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Impact of Social and Cultural Factors on Teenage Pregnancy

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Abstract

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ABSTRACT

United States has the highest level of teenage pregnancy amongst the industrialized nations. Further, the level of teenage pregnancy is highest amongst the minority population. This research study examines the reasons behind high rates of early childbirth amongst African American teenagers. This study uses Bandura's (1977) Social Learning Theory to deconstruct the factors, which influence and manipulate the overall behavior of the teenagers and initiates them to choose early motherhood over education and career. To ensure better quality of empirical data, the authors collaborated with the pregnant teenagers and a local non-profit community agency using a phenomenological analysis.

Keywords: teenage pregnancy, African American population, social learning theory, and phenomenological analysis.

INTRODUCTION

Teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant. Teen pregnancy is a health issue that has an effect on all of us. A child having a baby as a teenager is more likely to face critical social issues like poverty, poor education, risky behaviors that lead to poor health issues, and child welfare. The financial cost of teens having babies is financially devastating. Educational attainment is difficult for the teen mother and this leads to decreased economic opportunities and earnings throughout their lifetime. In 2008, public spending for births resulting from unplanned pregnancies totaled an estimated $12.5 billion (National Campaign To Prevent Teen Pregnancy, 2014[1]).

The U.S. teen pregnancy and birth rates have dramatically declined over the past twenty years, however, the U.S. rates of teen childbearing still remain far higher than in other comparable countries in the world. Moreover according to the National Campaign to Prevent Teen Pregnancy 2013, the teen birth rate for girls in the age group of 10-14 was 0.4 per 1,000 girls in 2012 with no significant change between 2011-2012, and an overall decrease of 71 percent since 1991. There were 3,674 births to girls age 10-14 in 2012. The teen birth rate for girls' age 15-17 years was 14.1 per 1,000 girls in 2012, and an overall decrease of 63 percent since 1991. In total there were 86,440 births to girls in the age group of 15-17 in 2012. There was however a slight decrease of 5 percent between 2011 and 2012, and there were 218,980 births to

girls 18-19 in 2012. Births to teen's age 18-19 accounted for the majority of all teen births. In the United States, 71 percent of all births were to teenagers in the age group of 18-19 (National Campaign to Prevent Teen Pregnancy, 2014[2]).

Moreover, considerable disparities exist in the rates of teenage pregnancies amongst the racial and ethnic groups within the country. African American and Hispanic youth contribute to 57 percent of teen births even though they represent 35 percent of the total population of 15-19 year old females in the United States (Centers for Disease Control, 2010). Teen birth rates amongst Latino and African American youth in the age group of 15 to 17 are 83 and 64 per 1000, which is more than two times that of Caucasian girls (Federal Interagency Forum on Child and Family Statistics, 2007). Teen birth rate among non-Hispanic white teens was 21 births per 1,000. Teen birth rate among non-Hispanic black teens was 44 births per 1,000. The Latina teen birth rate was 46.3 births per 1,000 and the teen birth rate among American Indian or Alaska Native teens was 35 births per 1,000 teens. For Asian or Pacific Islander, the teen birth rate was 10 births per 1,000 teens (National Campaign to Prevent Teen Pregnancy, 2014[1]).

According to the research minority populations in the United States faces problems involving poverty, lack of education and quality healthcare. Black, Hispanic and Native American youth live in families with incomes at or below 200 percent federal poverty level (Healthy Teen Network, 2008). Poverty has a negative effect on the entire household, community, our nation and global economy. Children coming from an environment of poverty may be affected by a multitude of social factors. These social factors does not include teen pregnancy alone, but also community violence, gang membership involvement, alcohol and substance abuse and a high incidence of illiteracy. There is also the likelihood of the cycle of teen pregnancy to continue within the family (National Campaign to Prevent Teen Pregnancy, 2013). Researchers have stated that there happens to be a direct relationship between teenage pregnancy and poverty. According to Moore, 1993, as cited in Healthy Teen Network, 2008: 3, "There is a high correlation between living in poverty, lack of education and early childbirth." Early parenting can lead to negative consequences like less education, lower earning potential and a greater likelihood of a life of poverty. Children born to teen parents can have a greater tendency to emulate early sexual behaviors and motherhood, thus perpetuating the cycle of poverty among future generations (Healthy Teen Network, 2008). The more people who are educated in a community, the less likely the number of poor people will exist without the knowledge and skills necessary to be productive in the workforce. Preventing teen pregnancy is just one way to positively impact critical social issues, but preventing or breaking the cycle of poverty makes a tremendous impact on our nation (Furstenberg, 2008).

This raises questions about the relationship between factors like ethnicity and race, cultural and social variables and teenage pregnancy. Issues emerge between the culture of racial groups, their customs, economic background and its influence on teenage pregnancies. This research study seeks to connect the personality and actions of teenagers, their perceptions and attitudes towards sex and early motherhood with their external cultural and social environment prevailing in their community. Does our environment cause our behavior? Does interaction between environment, behavior and a person's psychological processes cause external actions? Bandura's Social Learning Theory enables explaining and influencing behavior (Bandura and Walters, 1963). The authors will concentrate on African American minority section of the teenage population. They will deconstruct the behavior of African American teenagers within the model of Social Learning Theory to gain insights about their behavior, perceptions, actions and attitudes. This study will make a contribution towards this theoretical model thereby providing possible interventions (i.e., recommendations) to circumvent the problem of teenage pregnancy.

This paper has been divided into four sections. The first section will discuss the theoretical framework of Bandura's Social Learning Theory and its relevance in examining teenagers' behaviors and of their decisions to embrace early motherhood. Section two covers the methodological choices, empirical site and the process of collecting data on a sensitive topic involving emotionally vulnerable children. The next two sections examine the empirical data with concluding thoughts and suggestions for further research.

Social Learning Theory

Bandura's Social Learning Theory, which emerged during the 1960s and 1970s, emphasizes "the reciprocal interaction between cognitive, behavioral and environmental determinants of human behavior" (Bandura, 1977: vii). People learn new behaviors by watching others in a social situation, absorb it and then imitate that behavior. The Social Learning Theory is based on four fundamental premises consisting of differential association, definitions, differential reinforcements and imitation (Akers and Sellers, 2004).

According to differential association, those with whom they are in contact with, both directly and indirectly, expose people to acceptable and unacceptable behaviors as well as a variety of behavioral models. Individual's immediate social circle generate behavioral models, which become a source of imitating behavior. The immediate social circle includes family, friends, teachers, neighbors and church groups. These social groups communicate attitudes, views, values that an individual can adopt and inculcate. They also spell out appropriate social behavioral codes of conduct (Akers and Sellers, 2004).

Next, definitions are what an individual interprets to be acceptable behavior and correct values and attitudes for themselves. Definitions are usually developed and reinforced through the process of differential association. If definitions conform to conventional and traditional values, then certain behaviors and actions would automatically be reduced. For instance, if definitions approve violent and criminal actions it would encourage an individual to adopt this path of behavioral conduct (Akers and Sellers, 2004).

Differential Reinforcement can be described as the process by which individuals experience and anticipate the consequences of their actions. If the consequences are unpleasant, it might hinder the future occurrence of the same behavior (Akers and Sellers, 2004). Reinforcement of values, attitudes and beliefs acquired through differential association and imitation can be either positive or negative. Positive reinforcement increases the likelihood of the same behavior through pleasant outcomes and rewards. While negative reinforcement tries to remove or reduce behavior from occurring through punishment and harsh negative consequences. Reinforcement thus, contributes towards the repetition of that behavior. Reinforcements usually come from society and outside surroundings i.e., their interactions with peer groups and family members (Akers and Sellers, 2004).

Finally, the last element is imitation. Individuals engage in behaviors previously witnessed from others. People observe characteristics of the models, their behavior and the aftermath of that behavior, and then imitate them. To a large extent, the people with whom one is in immediate contact will become sources of imitations (Akers and Sellers, 2004).

Social Learning Theory can be effectively used to understand the occurrence and reoccurrence of teenage pregnancy. The concepts of differential association, definitions, imitation and differential reinforcement can be used to explore the different facets within a teenage mom's life and their decisions to become a mother early. Social Learning theoretical framework would be helpful in explaining the onset of early sexual and reproductive behavior and further conformation to this behavior code. However, in spite of being an effective theory to

understand observational learning and modeling, this theoretical framework suffers from a major limitation. Bandura (1977) and his colleagues developed conceptions of modeling and mechanisms of internalization but ignored reinforcement and punishment, even though they are the central concepts of the learning theory. There are a number of questions, which have remained unanswered. Is punishment always detrimental? Will different forms of punishment (e.g. withdrawal of love, physical punishment, withdrawal of privileges and criticism) have any cognitive impacts on the individuals? How is it possible to modify these behaviors or rather "manipulate … [the] processes or environmental contingencies that impinge on them" (Akers and Sellers, 2004: 101)? This research study on adolescent moms will use social learning theory to understand adolescent sexual and reproductive behaviors and how to reduce deviant behavior.

METHODS

The topic of teenage pregnancy is sensitive for all subjects of study are young girls undergoing a life changing process of motherhood. To understand their lives, their situations, their difficulties and issues, the researcher needs to adopt qualitative methodology. Qualitative research allows the research participants to share their views and experiences to expand theoretical and practical knowledge and suggest possible interventions in professional practices (Hindly, Hinsliff and Thomson, 2006). It is a mode of "understanding meaningful relationships through interpretation of social knowledge and experience" (Kvale, 1996 as cited in Husley, 2011: 33).

The researchers decided to let the participants themselves shed light on the factors responsible for early pregnancies. This process of discovering the inner life of the participants, or rather their tacit everyday experiences to gain insights about the various events taking place in their lives, is known as phenomenological analysis. Phenomenology is transforming lived experience into a textual reflection of its essence (Miller, 2003). "The object of phenomenological research is to 'borrow' other people's experiences … in order to reflect on the meanings that may inhere in them" (Van Maanen, 2002: para 3). Phenomenological human science is inquiry into human experiences in everyday life: "common experiences, forgotten experiences, remembered experiences, technological experiences, ineffable experiences" (Van Maanen, 2002: p.ii). This technique allows the researchers to step into the life world of another person "where insights, emotions, and understandings are evoked from mere words on paper, where to read these words is to see, touch, feel, hear, and smell another's lived experience" (Van Maanen, 2002: 24).

What causes the high teen pregnancy rate within African American communities? What factors are responsible for this early transition into motherhood? What problems do these young mothers face during and after pregnancy? How do they deal with these problems? What strategies can be implemented to help these girls as to allow them to emerge as confident young women? These are issues, which can be effectively answered by the teen mothers themselves. It can be important for them to "voice" their own stories to bring alive their experiences, lifestyles and problems. Listening to the voice of the pregnant teen or teen mother would allow proper understanding of this common phenomenon in today's teen culture. Listening to the teen's story draws the researcher into their world, their reality and their lives (Eggengerger, Grassley and Restrepo, 2006).

Both authors are based at an institution in the southern part of USA, in the city of Albany, Georgia. Albany is a city predominantly African American representing 65 percent of the population. Albany encompassing the counties of Dougherty, Lee, Worth and Terrell has a teen pregnancy rate higher than the state itself. In Dougherty County, the teen birth rate is 75 per

1000. The poverty rate is 48 percent, eight times more than white households. The community has high teen pregnancy rates, single parent families and the largest number of school dropouts (Anonymous, 2011).

The authors determined given the research topic and issues, Albany, Georgia was an appropriate research site. They approached the community outreach program of NET (a pseudonym) to gain access to the adolescent section of the population. NET, is an in-school interactive program delivered by a staff of nurse educators and revolves around the promotion of healthy moms, dads and babies, decreasing repeat pregnancies, decreasing the child abuse, providing parenting and teen health education to all school children in the nearby counties of Albany. After the authors had obtained Institutional Research Board (IRB) approval, NET identified students at a county high school. The authors obtained permission from the school principal to interview the schoolgirls. The research participants were public school students, over the age of 14 years. Participation in the research was voluntary. Consent forms were distributed to the participants and the parents. According to Georgia's law, a minor can only participate if the parent gives permission. A person of eighteen years or younger is considered minor. The forms explained the purpose of the study i.e., understand teenage pregnancy and reasons behind it. The participant was informed that if she decided to withdraw anytime from the research she would not be penalized. All interview questions were approved by the school principal, counselor and NET Director as appropriate for the high school students.

The authors conducted 20 in-depth interviews with the teenage mothers identified by NET. All interviews were tape recorded and later transcribed. The authors participated as both interviewers and observers. The authors used the informal conversational approach and open-ended questions to encourage interactive conversation. As observers, the authors consciously made a note of the various nonverbal cues like body language, mode of dress, and tone of voice. The authors made field notes incorporating these non-verbal cues, the interview setting and the interviewer's own experiences, insights and interpretations of the interview (Kvale, 1996; Patton, 2002) [see Table 1 for sources of information].

Table 1: Research Methods

Research Technique	Data Gathered
In-depth Interviews	Subjective views and opinions of 20 adolescent mothers.
Unstructured observation	Subjective observations of the researcher
Secondary sources	Brochures and Pamphlets of NET

All interviews were held on school premises during school hours in front of the school counselor. The authors took care to protect the interviewee's right of privacy and confidentiality (Patton, 2002). All participants' names have been changed and pseudonyms used throughout the study. The length of interviews ranged from 30-60 minutes.

Data analysis started soon after reading the interview transcripts. The interview transcripts were read and reread to search for recurring words or phrases indicative of any thematic aspects. All data was categorized under emerging themes. Direct interview quotes were used to enhance the real life experiences of the teen mothers and their views and opinions. To increase the authenticity and credibility of research, the strategy of reflexivity was adopted. "Researcher's experiences, beliefs and personal history … sought to recognize and value the

researcher's participation in shaping the data and extracting the finding" (Husley, 2011:40). The researchers followed the advice of Patton (2002: 40) in questioning themselves before approaching the empirical data, "What do I know? How do I know what I know? What shapes and has shaped my perspective? How do those studies know what they know? What shapes and has shaped their worldview? How do those who receive my findings make sense of what I give them? What perspectives do they bring to the findings I offer?" to enable proper interpretation of the interview transcripts and relate it to the chosen theoretical framework.

DISCUSSION

The interview data was tape recorded and later transcribed by the researchers. All transcripts were read and then reread to identify common words, phrases and perceptions that were coded. These common codes produced patterns, which were categorized under themes. The patterns, which emerged, have been tabulated in Table 2. The first theme revolved around information pertaining to the social and economic background of the participants. The second and third theme revolved around family and religious beliefs, and cultural norms and values, which could explain teenage pregnancies amongst the African American population. The last two themes dealt with the aftermath of getting pregnant as teenagers.

Themes	Recurring Patterns	Interview Quotes	Relevance
Social & Economic Backgrounds	Single Parent Homes	*"Ours is a single parent household, my mother is a single mother."* *"I have my mom, Dad and two brothers, me and my sister. My brothers and sister are younger than me. I am the eldest. We don't live with my Daddy."*	Raised in a single parent environment could be cited as a reason for early pregnancy.
	Poverty	*"My mom does not work. She gets child support from my two brothers' father."* *"I have my father, grandmother, sister and myself and daughter. There are five people at home. My sister is younger than me. My grandmother and father work in our house. My father does construction work. He is hourly paid worker. My grandmother works in a group home at Lee County."*	All teenagers belonged to the lower income strata of the community.
	Low Levels of Education	*"My mother didn't finish school she got pregnant with my sister."* *"Daddy actually got his GED but mommy … she tried to graduate."* *"… she passed 10th grade in high school …."*	Low levels of education amongst the parents could be cited as a reason behind early motherhood.

Cultural Values & Norms	Imitating Parent	*"My mom is 36, well I follow her footsteps she got pregnant at the age of 17…."* *"My mom is 32 years old and a single mom."* *"My mother did not get rid of me so I did not as well …."*	Mother as a role model could be cited as a reason for early pregnancy.
	Family Reactions	*"I don't know why. Made no difference at home not really (prompts)".* *"I did not tell my mother about my pregnancy, she somehow already knew. She went to the store and brought a pregnancy test and gave it to me to take. It came back positive and she got so upset at me. Really negative right now, mother and me never really got along and we still don't. She would call me all kind of bad names and try to make me feel bad …."*	Family's reaction made no difference to the teen mother. The reactions ranged from quiet acceptance to shock and disapproval.
	Religion	*"I never planned on getting rid of it … well my religion does not believe in abortion. I am a Baptist …."* *"… my mother wanted me to get an abortion but I refused. I am not going to kill my child. I felt like if I killed my child I was going to hell so I didn't do it".*	Religious beliefs could lead to teenage pregnancy.
	Peer Reactions	*"All classmates and teachers are same no difference in their behavior."* *"… many of my friends supported me …."* *"I really leaned on my friends for support because they understand me and some of them were in the same situation that I am in right now."*	Friends were very supportive. No one condemned them for their actions.
	Peer Pressure	*Every young teen want to get pregnant I guess they think it would make their boyfriend stay it really don't …."* *"I did not know anything about*	Boyfriends responsible for early pregnancies.

		it … I just wanted to try but just I wish I could have waited … just tried it. To be honest I did not want to do it. My boyfriend pressurized me into it. I just followed what he said that it would be fun. I did it because of what he said." *"My boyfriend does not like using condoms, so we didn't."*	
Support & Assistance	Family Assistance	*"My mother will look after my baby."* *"I have a Dad, grandmother and also an aunty where I can leave the baby when I go to college. They are willing to look after the baby."* *"Now my grandmother looks after the baby. She is retired … my mother's mom. She looks after the baby and I come to school."* *"I don't have to worry about the baby because I have my parents my mom has already said she will do everything."*	Family assistance minimized any disruption in the lives of the teenage mothers.
	Financial Assistance	*"What? Govt. pay you for because I am a teen mother at school they help me pay for it. They pay me for it …."* *"Oh, well I am on WIC and will sign my baby up for daycare when it is born. So right now I think there are enough services."* *"People don't understand that there is a lot of help out there, you just have to ask for it and find it. WIC is available and milk can be very expensive. I don't mind waiting because I am getting this stuff for my baby and I don't have the money to pay for it myself. Medicaid is available. I would not be able to go to school if it was not for daycare. It is only I and my mom and she*	Govt. provided assistance to teenage mothers. Minimized all types of financial problems. Baby's father assisted the teenage

		work, so she can't watch the baby. There is help available, you just have to take the time out to find it and ask for everything you need." *"He (baby's father) contributes towards my baby …."* *"My baby's father helps me with support."*	mothers with child support. Again less financial problems.
	Assistance at School	*"When the baby comes I will stay at home (prompts) for a little while will not come to school and then come back (laughs). During the time I will come and walk around my teachers and get my work. I can call up but if I call up they still might not do it so need to come and meet them to take the missed work home."*	Teachers very supportive at school. All forms of assistance available to ensure the teenager completed school on schedule.
	Future pregnancies	*"I have a 2 year old son at home and I was pregnant before him, but I lost that baby so this is my third pregnancy."* *"The baby's father is around … still sees me, still have a relationship with him."* *"I stay with my boyfriend (prompts) no I stay with my family and boyfriend. I go to his house and he come over something like that. It was decided both of us should be with the baby. So he stays with my family a few months and then we stay with his family the rest of the time."*	Societal and Govt. support has encouraged some teenagers to have more children.
Lifetime Lessons	Regret & Hardships	*"Yes Ma'am, I regret my decisions … my pregnancy …."* *"Being pregnancy was kind hard. Morning sickness, stomach cramps, etc., School was hard I couldn't keep up …."* *"Nothing else is good about this situation my baby's father has changed a lot. I don't even hear from him, at first he said that he*	Pregnancies resulted in health issues, stress and changed their overall perspective about life and parents.

		was going to be with me forever…" *"I have matured a lot … I don't fight with mama … eh … eh … not anymore earlier I was terrible … have calmed down. I am closer to mom we did not have a relationship … not that way she was my mother now I can talk to her about anything anytime … my boyfriend … she supports me. I wish I had listened to her…."*	
	Future Plans	*"We learn from all mistakes …."* *"Being pregnant makes me want to do better and finish school. Now, I am really taking school serious …."* *"I have a long road ahead of me, but I have something to look forward to. I want my child to look up to me, not look down on me because I was pregnant with him and did not want to finish school."* *"I would tell them that if they do have sex, you have to use protection and birth control because they could use birth control or condoms. I wished I would have waited, but I didn't. I could have avoided getting pregnant, but I was not on birth control at the time because the pill made me sick and the depo shots made me gain weight … There is no one to blame but me."* *"I plan on going to college at Florida State University …."* *"I plan to become a registered nurse."* *"… I want to go to college and become a cosmetologist. I do not see me having any more children in my future … one is enough."* *"I have stopped dating am*	Some have decided to rectify their mistakes and pursue future career objectives.

		concentrating on my studies and baby now ...." "Getting pregnant is not the end. I am going to finish school and graduate. You just have to stay motivated for you and your child".	
Interventions	Role Models & Mentors	"I liked about NET (the non-profit agency) is the motivation, help me get through my day, my school work and with my baby give me good advisement ...." "NET help us, motivate us, we don't have anybody to help us with pregnancy (questions about mom) no not in school wise help us taught about pregnancy, teach us about being a parent, teach us not to stop keep going no matter what be more mature and stay in school ...."	Need for more positive mentors and role models.

The next few subsections explain the empirical results (see Table 2). There emerges a clear relationship between the economic, social, cultural and societal values and norms and the occurrence of teenage pregnancy.

RESULTS
Theme 1: Social & Economic Background
All participants for this study belonged to single parent households. They were either living with their mothers and siblings or fathers, grandmothers and siblings. This emerged as a common fact in all interviews. As stated, "*ours is a single parent household my mother is a single mother.*" Another comment was more explicit, "*I have my mom, Dad and two brothers, me and my sister. My brothers and sister are younger than me. I am the eldest. We don't live with my Daddy.*" Coming from single parent households, most of girls belonged to lower income strata of the community. Their parents were hourly paid employees, working in day care centers, elderly care homes, and stores and in construction industry. As one of the participant explained:

"*I have my father, grandmother, sister and myself and daughter. There are five people at home. My sister is younger than me. My grandmother and father work in our house. My father does construction work. He is hourly paid worker. My grandmother works in a group home at Lee County.*" The research participants who were residing in single mom households were actually being supported by child support funds from their father, siblings' father or the government. As one teen mom candidly said "*My mom does not work. She gets child support from my two brothers' father.*"

Participants came from households where the head of the household had little higher education. Except for one participant, whose mother happened to be a college graduate working

as a teacher in a nearby community high school. The rest of the parents were either high school diploma holders, GED or had not even completed high school. The reason for low level of education was mentioned during the course of the interviews. The girls' mothers, also teen mothers, had been unable to complete their schooling because of early childbirth. As an interviewee revealed, *"My mother didn't finish school, she got pregnant with my sister."* Similarly another remark, *"Daddy actually got his GED but mommy … she tried to graduate."* And another parent had not even completed school *"she passed 10th grade in high school."*

There is clearly a link between early motherhood, level of education and low-income level and this circle seems to perpetuate over generations.

Theme 2: Cultural Values & Norms
Some of the research participants had been exposed to early motherhood through their mothers. The society in which they were growing was not condemning teenage motherhood. In spite of disappointment, shock and disapproval expressed by some of their mothers, the general intonation amongst some participants was, "they were just following the footsteps of their mothers." Some were milder in this opinion while others openly stated this view in their interviews. As remarked,

"my mom is 36, well I follow her footsteps she got pregnant at the age of 17…."

Another participant was 16 and had a nine month son, she said, *"My mom is 32 years old and a single mom …."* when asked about her mother's reaction to her pregnancy. Their mothers except for few had asked them to terminate the pregnancy. But the girls decided to imitate their mothers' decisions, *"My mother did not get rid of me so I did not as well…."* Others cited religion as a major reason to go ahead with such a life-altering event in their teenage years:

"I never planned on getting rid of it … well my religion does not believe in abortion. I am a Baptist… My mother wanted me to get an abortion, but I refused. I am not going to kill my child. I felt like if I killed my child I was going to hell, so I didn't do it."

The above interview quotes reveal, parents insistence on abortion but the girls refused to abide by this advice. The reason cited was religion and god. But obviously it is more to do with role models and imitation –*"my mother did not get rid of it so why should I."*

Some reactions at school and amongst the parents included acceptance, which could mean early motherhood was not uncommon.

"I don't know why. Made no difference at home not really (prompts)." Also *"… many of my friends supported me …."* A more detailed comment was, *"I really leaned on my friends for support because they understand me and some of them were in the same situation that I am in right now."*

Some participants stated that they had chosen early motherhood to satisfy their boyfriends and sustain their relationships. A participant had said,

> *"Every young teen want to get pregnant I guess they think it would make their boyfriend stay it really don't ...."* All the girls had tried sex without any protection to make their boyfriends happy. *"I did not know anything about it ... I just wanted to try but just I wish I could have waited ... just tried it. To be honest I did not want to do it. My boyfriend pressurized me into it. I just followed what he said that it would be fun. I did it because of what he said."* Again, *"My boyfriend does not like using condoms, so we didn't. I wished I could have avoided getting pregnant, but I didn't make him put a condom on ...."*

Various interview accounts reveal a need to hold on to their boyfriends. This was achieved by not using protection or getting pregnant. This mental outlook was acquired from their immediate social circle. According to some participant statements if one had a baby from a man and kept him happy, he would be committed to you. The emphasis was more on men, relationships and children instead of studies, education and careers.

The empirical evidence supports the theoretical framework of Social Learning Theory where individuals observe and imitate the behavior of those who are in their immediate social circle. And usually, this is their family and friends (Bandura, 1977).

Theme 3: Support & Assistance
    Another fact, which was revealed during the course of the interviews, was the extensive child-care support provided by the family, school and government. These support sources did not disrupt the life of the teenage girls. Usually there was a family member who looked after the baby in the absence of the teen mother:

> *"Now my grandmother looks after the baby. She is retired ... my mother's mom. She looks after the baby and I come to school."*

> *"I don't have to worry about the baby because I have my parents my mum has already said she will do everything ...."*

> *"My mum will look after my baby ...."* *"I have a Dad, grandmother and also an aunty where I can leave the baby when I go to college. They are willing to look after the baby."*

Majority of the research participants have had repeat pregnancies and more than one child:

> *"This is my second one. I have a 2-year-old son at home and I was pregnant before him, but I lost that baby, so this is my third pregnancy."* While others were still involved in a physical relationship and having sex in spite of an adolescent pregnancy. As a girl calmly said *"The baby's father is around ... still sees me, still have a relationship with him."*

Some parents agreed to a live in relationship for the teen parents. A 16 year-old mother told the primary author:

> *"I stay with my boyfriend (prompts) no I stay with my family and boyfriend. I go to his house and he comes over something like that. It was decided both of us should be with the baby. So he stays with my family a few months and then we stay with his family the rest of the time."*

This portrays a society where the parents and family members occasionally accept teenage pregnancy and relationships between teen parents. This relationship can allow the teenagers to continue with sexual relations and becoming parents while in school. This sends a confusing message to the next generation about sex and motherhood.

At school measures were taken to help the teenage mother to continue in school without any breaks. Teachers did not make any adverse comments and treated the condition as normal. Everything seemed same for the participants --"*All classmates and teachers are same no difference in their behavior.*" The teachers at school and parents worked around the system to make sure the teenage mother was on track for graduation. This is clear in all interviews,

> "*When the baby comes I will stay at home (prompts) for a little time I will come and walk around my teachers and get my work. I can call up but if I call up they still might not do it so need to come and meet them to take the missed work home ….*"

Federal assistance was also available for teenage mothers. All participants had financial assistance in the form of medical aid, food aid, funds for day care, etc. "*What? govt. pays you for because I am a teen mother at school they help me pay for it. They pay me for it ….*"

Some participants stated,
> "*Oh, well, I am on WIC and will sign my baby up for daycare when it is born. So right now, I think there are enough services.*"

Another teenage mother explained,
> "*People don't understand that there is a lot of help out there, you just have to ask for it and find it. WIC is available and milk can be very expensive. I don't mind waiting because I am getting this stuff for my baby and I don't have the money to pay for it myself. Medicaid is available also so you can take your baby to the doctor and get medicine for your baby. Daycare is also available; I would not be able to go to school if it was not for daycare. It is only I and my mom, and she work, so she can't watch the baby. There is help available, you just have to take the time out to find it and ask for everything you need.*"

Else the father of the baby provided the teenagers with some form of support. "*He contributes towards my baby ….*" Another mother was also getting support from the father, "*My baby's father helps me with support.*"

The girls were observing their environment and imitating their role models and peers. The cultural norms of the community were denoting certain behaviors as acceptable by providing support and assistance to the teenagers. The teenagers were provided financial and family assistance to continue with their lives and education. Efforts were being taken to ensure their studies and life was not disrupted.

Theme 3: Lifetime Lessons

It can't be denied the support and assistance provided by family, teachers, friends and government has been extensive. However, having a baby in early teenage years is still a major life-altering event. Some of the participants had undergone physical and emotional changes,

which had a major impact on their personality and outlook towards life. Some of these accounts were very upsetting and emotional. Girls actually cried, refused to give eye contact and were pretty incoherent.

> *"I came back from school sick, thought it was a cold but back of mind I knew I was pregnant so went for a doctor's check up with mum. The doctor wanted to put me on a Depro shot but then after examination she came into the room and said she wanted to talk to me first and then asked my mom to step out. Then she said … you know you are pregnant right and I started crying. She said we need to tell your mom. And she called my mum. But before doctor could say anything she said I already know no need to tell me anything and burst out crying. She knew I was pregnant I had been throwing up at home, so she was like … looking up how many pads they were in the bathroom (starts laughing and crying at the same time)… she was like I know doctor I already know my daughter is pregnant … doctor know my daughter's pregnant. I was a month and two days pregnant at that time."*

Similarly another teenage mother explained,
> *"Me and my mom went to doctor (prompts) hm … my mom suspected I was 2 months pregnant. I told her I had missed a cycle and she took me to the doctor. I was not scared because I had an idea that I was pregnant. I was scared telling my mom and went up and approached her. She was mad … did not yell at me or anything like that she was mad … tried to hide it … but was really mad."*

Several participants had to live with the fact that their actions had their parents mad and unhappy with them. For a few, it meant alienation from their family as well. As one participant said:

> *"I did not tell my mother about my pregnancy, she somehow already knew. She went to the store and brought a pregnancy test and gave it to me to take. It came back positive and she got so upset at me. Really negative right now, mother and me never really got along and we still don't. She would call me all kind of bad names and try to make me feel bad …."*

Various participants in spite of support from friends, family and teachers had undergone stress, regret and trauma during their pregnancies, which had made them more mature as individuals. This was evident in their conversations:

> *"Yes Ma'am I regret my decisions … my pregnancy …."*

> *"Being pregnant was miserable. It affected school because I stayed sick my first trimester…."*

> *"Being pregnant was kinda hard. Morning sickness, stomach cramps, etc., School was hard I couldn't keep up…."*

> *"My pregnancy affected my grades in school mainly math and literature …."*

"I feel like I want to stay home. But I do what I got to do and get up. And I feel funny sometimes and I don't talk to no body …."

It taught them hard lessons, made them realize what their mothers had undergone and regret their decisions:

"I have matured a lot … I don't fight with mama … eh … eh not anymore earlier I was terrible … have calmed down. I am closer to mom we did not have a relationship… not that way she was my mother now I can talk to her about anything anytime … my boyfriend … she supports me. I wish I had listened to her …."

One participant learned the art of patience during her pregnancy:

"My experience was so bad I barely wanted to come to school because I was tired but I made it to the next grade I learned that you have to have patience …."

Another teenager found out about the true character of her boyfriend:

"Nothing else is good about this situation; my baby's father has changed a lot. I don't even hear from him, at first he said that he was going to be with me forever…."

Another similar comment *"I don't know what good comes out of this situation. I love my children, but I am also disappointed that my baby's daddy is behaving the way he is."* They had come to terms with the responsibility, which had been imposed, on them now.

"There is no way I am going to ever get pregnant again! I have learned my lesson and I believe the girl has the responsibility to be on birth control. That man is not going to care whether she is on birth control or not. It is up to the girl, she doesn't have to have sex with him if he does not like wearing condoms, because in the end, if she gets pregnant, it will be up to her to take care of the baby … not him! I would tell her she is too young and please don't have sex. After that, I would tell her to get on birth control and someone will need to sit her down and talk to her about how having sex can cause diseases, make her sick, she would die, get pregnant, and please think twice! I would tell her that even using condoms, she could still become pregnant. If I was related to this person, I would do everything I could to stop her from having sex at a young age."

The girls voiced this fact during their interviews and several of them wished they had taken different decisions and done things differently.

"I would tell them that if they do have sex, you have to use protection and birth control because they could use birth control or condoms. I wished I would have waited, but I didn't. I could have avoided getting pregnant, but I was not on birth control at the time

because the pill made me sick and the Depo shots made me gain weight …. There is no one to blame but me."

The importance of education and a career was evident to all these girls and they wanted to study further and have a steady income every month for the sake of their children:

"*Being pregnant makes me want to do better and finish school. Now, I am really taking school serious…."*

"I have a long road ahead of me, but I have something to look forward to. I want my child to look up to me, no look down on me because I was pregnant with him and did not want to finish school."

To some participants the baby had now become a symbol of motivation and determination. The baby now made the girls want to better their lives and future. It made them serious about their education and studies. They all came across as ambitious and career minded about their future plans:

"I plan on going to college at Florida State University…."

"I plan to become a registered nurse."

"… I will finish school in 2014 and will go to Fort Valley…."

"… I want to go to college and become a cosmetologist. I do not see me having any more children in my future… one is enough!"

Reinforcement if correctly used could impinge imitation of observed behavior. These negative experiences could be used as interventions to stop continuation of observed behavior and future occurrence of sexual behavior. Also, information about birth control, condoms, and sexually transmitted diseases should be made available to teenagers at school to reduce number of pregnancies.

Theme 4: Interventions

The teenagers would need to make a mental effort and motivation to achieve their career goals and stop them from giving up and falling back into the vicious cycle of generation poverty. As mentioned earlier, some had already slipped and had had repeat pregnancies.

Appropriate interventions are needed to minimize repeat pregnancies amongst the teenagers. There is a need for role models and mentors at middle and high schools for these girls. Role models and mentors could take the form of teachers, agencies and if possible family members themselves. Mentors need to be supportive adults who are willing to serve as role models and help the students avoid high-risk activities, making more successful transitions to adulthood. The interview quotes identified a lack of exposure to positive role models. The research participants lived in single parent households, poverty stricken communities with a low economic outlook. These individuals did not have much supervision or attention when they returned home from school. There were not many community involvement activities for these students to participate in. In this case the need for community mentorship programs would be effective.

In this research study, the authors only came across NET, which was doing its best to encourage and motivate the girls to stay in school, complete their high school diploma and reduce repeat pregnancies. NET had taken up the role of advisor and friend and was guiding the girls by keeping them on track for high school graduation. All girls spoke with warmth about the NET program and its services. They openly admitted that NET and the resources and services provided by it, was responsible for them staying in school:

> *"I like about NET is the motivation (prompts) help me get through my day, my school work and with my baby give me good advisement …."*

> *"NET help us, motivate us, we don't have anybody to help us with pregnancy (questions about mom) no not in school wise help us taught about pregnancy, teach us about being a parent, teach us not to stop keep going no matter what be more mature and stay in school …."*

NET was also trying to encourage the teenage moms to continue with their education. It was constantly emphasizing the fact that motherhood need not come in the way of education. Most participants were emphatic that this was a mistake, some had tried distance themselves from their earlier way of life and were now concentrating on studies and education. They wanted to rewrite their future again from start and NET was helping them to stay focused.

The main objective is to assist young girls in understanding the impact of early pregnancy and the long lasting effect on their lifestyle and education. Early intervention, prevention, and educational support can guide them in the right direction in creating a positive pathway to womanhood.

CONCLUSION

To conclude, the empirical analysis suggests a direct link between poverty, education and culture of the teenagers and the occurrence of adolescent pregnancies. The research participants observed the behavior of their parents, peers and the society around them and then absorbed acceptable and unacceptable behaviors. This behavior was then imitated which resulted in occurrence of teenage pregnancies across generations. Few of the participants belonged to single parent homes and had mothers who themselves had been teen moms. Some family members met the participants' pregnancies with disappointment and shock. However, these reactions were counter argued by the participants with comments like, "we are just following their footsteps." This strongly supports the theoretical assertions of Bandura's (1977) Social Learning Theory.

After the initial disappointment from participant's parents, they received some support from their family, school system and the government. Family members usually mothers, grandmothers and aunties rallied around to provide childcare support and assistance to the teen mothers whenever they needed it. Moreover, they also contacted the teachers to collect school work, dropped it off to ensure the teen mother was able to continue at her school, complete school work on time and stay on track for graduation. The research participants received financial assistance from the government in the form of finances for medicines, milk and child care facilities. Some were also getting financial support from the child's father. Further, their friends did not openly criticize at school or the girls' pregnancies. Some of their peer group was in the same position as themselves.

However, the girls had faced some traumatic and emotional moments. They had to grow up both physically and emotionally. They faced discomfort during their pregnancies, and had to continue at school right up to the end and then return immediately after the childbirth. Their baby's fathers, except for few, had left them leading to disillusionment. They had to live with the fact that they had disappointed their parents. Also now, they were responsible for another person. Money, education and job suddenly became important for them. They realized how much effort and motivation would be needed to finish school, enroll into a college and secure a good job for themselves and their baby. Role models who could encourage them in this direction were few. In this study the non- profit community agency NET was trying to fill up this void. NET had taken up the role of an advisor and friend in these teenagers' lives. NET was encouraging them, motivating them and boosting up their confidence to somehow stay in school and graduate. Information pertaining to motherhood, financial aid and counseling was made available to the teen mothers to ensure they graduated from school on time. However, some girls had already slipped from track and repeat pregnancies had occurred.

This paper provides further insights on teenage pregnancies with an emphasis on African American teen population. The study adopts the theoretical framework of Bandura's (1977) Social Learning Theory and attempts to make a contribution in the area of rewards and reinforcements, which could impinge environmental factors leading to imitation of observed behavior. Empirical data generated was very informative and illustrative about the feelings, perceptions and emotions about these young mothers and their world. It provided insights about their upbringing, peer pressure, social life, worries, stress and aspirations for a better future. It also deconstructed the society, which they inhabited and were reared in. The authors were able to gain knowledge about the girls and suggest possible interventions to deviate from this unacceptable behavior from repeating, or if possible occurring.

But this paper lacks the insights of the teachers, teenage fathers and NET counselors and nurses to provide the reader with the complete story of this problem. It is necessary to study teenage fathers and their behaviors and decisions. The input of teachers at middle and high school where teenage pregnancies is high would be helpful to further understand the environment which influences these girls. It would also help in creation of role models at different stages of the girls' lives. Finally, feedback from the counselors and nurses working in these non-profit community agencies would lead to development of incentives and reinforcements which could keep these girls in school and motivate them to enroll into colleges for further education.

Another noted intervention would be to study these students through their post-secondary education endeavors. All research participants in this study were members of NET community outreach program, which encouraged them to graduate from high school. Once these girls graduate with their high school diploma they are released from the program. At this point, it is not known how many NET members actually enrolled in colleges or for workforce training. Another issue worth examining would be to continue to follow these students through their post-secondary education. It would provide insights on designing and providing a network of support to which these students had become accustomed to while obtaining their high school diploma. It would enable creating a strategy to direct and keep these girls in school and on career paths.

Research on problems faced by teenage mothers could assist in providing better services both at school and at the community levels. Questions like, "what is it like to be a teenage mother" and "what difficulties does she face at school and in the society i.e., physically, mentally and emotionally" need to be further thrashed out.

Another interesting issue requiring examination would be the reasons why repeat teenage pregnancies occur among these girls. Why do they sustain their relationships even after having babies so early? What makes them choose children and relationships over independence and career? These issues are worth investigating.

Finally, teenage pregnancies have not been relegated to the minority population. In fact, this is a significant issue faced by the Caucasian population as well. It might be interesting to study Caucasian teen mothers and then compare both sections of the population for similarities and differences.

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