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LOYOLA UNIVERSITY CHICAGO

# AFRICAN AMERICAN ADOLESCENTS' PERCEPTION OF SOCIAL SUPPORT AND SELF-ESTEEM

A THESIS SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

MASTER OF ARTS

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

ALEXANDER HOANG VO

CHICAGO, ILLINOIS

JANUARY 1996

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ACKNOWLEDGEMENTS

The author wishes to thank Elizabeth M. Vera, Ph.D., for her guidance and support in preparing for this manuscript. Much appreciation also goes to Suzette L. Speight, Ph.D., for her encouragement and humor. In addition, the author wishes to thank Jack Richman, Ph.D., for the use of his social support survey. Very special thanks to the staff at Catholic Charities, particularly Debbie Epstein and Karen Jacobson, for their assistance in data collection. Also, warm gratitude go to Samoan Johnson and Jessica Pellegrino for taking time out to help with data collection.

An individual's success is not only a reflection of his/her abilities, passion, courage, and determination, but also a reflection of the support network he/she possesses. Thank you to all who have helped make this a reality.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . . . . . . . . . . . . . . . . . iii

LIST OF TABLES . . . . . . . . . . . . . . . . . . . . vi

Chapter

I. INTRODUCTION. . . . . . . . . . . . . . . . . . . . 1

Purpose. . . . . . . . . . . . . . . . . . . . 6

II. LITERATURE REVIEW . . . . . . . . . . . . . . . . . 7

Characteristics of African American Adolescent Pregnancy. . . . . . . . . . . . 7
Conceptualization of Social Support. . . . . 12
Perceived Satisfaction of Social Support in Relation to Well-Being. . . . . . . . . . 15

III. METHOD. . . . . . . . . . . . . . . . . . . . . 19

Participants and Setting . . . . . . . . . . 19
Procedures . . . . . . . . . . . . . . . . . 19
Instruments. . . . . . . . . . . . . . . . . 21

IV. RESULTS . . . . . . . . . . . . . . . . . . . . 24

Descriptive Profile of the Participants. . . 24
Primary Analysis . . . . . . . . . . . . . . 28
Hypothesis 1: Relationship Between Self-Esteem and Satisfaction with Social Support. . . . . . . . . . . 28
Hypothesis 2: Relationship Between Self-Esteem and Demographic Characteristics . . . . . . . . . . 33

V. DISCUSSION. . . . . . . . . . . . . . . . . . . . 36

Limitations of the Present Study . . . . . . 41
Implications for Counseling. . . . . . . . . 42
Suggestions for Future Research. . . . . . . 43

Appendix

A. LETTER OF PERMISSION. . . . . . . . . . . . . . 46

B. INSTRUMENTS . . . . . . . . . . . . . . . . . 48

C. CONSENT FORMS . . . . . . . . . . . . . . . . 51

REFERENCES . . . . . . . . . . . . . . . . . . . . 54

VITA . . . . . . . . . . . . . . . . . . . . . . 58

LIST OF TABLES


Table | Page
---|---
1. Descriptive Profile for Total Sample . . . . . . | 26
2. Internal Reliability for Social Support Behaviors Survey Form R-3 . . . . . . . . . . | 28
3. Levels of Self-Esteem for Participants . . . . . | 29
4. Significant Pearson Product Moment Correlations Significant Pearson Product Moment Correlations for CSI and SSBS R-3. . . . . . . . . . . . . | 30
5. Relationship Among Variables to CSI in Stepwise Regression Analysis . . . . . . . . . . . . . | 32
6. One-Way Analysis of Variance (ANOVA) . . . . . . | 34
7. T-tests for Independent Sample of Current Involvement with Baby's Father. . . . . . . . | 35

# CHAPTER I

## INTRODUCTION

Teenage pregnancy is one of the most debated and prevalent problems facing today's youth. Each year, it is estimated that over 1.1 million teenagers become pregnant in the United States (U.S. Department of Health and Human Services, 1983). To state this another way, 96 out of every 1000 adolescent females become pregnant (Drummond & Hansford, 1991). This statistic alone leaves the United States second only to Hungary in adolescent birth rate per year (Taborn, 1987). Of this group, African American teenagers account for 24.2 percent of all births. Although the total number of Caucasian teenagers who become pregnant by their eighteenth birthdate is significantly higher than that of African American teens, the percentage of African American females who become mothers during adolescence constitutes 22 percent of all Black teens while only 8 percent of Caucasian teens become mothers during their adolescent years (Ladner, 1987). In addition, African American females only make up 14 percent of the adolescent population (Pete & DeSantis, 1990). The difference in the rate of those who become mothers between African American and Caucasian teens may be attributed to the lack of utilization of adoption services and/or abortions on the

part of the African American adolescent females. This has contributed to the overrepresentation of pregnant African American teenagers among statistical findings. However, the alarming statistics that describe nation's youth, especially depicting specific racial and ethnic minorities, have prompted interests and efforts to find explanations as to why adolescents place themselves at risk for pregnancy. Hence, there is a need to examine the issues surrounding the prevalence of this phenomena with regard to ethnic groups such as African Americans so such information may provide insights as to the predisposing factors to their cause. Although the statistics tracing the reality of our African American youths are over-represented, the majority of these teens do not become pregnant during adolescence. However, the need to examine issues surrounding the plight of those that do become pregnant is evident.

Pregnancy at any age is considered to be one of the major events in life. It is a time of great hope and anticipation. It can also be a time of immense psychological and emotional distress. For the teenage female, pregnancy may be more pronounced with stressors including the interruption of education and risk of future economic success. Drummond and Hansford (1991) found that four out of five girls who bear a child are substantially less likely to complete high school. For pregnant African American teenagers, their situation is compounded with a

variety of additional medical problems. Pete and DeSantis (1990) reported that in the course of pregnancy for the girls, they are more likely to experience problems such as anemia, preeclampsia, eclampsia, and premature labor. Further, the maternal mortality rate is significantly higher for this population than for Caucasian teenagers (Pete & DeSantis, 1990). The differences between the African American and the Caucasian teenagers could be accounted by the lack of health care utilization on the part of the African American adolescents. Giblin, Poland, and Sachs (1986) contended that health needs and psychological attitudes may be related and, in turn, may influence health care utilization. Further, prenatal African American adolescents were far less likely to attend postpartum appointments than prenatal Caucasian teens. Furthermore, those African American teens with low health-care utilization scored higher on depression and lower on self-esteem than those African American teens with high health-care utilization (Giblin et al., 1986). Another possibility for the high health risk and complications among pregnant African American teens is their low socioeconomic environment which could be a contributing factor in the reluctancy to utilize health-care services and could be a factor affecting nutrition and psychosocial attitudes.

With the onset of educational interruption, diminished employment opportunities, and increased physical

complications, there is potential for adverse emotional and psychological consequences. Past studies have suggested that adaptational problems may be particularly more intense for this population (Turner, Grindstaff, & Phillips, 1990). As Huff (1987) noted, "Pregnancy is a challenge in any female's life regardless of the circumstance. However, for the adolescent, the crisis is greatly intensified because it adds another level of complexity to an already complex period of physical and emotional change" (p. 952). Hence, an exposure to additional levels of stressful life events could lead to an overall degeneration of psychological well-being (Turner et al., 1990).

A number of studies have documented the importance of social support on psychological well-being. Researchers believe that in the presence of high levels of stress, social support represents a significant mediator or buffer (Turner et al., 1990). Social support may cushion the adverse effects of stress, thereby acting as a potential strength to foster and enhance the life experiences of the adolescents (Barrera, 1981; Koniak-Griffin, Loninska, & Brecht, 1993). However, most research in this area have primarily focused two common measures of support: the size or density of support and the extent of concrete help provided. These common types of measures have demonstrated limited correlations between different supportive relationships and psychological well-being (Camp, Holman, &

Ridgway, 1993). In addition, they have not taken into account the adolescent's perception of their sources of support. A measure of social support which may be useful in identifying what role social support plays in the psychological well-being of pregnant adolescents is the measure of perceived satisfaction with social support. According to Barrera (1981), density of support has an important role in the enhancement of self-esteem, but it is ultimately the adolescents' satisfaction with the support that will be a better predictor of psychological well-being (i.e., self-esteem). Past studies have shown that an adolescent's psychological health is positively related to his/her perceived satisfaction with support from parents and peers (Greenberg, Siegel, & Leitch, 1983). Furthermore, a study conducted by Camp, Holman, and Ridgway (1993) found that teenage mothers with more negative attitudes towards the pregnancy and self had more social support. Although the support was high, the adolescents still exhibited negative esteem and attitudes. The effects of a high level of support was found to be inadequate or inappropriate for the needs of the adolescents. To be more specific, although the amount of support was high, it was not satisfactory. This coincides with the suggestion presented by Barrera (1981, 1986) that satisfaction with support is the key rather than mere size.

## Purpose

Little research has been conducted exploring the relationship of perceived satisfaction with support and self-esteem among pregnant African American adolescents. It is hoped that this study will contribute to the literature and the understanding of the organismic and environmental interactions within this particular population. The present study is an attempt to examine two major factors, specifically self-esteem and satisfaction with social support, in the lives of pregnant African American adolescents. It is hypothesized that pregnant African American adolescents with greater satisfaction with the support they were receiving during this major life event will exhibit higher self-esteem than those less satisfied with their support networks. It is also hypothesized that differences in demographic characteristics such as parental marital status, living arrangements, current involvement with the baby's father, and months pregnant will have an influence on self-esteem and satisfaction with social support.

## CHAPTER II

## LITERATURE REVIEW

The following chapter is a literature review highlighting some causal explanations and characteristics of African American adolescent pregnancies, conceptualizations of social support, and the effects of a satisfactory support network in relation to self-esteem.

### Characteristics of African American Adolescent Pregnancy

Research investigating adolescent pregnancy has limited its focus primarily on Caucasian females. Few researchers have attempted to study the African American adolescent population. From them, we have found characteristics that are unique to this community. Ladner (1987) suggested some historical causal explanations as to the causes of teenage pregnancy among African Americans. One suggestion is the attempt on the part of the female teenager to fulfill an emotional need to be loved and/or nurtured (Ladner, 1987). In the face of economic scarcity and impediments to aspirations, the adolescents must find alternative venues to fulfill a need to belong and contribute. This suggestion supported Pete and DeSantis' (1990) finding that one key element of early sexual decision making among African American females was an attempt to establish a loving and

trusting relationship with the child's father. In addition, teenage pregnancy is also thought to result from cultural transmission among some Blacks who regard the bearing of children as a symbol of achieved womanhood or manhood, especially in the absence of more mainstream methods for achieving success (Ladner, 1987). For the teens raised in impoverished communities, child bearing is not seen as an obstacle to achievement since they already lack the opportunities. However, it is important to note that not all African Americans are from disadvantaged communities and may not share similar values and the occurrence of teenage pregnancy in affluent African American communities may not be as prevalent.

The onset of early sexual activity and teenage pregnancy have been influenced by changing sexual norms. Adolescents are no longer faced with the premarital double standard and the stigmas for out-of-wedlock births thanks, in part, to the sexual revolution (Ladner, 1987). Even before the sexual revolution, the African American community has always expressed greater tolerance and acceptance of teenage pregnancy than the White community. Perhaps this is due to the sex-positive view of life based on the notion of sensuousness adopted by the African American community (Butts, 1981). This notion of sensuousness is thought to be a part of the socialization process among Black families regardless of socioeconomic class. It curtails the many

different practices involved in nurturing and raising the young which is more lenient, more child oriented, and more sensuous (the ability to interpret the world through one's senses such as touch) than the dominant White culture (Butts, 1981). It is an aspect of socialization which facilitates and encourages the healthy expression of an individual's innate sensuality. Hence, if pregnancy occurs, it is viewed as a mistake made by the female, which subsequently, could be rectified. This perspective permitted and at times, encouraged the efforts of family members to assist the young mother to re-organize her life (Ladner, 1987). Further it has been suggested that low-income pregnant African American adolescents received higher levels of support from family members than did their Caucasian and Latino counterparts (Koniak-Griffin et al., 1993). This support may be helpful in facilitating positive self-esteem and adjustment behaviors. Hence, it may compensate for the lack of resources more readily available in affluent communities.

Dunston, Hall, and Henderson (1987) has addressed what impact the African American adolescent mother and her child have on society as a whole. The authors reported that African American teens usually begin child bearing practices at much earlier ages and are prone to experience subsequent pregnancies than do Caucasian teens. Pete and DeSantis (1990) suggested that the African American adolescent's

belief in her lack of vulnerability to become pregnant through sexual involvement may be a predisposing factors for early sexual decision making. Hence, use of contraception may have been restricted due to this belief (Taborn, 1987). It is important to note that the findings suggested by Pete and DeSantis (1990) may not be generalizable to the majority of African American adolescents since the study was based on interviews with only four African American females.

Child bearing practice may have its roots in the family structure of the teenagers which, subsequently, is transmitted to younger generations. The majority of the pregnant African American teens' mothers themselves were pregnant during adolescence (Dunston et al., 1987; Pete & DeSantis, 1990). In addition, the reluctance of the African American teenager to utilize adoption as an alternative has promoted a public image of the African American adolescent mother as the perpetuator of a cycle of single-parent households (Dunston et al., 1987). They are, in the public eye, the crux of the problem. The perceived dependency on public aid such as welfare stigmatizes that African American female headed households as sole perpetuators of most of the problems in the African American community. In actuality, the African American adolescent mothers comprise of only a small percentage of welfare recipients (Dunston et al., 1987).

In an effort to extract information on teenage

pregnancy, Dore and Dumois (1990) highlighted some cultural differences in the responses of teen mothers to the events of pregnancy and motherhood. They suggested that the strength of the African American family is such that it allows the accommodation of new and unanticipated members thereby reducing the impulse to surrender the child for adoption. The expectation among the poor, enforced by cultural and religious standards, is that out-of-wedlock children are not be given up for adoption, but are to be kept in the family and the community regardless of the hardship (Ladner, 1987). Also, family members are bound by reciprocal obligations to give assistance to those in need. Unlike other minority groups such as Hispanic families, African American families tend to exhibit more gender role flexibility allowing for greater number of female-headed households (Ladner, 1987). The role flexibility could have been contributed by the increasing fragmentation of the African American family and the weakening of the extended family due to the multitude of communal problems, especially among families at the poverty level.

In summary, the obstacles facing today's African American youths have multiplied as compared to a generation ago. As economic scarcity progresses, teen pregnancy for this population has increased and there has been greater fragmentation of the African American family which ultimately has led to an increase in female-headed

households (Ladner, 1987). In addition, the pregnant teen is more likely to have health complications, inadequate or nonexistent child care, and lack of educational and employment opportunities. The erosion of the economic opportunities in the African American community has created a more pervasive configuration of multiple exposures to crime, drugs, and poverty. Hence, the adolescents and their families are more distressed than ever before, and the severity of the problems continues to increase (Ladner, 1987).

## Conceptualization of Social Support

According to Barrera (1981), social support is essentially any source of advice, aid, and/or mutual obligation. This support can come from family members, spouses/partners, peers, or professionals. Social support can be classified into three categories: social embeddedness, perceived social support, and enacted support (Barrera, 1986). Social embeddedness refers to the connections that people have with significant others in their communities. Embeddedness consists of social ties such as marital status, presence of siblings, and contact with friends (Barrera, 1986). Without it, a sense of social isolation and alienation prevails. Perceived social support pertains to the cognitive appraisal of being reliably connected to others. Unlike social embeddedness which attempts to quantify the amount of contact or ties,

perceived support is a qualitative conjecture of the individual's confidence that adequate support is available or characterizes the helpfulness and satisfaction of the support (Barrera, 1986). Finally, the third category refers to the actions that people perform while rendering assistance. Measures of enacted support attempt to identify the specific activities that people engage in during the course of providing support. The three broad categories of support are believed to occur simultaneously. One has a sense of connectedness to the person providing aid while that person is actively helping, and one is concurrently evaluating the usefulness or helpfulness of the assistance being provided.

Richman, Rosenfeld, and Hardy (1993) have classified three broad types of enacted support: tangible or material, informational, and emotional. Together with the notion of social embeddedness and perceived social support, eight distinguishable forms of support are identified:

> (a) *listening support*: the perception that another is listening without giving advice or being judgmental; (b) *emotional support*: the perception that another is providing comfort and caring and indicating that he/she is on the recipient's side; (c) *emotional challenge*: the perception that another is challenging the support recipient to evaluate his/her attitudes, value, feelings; (d) *reality confirmation support*: the perception that another, who is similar to and who sees things the same way the support recipient does, is helping to confirm the recipient's perspective of the world; (e) *task appreciation support*: the perception that another is acknowledging the recipient's efforts and is expressing appreciation for the work he/she does; (f) *task challenge support*: the perception that another is challenging the recipient's way of way of

> thinking about a task or an activity in order to stretch, motivate, and lead the recipient to greater creativity, excitement, and involvement; (g) *tangible assistance support*: the perception that another is providing the recipient with financial assistance, products, and/or gifts; (h) *personal assistance support*: the perception that another is providing services or help, such as running an errand or driving the recipient somewhere (Richman et al., 1993, p. 291).

These eight forms of socially support behaviors attempt not only to identify specific behaviors performed but also the role of supportive social relationships in the promotion of personal well-being. The roles they play in an individual's life are both structural and functional (Bailey, Wolfe, & Wolfe, 1994). Structural roles include the extent to which one engages in relationships while functional roles include the degree to which such relationships provide identified functions for the recipient such as companionship and/or nurturance (Bailey et al., 1994). These roles could enhance a person's mechanisms for coping and the quality of one's life. Much research has indicated that the quality of these supportive relationships could mediate or buffer the effects of stress (Bailey et al., 1994; Gavazzi, 1994). They can promote positive indicators of well-being while protecting one from the adverse effects of stress. Barrera (1986) reported that there is a positive linkage between stress and social support. The exposure to stressful situations automatically triggers the mobilization of support. If social support networks are responsive, they will increase their provisions

of supportive actions when network members are confronted with stressful events (Barrera, 1986). However, the mediation or buffer of stress belongs to an inner locus of control. Individuals are selective in seeking out those forms of support that may aid in alleviating stress and enhancing well-being. Support is only beneficial if the support received is appropriately matched to the needs required by the recipient (Richman et al., 1993). Barrera (1986) also reported that persons receiving high levels of support may still exhibit symptoms of stress and anxiety due to their perception that the support received did not meet the needs engendered by the stress events. Thus, to effectively understand the role of social support in the reduction of stress and/or enhancement of well-being, it is necessary to examine the perception or cognitive appraisal of the support recipient with respect to the overall assistance provided.

## Perceived Satisfaction of Social Support in Relation to Self-Esteem

There is a growing body of research to demonstrate that there is a high correlation between social support and self-esteem (Barrera, 1986; Dunston et al., 1987; Held, 1981). In a study of pregnant African American adolescents, Dunston, Hall, and Henderson (1987) found that those who felt supported by family members exhibited higher positive attitudes toward themselves and their babies than those who

did not feel supported. The central observation here is that the adolescents "felt" supported. This is a reflection of their perception of the support provided to them. However, Dunston, Hall, and Henderson's (1987) findings reflect data that is close to two decades old. Recent information in this area is greatly limited.

Whenever social support, whether tangible, emotional, or assistance, meets the needs required by the recipient's stressful circumstance, it is safe to assume that the support was satisfactory. A satisfying support network fulfills whatever need that is desired and acts as a buffer against the adversity of stress. In a study of pregnant teenagers, Barrera (1981) reported that adolescents who were satisfied with the support they received exhibited less psychological symptoms such as depression and displayed higher self-esteem than the adolescents who were unsatisfied with their support. In addition, satisfaction with support was related to positive adjustment and positive attitudes. Similarly, Greenberg, Seigel, and Leitch (1983) reported that satisfaction with parental and peer assistance was highly related to high levels of self-concept and ego identity. The effects of high life stress were moderated by a positively perceived satisfaction with parental assistance.

The literature reviewed demonstrated that the size or density of support does not necessarily reflect higher

adjustment and well-being. Those who reported higher stress tended to receive more support but may still display a higher degree of adaptational problems and more psychological symptoms (Barrera, 1986; Camp et al., 1993). This could be due to the fact that the support rendered may not be appropriate. Just because one receives an abundance of assistance does not mean that one's needs are met. The support must match the need in order for it to be effective (Richman, 1993). The perception that the support rendered is appropriate fitted for the problem can be viewed as a satisfactory support network. In a study conducted by Koniak-Griffin, Lominska, and Brecht (1993) of the social support of pregnant adolescents across three ethnic groups, the receipt of a satisfying support network was found to be related to positive adjustment among African American, Caucasian, and Hispanic adolescents. However, the literature did not reveal the factors that may contribute to the development of satisfactory support networks (Barrera, 1981; Koniak-Griffin et al., 1993). Hence the direction of causality in the relationship between satisfying support and psychological well-being has not been clearly established in previous studies. But working with the assumption that satisfying, socially supportive relationships directly influence psychological adjustment would suggest that satisfaction should be a primary target for examination (Barrera, 1981).

In summary, the literature has suggested a number of avenues with respect to assessing social support and how it may relate to psychological well-being, self-esteem in particular, of pregnant adolescents. Clearly, one of the most preferred ways is to examine the adolescent's perceived satisfaction with the support she is receiving. This will provide us with a better and more comprehensive understanding as to whether social support matches the needs of the adolescent. Further, it will allow us to estimate what role social support may have with regards to overall psychological adjustment and well-being. Thus, the study of perceived satisfaction with social support as it relates to self-esteem is imperative if we consider the tremendous effects of the major life event of pregnancy during adolescence.

# CHAPTER III

# METHODOLOGY

## Participants and Setting

The target population for this study was pregnant African American adolescents (ages 12 through 18) attending an alternative high school (grades 9 through 12) in a metropolitan area during their pregnancy. A minimum total sample size of 70 adolescents was expected in order to maximize statistical power. In addition to providing continued high school education, the school program, Catholic Charities' Arts of Living, also offered the adolescents with a variety of medical and educational services regarding birth control, family planning, and pre-natal and post-natal care. The agency has on staff a number of social workers to provide counseling and case management services.

## Procedures

The researcher met with Catholic Charities' Director of Social Services to obtain permission to conduct the study. A written proposal outlining purpose, literature review, and methodology was reviewed during the meeting. When permission was granted, the researcher distributed parental consent forms at the beginning of group sessions and classes for the adolescents to take home to be signed by their

parents/guardians. They were asked to return the forms the following day to be collected.

The surveys were administered to the adolescents in group settings ranging from five to 15 teens per group. Participants were asked to read and sign an informed consent form prior to their participation. Following the collection of the informed consent forms, the participants were advised that the study was designed to obtain information regarding how they feel about themselves and information about the people who cares about and helps them. They were also informed that some of the questions were of a highly personal nature and that they did not have to answer any questions which they thought were too intimate. The researcher conveyed to participants the fact that their responses were anonymous and confidential and in no way would affect their status at the school. Following the completion of the surveys, the participants were debriefed as to the purpose of the study in addition to the utilization of the counseling services should any emotional/ psychological issues related to past or present pregnancies arise. The surveys took approximately 15 minutes to be completed. With respect to the expected sample size, a total of 49 adolescents participated (a response rate of 57 percent).

Instruments

The instruments used for this study consisted of a survey containing three sections. The first section was a questionnaire designed to assess demographic characteristics of the adolescents such as age, education, living arrangements, employment status, parents' highest educational level, and age at which the adolescent's mother had her first child. This questionnaire also assessed the adolescent's onset of sexual activity, use of contraception, number of past pregnancies, involvement of baby's father, and sources of support after the birth of the baby.

The second section in the survey consisted of the Coopersmith Self-Esteem Inventory (CSI) to measure the adolescent's level of self-esteem (Coopersmith, 1981). According to Coopersmith (1981), self-esteem refers to the evaluation a person makes and customarily maintains with regard to him or her. The CSI is composed of 25 statements pertaining to feelings. The participants were asked to state whether the statements were applicable to them or not. The CSI was scored by assigning four points to each response reflecting positive self-esteem. No points were assigned to responses reflecting negative self-esteem. A total score (with a range of 0 to 100) was computed by totalling all of the raw points. A high score indicates high level of self-esteem and vice versa. The normative sample for the CSI was adolescents aged 14 to 17, most of whom were Black and were

from low-income families. Validity coefficient for the CSI was found to be .44 ($P < .005$) and overall reliability alpha for this instrument was found to be .69.

The final section of the survey consisted of an instrument designed to measure the adolescent's satisfaction with the support she was receiving. The measure, the Social Support Behaviors Survey Form R-3 (SSS R-3), was developed by Hardy, Rosenfeld, Richman, and Manzo (1993, unpublished). The instrument contained eight subscales measuring listening support, emotional support, emotional challenge, task appreciation, task challenge, reality confirmation, tangible assistance, and personal assistance. This instrument is made up of 32 statements pertaining to perceived socially supportive behaviors. The participants were asked to rate the degree of satisfaction they feel with the people they count on to provide the support they need via the eight behaviors above on a 7-point likert-type scale. A rating of 1 indicates "very unsatisfied," a rating of 2 indicates "unsatisfied," a rating of 3 indicates "somewhat unsatisfied," a rating of 4 indicates "neutral," a rating of 5 indicates "somewhat satisfied," a rating of 6 indicates "satisfied," and a rating of 7 indicates "very satisfied." The instrument was initially piloted on 150 male and female university students. Inter-factor correlations range from a low of .07 to a high of .67 ($M = .34$) while Cronbach coefficient alphas ranged from a high of .85 for reality

confirmation to a low of .64 for tangible assistance.

# CHAPTER IV

# RESULTS

The findings reported in this study are divided into two sections: descriptive profile of the participants and primary analysis.

## Descriptive Profile of the Participants

Table 1 provides a demographic profile of the participants. The sample consisted of 49 pregnant African American adolescents with a mean age of 16 years from a range of 14-18 years (SD=1 year). Twenty-two percent were freshmen, 31% were sophomores, 33% were juniors, and 14% were seniors in high school. Over 73% of the adolescents reported living just with their mothers, 10% resided with spouse or partner, and 17% reported living on their own or in a maternal home. With regard to parental marital status, over 35% of the participants reported that their parents were never married, 22% were separated, 27% were divorced, 8% were still married and living together, and 8% did not respond. The average number of children in each family was three (SD of 1.6 from a range of one to nine children) and the average age at which the adolescents' mothers had their first child was 18 years (SD of 2.7 from a range of 12 to 26 years).

With regards to pregnancy status, over 87% of the adolescents indicated that this was their first pregnancy. Four percent reported that they terminated previous pregnancies via abortion and no respondents claimed adoption as an alternative. It was also found that 63% of participants became sexually active at or before the age of 14 (SD of 1.25 from a range of 12 to 17 years). Seventy-nine percent reported using birth control methods such as condoms and the pill while over 20% reported never considering contraception. Ninety-two percent of the adolescents stated that this current pregnancy was unplanned. Over 46% of the girls were in their ninth month of pregnancy (mean=7.6 months, SD=1.6 months).

With respect to social support, 83% of the adolescents reported that the father of the baby will assist them with the newborn and 75% reported current involvement with the father of the baby. With regard to expected support from the adolescents' family of origin: over 69% will receive support from their mothers compared to 14% from their fathers. Finally, 45% of the adolescents will receive assistance from extended family members such as aunts, uncles, and cousins.

Table 1

Descriptive Profile for Total Sample

| Characteristics | Percent |
|---|---|
| Age | |
| 14 years old | 12% |
| 15 years old | 12% |
| 16 years old | 39% |
| 17 years old | 31% |
| 18 years old | 6% |
| Education | |
| 9th grade | 22% |
| 10th grade | 31% |
| 11th grade | 33% |
| 12th grade | 14% |
| Living Arrangement | |
| both parents | 4% |
| mother alone | 74% |
| relatives | 4% |
| spouse/partner (baby's father) | 10% |
| other (i.e., maternal homes, alone, etc.) | 8% |
| Parental Marital Status | |
| married-together | 8% |
| separated | 22% |
| divorced | 25% |
| unmarried | 35% |
| Number of Children in Family | |
| 1 | 12% |
| 2 | 22% |
| 3 | 41% |
| 4 or more | 25% |
| Age Mother Had First Child | |
| 12-14 years old | 4% |
| 15-16 years old | 22% |
| 17-18 years old | 29% |
| 19-20 years old | 12% |
| 21-22 years old | 16% |
| 23 and older | 4% |
| don't know | 12% |

Table 1 (continued)

| Characteristics | Percent |
|---|---|
| Onset of Sexual Activity | |
| 12 years old | 2% |
| 13 years old | 22% |
| 14 years old | 39% |
| 15 years old | 14% |
| 16 years old | 10% |
| 17 and older | 12% |
| Ever Used Birth Control | |
| yes | 80% |
| no | 20% |
| Pregnant in the Past | |
| yes | 12% |
| no | 88% |
| Abortion in the Past | |
| yes | 4% |
| no | 96% |
| Considered Adoption | |
| yes | 0% |
| no | 100% |
| Currently Involved with Baby's Father | |
| yes | 76% |
| no | 24% |
| Expected Source of Support for Raising Baby | |
| mother | 69% |
| father | 14% |
| baby's father | 84% |
| relatives | 45% |
| Months Pregnant | |
| 4 | 2% |
| 5 | 14% |
| 6 | 8% |
| 7 | 14% |
| 8 | 10% |
| 9 | 47% |

A reliability analysis of the SSS R-3 was conducted with this sample and revealed an overall Alpha of .97. Alphas for individual subscales are reported on Table 2. Reliability coefficients generated for overall satisfaction with support and the eight subscales of support indicate good internal consistency.

Table 2

Internal Reliability for Social Support Behaviors Survey Form R-3

| Variable | Total Item | Alpha | Standardized Item Alpha |
|---|---|---|---|
| 1. Social Support | 32 | .9708 | .9707 |
| 2. Listening Support | 4 | .8301 | .8284 |
| 3. Emotional Support | 4 | .7823 | .7813 |
| 4. Emotional Challenge | 4 | .8266 | .8279 |
| 5. Task Appreciation | 4 | .8596 | .8623 |
| 6. Task Challenge | 4 | .7439 | .7412 |
| 7. Reality Confirmation | 4 | .8374 | .8343 |
| 8. Tangible Assistance | 4 | .8140 | .8197 |
| 9. Personal Assistance | 4 | .8062 | .8140 |

## Primary Analysis

### Hypothesis 1: Relationship Between Self-Esteem and Satisfaction with Social Support

Inspection of the data revealed several interesting findings relevant to the original hypothesis. For this sample, the mean Coopersmith self-esteem score was 67.2 (moderately high) with a standard deviation of 18.1. Table 3 represents the break-up of self-esteem scores among the

adolescents across three levels: high, moderate, and low. Significant Pearson Product Moment correlations were obtained between several dimensions of social support and self-esteem. The overall satisfaction with social support was calculated and found to be highly correlated with self-esteem ($r = .68$, $p < .01$). Adolescents more satisfied with the social support they were receiving were more likely to score higher on self-esteem. Furthermore, all eight subscales of social support were found to be significantly correlated with self-esteem. Table 4 depicts the correlation coefficients for the eight types of support with the Coopersmith self-esteem scores and demographic characteristics.

Table 3

Levels of Self-Esteem for Participants

| Levels of Self-Esteem | Percent |
|---|---|
| High (68-100) | 42% |
| Medium (34-67) | 50% |
| Low (0-33) | 8% |

Mean = 67.2, SD = 18.1

In order to determine which variables were significantly predictive of self-esteem, a stepwise multiple regression analysis procedure (see Table 5) was performed. The independent variables consisted of the eight types of social support and demographic characteristics of the

Table 4

Significant Pearson Product Moment Correlation

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Age | | | | | | | | | |
| 2. Education | .80** | | | | | | | | |
| 3. Father's Education | .11 | .15 | | | | | | | |
| 4. Mother's Education | -.15 | -.13 | .55* | | | | | | |
| 5. No. of Children | .13 | .02 | .04 | -.06 | | | | | |
| 6. Age Mom Had First | .06 | .00 | .00 | -.12 | -.08 | | | | |
| 7. Age-Sexually Active | .42** | .25 | .18 | -.11 | .27 | .26 | | | |
| 8. Past Pregnancies | .71 | .89** | .53 | .13 | -.22 | .05 | -.67 | | |
| 9. Months Pregnant | .33* | .14 | -.19 | -.23 | -.12 | -.05 | .02 | -.21 | |
| 10. CSI | -.03 | .03 | -.01 | .05 | -.02 | .17 | -.11 | .39 | -.20 |
| 11. Social Support | -.06 | -.11 | -.08 | -.02 | -.13 | .27 | -.11 | .02 | -.09 |
| 12. Listening Support | -.17 | -.18 | -.13 | -.10 | -.18 | .18 | -.25 | .26 | -.06 |
| 13. Emotional Support | -.05 | -.13 | -.07 | -.01 | -.15 | .14 | -.12 | -.42 | .02 |
| 14. Emotional Challenge | -.09 | -.16 | .00 | .09 | -.05 | .18 | -.10 | .08 | -.03 |
| 15. Task Appreciation | -.01 | -.19 | -.06 | -.06 | -.10 | .35* | .13 | -.51 | -.06 |
| 16. Task Challenge | -.06 | -.08 | -.08 | .03 | -.14 | .33* | .02 | -.55 | .04 |
| 17. Reality Confirmation | .05 | -.08 | -.19 | -.16 | -.06 | -.10 | -.10 | -.38 | .01 |
| 18. Tangible Assistance | .00 | -.09 | -.15 | -.03 | -.31* | .22 | -.11 | .16 | .08 |
| 19. Personal Assistance | -.08 | -.12 | -.04 | -.06 | -.09 | .17 | -.07 | .00 | -.14 |

*p < .05, **p < .01

Table 4 (continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Social Support | | | | | | | | | | |
| 2. Listening Support | .90** | | | | | | | | | |
| 3. Emotional Support | .88** | .86** | | | | | | | | |
| 4. Emotional Challenge | .83** | .80** | .84** | | | | | | | |
| 5. Task Appreciation | .82** | .76** | .81** | .77** | | | | | | |
| 6. Task Challenge | .81** | .79** | .76** | .88** | .78** | | | | | |
| 7. Reality Confirmation | .85** | .84** | .84** | .75** | .73** | .66** | | | | |
| 8. Tangible Assistance | .83** | .77** | .78** | .73** | .78** | .78** | .78** | | | |
| 9. Personal Assistance | .87** | .88** | .88** | .83** | .80** | .78** | .78** | .75** | | |

**p < .01

Table 4 (continued)

Significant Pearson Product Moment Correlations for CSI and SSBS R-3

| SSBS R-3 | r |
| --- | --- |
| Overall Social Support | .678** |
| Listening Support | .443** |
| Emotional Support | .358* |
| Emotional Challenge | .288* |
| Task Appreciation | .293* |
| Task Challenge | .289* |
| Reality Confirmation | .434** |
| Tangible Assistance | .379** |
| Personal Assistance | .353* |

*p < .05, **p < .01

Table 5

Relationship Among Variables to CSI in Stepwise Regression Analysis

| Step | Variables | R | R Squared | Beta | p < |
| --- | --- | --- | --- | --- | --- |
| 1 | Months Pregnant | .959 | .921 | -.959 | .05 |
| 2 | Task Challenge | .999 | .078 | -.379 | .05 |

participants such as age, education, onset of sexuality activity, use of contraception, past pregnancies, and months pregnant. The dependent measure was self-esteem scores derived from the Coopersmith Self-Esteem Inventory. The only significant predictor of self-esteem in Step 1 was months pregnant with an R squared of .92 ($p < .05$) which predicted 92% of the variance (Beta weight was -.96). In Step 2 of the equation, task challenge was a significant predictor with an R squared of .999 ($p < .05$) which predicted 7% of the variance. Together, months pregnant and task challenge yielded an R squared of .99 which predicted 99% of the variance.

Hypothesis 2: Relationship Between Self-Esteem and Demographic Characteristics

A one-way analysis of variance (ANOVA) procedure was conducted comparing differences between demographic characteristics such as living arrangements and parental marital status across levels of self-esteem and subscales of support. No significant F values were obtained for this analysis (see Table 6). However, t-tests were conducted indicating significant self-esteem differences between girls currently involved with the father of the baby and those not currently involved ($t = 1.9$; $p < .10$) and satisfaction with overall support ($t = 2.3$; $p < .05$) suggesting that adolescents who were involved with the father of the baby displayed higher self-esteem and greater satisfaction with

support than those not involved with the father of the baby. In addition, t-tests (see Table 7) also revealed significant differences with regard to involvement with the father of the baby among listening support ($t = 2.56$; $p < .05$), emotional support ($t = 1.69$; $p < .10$), reality confirmation ($t = 2.08$; $p < .05$), and tangible assistance ($t = 2.03$; $p < .05$).

Table 6

One-Way Analysis of Variance (ANOVA)

Independent Variable = Living Arrangements

| Dependent Variable | F Ratio | D.F. |
|---|---|---|
| CSI | .3601 | 47 |
| Overall Social Support | .1431 | 47 |

No Two Groups Are Significant at the .050 Level

Independent Variable = Parent Marital Status

| Dependent Variable | F Ratio | D.F. |
|---|---|---|
| CSI | .5342 | 47 |
| Overall Social Support | .6990 | 47 |

No Two Groups Are Significant at the .050 Level

Table 7

T-tests for Independent Sample of Current Involvement with Baby's Father

| Variables | t value |
|---|---|
| CSI | 1.93* |
| Overall Social Support | 2.30** |
| Listening Support | 2.56** |
| Emotional Support | 1.69* |
| Reality Confirmation | 2.08** |
| Tangible Assistance | 2.03* |

*p < .10, **p < .05

# CHAPTER V

# DISCUSSION

This study attempted to discern the relationship of social support and self-esteem among pregnant African American adolescents. More specifically, this study examined the relationship between perceived satisfaction with social support and the self-esteem of pregnant teenagers attending an alternative school program. Although there were inconsistency of findings between analysis of variance, t-tests, and multiple regression analysis, the relationship found between these two variables through correlation analysis is supportive of the original hypothesis that social support plays a vital role in the acquisition of positive self-esteem. In particular, it was discovered that adolescents who were more satisfied with the support they received scored higher on self-esteem than those less satisfied. The inconsistency of results between various statistical tools may have been due to sample size and/or instrumentation and high multicolinearity of variables.

In an effort to better understand the experience of pregnant African American adolescents, the results of this study presented several interesting findings. The

participants reported that their mothers had been teenage mothers. Over 73% of the adolescents currently resided with their mothers alone and 69% of the girls reported that their mothers will be a major resource with regard to raising the baby. Aid from mothers was found to be consistent with research suggesting that African American adolescents rated their mothers as the most important source of support (Held, 1981). This high rating could be explained by the fact that the majority of adolescents depended on their mothers for all or majority of support. The fact that the adolescents' mothers were teenage mothers themselves makes them more willing to support the teenagers during a major life event. When comparing this with fathers of the adolescents, a sharp contrast appeared. Over 85% of adolescents reported that they do not expect to receive support from their fathers during and after the pregnancy. This difference may be natural since the majority of the adolescents live with their mothers alone. The absence of the fathers from the household is consistent with Ladner's (1987) suggestion of an increased fragmentation of the African American family leading to more single female-headed households. However, scientific data supporting Ladner's contention is lacking.

Previous research (see Ladner, 1987; Taborn, 1987) suggested that, in general, pregnant African American adolescents were against formal adoption as an alternative. This was also evident with this sample. Although 92% of the

teens admitted that their pregnancies were unplanned, none ever considered formal adoption. Only 4% of the teens reported utilizing abortion in past pregnancies. Taborn (1987) suggested that African American mothers' opposition against adoption could be related to a negative view of placement possibilities for the child due to race, the mother's marital background, and the anticipation of social and emotional support. The anticipation of support is seen as a reflection of the African American community's refusal to disparage the "illegitimate" child. In this community, keeping the child is an acceptable alternative.

With respect to onset of sexual activity, over 63% of the sample reported having sex before or on their fourteenth birthdate. Previous research suggested that a possible explanation as to why urban African American adolescents tend to engage in sexual activities at such an early age is due to early biological maturation (Westney, Jenkins, Butts, & Williams, 1984). For African American females, the onset of puberty could begin as early as eight years old starting with breast and pubic hair development. It is reported that by the time they are 12 years old, they would have began to experience menarche, a late-stage pubertal marker (Westney et al., 1984). However, previous research has not examined the possible influences of changing social and sexual norms on the decision to engage in sexual activities. Such influences deserve careful considerations.

Probably the most supportive finding to the first hypothesis concerns the strong correlation between satisfaction with social support and self-esteem. This study assumes that perceived satisfaction with social support is an important factor in accounting for self-esteem since the receipt of a satisfying support network was found to be related to positive adjustment across racial groups (Barrera, 1981; Koniak-Griffin et al., 1993). Results indicated a strong correlation coefficient between social support and self-esteem suggesting that adolescents who were more satisfied with the support they were receiving tend to exhibit higher self-esteem. The perception that the support is meeting the need displayed curtails that the support is satisfactory. At best, we can only speculate that satisfaction with support and self-esteem are related. Analysis did not reveal linear causality between these two variables.

An interesting finding of the present study was the relationship between the adolescents' pregnancy status (months pregnant) and self-esteem. It seems that stage of pregnancy was inversely related to self-esteem. Adolescents late in their pregnancy exhibited lower self-esteem than those in the beginning stages of pregnancy. This finding was inconsistent with previous research suggesting that African American adolescents tended to display the harshest reactions to initial awareness of the pregnancy, but tended

to have the highest self-esteem score by the third trimester (Taborn, 1987). The present's study finding of the relationship between months pregnant and self-esteem may be reasonable if we consider the fact that the participants as a whole displayed relatively high self-esteem. Ninety-two percent exhibited medium to high self-esteem. If these self-esteem scores were initially high, the only direction is a slight drop with time. The inconsistencies between the present study and previous research could be accounted for by changing times. Taborn's (1987) is a review of data that is over two decades old. Reactions to pregnancy and child rearing practice may be influenced by changing sexual attitudes and changing family values.

Although data analysis did not reveal any significant differences among groups with regard to demographic characteristics such as parental marital status and living arrangements on self-esteem score and social support subscales, t-tests indicated significant differences among adolescents who were currently involved with the baby's father in relations to self-esteem and overall satisfaction with social support than those not involved with the father of the baby. It was found that those currently involved with the baby's father exhibited higher self-esteem and reported greater satisfaction with the support they were receiving. This finding is consistent with previous studies in that girls with support from the baby's father exhibited

higher self-esteem and reported greater satisfaction with the support they were receiving. Also, this finding is consistent with previous studies in that support from the baby's father is associated with elated positive effect (Barrera, 1981; Held, 1981; Pete & DeSantis, 1990; Turner, Grindstaff, & Phillips, 1990). The decision on the part of the baby's father to stay in the relationship could be seen as an accomplishment of the adolescent female's goal to establish a trusting relationship. Furthermore, it can serve to diminish the feeling of enduring the pregnancy alone, thereby facilitating positive self-esteem. In addition, the additional support resource provided by the father of the baby could strengthen the satisfaction with the current support network. This is in accordance with previous research suggesting that the lack of perceived support from the baby's father may serve to increase the adolescent mother's perception of the stressfulness of pregnancy and child rearing (Barrera, 1981).

## Limitations of the Present Study

The results of the present study may be limited by several factors. First, the relatively small sample may be a factor in the failure to find significant differences with respect to analysis of variance and other inferential statistics. Furthermore, since the sample population was drawn from an alternative school in downtown Chicago, it may not accurately represent the entire population of pregnant

African American adolescents especially those residing in different socioeconomic areas such as suburban-type neighborhoods. In addition, the survey was voluntary, hence it is unknown how non-volunteers would have responded (43% declined participation).

Second, the measures involved in the study were self-report. There is no guarantee that participants accurately reported their satisfaction and/or their true feelings about themselves. The issue of responding in a socially desirable manner could be a factor in the analysis. Furthermore, the use of single scales allowed us to examine only one measurement of the construct. The application of the construct of self-esteem in the study is etic in nature, thereby preventing an accurate depiction of what the adolescents themselves consider self-esteem to be.

## Implications for Counseling

The implications for the present study's findings are important for those counselors specializing in adolescence and family therapy for the African American community. As results suggested, the major sources of support for this population are family members, particularly mothers, and significant peer relationships. Counselors need to be aware of the complexities of interactions of cultural values, social environment, and intrinsic perceptions. It is important to remember that support must match the needs demanded. Counselors may need to facilitate the development

of listening skills among sources of providers. Programs can be designed to enhance the support caregivers provided. Such interventions can involve the mobilization of informal resources to focus on improving the supportive quality of network contacts (Gottlieb, 1981).

Since involvement with the baby's father was found to be crucial in the facilitation of positive self-esteem among the adolescents, programs must be erected to establish and maintain this involvement. Counselors could provide training and education on pregnancy and child rearing. As preventive measures, workshops on family planning, contraception, job training, sex/family life education, life skills training, peer counselor, and male responsibility counseling are some strategies. Finally, counselors must provide the encouragement and guidance necessary for the development of strong positive identities. This is especially needed as the adolescent progress through her pregnancy. The importance of her perception of the pregnancy as it relates to issues of support, self-esteem, and possibly attractiveness cannot be underestimated.

## Suggestions for Future Research

Further research in this area is needed to investigate the complexities surrounding cultural values, fragmentation of family, and economic environment and how these factors may affect the resources and well-being of this population. A suggestion is to explore more thoroughly family

characteristics and sources of support among those African American adolescents with low and high self-esteem across socioeconomic situations. Research is also needed to explore different venues in an attempt to enhance the social support networks of the adolescents. Efforts in this area ought to begin by assessing the existing forms and impact of social support so that the information can serve to be a guideline for subsequent actions. Further, there is a need to put forth attention to the structural properties of supportive networks to ensure that the helping skills of providers do, in fact, not only play an important role but also enhance the emotional lives of the adolescents. Finally, approaches in conducting future qualitative research must attempt to restrain from defining constructs for specific populations. Rather, they ought to allow the population to define the constructs for themselves.

In conclusion, this study found a positive correlation between satisfaction with social support and self-esteem among pregnant African American adolescents. It was also found that involvement of the baby's father in the pregnancy has an important impact on facilitating positive self-esteem, greater satisfaction with overall support, and increased in the specific types of support such as listening, emotional and tangible support. In addition, the status of pregnancy (months pregnant) was a crucial factor in determining self-esteem. This study has helped increase

the understanding of the influence of a satisfying support network on self-esteem. It is hoped that the results will prompt other research in this area.

# APPENDIX A

# LETTER OF PERMISSION

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

Jack M. Richman, Ph.D.
Phone: (919) 962-3596
FAX: (919) 962-3653

School of Social Work
223 East Franklin Street
Chapel Hill, NC 27599-3550

June 1, 1995

Mr. Alexander Hoang Vo
6828 N. Wayne
Apt. 3B
Chicago, IL 60626

Dear Mr. Hoang Vo,

Thank you writing to me regarding using the **Social Support Survey** (SSS) R-3 for your masters thesis research. Certainly you may use the Survey for your work with the caveat that you use standard academic citations and you inform my colleagues of your research findings and results (perhaps and executive summary of the thesis). My colleagues and I are pleased that you find the instrument useful and look forward to hearing how it functions with your population of pregnant adolescent women and predicts their shifts in self esteem. Should you have any questions or concerns about the SSS please feel free to contact me or Drs. Rosenfeld or Hardy.

You did not say which Department you are working in at Loyola--Chicago. I imagine it may be Sports Psychology however if it happens to be in Social Work--please say hello to my colleagues and good friend Dr. Alan Levy.

I wish you the best in you academic pursuits and good luck in your research and Masters degree program. Let me know how it goes.

Sincerely,

Jack Richman

Jack M. Richman, Ph.D.
Associate Professor
Co-Director, North Carolina Family and Children's Resource Program

# APPENDIX B

# INSTRUMENTS

Coopersmith Self-Esteem Inventory

Below you will find a list of statements about feelings. If a statement describes how you usually feel, put an "X" in the column "Like Me." If a statement does not describe how you usually feel, put an "X" in the column "Unlike Me." There are no right or wrong answers.

| Like Me | Unlike Me | | |
|---|---|---|---|
| ____ | ____ | 1. | Things usually don't bother me. |
| ____ | ____ | 2. | I find it very hard to talk in front of a group. |
| ____ | ____ | 3. | There are lots of things about myself I'd change if I could. |
| ____ | ____ | 4. | I can make up my mind without too much trouble |
| ____ | ____ | 5. | I'm a lot of fun to be with. |
| ____ | ____ | 6. | I get upset easily at home. |
| ____ | ____ | 7. | It takes me a long time to get used to anything new. |
| ____ | ____ | 8. | I'm popular with people my own age. |
| ____ | ____ | 9. | My family usually considers my feelings. |
| ____ | ____ | 10. | I give in very easily. |
| ____ | ____ | 11. | My family expects too much of me. |
| ____ | ____ | 12. | It's pretty tough to be me. |
| ____ | ____ | 13. | Things are all mixed up in my life. |
| ____ | ____ | 14. | People usually follow my ideas. |
| ____ | ____ | 15. | I have a low opinion of myself. |
| ____ | ____ | 16. | There are many times when I would like to leave home. |
| ____ | ____ | 17. | I often feel upset with my work. |
| ____ | ____ | 18. | I'm not as nice looking as most people. |
| ____ | ____ | 19. | If I have something to say, I usually say it. |
| ____ | ____ | 20. | My family understands me. |
| ____ | ____ | 21. | Most people are better liked than I am. |
| ____ | ____ | 22. | I usually feel as if my family is pushing me. |
| ____ | ____ | 23. | I often get discouraged with what I am doing. |
| ____ | ____ | 24. | I often wish I were someone else. |
| ____ | ____ | 25. | I cannot be depended on. |

Social Support Behaviors Survey Form R-3

The following statements ask your satisfaction with the help or support you currently received from others. Please read each statement and indicate, using the following scale, your level of satisfaction. Please answer all of the statements. There are no right or wrong answers and your response is confidential.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Unsatisfied | Unsatisfied | Somewhat Unsatisfied | Neutral | Somewhat Satisfied | Satisfied | Very Satisfied |

**To what degree are you satisfied with the people you count on to:**

1.____be on your side in difficult situations.
2.____challenge your way of thinking about how to do things.
3.____provide you with the things you need to do things.
4.____reassure you that you are a worthy and valuable person.
5.____listen to you without judging what you say.
6.____give of their time to help you complete your tasks.
7.____understand the difficulty of the things you must do.
8.____truly care for you.
9.____share your viewpoint of the world around you.
10.____get you to think about and question your values.
11.____share their knowledge to help you.
12.____help you gain a new outlook on your emotions.
13.____provide feedback about your performance doing your tasks.
14.____listen to your concerns and problems.
15.____provide you with financial aid in time of need.
16.____listen to your innermost thoughts and feelings.
17.____comfort you when you feel emotionally upset.
18.____challenge you to become better at completing your tasks.
19.____listen to you without giving advice.
20.____give you gifts and presents.
21.____do a favor for you.
22.____give you advice or assistance in making decisions.
23.____understand and appreciate your point of view.
24.____challenge your beliefs.
25.____congratulate you for a job well-done.
26.____help with finances when you are ill or injured.
27.____challenge you to be creative and involved in your tasks.
28.____appreciate your skills and abilities.
29.____share your beliefs about what is right and what is wrong.
30.____acknowledge the efforts you put into your tasks.
31.____question the appropriateness of your feelings.
32.____agree with your philosophy of life.

# APPENDIX C

## CONSENT FORMS

# SURVEY PARTICIPATION AGREEMENT
## Parental Consent Form

Project Title: The Perceived Satisfaction with Social Support and Self-Esteem of Pregnant African American Adolescents

I, ____________________, the parent or guardian of
(Name of signatory)
______________________, a minor of _____ years of age,
(Name of minor subject)
hereby consent to her participation in a research project being conducted by Alexander Vo of Loyola University of Chicago.

Description of study:

The investigation involves the one time only completion of three questionnaires examining the influence of social support on pregnant adolescents' psychological well-being. All responses will be kept confidential and anonymous. No identifying numbers will be recorded. The survey will help us understand two factors that are involved in teenage pregnancy so that we can suggest strategies to parents and counselors in aiding the adolescents during their pregnancies.

I understand that I may withdraw my child from participation at any time without prejudice or question. For any questions regarding the procedures to be followed, I may contact Alexander Vo at (312) 761-4819. I freely and voluntarily consent to my child's participation in the research project.

______________________________ ____/____/____
Signature of Parent Date

______________________________ ____/____/____
Signature of Investigator Date

**SURVEY PARTICIPATION AGREEMENT**

I am requesting your participation in a study which is interested in certain issues surrounding your pregnancy. I would like you to complete the enclosed questionnaires which will ask you questions about yourself and the people who support you. This information will be used in determining certain factors that are involved in teenage pregnancy.

This survey is designed to present no physical risk or discomfort to you. However, due to the personal nature of some questions, there is a possibility that certain emotions will arise during your participation. If so, you can contact me or one of the counselors at Catholic Charities to address these issues. Your participation is both voluntary and confidential. In addition, your responses will remain anonymous. Your decision to participate or not will in no way affect your status at Catholic Charities. You may feel free to withdraw or discontinue your involvement at any time without prejudice or question. Further, you have the right not to respond to any questions if you feel that they are too intimate. A researcher will be present to answer any questions you may have.

If you agree to participate, please complete the lower portion of this consent form and return it to the researcher before continuing with the questionnaire. Thank you very much for your time.

Alexander Vo (312) 761-4819
Researcher
Loyola University of Chicago

---

By signing this portion of the form, I agree to participate in the above mentioned study. I understand that my participation is voluntary and will be kept confidential.

______________________________ ____/____/____
Signature Date

______________________________
Print Full Name

______________________________
Witness

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APPROVAL SHEET

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

8-15-95
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