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Never-Pregnant African American Adolescent Girls' Perceptions of Adolescent Pregnancy

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According to the National Vital Statistics Reports, adolescent pregnancy rates among girls aged 15–19 declined 40% between 1990 and 2008 to a record low of 69.8 per 1,000. Furthermore, between 1990 and 2008, adolescent pregnancy rates among African Americans decreased from 232.7 to 121.6 per 1,000. Despite this decrease, pregnancy rates among African American girls aged 15–19 are more than twice the rates among Caucasian girls in the same age group (Ventura, Curtin, Abma, & Henshaw, 2012).

The societal view of adolescent pregnancy and birth in the United States is decidedly negative, and a large body of scientific research supports this opinion. It is generally accepted that adolescent pregnancy and birth leads to limited education, lack of employment and earning potential, and poverty (Centers for Disease Control and Prevention, 2012b; Klein & the Committee on Adolescence, 2005). Additionally, the National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy (2013) cites the almost \$10 billion cost of adolescent pregnancy which includes reliance on government assistance, foster care services, and the likelihood of incarceration for the offspring of adolescent parents (National Campaign to Prevent Teen and Unplanned Pregnancy, 2013). Based on these findings, there is potential for long-term negative consequences associated with adolescent pregnancy, particularly among African Americans. Therefore, there is a continued need for studies that

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explore the sexual decision-making processes of African American adolescent girls in regards to adolescent pregnancy.

Background

There exists a number of studies that indicate there are positive aspects of adolescent pregnancy and birth, namely improved family relationships, family support, increased focus on educational goals, maturity, becoming more responsible, being loved, and having someone to love (Geronimus, 2003; Herrman, 2008; Herrman & Waterhouse, 2011; Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006; Spear & Lock, 2003). Many of these positive perceptions of adolescent births have been elicited from pregnant or parenting adolescents in qualitative studies. Herrman and colleagues (2008; 2012; 2011) found that residing with one parent, living in poverty, and/or having a parent or sibling who gave birth during adolescence were associated with adolescents having more positive views on adolescent pregnancy (Herrman & Waterhouse, 2011). Similar accepting attitudes were found among African-American adolescents of low socioeconomic status in a study that examined public opinion of adolescent pregnancy in five Urban Health Initiative cities (Gallup-Black & Weitzman, 2004). Several studies also pointed to the transformative power of adolescent pregnancy and parenting in the lives of adolescents that became more focused and responsible as a result of the experience (SmithBattle, 2009; 2013; Spear & Lock, 2003).

Geronimus (2003) noted that adolescent pregnancy was normative and protective, specifically in African-American impoverished communities where adolescents had a multigenerational family and community support system in place to help them succeed as parents. In a review of 22 qualitative articles published between 1990 and 2000, Spear and Lock (2003) reported findings from a longitudinal qualitative study that suggested pregnancy among low-income African American adolescent girls was an expectation among family members, particularly mothers and grandmothers. The participants in that study described the grandmothers as the caregivers, while the mothers pursued other activities such as completing their education or seeking employment. In a qualitative study of perceived social messages about adolescent pregnancy among young adult African American women, findings showed that the inevitability of becoming pregnant during adolescence was a perceived expectation from family members as well as the community. Despite these expectations, the participants in that study did not view themselves as following that path (Secor-Turner, Sieving, & Garwick, 2011). In a similar study, young adult African American women reported feeling pressured by peers and boyfriends to get pregnant during adolescence because it was the expected social norm (Martyn & Hutchinson, 2001).

In a study involving adolescent parents and never pregnant adolescents, findings showed they were aware of the changes that giving birth during their adolescent years would require in their lives, and most did not desire the additional responsibility, or were concerned about the response of their family and friends (Herrman, 2008). In a similar study, findings revealed pregnancy-related stigma, putting personal goals on hold, lack of financial and educational preparation, and having to miss out on the adolescent years to be among the

negative consequences associated with adolescent pregnancy (Rosengard et al., 2006). Collectively, findings from these studies suggest that adolescents have varying opinions about adolescent pregnancy ranging from it being an expectation to it being a hindrance to future aspirations.

The majority of these studies explored perceptions about adolescent pregnancy from the perspective of sexually experienced adolescents and adolescent mothers. Little is known about sexually inexperienced, never-pregnant adolescents' perceptions regarding adolescent pregnancy. Gaining an understanding of adolescent pregnancy from the perspective of never-pregnant adolescents may be a vital part of identifying factors that influence their decision-making about initiating sexual activity, intent to become pregnant, and reliable use of contraceptives. Sexual decision-making among adolescents is a complex process involving multiple factors (e.g., perceptions about behavior, social norms, emotions, developmental/physical changes of puberty) intertwined within and influenced by the context of the situation (Halpern-Felsher, 2009).

The purpose of the article is to shed light on the social context in which never-pregnant African American adolescent girls, aged 12 to 14, form opinions about adolescent pregnancy. According to the 2011 National Youth Risk Behavior Survey, less than 7% of African American girls had engaged in sexual activity prior to age 13 (Centers for Disease Control and Prevention, 2012a). For the purposes of this study, the targeted age group of 12 to 14 years was selected because they were less likely to have initiated sexual activity; therefore, less likely to have experienced a pregnancy. Discovering the perceptions of never pregnant adolescents regarding adolescent pregnancy may further enhance pregnancy prevention education to target adolescents prior to sexual debut, which may likely contribute to the further decline of adolescent pregnancy among African American girls.

The findings reported in this article are from a larger qualitative descriptive study. The aim of the larger study was to identify and explore sociocontextual factors that influence sexual decision-making among African-American girls aged 12 to 14 years. A previous publication of data from the larger study focused on themes related to perceptions about virginity and romantic relationships (Childs, White, Hataway, Moneyham, & Gaiosio, 2012). Data reported in this article focus on themes that emerged related to the participants' perceptions of how becoming pregnant during adolescence would affect their lives.

Methods

Design, Setting, and Sample

Qualitative descriptive inquiry was used to explore early adolescent African American girls' beliefs associated with adolescent pregnancy, specifically the perceived risks and benefits of becoming pregnant during adolescence. Qualitative descriptive inquiry allows the researcher to describe experiences, events, and perceptions from the perspective of study participants. It also allows the researcher to seek understanding of the situational context in which study participants perceive these experiences and events to occur (Sawatzky & Fowler-Kerry, 2003; Sullivan-Bolyai, Bova, & Harper, 2005).

Sixty-four African American girls aged 12 to 14 were recruited between August 2010 and February 2012 through community-based organizations in a large U.S. southeastern metropolitan city. The community-based organizations were selected on the basis of the type programs offered that targeted adolescents such as recreational sport activities, after-school programs and summer camps. These organizations served as initial recruitment sites for disbursement of brochures describing the study. 'Word of mouth' was also used as a recruitment strategy where enrolled participants and/or their parents informed other parents and potential participants about the study. Inclusion criteria for participation in the study were: (1) female, (2) African American, (3) 12 to 14 years of age, (4) able to read and speak English, (5) agreeable to participating in an individual interview or group discussion, and (6) receive parental/guardian permission for to participate. Adolescent females, aged 12 to 14, who had given birth were excluded from participation in the study.

Procedures

The protocol for this study was reviewed and approved by the Institutional Review Board of the University of Alabama at Birmingham. Between August 2010 and February 2012, 70 adolescent girls were screened. Of the 70 girls screened, two did not meet the age requirement for the study and four had difficulty in scheduling an interview day and time. Consequently, the resulting number of eligible participants was 64. Prior to enrollment in the study, potential participants and their parent/guardian were informed about the purpose of the study and the length of time required to complete the individual interview (up to one hour) or focus group (up to two hours). Afterwards, written informed consent and assent were obtained from each parent/guardian and potential participant. Each participant received \$40 cash for participation in either an individual interview or focus group.

Demographic Data and Sexual Behavior—The following demographic data were obtained from each participant: age, grade level in school (i.e., 7th grade), socioeconomic status (receives free lunch or not), who lives in participant's household, number of siblings, birth order, and sexual activity. Data obtained about sexual activity included age of initiation of sexual activity, number of sexual partners in past year, and condom use with each sexual encounter. For each question related to sexual activity, participants were asked about vaginal, oral, and anal sex. Demographic and sexual behavior data were collected through the use of investigator developed questionnaires. Due to the sensitive nature of the sexual behavior questionnaire, participants were given an envelope in which to place the completed questionnaire before returning it to the research assistant. In the focus group setting, participants were seated in such a way that they did not have a direct view of each other's questionnaire. In the interviews and focus groups, participants were instructed to not write their names or any identifying information on the questionnaires. Participants were informed that their individual responses on the questionnaires would not be discussed in the individual interviews and focus groups. They were also informed that any discussion of the results would be a summary of all participants' responses so that no one individual can be identified.

Individual Interviews—Thirty-six participants participated in semi-structured individual interviews. The interviews focused on: (1) beliefs about adolescent pregnancy, (2)

perceptions of life changes resulting from becoming pregnant during adolescence, and (3) perceptions of parents' reactions if the participant were to get pregnant during adolescence. A research assistant (RA) who was trained in conducting interviews completed all individual interviews. To ensure consistency in conducting the interviews, the RA used an interview guide that was developed by the first author (GC). The following questions were included in the interview guide: (1) *Imagine you were pregnant. How would it change your life?* (2) *How do you think your parents would react?* (3) *If your friends found out you were pregnant, what would they think?* Probing questions were used as needed by the RA to elicit additional information. Each interview was conducted in a private room at a site that was easily accessible to the participant (i.e., local YMCA, public library). All interviews were digitally recorded and lasted approximately 60 minutes.

The interview guide was informed by an integrated conceptual framework of Sexual Decision-Making that was used to guide the larger study. The Sexual Decision-Making conceptual framework was derived from the integration of the Cognitive-Motivational-Relational Theory (CMR) (Lazarus, 1991) and the Cognitive Mediation Model of Women's Sexual Decision-Making (Norris, Masters, & Zawacki, 2004). The CMR Theory states that a person enters a situation, such as an intimate relationship, with a hierarchy of goals relevant to the situation, which provide the foundation for continual appraisal and evaluation of the situation (Lazarus, 1991; Norris et al., 2004). Adding to the CMR Theory is the Cognitive Mediation Model of Women's Sexual Decision-Making. This theory asserts that sexual decision-making is mediated by a series of primary and secondary appraisals, which focus on situational factors and cognitive processes taking place prior to and during the sexual encounter (Norris et al., 2004). Central to decision making is cognitive appraisals of the potential risk and benefits associated with a situation or course of action. The integrated conceptual framework of Sexual Decision-Making identifies contextual factors (personal, family, and social networks), perceived benefits (peer acceptance, relationship with partner, and avoidance of pregnancy), and perceived risks (rejection by peers, rejection by partner, and pregnancy) believed to influence the sexual decision-making processes of African American adolescent girls. Questions outlined in the interview guide explored these factors as they related to adolescents females' perceptions of adolescent pregnancy and how becoming pregnant as an adolescent would impact their lives. In this study, the concepts identified in the integrated conceptual framework were selected based on findings from other studies focused on adolescent pregnancy and sexual risk reduction that examined factors that influence and predict sexual behavior (Buhi & Goodson, 2007; Kogan et al., 2013; Mollborn, 2010; Tanner et al., 2013).

Focus Groups—Upon completion of the 36 individual interviews, recruitment for participation in the focus groups started. The purpose for conducting the focus groups was to substantiate and further elaborate the comments and themes from the individual interviews. Three focus groups involving 28 participants (9 to 10 per group) were conducted by the first author (GC) and RA. Adolescent females who participated in the individual interviews did not participate in the focus groups. Each focus group was conducted using a focus group interview guide developed by the first author (GC). The interview guide included questions and scenarios that were developed based on comments and themes that emerged from the

individual interviews. At the start of the focus group, the RA gave an overview of findings from the individual interviews as they related to adolescent pregnancy. Next, the RA began introducing one question or scenario at a time allowing ample opportunity for participants to share their thoughts and experiences. A question included in the guide was: *Girls who participated in the individual interviews said that girls their age were too young to have babies; tell me what you think about that comment. Tell me your thoughts about teenage girls having babies.* This type of questioning allowed for detailed discussions about the impact of becoming pregnant during adolescence. Probing questions were used to obtain additional information from the group. Focus groups were conducted in a private conference room at a site that was easily accessible to the participant (i.e., local YMCA, community center). All focus groups were digitally recorded and lasted approximately two hours.

Data Analysis

All individual interviews were transcribed verbatim. Accuracy of transcripts was verified by comparing the digital recordings to the transcripts. Analysis of individual interview transcripts occurred concurrently with data collection and was completed prior to the start of the focus groups. Qualitative data were analyzed using content analysis. Content analysis involves open coding in which transcripts are read line by line to identify and extract key statements or stories. These statements and stories are grouped together based on similarities in content to create categories and identify patterns in the data. From these categories, themes emerge that provide a description of the phenomenon of interest (Elos & Kyngash, 2008; Sandelowski, 2000; Vaismoradi, Turunen, & Bondas, 2013). Analysis of the focus group data followed the same procedures outlined for the individual interviews. Upon completion of the analysis, the themes from the focus groups were compared to those identified in the individual interview with intent to substantiate and further elaborate the comments and themes from the individual interviews.

Members of the research team independently read and coded transcripts from the individual interviews and focus. The transcripts were read line by line and significant comments and stories were extracted. These comments and stories were independently coded and categorized. From the codes and categories, meaningful themes and patterns were developed. To determine final coding decisions, agreement between two of the three coders was required. Data were coded and sorted into categories using the qualitative research software, QSR N-Vivo®.

Trustworthiness and credibility of the data were assessed by: (1) members of the research team independently reviewed and analyzed transcripts; and (2) use of focus groups to substantiate findings from the individual interviews.

Results

Sample Characteristics

The mean age of participants was 12 ($SD = 1.0$). The participants ranged in grade level from sixth to ninth grades (6th grade, 12.5%; 7th grade, 29.7%; 8th grade, 29.7%; 9th grade, 28.1%). The majority of participants were from single-parent households led by their

mothers ($n = 29$, 45.3%), fathers ($n = 5$; 7.8%) or other relative such as a grandmother ($n = 8$; 12.4%). The majority of participants received free or reduced school lunch ($n = 37$, 57.8%). To be eligible for free or reduced school lunch, specific federal income eligibility guidelines as they relate to poverty level and size of household must be met (U.S. Department of Agriculture, 2013). With slightly more than half of the study sample meeting these requirements, the data suggest that the socioeconomic background of the study participants ranged from low to middle income level (Table 1).

Sexual Activity

Among the 64 participants, 92.2% ($n = 59$) reported abstaining from vaginal-penile, oral, and anal sex; whereas 7.8% ($n = 5$) reported engaging in one or more sexual acts (vaginal-penile, oral, and/or anal sex). Of the five sexually active participants, 100% ($n = 5$) reported engaging in vaginal-penile sex with the mean age of debut being 13 years ($n = 5$, $SD = 1$). Among those five, two participants also reported engaging in either oral or anal sex. Oral sex was initiated at 14 years of age; anal sex at 13 years of age. All sexually active participants reported high-risk sexual behaviors: more than one sexual partner during a one year period ($n = 4$) and inconsistent condom use while engaging in vaginal sex ($n = 5$), oral sex ($n = 1$), and anal sex ($n = 1$). None of the study participants reported ever being pregnant or giving birth.

Findings from Interviews

Content analysis revealed five themes that reflected the girls' perceptions of the consequences associated with becoming pregnant as an adolescent. Across all individual interviews and three focus groups, the themes were related to misconceptions about pregnancy prevention and the girls' beliefs about the impact of pregnancy on their life, educational goals, parents, and peer relationships. Findings from the individual interviews and focus groups will be reported together as the intent of the focus groups was to validate the findings from the individual interviews.

I can't get pregnant if I do this...right?—In discussing the topic of pregnancy with young girls, it is important to understand how they perceive pregnancy and ways in which it can be prevented. To ascertain the girls' understanding of how to avoid pregnancy, they were asked to identify ways in which pregnancy could be prevented. All of the girls identified using a condom during sex and "not having sex" as means of preventing pregnancy. During these discussions, several misconceptions about ways in which pregnancy could be avoided were identified. In several of the individual interviews, girls made statements about the use of vinegar to prevent pregnancy: "If the condom bust, you can drink a lot of vinegar and you won't get pregnant". This misconception was validated in two of the three focus groups. One girl participating in a focus group asked, "If it [condom] burst, can't you drink vinegar to kill the sperm?" Several girls in two of the focus group stated they had heard the same thing. In addition to the use of vinegar, the majority of girls from the individual interviews and focus groups recounted stories about "washing semen off" after sex to avoid becoming pregnant. One girl stated, "I heard that if you did it in the swimming pool that it would wash the semen away."

There were also several misconceptions related to the timing and number of times a person could have sex without becoming pregnant. Though not mentioned in the individual interviews, a girl from one of the focus groups added, “Like, if you do it on your menstrual, which is nasty, you can’t get pregnant, and that on your first time you can’t get pregnant.” Another girl in the same focus group stated, “not having sex with anybody more than once because I don’t think that having sex once will get you pregnant immediately,” which validated a similar misconception mentioned in the individual interviews. In several of the individual interviews and also validated by the focus groups, girls frequently identified hormones and emotions as influencing factors for having sex and becoming pregnant. One girl explained, “Love, like love emotions, like it [hormones] kick in and that can get you pregnant too. Like liking a boy like seriously.”

Being Pregnant Will Change Everything—Although none of the girls in the study reported ever being pregnant or ever giving birth, all of them had definite views about how becoming pregnant as a teenager would impact their lives. The general consensus was that they would not be able to “hang out” or “have fun” with their friends. A girl who participated in an individual interview stated, “It [getting pregnant] would make a big difference in my life because I would not be having fun or anything else.” This was supported by each of the three focus groups. One girl in a focus group said: “I’d have more responsibilities. I’d have to think about the baby instead of just me and I can’t hang around as much as I’m used to and stuff like that.” Another girl in the same focus group further elaborated:

I wouldn’t be able to go out with my friends no more. I would have to stay home with the baby. My grades would suffer. I wouldn’t be able to go to college or the prom or graduate. Just, it changes everything.

Further discussions in both the individual interviews and focus groups revealed the frequent use of the words embarrassment and disappointment in reference to how the girls would feel about themselves if they were to get pregnant as a teenager. A girl from the individual interview stated, “I’d be embarrassed to go back to school because I’d feel like everything that I worked hard for just got shattered.” This sentiment was also echoed in other individual interviews and validated by the focus groups. In a focus group, one girl said:

I would just feel like it was a big disappointment and a disgrace. I’m pretty sure they [parents and friends] probably wouldn’t feel that way but I would think that they would feel that way. And I would feel like I was a big disappointment and I would feel like they would have expected better from me.

Feelings of disappointment and embarrassment were also discussed in relation to participation in school-based sports activities such as basketball, soccer, and track. The girls who participated in competitive sports talked about how becoming pregnant would affect how people viewed them and their ability to continue playing sports. In an individual interview, one girl stated, “It [getting pregnant] would change my life big time. Because I’m athletic and people probably would look at me different because they wouldn’t expect me having, ah, having sex, or getting pregnant. Because of what I do.” A similar statement was made by a girl in one of the focus groups. She said, “[I would] have to quit playing sports.

Have to probably tell my friends and they probably won't like it. I'd probably have support but, it just, it wouldn't be the same."

Although perceptions of other people's reaction influence most girls' opinions about adolescent pregnancy, first-hand observations of pregnant adolescents were also an influencing factor. For many of the girls, adolescent pregnancy was a common occurrence in their schools and neighborhoods; so their perceptions of the consequences of adolescent pregnancy were shaped by the frequent exposure to what the majority of girls in the individual interview described as "normal". This perception was validated by several girls in a focus group:

They think pregnancy is a new thing because everybody up there is like pregnant now. But my friends they are not pregnant. But we used to make bets on who would be the first one to get pregnant because of the way they used to do.

In response to the statement, several girls nodded in agreement. One girl stated, "Some of my friends they would, they would be happy [if I got pregnant]. They would say it's like oh she's like us now."

Although adolescent pregnancy was a common occurrence in these girls' environment, they perceived it as "not a good thing." In an individual interview, a girl said:

Some girls try to get pregnant because they want to have a baby and they want to care for that baby. I understand that but you should just wait because you know. One day you want to do something and you have a baby and you've got to take the baby with you and you can't really like, they probably want to go out clubbing or something with their friends and you can't go because you've got to stay at home and take care of the baby.

The perception of becoming pregnant during adolescence as "not a good thing" was echoed in each of the three focus groups. A girl in one of the focus groups said:

Like most of the girls at my school like there is a couple of girls there that's pregnant, and some of them they say that she's lucky that she's having a baby and everything and I'm like how is she lucky? I don't see the part where she's lucky.

A girl in a different focus group shared her perspective:

I know I've been brought up around a lot of teenage pregnancies. A lot of my cousins have been impregnated when they were teenagers and I've seen what they went through and I see where they are now and I always said I do not want to be like that. I want to have a career. I want to travel. I want to see things that I've never seen before. I want to enjoy my life. I want to meet new people and I feel like if I had a child a lot of the things that I want to do will be limited.

Bye-bye to My Education...Maybe—Graduating from high school was an important goal for all of the girls in the study. When asked about their career goals, the girls identified various occupations of interest such as a pediatrician, school teacher, cosmetologist, and nurse. The girls viewed getting pregnant as a barrier to achieving their goals. One girl in an individual interview said, "If I get pregnant at this age, 14, I would have to stay out of

school for a while and not get my education.” Similar statements were made in both individual interviews and focus groups. A girl in one of the focus groups stated:

I know like you wouldn't be able to go to school 'cause I know that babies cry a lot and you would have to get up in the middle of the night and try to calm them down and then you would not have enough rest for the next day at school.

In contrast, several girls believed they would be able to continue their education. In an individual interview, a girl noted that with her mother's support she could finish high school and go to college. She said:

I don't think it [getting pregnant] would change my life. I would still go to school until it's time to give birth. And my momma told me if I ever got pregnant she will take care of my baby so I can go to school and go to college and everything.

Similar statements were made in other individual interviews and validated in the focus groups. A girl in one of the focus groups acknowledged the difficulty in continuing her education if she were to become pregnant as a teenager. She stated:

I know I would go to college because my mom has already told me you will go to college. But I know that will be hard. That'll be the hardest thing I will ever have to do because you will have to balance school. You will have to get a job. You have to do daycare, food, that's, you have to do everything that a baby would need for you to do. And I wouldn't even be emotionally ready for that.

I Would Be a Bad Influence on My Friends—Relationships with close friends were very important to the girls in the study. They highly valued their friends' opinions of them. The majority of girls voiced concerns about how their friends would treat them if they were to get pregnant. In an individual interview, a girl said:

My friends would not expect it at all. They know me as the goody-goody. So I think that my friends would just be completely shocked and I think that my true friends would still be there for me but I wouldn't expect them to put their life on hold. I would expect them to still strive for the best and I would think that they would make me an example of what they wouldn't want to be and I would want to be an example of this is not what you want your life to be like. You don't want to be pregnant as a teenager. And I think they would look at me not necessarily completely different, but differently and to see that she is a teenager, if it can happen to her it can happen to me too.

The issue of being a bad influence on their friends was frequently mentioned among girls in the individual interviews and focus groups. In an individual interview, one girl explained:

No one would want to be my friend [if I was] pregnant and they would, like, their parents will say like, I don't want you hanging out with her because she made the wrong decision and she's pregnant and stuff like that.

This sentiment was validated in two of three focus groups. A girl in one of the focus groups said, “They [friend] probably think I'm not a good influence to them as their friend. And they would probably stop hanging around me and stuff like that.”

My Parents Would Be Disappointed and Ashamed of Me—The girls were asked how they thought their parents would react if they were to get pregnant as a teenager. One girl who participated in the individual interview said:

First of all, I will probably be dead. Because my mom would kill me. Or, like, I would want to be dead, because my mom would like, kick me out of the house. If I was pregnant and I wasn't married, you know, and I was like a teenager, I would probably feel bad, and I would probably quit school. And I would probably be living on the streets. And, my life would be horrible.

The majority of girls in the individual interviews and focus groups perceived that their parents would be angry but most of all, they would be disappointed. In an individual interview, one girl said, "I think they would be disappointed. I think they would still love me regardless, but they would be disappointed." A girl in one of the focus groups agreed that her parents would be disappointed in her. She further elaborated:

They'd [parents/family] be angry, like after all we talked to you and told you about this you did it anyway and now you're with a child that you can't take care of and you're like so young and now your life is just messed up.

Another girl in the group added:

I think it [getting pregnant] would affect my parents dramatically because that's, I don't think that they would expect me to not only to have sex without telling them, but also, to be not necessarily irresponsible but to actual have that happen. And I personally, I think that they would be disappointed in my judgment and I will probably be disappointed in myself.

Despite their perceptions of their parents being angry and disappointed, the majority of girls believed their parents would still love them. However, the girls believed there would be more restrictions placed on their activities. A girl explained, "I don't think I would have as much freedom as I do, as much trust from them, I don't think I would be able to go anywhere, and, it [getting pregnant] would change a lot."

In addition to disappointment, the girls talked about the "shame" that would bring onto to their parents and family. A girl from one of the individual interviews stated, "I think it would affect my mom the most because I think she would feel like she didn't do a good job raising me." The majority of girls shared similar perceptions. A girl from an individual interview said:

My parents might be mad. Then, there might be somebody going around like ____ having a new child in their family and they [parents] might get mad about that. Then people might get in arguments about it. Then my parents won't feel good about themselves because they tried to do everything they could to stop me from having sex.

Several girls in the individual interviews talked about how other people might "gossip" about the situation and make their parents feel like they are not good parents. This concern was validated by each of the three focus groups. In one of the focus groups, one girl explained:

They [parents] would feel bad because I-m still a kid myself and taking care of another kid. It would affect your parents like, people be talking about it sayin' that, sayin' that your momma should be ashamed. She should of been there; they should of been there teaching their child this from that, right from wrong, what to do and what not to do; and not to have sex.

The girls also shared their perceptions of being burden on their parents and family. In an individual interview, one girl stated:

I probably wouldn't know what to do with a baby, at my age, and I ain't got no money to buy no Pampers, and I have to ask for money, and probably have to get a job, also just to buy Pampers, and baby food, clothes, and other stuff.

The girls in the focus groups agreed with being pregnant would be a burden on their families. A girl in one of the focus groups said, "[having a baby would] put another mouth to feed inside the household." Another girl added, "My dad would have to probably get another job to help me pay for the clothes, and the formula and everything."

Despite perceiving their parents would be angry and disappointed in them, the majority of girls acknowledged that their parents would be supportive. A girl in one of the focus groups explained:

And I know that I will always have my parents beside me but my mom always told me if you have a child that is your child. Don't expect me to be there every step of the way because that is your child because you made that decision.

Similar statements were made by other girls in the individual interviews and focus groups.

Discussion

The purpose of this study was to explore African American adolescent girls' perceptions of how becoming pregnant during adolescence would affect their lives. All of the participants understood that condom use and abstaining for sexual activity were strategies for preventing pregnancy. However, there were numerous misconceptions about other methods for preventing pregnancy such as having sex in a swimming pool to wash away the semen or drinking vinegar if the condom bursts. Similar misconceptions about strategies to prevent pregnancy have been cited in the literature (Flowers-Coulson, Kushner, & Bankowski, 2000; Thomas & Dimitrov, 2007; Wynn, Foster, & Trussell, 2009). The origins of these misconceptions, whether spread by peers or family, are unclear but it is speculated that inaccurate information about sexual health on the internet is a contributing factor (Wynn et al., 2009). The perpetuation of these misconceptions and buy-in by adolescents increases their risk for unintended pregnancies. It is important to incorporate strategies for addressing misconceptions about pregnancy prevention in sexual health promotion and pregnancy prevention programs. Further research is needed to gain understanding of the depth and permeation of these types of misconceptions among adolescents prior to initiation of sexual activity.

Though none of the participants reported ever being pregnant, the prevalence of adolescent pregnancy observed through family, friends, and/or peers in their schools or neighborhoods

helped to shape their views about getting pregnant during adolescence. Congruent with the assumptions of Sexual Decision-Making conceptual framework, the participants in this study appraised their family and social situations in order to determine the risks and benefits of becoming pregnant as an adolescent. Our findings indicated that the participants did not perceive any benefits associated with being a pregnant adolescent. Conversely, majority of participants perceived multiple negative consequences or risks associated with becoming pregnant during adolescence. Through their stories and comments, it was evident they believed being pregnant as an adolescent would negatively impact their education, athletic opportunities, and relationships with their parents and peers. These findings validate similar findings from other studies that focused on pregnant adolescents' perceptions of pregnancy (Herrman, 2008; Jaccard, Dode, & Ditue, 2003; Rosengard et al., 2006). However, for never pregnant adolescents, these findings suggest that the experience of direct observation of an adolescent going through pregnancy and parenthood bring to life the realities of being an adolescent mother that a never pregnant adolescent may be unwillingly to hear or accept as true from an adult such as a parent, teacher, or counselor. Therefore, research is needed to further explore how and to what extent never pregnant adolescents' decisions about engaging in sexual activity are influenced by direct observation of adolescent mothers within their families, communities, and schools.

Being successful in their academics and sports activities was important to the participants in this study. They voiced how becoming pregnant as an adolescent would negatively impact those things. Previous literature has shown involvement in structured activities and desire to succeed in school to be protective factors for delaying initiation of sexual activity (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2007; Walker, Rose, Squire, & Koo, 2008). For the majority of participants, findings suggest that the importance placed on academics and sports tended to outweigh the desire to engage in sex or become pregnant. During early adolescence (ages 12 to 14), adolescents are beginning to develop relationships with the opposite sex. For females, the desire to seek out intimate relationship increases during adolescence (Allison & Schultz, 2001; Martyn, Hutchinson, & Martin, 2002; Piaget, 2008; Yurgelun-Todd, 2007). So, this raises the question of whether the desire to excel in academics and sports will remain protective against initiating sexual activity when confronted with a real life situation in which a decision must be made to initiate or abstain from sexual activity. This is further complicated by adolescents' feelings of invincibility or 'it can't happen to me' mentality, which increases the likelihood of engaging in sexual risk-taking behaviors such as inconsistent condom use (Alberts, Elkind, & Ginsberg, 2007; Greene et al., 2000). Therefore, it is important for pregnancy prevention programs to include strategies to foster adolescents' development of realistic goals and enhance their understanding of how their choices affect their ability to achieve those goals.

Parents play an important role in the development of adolescents' goals. Parental influence on how the participants viewed adolescent pregnancy permeated throughout all discussions. Though not a major theme, the influence of the participants' parents also helped shaped their academic and athletic goals. At this stage of development, peers begin to exert more influence on adolescents than their parents (Oberle, Schonert-Reichl, & Thomson, 2010). However, for the participants in this study, the influence appeared to be equal. Both parental and peer relationships were important to the study participants. Although some literature

notes adolescent pregnancy as a norm among many African American families (Geronimus, 2003; Spear & Lock, 2003), this was not apparent among the participants in this study. The stories shared by participants revealed that their parents did not want them to become pregnant during adolescence. Findings also suggested that the majority of participants would feel shame and embarrassment in having to reveal to their parents and peers that they were pregnant. Such feelings may provide an explanation as to why many pregnant adolescents do not disclose their pregnancy to parents or peers until it can no longer be concealed. Furthermore, exploring those feelings could provide an avenue for facilitating open conversations about sex between the adolescent and her parent. Among peers, it could facilitate a conversation about the emotional consequences of engaging in sex and/or becoming pregnant.

A possible limitation of the study was the potential for participants responding to interview questions and focus group discussions in a manner they perceived socially acceptable. To encourage honest responses, prior to the start of each interview and focus group, members of the research team assured participants that there were no right or wrong answers and the information they shared would be kept confidential and not reported to their parents. They were also informed that any discussion of the findings from the study would be a summary of all participants' responses so that no one individual can be identified. Because the study focused on African American girls aged 12 to 14 who live in the Southeastern U.S., the findings cannot be generalized to older adolescents or adolescents living in other parts of the U.S. Literature has shown that African American adolescent girls from disadvantaged communities, single-parent households, and/or low socioeconomic background are at increased risk for adolescent pregnancy (Mollborn, 2010; Talashek, Alba, & Patel, 2006). Therefore, to address potential sampling bias, participants were recruited from venues that served varying socioeconomic backgrounds. This strategy was to ensure that the study sample would be representative of varying socioeconomic backgrounds (determined by whether the participant received free/reduced lunch) and family structures of southeastern metropolitan city from which the sample was recruited (Table 1).

Overall findings from this study contribute to the limited literature on never-pregnant adolescent African American females' perceptions about adolescent pregnancy. Findings shed light on the social context of interactions among adolescents, their family and peers and how those interactions influence the adolescents' views about how becoming pregnant would impact their lives. The context from which early adolescent never-pregnant females view adolescent pregnancy is heavily intertwined with their desire for parental approval, academic/athletic achievement, and peer acceptance. This is consistent with previous literature (Kogan et al., 2013; Tanner et al., 2013). However, findings underscore the emotional struggles of early adolescents as they try to give meaning to the potential impact pregnancy would have on their lives. The reality for never-pregnant adolescents differs from that of pregnant and/or parenting adolescents. Therefore, further research is warranted to explore how pregnancy prevention needs differ between never pregnant and pregnant or parenting adolescents.

This study highlights the importance of addressing these issues at an earlier age. Though early adolescents are less likely to be sexually active, they are exposed to sexual situations

and content through the media, internet, social media, and interactions with sexually active peers and adolescent family members. This has significant implications for nursing practice. Nurses who provide care for adolescents, whether in clinics or community settings, should explore the adolescents understanding of sex and responsible sexual behavior. Each patient encounter should be an opportunity for the nurse to provide them with information about sex, safe sex practices, contraceptive use, and consequences of unprotected sex so that they will have accurate information. Based on the study findings, the information provided by nurses and other healthcare providers should be tailored not only for the adolescent's developmental level but the level of sexual knowledge and experience. Framing patient education about sex within a context to which adolescents can relate has the potential to improve the relevance of pregnancy prevention education among adolescents.

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Highlights

- We explored never-pregnant African American girls' opinions about teen pregnancy.
- Observations of pregnant teens shaped participants' views about teen pregnancy.
- Participants perceived negative consequences associated with teen pregnancy.
- Academics and sports outweighed any desires to engage in sex or become pregnant.
- Parents did not encourage adolescents to become pregnant.

Table 1
Phase 1 -- Sociodemographics of Individual Interview and Focus Group Participants

Characteristics	Individual Interview (n=36)		Focus Group (n = 28)		Total (N = 64)	
	n	%	n	%	n	%
Age						
12	15	41.7	10	35.7	25	39
13	5	13.9	14	50	19	29.7
14	16	44.4	4	14.3	20	31.3
Free or Reduced School Lunch						
Yes	20	55.6	17	60.7	37	57.8
No	16	44.4	11	39.3	27	42.2
Educational Goals						
Will not finish high school (H.S.)	---	---	---	---	---	---
Graduate from H.S. but not attend college	2	5.6	2	7.1	4	6.2
Attend college but not graduate	---	---	1	3.6	1	1.6
Graduate from college	34	94.4	24	85.7	58	90.6
Not sure	---	---	1	3.6	1	1.6
Family Structure						
Lives with both biological parents	13	36.1	7	25	20	31.3
Lives with biological parent and step-parent	2	5.6	0	0	2	3.1
Lives with mother	15	41.6	14	50	29	45.3
Lives with father	3	8.3	2	7.1	5	7.8
Lives with other relative	3	8.4	5	17.9	8	12.4
Ever had sex (vaginal-penile, oral, or anal)						
Yes	3	8.3	2	7.1	5	7.8
No	33	91.7	26	92.9	59	92.2