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Abstract

A COMPARATIVE STUDY OF THE PLANNED USE OF TOUCH TO ENHANCE THE SELF ESTEEM OF THE PREGNANT ADOLESCENT

by

Una Marie Reeves

Two groups of pregnant adolescents were compared in a study of the hypothesis that the use of planned touch would enhance the self esteem of the pregnant adolescent. The girls studied were enrolled in a school for the pregnant minor, established by the San Bernardino County Schools system, in a metropolitan area of San Bernardino, California.

The control group was composed of seven and the experimental group of twelve pregnant adolescents, ranging in age from fifteen through seventeen. The Q Sort technique was used as the tool with which to measure the self esteem of both groups. Two preliminary sorts were completed by both groups, one sort describing the subject's feelings at the time of the sort, or self sort, and following immediately, a second sort which was to describe the way the subject would like to be, ideally. For each subject, the results of the self sort were correlated with the results of the sort for ideal. This correlation was used as a measure of initial self esteem. Eight group sessions followed the initial two Q Sorts over a period of eight weeks. These sessions took place immediately preceding the prescribed health education classes. The purpose of the group work was to carry out value clarifying processes. The use of values clarifying materials was viewed as an implicit approach to problem solving.

With the experimental group, the planned use of touch was applied by the investigator to the individual participant, in the form of a handshake, at the beginning of the group session. At the conclusion of each experimental group session, the investigator applied planned touch to the shoulder, upper arm or forearm of the individual participant. The same group session content was used with the control group, but planned touch was not used. Following the series of group sessions, post Q Sorts were administered with the subjects again sorting for the self and the ideal.

Measures of final self esteem were obtained by correlating the results for self and ideal. The statistical computation consisted of the analysis of covariance, using the initial self esteem as the covariant for comparison of the final self esteem of the experimental and control group using a confidence level of .05. No statistically significant change in self esteem between the control and experimental groups was found; however, the findings were in the direction of the hypothesis. The conclusion was that the self esteem of the pregnant adolescent was not significantly enhanced through the planned use of touch in this study. Some subjective evidence indicated that the experimental group exhibited more self-confidence and seemed to feel freer to speak their minds. A collateral finding which emerged was that most of the girls in this study were either the oldest of siblings, or the oldest female sibling.

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A COMPARATIVE STUDY OF THE PLANNED USE OF TOUCH TO ENHANCE
THE SELF ESTEEM OF THE PREGNANT ADOLESCENT

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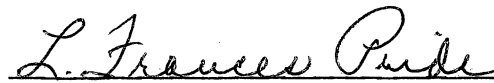
A Thesis in Partial Fulfillment
of the Requirements for the Degree
Master of Science in the Field of Nursing

June 1976

Each person whose signature appears below certifies that this thesis in his opinion is adequate, in scope and quality, as a thesis for the degree Master of Science in Nursing.

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Una Marie Reeves

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A COMPARATIVE STUDY OF THE PLANNED USE OF TOUCH TO ENHANCE
THE SELF ESTEEM OF THE PREGNANT ADOLESCENT

INTRODUCTION

Adolescence is a phase of normal growth and development within the life cycle. It is often characterized by the adolescent's explosive search for self, and for a unique and comfortable place in adult society. This can be painful for the adolescent, for there is usually little preparation or previous experience with which to buffer the profound physiological and emotional changes which occur at this time.

It has been the observation of the investigator, a community health nurse, that in the course of health counseling with pregnant adolescents, they frequently exhibited inconsistent behavior. For example, adolescents would contact the community health nurse seeking further information, yet would seem very ill at ease in conversing with the nurse. It was noted that often the adolescent avoided eye contact, spoke indistinctly, displayed little vitality or, conversely, much agitation. In an effort to promote comfort, the nurse would often reach out to the adolescent and touch her hand, arm or shoulder. The adolescent responded dramatically to this motion of the nurse, often sitting more erect and initiating eye contact. Other responses were occasional weeping or a clinging to the hand of the nurse. It was from this point in the encounter, that fruitful communication between the adolescent and the community health nurse would occur. As a result of these experiences, touch was used pragmatically by the nurse to provide reassuring

feedback to the pregnant adolescent. This seemed to create an environment more conducive to planning for the management of the pregnancy.

THE NEED FOR THE STUDY

The pregnant adolescent is faced with the turmoil of normal growth and development, complicated by the need for coping with pregnancy and preparing for motherhood. In addition, teen-age pregnancy is often complicated by other physiological and emotional stress factors, such as anemias, urinary tract infections and toxemias. The frequency of premature births, fetal and neonatal mortality is increased. The girl may be pressured to decide for early marriage, for termination of formal education, and, perhaps, for financial dependence upon public assistance, or a combination of all three.

How adequately the girl deals with these stresses depends in part upon her self confidence and self esteem. Her ability to provide responsible nurturance for her child carries an impact which reaches beyond the present generation. It is and has been the concern of community health nurses and other professionals, to provide a milieu within which the pregnant adolescent is encouraged to continue the development and enhancement of her self esteem and self confidence. Enhancement of self esteem depends upon positive feedback, verbal and non-verbal. Touch is one method used, universally, to communicate regard and worth to the individual. There is a dearth of specific research or documentation on the use of touch with adolescents, or in the practice of community health nursing.

CONCEPTUAL FRAMEWORK

Touch as a Form of Communication

Non-verbal communication occurs before birth through the tactile stimulation of the skin within the uterus (Frank, 1957; Montagu, 1971). Other observations by Montagu have shown that animal babies are dependent upon the licking stimulation of their skin by the parent to promote physiologic well-being, growth and development. Infant monkeys demonstrated their need for sensory stimulation in the development of affectionate behavior, by cuddling up to a soft terry-cloth "mother" which provided no nourishment, as opposed to that of a wire "mother" which dispensed nourishment (Harlow, 1958). In human infants, Rubin (1963) studied the effects of maternal touch and found that maternal touch served as a calming and quieting influence for a crying infant, as well as providing information to the mother.

Tactile sensitivity is a mechanism for gathering information and is observed in infants and young children as they quickly "mouth" or touch new and interesting objects thoroughly with their tongues. Touch provides the human with feedback upon which to base action, interaction or reaction. Touch comforts and reassures, reaching across all ages, into all cultures, particularly in times of stress.

Stress within the environment frequently accompanies rapid technological advances. Technological advances, such as television, often contribute to fewer person-to-person experiences, the result of which may be alienation or isolation of the individual, regardless of the age. In addition, the adolescent experiences stress by virtue of her station in

life. She has the physical attributes of an adult, and is expected to show behavior consistent with adult expectations; however, she is often unable to meet those expectations. She still needs the physical comfort of and communication with her parents or significant others, much as she did as a young child when she felt lonely, fearful or isolated. Sadly, the adolescent may be the one age group which experiences the least amount of touching and comforting from parents or significant others (Barnett, 1972). Supporting the concept that touch communicates caring and concern were studies of seriously ill patients (McCorkle, 1974), geriatric patients (Burnside, 1973; Preston, 1973), and psychiatric patients (DeTomaso, 1971). These groups, all of whom were experiencing stress to varying degrees, responded positively to the use of touch by nurses.

Prescott (1974) believes that adolescent and adult behavior can be influenced by the use of touch, provided it is used in appropriate response and feedback, in conjunction with encouraging other physical activities. According to Prescott, there is reason to believe that adolescent behavior can result in degrees of non-conformity if there is an interruption or significant change in the physical interaction between the adolescent and her parent or significant other. He indicates that in the absence of physical interaction between parent or significant other and adolescent, the adolescent may solicit demonstrations of worthwhileness from peer groups. In a study of women and their desire or wish to be held or cuddled (Hollender, 1970), it was found that body contact frequently provided feelings of being loved, protected, and comforted. This same need to be held or cuddled may or may not contribute to the

incidence of pregnancy among adolescents, and is mentioned only as it relates to the use of touch in confirming worthwhileness. The act of touch communicates affection, friendliness and acceptance.

Adolescence and the Development of Self Esteem

The adolescent search for meaningful relationships is an adjunct to acquiring self identity. Self identity has its roots in the very earliest of impressions. These impressions, though now forgotten, have persisted, and influence the adolescent's interactions with others. The period of adolescence evolved from an earlier cycle where the child gathered information about herself and her worth from her parents or significant others (Freud, 1935). Self esteem developed from the feedback she received. If she was regarded as a nuisance, this concept was mirrored in her behavior. If she was regarded as a worthwhile addition to her family, this, too, was reflected in her behavior (Ziller, 1973).

The adolescent characteristically protects herself from anxiety by not becoming too involved with adult society. As she moves toward adulthood, and detaches from parents, she may increase the vulnerability of her self esteem to potential humiliation or attack. Under these circumstances, there is little reserve of self esteem upon which to rely, to sustain herself (Erikson, 1950). As self assurance is learned by the adolescent, identification with the peer group occurs, and dependence upon the parent is decreased. Concern regarding society's appraisal of her worth is exhibited, and many people, other than parents, have become important to her.

Self esteem is part of the entire self system, which includes the attitudes, morals, values and roles the individual has learned

from those about her (Ziller, 1973), and should not be equated with an egotistical exercise in exaggerated self importance. Bethlehem (1969), in discussing the development of guilt and conscience, concurs with the need for love and approval of significant others, as necessary for healthy emotional growth and development. As the individual perceives respect from others, and undergoes successful life experiences, an enhanced and strengthened self esteem emerges.

The Purpose

The purpose of the study was to determine if the planned use of touch would enhance the self esteem of the pregnant adolescent. The merit of this modality lies in the use of touch as a tool to judiciously and thoughtfully confirm the existence and worth of another individual. It is a tool with which every human is endowed, and which carries universal meaning.

The Hypothesis

The conceptual framework suggests the development of self esteem in childhood and adolescence is dependent upon feedback from the environment, parents and others significant to the individual. Feedback is obtained through communication, verbal and non-verbal, with touch suggested as a primitive and elementary precursor to any formal development of spoken communication. It was from these concepts the hypothesis was developed, namely:

The planned use of touch would enhance the self esteem of the pregnant adolescent.

Definitions

For the purposes of this study, the following definitions were used.

Planned use of touch. A method of physical contact initiated by the investigator, demonstrated by the placing of the investigator's hand upon the shoulder, upper arm, forearm or hand, for a period of two to three seconds.

Enhance. The development of a higher opinion of self in the pregnant adolescent, as described by the tool used for measurement.

Self esteem. Characterized as the feelings and attitudes the subject had about herself; her perceptions of self worth.

Pregnant adolescent. A gravid female, eighteen years of age or under.

Assumptions

1. Low self esteem is often present in the pregnant adolescent.
2. The community health nurse investigator is a significant person in the perception of the adolescent girls who were in the study.
3. The descriptive phrases used in the measurement tool adequately reflected those feelings felt by the study subjects.

Limitations

1. There are varying cultural interpretations of touch.
2. There may be adverse individual reactions to invasions of territoriality.

3. The use of touch was confined to a structured classroom setting.
4. The Q Sort method does not lend itself to generalizations regarding the results of the study.

METHODOLOGY

A quasi experimental approach was used in conducting the study. The research was conducted October through December 1975.

Setting

A school for the pregnant minor, within the San Bernardino County Schools system, was the study site. This school was physically separated from the other public schools, and drew from a population area of one hundred thousand.

The Sample

The groups studied represented a convenience sample of twenty-one girls of varying ethnic and cultural backgrounds. Three individuals did not complete the series of eight group meetings. Two delivered before the study was completed, one chose to not complete the testing at her own request. This subject had attended only one group session, and gave absence in attendance as her reason for not wishing further involvement. Final sample size was nineteen girls, seven in the control group and twelve in the experimental group.

Placement in the two classes was accomplished mutually between the consultant and the prospective student, at the time of the initial interview. This occurred prior to the study, and was in no way related

to the intellectual ability of the individual. The classes (health education) were a required course for those enrolled at the school. The two classes were comparable in range of ages, ethnic and cultural backgrounds. See Table 1, page 17.

A flip of a coin designated which of the two groups would be considered the experimental group.

Criteria

The criteria for selection for either group was:

1. Subject was pregnant when admitted to the school.
2. Subject had no history of hospitalization for emotional disorders or mental illness.
3. Subject was eighteen years of age or younger upon admission to the school.

Procedure

The subjects, along with a parent or guardian, were interviewed by a consultant in special education programs prior to admission to the school in the fall. At this interview, consent of the parent or guardian was obtained, for the student to participate in the study. A short description regarding the purpose of the study was given, and that health counseling and other health information would be given by a community health nurse graduate student.

Prior to gathering the data, the investigator discussed the design of the study individually with the consultant to the program, the teacher-director of the school, the health education instructor, and the community health nurse assigned to the school. A briefing of the back-

ground, purpose and hypothesis of the study was given, and from this emerged willing and interested support of these individuals. The investigator worked primarily with the instructor of the health education classes, and was given carte blanche in utilization of class time and conduct of the eight group sessions. The group sessions were conducted during the first twenty minutes of the scheduled health education classes, on designated days, for a total of eight meetings. The investigator designed and conducted the group sessions herself, in an effort to reduce bias. The sessions were related to the valuing process. See Appendix G for group session content. The community health nurse assigned to provide nursing services to the students gathered the background data (See Appendix D) as she conducted her regular health counseling interviews with the student.

The manipulation of the independent variable, the planned use of touch, was with the experimental group. It was the intent, in the use of planned touch, to provide positive feedback to the student that she was acceptable to the investigator. The planned use of touch was not incorporated into the contacts with the control group. However, it was anticipated that the Q Sort results might indicate an enhanced self esteem in the control group, due to participation in the study.

The Tool

The evaluation of self esteem was measured by the Q Sort technique. This technique was developed by Stephenson (1950) and Thomas (1968) and has been used in other studies measuring self esteem (Reeves, 1971). The self esteem was measured by correlating the results of four

Q Sorts, in which the subject sorted item cards containing descriptive phrases into seven columns (see Appendix E). The columns were ranged from "least like me" to "most like me." The first Q Sort was done with the subject sorting the item cards according to the way she felt at that moment. The second Q Sort followed immediately, with the subject sorting the item cards according to the way she would like to be ideally. The eight group sessions were conducted between the first set of sorts and the second set of sorts. The second set followed the eight group sessions and was conducted exactly the same as were the first sorts. The subject sorted the item cards according to how she felt at that time and again, immediately following, the way she would like to be. The Q Sort technique seemed more adaptable for use with a group of adolescents than would a written questionnaire or personal interview by the investigator. A fifth grade education was deemed sufficient to provide reading ability to complete the sort.

The Q Sort is a forced choice in this study, which meant that the adolescent found herself distributing item cards differently than she might have preferred. Indeed, this was expressed by several subjects during the first sort. There was also the possibility for omitting characteristics which would have been appropriate to include. The Q Sort items were those developed for use with twenty unwed mothers by Reeves (1971) and standardized in that study, which also involved the development of self esteem in the pregnant teenager, through the use of a participating relationship.

A pilot study was conducted with a group of four teenagers, ranging in age from thirteen years through sixteen years, to determine

that the item cards seemed meaningful, the instructions were easily understood and carried out, and the approximate length of time needed to perform the Q Sort. Some adjustment was made in the collection of the item cards following the sort; other than that, no further changes were made in the administration procedure.

Administration of the Q Sort

The investigator was introduced to the experimental and control groups, by the health education instructor, at the time data gathering was initiated. The participants were seated around tables in the health education classroom. They were given pink cards 22½" x 15", upon which were drawn seven columns entitled "most unlike me," "unlike me," "somewhat unlike me," "neutral or neither," "somewhat like me," "like me," and "most like me" (see Appendix E). The subjects were instructed by the investigator to sort the item cards (see Appendix E for list of descriptive phrases on item cards) into the proper column. For the first sort, they were instructed to sort the cards "according to how you feel right now, today." When that sorting was completed, the investigator collected the item cards, a column at a time, clipping them to the back of each individual card in the appropriate column. The second sort followed immediately, and the subjects were instructed to sort another set of item cards "according to how you would like to be ideally." The item cards were collected, column by column, on the individual pink cards and clipped to the front of the pink card. Prior to the first sort, the subjects had been assured of confidentiality, and were identified by first name and first initial of surname. They were not informed of the purpose of the

tests, but some concluded audibly, at the time of the first sort, that they were probably going to be compared with other teenagers. After the eight group sessions had been completed, the Q Sort was repeated twice, with the exact instructions given as were given for the first two sorts. It was noteworthy that the first two sorts were done hesitantly and slowly by the girls, taking the entire class period of fifty minutes to complete. Six weeks later, following the completion of the group sessions, both sorts were completed in a total of fifteen minutes by all participants.

The Conduct of the Group Sessions

It was the decision of the investigator to use the values clarifying process as described by Rathes, et al. (1966) as the *raison d'etre* with the two groups. This process provides an approach to decision making useful to the individual when choices are available. Rathes suggests that values are a product of social and cultural experiences and provide the basis upon which personal beliefs are structured. Accordingly, when choices are available to the individual, values determine the development of alternatives and their selection, with subsequent action as appropriate to the choice.

It seems to the investigator that many adolescents are not exercising their rights to make choices, perhaps are unaware of the power they have over their lives. To promote a model for thoughtful and responsible decision making, seems to also promote processes useful in maintaining a positive social and emotional equilibrium. The exercises or strategies selected were designed to allow the group participants to

examine their own values in a non-threatening manner, and to help them become aware of the control they have over their own decisions.

The group process. To both groups, the investigator introduced herself as a community health nurse, who was conducting these sessions as part of the requirements of attending graduate school. The statement was also made that the investigator had a special interest in teenagers and their feelings. Both group sessions were conducted by the investigator. The sessions were held during the first twenty minutes of the health education classes on the designated days. The instructor did not participate in the sessions in any manner, though in most sessions she was present in the room, but busy with other work. This did not appear to detract from the work of either group.

Both groups sat around several tables, placed to form a square in the classroom, where the health education classes were routinely held. The investigator sat or stood, depending upon the availability of seating. At each session, a different strategy was used to expose the participants to the process of choosing, valuing, and acting on the choices made. There was initial concern among the participants that they needed to answer correctly, or that there were "right" or "wrong" answers. The investigator assured the participants that these strategies were to be answered in light of what they believed, and would not be turned in to be graded by the investigator. They were given the option to share their feelings or to not share. After several sessions, both groups were more verbal and individuals more willing to share their reactions to the strategies. At the conclusion of each session, the investigator requested

feedback from each participant individually. Because of the non-specificity of the request, the responses were sometimes non-verbal, such as a shoulder shrug or a smile.

The control group was the smaller of the two groups, with seven participants. At the beginning of each session, the investigator went to each individual participant, greeting them verbally. Usually there was a verbal response, albeit, seemingly quiet or reluctant at first. This group could be characterized as quiet, orderly, eager to please and less sure of themselves. Invariably, there was positive feedback to the investigator at the conclusion of each session. It seems worth mentioning that after the third session, they seemed to participate more diligently and studiously in the group work than did the experimental group, e.g., they were not ostensibly engaged in other classroom assignments or in conversation.

The experimental group of twelve subjects was always greeted verbally and individually by the investigator and with a handclasp. The first time the investigator's hand was proffered to these participants, the entire group paused momentarily, as if surprised. At the first session, the investigator went to each individual, stating her name as she offered her hand, requesting the subject to introduce herself, too. At subsequent sessions, the investigator went from one subject to the next as they were seated around the tables, saying "good morning" to each participant and shaking hands with her. The response to the handshaking was varied. Some studiously avoided eye contact at first; some kept up a running conversation with a classmate near them; some sat at a distance, physically removed from the table; some giggled self-consciously, and all were very watchful. None refused to

shake hands, though at the initial session, there was a split-second hesitation before responding. After about the second group session, this group became very verbal, and individuals were not hesitant to let the investigator know if they felt a particular strategy was "dumb," or if they felt the experience that day was "pretty lousy."

At the conclusion of each of the experimental group sessions, the investigator went to each participant, placing her hand upon the shoulder, upper arm or forearm, requesting feedback about the session. There was no hesitation in response; most participants responded verbally; a few of the participants had no verbal response. Some felt free to respond negatively. This group could be characterized as more independent, more noisy, more relaxed, eager to please, but less eager to please than the control group. During the first two sessions, the groups were very similar in verbal and non-verbal response.

In the experimental group, there were some who felt comfortable doing what appeared to be homework after the third session, but also participating in the group work. New students joining both groups were included in the group sessions, but were not included in the final data collected. These new students did not seem to have a distracting effect upon members of either group.

FINDINGS AND PRESENTATION OF DATA

Characteristics of Groups

The ethnic background of the control group and the experimental group was comparable (Table 1). Those of native American or Oriental ethnicity were not present in the study groups or in the school. The

Table 1
 Comparison of Control and Experimental Group Characteristics

	Control N=7	Experimental N=12	Total N=19
<u>Ethnicity</u>			
Spanish American	2	3	5
White	4	7	11
Black	1	2	3
<u>Age</u>			
15 years	0	4	4
16 years	4	3	7
17 years	3	5	8
<u>Previous Pregnancies</u>			
Yes	1	1	2
No	6	11	17
<u>Continuing Contact with Father of Child</u>			
Yes	5	8	13
No	2	4	6
<u>Marital Status</u>			
Single	5	9	14
Married	2	3	5

mean age for the control group was 16.4 years, and for the experimental group was 16.0 years. In the control group, five of the seven subjects were unmarried and living at home and two were married, while in the experimental group, eight of the twelve subjects were unmarried, five lived with parents, three lived with foster parents, and three were married. The duration of pregnancy upon admission to the study for the control group was three to five months for five subjects, and above six months for two subjects. In the experimental group, three subjects were under three months, seven were between three and six months, and two were six months or above. One subject out of seven in the control group reported a previous pregnancy, while one subject out of twelve in the experimental group reported a previous pregnancy. Both pregnancies reported had been terminated by abortion. The majority of girls in both groups reported they maintained continuing contact with the fathers of their babies, and four out of the nineteen were married to the father.

Within the family systems of the study participants, half came from homes where the parental marriage was intact. The educational background for ninety percent of the parents was at the twelfth grade or under. The majority of fathers in the parent groups were reported as employed, and the majority of mothers from the parent group were reported as unemployed. There was no effort to elicit information regarding the role public assistance played in support of the subject's own life, that of her spouse (if married) nor in that of her parents.

One finding that stands out in this study is that out of nineteen participants, thirteen were the oldest child in the family, and fifteen were the oldest daughter in the family. All subjects had younger siblings.

Analysis and Discussion of Data

The statistical computations were done by computer following the completion of all data gathering. The computation consisted of the analysis of covariance to compare the final correlation (or self esteem) of the two groups, using the initial correlation (or self esteem) as the covariant. As shown in Table 2, there was no significant statistical change in self esteem between the control and experimental groups at the .05 level. Both groups showed variability. The control group's mean correlation decreased, indicating a movement toward diminished self esteem, while the experimental group's mean correlation increased slightly, indicating a movement towards increased self esteem. However, because the independent variable was not precise, and the study sample small, no generalization regarding larger populations can be made.

Table 2

Mean \pm Standard Error of Initial and Final Correlations
of the Control and Experimental Groups

	Pre-test Correlations	Post-test Correlations
Control Group	.427 \pm .101	.386 \pm .096
Experimental Group	.498 \pm .051	.523 \pm .071

It was observed by the investigator that behavior exhibited by those in the experimental group seemed more self confident and at ease toward the conclusion of the study than was that of those in the control group. Other factors which may have influenced the results include the

tool, as used in the measurement of self esteem, may not have been sufficiently sensitive to changes in self esteem. Additionally, the fifty item Q Sort may have caused the study participants some confusion, irritability or fatigue, all of which could have had a biasing effect upon results.

CONCLUSIONS AND RECOMMENDATIONS

The hypothesis that the planned use of touch would enhance the self esteem of the pregnant adolescent was not supported. However, the statistical movement in the direction of self esteem and the other serendipital findings with the experimental group, provide sufficient basis for development of ways to use planned touch with pregnant adolescents. Such usage could be planned touch as a nursing intervention to provide positive feedback to the individual pregnant adolescent. Another conclusion reached was that the oldest female sibling in a family could be at increased risk for early adolescent pregnancy, as out of nineteen studied, fifteen were the oldest female sibling in the family.

Recommendations for further study include the need for development of a tool more sensitive in measuring changes in self esteem. To provide more reliable data, it would be necessary to study and compare larger samples of the population over a longer period of time. It would also be appropriate to plan for follow-up studies to determine if there is a lasting effect in maintaining an enhanced self esteem as the result of the use of planned touch. Insights into the need and effect of planned touch might be developed by studying and comparing its application with various age groups such as pre-teens, adolescents, and older teens. Comparison studies could also be done with the very brief application of

touch and a longer application of touch. Further information is also needed regarding those pregnant adolescents who choose to terminate their pregnancy as compared with those who choose to continue their pregnancy, and their respective placement in the family constellation.

Implications of this study for nursing include thoughtful application and use of planned touch to provide a milieu conducive to communication with patients or clients. Education regarding women's and mothers' roles, parenting, and the prevention of early unwanted adolescent pregnancy is an essential and necessary nursing intervention.

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APPENDIX A

P. O. Box 277
Yermo, CA 92398
July 21, 1975

Mrs. Lucy Siegrist
Director, Special Services
Office of Superintendent of Schools
San Bernardino County Schools
602 S. Tippecanoe Ave.
San Bernardino, CA 92415

Dear Mrs. Siegrist:

As partial fulfillment of requirements for a Masters of Science degree at Loma Linda University, I plan to do a study of the pregnant adolescent. This study will evaluate methods of increasing the self-esteem of the pregnant adolescent, in addition to providing health information and education. With permission of the Office of the Superintendent of Schools, I would like the privilege of conducting the study in Cottage School, East. I believe this study will have some implications that will be useful for educators as well as nurses.

I am enclosing a draft of the proposed research study and a copy of the consent form. I will need your response to this request in writing. Thank you for your consideration.

Sincerely

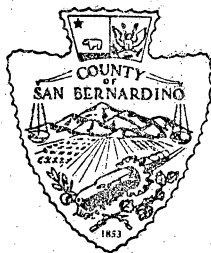


Una (Marie) Reeves

Enc.: Draft of proposed research study
Consent for student participation
Self-addressed envelope

APPENDIX B

OFFICE OF COUNTY
SUPERINTENDENT OF SCHOOLS
602 S. Tippecanoe Avenue
SAN BERNARDINO, CALIFORNIA 92415
Telephone: (714) 383-2183



ROY C HILL
Superintendent of Schools

25 September 1975

Ms. Una Marie Reeves
P.O. Box 277
Yermo, Ca. 92398

Dear Ms. Reeves:

I am happy to notify you that you have been given formal permission to participate in a planned special study at the Cottage East Program.

I am anxious to see your materials and would like to have a session with you and Mrs. Lamb, the Health Education Teacher, before you begin. Please call and set up an appointment at 383-2179.

I hope that this will be a good experience for you and a profitable one for our students.

Sincerely yours,

A handwritten signature in cursive script that reads "Dolores LeRoy".

Mrs. Dolores LeRoy
Consultant in Special Education

DL:am

APPENDIX C

APPENDIX D

BACKGROUND DATA SHEET

1. Group _____
2. Name _____
3. Ethnic Origin: Black _____ Spanish surname _____ White _____ Other _____
4. Age _____
5. Marital status: S _____ M _____ W _____ D _____
6. Place of residence: Parents _____ Relatives _____ Other _____
7. Length of Pregnancy: under 3 mo. _____ 3-6 mo. _____ over 6 mo. _____
8. Number of pregnancies: _____
9. Continuing contact with father of baby: Yes _____ No _____
10. Marital status of parents: S _____ M _____ W _____ D _____
11. Years of school completed by father: 1th grade and under _____
12th grade _____ 2 or more years of college _____ (check one)
12. Years of school completed by mother: 11th grade and under _____
12th grade _____ 2 or more years of college _____ (check one)
13. Father employed: Yes _____ No _____
14. Mother employed: Yes _____ No _____
15. Number of older brothers _____
16. Number of younger brothers _____
17. Number of older sisters _____
18. Number of younger sisters _____
19. History of hospitalization for mental or emotional illness:
Yes _____ No _____

APPENDIX E

THE Q SORT SCHEMATICS

Most Unlike Me	Unlike Me Generally False	Somewhat Unlike Me (Somewhat False)	Neutral Neither	Somewhat Like Me (Somewhat True)	Like Me Generally True	Most Like Me
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
		_____	_____	_____		
		_____	_____	_____		
		_____	_____	_____		
		_____	_____	_____		

The phrases indicating characteristics descriptive of oneself had been placed upon cards numbered one to fifty. The number on the corner served only as an identification for the item for statistical correlation. These item numbers were copied onto prepared data sheets after the pregnant adolescent completed the sort and decided on the final arrangement of (1) real self characteristics, and (2) ideal self characteristics.

Instructions for doing the Q Sort:

1. Take the fifty item cards.
2. Place a card on each space in the seven columns according to the way you feel today.
3. Place the cards in the appropriate columns, now, according to the way you would like to be ideally.

APPENDIX F

Q SORT ITEMS USED IN EXPERIMENTAL AND CONTROL GROUPS

1. Is carefree most of the time
2. Takes no chances
3. Accepts and supports changes in usual way of living
4. Changes her mind often
5. Has a high opinion of herself
6. Is shy
7. Has same values as superiors
8. Does things in a similar manner
9. Works hard
10. Is generous with what she has
11. Has strong feelings
12. Likes her appearance
13. Is different from others
14. Does not often ask anyone for a favor
15. Is ready and willing to accept any job which needs to be done
16. Seeks advice a lot
17. Always likes to be perfect
18. Regards suffering as a necessary part of life
19. Believes that things will always turn out well
20. Freely expresses emotions
21. Does things usually on her own
22. Hates nobody and nothing
23. Tries to make life easy as possible for herself
24. Does not mind waiting for the good things
25. Lets her conscience be her guide
26. Hopes for the best
27. Never is satisfied with herself or what she does
28. Has very few, but very close friends
29. Things get on her nerves
30. Disregards the faults of others
31. Does not listen, believe, or engage in gossip
32. Does not spend money for things which are not needed
33. Does not become angry or mad
34. Always laughs off an insult
35. Does what others tell her to do
36. Likes to be alone
37. Never talks back to superiors
38. Never gets excited
39. Is a leader in a group meeting
40. Never in the least changes her standards
41. People think she is poor
42. Has very good manners
43. Tries to hurt other people's feelings
44. Is not ashamed of what is done
45. Feels she is needed
46. Would rather be someone else
47. Has something to call her own
48. Likes to go out often
49. Keeps her word
50. Learns from making mistakes

APPENDIX G

SAMPLE OF GROUP SESSION CONTENT
Utilization of Values Clarifying Strategy

Instructions

Remember the choosing, prizing and acting that accompanies any strong belief or value of an individual. Please do this strategy and select one phrase under each question that best describes your feeling. We will discuss some of your answers and their implications for action when you have completed the questions.

Portions of a strategy used in a value clarifying session as adapted from Values Clarification, Rathes, et al., 1966, follow:

Which is more important in a friendship?

- loyalty
- generosity
- honesty

Which season do you like best?

- winter
- summer
- spring
- fall

Which would you be more concerned about as you grow older?

- lung cancer
- overweight
- declining vision

Which do you think is most harmful?

- alcohol
- cigarettes
- marijuana

Which would you least like to be?

- very poor
- very sickly
- disfigured

If you were in an accident, which injury would upset you the most?

- two broken legs
- temporary loss of hearing
- temporary loss of eyesight