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THE RELATIONSHIP BETWEEN SELF-ESTEEM AND ROMANTICISM
AMONG PARENTING AND NONPARENTING ADOLESCENTS

by
Francine D. Ramsey

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in the Graduate Division
of Rowan College
June, 1996

Approved by _____
Professor

Date Approved 6/17/96

ABSTRACT

Francine D. Ramsey

The Relationship between Self-Esteem and Romanticism among Parenting and Nonparenting Adolescents

1996

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This study's purpose was to assess the difference between romanticism and self-esteem among parenting (n= 13) and nonparenting adolescents (n=18). One subject did not specify status. Parenting adolescents were those who were or had been pregnant. Nonparenting adolescents were those who had never been pregnant. Of the thirty-two subjects, 29 were African-American and three were Hispanic. All were a part of a social support group. The subjects ranged in age between 13 and 19. The Dean Romanticism Survey and Coopersmith Self-Esteem Inventory combined were administered. An independent t test was performed on the variables. The results indicated that parenting adolescents did not significantly experience higher levels of self-esteem than nonparenting adolescents. Similarly, parenting adolescents did not have romanticism scores that were significantly lower than nonparenting adolescents as predicted. The relationship between the mean scores of self-esteem and romanticism showed a significant weak, negative correlation.

ABSTRACT

This purpose of this study was to assess the difference between romanticism and self-esteem among parenting and nonparenting adolescents. The results of parenting adolescents' self-esteem scores were not significantly higher than nonparenting adolescents. Similarly, parenting adolescents did not have romanticism scores significantly lower than their counterparts. A significant weak, negative correlation was found between the mean scores of self-esteem and romanticism.

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CHAPTER ONE THE PROBLEM

I. NEED

Teenage pregnancy has been a growing concern of past decades. The United States ranks seventh in the industrial world in the incidence of teen pregnancy (Desmond, 1994). The rise in the number of pregnancies among adolescents is of concern to parents, the school system and society in general. When an epidemic of this proportion explodes within our midst and knowing that it is not beneficial to our youth, one becomes concerned with what is causing the problem, how to deal with the problem and what avenues can be taken to prevent it. It is my hope that solutions can be arrived at which will help to turn the tide of this trend, to help those who have already been a victim of this epidemic and to help it from continuing.

II. PURPOSE

This study is among those done that address some of the current issues relevant to adolescent pregnancy with the goal of being able to better equip teens to be more realistic with respect to the implications of teen pregnancy. Although there are many theories as to why this occurrence is happening, this study looks at the affect that self-esteem and romanticism may have on adolescent pregnancy.

III. HYPOTHESIS

Three hypotheses regarding self-esteem, romanticism and pregnancy are examined.

1. It is believed that adolescents who are a part of a social support group experience high levels of self-esteem. Within this social support group, it is hypothesized that parenting adolescents experience higher levels of self esteem than nonparenting adolescents.
2. Parenting adolescents experience lower levels of romanticism than nonparenting adolescents.
3. The relationship between self-esteem and romanticism will bill also be explored, hypothesizing that an inverse relationship exists between the two variables.

IV. THEORY

In listening to adolescents who can be very candid about their sexuality, many theories can be derived as to why the pregnancy rate has increased over the years. Many factors may reinforce or interdict the activities of adolescent sexual intercourse and pregnancy. Some of the factors studied have been social influences, racial/cultural influences, economic factors, media exposure, the role of parents and siblings, abuse, peer environments, dating behaviors, perception of risk and benefit, societal trends, personality, self-esteem and romanticism.

In the United States, the average age when adolescents become sexually active is 16 (Black & DeBlassie, 1985). Over one million teenagers become pregnant each year. By the time they reach age 18, one out of every four adolescent females will have experienced at least one pregnancy (Alan Guttmacher Institute, 1993). Of those who carry the pregnancy to term, four (4) percent choose to give the baby up for adoption. Fewer than half of the 96% who keep their babies get married; thereby, creating a large percentage of adolescent single parents (Black & DeBlassie, 1985).

While the adolescent mind is egocentric and they do not tend to count the cost of future consequences of present actions, the question remains why so many teenagers choose to adopt a risky sexual behavior.

• *Role of Parents and Siblings*

Research has found that parents and siblings can affect adolescents' sexual initiation and childbearing decisions. East and Felice (1992) found that younger sisters of pregnant and parenting adolescents are at increased risk for premature parenting. Adolescents whose parents and peers communicated that pregnancy was a normative behavior that does not violate community standards were found to be at risk for adolescent pregnancy (Kagan, 1991). Holden, Nelson, Velasquez & Ritchie (1993) found that pregnant subjects were more likely to have a relative or friend who was an adolescent mother and to expect child rearing to be easier than did nonpregnant subjects. Women who became mothers as teenagers have daughters who tend to be at risk for early conception (Handler,

1990). Although there hasn't been extensive research on multigenerational parenting, this was an area that warranted further investigation according to Chase, Lindsay, Frank, Brooks & Phillips (1991).

- *Socioeconomic Status (SES)*

SES affects the risk of premarital pregnancy with respect to contraceptive behavior and sexual intercourse among Blacks. Among non-Blacks the results showed that socioeconomic status has an inverse relationship with adolescent pregnancy (Hayward, Grady & Billy, 1992).

Compared to White middle-class teens, adolescent pregnancy and out-of-wedlock motherhood were not viewed negatively among low-income Black people according to Gabriel (1983).

Adolescents who place their children up for adoption tend to be of a higher socioeconomic status, have higher educational aspirations, and to be from suburban residences. The adolescents who chose adoption felt that they were not ready or able to be a parent or to provide an appropriate environment for their children (Resnick, Blum, Bose & Smith, 1990).

- *Abuse*

It has been suggested by Romig and Bakken (1990) that pregnant teens may come from more extreme family types. Adolescents who grew up in a family environment that

engendered anger or anxiety because of indifference and abuse were shown to be at risk for adolescent pregnancy (Kagan, 1991).

Incidence of childhood sexual or physical abuse was found to be a predictor of adolescent pregnancy (Stevens & McAnarney, 1994; McCullough & Scherman, 1991). Although adolescents may be reluctant to divulge such personal information, Stevens & McAnarney's (1994) study demonstrated the importance of asking pregnant adolescents about prior abuse. Histories of sexual and physical abuse were also found in homeless pregnant adolescents (Pennbridge, MacKenzie, & Swofford, 1991).

Berenson, San Miguel, & Wilkinson (1992) found that a significant proportion of pregnant teenagers surveyed had experienced violence. The most common perpetrator of physical assault was a member of their family with the face and neck being the most common areas of attack. Thirty-three percent indicated being abused while pregnant.

Compared to their counter-parts, abused adolescents had begun intercourse earlier, had been less likely to practice contraception, and were more likely to have used drugs and alcohol. They were more likely to have been hit, slapped or beaten by a partner and to have exchanged sex for money, drugs or a place to stay. (Boyer, 1992).

▪ *Racial/Cultural Influences*

As environment and homelife play a vital role in adolescent behavior, the differences in behavior amongst races, namely African-American, Caucasians and Hispanics has

been examined. These races were studied to determine if the minority situations were significantly different from White adolescents.

It had been established that Black adolescents were at a higher risk for teenage pregnancy than their White counterparts (Zelnick and Kantner 1980). Their research further stated that Blacks had a higher rate of adolescent pregnancy but the figures were disproportionate. In comparison to Blacks having a higher rate of pregnancy, White adolescents had a higher abortion rate (Taborn, 1987).

A study of Hispanic adolescents showed a positive correlation between self-esteem and pregnancy (Berger, Hyman, Perez, Memendez, Bistriz & Goon, 1991). They stated that this may be partly due to cultural reasons. It was noticed that 77 percent of the adolescents' mothers were themselves pregnant as teenagers. Although these findings were contrary to research by Plotnick & Butler (1991), early marriage and childbearing are common in this culture and rarely stigmatized (Berger, et. al., 1991).

• *Social Influences*

In a study of the life events of 23 pregnant and 1,458 nonpregnant adolescents, Records (1993) found that changing to a new school and experiencing a loss within the adolescent's life were factors associated with pregnant adolescents.

According to Zongker (1977), failure to have a father in the home a predictor. The researcher noted that the absence of a male authority figure and reduced parental control

could impact significantly on the development and behavior of adolescent girls providing both an impetus and opportunity for risky sexual activity.

There are many speculations as to why adolescent pregnancy is a continuing problem but this research has focused upon self-esteem and romanticism as predictors.

V. DEFINITIONS

Adolescents

This term is used interchangeably with teenager. The age range varies between 12 and 18 years of age.

Parenting adolescents include those who are pregnant and/or those who are already mothers.

Nonparenting adolescents are those who have never been pregnant.

Self-esteem

The emotional evaluation teenagers make, and customarily maintains about themselves, which is generally in the form of approval or disapproval. It indicates the extent to which persons believe themselves to be capable, significant, successful, and worthy (Coopersmith, 1967). Self-esteem is a personal judgment of worthiness expressed in the attitudes a person holds towards the self (Coopersmith, 1987).

Romanticism

A general disposition an individual has toward love, marriage, the family and with relationships involving male-female interaction. Also included in this definition are the

romantic feelings adolescents have towards parenting and family life (Medora, Goldstein, & Von der Hellen, 1994).

Irrational Beliefs

The cognitive schema for organizing and evaluating one's own behavior and the behavior of a potential or actual romantic partner expressed in absolute terms. It is believed that romanticism includes some degree of irrational beliefs (Sprecher & Metts, (1989).

VI. ASSUMPTIONS

1. That a high percentage of these adolescents came from low SES homes.
2. That the teenagers are answering the questions honestly.
3. That the adolescents have at least a sixth grade reading level.
4. That the instruments are reliable and valid.

VII. LIMITATIONS

There was no measure to determine that the subjects belong to heterogeneous socioeconomic backgrounds. It is plausible to assume that the majority of the subjects surveyed were from a lower socioeconomic backgrounds. The subjects are also not representative of all adolescents of low SES but a predominant few of one particular race.

As the study was conducted in a densely populated section of one state, there may limitations in generalizing to areas where the demographics are different. The sample

size is small and the subjects were not randomly selected. Respondents were all a part of some social program and the results of this study may not be generalized to adolescents outside of these programs.

VIII. OVERVIEW

Adolescent pregnancy has been seen as a serious problem. Researchers have looked into reasons for the pregnancy, methods to prevent the pregnancy and education of adolescents after conception. In the subsequent chapters, the literature relevant to self-esteem and romanticism will be reviewed after which research will be obtained and analyzed.

CHAPTER TWO

REVIEW OF THE LITERATURE

SELF-ESTEEM

Although self-esteem remains stable from about eighth grade on (Steinberg, 1993), satisfaction with oneself is of major concern to adolescents. The foundation of self-esteem begins within the circumference of the family structure (Coopersmith, 1967). The term family is used to identify the social system within which the child resides, given the various components that constitute family structure in today's society. Once a foundation is laid within the home, interpersonal relationships, progress in school, and vocational aspirations begin to be laid upon that foundation to erect one's level of self-esteem.

• *Self-Esteem as a Predictor of Adolescent Pregnancy*

In the 1970's and 80's research began theorizing about the lack of self-esteem being associated with teenage pregnancy. Zongker's study (1971) showed pregnant teens had pervasive feelings of being "bad," dissatisfied with their own behavior, intense doubts about their identity and only nominal feelings of self-worth. School age mothers exhibited poor self-esteem, feelings of inadequacy and unworthiness and were decisively more dissatisfied with their family relationships and physical bodies.

It was thought that during this time society was obsessed with controlling teenage pregnancy (Schultz, 1986). Also during this time, some even called the then recent

occurrences of teenage pregnancy an epidemic. The mindset then was focused on the prevention of teenage pregnancy (Stafford, 1987).

Poor self-esteem had been seen as a developmental issue that prompted increased sexual activity. Other issues associated increased activity included personal values about premarital sex, lack of sex education, the opportunity for such an action to happen and limited cognitive development. Adolescents during this stage of development often do not obtain birth control for reasons such as denial of fertility and the interference of the spontaneity of intercourse. Effective contraceptive use is not always compatible with this stage of adolescent development (Emans, 1983). In a study by Ramsey (1994, unpublished), it was found that adolescents were at risk for pregnancy due to their ineffective contraceptive use and/or lack of knowledge of contraceptives.

Vance (1985) listed a number of variables attributable to an adolescent being vulnerable to pregnancy. Some of those variables included ignorance and naiveté of reproduction, curiosity in and desire for a loving, close relationship, peer and societal pressures to experiment with sex, lack of motivation to take responsibility to prevent pregnancy and feelings of low self-esteem and poor self-image, but stressed that the agent that initiated the problem of teenage pregnancy are manifold.

Levering (1983) stated that pregnant teenagers are likely to have certain personality traits such as low self-esteem. It was felt that these teenagers envisioned few options for a productive, successful future. Consequently, they would have the highest pregnancy

risk. The recommendation was that youth be educated about the responsibility of issues related to their sexuality as well as prevention programs to develop self-esteem.

Gold (1991) suggested that adolescents lacking in self-esteem seek affection by engaging in sexual activity. This lack of self-esteem places them at risk for pregnancy. Once pregnant, according to Gold, these adolescents obtain a sense of value by caring for someone who presumably needs them. Lack of self-esteem was also found to be a factor in adolescent pregnancy in studies conducted by Black and DeBlassie (1985) and Horn and Rudolph (1987).

The relationships between self-esteem, locus of control, attitudes towards women's family roles, school and work and adolescent nonmarital childbearing were investigated by Plotnick and Butler (1991). Their findings indicated that high self-esteem and higher educational expectations were related to lower chances of nonmarital childbearing. A connection between attitude towards women's family roles and nonmarital childbearing was not found. In addition, a relationship was not found with work attitudes. Locus of control showed no statistically significant relationship to nonmarital childbearing but the weak results were attributed to possible problems of measurement. Thus, of several hypothesized correlates, high self-esteem was one of two to be confirmed as related to non-marital childbearing.

In a more recent study by Plotnick (1992) of over 1,000 non-Hispanic, White adolescents, it was again found that high levels of self-esteem were associated with a lower probability of nonmarital childbearing.

It has been found that Black adolescent females have fewer sexual partners than do their White counterparts. It was also believed that pregnant Black adolescents feel greater self-esteem, reject abortion and giving up their infants for adoption (Taborn, 1987).

As the years progressed, in addition to looking at the variables of adolescent pregnancy, research began comparing parenting and nonparenting adolescents.

• *Self-Esteem between Parenting and Nonparenting Adolescents*

Patten (1981) performed a longitudinal study looking at the attitudes of adolescents from the periods 1963 and 1979. She expected higher levels of self concepts in 1979 as a result of widespread changes in cultural norms and increased incidence of premarital sexual activity. Although the subjects of 1979 experienced lower levels of self-esteem, the levels of self-concept (perception of themselves) were higher than their self-esteem. She also found a significant difference between the self-concept and self-esteem of pregnant adolescents and the general population norms. Pregnant adolescents had diminished self-concept and self-esteem. Although the adolescents were more tolerant of sexual promiscuity in 1979 compared to 1963, their self-esteem was diminished.

When pregnant teens were compared with nonpregnant teens, few differences were found with respect to intelligence, personality or psychopathology (Resnick & Blum, 1985). They also stated that even fewer differences emerged as the investigation became more rigorous.

Robinson & Frank (1994), used the Coopersmith Self-Esteem Inventory and found no significant difference in the self-esteem of pregnant and nonpregnant adolescents. The finding was that sexual activity or virginity was not related to self-esteem. It was noted that males who had fathered a child had a lower self-esteem than nonfathers.

Hispanic adolescents were tested before and after their pregnant tests to evaluate the decision making process. The results indicated that negative and positive pregnancy testers were similar but that positive testers were slightly older and had higher levels of self-esteem. Adolescents were also found to be consistent in their decisions before and after knowledge of their pregnancy test. Two-thirds of the negative testers never used contraceptives and many were sexual active for over one year, placing them at risk for an unplanned pregnancy (Berger, et. al., 1991).

An adapted version of the Coopersmith Self-Esteem Inventory was administered to Jamaican adolescents. Although the two groups of pregnant and nonpregnant adolescents did not differ in perceived maternal care and control (Parental Bonding Instrument), there was a significant difference in the self-esteem scores. The nonpregnant adolescents had a self-esteem that was significantly higher than their once-pregnant counterparts. Adolescents without a father figure were found to be more likely to have been pregnant than those living with adult male relatives. This study found that low self-esteem and the absence of a father-figure may be a combinational risk factor for adolescent pregnancy in urban Jamaica (Keddie, 1992).

- *Self-Esteem and Social Support*

Teenagers indicated that support groups available to them in the teen parenting assistance programs were vital in their adjustment to the role of pregnant teen and teen mothers (McCullough & Scherman, 1991). Although these teens felt they benefited greatly from the support groups, few reported using community mental health services. Reasons for the lack of use: lack of knowledge of availability, red-tape in receiving services; lack of transportation.

A social support program was designed to help reduce stress and foster positive functioning during and after pregnancy for adolescent mothers. Of the 21 mothers who participated, it was found that social support, SES and locus-of-control were related to their personal well-being during the course of their pregnancies. Social support significantly predicted both birth-related and postpartum outcomes. This system also had a positive influence on self-esteem of the adolescents (Dunst, Vance, & Cooper, 1986).

Maternal attitudes of 3rd trimester adolescents were monitored as influenced by social support. It was found that the adolescents experienced pleasure with their pregnancy and that it was positively associated with the involvement of the adolescent's mother, favorable opinions of friends and satisfaction with living arrangements. High levels of self-esteem were associated with attendance at postpartum visits (Gablin, Poland, & Sachs, 1987). It is likely that an adolescent participating in some sort of adolescent support group will provide that favorable opinions of friends.

As it has been noted that parents have an impact on their child's development and affect their child's cognitive and social skills (McDevitt, Lennon, Kopriva, 1991).

Maternal relationships have been shown to have positive effects on the development of high self-esteem. Adolescents who saw themselves as confident, wise, reasonable, and self-controlled, felt close to their mothers while those who perceived their relationship as distant characterized themselves in negative terms as rebellious, impulsive, touchy, and tactless (Rice, 1990).

Postrado and Nicholson (1992) found that lack of communication between parent and child shown a high risk for teenage pregnancy so they adopted two programs. One entitled "*Growing Together*" strengthened the parent-child relationship. Dryfoos (1990, p. 177) noted that the Office of Adolescent Pregnancy strongly believed that "*improved parent-child communication would help children improve their decision making skills and delay the initiation of intercourse.*"

A second program for teens aged 12-14 was "*Will Power/Won't Power*" was designed to teach assertiveness skills to girls to enable them to withstand male pressures to engage in sexual behaviors. The girls who participated in these programs with high attendance and duration were more likely to delay initiation of sexual intercourse than those who did not participate.

Paternal relationships are likewise an important factor in the development of females. "*Warm, rewarding father-daughter relationships play a vital role in helping a girl to value her femininity and to move toward a positive acceptance of herself as a woman*"

(Rice, 1970, p.226). As stated by Coopersmith (1967), adolescents with close relationships with their fathers have higher self-esteem than those whose relationships are distant or impersonal. This is not to say that this development does not or cannot take place in a single parent household where the mother is the head. It is noted to emphasize that male and female parental figures contribute a strong support base increasing value to the individual which aids the development of self-esteem.

Being apart of social support network also has an affect on self-esteem. Research conducted by Emmons & Nystul (1994) found that adolescents who participated in their prenatal course that included the PREP for Effective Family Living program showed increased levels of self-esteem. Three groups of adolescents were surveyed: those who completed the prenatal course with the PREP program, those who completed the course without the PREP program and those who did not attend either program. Adolescents who completed the prenatal course and the PREP program had higher self-esteem gain scores on the Coopersmith Self-Esteem Inventory than adolescents in the two comparison groups.

In a study of Houston's three major ethnic groups, Blacks, Caucasians and Mexican-Americans, self-esteem scores were highest among Black women who kept their babies and attended a day school for pregnant teens (Held, 1981). In the Black population, high scores were associated with those keeping their babies and conversely lower scores were associated with those who chose abortions. Almost 60% of the Black adolescents who kept their baby scored 70 or above on the Coopersmith Self-Esteem Inventory. Fewer

than 30% of the Whites and Mexican-Americans scored 70 or above. Self-esteem scores were higher for those women who attended the day school for pregnant teenagers than those who did not attend.

♦ *Self-Esteem Programs*

Levering (1983) agrees that parents should be the primary educators but found that parents and children find sexual discussions difficult. In addition to school-based programs, some family-life and sex education programs have been designed for parents to give them the skills necessary to communicate effectively with their children about such issues. Because homes are unwilling or unable to provide adequate sex education, it is becoming more of a responsibility of the school system (Vance, 1985). The school system was called upon to help control this epidemic, but even the methods to be used to help prevent this problem were questionable (Schultz, 1986).

Once low self-esteem was determined to be a predictor of adolescent pregnancy, programs began to be developed to facilitate self-esteem in an effort to decrease the risk.

It was concluded that low self-esteem does contribute to the risk of adolescent pregnancy and that positive self-esteem would be a factor in preventing additional pregnancies. As a result, there was a call for the development of programs designed to enhance self-esteem in at-risk populations (Crockenbert & Soby, 1989; Rosenberg, 1990).

According to Stafford (1987), as adolescents are going through this period of ego development, three components of the ego must be attended to: cognitive skills, social skills, and emotions. These three factors also influence teenage pregnancy and all should be addressed when combating the problem. Programs developed to assist adolescents at risk should include these three components.

It is believed that women who suffer from psychological distress, low self-esteem and feelings of powerlessness may be unwilling or unable to initiate or sustain social or health services. Rhodes, Fischer, Ebert & Meyers, (1993) in their study of 177 pregnant and parenting African-American adolescents found that moderate users of service organizations had the highest levels of self-esteem and internal locus of control. Moderate users also appeared to be healthier than frequent or inconsistent users. High users had lower levels of self-esteem attributing the results to inadequate social network resources and/or poorer psychological functioning.

Programs for self-esteem have been developed, the levels have been raised in some instances and adolescents are still getting pregnant. This strongly suggests that other factors are involved.

ROMANTICISM

Romanticism has been defined as “a general disposition an individual has toward love, marriage, the family and with relationships involving male-female interaction in

which the affective component is regarded as primary and all other considerations are excluded from conscious reflection" (Spanier, 1972, p. 481-482).

Although this study does accept this definition of romanticism, it broadens the definition to include a cognitive component, namely, irrational beliefs. When irrational beliefs are described, they are not limited to emotional consequences caused by one's beliefs of an event as opposed to the event itself expressed in absolute terms, but rather more loosely defined as the cognitive schema for organizing and evaluating one's own behavior and the behavior of a potential or actual romantic partner (Sprecher & Metts, (1989).

Understanding the ideology of romanticism is important in understanding the dynamics of close relationships.

In 1958 Hobart stated that there had been little empirical research on romanticism. This is still the case in the 1990's. Parson (1949) described adolescent romantic love as a general tendency to behave in unconventional irresponsible, unrealistic ways, in response to the tensions of the adolescent status in our society. Adolescent romanticism was also seen as occasioned by contemporary cultural frustrations of the sex drive which is at a maximum during adolescence (Beigel, 1951).

In Hobart's (1958) study of undergraduates, it was found that the level of romanticism did not change for females regardless of the level of the courtship stage. This was not true, however, for the male subjects who were found to be statistically more

romantic than females. The reasons for these differences were attributed to the structural requirements of girls' status and the emancipation of males in courtship.

In a more recent study, (Sprecher & Metts, 1989), the same results were obtained where males were more romantic than females. The reasons for the male beliefs were similar as in the earlier study; namely, that men can be more romantic because their economic security is not dependent upon their partner and also because they tend to have more control in the area of initiating relationships. In this same study individuals that scored higher in femininity were more likely to be romantic than those who were low in femininity. Although in our society the roles between men and women are becoming less distinct, these two studies, Hobart, 1958; Sprecher & Metts, 1989, have shown that the area of romanticism still hasn't had a dramatic change as a result of socialization.

Females showed stronger preferences for activities reflecting romanticism in a study by Purnine, Carey & Jorgensen (1994). These findings were contrary to others which found males to be more romantic. The reason for this discrepancy may be due to the fact that romanticism was operationally defined as emotional intimacy as opposed to genital activity, and also included dressing in revealing clothes and touching of the breast.

Morris (1992) in a study of adolescent leaders found that students possessed significantly fewer irrational thoughts when compared with normal, at-risk and early school-leaving groups. In a more recent study Morris (1993) compared the irrational beliefs of adolescent leaders with those of adult leaders. As expected adult leaders entertained fewer irrational beliefs than adolescent leaders when compared on the

Irrational Beliefs Test. These adolescents, whose mean age was 16, were more concerned about being successful, more prone to blame themselves and others and more worried about their future than their adult counterparts. The study also found that adolescent girls and women were significantly more similar than adolescent and adult leaders of both sexes.

An Australian study of 216 adolescents found that males manifested greater irrational beliefs than females (Heaven, P.C.L., 1990). Caution was stressed in generalizing these results cross-culturally without further study.

Pregnant adolescents subscribed to a greater number of general irrational beliefs specific to sex, dating and birth control, and to fewer beliefs that might deter pregnancy when compared to adolescents who have never been pregnant (Westphal, 1993).

Romantics had more unrealistic and simplistic expectations about love, marriage, and sex (Lester, Doscher, Estrick & Lee, 1984). They also reported a greater perceived readiness for marriage and felt more competent as future spouses (Larson, 1988).

Girls who had admitted having been pregnant and mothers-to-be often judged romance novels and soap operas to exemplify many relationships, even their own dating relationships. This belief was unlike the nonpregnant group which took the least romantic stance (Rosenthal, Muram, Tolley & McAlpine, 1993). Compared to pregnant females, nonpregnant females tended to be involved in behaviors that reflect social mobility goals (Stevens & McAnarney, 1994).

In a study of adolescents ranging in age from 11-19, a negative correlation was found with age and irrational beliefs. These adolescents beliefs were measured on a self-report Irrational Beliefs Inventory (Martorell, Peiro, Llacer, Navarro, Flores & Silva. 1990).

Westphal and Wagner (1993) believed that if certain types of cognitions were linked to risk of adolescent pregnancy, then it should be possible to develop intervention programs to change those cognitions thereby reducing the risk of pregnancy. Their study found that cognitive variables differ for parenting and nonparenting adolescents. Pregnant adolescents were found to subscribe to a greater number of general irrational belief, specific to sex, birth control and pregnancy and dating. They also found that pregnant adolescents had a greater number of beliefs consistent with promoting pregnancy and to fewer attitudes and beliefs that might deter pregnancy.

Meichenbaum (1977) hypothesized that inappropriate self-verbalizations which cause maladaptive behaviors was a result of irrational beliefs. In the wake of this research, Haldeman and Baker (1992) researched the effectiveness of using a preventive approach in a group setting to help adolescents to cope with irrational thoughts. It was their belief that adolescents could learn to recognize their irrational thoughts through cognitive self-instruction and replace them with more rational, self-enhancing thoughts. Coping thoughts could be learned and used to replace maladaptive irrational thoughts believing also that irrational and rational thoughts could not occur at the same time. Their research found that those participants who were taught cognitive self-instruction in a group format fared better than those who engaged in self-directed studies.

Another program designed to teach adolescents rational thinking was the Let's Get Rational board game. A study of high school adolescents played the game for one class period once a week for seven weeks. The results indicated that the subjects that participated in the board game experiment agreed with fewer irrational beliefs than subjects who received no treatment. The ages of the adolescents in this study ranged from 14 to 18 and it was found that the younger subjects endorsed fewer irrational beliefs than the older ones (Wilde, 1994).

Another intervention program that had been used was Rational-Emotive Therapy (RET). Piotrowski & Franklin (1990) found certain irrational beliefs common to Black adolescents as a result of their historical background and cultural values. Some of the negative experiences which were deliberate actions against their race had hindered them from having a constructive group identity formation thereby undermining their self-esteem. This study found a prevention program based on RET principals as well as some approaches relevant to the Black population was successful in assisting these adolescents in identifying irrational beliefs and counteracting dysfunctional emotional consequences.

CHAPTER THREE

DESIGN OF THE STUDY

SUBJECTS

The subjects who comprised this sample were females from urban communities. Their ages ranged from 13 to 19. (See Figure 3.1.) There were 32 subjects: 13 were parenting; 18 were nonparenting; and one subject did not specify. (See Figure 3.2.) All subjects were involved in some aspect of a social support group. Parenting adolescents were a part of a program that offers support and information for teenage mothers. In this program, young moms come together once a week for parenting information, to share their experiences, get to know each other and obtain mutual support. Nonparenting adolescents were apart of a club or youth organization that had regular meetings and offered information regarding adolescent issues and exposure to cultural events. Twenty-nine subjects were African-Americans and three were Hispanic. (See Figure 3.3.)

Three nonparenting teens failed to complete the survey and their results were eliminated from the analyses.

MATERIALS

Two measures were combined and used to measure the level of romanticism and self-esteem of the adolescents. Subjects were administered the Dean Romanticism Scale

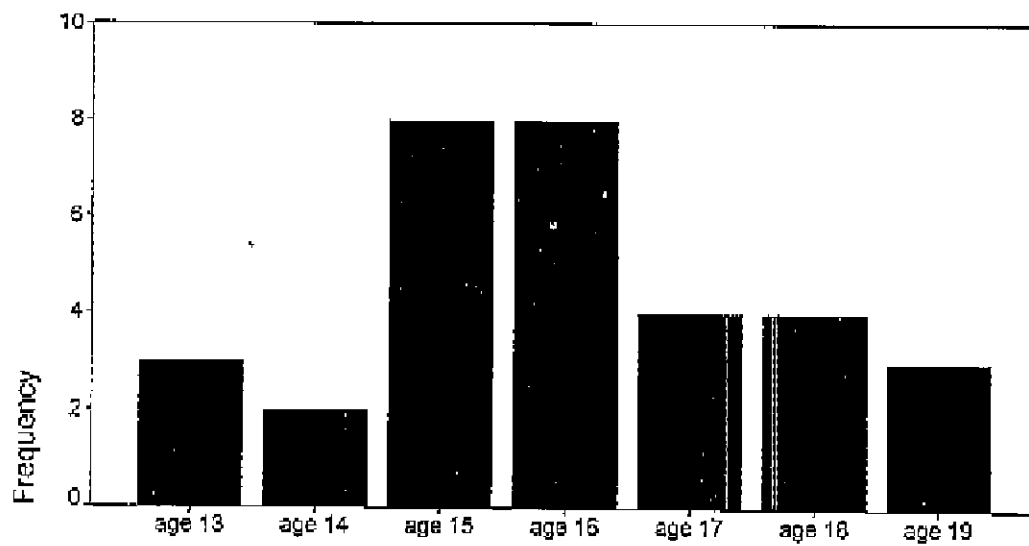


Figure 3.1 Age of Subjects

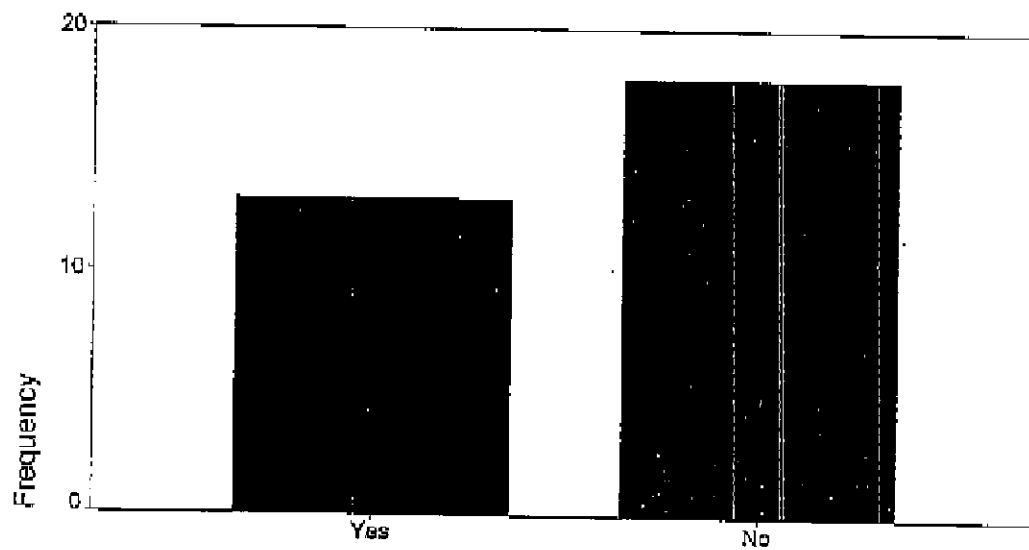


Figure 3.2 Response to question, "Have you ever been pregnant?"

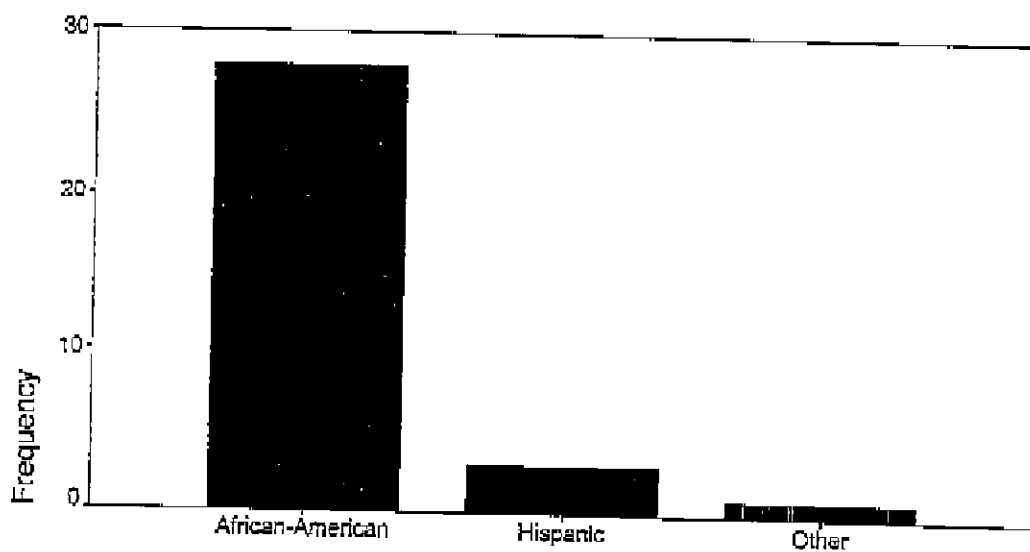


Figure 3.3 Race of Subjects

(DRS; Dean, 1961). Respondents were asked to indicate the extent to which they agreed or disagreed with each statement. Respondents answered each of the 32 items on a Likert Scale where options ranged from strongly disagree (scored 1) to strongly agree (scored 5). There were five reverse-scaled items, none of which met final statistical criteria. Thus, the individual scores for each of the items were summed to obtain a total romanticism score. Higher scores signified a greater degree of romanticism.

Dean (1961) reported good split-half reliability ($r=.90$) but when compared to other instruments, such as the Bell Adjustment Inventory, correlations of a low magnitude ranged from .02 to .19. In addition to the reliability was weak, Dean himself questioned the validity of the DRS.

Self-esteem was measured using the Coopersmith Self-Esteem Inventory for Adults. The Adult Form is for ages 16 and above. The Coopersmith is designed to measure evaluating attitudes toward the self in social, academic, family and personal areas of experience. The Inventory consisted of 25 items in which the adolescents answered "Like Me" or "Unlike Me." The correlation of total scores on the Adult Form exceed .80 for three samples of high school and college students.

VARIABLES

The Independent Variables were the parenting and nonparenting adolescents. The Dependent Variable were the results of the DRS and the Coopersmith Self-Esteem Inventory. Romanticism was also measured against self-esteem.

PROCEDURE

Permission was obtained to administer the survey from the group advisors. The group advisor for the parenting adolescents distributed the questionnaires. The adolescents were informed of the research project. The advisor was available to clarify any questions on the survey. To minimize the effect of reading problems and to prevent embarrassment, the questionnaire was read aloud in small groups to the parenting adolescents who had difficulty. Those individuals who wished to read the questionnaires on their own were permitted to do so.

Eighteen subjects who had never been pregnant were recruited from area youth groups for teens. The researcher, an African American female, was on hand for the nonparenting group. A brief introduction of herself, school affiliation and purpose of survey was given to the adolescents. It was stressed that the questionnaire was voluntary, anonymous and that every subject's identity would be kept confidential. Counselors and the author were available at each table to work directly with the teens that had difficulty reading or understanding some of the statements.

It took approximately 15 minutes to complete the questionnaire and the researcher was available afterwards for any questions.

CHAPTER FOUR

ANALYSIS OF RESULTS

It was believed that adolescents who were a part of a social support group would experience high levels of self-esteem. Within this social support group, the first hypothesis, that parenting adolescents would experience higher levels of self-esteem than nonparenting adolescents, was tested via an independent t-test. Results showed that while parenting adolescents had a slightly higher mean score than nonparenting adolescents, there was no significant difference between the two groups, $F(27,24) = .042$, $p = .838$. These finds were consistent with past research (Medora, et. al., 1994) which stated that there was no difference in the levels of self-esteem between the two groups.

The mean self-esteem score for all subjects was 66.4. (See Figure 4.1) The mean score for the parenting group was 68 and mean score the nonparenting group was 64.47. These figures are presented in Table 4.1.

The mean score for all subjects (66.4) coincided with the normative sample of the Coopersmith Self-Esteem Inventory. The mean score for the female population of the normative sample was 63.5; SD 14.7; the mean score for the Black population of the normative sample was 64.6; SD 14.2. Although it was strongly suggested by the authors of the Inventory to develop you own local norms, it is worth noting that the sample in this study was comparable to the norm.

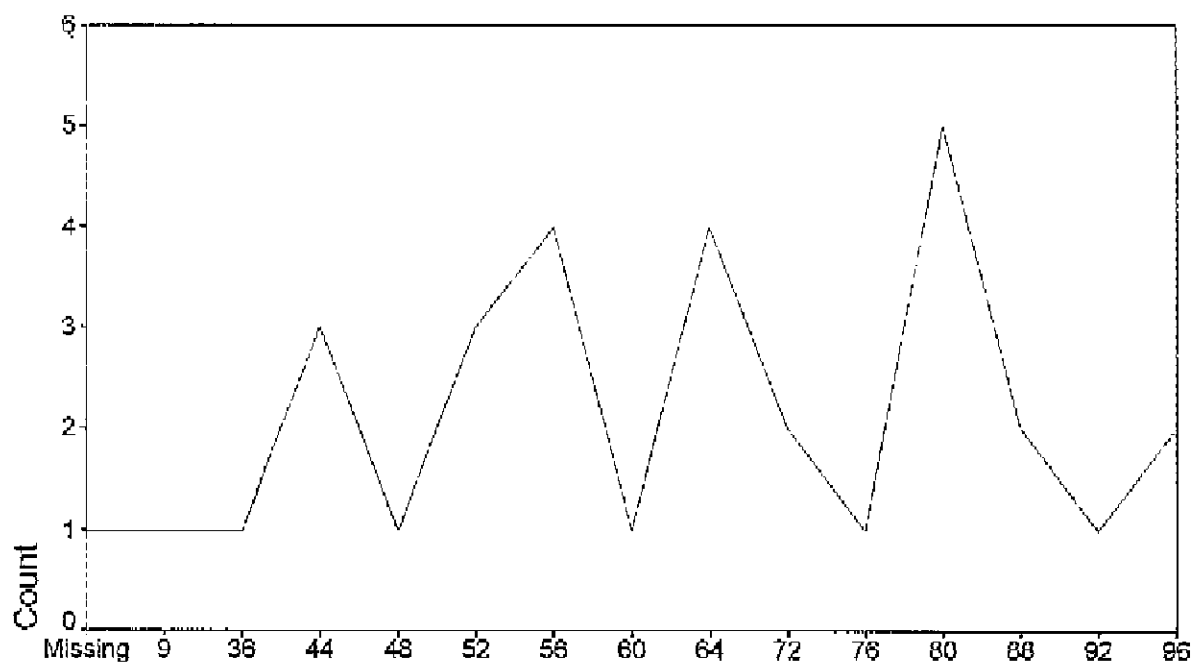


Figure 4.1 Self-esteem scores for all subjects.

Table 4.1
T-test: Level of Self-Esteem in Relationship between Parenting & Nonparenting Adolescents.

	N= 29 3 Missing	Mean	Standard Deviation	Standard Error
Parenting N= 12 P= .83		68.00	17.05	4.92
NonParenting N= 17 P= .83		64.47	17.37	4.21

The second hypothesis that parenting adolescents would experience lower levels of romanticism than nonparenting adolescents was similarly tested via an independent t test. Although the parenting group did have a mean score that was lower than the nonparenting group, these results were also not significant $F(29,28) = 1.72, p = .199$. The mean score for romanticism for all subjects was 100.50. (See Figure 4.2.) The mean scores for the individual groups are presented in Table 4.2.

Table 4.2
T-test: Level of Romanticism in Relationship between Parenting & Nonparenting Adolescents.

	N= 31 1 Missing	Mean	Standard Deviation	Standard Error
Parenting N= 13 P= .19		95.62	12.42	3.44
NonParenting N= 18		103.05	15.36	3.62

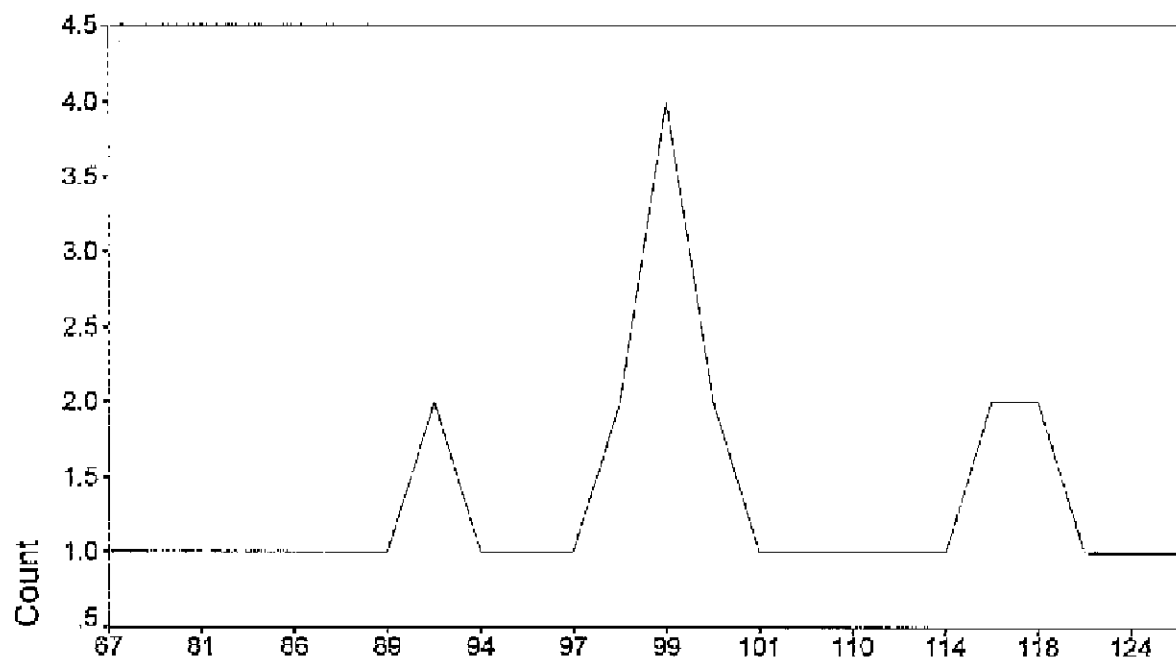


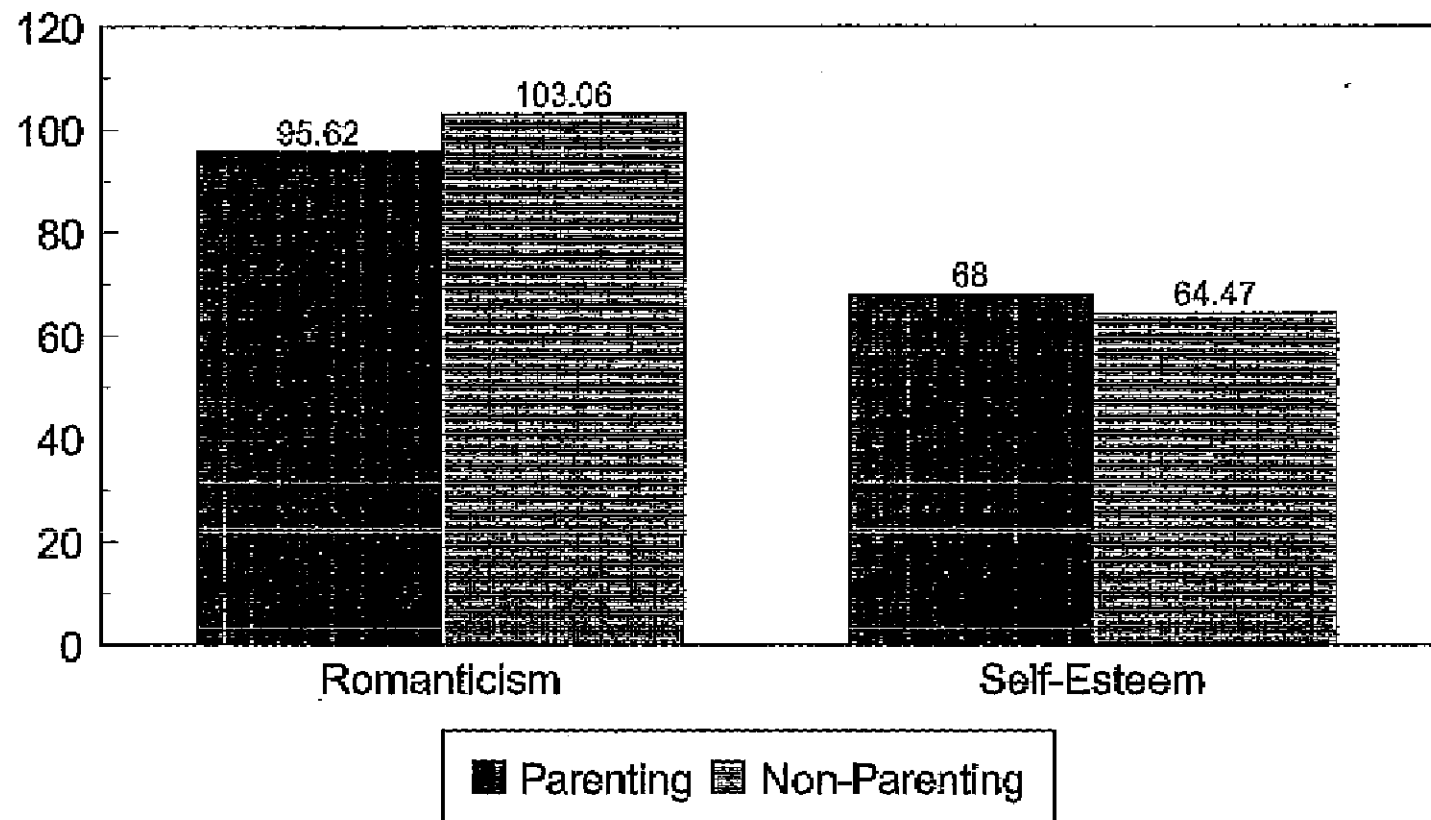
Figure 4.2 Romanticism scores for all subjects.

The third hypothesis, testing the relationship between self-esteem and romanticism showed a significant though weak correlation ($r = -1.122$, $t(29) = 7.71$, $p < .000$). This finding was consistent with Medora, et. al. (1993) who also found a weak, negative correlation between self-esteem and romanticism. Figure 4.3 gives an illustration of the mean scores for romanticism and self-esteem between the two groups.

Figure 4.3

Romanticism and Self-Esteem

Mean Scores



CHAPTER FIVE

SUMMARY AND CONCLUSIONS

When looking at the trend of adolescent pregnancy through the years, a multitude of factors have been associated with this problem: the role of the parent and siblings, SES, abuse (physical and sexual), racial and cultural influences and social influences. All of these variables have been associated in some way with adolescent pregnancy. Self-esteem has been associated with this dilemma in a number of ways: low self-esteem associated with adolescent pregnancy, self-esteem compared with pregnant and nonpregnant adolescents, self-esteem and support group and self-esteem programs. Romanticism has also been associated with adolescent pregnancy.

It was hypothesized in this study that parenting adolescents would experience higher levels of self-esteem when compared with nonparenting adolescents. The reason for this line of thinking was due to the current research that adolescents within a social support environment experienced high levels of self-esteem. It was also reasoned that an added factor, having a dependent child, would also help to inflate self-esteem giving them greater prestige. The research did not significantly support this hypotheses. It appears that parenting does not increase self-esteem to a significant degree over nonparenting adolescents in the present study. A more critical eye may reason, being that the mean

scores were close, that other variables may have prevented this hypotheses from being significant. A larger sample size may have yielded significant results.

The second hypotheses that parenting adolescents would experience lower levels of romanticism than nonparenting adolescents was also not significant. Although parenting adolescents had lower levels of romanticism than nonparenting adolescents, the mean scores did not differ significantly. It was believed that parenting adolescents would be more level-headed than nonparenting adolescents. After personally observing that many adolescents do not continue a relationship with their child's father, it was assumed that this response would cause the parenting adolescent to have a more realistic attitude toward relationships. It was anticipated that adolescents who had experienced the realities of parenting would tend to reject romanticism, but this expectation was contradicted. One could conclude from this study that having children has no bearing on the level of romanticism.

Attention to these results should also be given to the instrument: The Dean Romanticism Scale. Prior research (Medora, et. al, 1994), stated that the instrument was both reliable and valid. Although Dean (1961) reported that the instrument had good split-half reliability ($r = .90$), when compared with the four subscales of the Bell Adjustment Inventory, correlations of a low magnitude ranged from .02 to .19. Dean himself questioned the validity of the instrument.

The third hypotheses measuring the means between self-esteem and romanticism showed a significant though weak negative correlation. This finding was consistent with

Medora, et. al. (1993) who also found a weak, negative correlation between self-esteem and romanticism. It appears that as adolescents improve their self-esteem, the less likely they are to be romantic or emotionally immature and vice versa.

Adolescents should be able to learn to protect and enhance their mental-emotional health against current and future challenges as they occur by learning useful cognitive coping skills (change wording to fit own). If adolescents learn to use cognitive self-instruction successfully, it is possible for them to become inoculated against some future stressors such as premarital childbearing. They may in turn be able to cope with stressful situations long after the training concluded, leading to enhanced mental health.

Sprecher & Meets (1989) assumed that romantic beliefs was associated with personality variables such as self-esteem. Further research in this area is worth pursuing after a valid and reliable romanticism scale has been developed.

Further investigation is needed in developing an up-to-date self-esteem instrument and also to verify if the instrument is in deed measuring self-esteem. Although the Coopersmith has been widely used since 1967, the manual has been updated but it doesn't specify if the instrument has been changed.

More varied programs should be designed to handle different aspects of adolescent issues but should look more toward the adolescent as a whole person: internal and external variables. Focusing on one or two areas at a time does an injustice in attempting to locate the source of the problem. When looking at the problem of adolescent pregnancy, one may have to look at the whole spectrum of the adolescent's life, which

may prove to be a costly endeavor. As costly as it may be, repairing individual components of the problem without dealing with the problem as a whole, only nullifies the results. Many adolescents today are exposed to SES, abuse, social, cultural, and racial influences as well as a whole host of other influences. If an effort is going to be made to change the situation of adolescent pregnancy, a broader spectrum must be tackled.

Many of the self-help programs that have been instituted have been met with success but these have been in pocket areas dealing with very specific problems, such as increasing self-esteem, improving cognitive skills. The problem remains that this is not only a cultural problem, because cultures handle problems differently, but within the culture there remains an individual problem because individuals are exposed to specific things and therefore respond to situations differently.

There are adolescents who already have high levels of self-esteem and therefore a program on such is not the answer. According to Erickson (Rice, 1990), this period is a time when adolescents are struggling with identity vs. role confusion, struggling to find out who they are. Piaget (Rice, 1990) said it was a time when formal operational thinking occurred. A time when the adolescent is able to cope with abstractions and use deductive reasoning. As per Elkind (Rice, 1990), it is an introspective time when adolescents are consumed with egocentrism, a time when they are self-absorbed and falsely assume that outsiders are as preoccupied with them as they are with themselves.

It is during this critical period when adolescents need assistance in critical thinking skills. It is suggested that more programs on the cognitive level be instituted for adolescents during this time. Critical thinking skills will not only assist the adolescent with irrational thinking/thoughts of romanticism, but will assist them in making a more mature decision about their future and whether or not the best road for them to follow should include an infant.

Programs for self-esteem have proven to be successful, according to the research which states that there is no difference between the self-esteem of nonparenting and parenting adolescents; if in fact the programs themselves contributed to the rise. A pre-test/post-test should be done to ascertain whether or not the rise in self-esteem is due to these social programs or some other factor.

The government should make an assessment on the moneys spent to support adolescent pregnancy. Many see the government as a supporter for the young parent providing food, childcare, clothing and other amenities. This has become a social problem as well because the responsibility has been taken out of the home and placed on the government and the government takes a great responsibility in providing for these adolescents. Perhaps not having someone or something to fall back upon will cause parents and children to be a bit more responsible in their behavior.

Current research has stated that adolescent pregnancy has slightly decreased in the past year. The Center for Disease Control and Prevention has speculated that this is due to an increase in condom use and an awareness of aids (Atlantic City Press, 1995). The

fact remains that this is a problem that should decrease and that it is not a problem for just a select group, but for all because we are all affected by its proportion, whether personally or inadvertently.

This is a concern not only of parents and educators but youth advocates, community groups, service providers and the federal government (Levering, 1983). Adolescent pregnancy is a multidimensional, multicausal problem and focusing on one or two variables will not get to the root of the problem. In order for prevention to be effective, everyone must play an active role in its solution.

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