. When the test was positive, she told her boyfriend, and later, her mother who became “sort of the rock because I was losing it.” Telling her father, however, “was a miserable thing to do.... It was very tough to tell him.” She believed he was “clearly disappointed in me.” Her life at home and school changed. She was no longer the “scholar athlete”; rather, she became “this pregnant girl, in my mind and, I think in other people’s eyes.... I lost any distinction.” Her family supported her, but there was a price.

Through the turmoil, Elizabeth remained involved in school and extra curricular activities. She continued to attend church and participate in community activities. Shortly after she confirmed her pregnancy, Elizabeth was confronted with rumors at school. In a theology class, she boldly addressed the situation. “....I asked the nun if she would mind leaving the room because I wanted to talk to the class.... I sat down with 25 people, and told them.... It was just easier not keeping it to myself.” She believed that she “stunned the whole school, very much surprised them. I was the 4.0 student, three-sport athlete; just everything had gone right in my life and [it was] pretty straight and narrow too. I wasn’t the wild girl in the class by any means. I think I very much shocked people.” A pregnant Elizabeth graduated with this senior class.

From the beginning Elizabeth and Josh considered alternatives. Josh mentioned abortion and they discussed marriage and adoption. For Elizabeth abortion was never an option. Her parents accepted Josh and this acceptance eventually allowed her “to choose to take my distance from him.” They dated for another year and a half “hoping to make it work.” He participated in the birth of their child, but one year after originally scheduled, she and her daughter left together to complete college and make a new home.

Elizabeth believed that attitudes in the 1990s about teen pregnancy were more open and accepting. She remembered her own feelings of invincibility and felt that teens hear information but often do get the message — the messenger is
talking to someone else. She identified relevant misinformation and beliefs held by and acted upon by young adolescents. Elizabeth stated that the media was saturated with sex and "...made it look like that's what everyone was doing." She identified a common assumption made by teens about other pregnant teenagers. Those outside the experience assumed "that it was the hundredth time that they had had sex [and then] that they were pregnant. And they were people that I sort of thought were a little wild." Moral character as well as personal behavior became vulnerable to uninformed judgment.

Elizabeth recalled, "I was very aware of what my parents' values were. The second step that we missed, that was very key, and that I hope to do with my children, is [to] explore them.... So I had the ground rules, the values, I knew what they were, but, if you talked about application of those - that's what we missed." Her actions belied the aspired values. Elizabeth believed that teen pregnancy altered her life path. The challenge she faced was that "it sort of erases your past and you become a pregnant teenager instead of someone who's done whatever else your record shows." She, however, remained determined to accomplish the goals she set before her pregnancy. A deeply rooted faith supported her resolve, "I’m not going to let a mistake damage the ‘me’ that I’ve built."

Themes

Themes emerged from the participants’ stories and the literature reviewed. The themes included: How They Got There, What Followed, Lifelong Impact, and Literature Over Time.

How They Got There

Family structure and dynamics. The impact of family structure and dynamics was consistent. Family relationships that they described, especially with their mothers and fathers and for one her grandparents, framed the issues of control that four of the five clearly identified. One person did not describe rebellion against parental rules and expectations, but she lacked the skills to apply their values and beliefs to real-life situations. Religious and cultural norms of the participants’ families mediated expected behaviors and the consequences for their deviations from the norms. Normal adolescent development triggered the desire in these women to question family values, beliefs, and expectations and to explore alternatives.

Family communication patterns. For a variety of reasons, these five women as teenagers and their families did not engage in meaningful communication. The participants did not explore with their families the basis of norms related to sexuality. This absence, together with the lack of general communication, intensified the disparity between family expectations and teenage desires.

Community attitudes. There was a consensus among the women that the unwed pregnant teen was not accepted in the community, and for most, the
consequence of this visible violation of sexual behavior was ostracism. They all lived in the rural Midwest and in or near small or medium-sized towns. For the 1980s’ and 1990s’ participants, there was less exclusion, but their perception of acceptance remained tenuous. School was discussed by all of the women, and overall, the participants remembered school policies that seemed to exclude or isolate pregnant teens. Church was not remembered as an open or forgiving place. The participants from the 1950s, 1960s, and 1970s did not link the media to individual sexual choices and behaviors. However, in the 1980s, Jennifer clearly recalled the “campaign” against teen pregnancy and the classes and posters in school. In the 1990s, Elizabeth directly related her choice to become sexually active to television and movie portrayals of sex.

**Lack of meaningful dialogue.** The family, social, and cultural context in which these women lived contributed to a lack of meaningful dialogue. All five participants identified the consistent family pattern “we did not talk.” This lack of open, reciprocal communication at home impacted their exploration and understanding of expected roles and behaviors. This was particularly significant for them in the area of human sexuality. Compounding this dilemma was the absence of genuine dialogue about human sexuality in schools, churches, and other community settings. There was no forum with adult role models for these women as teens to question or explore conflicting knowledge and information on sexuality. In later decades, the message of public media was left undisputed. The information for all of the participants came from a variety of sources and, in many instances, their peers. This helped to better explain the positive responses these women gave to the question “Did you know about contraception?” They had been given information on sexuality and contraception but did not internalize or explore the information as a basis for their own actions.

**Tug of war for control.** For these participants, a struggle for control of their lives existed between them and their external environments. When telling their stories, all of the women recognized, either directly or by assumption, family and community expectations for them. However, what remained at odds were the inherent differences in the aspirations and expectations that existed between them as teens and those of family and community. No matter what they knew intellectually, their own personal feelings, motivations, and relationships were more powerful drivers. This discord was compounded by lack of dialogue and their adolescent development and behaviors. For two of the women, serious family dysfunction served to accentuate the conflict. In addition, Anna, Debbie, Jennifer, and Elizabeth did not internalize the information they had on pregnancy and contraception and believed at that time “it wouldn’t happen to them.” Margaret was the only one to purposefully apply what she learned about sexuality.

**What Followed**

**Reactions and responses.** No matter what framed their initial thinking, the reality of pregnancy triggered a variety of reactions and common
responses. The responses they shared in common arose from the collision of their internal motivators and external realities. When pregnancy occurred, all of them reported “feeling scared.” Facing their families was a primary source of this fear. All five women identified feelings of shame either for themselves, their families, or both. Two had personal remorse resulting from disappointment in self. For all of them, loss and sacrifice resulted from becoming an unwed pregnant teen. The loss varied from loss of self-respect to loss of distinction and innocence. For two, the loss was a real child.

**Choices and consequences.** There were choices made by each of these women once they became pregnant. These occurred on a continuum from those decisions made independently to the choices impacted by family input. All of them medically confirmed their pregnancies. Margaret, Anna, Debbie, and Elizabeth immediately revealed their pregnancies to their families. Jennifer did not. All of them shared the information with the young men who fathered their children. Each of them faced consequences once the pregnancy was known.

**Lifelong Impact**

...ever after. Teen pregnancy tested them. For Debbie and Elizabeth, this event was their first truly difficult life challenge. For Anna, teen pregnancy was bittersweet and became the challenge of a lifetime. Margaret and Jennifer responded to teen pregnancy as one more in a series of “tests” of their ongoing ability to adapt and survive. The participants in the study were bright, articulate women. They demonstrated competency and courage as they handled the challenge of teen pregnancy, and, for some, teen motherhood. They persevered in the face of discouragement and disappointment and for one, against all the odds. They expressed regrets and lingering anger. Self-doubt and unresolved issues remained. Resiliency allowed them to regroup and go on living. All faced uphill battles, and each found varying degrees of peace and meaning in their lives. Margaret and Debbie were at points of resolution. Anna has never completely healed, and Jennifer and Elizabeth’s journeys continued.

**Literature Review**

Historical professional literature and popular media surround the stories of unwed teen pregnancy. Themes identified from the women’s stories focus the literature review and provide an important historical window into the evolution of teenage pregnancy.

**Rates and numbers.** The impact of changes in the birth numbers and birth rates for women ages 15-19 and the rise in the rate of births to unmarried 15 to 19-year-old teenage women are displayed in Table 1. Teen birth rates fell overall in the 1990s; however, the proportion of births to unmarried teens continued to rise, from 14% in 1940 to 67% in 1990 and 79% in 2000 (National Center for Health Statistics (2002b). A majority of teens choosing to give birth are not marrying.
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<tbody>
<tr>
<td>Birth Rate*</td>
<td>81.6</td>
<td>96.3</td>
<td>89.1</td>
<td>68.3</td>
<td>53.0</td>
<td>51.0</td>
<td>59.9</td>
<td>59.6</td>
<td>58.9</td>
<td>56.8</td>
<td>52.3</td>
<td>48.7</td>
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<tr>
<td>Birth Rate**</td>
<td>12.6</td>
<td>15.8</td>
<td>15.3</td>
<td>22.4</td>
<td>27.6</td>
<td>31.4</td>
<td>42.5</td>
<td>44.5</td>
<td>46.4</td>
<td>44.4</td>
<td>42.2</td>
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*Rate per 1000 women **Rate per 1000 unmarried women

Source:

Birth rates and numbers were most often reported for white and black teenage women. The birth rates reported were consistently higher for black women 15-19 years than for white women in the same age group; however the actual number of births from 1950 to 1999 was greater for white teens 15-19 years than the number of births to black teens aged 15-19 years. The larger overall number of births to white teenage women was often overlooked and perpetuated the public perception that black teens have greater numbers of actual births than white teens (Table 2).

During the last 40 years, the birth rate to 15 to 19-year-olds as a group declined overall. In the late 1960s and the 1970s, however, increased numbers of teenage women precipitated an increase in the actual numbers of births to this group. These elevated numbers, coupled with the increase in births to unmarried teens, helped fuel societal concern over an epidemic of teenage pregnancy; a concern that still exists.

**Causes and attitudes.** Attitudes about teen pregnancy come from deep-seated beliefs about sexuality and the roles of women and men in society. In earlier decades, unmarried teen pregnancy represented a visible violation of tacitly held sexual mores. Teenage women were held accountable for violating these social norms. The civil rights movement and the sexual revolution of the 1970s changed women’s rights and roles, challenging the status quo that included responses to teen pregnancy.

The role of media was given frequent consideration. As early as the 1950s, educators questioned the impact of television on children. Television, “rock ‘n roll” music and movies were implicated in the changing sexual behaviors of youth. During the next four decades, authors continued to cite the increase in sex information available to youth through explicit movies, books, music, and television. In the same time period, the number of home television sets more than doubled. In the late 1980s and 1990s, the media was described as delivering wildly conflicting messages to adolescents that promote the value of sex and sexiness. Simultaneously, these same youth heard from home, church, and school, the message that premarital sex was wrong.

**Marriage, abortion, and adoption.** The 1950s and 1960s literature discussed options for the unwed teen as primarily marriage or adoption. Pregnancy out-of-wedlock was hidden. By the late 1960s and through the 1990s, the increase in the number of births to single teens and the decreasing numbers of marriages and relinquishments for adoptions were issues in health and education literature. In 1973, abortion became legal in the United States. The proportion of teen pregnancies ending in abortion increased from the early 70s through the late 80s and then began to decline (Table 3). Overall, abortion statistics in the literature were less current and differed more from source to source than birth statistics due to a lack of national data. In the 1999 literature as in previous decades, abortion remained a divisive and emotional issue for policymakers and the public.
Table 2
Births to White Women Ages 15-19 as Compared to Births to Black Women Ages 15-19 Select Years: 1950-1999

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<tbody>
<tr>
<td>White 15-19</td>
<td>318.8</td>
<td>372.7</td>
<td>458.1</td>
<td>443.8</td>
<td>463.6</td>
<td>410.1</td>
<td>393.6</td>
<td>324.6</td>
<td>354.5</td>
<td>349.6</td>
<td>342</td>
<td>337.9</td>
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<tr>
<td>Black 15-19</td>
<td>98.1</td>
<td>108.4</td>
<td>118</td>
<td>141</td>
<td>171.8</td>
<td>161.4</td>
<td>147.4</td>
<td>130.8</td>
<td>151.6</td>
<td>133.7</td>
<td>130.4</td>
<td>127.2</td>
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*Births reported in 1000s (adapted from exact number and rounded to nearest hundred).

Source:
Unmarried Teen Pregnancy

Table 3
Percentage of Pregnancies among Women Ages 15 to 19 Ending in Abortion Per 1000 Women in That Population: Select Years 1972 to 1996

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<tr>
<td>Percent</td>
<td>24</td>
<td>39</td>
<td>45</td>
<td>46</td>
<td>45</td>
<td>38</td>
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Source:

Policies. The participants' recollections of school involvement with teen pregnancy paralleled the changes recorded in the education literature. Until 1972, school boards set their own policy about attendance of pregnant students and often excluded them or moved them to alternative settings. Mainstreaming pregnant and parenting students was resisted by some, and the debate about where these women should go to school and what impact they had on the behaviors of other students continued into the 1990s.

Sex education was consistently argued. As early as the 1950s, many parents, religious leaders, and health and education experts believed that sex education should be taught in the schools and the community. The consensus then and now was that sex education needed to be a collaborative activity between parents and community institutions. However, during the last 50 years, policy regulating sex education and teen pregnancy prevention often did not reflect the viewpoint of this consensus. Instead, it was most often established by vocal public and organized political entities.

Learnings

Learnings occurred in three major areas. The first area, the fit of historical study methodology with the topic, included insights gained related to methods. Finding the 1990s participant was most challenging. The closeness of the event for the 1990s participants may have made the event too recent to be discussed. Developing meaningful relationships with all participants depended on a trustworthy environment. The women who expressed the most comfort with their choices about teen pregnancy, both then and now, were easier to interview. Finally, all of the informants reiterated the value of reviewing and expressing feelings and beliefs about their unmarried teen pregnancy.

The second area of learning occurred from the real experiences described by the participants. Through the decades the impact of family, culture, communication, community, and human sexuality intertwined. An understanding
of the consistent and influential role of their families in responses to and resolutions of teen pregnancy developed. The overall lack of communication and effective coping strategies within the participants’ family units precipitated events leading to teen pregnancy and fostered a lack of support with its disclosure. In addition, all of the participants had some knowledge about sex and contraception but did not discuss with family or community members the broader implications of what it means to be a sexual human being. This mirrored a concern expressed in the literature during the past fifty years. The women in the study also described a lack of consistently internalizing what they learned about sexuality if it did not apply to their lives at the moment.

The third area of learning, the view of unwed teen pregnancy over five decades of literature, contributed to an understanding of the conceptualization of teen pregnancy and the options and choices that were made by the study participants. Over the span of the five decades, the pregnant teen was often the visible target for those wanting to place blame or to fix “the problem.” A credibility gap in the media emerged from the literature review. Policy dilemmas faced by schools and school boards were identified. The ongoing development of government and social policy in response to trends in the increasing numbers of single pregnant teens and their families corroborated outcomes experienced by the participants.

Recommendations

There is need for the development of intervention strategies for prevention of unmarried teen pregnancy and to meet the needs of women who have this experience. The participants’ stories support the need for programs to proactively improve relationships and communication among parents, teens, and community resources. Communities must come together to engage in meaningful dialogue, to collaboratively assess the needs of their youth, and to develop and implement strategies specifically designed to foster primary prevention of teen pregnancy. The study demonstrates the need to provide teens the opportunity to explore their perceptions of sexual roles and expectations with significant adult role models. The value of implementing personal and family counseling resources for women who become pregnant as unmarried teens is underscored by these women’s experiences. In addition, the study demonstrates that women of all ages who experience unmarried teen pregnancy benefit from the process of sharing their reflections and decreasing their sense of isolation.

Finally, the study supports the need for continuing research by health, education, and sociology professionals on the complex issues surrounding unmarried teen pregnancy. Greater understanding and knowledge on how and when women develop the ability to “disagree openly with others, [and] to feel and speak a full range of emotions” will facilitate the development of strategies to strengthen the assertive skills of adolescent girls (Brown & Gilligan, 1993, p. 30). Further research is also warranted on the outcomes of
specific programs established to prevent undesired teen pregnancy. Those found to be effective can be better supported and replicated. Continued research on the relationships between environmental support and personal resilience on the outcomes of women who experience unwed teen pregnancy will enlighten approaches used with this population.

References


