

THE INFLUENCE OF ADOLESCENT PREGNANCY ON THE YOUNGER SISTERS OF
AFRICAN AMERICAN GIRLS

by

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Abstract

Adolescent pregnancy has been an ongoing concern in society for many years. This concern is even greater among the African American community. Girls who experience a pregnancy or childbirth during adolescence often experience difficulties in school and future careers, as well as financial and mental instability. This report will examine how the pregnancy and childbirth experiences of African American teens influence their younger female siblings.

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Dedication

For Black people.

CHAPTER 1 - Incidence & Demographics

Regina is an African American, thirty-eight-year-old, single mother of two. She lives in a three-bedroom apartment in Memphis, Tennessee with her fifteen-year-old daughter, Tamika, and her twelve-year-old daughter, TaShara. Tamika is in the eighth grade, a year behind her friends of the same age. Tamika was forced to repeat her seventh grade year because she became pregnant at the age of 13. With her mother's support, Tamika decided to keep her child, a baby girl now aged two, named Tiffany.

Tamika and TaShara have a close sibling relationship. Their mother Regina works two fulltime jobs to support her family. So, while Regina is at work, Tamika baby-sits her younger sister as she cares for her own daughter. TaShara looks up to Tamika. She thinks her sister is strong because she goes to school, takes care of her baby, and still finds time to hang out with her little sister when Tamika is not with friends. TaShara likes being an aunt; she helps to feed and clothe Tiffany and even gets to stay home with her by herself when Tamika needs to run to the store or sits outside with friends.

TaShara knows that sometimes it is hard being a mom. Tamika has to get up in the middle of the night when Tiffany cries and stays home from school when she is sick. However, there are good times too. TaShara plays with Tiffany all the time and knows how to change a diaper and do her hair. Sometimes TaShara wants a baby of her own but she also thinks that she might want to be a veterinarian one day. That means she will have to go to college. TaShara is not sure if she wants to bring a baby with her if she can get into college. However, sometimes she thinks, "If Tamika can do it, so can I."

Adolescent pregnancy and child birth has been a concern in the United States for many decades. The pregnancy rates for teen girls in the U.S. are much higher than the rates of other developed countries. Among 10-14 year olds in 2003, the birthrate was 0.6 out of every 1000 girls. Every year between 750,000 and 840,000 girls, between the ages of 15-19, become pregnant. Most teen pregnancies are not planned and account for 1/5 of all unplanned pregnancies per year (Guttmacher, 2006). In 2000, pregnancy rates among white adolescent females were 56.9 out of 1000 girls, compared to 132 of 1000 in Hispanic adolescents. African American girls have the highest incidence of teen pregnancy with 151 out of every 1,000 girls

becoming pregnant each year. The pregnancy rate among African American teens declined 40% between 1990 and 2000. However, it still occurs at an alarming rate (Guttmacher, 2006).

According to research done by the Guttmacher Institute (2006), 11% of all births in the U.S. are to teenagers. Of the 750,000 adolescents who become pregnant every year, 57% resulted in child births. As of 2002, this rate declined by 31% since 1991, when the average was 62%. Twenty-eight percent of these 750,000 pregnancies end in abortion, 15% in miscarriage. Many of the declines in adolescent pregnancy rates have been attributed to increased contraceptive use and increased abstinence. However, the number of adolescent pregnancies is still much higher than most of our society would like it to be. Many of these adolescent pregnancies also occur before marriage. According to Planned Parenthood “in 1996, 69% of births to white teens, 96% of births to black teens, and 68% of births to Hispanic teens occurred out of wedlock” (2006, p. 2)

From the aforementioned data we see that adolescent pregnancy and childbirth in the African –American community is statistically worse than in any other culture within the United States. There are many reasons researchers feel pregnancy rates are higher among African Americans. Some research shows that a lack of sexual education and decreased access to contraceptives fuels the problem (Planned Parenthood, 2006). Other research feels that the socio-economic status, being raised by a single mother or a lack of general education is the cause (Guttmacher, 2006). Although there may be a variety of reasons that African American teens become pregnant, they have not all been explored.

The family scenario presented above is not much different than many stories we hear about adolescent pregnancy in the African American community. Generally, research is conducted on the adolescent who becomes pregnant and her off-spring. However, there is not much research conducted on the effects the pregnancy or child birth has on the adolescents’ relationships with her parents, peers, or younger sisters in particular.

I believe family relationships are a large part of the African American culture and community. Set in a suburban environment with improved education standards and a higher socio-economic status, teen pregnancy still occurs among African American girls (Guttmacher, 2006). This finding leads me to want to understand what it is about the relationships between African American girls and their families that influence their pregnancy status. By understanding the dynamics between sisters and how their relationships influence their lives, we may be able to

find additional information to help curb the problem of adolescent pregnancy in the African American community. This paper will explore the relationships of African American sisters and how a pregnancy in the older sister effects the younger sister.

As the reader reads this report, he or she should take into consideration the fact that the research in this area is relatively young. The research often assumes that African American girls, who become adolescent mothers, are all from lower class, urban, single-parent homes. Middle-class African American experiences are rarely, if at all, explored.

The literature is also more solid with respect to the effects of parents/ parenting on adolescent pregnancy. The literature on sibling effects discusses the influence of siblings on adolescent pregnancy and *speculates* on the effects sibling relationship can have on the younger siblings.

CHAPTER 2 - Sibling Relationships

According to systems theory, the family is viewed as a social system consisting of different subsystems. The parent-child subsystem is often studied in an effort to understand differences in adolescent development. However a subsystem that is often left unexplored is the sibling relationship. Sibling relationships have been described as unique and influential, providing the most enduring and longest lasting relationships adolescents' experience. (Scharf, Shulman & Avigad-Spitz, 2005).

Sibling relationships are often expressed as being love/hate or ambivalent, echoing the extreme positive and negative interactions within the relationship (Kim, McHale, Osgood & Crouter, 2006). Yeh and Lempers (2004) reported that "secure attachments to siblings and good internal representations of strong sibling relationships in adolescence could contribute importantly to adolescents' successful social development and to their healthy adjustment" (p. 134). Adolescents often take their "real world experiences" and couple them with sibling experiences as a way to function in society. As adolescence progresses, adolescents experience various developmental transitions. Older siblings, who have close relationships with younger siblings, can act as social support, which contributes to their development.

Sibling relationships include involvement in each other's lives. During early childhood, the relationships are often illustrated by property disputes and the ability to gain their parents' attention (Scharf, Shulman & Avigad-Spitz, 2005). In their research, Yeh and Lempers (2004) discussed the Cambridge Sibling Study which was conducted in England. The study explored children's relationships with their siblings in early childhood, then later in adolescence. The study reports that adolescent sibling relationships can often be determined by whether he/she perceives his/her childhood interactions with his/her siblings as positive or negative.

Adolescents, with close sibling relationships, rated siblings as having a higher amount of influence in their lives than their parents and, in some instances, a higher influence than their same-sex best friends. Adolescents reported that their siblings often act as a more reliable ally than their friends, offer a greater sense of emotional support than parents, offer a sense of comfort when feeling lonely, and are more available and accessible over time to help deal with

family issues. Adolescents have also been shown to seek out their sibling's advice when dealing with issues such as dating and sex.

Furthermore, close relationships with siblings could also serve as a way for adolescents to remain connected to the family, while in the process of individuating from the dependence of parents. When adolescents strive for identity and autonomy, they usually try to be less dependent on parents' traditional influences, such as being told what to do, being protected, and being helped or guided by parents. Thus, siblings become an important additional source other than parents for adolescents to seek advice about plans and problems for their lives. (Yeh & Lempers, 2004, p. 134).

Evidence suggests that sibling relationships effect adolescents cognitively, socially, and emotionally. Relationships, which are defined as warm, are more likely to be associated with positive development in areas such as social skills, self-disclosure, cooperativeness, emotion regulation, and social support skills (Noller, 2005). Considerable positive associations have also been found between adolescents' and siblings' behavior concerning substance and alcohol use, delinquency, vandalism, robbery, theft, and sexual behavior. Studies have shown that siblings not only influence this behavior, but that the older siblings' behavior is often predictive of adolescents' future behavior (Yeh & Lempers, 2004).

As adolescents get older, the amount of time they spend with their sibling(s) decreases. There is a sense of decreased companionship, conflict, and competition. However, even though adolescents are spending less physical time together with their siblings, research shows that their emotional attachments remain steady throughout adolescence and often increase, beginning in late adolescence (Noller, 2005).

Relative criteria to keep in mind, when studying sibling relationships, include birth order and gender. Much of the research discussed thus far refers to the younger siblings of the adolescent, with the older sibling serving in the supportive role. In reference to gender, females are considered to be more involved in their sibling relationships than males; "sister to sister" relationships involve some of the most intensive bonds amid siblings. During the childhood years and adolescence, "sister to sister" relationships rank higher in the areas of warmth and intimacy, feeling similar, companionship, and emotionally supportive nature (Kornreich, Hearn, Rodriguez, & O'Sullivan, 2003).

Researchers have also investigated the idea that sibling relationships are attachment relationships. Individuals can be considered attachment figures

if they fulfill five functions: can be used as a safe haven in times of distress, can function as a secure base when the individual is venturing out independently, have a strong emotional tie with a person, seek to be in close proximity to the individual, and would mourn the loss of the person (usually called separation protest) (Noller, 2005, p. 6).

In research, adolescents have described his/her sibling as being able to provide closeness, comfort, and security. These descriptions fit the attachment requirements of secure base, proximity, and safe haven. Across the life span, siblings become the primary attachment relationship for some adolescents (Nollere, 2005).

Four types of sibling relationships, based on warmth and hostility, have been defined by McGuire, McHale, & Updegraff (1996); harmonious, hostile, affect-intense, and uninvolved: 1) Harmonious sibling relationships are high in warmth and low in hostility. 2) Hostile sibling relationships are high in hostility and low in warmth. 3) Affect-intense sibling relationships are high in both warmth and hostility. 4) Uninvolved sibling relationships are low in both warmth and hostility. In a study of sibling relationships, during parental divorce compared to adolescents from intact married families, the same four types of sibling relationships were identified. Siblings of divorced/divorcing families reported higher levels of hostility in their sibling relationships than those of intact families. The siblings of divorce/divorcing families were also twice as likely to have affect-intense sibling relationships as opposed to uninvolved or hostile relationships. Sibling relationships of intact families were spread more evenly throughout the four types of sibling relationships.

Relationships with older siblings may have a different effect on adolescent development than relationships with younger siblings. The birth order of adolescents can be influential in adolescent development as adolescents

identify with the greater autonomy of older siblings in trying to acquire the same status. Children may also define their identity and their uniqueness in their family... Sibling identification has been proposed as a process whereby siblings try to distinguish themselves from their brothers and sisters and develop different qualities and interests in an effort to avoid direct competition for resources and establish their own role and identity within the family. (Branje, van Lieshout, van Aken & Haselager, 2004, pg. 1386).

This process (known as “differentiation” or “deidentification”) is typically stronger when siblings have commonalities, such as same gender, and are close in age. Adjustment of older siblings is largely dependent upon their own behavior towards their siblings, while younger

sibling behavior is influenced by older sibling behavior as well as their own. (Branje, et al 2004, pg. 1385).

Sibling relationships have varying effects across many areas of adolescents' lives. It has been shown that a great amount of influence on adolescent behavior occurs in areas such as self-identity, behavior, and autonomy. Sibling influence in the areas of sexual intercourse and pregnancy will be discussed further in chapters three and four.

CHAPTER 3 - Pregnancy Among African American Adolescents

There are many factors that influence adolescent pregnancy in the general population. According to Robbins, Kaplan, & Martin (1985), pregnancy risk among females has been linked to “race, low socioeconomic status, father absence, number of siblings, school difficulties, family stress, and popularity” (p. 567). According to these studies, African American girls are more likely to experience pre-marital adolescent pregnancies, due to the direct effects of influences such as parental socioeconomic status and school stress. Low socioeconomic status of the parents is often a pattern passed through generations. This pattern breeds feelings of powerlessness and social disadvantage. These same feelings are generated in schools with low economic resources. Both low socioeconomic status and “status failure” in school suggest “students become pregnant because parenthood seems a viable alternative to continued self-devaluating experiences...” (p. 580).

Moore & Chase-Lansdale (2001) looked at sexual intercourse and pregnancy rates among African American females from impoverished neighborhoods. Twenty-seven percent of these impoverished African American females experienced a pregnancy. The females, who experienced a pregnancy, reported having distant and alienating mother-daughter relationships with limited communication. These girls also reported perceptions of a lesser amount of social support from neighbors, higher exposure to adults on welfare, and less constructive peer influences. Risk factors for these adolescents also include being raised in single parent-households with decreased opportunities for supervision and age at first intercourse. Decreased communication and less supervision often led to first intercourse at an earlier age for teens which increases risks for pregnancy. Young teens, who were more likely to be unsupervised, had more opportunities for sexual liaisons. If there was little communication between the adolescent and her parents, the parent was less likely to learn of these sexual acts and the teen was less likely to speak about them. This led to “conspiracy of silence” between mother and daughter (Jurich, 1979). All of these factors also perpetuate ideas of social disadvantage and status failure where parenthood is seen as a possible means to a better life.

Other factors that effect pregnancy rates among African American girls include community and family involvement. Moore and Chase-Lansdale (2001) examined pregnancy rates and age at first sexual experience in African American girls from single-mother, co-habiting, and married households in disadvantaged neighborhoods. Their work indicated that 55% of African American girls initiated sexual intercourse and 27% experienced a pregnancy during adolescence. Adolescents, who experience a pregnancy or initiate sexual intercourse, are more likely to come from single-parent households where the parent-child relationship is distant and less communicative (Moore & Chase-Lansdale, 2001). These girls also report “less positive peer influences...and a higher proportion of adults in their social networks on welfare” (Moore & Chase-Lansdale, 2001, p.1151). Again emphasizing the findings that decreased communication and supervision of adolescents by their parents, especially among single-parents, where there are decreased opportunities for supervision, often led to first intercourse at an earlier age for teens which increases risks for pregnancy.

Girls raised in single-parent homes are often exposed to their mother’s dating and sexual relationships, as they are experiencing their own sexual development. From these occurrences, adolescents receive images of co-habitation and sexual intimacy outside of marriage. This normalized the idea of sex outside of marriage. As stated previously, older adolescents with less parental supervision and higher exposure to non-working adults are more likely to become pregnant about three months after their first intercourse, due primarily to decreased supervision (Moore & Chase-Lansdale, 2001). The probability that an African American adolescent will become pregnant is six times greater in single-mother households than in married households. This rate is associated with the higher incidence of single-parenthood associated with African American mothers, due to low rates of marriage and remarriage. Increased single-parenthood leads to decreased adolescent supervision which, in turn, increases pregnancy risks.

Although, there are differences between single and dual-parent supervision, it has been shown that it is often the relationship between mother and daughter that most influences the adolescents’ sexual experimentation and exposure to pregnancy risk. Girls with “close, trusting, and supportive relationships” with their parents often practiced delayed sexual onset, due to increased communication about sex and increased supervision by parents. These relationships can also “shield the adolescent against some of the more negative elements of high-poverty

communities” by limiting their exposure to elements, such as negative peer influences, which can lead to early sexual intercourse (Moore & Chase-Lansdale, 2001, p. 1155).

Minorities, such as Hispanics and Southeast Asians, have been shown to place a high value on family and marriage and consider childbearing/ rearing to be the ultimate fulfillment in a woman’s life. However, African American adolescents are often more tolerant of intercourse at a young age and childbearing before marriage than white adolescents, due to their increased exposure of the recurring cycle of adolescent pregnancy (East, 1998). Seemingly low job and career opportunities, which can lead to modest educational and career attainment goals, and mothers who, themselves, experienced an adolescent pregnancy are factors that contribute to African American perceptions of childrearing and risk of pregnancy. Decreased career opportunities can increase feelings of powerlessness and status failure. Mothers of adolescents, who themselves experienced a pregnancy in adolescence, often gave the perception that childbearing before marriage was acceptable. They presented a very visible model of child bearing out of wedlock being normal for young African-America women. Unfortunately, many African American adolescents feel that this image of a highly sexual woman, who is willing to be a teenage parent, is the essence of what it is to be a woman in this sub-culture.

There is a wide range of ethnic and racial distinctions in girls’ birth expectations and life objectives, which are not necessarily determined by family and socioeconomic background characteristics.

In general, Hispanics desired early and rapid transitions [into adulthood], and Southeast Asians desired later and more gradual transitions. Blacks perceived the greatest likelihood of non-marital childbearing for themselves, the longest normative interval between first sex and first birth, but the shortest desired interval between first marriage and first birth. Southeast Asian girls were least desirous of having children and perceived the lowest likelihood of having sexual relations during adolescence and of having a non-marital birth, although there was a nativity effect for the latter variable. These results suggest that girls of different races and ethnicities are likely exposed to and evidently react to different socialized expectations of the timing of events and associated with the transition to adulthood. Moreover, these cultural norms apparently exist independent of the varying social and economic circumstances in which girls of different racial and ethnic backgrounds live (East, 1998, p. 159).

Life objectives, such as continuing education, marrying, getting a good job, and having children, also varied between the girls and were not traits developed through association with their family context or socioeconomic status. Important to Black, White, and Southeast Asian

girls is a strong school-job orientation. This orientation can act as a protective factor against non-marital sexual behavior and early childbearing by giving the adolescent goals to work toward and decreasing her chances of having feelings of failure before they even try (East 1998).

Pregnancy in the African American community is often said to be perpetuated through intergenerational patterns. African American girls, who experience a pregnancy, are commonly the children of African American women who also experienced a pregnancy in adolescence. Again, these pregnancies are linked to factors such as intergenerational attitudinal predispositions, lack of family stability, and lower socioeconomic status (Kahn & Anderson, 1992). These adolescents see their mothers as a model of teenage sex, leading to pregnancy, their fathers as less than responsible male models who often leave or shirk their parental duties, and their own space in society as being defined by the cycle of poverty.

Another intergenerational factor includes family size. Adolescents, who experience this pattern from their mothers, may desire to have larger families and begin child rearing at a younger age, as their mothers have passed down positive messages about starting a family at a young age and feeling their sense of self-worth through their mothering role only (Kahn & Anderson, 1992). The earlier the mother experiences her pregnancy in adolescence, the more likely her daughter is to experience a pregnancy as a teen. This pattern is twice as likely to repeat itself among whites, whereas black adolescents only perpetuated the cycle one-third of the time (Kahn & Anderson, 1992). Although white adolescent mothers experience higher rates during this cycle, their rates of teen birth generally happen during the course of marriage; the majority of black adolescent births transpire outside of marriage, modeling the adolescent pregnancy they have witnessed (Kahn & Anderson, 1992).

The study of intergenerational fertility patterns finds that adolescent pregnancies among white girls can be almost entirely explained by socioeconomic influences and family circumstance. White girls are more than twice as likely as black girls to get married as teens; increasing their chances for pregnancy two-fold. On the other hand, the intergenerational pattern of black adolescent pregnancies can only be partially explained by socioeconomic influences and family circumstance, and suggests that there are other factors that influence repetition across generations of premarital re-productiveness (Kahn & Anderson, 1992). The population of white girls had an expectation of marriage, even if it was in the teen years, while the population of

black girls was more likely to expect that they would not marry the putative father. These factors will be discussed in greater detail in chapter four.

Geographic location also effects pregnancy rates among adolescents. The overall adolescent birthrate is generally higher in rural areas than in metropolitan areas, except among African Americans. These differences are attributed to social inequalities and community characteristics, rather than just race.

More African Americans live in metropolitan areas than rural areas, thus reversing the general population trend. Pregnancies among Black adolescents age 15-17 in metropolitan areas occur at a rate of 106 per 1000 girls, while there are 87 per 1000 girls in rural areas. This is compared to white adolescent rates of 46 per 1000 girls in urban and metropolitan areas (Bennett et al, 1997). These rates have been linked to community factors that have an impact on sexual behavior, pregnancy, and childbearing such as:

level of unemployment, community income, opportunities for the future, measures of community stress, and the crime rate. In general, these studies have found that a paucity of economic resources, racial segregation and social disorganization seem to provide young people with little motivation to avoid behaviors with potentially deleterious consequences, such as unprotected intercourse and a consequent nonmarital birth (Kirby, Coyle, & Gould, 2001, p. 63).

Concepts, such as delayed gratification, are less powerful in a community where there seems to be little hope of a better tomorrow. Why not enjoy immediate gratification, such as sex, if the adolescent does not perceive a future to lose?

Sexual behavior, pregnancy, and childbearing risks are also increased when adolescents are exposed to other aspects in their community, such as high residential turnover, less neighborhood monitoring by adults, high unemployment rates, adults with low college education levels, high divorce rates, and full-time working mothers (Kirby, Coyle, & Gould, 2001). These add to the feelings of “living for today” because the future holds little promise.

Among African American females, unemployment contributes greatly to the increased incidence of adolescent pregnancy (Kirby, Coyle, & Gould, 2001). In my opinion, the relationship between unemployment rates and adolescent pregnancy rates can most likely be attributed again to status failure and adolescents’ looking for alternate means of success in their life. If the adolescent woman sees little opportunity for success in employment, she may still feel self-worth as a good mother to her baby.

As mentioned before, there are multiple contributing factors to the ability of adolescent girls, African Americans in particular, to experience pregnancies, including socioeconomic status, family involvement, community influences, father absence, and age of mother's first birth. These factors help us understand the antecedents to adolescent pregnancy. In the next chapter we will explore the outcomes of adolescent pregnancies and its effects on the adolescent mother.

CHAPTER 4 - The Effects of Pregnancy on African American Girls

As discussed in chapter three, African American girls experience pregnancy for a variety of reasons, including low socioeconomic status, father absence, number of siblings, school difficulties, and family stress (Robbins, Kaplan, & Martin, 1985). Adolescent pregnancies also “reflect inequalities in education, income, residential patterns of segregation and violence, and limited access to health care (SmithBattle, 2007, p. 409). Girls, who give birth and decide to parent their children, are now faced with the task of being a mother and an adolescent. It is

assumed that adolescent mothers are unable naturally to provide for or to accurately interpret the needs of their children because they are developmentally consumed with meeting their own needs...adolescent mothers have been found to be less knowledgeable about child development, to hold more punitive attitudes toward childbearing and to be more depressed than older mothers... (Solomon & Liefeld, 1998, p. 139).

Adolescent girls, who experience a pregnancy, continue to experience the aforementioned problems as they are also introduced to many potential additional problems, such as repeat adolescent pregnancy, decreased educational attainment and employment opportunities, decreased marital aspirations, and mental instability. “Popular press and professional literature have described teen pregnancy as the beginning of a downward spiral that includes dropping out of school, depending on welfare or minimum wage jobs, and remaining single, poor mothers” (SmithBattle, 2007).

Experiences of adolescent mothers after the birth of their child influence many factors during adolescence. Adolescents have a higher risk of having a repeat pregnancy within the first 24 months after the birth of their first child. Between 28-63% of adolescent mothers become pregnant again within the first 18 months, 20-37% within 24 months (Raneri & Wiemann, 2007). “In 2003, of the 421,241 preadolescent and adolescent U.S. births, 84,570 were second or higher order births (Raneri & Wiemann, 2007, p. 39). In a study of adolescent mothers from large metropolitan areas in the Northwest, Gillmore, Lewis, Lohr, Spencer & White (1997) found that half of the adolescent mothers experienced a repeat pregnancy within 18 months of the birth of their first child. Some experienced more than one repeat pregnancy. The lack of contraceptive use and frequency of intercourse are the main indicators of repeat pregnancy in adolescents. Gillmore et al found in their studies that teens “who are strongly opposed to repeat pregnancies

are more likely to use effective contraception or to avoid sexual relations” (p. 549). Many African American teens seem resigned to their previous lot in life, to pleasure men and produce babies. They seem to accept their fate and feel that they have no recourse.

Age of first birth, history of school trouble, and drug use were other specific factors that contributed to adolescents who experienced repeat pregnancies (Northwest et al. 1997). These factors were discussed as part of adolescent behavioral issues. Adolescents, who experience these problems, often come from lower socioeconomic backgrounds. For these adolescents childbearing is again perceived as a normative ‘career choice’ or as a ‘rite of passage’ in establishing an adult identity [and moving beyond behavioral issues], particularly if they believe that the more traditional roles to adulthood are unavailable (Solomon & Liefeld, 1998, p. 139). They feel that other, long-range goals are shut off to them. Therefore, they have little delayed gratification to put up with school and instead, seek more short-term goals like the excitement of drugs or the pleasure of sex. These are pursued with little sense of responsibility to themselves or others.

Adolescent mothers report greater stress, which may lead to psychological changes, such as “feeling more sad, tense, edgy, and out of control of their feelings” (Barratt, Roach, Morgan, & Colbert, 1996, p. 210). Areas, such as interpersonal sensitivity, paranoid ideation, and phobic anxiety are other areas where adolescent mothers report more psychological problems. Feelings of being out of control, with little to look forward to experiencing, create emotional difficulties with one’s life, leading often to psychological problems. A lack of familial support can often contribute to these feelings. Adolescent mothers, who receive family support in areas such as care-giving, often fare better mentally (Barratt et al, 1996).

Adolescent mothers also experience high levels of depressive symptomatology; risk of depression among low-income adolescent mothers exceeds 50%. (Kalil & Kunz, 2002). Among 15-17 year-olds who have given birth once, 48% of “Black mothers and 28% of their White counterparts are depressed, as are 37% of Black 18-19 year-old mothers and 33% of White mothers of this age” (Kalil & Kunz, 2002, pg. 1749). In contrast to 14% of White women and 25% of Black women age 25-34 who experience depression. Depression can predict lower levels of socioeconomic success in low-income single mothers and is associated with rapid repeat pregnancy, and poor school performance (Kalil & Kunz, 2002). Because of their sociological

deficits of living in a poverty-stricken minority areas, many African American female adolescents are more vulnerable to becoming depressed.

Adolescent, unmarried mothers consistently have higher levels of depressive symptoms in early adulthood than women whose first birth arose during marriage after the age of 20. However, many of these symptoms can be credited to the adolescent mother's having decreased support (e.g. being unmarried), as opposed to age of the mother at the time of the child's birth (Kalil & Kunz, 2002). This suggests, "young women who have characteristics that increase their propensity to marry (whether as a teenager or an adult) prior to childbearing will also have better later-life psychological outcomes (Kalil & Kunz, 2002, pg. 1758). Marriage dampens the degree of ostracizing of the young mother by the rest of society.

Other factors associated with adolescent pregnancy include homelessness and exposure to violence. Studies have indicated that adolescent mothers and pregnant adolescents who are homeless have higher rates of exposure to violence and lower rates of social support (Kennedy, 2007). They are isolated in the violence of the streets, just trying to survive. Among 16-17 year-old homeless adolescent girls living on the street or in shelters, 44% report a history of pregnancy compared to 13% of girls living at home. Urban, adolescent girls are at an increased disadvantage, given that low-income levels and exposure to violence increases the possibility of homelessness. (Kennedy, 2007).

Among homeless youth and pregnant and parenting adolescents, experiences with family violence seem to be relatively common. Family violence includes witnessing parental physical violence within the home as well as physical abuse by a parent or adult caregiver. A few studies assess homeless adolescents' experiences with witnessing parental violence in the home; prevalence rates range from 20% to 22% for witnessing parental violence alone to 39% in combination with exposure to community violence. Adolescents who report witnessing parental violence exhibit higher rates of poor academic performance and attention problems in school, behavioral problems such as aggression and dating violence, and emotional problems such as PTSD, depression, and anxiety (Kennedy, 2007, p. 641).

Sixteen to 64% of pregnant adolescents report being severely physically abused by a parent; 33% report being physically abused by a parent as well as being sexually abused or physically assaulted by a partner. The violence seems to be a punishment for being different from the societal norm. They "give up," perhaps even validating that they deserve the violence. They give up on themselves. These girls experience higher school dropout rates, higher levels of

stress and depression, and increased substance use during pregnancy (Kennedy, 2007). This abuse can result in teens running away from home to escape the abuse which can in turn result in homelessness.

One of the most significant outcomes of teen pregnancy is the derailment of education (Prater, 1992). About 65% of adolescent mothers aged 15-19 ends up dropping out of school (Solomon & Liefeld, 1998). Studies show that adolescent mothers, who drop out of school after the birth of their child, are less likely to return to school and are at an increased risk for repeat pregnancy (Baytop, 2006). They give up on their dreams of school and a decent job. “In a five year follow-up of teen mothers... two-fifths of teen mothers who dropped out of school after the birth of their first child had at least two additional pregnancies, while only one-quarter of women who returned to school had an equally high rate of subsequent pregnancies” (Baytop, 2006, p. 458).

Adolescent mothers, who experience a repeat pregnancy, were less likely to complete school, exposing them to higher risks for long-term poverty and dependency on welfare (Raneri & Wiemann, 2007). Research has shown that low educational aspirations and academic performance, prior to the first pregnancy, greatly effects the adolescent mothers’ decision to return to school. Some programs, designed to increase the educational attainment of adolescent mothers, are offered through school systems. However, many are community based programs. Community based programs have been shown to be less effective in increasing educational attainment among teen mothers, compared to school based programs. These differences may be attributed to the adolescent mother’s motivation to further her education. Adolescent mothers, who have dropped out of school, would have to reach out to community based programs to receive services; whereas adolescent mothers, who did not drop out, would be offered services through their school systems.

In school based studies, that predominantly included African Americans students, it is likely that African American teen mothers who were motivated to continue their education and, thus, selected to participate in a school-based intervention are inherently different and perhaps predisposed to more positive outcomes in education compared to teen mothers in comparison groups who either declined to participate in the program or were not enrolled in school. The potential of school-based programs is recognized given that they can provide a more intensive intervention on a daily basis while meeting the educational needs of the teen mothers, which are likely to predict subsequent pregnancies (Baytop, 2006, p. 473).

Participating in a school-based program carries with it a sense of normality for an adolescent. A community program often carries with it a stigma of rejection from the community.

Suspension of education has a negative impact on most adolescents. However, the impact is especially damaging to African American adolescents who are often already disadvantaged (Prater, 1992).

On the average African American youth and their parents have less education, lower incomes, more unemployment, and are more likely to live in poverty than white Americans. The value of seeking a quality education has long been part of the foundation for survival of African Americans... [conversely] single mothers with low educational ambitions were more than three times more likely to become pregnant again within 2 years of delivery than their peers who had high educational ambitions during pregnancy (Prater, 1992, p. 142).

SmithBattle (2007) looked at the life trajectories of 16 adolescent mothers in five waves (Time 1=1988-89, Time 2=1993, Time 3=1997, Time 4=2001, and Time 5=2005) to “examine the life chances of mother’s and their first-born children as mothers entered their 30s” (p. 409). The study found that seven of the 16 teen mothers dropped out of school before or during the pregnancy. Fourteen of the mothers lived in poor, segregated cities with substandard school districts. By Time 1, nine mothers were on track to, or had graduated from, high school, lived in more flourishing communities “and attended schools that provided on-site childcare, parenting classes, and transportation” (p. 413). At Time 2, one additional mother had obtained her GED and two mothers were enrolled at community colleges. Mothers in the study felt “economic hardships, family obligations, unreliable childcare, and memories from past school failures” contributed to their inability to further their education (p. 413). By Time 5, only one of the poorest mothers had obtained her GED; four mothers had high school diplomas, and three mothers had completed one year of college. Of all the participants, “the middle-class mother with the most educated parents had completed a bachelor’s degree by Time 5 and intended to enroll in a master’s program” (p. 413). This program broke the downward spiral of premarital pregnancy.

At Time 1, Black, single mothers or grandmothers, headed the three poorest families of adolescent mothers; the six middle-class families were White. (SmithBattle, 2007).

By Time 5, teen mothers in all but one case replicated the class positions of their families of origin; that is, middle-class teens at Time 1 were solidly middle-class by Time 5; teens from working-class backgrounds were working class at Time 5 (with one exception), and teens with impoverished childhoods were poor at Time 5. At Time 5, middle-class

women were White, married, reported a family income above \$75,000, and owned homes in suburban neighborhoods with good school systems. The length of their marriages ranged from 5 to 16 years. Couples enacted fairly traditional gender roles: husbands were the primary breadwinners while wives assumed more family responsibilities and worked part-time to supplement their husbands' salaries. Women valued their flexibility to supervise children's homework, chauffeur them to after-school activities, and volunteer in school. ...they had the financial security to reside in safe neighborhoods with good schools and mothers had the time, flexibility, and financial means to promote their children's academic progress. (SmithBattle, 2007, p. 413).

At Time 5, the single mothers (4 Black, 1 White) fared worse than the married adolescent mothers.

Two full-time employed single mothers (both Black with at least 1 year of college) reported annual income between \$31,000 and \$45,000 but the poorest mothers (2 Black, 1 White) reported <\$10,000 annually. Economic survival was a high priority for these women and often eclipsed their goals. One of these women was working part-time and 2 relied on welfare benefits. Subsidized housing and food stamps were crucial resources for these women. In addition, 2 of these mothers [co-resided] with parents to stretch their meager income (SmithBattle, 2007, p. 413).

These case examples provide illustrations of intergenerational patterns of adolescent pregnancy and socioeconomic status as discussed in chapter three. They also provide the reader with some of the resources needed by these women to overcome their circumstances.

The children of these adolescent mothers also perpetuated many cycles of socioeconomic status, educational achievement, and sexual activity/ adolescent pregnancy. All of the middle-class White children attended suburban schools with strong academic programs that exposed them to higher education possibilities, through school counselors or college fairs. Each child anticipated going to college and fared well academically (SmithBattle, 2007).

The poorer teens attended large urban schools; many had records for truancy and had previously failed classes. Some mother's felt the teens were not given the necessary attention needed, regarding diagnosis of learning disabilities and other services, and were allowed to slip through the cracks; especially in situations where time and work constraints prohibited parents from having the type of relationship with teachers they would have liked. However, the adolescent mothers aimed to stay involved in their children's studies; many of the teens hoped to be the first in their families to graduate from high school and change the family patterns of adolescent pregnancy and educational attainment (SmithBattle, 2007).

All but one of the adolescent mothers reported they tried to be open about sex and contraception with their children. At Time 5, four teens (2 Black, 2 White) were known by their mothers to be sexually active.

Among the 4 sexually active teens, 2 of the poorest teens (1 Black girl and 1 biracial boy) had experienced at least one pregnancy event; all had ended in abortion or miscarriage. The other 2 sexually active teens (1 working-class Black boy and a White, middle-class girl) were doing well in school, were contracepting with their mothers' support, and expecting to go to college (SmithBattle, 2007, p. 416).

As discussed throughout this chapter, experiencing a pregnancy during adolescence can affect teens in many areas, including educational attainment, mental health, and socioeconomic status. These effects are not only experienced during adolescence but can be taken with the teen through adulthood, as well as be passed on to their children. The following chapter will explore how the effects of an adolescent pregnancy impact younger siblings specifically.

CHAPTER 5 - Influence on Younger Sisters

African American females take many paths through life. The question is, why do they choose a particular path and how does the sexual activity and pregnancy of their older adolescent sisters effect their choices. I believe that the sisters of childbearing adolescents are at an elevated risk of bearing a child themselves. We have seen how environmental factors play a key role in the preponderance of adolescent pregnancy. However, because the risks are greater for younger sisters of childbearing adolescents, do we attribute the pregnancy to environmental factors or the relationship between sisters?

Shared societal risk addresses the socioeconomic conditions that contribute to adolescent pregnancy risk in general. These high risks include being “poor, black, and from a single-parent family in an inner-city neighborhood”... and include rates for pregnancy that are 8.3 times higher than girls from low-risk environments (East & Felice, 1992, p. 132). Low racial, educational, and socioeconomic aspirations can lead high risk adolescents to find a pathway to adulthood through sexual activity, pregnancy, and parenthood (East & Felice, 1992). These low aspirations can give adolescents a sense of failure and lead them to look for opportunities for adulthood and achievement through sexual activity and pregnancy.

In summary, the earlier age of sexual initiation and the disproportionate number of pregnant teenagers observed among poor, black, inner-city residents may be the result of the unfavorable social circumstances in which many of these teenagers live along with the reported tolerance for early unwed pregnancy in the black community. Such life-course experiences would be similar for all girls in the family and may create pregnancy and childbearing similarities among sisters within a family (East & Felice, 1992, p. 132).

Younger sisters of childbearing teens have been shown to begin sexual activity at earlier ages and were often more sexually active than other adolescents of the same race and socioeconomic background (East & Shi, 1997). Forty-eight percent of teens with childbearing older sisters were sexually active (East & Felice, 1992). With greater sexual activity levels, there is a greater chance for premarital pregnancy.

In a review of literature that studied the effects of adolescent pregnancy on younger sisters, East & Felice (1992) “found a 1.8-2-fold elevated rate of childbearing among the sisters of pregnant and childbearing sisters” (p. 128). The study also revealed that, among African

American girls aged 12-18, having an unmarried sister with children was twice as common among pregnant teens as among never-pregnant teens. The Young Chicagoans Study of 1,071 black, urban, unmarried girls also found pregnancy rates to be twice as high for those who had a sister who experienced a pregnancy versus those who did not (East & Felice, 1992).

Although these studies have found correlations between older sibling's pregnancies and the prevalence among younger sisters, they fail to study the actual process and *how* the relationships are influential in promoting pregnancy.

East & Shi (1997) suggest that older sisters and their behavior offer a large influence over their younger sisters. Their research found that exposure to older sisters in a parenting role "strongly influences a sister's decisions with respect to sexuality, contraception, and parenting" (pg. 84). The authors cite social modeling theory as an explanation for this trend. Social modeling theory's explanation

of adolescent sexual activity would predict that because siblings operate as important socialization agents, they serve as models who potentially can shape the development of sexual attitudes and sex-role orientations that eventually guide the sexual behavior of other children in the family. The strength, intimacy, and duration of most sibling ties suggest that siblings can act as potentially powerful socialization agents whose influence is extended over much of children's formative years (p. 131).

The authors also report that *negative* relationships between siblings can contribute more to the sexual activity of the younger sisters. Issues of jealousy and competition might incite the younger sister to mimic the sexual behavior and pregnancy of the older sister.

...younger sisters who perceive that their parents favor the older (pregnant or childbearing) sister might act in ways similar to the older sister, such as with sexually permissive behavior and acting-out problem behaviors. Younger sisters might engage in permissive sexual behavior specifically to try, consciously or unconsciously, to become pregnant so as to rival the older sister. Similarly, younger sisters might act out in problem behavior as a means to gain or vie for parental attention, attention perhaps lost as a result of the pregnancy and childbearing of the older sister (East & Shi, 1997, p. 88).

On the other hand, affirmative relationships between sisters with increased "warmth and closeness" is linked to "*positive* school and career orientation...warmth and low conflict (in interaction) were related to *conservative* childbearing attitudes and perceived *older* ages for typical life-course transitions" (East & Shi, 1997, p. 88). East & Felice (1992) also cite social modeling theory, as well as shared parenting influences and shared societal risk, as factors that

increase pregnancy occurrences among the younger sisters of pregnant and parenting adolescents.

Under social modeling theory, behavioristic modeling explanations note that “identification with a sibling model... increases as the similarity, power, and number of shared activities between siblings increase” (p. 131). For example, older sisters who socialize with their younger sisters may expose them to friends, behaviors, and activities which involve increased sexual activities and result in higher pregnancy risks (East & Chi, 1997). “Younger sibling may be modeling the more mature and more sophisticated dating patterns and dating behaviors of their older siblings” (East & Felice, 1992, p. 131). The previous studies, looking at the effects of relationship dynamics between sisters, implies that “the behaviors and experiences of older siblings are more influential on the sexual behavior of younger siblings than vice versa and that older sibling’s sexual behavior is capable of accelerating a younger sibling’s sexual initiation” which may result in premarital pregnancy (East & Felice, 1992, p. 131).

In a study of younger brothers and sisters of pregnant, parenting, and never-pregnant adolescents, “the younger sisters of pregnant teenagers see school and career as less important, are more accepting of adolescent childbearing, perceive younger ages as appropriate for first intercourse, marriage and childbearing and engage in more problem behavior” (East, 1996, p. 148). The younger sister’s enhanced tolerance for adolescent childbearing may alter her perceptions about the timing of otherwise typical life course transitions and increase her chance of pregnancy (East, 1996).

Previous discussion in this paper cited mothers, who experienced a pregnancy in adolescence, as a precursor to adolescent pregnancy. In a study of 127 Black and Latina adolescent females from 1994-2000, East et al. (2001) found that having an older sister who experienced a teenage birth was a greater risk factor, associated with younger sisters’ experiencing a pregnancy, than having a mother who experienced a teenage birth. This risk factor is related to the type of relationship, positive or negative, and the amount of time siblings spend together. These findings support research that stresses the strong impact that a sister’s early birth has on young women.

Shared parenting influences posit the idea that being exposed to similar parenting and disciplining styles effects choosing to be or not to be sexually active during adolescence (East & Felice, 1992). Adolescent girls with parents who have highly demanding and controlling

authoritarian parenting styles and/or passive parenting with low demands and minimal rule settings are shown to be more sexually active with increased risks for pregnancy. These styles can be “neglectful of children’s needs [and are] ineffective in transferring the values and norms of appropriate behavior” because they do not set boundaries around the expectations of the adolescent, especially with respect to sexual activity. (East & Felice, 1992, p. 131).

Parenting styles that incorporate increased parent-child communication have been shown to have the greatest positive effect on adolescent sexual behaviors, including teens’ using contraception and postponing sexual activity because they set “high demands for mature behavior but emphasize warmth and the understanding of parental expectations and rules...” (East & Felice, 1992, p. 132). Mothers’ beliefs about contraception and sexual activity influenced whether she talks to her children about sex. Highly traditional mothers were more likely to never have had these discussions with their daughters. This decreased communication between parent and child may leave the adolescent unsure about what expectations her parent(s) has for her behavior leading to increased sexual activity and risk of premarital pregnancy. In my opinion many African American mothers fall into the category of highly traditional, following the “do as I say rule” which assumes that telling their children to abstain from sex should be enough to eliminate pregnancy risk.

With respect to shared parenting influences, East and Felice (1992) found that if it is the case that parents share the same communication patterns with all of their children, such effects would be consistent across all children in the family. That is, adolescent children of noncommunicative parents would be equally at risk for sexual permissiveness and high pregnancy risk-taking behavior, and adolescent children of communicative parents would be equally likely to use contraception effectively or abstain or postpone sexual initiation (p. 132).

Many factors related to sibling relationships have been shown to increase risk factors for pregnancy among the younger sisters of childbearing adolescents, particularly among African Americans. The nature of the sibling relationship, parental communication, and socioeconomic advantage are all areas that contribute to high risk factors. Although research in the area of adolescent pregnancy has begun to include the potential for younger siblings to experience pregnancy, it has not addressed factors that *decrease* the risks for younger sisters. Areas of further research and implications for clinicians will be discussed in the next chapter.

CHAPTER 6 - Future Research & Implications for Clinicians

As I have illustrated through this report, research has shown that pregnancy and childbearing in adolescent girls do have an effect on their younger sisters. These effects are demonstrated through the increased birthrates of the younger sisters, as well as their expectations for education, career goals, and life course transitions such as marriage and childbearing. Sibling jealousy, intergenerational cycles, parenting styles, and socioeconomic influences are other factors that play a role in determining if the younger sisters of childbearing adolescents become pregnant.

According to the literature these effects are more consequential among African Americans, as the pregnancy rates for younger sisters are increased eight times over. The fact that the girls are African American alone places them in a high risk category for adolescent pregnancy, which is influenced by being “poor, black, and from a single-parent family in an inner-city neighborhood” (East & Felice, 1992, p. 132).

On the other hand, studies have not examined the reasons younger sisters *do not* become pregnant. Even with all of the risk factors to which younger sisters are exposed, some do not bear children during their adolescent years. Some take different paths and go on to further their educations and reach career aspirations beyond that of their older, childbearing sisters. So where do the differences lie? Is the intervention of a pregnancy prevention program a necessary step? What about a shift in parenting styles by guardians? What effect would these changes have on the pregnancy risks for younger sisters? I pose the question, “What differences exist between younger sisters who participate in pregnancy prevention programs or experience a change in their risk factors (such as socioeconomic status or parenting styles) and do not become pregnant versus those who live with the same existing risk factors and do not become pregnant?” Future research should explore the factors that influence these outcomes.

Further research should also explore adolescent pregnancy in the *entire* African American culture. It should be recognized that being an African American girl does not automatically necessitate that one will be an adolescent mother. As mentioned in the first chapter of this report, throughout most of the research being an African American adolescent mother is automatically correlated to living in low socioeconomic conditions and being the product of a

single-parent home. What about African American girls from middle class or wealthy intact families who experience a pregnancy in adolescence? It does happen, however, these pregnancies appear to be ignored because they are not as prevalent, therefore not as important. Society sends the message that adolescent pregnancy habitually occurs in the ghettos of inner-city black neighborhoods, and the “problem” needs to be addressed. However, in actuality, race is not the greatest indicator of high risk adolescent pregnancy; socioeconomic status is. In order to fully understand the complete trend of adolescent pregnancy, all categories of adolescents must be explored.

Social learning theory and social constructionist theory are two theories that may be helpful in exploring multiple categories of adolescent pregnancy. Social learning theory provides information on how people learn from one another, including such concepts as observational learning, imitation, and modeling, and how society reinforces and punishes this modeling. Social constructionist theory considers how social phenomena develop in particular social contexts. A social construct is the concept or practice which may appear to be natural and obvious to those who accept it, but, in reality is an invention of a particular culture or society.

From the research in this report, I feel a change in environment such as that described in the following case example, and/or involvement in a pregnancy prevention program could most definitely be beneficial to adolescents. Working in a mental health discipline I have worked with adolescents whose older sibling experienced a pregnancy in adolescence.

Case example:

Justine lived with her two older sisters and her divorced single-mother in a two bedroom apartment in inner-city, Wyandotte, KS. Wyandotte is a predominately African American and Hispanic community with poor schools and high crime rates. When Justine was nine her mother got re-married. Justine’s mother and her new husband moved the family to a six bedroom house in suburban Prairie Village, KS. Prairie Village is a predominately white community with a high-quality education system and relatively no crime.

Justine attended school from fourth grade through her senior year in Prairie Village. She received a good education, was exposed to an increased number of school activities and services and was educated on the importance of college. Justine’s mother was re-married, which afforded her the opportunity to work only one job to support her family. The marriage also provided Justine with a male parental figure and the guidance of two parents to set boundaries and care for

Justine's development. Justine is now 20 years old and attending a four year university, where she is studying to be a pharmacist.

Justine's two older sisters, however, had a different experience growing up. At the time of their mother's re-marriage, they were 13 and 16 years old. They had spent most of their childhood in Wyandotte, exposed to inner-city life. Their mother worked three jobs to support the family and was not able to spend much time at home caring for her children. Justine's 16 year-old sister became pregnant and bore a child when she was 14. By the time Justine's sisters graduated from high school, they each had two children. Justine's middle sister attended a junior college for a semester but eventually dropped out. She returned to Wyandotte where she works as a part-time cashier in the local grocery store. Justine's oldest sister remains in Prairie Village. She lives in a small apartment with her children and works as a telemarketer.

This case example illustrates how I believe a change of environment and resources can benefit adolescents. Not only was Justine living in a better neighborhood and receiving a more quality education, but she also received increased supervision from her parents. All of this could have changed her ideas, related to future career and educational aspirations, as well as the importance safe sex and/or abstinence.

Even if Justine's family had never moved from Wyandotte, a pregnancy prevention program could have been beneficial as well. I believe an effective program would encourage adolescents to have goals for their futures. It would teach them proper sex education as well as the struggles of being an adolescent parent. So that, even if moving to a different neighborhood is not an option, the adolescents understand how their decisions will impact their future and mitigate pregnancy risk.

The adolescent's having life course aspirations is an important resiliency factor. If the adolescent wants to move on to higher education, make more money, live in a different neighborhood, etc., it is important to have goals. No matter what type of environment the adolescent is from, having aspirations gives the adolescent a goal for which they can strive. Wanting to reach those goals and achieve their dreams can be a positive deterrent from bearing a child early in life.

“Additional research should also be directed toward understanding the influence of relationship characteristics between a nonpregnant and nonchildbearing teenage sister and her younger sister for younger sister outcomes.” Is the “sister relationship effected or altered by the

pregnancy or childbearing of the older sister? If so, how?" (East & Shi, 1997, p. 89). The exploration of these factors would also contribute to understanding increased factors for pregnancy of younger sisters, as well as factors that decrease their risks for pregnancy and childbearing.

Clinicians, working with adolescents or families of adolescents facing issues of adolescent pregnancy, should consider many factors. First and most important, in my opinion, is the responsibility of the clinician to educate the family on the possible benefits of therapy. There is a stigma in the African American community that therapy is not essential. Essential it may not be, but helpful it can be. Many African Americans feel it is intrusive to have someone come into their lives or homes and tell them how to live their life or raise their children. As a black person, I understand this point of view very well. However, as a clinician I have learned that there are many benefits to seeing a counselor or therapist. Seeing a mental health professional does not mean a person is crazy or inadequate. On the contrary, it actually demonstrates a person's ability to recognize that there are some things in their lives that could change to benefit themselves and/or their family and it demonstrates great strength and courage to reach out to a clinician for help. Helping African Americans recognize the potential of therapy is a critical piece of the process. Before work can begin, the families need to understand the potential positive outcomes that may result and know that the process is meant to be helpful and not harmful or demeaning.

Second, the dynamics of the family itself should be considered. Psychosocial, attitudinal, and behavioral influences of the family will influence the younger sisters' sexual introduction and pregnancy risks (East & Felice, 1992). This report can help guide the work of clinicians by helping them to understand how sibling relationships, as well as parent-child relationships, effect pregnancy risk.

Another consideration for clinicians is to involve the younger sisters of pregnant and parenting teens in a group-discussion that could unite younger sisters of similar circumstances.

For example, participants could be directed to discuss the stresses and disruption caused by premarital parenting, in general, and their sisters' parenting in particular. They could be encouraged to share how they and their families have been affected by the pregnancy (and childbearing) and how they and their families are coping. As they tell their life stories in a non-threatening, supportive environment, the younger sisters may develop a broader perspective on their own problems, and they can use both their own experiences and those of the other girls as a source of strength and a positive basis for prevention (East & Felice, 1992, p. 133).

This intervention may not only increase the younger sisters' perspectives on their own life situations but could also provide them with a platform to discuss alternate life and career goals.

The family's involvement in services may be dependent upon the parent's [most likely mothers among African Americans] motivation to learn about preventing repeat pregnancies (East & Felice, 1992).

...interventions that help families cope with a teenage daughter's parenting and help mothers within such families remain connected to and involved in their younger daughter's lives seem worthwhile. The finding that maternal strictness during early adolescence is associated with younger sister's decreased odds of early pregnancy suggests that parental counseling interventions that target mothers within families already affected by adolescent childbearing may be a useful approach (East et al, 2007, p. 114).

Bowen family systems therapy could be a useful approach to working with families who fall into this category. Bowen family systems therapy looks outside of the nuclear family into the larger network of family relationships. Murray Bowen, the pioneer of Bowen therapy, felt that relationships are driven by two dynamics, individuality (a degree of independence) and togetherness (companionship). How successful people manage these two dynamics depends on the extent to which they have learned to manage emotionality, or differentiation of self; the psychological separation of intellect and emotions and independence from self and others (Nichols & Schwartz, 2004).

As a marriage and family therapist I would include all members of the family in the therapeutic process, using systems theory. Systems theory is a term used to define the studying of a group of related elements that interact as a whole entity (Nichols & Schwartz, 2004). By involving the entire family in the therapeutic process, the therapist can understand each person's role in the family as you form an understanding of how the family functions together.

When working with a family, at risk for adolescent pregnancy, or a family that would like to understand how to prevent repeat pregnancy, I would implement the Bowenian intervention of multigenerational transmission process. This process describes how family members pass on their problems, and anxiety related to their problems, from generation to generation. This is similar to how multiple generations of African American women pass on the idea that premarital pregnancy is an acceptable avenue to adulthood. By helping families to understand the intergenerational process the therapist can help them understand how parentified figures

(mothers, fathers, older siblings, etc), behavior, and decisions model lifestyle choices for future generations.

The more anxiety that's focused on one of the children, the less that child will be able to regulate his or her own emotionality and grow up a mature and happy person. The less anxiety is focused on the children, the more likely they are to grow up with greater differentiation than their parents (Nichols & Schwartz, 2004, p. 123).

This also includes helping the children in the family form healthy boundaries and differentiate themselves from the family by understanding life possibilities outside of low socioeconomic status, early sexual initiation, and dropping out of school. By forming a healthy differentiation adolescents can understand that it is not necessary for them to perpetuate the cycles of previous generations.

The involvement of the older childbearing sister in therapy and in prevention programs could be beneficial as well. The program can help the older sister understand the circumstances that lead to her pregnancy and may prevent a repeat pregnancy. It could also help the older sister identify ways in which she can optimistically influence her younger sister to encourage a break in the recursive cycle of adolescent childbearing (East et al, 2007).

Structural family therapy contains the concept of understanding how a family's overall organization supports and maintains its interactions as a family. If structural and organizational problems within the family are not addressed, "attempts to encourage effective discipline [and boundary setting] are likely to fail... (Nichols & Schwartz, 2004).

Utilizing structural family therapy is another intervention strategy I would use, when working with a family at risk for adolescent pregnancy, or one that would like to understand how to prevent repeat pregnancy.

Structural family therapists believe that problems are maintained by dysfunctional family organization. Therefore therapy is directed at altering family structure so that the family can solve its problems. The goal of therapy is structural change; problem-solving is a by-product of this systemic goal (Nichols & Schwartz, 2004).

It is important for families to understand how their family structure effects individual roles. Structural therapy interventions, such as working with subsystems and boundaries, can help with this process. Subsystems are smaller units in families, determined by generation, sex, and function. Boundaries are emotional and physical barriers that protect and enhance the integrity of individuals, subsystems, and families (Nichols & Schwartz, 2004). In this report, it

was noted that mothers often decrease their monitoring and communication with other children after having an adolescent child give birth. Teaching mothers the importance of hierarchical structure, in which parents exercise a position of leadership, will be very important. This parental counseling can include helping mothers learn how to set suitable boundaries and limits for their other children's behavior, including monitoring their activities with friends outside of the home. "By altering boundaries and realigning subsystems, the therapist changes the behavior and experience of each family member" (Nichols & Schwartz, 2004, p. 186).

Although the effects of adolescent childbearing on younger sisters appear to be primarily negative, I believe interventions by culturally competent clinicians, that address the aforementioned areas, can elicit positive outcomes. Therapy, in general, can provide the continued support parents need to rear their children, while helping their adolescent daughter raise her own child (East et al, 2007). It also provides the childbearing adolescent, as well as her younger siblings, the opportunity to understand their life circumstances and encourages them to create goals and aspirations in life.

African American girls, such as TaShara and Justine, do not have to feel destined to continue the intergenerational cycle of adolescent pregnancy that has been perpetuated. Adjustments in societal expectations and standards would give African American girls something for which to strive for. Even if an adolescent pregnancy is experienced, girls should not feel condemned to live a life of poverty, single-parenthood, and limited education. However, I believe it is the responsibility of society, especially within individual cultural and ethnic communities, to help educate children and families on the potential life, education, and career attainments that are available to them.

References

- Barratt, M. S., Roach, M. A., Morgan, K. M. & Colbert, K. K. (1996). Adjustment to motherhood by single adolescents. *Family Relations*, 45, (2), 209-215.
- Baytop, C. M. (2006). Evaluating the effectiveness of programs to improve educational attainment of unwed African American teen mothers: A meta analysis, *The Journal of Negro Education*, 75, (3), 458-477.
- Bennett, T. B., Skatrud, J. D., Guild, P., Loda, F. & Klerman, L. V. (1997). Rural adolescent pregnancy: A view from the south. *Family Planning Perspectives*, 29, (6), 256-267.
- Branje, S. T., van Lieshout, C. F., van Aken, M.A. & Haselager, G.J. (2004). Perceived support in sibling relationships and adolescent adjustment. *Journal of Child Psychology and Psychiatry*, 45, (8), 1385-1396.
- East, P. L. (1996). Do adolescent pregnancy and childbearing affect younger siblings? *Family Planning Perspectives*, 28, (4), 148-153.
- East, P. L. (1996). The younger sisters of childbearing adolescents: Their attitudes, expectations, and behaviors, *Child Development*, 67, (2), 267-282.
- East, P. L. (1998). Racial and ethnic differences in girls' sexual, marital, and birth expectations. *Journal of Marriage and the Family*, 60, (1), 150-162.
- East, P. L. & Felice, M. E. (1992). Pregnancy risk among the younger sisters of pregnant and childbearing adolescents, *Developmental and Behavioral Pediatrics*, 13, (2), 128-136.

- East, P. L., Reyes, B. T., & Horn, E. J. (2001). Association between adolescent pregnancy and a family history of teenage births. *Perspectives on Sexual and Reproductive Health*, 39, (2), 108-115.
- East, P. L. & Shi, C. R. (1997). Pregnant and parent adolescents and their younger sisters: The influence of relationship qualities for younger sister outcomes. *Developmental and Behavioral Pediatrics*, 18, (2), 84-90.
- Planned Parenthood. (2006). Fact Sheet. Retrieved June 18, 2007 from www.plannedparenthood.org
- Guttmacher Institute. (2006). Facts on American teens' sexual and reproductive health. Retrieved June 27, 2007 from www.guttmacher.com
- Jurich, A. P. (1979). Parenting adolescents. *Family Perspectives*, 13, 137-149.
- Kahn, J. R. (1992). Intergenerational patterns of teenage fertility. *Demography*, 29, (1), 39-57.
- Kalil, A. & Kunz, J. (2002). Teenage childbearing, marital status, and depressive symptoms in later life, *Child Development*, 73, (6), 1748-1760.
- Kennedy, A. C. (2007). Homelessness, violence exposure, and school participation among urban adolescent mothers, *Journal of Community Psychology*, 35, (5), 639-654.
- Kim, J. Y., McHale, S. M., Osgood, D. W., & Crouter, A. C. (2006). Longitudinal course and family correlates of sibling relationships from childhood through adolescence. *Child Development*, 77, (6), 1746-1761.

- Kirby, D., Coyle, K. & Gould, J. B. (2001). Manifestations of poverty and birthrates among young teenagers in California zip code areas. *Family Planning Perspectives, 33*, (2), 63-69.
- Kornreich, J. L., Hearn, K. D., Rodriguez, G. & O'Sullivan, L. F. (2003). Sibling influence, gender roles, and the sexual socialization of urban early adolescent girls, *Journal of Sex Research, 40*, (1), 101-110.
- McGuire, S., McHale, S. M., & Updegraff, K. A. (1996). Children's perception of the sibling relationship in middle childhood: Connections within and between family relationships. *Personal Relationships, 3*, 229-239.
- Morre, M. R. & Chase-Lansdale, P. L. (2001). Sexual intercourse and pregnancy among African American girls in high-poverty neighborhoods: The role of family and perceived community environment. *Journal of Marriage and the Family, 63*, (4), 1146-1157.
- Nichols, M. P. & Schwartz, R. C. (2004). *Family therapy: Concepts and methods*. Boston: Pearson Education, Inc.
- Noller, P. (2005). Sibling relationships in adolescence: Learning and growing together. *Personal Relationships, 12*, 1-22.
- Prater, L. P. (1992). Early pregnancy and academic achievement of African American youth, *Exceptional Children, 59*, (2), 141-149.
- Raneri, L. G., & Wiemann, C. M. (2007). Social ecological predictors of repeat adolescent pregnancy, *Perspectives on Sexual and Reproductive Health, 39*, (1), 39-47.
- Robbins, C., Kaplan, H. B., & Martin, S. S. (1985). Antecedents of pregnancy among unmarried adolescents. *Journal of Marriage and the Family, 47*, (3), 567-583.

- Scharf, M., Shulman, S. & Avigad-Spitz, L. (2005). Sibling relationships in emerging adulthood and adolescence. *Journal of Adolescent Research*, 20, (1), 64-90.
- SmithBattle, L. (2007). Legacies of advantage and disadvantage: The case of teen mothers, *Public Health Nursing*, 24, (5), 409-420.
- Solomon, R. & Liefeld, C. P. (1998). Effectiveness of a family support center approach to adolescent mothers: Repeat pregnancy and school dropout rates, *Family Relations*, 47, (2), 139-144.
- Yeh, H. C. & Lempers, J. D. (2004). Perceived sibling relationships and adolescent development. *Journal of Youth and Adolescence*, 33, (2), 133-147.