Determining the Role of Parental Influence in Teen Pregnancy

An Honors Thesis (HONRS 499)

By

Lindsay Klobuka

Thesis Advisor
Dr. Lisa Patchner

Ball State University
Muncie, Indiana

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Abstract:

A rising social problem in our society is teen pregnancy. Researchers and policymakers are continually trying to understand the influencing factors, risks, and solutions to the reality of adolescent sexuality and pregnancy. While there is not one reason, but many explanations for the cause, a largely debated influence is the role that parents play in the lives of their children concerning this issue. Studies reveal that parents have a significant part in developing their child’s sexual morals and values that will affect their choices concerning sexuality. Moreover, countless researchers have and continue to examine the effect of positive relationship and continuous communication on adolescent sexuality experiences and choices. Considering the reality of this factor in teen pregnancy, I give an overview of studies, research findings, and programs that have already examined parental roles. From the literature review, I partnered with Planned Parenthood in Muncie to tackle the practice problems they currently face with educating and helping parents to better communicate and teach their children sexuality issues. I give a description of my personal research questions and hypothesis, methodology of the research project, and the results of my findings. Included are the survey instrument and graphs that explain the data analysis.
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Identifying the Problem:

Across the country adolescents are initiating and engaging in sexual activity. Over the past 30 years the number of sexually active teenagers has doubled, and this trend is especially high among teenage women. The question among many is: why do adolescents do it? Why do they start (Little and Rankin, 2001)? The biggest reality of this sexual trend is the social problem of teenage pregnancy. On a national level, the United States has the highest teenage pregnancy rate in the western world. Statistics show that one million teenage girls become pregnant each year. Higher yet, 78% of these teenage pregnancies are unplanned. Only half of teenage mothers go on to parent their child, the other half resort to abortion (48%) or adoption (2%) (The National Campaign to Prevent Teen Pregnancy, 2002). Since a low percentage of teenagers actually parent the baby, teenagers are clearly not ready to become parents!

Defining the Problem:

Overall, statistics show that teenage pregnancy hinders the normal development of adolescents. They are less likely to finish high school and more likely to be single parents who will not get married later. Even if marriage occurs, they are highly unstable and far more likely to fail. Because of lack of financial and family stability, welfare dependency is high among teenage mothers. Also, teenage pregnancy hinders the well-being of the child born to a teenage mother. There is an increased risk of low-birth rate, pre-maturity, and other health risks. The child is more likely to be in poverty and dependent on the welfare system. There is less of a chance of a stable and positive father figure in their life. Abuse and neglect is more likely to happen since the young mother is not ready to be an effective parent. Finally, all of these negative experiences are likely to
be harmful to school performance; subsequently, the child is more likely to become pregnant as a teen themselves (The National Campaign to Prevent Teen Pregnancy, 2002).

In Delaware County, specifically, there were 177 teen births in 2001. This statistic ranked the county 9th in Indiana for percentage of teen births. Even further, out of all the births in Delaware County, 35% of them are to 15-19 year old girls (Stats Indiana, 2000). Why are the statistics so high? What is being done to lower the rate of teen pregnancy? At a national level, the President and current legislation in Congress approaches teen pregnancy mainly through sex education in the school systems. The focus of this education currently emphasizes abstinence. The government also is trying to implement teen pregnancy prevention programs in at least 25% of United States communities (The National Campaign to Prevent Teen Pregnancy, 2003). Regardless of the content of the educational programs and facilities, it does not seem to be very effective. Two-thirds of teenagers have had sexual intercourse. And more than ¼ have had their first experience before their sophomore year. The attitude among teenagers is that love can be temporary and commitments do not necessarily last forever. Sex is not simply practiced in the context of marriage anymore, but acceptable if a couple loves each other. It also is seen as a rite of passage and status symbol into adulthood; therefore, so many teens are pressured to fulfill this rite (Rice, 1990).

The facts are that students learn about sex before they are taught sex education in high school. Whether it is through peers, the media, or another untrustworthy source, teenagers are exposed early and are not properly being educated! I recently spoke with Colleen Davis, who is a health teacher at Muncie Central High School. She teaches abstinence-based sex education to students at the sophomore level. She claims that she has to
be very careful with her curriculum because they are not allowed to go into great detail about the use of contraceptives. She believes that teenagers coming into the sex education classes think that they already know everything. Though they probably listen a little bit, according to Davis, students should be educated earlier before they are exposed to sex through peers (Telephone conversation, November 16, 2003).

The statistics and credible sources imply that teenagers are not being properly educated about sex and its implications when the need is there. They are not given an opportunity to learn all the options and develop well-thought out values. The good news is there are agencies available seeking to educate, support, and provide resources for teenagers dealing with sexual activity. One such agency is Planned Parenthood. According to their website, they believe in the fundamental right of each individual, throughout the world, to manage his or her own fertility, regardless of the individuals’ income, marital status, race ethnicity, sexual orientation, age, national origin or residence. They believe that reproductive self-determination is essential to our well-being. They also believe that reproductive self-determination must be voluntary and preserve the individual’s right to privacy. They further believe such self-determination will contribute to an enhancement of the quality of life, strong family relationships, and population stability. One of the main ways of making this mission statement happen is through educating individuals and the community on the implications of sexuality. They believe beginning education for children starts in the home, so they seek to provide parenting classes to inform and teach parents ways to talk about sexuality (Planned Parenthood Federation of America, Inc, 1998).

This social problem of teenage pregnancy not only affects adolescents, but also society as a whole. Therefore, it is important that the profession of social work addresses this
issue. Some of the statistics mentioned above imply that teenage pregnancy creates other troubles such as health risks, abuse, and neglect. It also continues to be the source of other expensive and persistent social problems such as “welfare dependency, educational deficiency, and issues dealing with culture of poverty” (Little and Rankin, 2001, p. 704). These are all areas that the profession of social work strives to improve and overcome.

Considering that social workers are committed to “enhancing human well-being and helping meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty,” (NASW Code of Ethics, 1999) the social problem of teenage pregnancy directly applies to this core mission.

Hypothesis:

It is inevitable in examining this social problem to ignore the core question: why do adolescents do it? Researchers attribute many factors to teen sexual activity leading to teenage pregnancy. One overriding theory that seeks to explain adolescent activity is the “problem behavior syndrome” (Little and Rankin, 2001 p. 705). This theory examines risk-taking behavior such as substance abuse, gang activity, etc. and how these relate to sexual activity. Another major theory, “differential association,” (p.706) examines the role of peer influences in relation to teenage deviance. A lot of research has also focused on the socioeconomic status of teenagers by determining lower status as the “single best predictor of adolescent” (Berry, Shillington, Peak, and Hohman, 2000, p. 81) pregnancy. Many of the factors such as substance abuse and negative peer influence are often correlations of poverty. Another notable factor that contributes to teenage pregnancy is the influence of the adolescent’s parents. One study found that parents with less education overall are more
likely to have children that become pregnant as teenagers (Berry et al, 2000). There seems to be a cycle that continues to correlate low education with teenage sexual activity and pregnancy. The role of parents is critical in this cycle. Another theory, the “control theory” reasons that the bonds an adolescent has with traditional values, whether weak or strong, predicts their amount of deviance (Little and Rankin, 2001). Teenager’s parents have great influence in instilling values.

Quite a few studies have been done that seek to examine the role parents specifically hold concerning adolescent sexual activity and pregnancy. Research done by the National Campaign to Prevent Teen Pregnancy attests to 30 different studies since 1980 that address parental influence. They look at factors such as parent/child relationships, family context, and biological influences. From these studies, a lot of general knowledge is ascertained. First, it is important to understand that these variables are all interconnected and cannot adequately be separated. Furthermore, researchers found that positive and close relationships with parents and parent supervision delays sexual intercourse. Also, in support of above theories, variables such as single-parent, abusive, and low-income families cause sexual intercourse and pregnancy earlier. Specifically concerning parent communication, there are a lot of questions concerning the research. Half of the studies found that open, frequent, and positive communication about sex delays intercourse and promotes contraception. However, the other half of the studies found that communication actually increases the likelihood of sexual intercourse. The researchers quickly admit that the studies present questions concerning the reliability and validity of the results. Parental roles do not present a simple and direct relationship with teen pregnancy (Miller, 1998). The biggest reason is because of
intervening variables that affect the outcome such socioeconomic status, family context, education, and peer influences.

Different types of parent education classes have been facilitated and completed in order to attain the current research. Two different types of short term programs were administered. The first program implemented involved sessions for both mothers and daughters. The second program designed a video and written material for parents to be used at home. Both types increased parent and adolescent communication; however, this was only for a time and failed to delay sexual intercourse. The positive effects of communication seem to dissolve over time. But again, researchers were careful to add that this is a result of faulty and inaccurate experimentation (Kirby, 1997). Also, a survey was given to adolescent females in 1999 seeking perspective on parent communication strategies. The results showed that most teens were comfortable in speaking with their parents about sexual topics, and they further reported that they normally agreed with them about these topics. The biggest results for improved parent communication were better listening skills and treatment as adults. These females also “recognized a close relationship with parents as the foundation for dealing with difficult subjects such as teen sexuality” (Young-Pistella and Bonati, 1999, p. 312). Other ideas they suggested were more family time and greater involvement in the lives of the teenagers. Overall, this study suggestion that adolescent girls want continued connection and communication with their parents (Young Pistella and Bonati, 1999).

All the above studies and research prove that parent relationships and communication are an important factor in adolescent sexuality and teen pregnancy. The main research question; however, is what role (large or small) does parental influence actually have in adolescent sexuality and pregnancy? Obviously, many factors play into this question during
research such as the context of the family and the type of relationship already established. Also it is important to operationally define communication more clearly. What exactly is communicated from the parents to the adolescents? The content of communication largely depends on the parent’s values concerning sexual activity, abstinence, contraception, pregnancy, and more. Whatever the parent stresses will have a big influence on the attitude and actions of the teenager. Another variable involved in this research question is how often is parent/teen communication, and when does it take place? If a parent only talks to their child about sexuality once, it is much less likely that this will have a large influence in the child’s decisions and actions. In addition, if the parent does not start regularly communicating to their teenager about sex until after their first experience, the effectiveness of the message is skewed. It is likely that an adolescent’s peers have had more influence on their values concerning sexuality in this situation. Finally, it is important to consider the method of communicating. Is the parent lecturing or listening more? According to the opinions of the girls surveyed in 1999, this factor largely determines the effectiveness of parent/adolescent communication. In order to have many of these research questions answered, a survey has been developed for Planned Parenthood of Greater Indiana with questions specifically addressing them. I hypothesize that by improving parent/child relationships (connectedness) and communication, teen pregnancy will decrease.

Methodology:

In order to collect the data necessary for this hypothesis, the methodology has been carefully planned out. The population that will be surveyed are the parent contacts through Planned Parenthood. They will be familiar with the mission and services of the agency because they have been exposed to Planned Parenthood in some for before. Also,
they most likely have experienced adolescent sexuality. Next, the non-probability sampling method will be used. This method of research will be used because of convenience. Planned Parenthood does not have knowledge of many parents in the community which would make the research a probability sampling. Also, the contacts they do have are not many, so it is important to utilize all of the names available. The total population size is 100. Therefore, using the correct formula, the sample size of 80 people is required to say that with a 95% level of confidence, the true population proportion lies within +/- 5% of the sample proportion. These 100 people will take this survey by mail. This method has been selected specifically because of survey content. Using a face-to-face or telephone interview could uncomfortably put the interviewee on the spot. Conducting the survey by mail will allow the parents to carefully think out their answers freely, and it also respects the opinions of each individual. The process implemented in order to conduct the results includes: Planned Parenthood supplying names and addresses of parents in the community, stuffing and mailing the cover letter and survey to the recipients, and analyzing the returned surveys by the deadline provided. The cover letter will include a proper introduction to the topic of research, their protection as the subjects, and the open and close-ended question survey. To protect the human subjects in the survey research, it is important to follow the ethical principles of the Belmont Report: informed consent, beneficence, and justice. First, it is important to make sure that each individual is entirely informed about the research content and how it will be used, so they can make the decision of participation. Also, each person needs to know that their information will be kept completely confidential and anonymous. Second, the individual who consents to participating needs to feel completely safe and
cared for disclosing their personal information. Last, each individual needs to feel like they will be treated fairly and equally with the rest of the participants (no needs are prioritized above others). The survey and cover letter that will be used is located in appendix 1.

Agency Description:

Planned Parenthood of Indiana has a broad, but strategic mission of protecting, providing, and promoting reproductive health for women and men alike. The agency desires to help more people make “responsible and informed” choices concerning their sexuality. Therefore, Planned Parenthood has a goal of offering educational and health care services that bring accurate information concerning abstinence, contraception, and other health care options (Planned Parenthood of Indiana, 2004). The strategic goals specifically for Indiana include increasing support among Indiana legislators by 5 percent each year, developing and implementing effective statewide education to improve sexual literacy, ensuring access to sexual health services to undeserved populations, and assuring financial stability by maintaining an annual balanced budget (C. Peralta, personal communication, November 19, 2004).

Planned Parenthood’s history is closely tied with the birth control movement. In the early 1900’s, people began to speak up about woman’s rights concerning pregnancy in society. Women established Birth Control Leagues across the nation. In Indiana, Planned Parenthood was officially recognized in 1932 out of this league and only provided married women with children medical care. However, as the movement progressed, the Federal Comstock Laws prohibiting the “publication and distribution of information about sex, contraception, and human reproduction” (Planned Parenthood,
were lifted in 1936, and soon after federal funding was used for family planning. In 1955, unmarried women began receiving reproductive care and information. The Birth Control Pill was FDA approved for public use in 1960. As these crucial events were taking place, Planned Parenthood was developing throughout Indiana. The agency was first established in Muncie in 1965. After the Roe vs. Wade decision, abortion services were offered in several different Planned Parenthood locations across the state (Planned Parenthood, 2004). Currently, the agency is the third largest Planned Parenthood affiliate in the nation in numbers of patients served. In 2003, it served about 125,000 clients with educational materials and medical services (C. Peralta, personal communication, November 19, 2004). According to the 2002 Planned Parenthood of Greater Indiana Annual Report, the agency is mostly funded by its patient fees and donations (64.4%). The other major funding sources are government grants (9.97%) and Title XX and Medicaid (14.79%). Other small sources are United Way and In-Kind contributions.

Planned Parenthood serves many different consumers. Not only are adolescent girls helped, but also, men, parents, and people with a wide range of ethnicities. Of the clients who acquired services in 2003, the median age was 22. Most clients were female (108,590), while males served were a minority (3,646). 58% of the consumers were at or below the poverty line. 83% of the clients were white, 13% black, and 3.5% were other racial backgrounds. Reflected in the goals of the agency mentioned previously, Planned Parenthood’s diverse clientele face several primary problems. First, most of the consumers come to the agency for their health care concerns. Treatment of cervical and breast cancer as well as STD’s are among the reproductive health concerns of the patients. 95% of their consumers also come for contraception. A major problem
wrapped up in these services is the lack of health insurance of many Hoosiers. Programs such as the Woman’s Health Fund help get rid of some of the costs for low-income women. Planned Parenthood also faces consumers who lack the appropriate knowledge about sexuality issues. Because of inadequate education from parents, schools, and other common sources, the agency attempts to provide thorough and truthful information about the issues teenagers are curious about. Focusing on these primary problems, Planned Parenthood consumers receive a wide variety of services. Educators help parents and teens discuss sexual health. They have reached more than 11,000 students in Indiana with their resources on sexuality education. Also the agency has handed out many parent packets detailing ways to talk to their children about sex. Other employees provide health services such as Pap tests, pregnancy testing, annual exams, emergency contraception, HIV testing, Sexually Transmitted Disease (STD) screening and treatment, breast exams, birth control prescriptions, abortion services, and more. More than 95% of clients seek pregnancy tests, Pap tests for cervical cancer, and treatment for STD’s. Only 4.5% of the consumers seek abortion services in Indiana (C. Peralta, personal communication, November 19, 2004).

On a regular basis, Planned Parenthood of Indiana collects demographic data from their locations across the state. The clinics prepare patient information including age, gender, race, type of services, etc. for the people they serve. No particular computerized packages are used. Besides this type of data collection, Planned Parenthood seeks help from outside agencies to collect and analyze needed information. For example, in the winter of 2003, the Social Science Research Center at Ball State University conducted a survey for Planned Parenthood of Indiana. This was a sexual literacy survey focusing on
adult attitudes toward sexuality issues. On other occasions, Planned Parenthood Federation of America (PPFA) occasionally conducts research investigating current medications. However, Planned Parenthood in Indiana always is careful to use experts in gaining research for the clients they serve. Since the agency is never directly involved in research within the state, the policies and procedures that the researchers comply with are according to the organization that is actually doing the research (such as the Social Science Research Center). The agency takes the consumers satisfaction seriously concerning the services they receive. After Planned Parenthood educational programs, an evaluation form is conducted to gain perspective from the clients. Most health care patients are also given the opportunity to fill out comment forms concerning their medical treatment. Although the agency always seeks the opinions of their clients, there is not a formal computerized way of analyzing the effectiveness of their services (B. Lambie, personal communication, November 19, 2004).

Define the Practice Problem:

Planned Parenthood seeks to address many social problems within their agency that surround sexuality. A large social problem that society faces is teenage pregnancy. Previously established, this social problem is multi-faceted; however, research confirms that parents play a significant role in their children’s lives, especially whether they get pregnant or cause a pregnancy. Currently, the biggest preventative focus concerning teenage pregnancy is education. There is an extensive amount of arguments as to what is the best way to educate adolescents and their families. For example, in Contemporary Sexuality, an article articulates how strong the public feels about this topic. The American Association of Sex Educators, Counselors, and Therapists (ASSECT) strongly
promotes sex education programs in schools. They advocate for thorough training of people who deal with this issue in schools, agencies, and churches. Conversely, when this group appeared on a Fox Network talk show, the host, Sean Hannity, “insisted that sex education should take place in the home, that it is the parent’s role to serve as the sex educator” (Contemporary Sexuality, 2001, p. 3-4). For differing reasons (religion, family values, etc.), there seems to be a large stigma surrounding sex education. People continue to disagree regardless of the method. Planned Parenthood is right in the middle of this battle. The agency does not work directly in the schools, but they are a presence in communities that everyone knows about. Reflected in the agency’s goals, Planned Parenthood is committed to promoting and providing accurate sexuality information. The predominate focus of sex education seems to be in the schools, but often this method falls short of honest and thorough sexuality information. More and more research reveals the importance of parents in the sexuality development of adolescents. But, no one, including Planned Parenthood, knows for sure what parents are talking to their children about. It is important to understand the knowledge and views of parents, so that Planned Parenthood can adequately help this facet of the larger social problem of teen pregnancy.

First, research reveals that sexual development “starts from the time of conception and continues throughout the life cycle” (Kakavoulis, 2001, p. 163). Many psychological theories suggest that the family is the most significant factor in shaping sexual identity in children. For example, the Learning Theory asserts that “human behavior is developed by positive or negative reinforcement which starts early within the family community” (Kakavoulis, 2001, p. 164). The Cognitive-Development Theory suggests that gender development is equivalent with children copying adult behavior to achieve their identity
These theories and more emphasize the role that parents and the family play in a child’s sexual development.

Furthermore, researchers have been trying to understand the role of the parent in adolescent sexual development for years. A study in 1988 was conducted at Ohio State University in attempt to identify the effect of parent-child communication on “sexual knowledge, behavior, and attitudes” (Fisher, 1988, p. 306). The researcher considered communication to involve both the amount and extent of topics discussed. Family communication was measured (using a scale) by the amount of several different sex related topics that were discussed between the parents and children. The study revealed that adolescents in families with high levels of communication are more likely to share similar sexual attitudes of their parents. However, communication did not reveal a correlation with sexual activity (Fisher, 1988, p. 307, 309). Another, more recent study conducted in 2001 looked at parental attitudes concerning sex education. The researchers used a questionnaire with open and close ended questions. The wide variety of questions asked reveal interesting information. Parents were asked if they felt that the majority of parents possessed the requirements to teach their children about sex. 77% of them believed that they have the requirements ‘to some extent’ and 18% thought parents had only adequate knowledge (p. 166). Additionally, parents were questioned on the problems of current sex education efforts. Some of the problems that surfaced were influences of the media, lack of information, negative social influences such as violence and drugs, friendships, and lack of values (p. 171-172). When asked what the aims of sex education should be, parents said that cultivating positive interpersonal relationships, good health, normal sexual development, maturation, emotional stability, and creation of
stable families should be topics that are addressed (p. 169). Interestingly, 97% of the parents also claimed that sex education should be integrated with morals such as human respect, purity, modesty, commitment, honesty, and tenderness (p. 170). This study reveals that while parents often doubt they have adequate information and resources concerning sex education, they have strong beliefs and opinions concerning this issue and how their children are educated.

Moreover, a unique intervention was conducted in North Carolina called “Baby Think It Over” (BTIO). This is a form of sex education in which adolescent students were responsible for caring for a baby doll for a certain amount of time in order to change their attitudes and perceptions of teen pregnancy and parenting. An interesting part of this research was that the parents of the teenagers were given a questionnaire to assess the impact the BTIO program had on the family. 71% of the parents said that the program improved communication on sexual issues with their children. Some of the topics that the parents talked about were dating, contraception, parenting, abstinence until marriage, and having sex (Tingle, 2002, p. 179). Overall, there was a very positive response from the parents concerning the BTIO intervention. This research reveals that parents seize opportunities such as this one described to talk to their children. It seems to be important for parents to have access to resources that aids them in communication. Finally, Guthrie and Bates conducted a study on sources of sex education that contribute to attitude changes using 75 college students. In their research, they found that “current formal sex education may not be the most efficacious way of increasing knowledge regarding sexual precautions” (Guthrie and Bates, 2003, p. 582). Instead, it seems that informal sources such as the media and peers are more influential in sex education. Even more important,
perhaps, is communication with parents. 78% of the college students in the study reported that parents were a common source of education. However, 84% of them said that peers were the most common and important source. This is interesting considering that information from peers is often seen “to have the greatest negative effect on sexual decisions” (p. 585). Another interesting finding was that virgins reported more open communication with their parents than did non virgins. Finally, open communication with parents about sex was related to self-esteem in the students which suggest that the method of parent education may be important in self-esteem (p. 587). This study also reveals that sex education from parents is very influential and important. However, there are still many questions surrounding exactly how parents should educate their children and if they feel equipped to do so.

Advocates for Youth is an organization that is currently working to educate society of the important role parents play in adolescent sexuality. The organization “is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health” (Advocates for Youth, 2004). They seek to train and educate the variety of people involved in the social problem. Youth are trained to be peer educators. Policy makers are trained and educated on research-based information concerning the debate over adolescent sexuality. Finally, parents are educated and supported concerning parent-child communication over sexuality issues. They have a parent sex education center on the Internet compiled with a plethora of resources to help parents. There are books, media resources, exercises, and basic tip sheets to guide parents in talking with their children (Advocates for Youth, 2004). By offering these resources to parents, Advocates for
Youth opens the door to the perspectives of the parents. They are able to better ascertain what parents need and the effectiveness of the communication.

Parent involvement in sexuality education is pertinent within the social work profession. The mission of the profession, according to the National Association of Social Workers Code of Ethics, is to “enhance human well-being and help meet the basic human needs of all people” (NASW Delegate Assembly, 1999). Obviously, adolescents that experience pregnancy are a vulnerable population in need of services. Therefore, indirectly related to the problem, the parents of teens are in need of educational training to help their children. Sexuality is a basic need of every human being that is worthy to be addressed. More specifically, two of the ethical principles upheld by the social work profession are service and the importance of human relationships. First, social workers seek to put the needs of their clients above their own. In serving consumers, social workers use their skills and knowledge to bring the most effective service possible. By helping parents better understand their important role in their child’s sexuality education, social workers are adhering to the central value of service in the Code of Ethics. Second, when dealing with adolescent sexuality issues, the relationships that the teenager experiences are crucial in their development. Adolescents are very impressionable as previously established. By cultivating the parent-child relationship, the social worker understands how it is “an important vehicle for change” (NASW Delegate Assembly, 1999). Overall, when social workers work with parents in the social problem of teenage pregnancy, they are empowering and equipping families to be more responsible and involved within the community.
Research Steps:

Considering this practice problem throughout the country, it is important that agencies are equipped to address it. Therefore, it is crucial that Planned Parenthood begins to further understand what parents in the community are lacking concerning sexuality education. I established foundational research questions concerning the role parents play in adolescent sexuality and pregnancy. I think it would be important to keep those research questions in mind as the survey is written and analyzed; however, because of my further research, it is obvious that parents do play a role. I discussed the following research questions previously: What exactly is communicated from the parents to the adolescents? The content of communication largely depends on the parent’s values concerning sexual activity, abstinence, contraception, pregnancy, and more. Whatever the parent stresses will have a big influence on the attitude and actions of the teenager. Another variable involved in this research question is how often is parent/teen communication, and when does it take place? If a parent only talks to their child about sexuality once, it is much less likely that this will have a large influence in the child’s decisions and actions. In addition, if the parent does not start regularly communicating to their teenager about sex until after their first experience, the effectiveness of the message is skewed. It is likely that an adolescent’s peers have had more influence on their values concerning sexuality in this situation. Finally, it is important to consider the method of communicating. Is the parent lecturing or listening more? Besides these research questions, it is important to ask what role socioeconomic status, area of living, marital status, and other demographic information play into the perspective of parents. Overall, l
hypothesize that by improving parent/child relationships (connectedness) and communication, teen pregnancy will decrease.

In order for Planned Parenthood to have these research questions answered, I helped the agency administer a survey as the research methodology. This method of research is chosen because of the nature of the research questions. In order to further understand parent’s opinions and knowledge of sex education, the parents need to have an opportunity to express their thoughts. Using other research methods such as in-person or phone interviews may have skewed the data collection because of the sensitivity and privacy of the topic in society. Interviewing parents probably would have intimidated the participants. It is also important to note that survey research is very time efficient and convenient. It would have been difficult to interview a large group of parents considering the resources of the research project.

The survey formulated consisted of mostly closed-ended questions with one open-ended question at the end. I also attached a cover letter explaining the purpose and confidentiality of the survey. The cover letter represented the informed consent of the participants. See the appendix 2 for the survey and cover letter.

Planned Parenthood provided me with the necessary postage, paper, and envelopes to send out 100 surveys to parents in the surrounding Muncie area. Cecilia Peralta (of Planned Parenthood) and I prepared the surveys to be sent out. Cecilia signed each of the cover letters. The names and addresses were provided by the agency. Included with the survey was an addressed and stamped envelope to return the surveys to Planned Parenthood in Muncie. The participants had two weeks to return the surveys in the mail. Out of the 100 surveys sent out, a total of 44 were returned to the agency by mail. The
data collected within the 44 surveys is the information that is used to analyze parent’s knowledge and attitude of sex education.

Using my knowledge of data collection and analysis through the computer program SPSS, I spent time analyzing the collected data. I separated the survey into variables and values that SPSS can recognize. I entered these into the computer along with the responses from the 44 parents. Second, I ran descriptive statistic charts on the data to further understand the information. Finally, I formulated charts and graphs that illustrated variables that had significant relationships and were worthy of comparison which are illustrated in appendix 1. The trends found from the data are interesting. The 44 parents that responded had a total of 66 children. Of these children as shown in chart 1, 26 were in early adolescence (10-13), 21 were in middle adolescence (13-16), and 19 were in late adolescence (16-19). It is important to keep these numbers in mind as the rest of the data is examined. It is also important to look at the demographics of the parents that responded. Graph 1 illustrates that 33 of the 44 respondents are married, 3 are single, 5 are divorced, and 2 claimed other status. Graph 2 shows that a large majority of the parents (77.3%) said they were Caucasian. The other two main racial backgrounds were African American (6.8%) and Hispanic (9.1%). Interestingly, Graph 3 displays a pretty even distribution of income among the respondents. 11 people claimed to make over $100,000 a year. However, the graph shows that the other income brackets only differed by one or two people. Graph 4 reveals the education levels of the parents. 40.9% claimed to have a graduate degree which is also reflected in the income levels. 15.9% had a four year college degree, 13.6% were either high school graduates or had some college, and only 6.8% had an associate’s degree or below high school education.
Finally, Graph 5 displays the type of area that the respondents live. By far, the majority of the parents (24) lived in a medium city which is evident of the Muncie area. 10 of the parents lived in a rural area, 6 in a small town, and only 3 lived in a large city. The demographics seem to reveal that most of the respondents are from white, middle class families.

The rest of the graphs display the parental attitudes toward sexuality issues. Graph 6 compares the amount of discussion a parent has with their children over sexuality topics within the age groups. There is a pretty similar trend. Most parents claim to talk to their children frequently if they are in middle or late adolescence while more parents have rarely talked to their younger adolescent children about these same issues. Graph 7 reveals that the majority of parents feel like they have a close relationship with their children. However, the data reveals this to be especially true if the teenager is younger (10-13). It is more frequent for the respondent to feel only somewhat close or not close with their older teenagers. Graph 8 displays a very important trend in the data. The respondents believe that they have less accurate knowledge of sexuality issues when they have older children. There is a steady decline in adequate knowledge in the line graph. Graph 9 shows the feeling of disagreement on the following issues: abstinence, expression of sexuality, abortion, contraception, and teenage pregnancy. The strongest response of disagreement surrounded teenage pregnancy (32 parents). Abortion followed with 15 strongly disagreeing responses. The responses also show agreement with abstinence and contraception and mixed feeling about adolescents expressing sexuality. 6 parents disagreed with this, but only 1 agreed. The majority of the responses fell in the middle. Finally, T-test 1 displays that there is a significant relationship
between the variables of religiosity/values and parental influence. The degrees of freedom for this particular t-test are 42. At the 5% level of risk for sampling error, with 42 degrees of freedom for a two-tailed test (non-directional research hypothesis), the critical value on the t-test is 2.021. Since the obtained value (5.339) is greater than the critical value, the null hypothesis can be rejected. This means that there is a significant relationship between the variables worthy to be further researched and tested. However, since the sampling number in each group differs by several people, the data just shows a likely trend of religiosity and values affecting the parental influence over children about sex.

The data that is collected and analyzed will be given to Planned Parenthood for further use. It is important for the agency to obtain this information for several different reasons. First, the educators at Planned Parenthood can use the information to better understand parent perspectives in the community. This will help them to better serve their clients through their methods of advertising and teaching. Second, the agency can use the information that was obtained to write grants to acquire resources that will advance their adolescent and parent educational programs in the community. Funding sources always want to see quantitative and qualitative statistics that explain why the problem needs the intervention the agency is proposing. The data gained from my survey research will help Planned Parenthood in Muncie in their long term agency goal of offering educational and health care services that bring accurate information concerning abstinence, contraception, and other health care options.
Summary:

In conclusion, researching the role of parental influence in adolescent sexuality and teen pregnancy can greatly assist agencies and professional social workers who specialize in this area. Agencies such as Planned Parenthood that specialize in helping adolescents deal sexuality issues will be able to use the research to better educate the parents that they come in contact with. If parents knew that they had great influence in their child’s life, more people would be willing to take time to go to education classes and talk to their child on a regular basis. It would also be important for a professional social worker to be knowledgeable on this research so they would be able to encourage their clients to keep open communication about sex with their children. Finally, on a macro level, if a parent’s role in teenage pregnancy is important, social workers can begin to advocate for policy and legislation that allows for more parent sex education all over the nation.

This research project has been a learning experience. A year ago, when I began formulating my ideas for my senior Honors Thesis, I held a very idealistic perspective on human subject research. The information that I was learning in my classes seemed straight-forward and easily defined. However, digging into the research quickly removed my perception of this project. I was grateful from the beginning, and still am, that Planned Parenthood was willing to partner with me. I never understood, though, how many steps are involved in the researching process (especially when you are working with an agency in the community). It was a learning process from the beginning as each step involved many setbacks and compromises. My original intent for my thesis was to write a proposal for Planned Parenthood to get them funds for sexuality education. The tasks that needed to be completed before the grant writing began proved to be
complicated, time consuming, and very tedious. Therefore, my finished product is not a grant, but instead, a compilation of research that Planned Parenthood can use to write a proposal. However, the lessons I learned in the process of researching, survey writing, and data analyzing are more valuable than I originally perceived.

I am a person who likes to have things planned out step by step. Conversely, this project was completed without this detailed method of planning. Since I was doing this research for Planned Parenthood, I had to complete tasks on their time and at their convenience. I spent many hours at the agency talking with Cecilia Peralta, the educational director, who graciously agreed to assist me. She helped me with perfecting the survey, sending out the survey, providing agency information, and more. But, this often tested my patience because she would introduce issues that needed to be addressed. So, the next step that I thought would not take much time, would take a little longer since I had to smooth out the bumps along the way. For example, I thought sending out a survey would be an easy task. I did not realize that obtaining names and addresses of parents would be a daunting job. I had to convince the agency that I would not be violating laws by sending out anonymous surveys. At first, Planned Parenthood was not willing to use the names of parents they had access to, but eventually, they agreed that it would be acceptable. Then I had to wait until it was approved that the agency was able to provide me with postage. Nonetheless, I believe that it was invaluable to work with an agency in the community. It provided me with a learning experience that I could not receive in the classroom. It also prepared me for the reality of social services that I will have to face after graduation. Many social service agencies are understaffed and not adequately funded, so their ability to create the desired programs is often hindered.
I also learned a lot about survey research. I learned the basic information in my social work classes, but I gained knowledge of the importance of administering surveys to better understand social problems. It was a good feeling when completed surveys were being returned in the mail. I was surprised how many people were willing to complete the survey, especially considering the topic of sexuality education. It was even more rewarding when I began analyzing the collected data. The information I obtained from the survey will be very helpful to Planned Parenthood. I learned so much about parent attitudes and beliefs by a simple survey. Now the agency can hopefully use this information to get better resources and education programs. How rewarding to realize that I helped them to obtain these things!

Finally, I learned about the importance of research in social service settings. Social problems, especially teen pregnancy, are multi-faceted and complex. There is not one specific issue that is causing the problem. Therefore, people will have many differing perspectives concerning the best way to fix the problem. Most ideas are merely opinions. In these situations, it is important to have research that supports and proves the program ideas that are being proposed. If I simply stated that parents are crucial in developing their children’s attitudes and values, I would not be able to gain the support of many people. Even more importantly, I would not receive any funding. Conversely, if you thoroughly research the problem (discovering past research, current trends, and community perspectives), people will have reason to agree with you and ultimately fund the programs. I hope that the research I did will be able to fund Planned Parenthood with the educational programs they desire.
Ultimately, I am thankful for the experience I have gained from this thesis project. I hope that what I have learned will be a positive asset to possess in my future career. I cannot help to think that my knowledge of the research process will be invaluable as I hope to accomplish projects like this down the road for the agencies I am working for.
Appendix 1

Chart 1

<table>
<thead>
<tr>
<th>Descriptive Statistics of Children</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescence</td>
<td>26</td>
<td>39%</td>
</tr>
<tr>
<td>Middle Adolescence</td>
<td>21</td>
<td>32%</td>
</tr>
<tr>
<td>Late Adolescence</td>
<td>19</td>
<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>100%</td>
</tr>
</tbody>
</table>

Graph 1 - Marital Status of Respondents
Graph 2- Race of Respondents
Graph 3- Income Levels of Respondents

Mean Number

$0-30,000 $30,000-50,000 $50,000-75,000 $75,000-100,000 over $100,000

Income
Graph 4 - Education of Respondents

- Below High School
- High School Grad
- Some College
- Associate's Degree
- 4-year College
- Prof./Grad. Degree
Graph 5 - Area of Living of Respondents
Graph 6- Frequency of Sexuality Communication Between Parents and Adolescents
Graph 7 - Relationship Between Parents and Adolescents

**Adolescence**
- Early
- Middle
- Late

**Relationship**
- Very Close
- Somewhat Close
- Not Very Close
- Not Close

**Mean Number**
- 20.00
- 15.00
- 10.00
- 5.00
- 0.00
Graph 8- Accurate Sexuality Knowledge of Parents Compared to Age Groups

![Graph showing the accurate sexuality knowledge of parents compared to age groups. The x-axis represents the stages of adolescence (Early, Middle, Late), and the y-axis represents the mean accuracy of knowledge. The graph illustrates a decreasing trend in knowledge accuracy as adolescence progresses.]
Graph 9- Parental Feelings of Disagreement Concerning Sexuality Issues
# T-Test 1: Relationship of Religiosity and Values with Parental Influence

## Group Statistics

<table>
<thead>
<tr>
<th>RelBeliefs</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>ParentInflu</td>
<td>1.00</td>
<td>31</td>
<td>1.7419</td>
<td>.44480</td>
</tr>
<tr>
<td></td>
<td>2.00</td>
<td>13</td>
<td>2.7692</td>
<td>.83205</td>
</tr>
</tbody>
</table>

## Independent Samples Test

<table>
<thead>
<tr>
<th>ParentInflu</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal variances assumed</td>
<td>F = 3.259, Sig. = .078</td>
<td>t = -5.339, df = 42, Sig. (2-tailed) = .000</td>
<td>Mean Difference = -1.02730, Std. Error Difference = .19242, Lower = -1.41562, Upper = -.63897</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>F = -4.207, df = 14.963, Sig. = .001</td>
<td>t = -1.02730, df = 24421, Sig. (2-tailed) = .50667</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

September 12, 2004

To Whom It May Concern,

There are countless national efforts to reduce the rate of teenage pregnancy. Teenage pregnancy is a multi-faceted problem. The statistics reveal that one million adolescent girls still become pregnant each year: 78% of these are unplanned. An Indiana high school health teacher claims that teenagers are already exposed to sex through other means (peers, media, etc.) before they are properly educated.

Planned Parenthood of Indiana seeks to respond to teenage pregnancy in a variety of different ways. Our mission is to protect, provide, and promote reproductive health. We seek to educate not only adolescents, but also their parents concerning specific issues of sexuality. Sexuality education begins in the home; therefore, Planned Parenthood to assist parents with this task.

In order to better serve parents with our resources, we are currently conducting a survey concerning parent’s influence in their child’s sexual activity and decisions. We are not selling anything or asking for contributions. We are only asking for your opinions and experience. We also want to assure you that all of your answers will be kept completely confidential and anonymous. Your participation will greatly help us to better understand adolescent sexuality. It will also allow us to further our educational resources to equip parents with adequate information on sexuality to share with their children.

Please take a few minutes to fill out this survey and return it to Planned Parenthood in the enclosed postmarked envelope by [add date].

Thank you to your kind response to this request,

Cecilia Paeralta
Planned Parenthood of Greater Indiana
Parent Survey

1. Do you spend at least two hours of family time daily? (Please circle)
   
   YES   or   NO

2. Have you been adequately educated about sex and birth control as an adult? (Please circle)
   
   YES   or   NO

3. Indicate how you feel about the following issues (Please circle):

<table>
<thead>
<tr>
<th>Issue</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence before marriage</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Adolescents expressing sexuality</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Abortion</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Use of Contraception</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Teenage Pregnancy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

4. Do your religious beliefs, family values, and/or experiences affect your decision making as far as sex education? (Please circle)

   YES   or   NO

5. To what extent do you believe parents influence a child’s attitude toward sex? (Please check one)
   
   ___ Most influential factor
   ___ Strong influence
   ___ Little influence
   ___ Not at all

6. Do you have children in the following age groups? (Check all that apply)

   ___ 10-13 Early Adolescence
   ___ 14-16 Middle Adolescence
   ___ 17-19 Late Adolescence

---

*For these next questions, answer only the ones under the age group(s) of your child(ren).*
Early Adolescence (10-13)

1. Do you feel that you have accurate knowledge to share with your child about sexuality? (Please circle)

   YES or NO

2. How would you describe your relationship (level of connectedness) with your child(ren)? (Please check one)

   ___ Very Close
   ___ Somewhat Close
   ___ Not Very Close
   ___ Not Close

3. How frequently do you talk to your child(ren) about sexually related issues? (Please check one)

   ___ Frequently
   ___ Sometimes
   ___ Rarely
   ___ Once
   ___ Never

4. To your knowledge, are any of your child(ren) in this age group sexually active? (Please circle)

   YES or NO or Don’t Know

Middle Adolescence (13-16)

1. Do you feel that you have accurate knowledge to share with your child about sexuality? (Please circle)

   YES or NO

2. How would you describe your relationship (level of connectedness) with your child(ren)? (Please check one)

   ___ Very Close
   ___ Somewhat Close
   ___ Not Very Close
   ___ Not Close
3. How frequently do you talk to your child(ren) about sexually related issues? (Please check one)
   ___Frequently
   ___Sometimes
   ___Rarely
   ___Once
   ___Never

4. To your knowledge, are any of your child(ren) in this age group sexually active? (Please circle)
   YES or NO or Don’t Know

Late Adolescence (16-19)

1. Do you feel that you have accurate knowledge to share with your child about sexuality? (Please circle)
   YES or NO

2. How would you describe your relationship (level of connectedness) with your child(ren)? (Please check one)
   ___Very Close
   ___Somewhat Close
   ___Not Very Close
   ___Not Close

3. How frequently do you talk to your child(ren) about sexually related issues? (Please check one)
   ___Frequently
   ___Sometimes
   ___Rarely
   ___Once
   ___Never

4. To your knowledge, are any of your child(ren) in this age group sexually active? (Please circle)
   YES or NO or Don’t Know
7. Where do you live?
   ___ Large city or metropolitan area
   ___ Medium sized city
   ___ Small town
   ___ Rural area or country

8. What is your highest education level?
   ___ Below High School
   ___ High School Graduate
   ___ Some College
   ___ Associate’s Degree
   ___ 4-year college graduate
   ___ Professional/Graduate degree

9. What is your current marital status?
   ___ Married/Live in Partner
   ___ Single
   ___ Divorced
   ___ Other (please explain) ___

10. What race or ethnic group do you most closely identify with?
    ___ American Indian
    ___ African American
    ___ Asian/Pacific Islander
    ___ Hispanic
    ___ Caucasian
    ___ Biracial

11. What is your total yearly income?
    ___ $0-$30,000
    ___ $30,000-$50,000
    ___ $50,000-$75,000
    ___ $75,000-$100,000
    ___ Over $100,000

12. Do you have any additional questions or comments concerning our survey and sexuality education?

*Thank you for your time and honesty in filling out Planned Parenthood of Greater Indiana’s Parent Survey! Your answers will greatly help us to better the lives of teenagers in our area. Have a great day!!*
References


Indiana Business Research Center at Indiana University Kelley School of Business (2001). *Stats Indiana*. (On-line), Retrieved September 23, 2003:
http://www.stats.indiana.edu/wed/county/teenbirths01.html


**Parent Research with Planned Parenthood**

Lindsay Klobuka

---

**Planned Parenthood**

- **Mission**
  - Protect, provide, and promote reproductive health for women and men alike
- **Goals**
- **Services**
  - Reproductive health services
  - Sexuality education

---

**Planned Parenthood**

- **History**
  - Tied with Birth Control Movement
  - Established in Muncie in 1965
  - Third largest affiliate in the nation
- **Funding**
  - Patient fees and donations (64.4%)
  - Medicaid (14.79%) and government grants (9.97%)

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**Planned Parenthood**

- **Consumers**
  - Varied population
  - Low-income
- **Consumer Problems**
  - Health care concerns
  - Lack of sexuality knowledge

---

**Planned Parenthood**

- **Data collection and analysis**
  - Only demographic information
  - Uses experts
  - BSU Social Science Research Center
  - Planned Parenthood Federation of America
  - Evaluation/comment forms
  - No computerized programs

---

**Social/Practice Problem**

Parent attitudes, knowledge, and communication with their children concerning sexuality issues
Defining the Problem

- Family is a significant factor in formation of sexual identity
  - Psychological Theories
- Extent of parent communication correlates with sex attitudes of adolescent
- Parent attitudes of sex education
  - 77% thought they possessed requirements to some extent
  - 97% thought should be integrated with morals
  - Everyone had ideas of what should be taught

Research Plan

- Research Questions/Hypothesis
- Survey
  - The process...
- Further use for Planned Parenthood
  - Better service to clients
  - More resources gained through written proposal

Findings
Lessons

• Patience and Flexibility!
• Reality of social service agencies
• Importance of social science research