A PROFILE OF SELECTED SINGLE PREGNANT
ADOLESCENT GIRLS

A thesis submitted in partial satisfaction of the requirements for the
degree of Master of Science in Health Science

by

Marjorie Mae Smith

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The thesis of Marjorie Mae Smith is approved:

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ABSTRACT

A PROFILE OF SELECTED SINGLE PREGNANT ADOLESCENT GIRLS

by

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Master of Science in Health Science

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The purposes of this study were to: (1) discover if the unwed, adolescent pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic differs from the female youth in the general population; (2) determine if this client is different from the adolescent, unwed mothers reported in the literature on selected characteristics; and (3) determine if there was any difference between those girls having positive and negative pregnancy-tests.

A questionnaire survey was the instrument and the personal interview was the technique used to collect the data pertaining to this study. Statistical tests such as the Chi Square Test for Independence were used to determine: (1) the relationship between selected variables relating to unwanted pregnancy such as religion
in relation to times pregnant; (2) similarity of the study population
distribution to the distribution of the female youth in the general
population on selected characteristics; (3) if the study population
have similar distributions to the unwed, adolescent mothers report-
ed in the literature; and (4) if the positive and negative pregnancy-
test groups have similar distributions on selected characteristics.

The study sample contained 93 percent white and seven percent
Mexican-Americans. Forty-seven percent of those who came for
pregnancy-testing were pregnant.

The mean age of the study group was 17. There were signif-
icant differences revealed between the distributions of the study
population and the female youth in the general population in (1) the
general West Valley population (2) the number of West Valley fe-
males in school (3) the religious distribution of the population of
California.

Significant differences were shown to exist between the age
distributions in the study group and the age distributions of other
studies (English Registrar General's Survey and Lambert) of unwed,
pregnant girls. (43)

There were significant differences between the positive and
the negative pregnancy-test groups of the study population in the use
of contraception.

It was concluded that a primary pregnancy prevention program
focused on the nulligravida (p. 8) under the age of 17 would have a
greater impact in this target population of girls 15 to 19 years of
age using the pregnancy-testing services of a selected Los Angeles County Youth Clinic. It was further concluded that an intensive out-reach program be implemented in order to contact more of the total pregnant-girl population of the clinic catchment area.
CHAPTER I

INTRODUCTION

Much emphasis has been placed in recent years upon out-of-wedlock pregnancies, in general, and adolescent out-of-wedlock pregnancies, in specific. Many factors have contributed to this concern. According to Osofsky (59:442) numbers of such pregnancies have been increasing at a relatively rapid rate and the cost to the community, in terms of both general and special services, has been great.

Kinch et al. (36:20) in a study of pediatric illegitimacy in 1969, questioned Young's postulate that illegitimate adolescent pregnancy is a purposeful effort and is associated with an unhappy parent-child relationship. Whatever its deeper significance in the individual case, this and other studies, according to Minkler (53:423) illustrated that:

...the phenomena of illegitimate pregnancy now no longer represents an emotionally comfortable stereotype of low socio-economic status, low mentality, and promiscuity.

Although teen-agers pregnant out-of-wedlock came from all segments of society, assembled data as reported by Hertzog (29:61) showed in 1968 that more came from the lower socio-economic group and they were mainly black.

Vincent in a study of unmarried mothers cited by Watts (93:458) found that social class, not color, was the predominant
factor and Goodman (26:274) reported that the same proportion of white as non-white girls were at risk in the lower socio-economic neighborhoods.

Studies up to 1964 showed that teen-age girls who became pregnant were grossly uninformed about the human body and sexual relations. Watts (93:459) indicated that they knew little about the signs of pregnancy and the need for prenatal care. Most lived with their parents, who had difficulty in giving sex information. Also, according to Looft (47:434), a majority of well educated parents never get around to meaningful discussions of sex with their children. Cook (15:7) stated that far less than ten percent of the boys and girls growing up today have had any realistic discussion of sex and related problems with their parents or other responsible adults.

Most of the girls in the studies had few, if any girl friends and lived in isolation. According to a survey by the National Council on Illegitimacy in 1969 (87), few had satisfying school experiences and this caused the pregnancy to be more acceptable in their minds as a reason for not continuing school. Some were dropouts even before the pregnancy, but as reported by Stine et al. (84:1-6), in large urban areas, pregnancy was the single most frequent physical reason for leaving school.

Watts (93:459) reported that the pregnant teen-age girls are more concerned about the bodily changes caused by the pregnancy and the disruption of their daily lives than about the baby. The fact that many showed a real need for mothering and had no conception
of their untapped potential for intellectual achievement, manual skills or creativity, was well documented by the report of the Ross Roundtable on Maternity and Child Nursing in 1965 (86). Sauber (76) has recorded in a study for the Community Council of Greater New York, in 1965, that many of the pregnant adolescent girls had an ongoing relationship with the putative father for some time before and after conception. The putative fathers were mostly in the same age span as the girls. Howard (30:485) reported an estimate of as many as seventy-five percent of the girls in senior high school having an ongoing relationship with the young man involved. (p. 9)

Two assumptions about the unmarried teen-ager's attitudes have been documented and questioned by Furstenberg (22:340-347):

... (1) many are unwilling to use contraceptives because either consciously or unconsciously they want to have a child; (2) even if pregnancies are unwanted, most of these young people between the ages of 15-19 years are too fatalistic, apathetic, present-oriented, self-defeating and filled with inner conflict and the lack of self-worth to use sophisticated methods of contraception.

Rainwater (65:202) reported that women in the lower socioeconomic group found it hard to accept contraceptives, either because of fear, ignorance, or religious prohibition. Furstenberg (23:34-42), on the other hand, found that most of the teen-agers did not have adequate knowledge or access to birth control information, and when made aware of this service, they were interested and could make use of contraceptives.
Sampson (73:64) stated that if adult roles are encouraged before adolescence, which is often the case with girls, particularly first-born girls, they may be required to unlearn adult behavior and attitudes in adolescence, as a prelude to becoming "truly adult." The pre-pubescent girl may have assumed considerable responsibility in family life, but when she shows the same independence and initiative in adolescence, her behavior is lamented as "irresponsible," "forward" or "precocious."

Howard (30:487) stated that it has been shown that sisters of girls who become pregnant are "high-pregnancy risks" and that the youngest child who is also the youngest girl is very vulnerable.

Watts (30:487) reported that an important clarification came with the recognition that there was neither a single trait or condition - such as intelligence, a broken home, or mother-daughter conflict - which appeared to be outstanding for teen-age unwed mothers, nor one pattern, such as black culture, which explained the reasons for out-of-wedlock pregnancy. The girls come from different backgrounds and have different needs.

Society has recently taken a new look at the problem, and as a result new solutions are emerging. Agencies began to think about more practical approaches to the girls' needs - physical, psychological and social (93:458).

As indicated previously most studies have been done on samples selected from the black community or lower socio-economic groups. A search of selected literature on teen-age out-of-wedlock
pregnancy has revealed no definitive study of the single, white, affluent, 15 to 19 year old pregnant girl.

The advent of legal abortion and the enactment of a recent law allowing treatment of minors without parental consent, coupled with the current availability of Youth Clinic services for these girls, has made this particular population more available for research and examination.

THE PURPOSE OF THIS STUDY

The purpose of this study was threefold: (1) to determine if the unwed, adolescent pregnant girl who utilized the pregnancy-testing services of a selected Los Angeles County Youth Clinic differed from the female youth in the general population on selected characteristics; (2) to determine if this client differed from the adolescent, unwed mothers reported in the literature on selected characteristics; (3) to discover if there was any difference between those girls in the study population having positive and negative pregnancy-tests.

HYPOTHESIS

The hypothesis was tested under the null hypothesis which is stated as follows:
When selected variables were considered:

1. There is no difference in the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic and the female youth in the general population.

2. There is no difference in the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Clinic and the unwed, adolescent mothers reported in the literature.

3. There is no difference between those girls in the study population having positive and negative pregnancy-tests.

IMPORTANT OF THE STUDY

As indicated previously, most studies on unwed, adolescent pregnancy have been done on samples selected from the black community or lower socio-economic groups.

Howard (30:484) reported that there are noticeable differences between rich and poor pregnant girls.

The data do suggest the existence of some differences between the unwed, adolescent mothers reported in the literature and the group studied. If such differences do exist throughout the country in this particular age group, thorough knowledge and understanding of these disparities would certainly facilitate the development of
more effective educational programs dealing with sex and primary pregnancy prevention.

LIMITATIONS OF THE STUDY

This study was limited to a selected population of single 15 to 19 year-old girls who used the pregnancy-testing services of a selected Los Angeles County Youth Clinic.

DEFINITION OF TERMS

In order to facilitate understanding and add clarity to the interpretation of terms used in this study, the following definitions are given:

**Abortion**: The expulsion of a human fetus during the first twenty-eight weeks of gestation. Abortion is classified as threatened, spontaneous, inevitable, incomplete, criminal and therapeutic. In medical terms the word abortion is used both when it is spontaneous and when it is induced.

**Adolescence**: The term adolescence denotes a period during which the growing person makes the transition from childhood to adulthood. The period dealt with in this paper is the age span of 15 to 19 years. (32:5)
Birth control measures: Those means or methods used to avoid pregnancy, e.g., the oral gestagen birth control pill; the intrauterine device (IUD); the diaphragm or vaginal cap; vaginal chemical foam; the sheath or condom used by the male; the rhythm method (determination of the "safe" period of the menstrual cycle); coitus interruptus or withdrawal.

Coition: A term meaning coitus or sexual intercourse whose use in this paper refers to the union of the male and female gentalia. (38:295)

Coeval: A term synonymous with peer or equal; of the same age, date or duration; contemporary.

Nulligravida: A term meaning the never-pregnant female.

Nullipara: A woman who has never borne a child.

Out-of-wedlock delivery rate: The number of out-of-wedlock births per 1000 unmarried women age 15 through 44 years.

Out-of-wedlock delivery ratio: The number of out-of-wedlock births per 1000 total births.

Pregnancy test: The pregnancy test referred to in this study is the two-minute Pregnosticon Slide Test for the detection of human chorionic gonadotropin (HCG) excreted in the urine during pregnancy, based on an antigen-antibody reaction. HCG is the antigen,
and serum from rabbits immunized against HCG is the antiserum. A positive end point indicates pregnancy or rather the presence of excess choronic gonatropin.

65:1

Putative: A term meaning supposed, reputed or commonly regarded as such, i.e., the putative father.

Recidivism: This term when used in reference to pregnancy means the chronic tendency toward the repetition of unwanted pregnancies.
CHAPTER II

REVIEW OF LITERATURE

Public acknowledgement of teen-age sexuality has been focused on the consequences, and an abundant literature has appeared dealing with illegitimacy, care of the pregnant adolescent, and adolescent venereal disease. Literature attempting to develop a profile of the pregnant teen-aged has been based on the premise that she is nonwhite, poor and/or uneducated.

This chapter will be concerned with a review of the literature on out-of-wedlock pregnancy with emphasis on the 15 to 19 year-old girl. The review will include: (1) a profile of American youth; (2) a statistical overview; (3) factors responsible; (4) a profile of the unmarried, pregnant teen-ager; (5) motivations for becoming pregnant; (6) sexuality and sexual behavior, and (7) service trends.

PROFILE OF AMERICAN YOUTH

Today's youth seems to be receiving more than its share of attention, if for no other reason than sheer weight of numbers. According to Schneider (77:408) the number of youths ages 15 to 19 in the United States increased from 10.6 to 13.2 million during the years 1950 to 1960. In 1969 the numbers increased to 18.6 million, an 81 percent increase in two decades alone.
In 1970 the Bureau of the Census reported that one fifth of the United States population was between the ages of 14 and 24. These young people currently number about 40 million and are expected to increase to over 45.5 million by 1980, when they will account for substantially the same proportion of the total population as they do now (83:4).

Reflecting the trends in births since World War II, growth during the decade ahead will be most rapid for the 22 to 24 year olds and much slower for the younger age groups. Between 1969 and 1980 the number at ages 22 to 24 is expected to increase by a third and those at ages 18 to 21 by a fifth. Only a three percent rise is anticipated at ages 14 to 17 (83:4).

Almost 90 percent of the boys and girls who are 16 to 17 years of age attend school, indicating that education through secondary school is rapidly becoming nearly universal. Currently, at ages 18 to 24, 26 percent of the women have finished at least one year of college. On the other hand, only 6 percent of the women have not completed one year of high school (83:5).

Virtually all 14 to 17 year olds live with their parents. Past this age, a marked change takes place as large numbers of children leave for college, take jobs, or marry and start their own families (83:7).

Early marriage, particularly for women, has long characterized American life. In 1969 the median age at first marriage was 20.8 for women. Almost one-third of the women between the ages of 14 and 24 are married (83:5).
TEEN-AGE OR ADOLESCENT OUT-OF-WEDLOCK PREGNANCY: AN OVERVIEW

Historically, illegitimacy or out-of-wedlock pregnancy and birth have been with us long before the present population explosion. Generally, throughout history, unwanted children of unmarried females have resulted in children whose label of "illegitimate" carried the seal of wrong doing, disapproval, and social stigma for both mother and child.

According to Howard (30:487) the term "out-of-wedlock" has replaced "illegitimate" which was displaced by "unwed mother." School-age unwed, pregnant teen-agers have objected to being labeled in this fashion since it created a negative public image. The concept promoted now is "single pregnant teen-ager," "school-age parent" or "young-family."

Howard (30:474) has indicated that whatever the terminology, the unmarried, adolescent pregnancy problem at all social levels has surfaced and is being recognized and dealt with more openly.

STATISTICAL OVERVIEW

Patterns of out-of-wedlock pregnancy can be analyzed in a variety of ways. In determining the illegitimacy rate and ratio from the years 1950 to 1968, Osofsky (59:442) utilized data concerning the absolute number of out-of-wedlock births, the out-of-wedlock delivery rate and the out-of-wedlock delivery ratio. (see p. 8).
According to Clague and Ventura (12), data concerning the absolute number of out-of-wedlock pregnancies are of interest in that they delineate numerical problems and trends. Osofsky (59:443) and Kiser et al. (41) have observed that while the illegitimacy ratio may be a poor analytical measure of illegitimacy, it is nonetheless useful as an index of relative need for service.

Minkler (53:421) used data from the National Center for Health Statistics to show that whereas illegitimacy "rates" are higher in the 20 to 24 and 25 to 29 year age groups than at 15 to 19, the illegitimacy "ratio" (illegitimate births per 1000 total births) is higher at ages 15 to 19 than at any later age at childbirth.

According to Von Der Ahe (90:607) in 1938, 87,000 unwed births were identified, comprising 3.6 percent of the total live births. Unwed births rose to 339,000 or 9.7 percent of the total live births in 1968. Wallace (92:13) reported that the percent increase in unwed births for a twenty-five year period (1940-1965) was 63.2 percent.

Shapiro (80) reported that although the teen-age illegitimacy rate doubled from 1940 to 1964, from 7.4 to 16.5 per 1000 women 15 to 44 years of age, other groups have fared less well. The rate for the 20 to 24 year olds quadrupled from 9.5 to 40.0, and the rate for the 30 to 34 year olds increased eightfold, from 5.1 to 41.1 during the same period.

Statistical interpretation by Osofsky (59:445) of teen-age pregnancy revealed that in 1960, 42 percent of out-of-wedlock deliveries
were reported to have occurred among mothers under the age of 20; in 1965 the figure was 44 percent and in 1968, 49 percent.

Osofsky (59:445) has stated that when the data are broken down by maternal race, the figures have shown that there are fewer white than nonwhite out-of-wedlock deliveries. However, the greatest numerical growth has taken place among adolescent nonwhite out-of-wedlock deliveries during the 1940's and early 1950's with a slowdown occurring thereafter. Growth of white unmarried deliveries was pronounced during the late 1950's and 1960's.

One of the confounding variables interfering with interpretation of data is the large number of pregnancies conceived out-of-wedlock and legitimized by marriage. These escape inclusion in the statistics. Kover (42), utilizing data from the National Natality Survey on legitimate births in combination with information on total birth registration, has estimated that 33 percent of first births in 1964-1966 were conceived premaritally.

According to Grabill (27) 27 percent of first births among white women were conceived before marriage; 65 percent of this number married before the child was born. Among nonwhites, 68 percent of first births were so conceived, and only 33 percent of the involved mothers married during the pregnancy. Grabill further stated that 43 percent of infants delivered to females age 15 through 19 were delivered less than eight months after marriage.

Landis (44) found that approximately 50 percent of the marriages between high school students in California involved an already conceived pregnancy.
Osofsky (59:451) reported that whites who conceived out-of-wedlock were more likely to marry during the pregnancy than non-whites.

Osofsky (59:453) has estimated that even if out-of-wedlock pregnancy rates remain constant because of increase in the number of unmarried females of reproductive age, the projected number of out-of-wedlock births in the United States in 1980 would be 403,000.

DISCUSSION OF FACTORS RESPONSIBLE

The total impact of adolescent pregnancies can be brought into sharper focus by considering a number of other factors:

First, half the population in 1969 was less than 25 years of age, according to Schneider (77:408) and the Census Bureau (83:5) has indicated that according to the 1970 census, one-fifth of the population was between the ages of 14 and 24 years.

Secondly, approximately half of these numbers were female, who are now reaching puberty at younger ages. Ballard (3:339) reported that in the United States the average age at menarche dropped from 14 years in 1910 to less than 13 years by 1955.

Thirdly, according to research documented by Clamen and Bell (13:350) adolescent age-specific fertility is increasing.

The fourth factor, the new sexual freedom, has been brought about, according to Guthe et al. (88:35), by the changing perspectives of society such as demographic, economic, behavioral and
moral influences. Female social and economic emancipation and general economic affluence have contributed to changing patterns of sexual activity.

Blaine (8:48) has contradicted this point of view. He has indicated that there has been little change in the sexual behavior of the majority of the population. Instead the skeleton has been removed from the closet, and the teen-agers are merely trying to adjust themselves to the modern concept of sex.

Blaine (8:48) has also stated that freedom from fear of pregnancy, indifference and unconcern toward syphilis and gonorrhea as dangerous diseases, freedom from feelings of guilt or fear of eternal damnation due to a decline in the impact and effectiveness of church training and religious experience, have also been important factors in the increase of adolescent pre-marital sexual relations.

The sixth major factor involves legal abortion. Azar (2:934) reported that there is past evidence of abortions for teen-agers being less than the proportion of live births in the same group. However, with the advent of legal abortion, the proportion of adolescents seeking and receiving abortions has outstripped other age groups. Most American changes in abortion laws have come about within the last five years. California's Therapeutic Abortion Act was enacted in late 1967. According to the third annual report published in 1970 (82), 31.6 percent of all legal abortions performed were for teen-agers, while the proportion of teen-age live births was only 17 percent.
Marchetti (51:1013) has felt that the flames of family and community unrest, fanned by a highly communicative society, are acted out in sexual behavior, resulting in unwanted or ill-advised pregnancies which not only fail to resolve the original problem, but also cause additional troubles, both for the adolescent and for the responsible social and health care systems.

PROFILE OF THE UNMARRIED PREGNANT TEEN-AGER

Ballard (3:343) has stated that virtually every pregnant adolescent should be considered as an "accident looking for a place to happen" until proven otherwise. A composite of the young patient at greatest obstetric risk, would consist of the following characteristics: She is nonwhite; from the lower socio-economic class; unwed; poorly nourished - either underweight, overweight or anemic - and is already into the second or third trimester of pregnancy. Other associated factors might include being a school dropout, coming from an unstable or broken home, having one or more health problems, be on drugs, penniless, and in need of extensive guidance medically, socially, legally and financially. She is the patient who needs most of the highest quality care available, and she is often the one who receives the least.
MOTIVATIONS FOR BECOMING PREGNANT

Many researchers (10:482) have felt that the liberal attitudes of our society toward human sexuality have resulted in increased numbers of teen-age girls becoming sexually permissive. These girls are motivated to indulge prematurely in sex by parental neglect, lack of love, insecurity, poverty, ignorance, violence or encouragement of our sex permeated culture.

According to Shanas (79:72) psychological factors predominate, such as the attempt to prove femininity, plotting to trap a desired man and desire for residual proof of having been loved. Shanas has indicated that many psychologists today agree that girls become pregnant out of a deep need for love. Thus, even if the father fails to respond to that need, the girls find fulfillment in their relationship to their babies.

Blaine (8:49) has stated that the continued rise in unwanted pregnancies is directly related to the increase in premarital and extramarital intercourse, which in turn is often a function of the unconscious desire to get pregnant. For some girls, the enjoyment of intercourse or the achievement of orgasm is not sufficient proof of femininity. Consciously they may believe they have no desire to have a baby, but unconsciously they may harbor a strong wish to prove themselves adequate as women by producing a child. This unconscious need for fulfillment is often manifested by a refusal to use contraception or by "forgetfulness" in this regard. In some
girls it is expressed by transparent rationalizations such as "It takes away the feeling" or "If you really love me you will take a chance." For still other girls, becoming pregnant constitutes a means of binding a man more closely. It increases his obligation and may force him into marriage.

Kinch et al. (36:422) in a study of pediatric illegitimacy reported that less than 60 percent of the mothers considered their sex education adequate, and less than 10 percent ever used contraceptives. A significant number were shown to have become pregnant deliberately either to hold a boy or to punish their parents or themselves. Others claimed that intercourse had been forced on them. The majority, however, considered themselves either "going steady" or even engaged and attributed the pregnancy to error, or "accident."

Wittenberg (96:94) has indicated that if adolescence is characterized by sex without love, and love without sex, the teen-age girl is also caught in the self-image dilemma. Through the painful struggle for identity, and the trial of trying to recognize reality dimensions, she may also learn that a moment of instinctual acting out - like having sexual relations - can have consequences extending not only over the next nine months, but over the rest of her life.

Wittenberg (96:87) has stated that at the height of adolescence, it is possible to live with one's self-image by doing the expected thing or by doing the opposite. One could live with one's self by doing things because of parents or the establishment, or in spite of authority, home, school or community.
Wittenberg (96:87) has indicated that in trying to reach a reliable view of himself, the older adolescent, is torn by the values of his family, his community, and conflicting groups among his coevals. (p. 8)

Blaine (8:56) has stated that the adolescent is not psychologically mature enough for adult sexuality. He noted a preference for an emotional and a physical relationship with the opposite sex which is intimate and private but not one which includes intercourse. Blaine cited the observations of Walters who stated, "...the sexual impulse of the adolescent seems to be diffuse and unfocused and consisting of vague longings for fusion with the loved object." By this he meant, there was a longing for an emotional fusion or identification rather than a physical one.

Wittenberg (96:83-84) has indicated that there seems to be agreement among psychoanalytic investigators of adolescence that role confusion or diffusion exists at this phase of development. The adolescent's role playing is a way of experimenting both with powerful internal conflicts and with powerful external reality pressures and demands. The teen-ager in the 15 to 19 age group realizes that time is running out, that role playing will have to terminate shortly, that long-range and binding choices and decisions will have to be made. This threat, according to Wittenberg, has represented a source of anxiety and accounts for some of the sexual behavior during this period.
Lehfeldt (45:97) in exploring the psychological aspects of planned parenthood has written about "willful exposure to unwanted pregnancy" and the desire to become pregnant but not to have a child.

SEXUALITY AND SEXUAL BEHAVIOR

Concerning the world and all that is in it, man has had many strange opinions, but none more strange than those about himself. One reason might be that knowledge is supposed to be manifested in control.

Osofsky (60:393) stated that any careful review of the available data concerning adolescent sexual behavior in the United States leads to the conclusion that although attitudes may have changed, quantity and quality of sexual behavior have remained relatively constant for approximately 50 years.

Blaine (8:44) reported that the first study related to premarital intercourse was done in 1929. It reported that 35 percent of the women polled who were college graduates were not virgins at the time of marriage, as compared with 50 percent of the college-educated men. By 1938 the figures had risen a little - to 37 percent non-virgins among women and 61 percent of the men graduates. This would seem to indicate that college men in the thirties were finding their sexual partners elsewhere than on their own campus. In 1935, two major polls cited by Blaine (8:44) showed that the
number of non-virgin college women graduates had risen to 50 percent and of men to 76 percent. Statistics, as well as professional opinion, supported the conclusion that more college men have intercourse with the girls they date instead of with prostitutes or pick-ups as in previous years.

According to Kinsey (38:288) and Ehrmann (20:16) the figures reported from studies vary considerably, but it is generally accepted that between 30 and 40 percent of females have experienced pre-marital coitus by the end of adolescence.

Luckey (50:364) in a 1969 study of college juniors and seniors, found that 58 percent of the males and 43 percent of females stated that they had experienced coitus. The figures for the male are comparable to those previously cited; the female data suggested a significantly higher rate of experience. Further, 53 percent of those females experiencing coitus had already had coitus with more than one man. Only 4 percent of the males in the study experienced coitus with prostitutes; this was in contrast to the 19 percent cited by Kirkendall from his evaluation in the late 1950's (39:317) and the 22 percent in the earlier Kinsey (38) data.

Bell (6:81) in 1958, studied a group of 250 female students in a large urban university. In 1968, he repeated the study because of a belief that standards were changing. Two hundred and five coeds were matched with the earlier group by age, university level and social class. The two groups had considerably different coital experience: In 1958, 10 percent of the girls reported coitus while in
a dating relationship, 15 percent while going steady and 31 percent while engaged. In 1968, the figures changed to 23 percent, 28 percent, and 39 percent respectively. Only 19 percent of the 1968 sample who were ever engaged, limited the coital experience to the period of engagement; 75 percent had coitus while dating and an additional 6 percent while going steady.

The data also suggested that a greater number of the girls were having coitus with more than one individual; 56 percent of those reporting coitus while in a dating relationship had more than one partner; 22 percent had five or more partners. Obviously, these two reports are insufficient to give strong support to the hypothesis that adolescent sexual behavior is changing. However, they do suggest the possibility that quantitative and qualitative changes in sexual behavior may be occurring among adolescent females. It points up the need for further research in the area.

Reevy (69:52) stated that in the mid-teens, more girls from lower socio-economic levels have had intercourse than have girls from upper social levels; the percentage difference is not as great as that previously noted for males, and by the end of adolescence the social class gap is even less wide. Kinsey data (37) reported an upswing in the accumulative incidence at about the age of 13 for males, and suggested that almost three-fourths of males are involved by late adolescence. In contrast to the male, there was no striking upswing in coitus for females at the age of 13, and age at onset of puberty did not relate strikingly to age at onset of coitus.
Osofsky (60:396) stated that a considerable portion of the premarital coitus of females occurred within the year or two immediately preceding marriage. Girls of lower social class background begin to experience coitus at an earlier age than do their higher social class peers, but when the data are analysed in terms of nearness to marriage, apparent differences tend to disappear. Higher social class girls tend to marry at a later age. Female coital experience appears strongly related to the intensity and depth of the relationship; male sexual behavior is less often related to such factors.

As reviewed by Reiss (70:123), the evidence from all major studies tends to be in agreement, suggesting that attitudes concerning sexual behavior have changed considerably during the past 50 years. There has been an increased acceptance of premarital coitus in general, and there has been more acknowledgement of the inappropriateness of a societal double standard for females. Reiss pointed out that attitudes may merely have caught up with existent behavior.

Globetti (25:29-31) has noted a trend in society today toward increasing sexual permissiveness "with affection." He found that 50 percent of a sample of senior high school students in Mississippi condoned permissiveness with affection. A recent national survey (27) of "top" high school students showed that 42 percent approved of premarital sex. The data presented in this study concurred with these statistics and, too, it agreed with the data presented by Althoff (1:392) and obtained from a 1970 study of practices and attitudes of
college students concerning sex, smoking, drinking, and the use of drugs.

Althoff (1:392) reported a greater receptivity towards an experience with premarital sex as social class status increased, with the exception of the $5000-9999 income group. This group was less approving and less experienced. The lowest and the highest social classes reflected the greatest liberality.

Also noted by Althoff (1:392) was the increase with higher stratification in social status in the belief of one's ability to control one's sexual behavior. It would seem, however, that this perceived capability is more frequently ignored as social status increases.

SERVICE TRENDS

Although social work has involved itself with the pregnant, unwed adolescent for many years, the bulk of services provided in 1960 was to the white, middle-class girl whose primary plan for her baby was adoption. Findings in 1966, according to Watts (93:460), showed that 90 to 95 percent of nonwhites kept their babies, as contrasted to 30 percent of whites. The reason for out-of-wedlock pregnancy was seen as being mainly psychologic, resulting from a disturbed mother-child relationship.

Ballard (3:350) reported that approximately 56 percent of the patients seen in a special counseling setting were between the ages of 17 and 22, and 8 percent were 16 or less. Of the nearly 400
monthly clients, 70 percent were single. Therapeutic abortion was selected as a course of action in 90 percent of the cases.

Ballard (3:350) further stated that the young, single girl, caught in the dilemma of an unwanted pregnancy utilized public services of this type to a greater extent because of a lack of knowledge of established avenues of medical care. Ballard's report showed that only 50 percent of all clients had used an effective contraceptive method in the past; 30 percent of all clients had no knowledge about simple contraceptive methods available without a prescription (condoms, foams and jellies), and 40 percent did not previously know about the Planned Parenthood affiliate providing such services. About 30 percent stated that they were of the Catholic religion, 70 percent were white, 15 percent were Negro, and 30 percent had had a previous pregnancy. Less than 20 percent ascribed pregnancy to a pure method failure, and 50 percent were either using an ineffective method or none at all.

According to Minkler (53:429), the adolescent, for a number of reasons, is often not an efficient contraceptive user, and an inordinate number of unwelcome pregnancies characterizes this age group whether or not contraception has been used.

A survey of 3,000 unwanted pregnancies by Lambert (43:156) revealed that failure to use any form of contraception accounted for two-thirds of the pregnancies. Single women in the unskilled social class used contraception less commonly (73 percent used none) than any other group except schoolgirls, of whom 91 percent used none.
Howard (30:484) in reporting the differences between rich and poor pregnant girls cited a New York Study by Podell (63) of women on welfare which showed that 45 percent had had their first baby while under the age of 18 years, and that 55 percent had had their first child while still in their teens. Thus, many comprehensive service programs initially were developed to focus on the needs of poorer pregnant school-age girls. These programs helped raise the level of life expectation, improved the girls' self-esteem and provided economic support. Further, according to Howard (30), this had resulted in an increased activity to provide abortion and birth control services for adolescents.

The Youth Clinic Program of Los Angeles is an attempt by the Los Angeles County Health Department to meet the increasing needs of young people. The increase in self-referrals to such clinics has been cited as a by-product of education and awareness created by the establishment of the Program.

The Program is an extension of the idea expressed by Watts (93) and other authorities in the field that services be directed toward the need of all girls rather than segments of the teen-age pregnant population.

The differences in past practices were ones of policy whereby the well-to-do white, pregnant, teen-ager was sent to a maternity home, continued her education, and placed her baby for adoption; the non-white simply stayed at home, had her baby and kept it. Abortion was more frequently an option of the white pregnant teen-ager than the non-white.
Likenesses have been seen in the psychologic determinants of "unplanned" pregnancies at all social levels, but attention must also be given to the misinformation or lack of factual knowledge which often thwart the otherwise well-intended contraceptive effort.

The "at risk" nulligravida is the most logical candidate for protection against unintended pregnancy; however, provision of service to this group has been slow to develop. Experience in clinics such as the Adolescent Family Clinic of Sinai Hospital of Baltimore (53:423) demonstrated the potential for reducing recidivism among pregnant adolescents as well as for primary pregnancy prevention of unwanted adolescent pregnancy. (p. 8-9)

From his study, Shea (81:444) concluded that young people needed more information at the time they are first capable of reproduction to help them understand their own sexual potential and responsibilities.

Shea (81:436) stated that the problem is to convey the notion that personal knowledge, whether about sex or anything else, is not something external to oneself, but something to be absorbed and incorporated into one's life style.

According to Guthe et al. (88:35) the prevention of unwed pregnancy remains a personal and a community responsibility combined with effective health education coordination of effort.

Howard (30:487) has indicated that the challenge faced by communities today is to meet the needs of their total pregnant-girl population - not just token numbers, or just the ones that fit their criteria or pattern of service.
Whatever the solution, it is clear that further planning and experimentation are needed to develop ways of maintaining contact and commitment through the follow-up and follow-through procedural technique.

The programs which will have the greatest success will be those that make "pregnancy avoided" easier than "pregnancy aborted."
CHAPTER III

METHODS OF PROCEDURE

This chapter presents a description of the sample population and the methods used to collect the data pertaining to this study. Included in this chapter are the procedures utilized for analyzing the data.

SELECTION AND DESCRIPTION OF THE STUDY POPULATION

The study population consisted of 100 selected sexually active adolescent girls, between the ages of 15 and 19 years, who used the pregnancy-testing services of a selected Los Angeles County Health Department Youth Clinic during the month of April, 1972.

The study took place in April, 1972 at a selected Los Angeles County Health Department Youth Clinic.

Establishment of the Los Angeles County Youth Clinic Program in January, 1969 was an attempt by the Los Angeles County Health Department's Bureau of Maternal and Child Health to meet the medical and psycho-social needs of young people throughout Los Angeles County.

At present there are seven such facilities: San Vicente; Venice; Northeast; Van Nuys; Imperial Heights and Santa Fe Springs. The clinics provide free medical and social services to
their clients, in an atmosphere of trust, respect and concern for individuality with a guarantee of confidentiality.

The target population varies with each clinic, depending upon the location. Within each region, there are "pockets" of people who do not seek the services offered and these groups have been selected for the outreach program in that clinic. The Youth Clinics serve a target population between the ages of 12 and 39 years. It has been generally noted that the majority of medical patients seen are female (approximately 70 percent) and most of the problems are related to sexual behavior. These include the venereal diseases, unwanted pregnancies, and requests for contraceptives. The latter is the most heavily-used service of the clinics. (48:2)

The Youth Clinic selected for this study serves mostly middle class white patients coming from a broad geographic clinic catchment area of the West Valley section of Los Angeles.

The problem chosen for research was identified by the Health Educator as one in need of study at this particular Youth Clinic.

The kinds of problems presented by the pregnant-girl population are numerous - pregnancy-testing is only the beginning. The sexually active teen-ager between the ages of 15 and 19 years who has reason to believe that she is pregnant usually has other problems such as dental care needs, nutritional deficiencies, problems in male-female relationships, need of a job, problems in relating to parents and need of abortion counseling and referral.
The Youth Clinic Program of Los Angeles County has been developed to meet the needs of all girls - rich or poor, white or minority group, good student or poor student, those keeping their babies or those not keeping their babies, those with second pregnancies or those pregnant for the first time.

HEALTH EDUCATION COMPONENT OF THE PROGRAM

The health education component of the Youth Clinic Program is composed of two aspects: in-clinic education and community education and organization.

1. In-clinic education consists largely of informal "rap sessions" on various topics with emphasis on sexual behavior and attitudes (48:5). Films on the methods and use of contraceptives are shown, followed by a demonstration of contraceptive devices and a discussion on their use. Explanations about the Intrauterine Device (IUD) and the "Pill" are given routinely to those seeking contraceptive help (48:5). (p. 8)

2. The principle activity in the community education and organization part of the program has been the formation and guidance of Youth Councils. The purpose of these councils is to increase and encourage community participation. This organized "outreach-tackling" technique may well be the future major thrust of the Youth Clinic.
Program and have the greatest impact in primary pregnancy prevention. The outreach aspect could serve as the basis for a follow-up and follow-through program focused on reinforcing changed attitudes and behavior in regard to pregnancy postponement and fertility regulation.

THE SURVEY INSTRUMENT

A questionnaire survey was developed with the assistance of the Health Educator, Mrs. Rosemary Barger, who indicated the kinds of information needed about this target population of sexually active teen-age girls who use the pregnancy-testing services of the selected Youth Clinic. It was felt that the pregnant-girl population could be better served if: (1) more were known about her and if or how she differs from other adolescent girls in the general population; (2) it was discovered that she differed from the unwed, pregnant adolescent of the literature; (3) determination could be made of differences between those girls having positive and negative pregnancy-tests.

The preliminary questionnaire was designed and presented to Dr. A. Steckler, Coordinator of the Field Service Program of the Department of Health Science, California State University Northridge. Suggested revisions were made and the questionnaire was then approved for use in this study.
The questionnaire, which is found in Appendix A, was designed to (1) determine the demographic background of the subject, (2) test knowledge about contraception, (3) identify feelings of isolation, inner conflict, personal worth, peer conformity, and self-determination, (4) explore the reasons for getting pregnant.

Part I of the Pregnancy Survey was a demographic Sheet. (see Appendix A)

Part II consisted of sixteen statements designed to test knowledge about birth control and contraceptive measures and to identify feelings regarding loneliness, inner conflict, self-worth, peer conformity and the ability to control human nature or degree of self-determination. (see Appendix A)

Part III of the Pregnancy Survey was an essay question, "Why did you get pregnant?" (see Appendix A). The purpose of this question was to explore the reasons for getting pregnant.

A pre-test of the questionnaire was administered to ten unwed, adolescent girls who were using the pregnancy-testing services of the selected Los Angeles County Youth Clinic on March 24, 1972. From this trial test it was possible to determine the kinds of questions the clients would answer, the time involved in completing each part of the survey and to assess the comprehension of the statements in Part II of the Pregnancy Survey. (see Appendix A)

A review of the responses from the pre-test resulted in the revision and deletion of many questions regarding services of the selected Youth Clinic from the survey. The interview technique
was determined to be the easiest, most accurate, and least time-consuming method to gather demographic data. Comprehension of all other survey statements appeared acceptable. The time needed to complete the total survey instrument was approximately 15 minutes.

ADMINISTRATION OF THE QUESTIONNAIRE

The adopted questionnaire was administered each evening at the selected Los Angeles County Youth Clinic from 5:00 to 9:00 p.m., Monday through Friday, April 1, 1972 through May 1, 1972, to those teen-agers between the ages of 15 and 19 years requesting pregnancy tests.

Demographic information for this study was obtained by a personal interview with each subject in the study population prior to the administration of the remaining two parts of the survey instrument.

Before the interview each subject was told that this survey was a voluntary procedure, with all information being confidential and anonymous.

All subjects were interviewed and tested before their initial examination by the doctor where they learned the result of their pregnancy test.
Each of the 16 statements contained in Part II of the Pregnancy Survey had a choice of five answers arranged spatially in the following manner: Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree. This method of response was chosen over the semantic differential which might have provided a better variation of response. It was felt that the semantic differential could have been too sophisticated an instrument at this particularly emotional and tension-producing time. The subjects were told that this was not an examination or a test and they were instructed to circle the answer which best applied to them.

In answering Part III, the essay question designed to explore reasons for getting pregnant, the subjects were asked to write a paragraph on the topic, "Why did you get pregnant?" The girls were told that this was not an English examination; the investigator was interested in reasons, not spelling.

APPROACH TO STATISTICAL ANALYSIS OF THE DATA

The completed questionnaires were grouped according to age distribution.

The information from the completed 100 questionnaires was coded and transferred to coding sheets in order to facilitate computations.
The statistical package was programmed and set up to be run, using the statistical package for social sciences (SPSS) on the University of Southern California Computer Center, IBM 370-55.

The computer facility was made available by the Cancer Contract which is federally funded at the University of Southern California Medical School, Los Angeles, California.

Frequency distributions were obtained on selected variables to show group patterns. These group patterns were made clearer by the use of the arithmetic mean and other measures of central tendency.

The Chi Square Test for Independence was used to determine the relationships, if any, between selected variables relating to unwanted pregnancy. The Chi Square Test was also used to determine if the study group had similar distributions on selected characteristics to the female youth in the general population, and to the unwed adolescent mothers reported in the literature. The Chi Square Test was likewise used to determine if the positive pregnancy-test and the negative pregnancy-test group of the study population had similar frequency distributions on selected characteristics. Five percent was used as the level of significance in interpreting the chi square scores.

The t-Test, at the critical ratio of 1.96, was employed to determine if the positive and negative sample means on selected variables were statistically significant at the .05 level of significance.
Data from Part II is presented in table form (see Appendix B). Six statements from Part II are considered in Chapter IV: (1) Feelings about peers' sexual behavior; (2) Attitude concerning friends' feelings about sex; (3) Statement on self-determination; (4) Feelings of isolation; (5) Self-worth; (6) Inner conflict.

The last question included in the survey gave the subjects an opportunity to express themselves regarding the reasons why they got pregnant. Part III will not be included in this report.
CHAPTER IV

PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

The findings of this study were derived from a questionnaire survey administered to 100 selected adolescent, single girls, 15 to 19 years old, who used the pregnancy-testing services of a selected Los Angeles County Youth Clinic. This chapter will be concerned with the presentation, analysis and discussion of findings collected during a one month survey. The implication for a primary pregnancy prevention program will be included and the latter part of the chapter will be a discussion of the findings as they relate to the stated hypothesis.

The survey questionnaire contained questions designed to determine the demographic background of the subject, knowledge and use of birth control methods and identification of feelings such as isolation, inner conflict, self-worth, peer conformity and self-determination.

PART I

SELECTED DEMOGRAPHIC INFORMATION

Part I of the Pregnancy Survey (see Appendix A) contained demographic data which was obtained by means of the interview technique. In order to facilitate analysis, selected findings have
been grouped into seven sections for presentation: (1) Age related data; (2) Ethnic background and religious affiliation of the study group; (3) Social class and family background data; (4) Educational status and goals of the study population; (5) Pregnancy history of the subjects; (6) Data related to birth control information; and (7) Type of relationship in which the subject was involved.

SECTION 1

Section 1 will include data derived from the subjects' responses to the following questions: (1) "What was your age last birthday?"; (2) "What was your age at first sex relations?"; and (3) "What is the age of your boy friend?" Also included are age comparisons between other pregnancy advisory service surveys and the present study.

AGE RELATED DATA

AGE DISTRIBUTION. Analysis of data derived from Table I revealed that 49 percent of the study population was 17 years or less while 51 percent was in the 18 to 19 age group. In contrasting 19 year olds to 15 year olds, the percent ratio was 37.03 or nearly three times as many 19 year olds as 15 year olds in the study population.
TABLE I

AGE DISTRIBUTION OF GIRLS IN THE STUDY POPULATION

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive (%)</th>
<th>Negative (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Girls</td>
<td>(%)</td>
<td>No. of Girls</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>10.6</td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>10</td>
<td>21.3</td>
<td>11</td>
</tr>
<tr>
<td>17</td>
<td>11</td>
<td>23.3</td>
<td>7</td>
</tr>
<tr>
<td>18</td>
<td>11</td>
<td>23.3</td>
<td>13</td>
</tr>
<tr>
<td>19</td>
<td>10</td>
<td>21.3</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
<td>53</td>
</tr>
</tbody>
</table>

*Since sample was 100, same number represents percentage

Mean 17.23 17.49 17.37
SD 1.31 1.38 1.34

1. Difference between the means, positive and negative:
   \[ t_{observed} = 0.96 \quad t_{0.05 (d.f. 98)} = 1.96 \quad p > 0.05 \]

2. Number of girls in positive and negative groups
   \[ x^2 \text{ value} = 0.36 \quad p > 0.05 \]

3. Age / times pregnant
   \[ + \text{ observed } x^2 \text{ value} = 4.40 \quad p > 0.05 \]
   \[ - \text{ observed } x^2 \text{ value} = 5.40 \quad p > 0.05 \]
MEAN AGES. The mean age of the study population was 17. The seventeen year-old girl comprised eighteen percent of the total group, eleven (67.1 percent) of whom were pregnant. In comparison, the fifteen year-old girl who comprised ten percent of the sample had five members or fifty percent who were pregnant. The nineteen year-old group had more subjects suspecting pregnancy, but only ten (37.3 percent) were pregnant.

To determine if a significant difference existed between the mean ages of the positive and the negative pregnancy-test groups, a comparison was made using the t-distribution with the critical value of \( t = 1.96 \) at .05 level of significance. No statistically significant difference was found between the positive and negative mean ages as the t obtained was .95.

Forty-seven of the 100 sexually active girls in the study were pregnant, in contrast to 53 who were not pregnant. There was no statistically significant difference found between the number of positive and negative members in the population as the observed chi square value was .36 at the .05 level of significance. (see Table I)
### TABLE II

**AGE COMPARISON OF SINGLE PREGNANT GIRLS: ENGLISH REGISTRAR GENERAL'S SURVEY; LAMBERT'S PREGNANCY ADVISORY SERVICE SURVEY AND PRESENT STUDY**

<table>
<thead>
<tr>
<th></th>
<th>Registrar General Survey</th>
<th>Lambert Survey</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>553/501.65</td>
<td>26/74.37</td>
<td>10/13.98</td>
</tr>
<tr>
<td>16-19</td>
<td>3312/3363.65</td>
<td>547/498.63</td>
<td>90/87.02</td>
</tr>
<tr>
<td>Total</td>
<td>3865</td>
<td>573</td>
<td>100</td>
</tr>
</tbody>
</table>

\[
\text{Observed } x^2 = 43.42
\]

\[
x^2 \text{ value } .05 (d.f. 2) = 5.99 \quad p \leq .05
\]
TABLE III

AGE DISTRIBUTION IN STUDY OF 124 UNWED, ADOLESCENT GIRLS RECEIVING CONTRACEPTIVE ASSISTANCE FROM PRIVATE PHYSICIANS VERSUS AGE DISTRIBUTION IN PRESENT STUDY

<table>
<thead>
<tr>
<th>Age</th>
<th>Minkler's Study</th>
<th>Present Study</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Girls</td>
<td>(%)</td>
<td>No. of Girls</td>
</tr>
<tr>
<td>15-17</td>
<td>26</td>
<td>41.5</td>
<td>49</td>
</tr>
<tr>
<td>18-19</td>
<td>98</td>
<td>82.5</td>
<td>51</td>
</tr>
<tr>
<td>Totals</td>
<td>124</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

Observed $x^2$ value = 19.5  \[ p < .05 \]

$x^2 .05 (d.f.1) = 3.84$
### TABLE IV

**AGE DISTRIBUTION OF BALLARD'S STUDY OF 145 15-19 YEAR OLD SINGLE, PREGNANT GIRLS VERSUS THE PRESENT STUDY DISTRIBUTION**

<table>
<thead>
<tr>
<th>Age</th>
<th>Ballard Study</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16 yrs.</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>17-19 yrs.</td>
<td>113</td>
<td>69</td>
</tr>
<tr>
<td>Totals</td>
<td>145</td>
<td>100</td>
</tr>
</tbody>
</table>

Observed $x^2 = 2.48$  \( p > .05 \)
AGE COMPARISONS OF SINGLE ADOLESCENT GIRLS SEEKING PREGNANCY ADVISORY SERVICES: OTHER STUDIES AND THE PRESENT STUDY

ENGLISH STUDIES VERSUS PRESENT STUDY

English Registrar General's Survey as reported by Lambert (43)
Lambert's Pregnancy Advisory Service Survey (43)
Present Study

<table>
<thead>
<tr>
<th>English Studies</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed $x^2 = 43.42$</td>
<td>$x^2 .05 (d.f. 2) = 5.99 \ p &lt; .05$</td>
</tr>
</tbody>
</table>

(see Table II)

GIRLS RECEIVING CONTRACEPTIVE ASSISTANCE FROM PRIVATE PHYSICIANS VERSUS PRESENT CLINIC STUDY

Minkler (53)
Present Study

<table>
<thead>
<tr>
<th>Minkler</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed $x^2 = 19.5$</td>
<td>$x^2 .05 (d.f. 1) = 3.84 \ p &lt; .05$</td>
</tr>
</tbody>
</table>

(see Table III)

AGE DISTRIBUTIONS OF GIRLS IN BALLARD'S STUDY VERSUS AGE DISTRIBUTIONS OF GIRLS IN THE PRESENT STUDY

Ballard (3)
Present Study

<table>
<thead>
<tr>
<th>Ballard</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed $x^2 = 2.48$</td>
<td>$x^2 .05 (d.f. 1) = 3.84 \ p &gt; .05$</td>
</tr>
</tbody>
</table>

(see Table IV)
The age distribution of the unwed, adolescent girls seeking pregnancy advisory services in this study was found to differ substantially from the distribution of single, adolescent girls in the English Registrar General's Survey as reported by Lambert (43) and Lambert's Pregnancy Advisory Service Survey (43). (see Table II)

There was a statistically significant difference in the age distributions of 124 sexually active, single adolescent girls receiving contraceptive assistance from private physicians as reported by Minkler (53) and the age distributions of girls in the present study seeking assistance from a free clinic. (see Table III)

Private physicians were more lenient in giving contraceptive assistance to the 18 to 19 year old than the 15 to 17 year old girl who was unmarried. The present survey of girls using clinic services showed that little discrimination is made according to age; service is predicated on need.

In comparing the age distributions of 15 to 19 year old girls in Ballard's study (3) of a similar Pregnancy Advisory Clinic to the present study age distributions, no significant difference was found to exist. Table IV presents the data from which the conclusion was reached.
## TABLE V

**DISTRIBUTION OF STUDY POPULATION REGARDING AGE AT FIRST SEX RELATIONS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive No. of Girls (%)</th>
<th>Negative No. of Girls (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>3 (5.7)</td>
<td>1 (1.9)</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>2 (3.8)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>3 (6.4)</td>
<td>1 (1.9)</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>1 (2.1)</td>
<td>3 (5.7)</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>10 (21.3)</td>
<td>9 (17.0)</td>
<td>19</td>
</tr>
<tr>
<td>16</td>
<td>11 (23.4)</td>
<td>12 (22.6)</td>
<td>23</td>
</tr>
<tr>
<td>17</td>
<td>9 (19.1)</td>
<td>15 (28.3)</td>
<td>24</td>
</tr>
<tr>
<td>18</td>
<td>10 (21.3)</td>
<td>7 (13.2)</td>
<td>17</td>
</tr>
<tr>
<td>19</td>
<td>3 (6.4)</td>
<td>1 (1.9)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong> 47 (100.0)</td>
<td>53 (100.0)</td>
<td>100</td>
</tr>
</tbody>
</table>

**Mean** 6.362 5.830 6.08

**SD** 1.55 1.89 1.75

1. Age at first sex relations / Results of pregnancy test
   
   Observed $x^2 = 9.80$  
   $p > .05$

2. Age at first sex relations / Times pregnant
   
   Observed $x^2 = 10.47$  
   $p > .05$
AGE AT FIRST SEX RELATIONS IN RELATION TO SELECTED CHARACTERISTICS.

Age at first sex relations / Results of the pregnancy-test

\[ \text{Observed } x^2 = 9.80 \quad x^2_{.05} \text{ (d.f. 8)} = 15.5 \quad p > .05 \]

(see Table V)

Age at first sex relations / Number of times pregnant

\[ \text{Observed } x^2 = 10.47 \quad x^2_{.05} \text{ (d.f. 16)} = 26.3 \quad p > .05 \]

(see Table V)

AGE DISTRIBUTION OF LION'S STUDY OF THE AGE AT FIRST SEX RELATIONS VERSUS AGE DISTRIBUTIONS OF THE PRESENT SURVEY

Lion's Study (38)

Present Survey

\[ \text{Observed } x^2 = .003 \quad x^2_{.05} \text{ (d.f. 1)} = 3.84 \quad p > .05 \]

(see Table VI)
AGE AT FIRST SEX RELATIONS. According to data presented in Table V, five of the negative subjects experienced first coitus before they were thirteen years old in comparison to the positive members who had no girls under the age of thirteen experiencing a sexual relationship.

The mean age of the positive subject at first sexual relations was sixteen years while the mean age of the negative was fifteen years. The mean age for the total population of 100 sexually active girls at first coital experience was sixteen.

There was no statistically significant difference found in the age at first sex relations and the results of the pregnancy test. Likewise, there was no significant difference found to exist between the age at first sex relations and the number of times pregnant.

The incidences of pre-marital coitus reported in previous surveys are highly diverse because of the limited and selected samples on which the studies were based. Kinsey (38:288) has indicated the problems of accepting comparative data which is incomplete or not systematically gathered.

One American study accepted by Kinsey (38) of what are apparently active incidences of pre-marital coitus is the 1945, Lion et al. report of 365 "promiscuous" adolescent females of lower educational levels, 15 to 19 years old, in which 121 girls had experienced pre-marital coitus by the age of 16 and the remaining 243 by the age of 18. The age distribution of the present study population at first sex relations is similar to the age distribution of Lion's Study. (see Table VI)
TABLE VI

DISTRIBUTION OF LION'S STUDY OF AGE AT FIRST SEXUAL RELATIONS OF 365 FEMALES (15-19) VERSUS PRESENT STUDY DISTRIBUTION

<table>
<thead>
<tr>
<th>Age</th>
<th>Lion Study No. of Girls (%)</th>
<th>Present Study No. of Girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By age 16</td>
<td>121 (33)</td>
<td>32 (100)</td>
</tr>
<tr>
<td>By age 18</td>
<td>243 (66.7)</td>
<td>64 (100)</td>
</tr>
<tr>
<td>-19</td>
<td>0 (0)</td>
<td>4 (100)</td>
</tr>
<tr>
<td>Totals</td>
<td>365 (100)</td>
<td>100 (100)</td>
</tr>
</tbody>
</table>

Observed $\chi^2 = 0.003$  \hspace{1cm} $p > 0.05$
TABLE VII

COMPARISON OF THE GIRLS' AGES TO THE AGES OF THE MALES INVOLVED

<table>
<thead>
<tr>
<th>Male Age</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1(1.9)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Negative</td>
<td>4(8.5)</td>
<td>2(4.3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3(5.7)</td>
<td>1(1.9)</td>
<td>0</td>
<td>1(1.9)</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>8(8.5)</td>
<td>1(2.1)</td>
<td>0</td>
<td>0</td>
<td>1(1.9)</td>
<td>7(13.2)</td>
<td>2(3.8)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1(2.1)</td>
<td>2(4.3)</td>
<td>5(10.6)</td>
<td>1(2.1)</td>
<td>0</td>
<td>0</td>
<td>1(1.9)</td>
<td>4(7.5)</td>
<td>2(3.8)</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>5(10.6)</td>
<td>3(6.4)</td>
<td>0</td>
<td>0</td>
<td>2(3.8)</td>
<td>0</td>
<td>2(3.8)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1(2.1)</td>
<td>0</td>
<td>3(6.4)</td>
<td>6(12.8)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5(9.4)</td>
<td>13(24.5)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Totals</td>
<td>5(10.6)</td>
<td>16(21.3)</td>
<td>11(23.4)</td>
<td>11(23.4)</td>
<td>10(21.3)</td>
<td>5(9.4)</td>
<td>11(20.8)</td>
<td>7(13.2)</td>
<td>13(24.5)</td>
<td>17(32.1)</td>
<td>10</td>
<td>21</td>
<td>18</td>
<td>24</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Mean</td>
<td>4.80 (18 yrs.)</td>
<td>4.69 (18 yrs.)</td>
<td>4.75 (18 yrs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>1.66</td>
<td>1.67</td>
<td>1.66</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Number in parenthesis is percentage
+ sample: Observed $\chi^2 = 66.43$ $p < .05$
- sample: Observed $\chi^2 = 78.87$ $p < .05$
Total: Observed $\chi^2 = 135.41$ $p < .05$

Difference between the positive and negative responses:
Observed $\chi^2 = 17.26$ $p < .05$

There was no difference between the mean ages of the males involved.
AGE OF BOYFRIENDS

COMPARISON OF AGE OF MALE INVOLVED WITH THE AGE OF THE GIRLS. Analysis of data presented in Table VII showed that the mean age of the male involved in the total study population was eighteen years.

There was no difference in the ages of the males involved with the positive and negative pregnancy-test groups as the mean age was also eighteen years.

Nineteen (40.6 percent) of the positive subjects had boyfriends between 20 and 25 years old, or outside their age group in comparison to the negative sample which contained 24 girls (44.3 percent) whose boyfriends were between the ages of 20 and 25 years. (see Table VII)

A statistically significant difference was revealed at the .05 level of significance between the ages of the males involved and the ages of the girls in the study, both positive, negative and in the total population. The results of this test are as follows:

1. The chi square value of observed frequencies for the positive pregnancy-test group was 68.4.
2. The chi square value for the negative sample was 78.8.
3. The chi square value of observed frequencies for the total population was 135.4.

There was no significant difference between the positive and the negative pregnancy-test groups in the ages of the boyfriends and their own ages. (see Table VII)


**TABLE VIII**

**COMPARISON OF GIRLS AGES IN RELATION TO BOY FRIENDS' AGES - HOWARD'S STUDY VERSUS PRESENT STUDY**

<table>
<thead>
<tr>
<th></th>
<th>Howard's Study</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 yr. old girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>having boy friend in own age span.</td>
<td>375 / 57 / 432</td>
<td>360 / 72</td>
</tr>
<tr>
<td>15-19 yr. old girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>having boy friend outside age span.</td>
<td>125 / 43 / 168</td>
<td>140 / 28</td>
</tr>
<tr>
<td>Totals</td>
<td>500</td>
<td>100</td>
</tr>
</tbody>
</table>

$\text{Observed } x^2 = 13.39 \quad p < .05$
According to data presented in Table VIII (p. 54), a statistically significant difference was found to exist when comparing the findings of Howard's study (31) regarding the ages of the girls in relation to the boyfriends' ages to the distribution of the present study. The chi square observed was 13.3 as compared to the table value of 3.84 found at the .05 level of significance with one degree of freedom.

Seventy-five percent of the 500 15 to 19 year old pregnant girls in Howard's study (31) had boyfriends in their own age span in contrast to fifty-seven percent in the present study. Forty-three girls in this survey were involved with males outside their age group and this accounted for the difference.

IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

Teen-agers still represent a relatively "captive audience" for preventive education about pregnancy. Since over fifty percent of the study population had negative pregnancy-tests, a target group existed within the clinic setting who could still benefit from an educational program aimed toward primary pregnancy prevention.
### TABLE IX

**ETHNIC AND RELIGIOUS CHARACTERISTICS OF GIRLS IN STUDY**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Positive No. of Girls</th>
<th>(%)</th>
<th>Negative No. of Girls</th>
<th>(%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Background</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>45</td>
<td>95.7</td>
<td>48</td>
<td>90.6</td>
<td>93</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>2</td>
<td>4.3</td>
<td>5</td>
<td>9.4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>47</td>
<td>100.0</td>
<td>53</td>
<td>100.0</td>
<td>100</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>17</td>
<td>36.2</td>
<td>12</td>
<td>22.6</td>
<td>29</td>
</tr>
<tr>
<td>Catholic</td>
<td>9</td>
<td>19.1</td>
<td>16</td>
<td>30.2</td>
<td>25</td>
</tr>
<tr>
<td>Jewish</td>
<td>8</td>
<td>17.0</td>
<td>11</td>
<td>20.8</td>
<td>19</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
<td>19.1</td>
<td>10</td>
<td>18.9</td>
<td>19</td>
</tr>
<tr>
<td>Other, Mormon</td>
<td>4</td>
<td>8.5</td>
<td>4</td>
<td>7.5</td>
<td>8</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>47</td>
<td>100.0</td>
<td>53</td>
<td>100.0</td>
<td>100</td>
</tr>
</tbody>
</table>

1. **Religion / Age:**
   - Total population: Observed $x^2 = 16.19$ $p > .05$
   - Sample: Observed $x^2 = 12.90$ $p > .05$
   - Sample: Observed $x^2 = 16.64$ $p > .05$

2. **Religion / Times pregnant:**
   - Observed $x^2 = 4.40$ $p > .05$

3. **Religion / Results of the pregnancy test:**
   - Observed $x^2 = 2.99$ $p > .05$
SECTION 2

Section 2 will present data on the ethnic background and religious affiliation of the study group.

ETHNIC BACKGROUND

Ninety-three percent of the total study population was Caucasian while seven percent was of Mexican-American descent. (see Table IX)

There was a statistically significant difference in the number of white girls in the study population compared to the number of Mexican-American subjects. (see Table IX)

Interpretation of these data suggest not that the white girl in the survey is more at risk than the Mexican-American girl, but simply that the single, white, adolescent female uses the selected Youth Clinic pregnancy-testing services to a greater extent than other ethnic adolescent groups in the clinic catchment areas. The findings from this study concur with other Youth Clinic data (48:2) that the client served at this particular location is mainly white.

In comparing the ethnic distribution of this survey with Ballard's study (3) of a mixed population of 15 to 19 year-old girls seeking assistance from a Pregnancy Advisory Service (see Table X), a significant difference was found to exist. Ballard's study had approximately the same number of Caucasian girls; however, the
TABLE X

ETHNIC DISTRIBUTION OF BALLARD'S STUDY VERSUS ETHNIC DISTRIBUTION OF PRESENT STUDY

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Ballard No. of Girls</th>
<th>Ballard (%)</th>
<th>Present Study No. of Girls</th>
<th>Present Study (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>92</td>
<td>63.4</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
<td>36.6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>145</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Observed $x^2$ value = 27.9  \hspace{2cm}  p < .05
### TABLE XI

**DISTRIBUTION OF RELIGIONS IN POPULATION OF CALIFORNIA VERSUS DISTRIBUTION IN PRESENT STUDY**

<table>
<thead>
<tr>
<th>*1 Religion</th>
<th>Calif. Distribution</th>
<th>Present Study Dist.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. in Pop. (o/o)</td>
<td>No. of Girls (%)</td>
</tr>
<tr>
<td>Protestant</td>
<td>13,224,250</td>
<td>65.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>4,069,000</td>
<td>20.0</td>
</tr>
<tr>
<td>Jewish</td>
<td>500,000</td>
<td>2.5</td>
</tr>
<tr>
<td>Mormon</td>
<td>200,000</td>
<td>1.0</td>
</tr>
<tr>
<td>None &amp; Other</td>
<td>2,351,750</td>
<td>11.5</td>
</tr>
</tbody>
</table>

**#2 Totals**

|         | 20,345,000 | 100.0 | 100 | 100 |

Observed $x^2$ value = 142.7  \[ p < .05 \]

*1 Data on Religious Distribution in California (17).

*2 Data on California Population (16).
distribution of other ethnic groups was greater than the number in the present study. The chi square observed was 27.9 which was significant at the .05 level of significance. (p. 58)

RELIGIOUS AFFILIATION

In answering the question on religious affiliation, it was found that most major religions were represented in the group studied. Eighty-one percent of the girls claimed some religious training. (see Table IX, p. 56)

A statistically significant difference was revealed in comparing the religious distribution of the study population to the religious distribution of the general population of California. The observed chi square value was 142.7 which was significant at the .05 level of significance.

The present survey had fewer Protestants, more Jewish and a higher percentage of girls claiming no religion or "other" than the general religious distribution of California. (see Table XI)

There was no statistically significant difference among the positive and negative pregnancy-test subjects and their religious affiliation. (see Table IX)

Further analysis of the derived data presented in Table IX revealed no relationship between religion and the age of the subject or the number of times pregnant.
IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

The findings of this study indicate that there is a need of an out-reach approach to contact other ethnic groups in the communities served by the selected Los Angeles County Youth Clinic. In order to implement an effective program predicated on prevention, the total sexually active, single, adolescent population needs realistic and relevant information and education on teen-age fertility regulation.

SECTION 3

Section 3 will be concerned with findings regarding the family background of the study group. Data was derived from the subjects' responses to the following questions: (1) "What is the annual income of your supporting parent?"; (2) "What is your parents' marital status?"; and (3) "Are you living away from home?" The population distribution of fifteen West Valley areas will be considered in relation to the distribution of the study population. The 1971 annual median income per capita of the areas is also indicated and discussed in relation to the median income level of the study population.
CLASSIFICATION

Social class by income level was determined by information gained from the 1971 Bureau of Labor Statistics (11) classifications.

Social Class I $100,000 - $25,000 Professional
Social Class II $ 25,000 - $10,000 High Intermediate
Social Class III $ 10,000 - $ 5,000 Skilled
Social Class IV $ 5,000 - $ 3,000 Unskilled
Social Class V $ 3,000 or less Welfare

FAMILY BACKGROUND

SOCIAL CLASS. According to analysed data shown in Table XII, the mean parental income per annum was $10,000 to $25,000 or Social Class II. Twenty-nine girls were classed as belonging to the Professional or Social Class I with an annual parental income of over $25,000.

There was, however, no difference in the means of the positive and negative pregnancy-test groups.

Likewise, in comparing social class and the number of living children of the positive and negative members, no relationship was found to exist. (see Table XII)
TABLE XII

SOCIAL CLASS OF STUDY POPULATION DETERMINED BY ANNUAL INCOME OF SUPPORTING PARENT

<table>
<thead>
<tr>
<th>Social Class / Annual Income of Supporting Parent</th>
<th>Positive</th>
<th>Negative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,000 - 4,999 Social Class IV</td>
<td>2 4.3</td>
<td>3 5.7</td>
<td>5 10.0</td>
</tr>
<tr>
<td>$5,000 - 9,999 Social Class III</td>
<td>8 17</td>
<td>13 24.5</td>
<td>21 44.0</td>
</tr>
<tr>
<td>$10,000 - 24,000 Social Class II</td>
<td>26 55.3</td>
<td>18 34.0</td>
<td>44 88.0</td>
</tr>
<tr>
<td>$25,000 - 100,000 Social Class I</td>
<td>10 21.3</td>
<td>19 35.8</td>
<td>29 65.8</td>
</tr>
<tr>
<td>Non-applicable</td>
<td>1 2.1</td>
<td>0 0</td>
<td>1 2.0</td>
</tr>
<tr>
<td>Totals</td>
<td>47 100.0</td>
<td>53 100.0</td>
<td>100 100.0</td>
</tr>
</tbody>
</table>

Mean 3.00 3.00 3.00
SD 0.865 0.808 0.920

Social class / Number of living children
+ Observed $x^2 = 1.98$  p $> .05$
- Observed $x^2 = 3.96$  p $> .05$
### TABLE XIII

**DISTRIBUTION OF PARENTS' MARITAL STATUS AND RESIDENCE OF STUDY POPULATION**

<table>
<thead>
<tr>
<th>Parents Marital Status</th>
<th>Positive</th>
<th>(%)</th>
<th>Negative</th>
<th>(%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Together</td>
<td>36</td>
<td>76.6</td>
<td>31</td>
<td>58.5</td>
<td>69</td>
</tr>
<tr>
<td>Both Deceased</td>
<td>1</td>
<td>2.1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>14.9</td>
<td>13</td>
<td>24.5</td>
<td>20</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
<td>6.4</td>
<td>5</td>
<td>9.4</td>
<td>8</td>
</tr>
<tr>
<td>Remarried</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>7.5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>47</strong></td>
<td><strong>100.0</strong></td>
<td><strong>53</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence of Girls</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Away From Home</td>
<td>12</td>
<td>25.5</td>
<td>14</td>
<td>26.4</td>
<td>26</td>
</tr>
<tr>
<td>At Home</td>
<td>35</td>
<td>74.5</td>
<td>39</td>
<td>73.6</td>
<td>74</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>47</strong></td>
<td><strong>100.0</strong></td>
<td><strong>53</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
PARENTS' MARITAL STATUS. Sixty-seven percent of the group studied came from stable homes (see Table XIII) having both parents together. Twenty percent of the study population came from divorced homes.

RESIDENCE OF GIRLS STUDIED. Seventy-four percent of the study group lived at home in comparison to twenty-six percent who lived away from home. The positive and negative pregnancy-test groups were similar in distribution. (see Table XIII)

POPULATION DISTRIBUTION OF 15 WEST VALLEY AREAS WITH MEDIAN INCOME INDICATED VERSUS THE DISTRIBUTION OF THE GROUP STUDIED. According to data presented in Table XIV there was a difference in the distribution of the present study population and the population distribution of the West Valley section of Los Angeles. Fifteen girls came from the heavily populated area of Van Nuys where the median income is $9,500 per annum. Twenty-two other girls came from areas where the median income is under $10,000 per year. However, sixty-three percent of the girls came from lesser populated areas where the annual median income approximated their own.
### TABLE XIV

POPULATION DISTRIBUTION OF 15 WEST VALLEY AREAS WITH MEDIAN INCOME INDICATED VERSUS DISTRIBUTION OF STUDY GROUP

<table>
<thead>
<tr>
<th>West Valley Area</th>
<th>Population</th>
<th>1971 Annual Median Income Per Capita</th>
<th>No. of Girls in Study Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van Nuys</td>
<td>147,750</td>
<td>9,500</td>
<td>15</td>
</tr>
<tr>
<td>Sylmar</td>
<td>53,300</td>
<td>10,600</td>
<td>10</td>
</tr>
<tr>
<td>Reseda</td>
<td>75,860</td>
<td>9,800</td>
<td>11</td>
</tr>
<tr>
<td>Sherman Oaks</td>
<td>37,140</td>
<td>21,300</td>
<td>12</td>
</tr>
<tr>
<td>Northridge</td>
<td>33,480</td>
<td>10,800</td>
<td></td>
</tr>
<tr>
<td>Sepulveda</td>
<td>53,230</td>
<td>12,000</td>
<td></td>
</tr>
<tr>
<td>Granada Hills</td>
<td>58,840</td>
<td>13,500</td>
<td>14</td>
</tr>
<tr>
<td>Woodland Hills</td>
<td>44,900</td>
<td>15,200</td>
<td></td>
</tr>
<tr>
<td>Pacoima</td>
<td>79,250</td>
<td>9,500</td>
<td></td>
</tr>
<tr>
<td>North Hollywood</td>
<td>120,090</td>
<td>9,600</td>
<td>10</td>
</tr>
<tr>
<td>Canoga Park</td>
<td>91,380</td>
<td>12,600</td>
<td></td>
</tr>
<tr>
<td>Studio City</td>
<td>33,570</td>
<td>10,800</td>
<td></td>
</tr>
<tr>
<td>Tarzana</td>
<td>17,060</td>
<td>18,200</td>
<td>17</td>
</tr>
<tr>
<td>Encino</td>
<td>34,700</td>
<td>13,500</td>
<td></td>
</tr>
<tr>
<td>Chatsworth</td>
<td>41,840</td>
<td>13,200</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total West Valley Population</strong></td>
<td><strong>1,022,500</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*1 Population data (64)

*2 Income data (95)
IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

Ways (94:75) reported that census figures for 1970 put U.S. median income at $9,867, with about half of all families between $6,000 and $15,000, and one family in five below $5,000.

The subject of this survey was mainly affluent or found to belong to Social Class II, the High Intermediates.

Counseling and family life education including the effective use of contraceptive measures should be implemented for the "high risk" nullipara (p. 8) of this target group.

SECTION 4

Findings presented in Section 4 will be concerned with the educational status and goals of the study group.

Data was derived from subjects' responses to the following questions: (1) "Are you in high school now?"); (2) "What grade have you finished?"; (3) "What year of college are you in?"); (4) "What is your grade point average?" and "What are your goals in life?"
TABLE XV
EDUCATIONAL STATUS OF STUDY POPULATION

<table>
<thead>
<tr>
<th>Educational Status</th>
<th>No. of Girls (%)</th>
<th>No. of Girls (%)</th>
<th>No. of Girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>Total</td>
</tr>
<tr>
<td>In An Educational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>4.3</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>9.4</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>9</td>
<td>19.1</td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>27.7</td>
<td>15</td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>14.9</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>10.6</td>
<td>5</td>
</tr>
<tr>
<td>Not In An Educational Institution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop-out</td>
<td>1</td>
<td>2.1</td>
<td>1</td>
</tr>
<tr>
<td>Finish, H.S.</td>
<td>6</td>
<td>12.8</td>
<td>7</td>
</tr>
<tr>
<td>Totals</td>
<td>47</td>
<td>100.0</td>
<td>53</td>
</tr>
<tr>
<td>Academic Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop-out</td>
<td>1</td>
<td>2.1</td>
<td>1</td>
</tr>
<tr>
<td>D</td>
<td>1</td>
<td>2.1</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>22</td>
<td>46.8</td>
<td>13</td>
</tr>
<tr>
<td>B</td>
<td>17</td>
<td>36.2</td>
<td>31</td>
</tr>
<tr>
<td>A</td>
<td>6</td>
<td>12.8</td>
<td>6</td>
</tr>
<tr>
<td>Totals</td>
<td>47</td>
<td>100.0</td>
<td>53</td>
</tr>
<tr>
<td>Mean</td>
<td>2.65</td>
<td>2.55</td>
<td>2.73</td>
</tr>
<tr>
<td>S.D.</td>
<td>.809</td>
<td>.829</td>
<td>.788</td>
</tr>
</tbody>
</table>

1. Difference between the academic level means of the positive and negative pregnancy-test groups:
   t-observed = 1.13
   p > .05

2. Academic level / Times pregnant:
   Observed $x^2 = 5.33$
   p > .05

3. Grade finished / Times pregnant:
   Observed $x^2 = 1.5$
   p > .05

4. Academic level / results of the pregnancy test:
   Observed $x^2 = 6.39$
   p > .05
EDUCATIONAL STATUS

Table XV showed that of the thirty-nine girls who had finished high school, twenty-four were in college. Two percent of the total population were dropouts. There was an even distribution of girls in college and of dropouts in the positive and negative pregnancy-test groups.

The mean academic grade point average was 2.73 for the total population. In order to determine if there was a statistically significant difference between the mean grade point averages of the positive and negative samples, a comparison was made using the t-distribution with the critical value of $t = 1.96$ at .05 level of significance. No statistically significant difference was found between the positive and negative members' academic averages as the t obtained was 1.13. (see Table XV)

No significant relationship was found between the academic level and the number of times pregnant or the results of the pregnancy test. Table XV presents the data from which these conclusions were reached.

GOALS. Girls were asked about their goals in life other than marriage and having a family (see Appendix C). Eighty-eight percent of the study population had some aspiration, educational or professional, besides getting married.
TABLE XVI

*DISTRIBUTION OF WEST VALLEY GIRLS 9TH - HIGH SCHOOL GRADUATE VERSUS STUDY GROUP

<table>
<thead>
<tr>
<th>Grade</th>
<th>West Valley No. of Girls</th>
<th>Present Study No. of Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>2,563/ 2,557.85</td>
<td>5/10.15</td>
</tr>
<tr>
<td>10</td>
<td>2,721/ 2,719.21</td>
<td>9/10.79</td>
</tr>
<tr>
<td>11</td>
<td>2,432/ 2,441.32</td>
<td>19/ 9.68</td>
</tr>
<tr>
<td>12</td>
<td>2,324/ 2,342.71</td>
<td>28/ 9.29</td>
</tr>
<tr>
<td>Graduate</td>
<td>15,170/15,148.91</td>
<td>39/10.09</td>
</tr>
<tr>
<td>Totals</td>
<td>25,210</td>
<td>100</td>
</tr>
</tbody>
</table>

Observed $x^2 = 57.19 \quad p < .05$

*Data on West Valley female youth in school (18).
DISTRIBUTION OF WEST VALLEY GIRLS IN SCHOOL VERSUS STUDY GROUP DISTRIBUTION. In order to determine if there was a difference between the distribution of the girls in the study population and the distribution of the female youth in the general population, 1972 statistical data on the distribution of West Valley females in school was used (18). Table XVI presents the data which showed that there was a statistically significant difference in the distribution of the study group and the distribution of the West Valley female youth in school. The chi square value observed was 57.19 which was significant at the .05 level of significance. (p. 70)

The pregnancy survey had more eleventh and twelfth grade girls in proportion to the general West Valley females in school and fewer ninth grade and graduates than the general reported population. Since the distribution of the present study is not the same as the general population distribution, it may be better said that the seventeen year-old girl is at the highest risk in this study group. (see Table I)

IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

The single, white girl who used the pregnancy-testing services of the Los Angeles Youth Clinic in this study was aware of her academic potential (mean grade point average 2.73) and eighty-eight girls claimed some educational or professional goal toward
which they were working. She was financially able to prepare for the future, and did not want pregnancy complicating her life or her plans at this time.

The subject should, therefore, be a willing candidate for pregnancy postponement education and should be capable in using contraceptive measures if shown what methods are available to her and is taught how to use them effectively. The positive aspects of pregnancy should be emphasized as this client aspires to marriage and children when she wants them.

SECTION 5

Section 5 will be concerned with presentation of findings regarding the pregnancy history of the study population. Derived data was gained from the subjects' responses to the following questions: (1) "How many times have you been pregnant?"; (2) "When were you pregnant before?"; (3) "How many living children do you have?"; (4) "How many abortions have you had?"; and (5) "What is your elected solution for this pregnancy?" The reasons for pregnancy given by the study group will also be discussed.

Since interviews were conducted before the results of the pregnancy-test were known, all subjects were presumed pregnant or rather the question was posed, thusly: "How many times have you been pregnant, if you are pregnant now?"
### TABLE XVII

PREGNANCY HISTORY OF STUDY POPULATION (100)

<table>
<thead>
<tr>
<th></th>
<th>N = 47+ (%)</th>
<th>N = 53− (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>47</td>
<td>53</td>
<td>100 100</td>
</tr>
<tr>
<td>Times Pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>one</td>
<td>44</td>
<td>93.6</td>
<td>47 88.6</td>
</tr>
<tr>
<td>two or more</td>
<td>3</td>
<td>6.4</td>
<td>6 11.4</td>
</tr>
<tr>
<td>Year of First Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1969</td>
<td>2</td>
<td>4.3</td>
<td>3 5.7</td>
</tr>
<tr>
<td>1970</td>
<td>1</td>
<td>2.1</td>
<td>1 1.9</td>
</tr>
<tr>
<td>1971</td>
<td></td>
<td></td>
<td>2 3.8</td>
</tr>
<tr>
<td>1972</td>
<td>44</td>
<td>93.6</td>
<td>47 88.7</td>
</tr>
<tr>
<td>Previous Abortions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>44</td>
<td>93.6</td>
<td>47 88.6</td>
</tr>
<tr>
<td>one</td>
<td>2</td>
<td>4.3</td>
<td>5 9.5</td>
</tr>
<tr>
<td>Living Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>46</td>
<td>52</td>
<td>98</td>
</tr>
<tr>
<td>one</td>
<td>1</td>
<td>2.1</td>
<td>1 1.9</td>
</tr>
<tr>
<td>Solution Elected for Unwanted Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion</td>
<td>42</td>
<td>89.4</td>
<td>42 79.6</td>
</tr>
<tr>
<td>Alone/Keep</td>
<td>2</td>
<td>4.3</td>
<td>0 0</td>
</tr>
<tr>
<td>Marry/Keep</td>
<td>1</td>
<td>2.1</td>
<td>10 18.9</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>4.3</td>
<td>1 1.9</td>
</tr>
<tr>
<td>Delivery/Adoption</td>
<td>0</td>
<td>0</td>
<td>0 0</td>
</tr>
<tr>
<td>Pregnancy Ascribed To:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No B.C. Method</td>
<td>32</td>
<td>68.1</td>
<td>27 50.9</td>
</tr>
<tr>
<td>Failure of B.C. Method</td>
<td>7</td>
<td>14.9</td>
<td>19 35.8</td>
</tr>
<tr>
<td>Ineffective Use of B.C.</td>
<td>7</td>
<td>14.9</td>
<td>7 13.2</td>
</tr>
<tr>
<td>Coition Absentia</td>
<td>1</td>
<td>2.1</td>
<td>1 1.9</td>
</tr>
<tr>
<td>Totals</td>
<td>47</td>
<td>100.0</td>
<td>53 100.0</td>
</tr>
</tbody>
</table>

Times pregnant / Results of the pregnancy test:

Observed $x^2 = .26$  
$x^2 .05 (d.f. 1) = 3.84$  
$p > .05$
PREGNANCY HISTORY OF THE STUDY POPULATION

TIMES PREGNANT. According to data presented in Table XVII, ninety-one percent of the subjects claimed that this was their first suspected pregnancy, while nine percent stated that they had had a prior pregnancy. Only three girls were positive subjects of the possible nine repeaters.

Forty-seven subjects were pregnant and fifty-three had negative pregnancy-tests in the study population of 100 sexually active adolescent, single girls.

No significant difference was found between the number of positive and negative members in the study sample. The chi square observed was .36 which was not significant at the .05 level of significance. (see Table XVII)

RECIDIVISM. There was no statistically significant difference in the number of positive and negative subjects who were potential pregnancy repeaters. The chi square value observed was .26 which was not significant at the .05 level of significance.

The pattern of recidivism (p. 9) is similar to that noted in other studies (Howard (31) and Sarrel (75)) with a repeat pregnancy occurring within a two to five year period.

Derived data shown in Table XVII revealed that of the forty-seven pregnant girls, three had had a previous pregnancy: two in 1969 and one in 1970. 6.4 percent had a history of recidivism.
## TABLE XVIII

**COMPARISON OF PREGNANCY-REPEATER OF HOWARD'S STUDY VERSUS PREGNANCY-REPEATER OF PRESENT STUDY**

<table>
<thead>
<tr>
<th>Age 15-19</th>
<th>Howard's Survey</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Pregnancy by Age 16</td>
<td>450</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Totals</td>
<td>500</td>
<td>100</td>
</tr>
</tbody>
</table>
In comparison, the negative sample of fifty-three subjects contained six girls who had had a previous problem pregnancy: three in 1969; one in 1970 and two in 1971 - 11.3 percent had a history of recidivism.

There was a statistically significant difference between the number of girls in Howard's (31) District of Columbia Study of 500 mostly black subjects, 450 of whom had a second pregnancy by the age of 16 in contrast to the present study of mostly white girls who had no pregnancy repeaters under the age of 16 years. (see Table XVIII)

**Living Children.** Both positive and negative pregnancy-test groups had one member with one living child.

**Previous Abortions.** Two of the pregnant girls had had an abortion in comparison to five subjects in the negative sample who had elected abortion for a prior pregnancy.

**Solution Elected for This Unwanted Pregnancy.**

According to data presented in Table XVII, more of the negative pregnancy-test members had experienced abortion for an unwanted
pregnancy than the pregnant group, but there was no difference in the groups in electing abortion as the solution for the immediate problem pregnancy.

Ten negative members in contrast to one pregnant group member felt that they would get married and keep the child.

Delivery and adoption was not considered as a possible solution in either group. (see Table XVII)

**REASON FOR PREGNANCY.** Pure failure of a birth control method as the reason for the present conception was given by twenty-six percent of the study population. More negatives (nineteen) than positives (seven), blamed pregnancy on failure of the preventive measure used. Fifty-nine percent, however, admitted that no birth control method was attempted, with the greater number being positive than negative. An even distribution of girls, positive and negative, felt that the ineffective use of a birth control measure was to blame for the problem pregnancy. (see Table XVII)

**IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM**

While it is not known exactly how many adolescent girls who become unwed mothers have additional children out of wedlock, the rate of recidivism is thought to be very high.
The three percent of the study population with a prior pregnancy history fell into the usual pattern of reported recidivism studies, i.e., another pregnancy within a two year period. (p. 9)

Abortion as a primary birth control method for this group, while available, should be discouraged as a casual, easy, and repeated solution to unwanted pregnancies. Rather, effective and continual contraceptive education which also emphasizes responsibility of actions, stressing that freedom to choose carries a sister obligation to choose wisely, will have greater impact than simply handing out birth control pills and/or other preventive means without meaningful counseling sessions.

Ballard (3:352) has indicated that the real primary lines of prevention are to be found first in human behavior and family life education, and secondly in contraceptive usage. The greater availability of contraceptive methods has not been the root of all increased sexual activity among adolescents. If it were, the problem of unwanted pregnancies and the need for abortion would have declined rather than increased.

SECTION 6

Section 6 will present findings related to birth control information. Derived data was gained from the girls' responses to the following questions: (1) "Do you normally use a contraceptive?";
## TABLE XIX

**USE OF CONTRACEPTION BY THE GROUP STUDIED**

<table>
<thead>
<tr>
<th></th>
<th>N = 47 + Group</th>
<th>N = 53 - Group</th>
<th>N = 100 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal Use (%)</td>
<td>Normal Use (%)</td>
<td>Normal Use (%)</td>
</tr>
<tr>
<td></td>
<td>Occasion (%)</td>
<td>Occasion (%)</td>
<td>Occasion (%)</td>
</tr>
<tr>
<td>Normally use <em>B.C.</em></td>
<td>15 31.9</td>
<td>29 54.7</td>
<td>44</td>
</tr>
<tr>
<td>No B.C. Normally</td>
<td>32 68.1</td>
<td>24 45.3</td>
<td>56</td>
</tr>
<tr>
<td>B.C. on this Occasion</td>
<td>4 8.5</td>
<td>23 43.4</td>
<td>27</td>
</tr>
<tr>
<td>No B.C. this Occasion</td>
<td>43 91.5</td>
<td>30 56.6</td>
<td>73</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>47 100.0</strong></td>
<td><strong>47 100.0</strong></td>
<td><strong>53 100.0</strong></td>
</tr>
</tbody>
</table>

### Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>N = 47</th>
<th>N = 53</th>
<th>N = 100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IUD</strong></td>
<td>3 5.7</td>
<td>3 5.7</td>
<td>3 5.7</td>
</tr>
<tr>
<td><strong>Foam</strong></td>
<td>1 2.1</td>
<td>1 2.1</td>
<td>7 1.3</td>
</tr>
<tr>
<td><strong>Diaphragm</strong></td>
<td>1 2.1</td>
<td>1 2.1</td>
<td>1 1.3</td>
</tr>
<tr>
<td><strong>Rhythm</strong></td>
<td>2 4.3</td>
<td>2 4.3</td>
<td>6 6.6</td>
</tr>
<tr>
<td><strong>Pills</strong></td>
<td>11 23.4</td>
<td>16 30.2</td>
<td>27 27.0</td>
</tr>
<tr>
<td><strong>None</strong></td>
<td>32 68.1</td>
<td>43 91.5</td>
<td>73 73.0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>47 100.0</strong></td>
<td><strong>47 100.0</strong></td>
<td><strong>53 100.0</strong></td>
</tr>
</tbody>
</table>

1. Normally use birth control / Results of pregnancy test:
   \[ \text{Observed } x^2 = 4.37 \quad x^2 .05 (\text{d.f. 1}) = 3.84 \quad p < .05 \]

2. Birth control for suspected pregnancy / Results of pregnancy test:
   \[ \text{Observed } x^2 = 13.66 \quad x^2 .05 (\text{d.f. 1}) = 3.84 \quad p < .05 \]

3. Method of birth control / Use birth control / Results of pregnancy test:
   \[ \text{Observed } x^2 = 80.32 \quad x^2 .05 (\text{d.f. 6}) = 12.6 \quad p < .05 \]

*Abbreviation for Birth Control.*
(2) "Did you use a contraceptive on the occasion of this conception?"; and (3) "What type of birth control was used?"

USE OF CONTRACEPTION BY THE STUDY POPULATION

In the use of contraception, there were significant differences found between the positive and negative pregnancy-test groups. (see Table XIX)

The differences between the positive and the negative pregnancy-test groups were statistically significant when the following variables are considered:

1. The normal use of a contraceptive and results of the pregnancy test.
2. The use of a contraceptive on the occasion of this conception and the results of the pregnancy test.
3. The use of a contraceptive normally, the use of a birth control method on the occasion of the suspected pregnancy, in relationship to the results of the pregnancy test.

More of the negative pregnancy-test members claimed to normally use a birth control method and used one on the occasion of this conception: sixteen girls had been using oral contraceptive and three were using an intrauterine device. Part of the significance lay in the number of negative members who used an effective method
as compared to the positive pregnancy-test girls who tried less effective methods. Also, significant was the number of girls who used no method of contraception. (see Table XIX)

This study revealed a discrepancy between the subjects claiming to normally use a birth control method and their actual practice of contraception.

Eleven girls (23.4 percent) of the pregnant group illustrated the haphazard use of the gestagen birth control pill in an effort to avoid pregnancy.

In the total study population of 100 sexually active girls forty-four stated that they normally used some form of contraception while fifty-six claimed they used nothing. Twenty-seven of the total group had attempted to avoid pregnancy by use of a birth control method on the occasion of the present conception, but seventy-three admitted to having sexual relations without any protective measure.

**IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM**

Despite the widespread knowledge of contraceptive techniques and the ease and simplicity with which they can be employed, many adolescent girls may lack factual knowledge. Other factors involved may be indifference, willingness to take a gamble, or passion that blocked out all rationality.
Taking the gestagen birth control pill appears a simple solution, but this study revealed the inherent problems the adolescent girl encounters in her attempt to use the "Pill". Meaningful counseling sessions are necessary to discuss these problems and how to meet them effectively.

SECTION 7

Section 7 will deal with findings regarding the type of relationship in which the subject was involved. Derived data was gained from the girls' responses to the following questions: (1) "What type of relationship are you involved in?"; (2) "Is it an ongoing relationship?"; (3) "Did your boyfriend accompany you to the clinic?"; and (4) "Whom did you first tell of your suspected pregnancy?"

CLASSIFICATION

A relationship was classified as love/stable if it had endured for three months or longer and the subject stated that love or affection was a motivating factor in continuing the relationship.

A relationship was classified as good friends if the participants were well known to each other, but the subject felt that the relationship was of a temporary nature.

A relationship was classified as casual if it consisted of a brief encounter between strangers or mere acquaintances.
TABLE XX

TYPE OF RELATIONSHIP OF STUDY GROUP

<table>
<thead>
<tr>
<th>Type of Relationship</th>
<th>Positive N = 47 (%)</th>
<th>Negative N = 53 (%)</th>
<th>Total Population N = 100 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love/Stable</td>
<td>28 59.6</td>
<td>25 47.2</td>
<td>53</td>
</tr>
<tr>
<td>Good Friends</td>
<td>15 31.9</td>
<td>24 45.3</td>
<td>39</td>
</tr>
<tr>
<td>Casual</td>
<td>4 8.5</td>
<td>4 7.5</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>47 100.0</td>
<td>53 100.0</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ongoing?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>33 70.2</td>
<td>35 66.0</td>
<td>68</td>
</tr>
<tr>
<td>no</td>
<td>14 29.8</td>
<td>18 34.0</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>47 100.0</td>
<td>53 100.0</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boy Friend Accompany You?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>43 91.5</td>
<td>44 83.0</td>
<td>87</td>
</tr>
<tr>
<td>no</td>
<td>4 8.5</td>
<td>9 17.0</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>47 100.0</td>
<td>53 100.0</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person First Told of Pregnancy</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>2 4.3</td>
<td>8 15.1</td>
<td>10</td>
</tr>
<tr>
<td>Boy Friend</td>
<td>31 66.6</td>
<td>26 49.1</td>
<td>57</td>
</tr>
<tr>
<td>Girl Friend</td>
<td>10 21.3</td>
<td>17 32.1</td>
<td>27</td>
</tr>
<tr>
<td>Doctor</td>
<td>4 8.5</td>
<td>2 3.8</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>47 100.0</td>
<td>53 100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TYPE OF RELATIONSHIP

Fifty-three percent of the study group considered their relationship a stable one with love as one of the motivating factors in continuing the involvement, while thirty-nine percent considered their situation rather temporary or one of "good friends". Sixty-eight percent felt that the relationship would continue and the pregnant group was more confident than the negative pregnancy-test sample. (see Table XX)

Parents were told about the suspected pregnancy by only ten percent of the study group with more negatives telling a parent than the positive pregnancy-test sample. Fifty-seven percent of the study group had first told the boy friend about the problem pregnancy and eighty-seven percent had been accompanied to the clinic by the male responsible.

Findings from the present survey concur with those of other studies (Kirkendall (40:45) of sexual permissiveness with love.

IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

The teen-age unwed father has been virtually ignored by social agencies.

Since eighty-seven of the girls were accompanied to the clinic by the male involved and sixty-eight percent claimed an "ongoing"
relationship, a pregnancy prevention program focused on both the adolescent pregnant girl and the putative (p. 9) father would be of benefit to this target population.

PART II

Part II of the Pregnancy Survey (see Appendix A), consisted of 16 statements designed to include the following: (1) knowledge about birth control methods; and (2) identification of feelings of isolation, inner conflict, self-worth, peer conformity and ability to control human nature or degree of self-determination. Six selected statements from (2) will be considered in the findings from Part II.

Data presented in Part II was gained from the responses of the 100 subjects in the study population to the following statements: (1) In spite of all the people, the world today is a very lonesome place (strongly agree to strongly disagree); (2) I seem to be fighting with myself (strongly agree to strongly disagree); (3) There are times when I feel that I am not worth much (strongly agree to strongly disagree); (4) My girl friends are having sex relations with boys (frequently - sometimes - I don't know - almost never - never); (5) Most of my friends feel very much as I do about sex (strongly agree to strongly disagree); and (6) Human nature being what it is, there will always be unwanted babies (strongly agree to strongly disagree).
RELATIONSHIP OF RESPONSES REGARDING PEERS' SEXUAL BEHAVIOR AND FRIENDS' FEELING ABOUT SEX. Derived data presented in Appendix B revealed that seventy-five percent of the study population felt that their peers lead an active sex life, while nineteen percent claimed that they did not know. Fifty-eight percent of the total study group stated that their friends feelings about sex were very much like their own, but twenty-one percent admitted that they did not know. (see Appendix B)

Conclusions concerning responses to the statements regarding peers' sexual behavior and the way their friends feel about sex are as follows: (see Appendix B)

1. No statistically significant difference was found to exist between the responses, either in the positive or the negative pregnancy-test groups.
2. There was a significant difference revealed between the responses of the total study population to the above statements. The observed chi square was 35.3 which was significant at the .05 level of significance.

More girls who strongly agreed that their friends' feelings concerning sex approximated their own felt also that their peers were having sex relations frequently. A high dependency was found between what they thought their friends and peers were thinking and doing.
LONELINESS. Fifty-two subjects admitted to feelings of loneliness in contrast to forty-four who disagreed that the world is a lonely place.

INNER CONFLICT. Strong feelings of inner conflict were expressed by forty-seven subjects in comparison to thirty-eight girls who disagreed that their worst battles were with themselves.

SELF-WORTH. Personal unworthiness was felt strongly by fifty-four girls while thirty-seven disagreed on the self-worth statement.

SELF-DETERMINATION. In answering the self-determination statement, "Human nature being what it is, there will always be unwanted babies," seventy-three girls of the 100 sexually active girls agreed. Therefore, a high percentage of the population studied was unable to correlate the factor of self-determination and control of human nature to the end result of "wanted babies". (see Appendix B)

IMPLICATION FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

The findings of Part II suggested that there may be a need to
include discussions on normal adolescent behavior patterns in the
counseling sessions. Jersild (32:197) has indicated that the ex-
pression of feelings of loneliness, isolation, friendlessness and un-
worthiness are not necessarily abnormal in the adolescent, but
when these feelings are expressed at high levels, resentment and
displaced hostility may have resulted which can take the form of
sexual promiscuity of a sort which hurts themselves and others.

SUMMARY

The findings of this chapter were derived from 100 question-
naires administered to selected sexually active girls, age 15 to 19
years, who were unmarried and using the pregnancy-testing services
of a selected Los Angeles County Youth Clinic. The study was con-
ducted from March - April, 1972.

In order to develop a profile or to prepare a statistical de-
scriptive analysis of the girl studied, frequency distributions and
accumulative percentages of the subjects' responses regarding
demographic information, birth control measures and attitudes were
determined and presented in table form.

The Chi Square Test for Independence was employed to deter-
mine the following:

1. The relationship between selected variables at the .05
   level of significance.
2. The relationship between the distribution of the study population on selected characteristics and:
   a. the female youth of the general population
   b. the unwed, pregnant girl of other studies.

3. If the positive and negative pregnancy-test groups have similar frequency distributions on selected characteristics.

The t-Test was employed to compare the differences of the means of the positive and negative pregnancy-test groups in the age distribution and the academic level.

The findings from data collected showed a significant difference between the girl in the present study and the female youth in the general population on selected characteristics.

Also, a difference was found to exist between the group studied and adolescent, unwed mothers reported in the literature on selected characteristics.

Likewise, a significant difference was found between those girls in the study population having positive pregnancy-tests and the group having negative pregnancy-tests.

RELATIONSHIP BETWEEN THE DISTRIBUTION OF THE STUDY POPULATION ON SELECTED CHARACTERISTICS AND THE FEMALE YOUTH IN THE GENERAL POPULATION

A difference was found in the distribution of the study group and the population distribution of the West Valley areas. Likewise,
A statistical significant difference was shown between the distribution of the study population and the distribution of West Valley females in school. Also, a significant difference was noted in the religious distribution of the girls studied and the religious distribution of the general population of California.

RELATIONSHIP BETWEEN THE DISTRIBUTION OF THE STUDY POPULATION ON SELECTED CHARACTERISTICS AND THE UNWED, PREGNANT GIRLS OF OTHER STUDIES

The findings from data collected showed a significant difference in the age distributions of other studies (Registrar General's Survey reported by Lambert (43), Lambert's Pregnancy Advisory Service Survey (43) and Ballard's study (3) of single, adolescent girls seeking pregnancy advisory services) and the age distributions of the present study.

A comparison of findings concerning the relationship of the girls' age to the boyfriends' age in this survey and a study by Howard (30) showed a significant difference.

There was also a statistically significant difference in the distribution of girls having a second pregnancy by the age of 16 in this study and those having second pregnancies by age 16 in Howard's (31) study.

A significant difference was noted in the age distributions of a group of 15 to 19 year old, single girls who sought contraceptive
assistance from private physicians (53) and the distributions of those girls studied who sought help at a free clinic.

**RELATIONSHIP OF THE POSITIVE AND NEGATIVE PREGNANCY-TEST GROUPS ON SELECTED CHARACTERISTICS**

There were statistically significant differences revealed between the positive and negative pregnancy-test groups in the use of contraception - normal use, use of a birth control measure on the occasion of this conception, and the method used.

The differences between the positive and negative pregnancy-test groups were not statistically significant when the following variables are considered:

1. Mean age.
2. The number of girls in each group.
3. The number of pregnancy-repeaters in each group.
4. Age at first sex relations and the number of times pregnant.
5. Religion and the results of the pregnancy test.
6. Grade point average and the results of the pregnancy test.
7. The grade finished and times pregnant.
8. Times pregnant and the results of the pregnancy test.
9. Attitude toward peers' sexual behavior and attitude concerning friends' feelings about sex.
There was not enough evidence to accept the first null hypothesis which was stated as follows: "There is no difference between the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic and the female youth in the general population." (p. 5-6)

The findings from collected data showed significant differences between the girls studied and the adolescent, unwed mothers reported in other studies on adolescent pregnancy, and if these differences are accepted, then the second null hypothesis cannot be accepted: "There is no difference in the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic and the unwed, adolescent mothers reported in the literature." (p. 6)

There were statistically significant differences revealed between the positive and negative pregnancy-test groups in the use of contraception; therefore, the third null hypothesis is also rejected: "There is no difference between those girls in the study population having positive and negative pregnancy tests." (p. 6)

Chapter V will present a summary of the study, conclusions based on the derived data, and recommendations for the implementation of a primary pregnancy prevention program with recommendations, also, for further study as determined from the findings described.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The summary of this report, conclusions derived from the major findings and recommendations for a primary pregnancy prevention program for this target group together with recommendations for further research are presented in this chapter.

SUMMARY

THE PURPOSE OF THIS STUDY

The purpose of this study was to make a statistical descriptive analysis of the single, adolescent, pregnant girl in the 15 to 19 age group who used the pregnancy-testing services of a selected Los Angeles Youth Clinic and to determine if this subject was different when selected characteristics were considered from (1) the female youth in the general population and (2) the unwed, adolescent mothers reported in the literature.

Another purpose was to determine if there was any difference between the positive and negative pregnancy-test members in the study population on selected characteristics.
NULL HYPOTHESIS

When selected variables were considered:

1. There is no difference in the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic and the female youth in the general population.

2. There is no difference in the unwed, adolescent, pregnant girl who utilizes the pregnancy-testing services of a selected Los Angeles County Youth Clinic and the unwed, adolescent mothers reported in the literature.

3. There is no difference between those girls in the study population having positive and negative pregnancy-tests.

THE STUDY POPULATION

The study population consisted of 100 selected, unwed, sexually active girls between the ages of 15 and 19 years who used the pregnancy-testing services offered at a selected Los Angeles County Youth Clinic.

METHOD

A questionnaire survey was the instrument and the interview was the technique used to collect data for this study.
METHOD OF PROCEDURE EMPLOYED IN TESTING NULL HYPOTHESIS

1. Frequency distributions were obtained on selected variables to show group patterns. These group patterns were made clearer by use of the arithmetic mean and other measures of central tendency - the number which best represents the fact wished conveyed.

2. The Chi Square Test for Independence was used to determine the relationships, if any, between selected variables relating to unwanted pregnancy. The Chi Square Test was also used to determine if the study population had similar distributions on selected characteristics to the female youth in the general population and to the adolescent, unwed mothers reported in the literature. The Chi Square Test for Independence was likewise used to determine if the positive pregnancy-test group and the negative pregnancy-test group had similar frequency distributions on selected characteristics.

3. The t-Test was employed to compare the differences, if any, of the positive and negative sample means of the age distribution and the academic level.
MAJOR FINDINGS FROM QUESTIONNAIRE SURVEY

SIGNIFICANT DIFFERENCES FOUND BETWEEN THE STUDY POPULATION AND THE FEMALE YOUTH IN THE GENERAL POPULATION

1. There was a significant difference between the distribution of the present study and the general population of the West Valley of Los Angeles.

2. There was a statistically significant difference in the distribution of the girls in the pregnancy survey and the distribution of West Valley girls in school, 9th through the 14th grade.

3. There was a statistically significant difference in the distribution of the religions in the study group and the religious distribution of the general population of California.

SIGNIFICANT DIFFERENCES FOUND BETWEEN THE GIRLS STUDIED AND THE UNWED, ADOLESCENT GIRLS IN OTHER PREGNANCY STUDIES

1. There was a statistically significant difference in the age distribution of unwed, adolescent girls seeking pregnancy advisory services in the present study and the distribution of single, adolescent girls in two English surveys. (43)
2. There was a statistically significant difference in the age distributions of a group of 15 to 19 year-olds who sought contraceptive help from private physicians (53) and the distribution of those girls in the present study seeking help at a free clinic.

3. There was a statistically significant difference in the comparison of the girls' ages in relation to the males' ages of Howard's study (20) and the distribution of the present survey.

4. There was a statistically significant difference shown between the mixed population in Ballard's (3) study and the distribution of this study group.

5. There was a statistically significant difference in the distribution of girls having a second pregnancy by the age of 16 in this survey and those having second pregnancies by age 16 in Howard's study (31).

SIGNIFICANT DIFFERENCES FOUND BETWEEN THE POSITIVE AND NEGATIVE PREGNANCY-TEST GROUPS OF THE STUDY POPULATION

There were statistically significant differences found to exist between the positive and negative pregnancy-test groups in the use of contraception when the following variables were considered:

1. The normal use of a contraceptive and the results of the pregnancy test.
2. The use of a contraceptive at the time of this conception and results of the pregnancy test.

3. The use of contraception normally, the use of a birth control method on the occasion of the suspected pregnancy, in relation to results of the pregnancy test.

OTHER FINDINGS

1. The study population was predominantly white and there was a significant difference between the number of Caucasian and Mexican-American girls in the group studied.

2. The mean age of the study group was 17 years.

3. Fifty-three percent of the sample had negative pregnancy tests while forty-seven percent had positive pregnancy tests.

4. The mean age at first sex relations was 16.

5. There was a statistically significant difference between the ages of the girls and the ages of the males in the total population and in both positive and negative samples.

6. There was a statistically significant difference between the responses of the total study population to the questions regarding peers' sexual behavior and the way they thought their friends felt about sex.
1. There was no statistical difference in the age distribution of this study and the age distribution of a similar Pregnancy Advisory Clinic.

2. There was no significant difference in the distribution of the study population's age at first sex relations and the distribution of Lion's (48) survey of "promiscuous" females.

3. There was no difference between the positive and the negative pregnancy-test groups in the following:
   a. Mean age.
   b. The number of girls in each group.
   c. Age at first sex relations.
   d. The number of pregnancy-repeaters in each group.
   e. Religion.
   f. Grade point average.

4. There was no significant difference found between the positive and negative pregnancy-test groups when the following variables are considered:
   a. The age at first sex relations and the number of times pregnant.
   b. The grade finished and the times pregnant.
   c. Attitude toward coevals' (p. 8) sexual behavior and the attitude concerning friends' feelings about sex.
Identification of feelings of isolation, personal worth and inner conflict revealed the following:

1. Fifty-two subjects admitted to feelings of deep isolation as compared to forty-four who strongly disagreed.

2. Personal unworthiness was felt by fifty-four percent in comparison to thirty-seven percent who had a higher feeling of self-worth.

3. Strong feelings of inner conflict were expressed by forty-seven percent of the group.

4. Seventy-three percent of the study population were unable to correlate the self-determining factor of contraception to the end result of "wanted babies."

CONCLUSIONS

The conclusions contained in this section of the report were derived from the findings of the data collected from a selected study population. These findings must be limited to the study population at the selected Los Angeles County Youth Clinic.

1. Analysis of the data revealed differences which were statistically significant between the girl studied and the female youth in the general population. The distribution of the study population was different from the distribution of the general population of the West Valley areas.
Likewise, a statistical significant difference was found between the distribution of West Valley females in school and the distribution of the study group. Also, the religious distribution of the girls studied differed significantly from the religious distribution of the general population of California.

2. A difference was noted in the age distributions of single, adolescent girls getting contraceptive assistance from private physicians and those helped at the free clinic in this study.

3. There was a significant difference revealed in the age distributions of other studies of single, adolescent girls seeking pregnancy advisory services and the age distributions in this survey.

4. There were significant differences found between the positive and negative pregnancy-test groups in the use of contraceptions: (1) in the normal use of a contraceptive; (2) the use of a contraceptive on the occasion of the suspected pregnancy; and (3) the type of birth control method used.

There was not enough evidence to accept the first null hypothesis. Since statistically significant differences were shown to exist between the girls studied and the adolescent, unwed mothers reported in the literature, the second null hypothesis cannot be accepted. Likewise, the third null must be rejected, since the
differences between the positive and the negative pregnancy-test groups were shown to be significant.

RECOMMENDATIONS FOR A PRIMARY PREGNANCY PREVENTION PROGRAM

Based on the major findings and conclusions derived from this study at a selected Los Angeles County Youth Clinic, recommendations for the implementation of a primary pregnancy prevention program are offered as follows:

1. The words employed to describe such a program ought to be the words which will convey the approval of the majority. The phrase "fertility regulation for teen-agers" may be more acceptable than "birth control pills". The term "pregnancy postponement" may have more general approval than "pregnancy prevention" and "population control". "Population control" has negative connotations for many in the minority groups and is seen as counter-planning against moralists, and "family planning" has little meaning to the unmarried teen-age girl.

2. Counselors are the key to a successful primary pregnancy postponement program. They should be people who project warmth, concern and a desire to communicate as honestly as possible with the clients.
3. Evaluation and assessment of present programs to determine if changes in scheduling of films, "rap sessions" and group counseling would reach a greater number of nulliparas (p. 8) or the never-pregnant girls.

4. Institute a wider distribution of service-availability information to school personnel, church groups and community workers.

5. Implement a concentrated out-reach effort to contact areas of need in the clinic adolescent catchment areas.

6. Institute a program of group counseling on sex education and family life education which includes the males involved in the problem pregnancies.

7. Health education in a primary pregnancy prevention program needs to include not only sex education, methods and effective use of contraceptives, but also, discussion on normal adolescent behavior patterns and finally, what it means to be a parent in today's world.

8. Develop and implement a simple reporting and recording system to insure statistical accuracy.

9. Devise and implement a follow-up and follow-through technique of community commitment in order to reinforce changed attitudes to pregnancy postponement. The rate of recidivism (p. 9) might be reduced and needed assistance would be given to parents and younger sisters in understanding the importance of the primary pregnancy prevention program.
RECOMMENDATION FOR FURTHER RESEARCH

There is a paucity of information on characteristics of girls in the 15 to 19 age group requesting abortions and birth control information.

1. With the recent changes in the law concerning abortion and the treatment of minors without parental consent, the adolescent pregnant girl is a more willing candidate for research.

2. With the advent of Pregnancy Advisory Services and the Youth Clinic Program, the unwed, pregnant adolescent girl is now available for study and research in all aspects of the unwanted pregnancy problem.


16. Data on California population provided by the Los Angeles Chamber of Commerce Research Department, census figures, January, 1972.

17. Data on distribution of Religions in population of California obtained by telephone communication with Los Angeles Times reporter on Religious Affairs in California.

18. Data on West Valley section of Los Angeles females in school, 9th grade through the 14th grade was obtained from the 1972 Los Angeles City Schools Pupil Service Statistical Report via telephone communication.


48. Los Angeles County Youth Clinic Program, Los Angeles County Health Department Publication, January 12, 1972. 6 pages.


64. Population Estimate by Statistical Areas. Bulletin 2, Department of City Planning, Systems and Data Service Division, City of Los Angeles, California. October 1, 1969. 3 pages.


95. West Valley Income Survey by Los Angeles City - Community Analysis Bureau, 1971.

APPENDIX A

QUESTIONNAIRE
PREGNANCY SURVEY QUESTIONNAIRE

PART I: INTERVIEW SELECTED DEMOGRAPHIC INFORMATION

INSTRUCTIONS: This is a survey of single, adolescent girls who use the pregnancy-testing services of this Los Angeles County Youth Clinic.

1. Your assistance in this study is voluntary.
2. This is not a test.
3. All information given will be confidential and anonymous.

Information collected during the initial interview will include your family background, your reaction to becoming pregnant, and your knowledge and experience with birth control prior to pregnancy. These data will provide a base line from which to judge the effect of a program in changing the attitude and behavior of young women in the 15 to 19 unmarried age group toward primary pregnancy prevention.
**PART I: INTERVIEW SELECTED DEMOGRAPHIC INFORMATION**

1. **AGE LAST BIRTHDAY.**
   - 1. 15  2. 16  3. 17  4. 18  5. 19

2. **ETHNIC BACKGROUND.**

3. **RELIGION.**
     - 4. None  5. Other

4. **NUMBER OF PREGNANCIES.**
   - 1. 0  2. 1  3. 2  4. 3  5. 4

5. **YEAR OF FIRST PREGNANCY.**

6. **NUMBER OF ABORTIONS.**
   - 1. 0  2. 1  3. 2  4. 3  5. 4 or more

7. **PARENTS' MARITAL STATUS.**
   - 1. Together  2. Both deceased  3. Divorced
     - 4. Widowed  5. Remarried

8. **APPROXIMATE INCOME OF SUPPORTING PARENT.**
   - 1. $3,000-$4,999  2. $5,000-$9,999
     - 3. $10,000-$24,999  4. $25,000-$100,000

9. **ARE YOU IN HIGH SCHOOL NOW?**
   - 1. Yes  2. No

10. **GRADE FINISHED.**
    - 1. 8  2. 9  3. 10  4. 11  5. 12

11. **YEAR OF COLLEGE.**
    - 1. 0  2. 1  3. 2  4. 3  5. 4
12. ACADEMIC LEVEL.

13. GOALS IN LIFE.
   1. Yes  2. No

14. ARE YOU LIVING AWAY FROM HOME?
   1. Yes  2. No

15. DO YOU NORMALLY USE A BIRTH CONTROL METHOD?
   1. Yes  2. No

16. IF "YES", WHICH OF THE FOLLOWING?
   1. IUD  2. Foam  3. Diaphragm  4. Rhythm
   5. Birth control pills  6. Other

17. DID YOU USE A BIRTH CONTROL METHOD ON THE OCCASION OF THE SUSPECTED PREGNANCY?
   1. Yes  2. No

18. HOW DID YOU GET PREGNANT?
   1. Without a birth control method.
   2. Failure of the birth control method used.
   3. Ineffective use of birth control measure.
   4. Rape.
   5. Coition absentia.

19. AGE AT WHICH YOU FIRST HAD SEXUAL RELATIONS.
   1. 11  2. 12  3. 13  4. 14  5. 15
   6. 16  7. 17  8. 18  9. 19

20. TYPE OF RELATIONSHIP.
   1. Love/stable relationship
   2. Good friends/temporary
   3. Casual encounter
   4. Other
21. **ONGOING RELATIONSHIP?**
   1. Yes  2. No

22. **DOES YOUR BOY FRIEND KNOW OF THE SUSPECTED PREGNANCY?**
   1. Yes  2. No

23. **AGE OF THE MALE INVOLVED.**
   1. 15  2. 16  3. 17  4. 18
   5. 19  6. 20-22  7. 23-25
   1. Abortion
   2. Adoption
   3. Remain single and keep child
   4. Get married and keep child
   5. Undecided

---

**PART II  PREGNANCY SURVEY**

**INSTRUCTIONS:** CIRCLE ONE ANSWER WHICH BEST APPLIES TO YOU. THIS IS NOT A TEST.

Part II of the Pregnancy Survey Questionnaire consisted of 16 statements with a choice of five answers arranged spatially in the following manner: Strongly agree; Agree; Undecided; Disagree; Strongly disagree. The statements were designed to test knowledge about birth control and contraceptive measures and to identify feelings such as loneliness, inner conflict, self-worth, peer conformity and self-determination.
The following six selected statements regarding the identification of feelings were chosen for inclusion in this report:

1. Most of my friends feel very much as I do about sex.

   Strongly agree  Agree  Undecided  Disagree  Strongly disagree

2. My girl friends are having sex relations with boys.

   Frequently  Sometimes  Undecided  Almost never  Never

3. In spite of all the people, the world today is a very lonesome place.

   Strongly agree  Agree  Undecided  Disagree  Strongly disagree

4. My worst battles are with myself.

   Strongly agree  Agree  Undecided  Disagree  Strongly disagree

5. There are times when I feel that I am not worth much.

   Strongly agree  Agree  Undecided  Disagree  Strongly disagree

6. Human nature being what it is, there will always be unwanted babies.

   Strongly agree  Agree  Undecided  Disagree  Strongly disagree
PART III: PREGNANCY SURVEY

ESSAY QUESTION: WHY DID YOU GET PREGNANT?

INSTRUCTIONS: WRITE A PARAGRAPH OR TWO ON WHY YOU THINK YOU GOT PREGNANT.

THIS IS NOT AN ENGLISH TEST.
APPENDIX B
DISTRIBUTION OF RESPONSES OF STUDY POPULATION ON SIX ATTITUDE STATEMENTS

<table>
<thead>
<tr>
<th>Part II: Positive N = 47</th>
<th>Negative N = 53</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements *1</td>
<td>A (%)</td>
<td>U (%)</td>
</tr>
<tr>
<td>1</td>
<td>28</td>
<td>59.6</td>
</tr>
<tr>
<td>2</td>
<td>34</td>
<td>72.3</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>55.3</td>
</tr>
<tr>
<td>4</td>
<td>22</td>
<td>46.8</td>
</tr>
<tr>
<td>5</td>
<td>25</td>
<td>53.1</td>
</tr>
<tr>
<td>6</td>
<td>35</td>
<td>74.4</td>
</tr>
</tbody>
</table>

*1 See Appendix A

*2 A U D - Agreed, Undecided and Disagreed

*3 Total Population: Observed \(x^2 = 35.3\) \(p < .05\)

+ sample: Observed \(x^2 = 15.3\) \(p > .05\)

- sample: Observed \(x^2 = 26.0\) \(p > .05\)
## DISTRIBUTION OF GIRLS HAVING GOALS IN STUDY POPULATION

<table>
<thead>
<tr>
<th>Goals</th>
<th>Positive (%)</th>
<th>Negative (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational or Professional Goals.</td>
<td>41</td>
<td>47</td>
<td>88</td>
</tr>
<tr>
<td>Housewife and Mother only.</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>53</td>
<td>100</td>
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</tbody>
</table>