Factors Affecting Teens’ Attitudes Toward Their Pregnant Peers
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ABSTRACT. Research has shown that pregnant teens experience negative consequences resulting from stigmatization, but little research has explained why teenagers stigmatize pregnant peers to a greater degree than sexually active peers. We investigated factors affecting how teens view their pregnant peers. We hypothesized that belief in the effectiveness, availability, and ease of use of contraceptives; belief in a just world; feelings of invulnerability; and male gender would be associated with negative attitudes toward pregnant teens. Data from 101 high school students indicated that attitudes toward contraception and belief in a just world correlated in the expected direction with stigmatization and that male participants reported more negative attitudes. As a group, the study variables predicted negative attitudes, and in particular, attitudes toward contraception and gender uniquely contributed to negative beliefs about pregnant peers. This research may help educators and youth advocates understand and improve the outcomes of pregnant teens who face stigmatization.

Every year in the United States, approximately 750,000 teens aged 15–19 become pregnant (Kost, Henshaw, & Carlin, 2010), a much higher rate than most other industrialized nations (McKay & Barrett, 2010). This troubling statistic has prompted a great deal of research on effective methods of managing adolescents’ sexual behavior and preventing pregnancy, in addition to generating a maelstrom of differing public opinion and political debate (Collins, Alagiri, Summers, & Morin, 2002). Although research that informs teen-pregnancy prevention efforts is of great importance, research is also needed to inform efforts to improve the social, emotional, and educational outcomes of teens who are already pregnant and to mitigate the negative consequences associated with pregnancy.

One of the negative consequences of pregnancy is social stigmatization (Whitehead, 2001). Gallup-Black and Weitzman (2004) reported that although 87% of teens believed that sexual activity before the age of 18 was accepted by their peers, a significantly smaller percentage (53%) believed that teen parenting was accepted. This discrepancy indicates that among teens, pregnancy is stigmatized to a much greater degree than being sexually active. In order to understand how to help reduce stigmatization of pregnant teens, there must be a greater understanding of what determines the attitudes that teens have toward their pregnant peers.

Although a number of studies have focused on how pregnant teens experience their pregnancies in the social world (Rentschler, 2003; Whitehead, 2001; Wiemann, Rickert, Berenson, & Volk, 2005), few quantitative studies have examined how non-pregnant teens view their pregnant peers. However, some studies have employed qualitative methodologies to examine the topic (Herrman, 2008; Kegler, Bird, Kyle-Moon, & Rodine, 2001). In one of the few studies that asked nonpregnant teens their opinions of pregnant and parenting peers, several participants emphasized the notion that teen parents lacked ambition and significant direction in
life (Herrman, 2008). Herrman also noted that teens typically see pregnant young women as being at fault for their pregnancies. Teens in one study reported that their peers often view pregnant girls at their school as promiscuous (Kegler et al., 2001).

Stigmatization of pregnant adolescents is problematic because it can negatively affect outcomes for these adolescents. Across a variety of situations, social stigmatization may result in a number of negative consequences for the victim. Stigmatized young people suffer serious internalizing problems such as depression (Moses, 2009) and low self-esteem (Magin, Adams, Heading, Pond, & Smith, 2008). They also experience social isolation, exclusion, and lowered academic achievement (Magin et al., 2008; Spencer, Steele, & Quinn, 1999; Walton & Cohen, 2007; Wiemann et al., 2005). Many teens associate pregnancy and parenthood with loss of friends and feeling like an outcast (Herrman, 2008; Rentschler, 2003). In one study of teens who had just given birth, 39.1% said they felt stigmatized by their pregnancy (Wiemann et al., 2005). The teens in this study who felt stigmatized by their pregnancy often reported that they had seriously considered abortion, perceived their teachers as judging their pregnancy as a mistake, and felt abandoned by their baby’s father. Pregnant teens who perceived their teachers as underestimating their intelligence often lowered their own academic expectations (Kalil, 2002). Wiemann et al. (2005) reported that Caucasian teens felt the highest levels of stigmatization (45.3%), compared to African-American (41.0%) and Mexican-American (32.7%) teens. One researcher, who stated that pregnancy stigmatization may cause “feelings of fear, anger, worthlessness, depression, and shame,” as well as “both physical and mental health problems,” went so far as to call pregnancy stigmatization “social death” (Whitehead, 2001, p. 437).

It is important not only to gain a better understanding of how teenagers view their pregnant peers, but also to explain why these attitudes exist. Examining data from the National Survey of Family Growth, Suellentrop and Flanigan (2006) found that 31% of sexually active female adolescents experience pregnancy. This figure is slightly lower for non-Hispanic White adolescents, at 23%. However, these figures may be lower than actual pregnancy rates because of widespread underreporting (Jones & Kost, 2007). Sex may result in pregnancy. Therefore, it is interesting that teens are accepting of other teens having sex but view pregnant teens in a negative light.

One possible explanation for this discrepancy is that teens see pregnant peers as having engaged in irresponsible sex in contrast to nonpregnant sexually active peers. In support of this notion, one study found that sexually active college students compared themselves to siblings who had experienced unplanned or unwanted pregnancies and saw themselves as being more responsible and in control of their sexual decisions than their siblings had been (Allen, Husser, Stone, & Jordal, 2008). Weinstein (1980) explained that people often create negative stereotypes of individuals who experience various undesirable events that are perceived as controllable, because people believe that the stereotyped individual had the ability to prevent that negative event from occurring but failed to do so. Likewise, pregnant teens may feel stereotyped because other people assume that these pregnant teens should have been able to control their fertility by means of contraception, yet did not. Teens may believe that using a condom or taking oral contraceptives equates to not getting pregnant, without realizing the appreciable failure rates associated with normal use of these forms of birth control. If teens believe that normal use of birth control is nearly 100% effective in preventing pregnancy, they may assume that pregnant peers were not practicing responsible sex, thus leading to stigmatization. The National Campaign to Prevent Teen and Unplanned Pregnancy (2008) found that 22% of young adults cited nonuse or improper use of contraception as the primary reason for unplanned pregnancies, and an additional 42% said that unplanned pregnancies result from people being careless, not thinking about the future or consequences of their actions, lack of planning, thoughtlessness, lack of judgment, stupidity, or lack of responsibility. Only 2% of young adults cited birth control failure as explaining unplanned pregnancy (National Campaign to Prevent Teen and Unplanned Pregnancy, 2008). However, approximately half (48%) of all women experiencing unplanned pregnancies in 2001 were using contraception the month they became pregnant (Finer & Henshaw, 2006). Recent data indicated that for women in all age groups, birth control pills fail 9% of the time and male condoms 17% of the time in the first 12 months of use (Kost, Singh, Vaughan, Trussel, & Bankole, 2008). Kost et al., who reported that for women under the age of 20, reversible contraception fails 13.1% of the time in a 12-month period.

Another possible explanation for the stigmati-
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zation of teen pregnancy in the context of a relative lack of stigmatization of teen sexual activity relates to just world theory (Lerner, 1980). Lerner (1965) originally examined just world theory in relation to cognitive dissonance theory (Festinger, 1957), suggesting that people have a need to believe that their efforts directly affect their outcomes, so as to justify maintained actions to achieve certain goals or outcomes. According to a just world framework, people experience negative events as a direct result of their own actions and therefore deserve what they get (Lerner, 1980). Belief in a just world can also serve as a type of defensive attribution by allowing people to reassure themselves that because they are not bad people or are not engaging in bad behavior, nothing bad will happen to them (Shaver, 1970). Two techniques observers use to maintain belief in a just world include devaluing the character of victims or blaming victims based on previous actions or failures (Lerner, 1965, 1980; Lerner & Simmons, 1966). Research suggests that belief in a just world often leads people to blame victims across a variety of situations, such as rape (Castello, Coomer, Stillwell, & Cate, 2006; Lambert & Räichle, 2000; Sakalli-Uğurlu, Yalçın, & Glick, 2007), robbery (van den Bos & Maas, 2009), and poverty (Harper, Wagstaff, Newton, & Harrison, 1990). Similarly, teens may assume that pregnant peers must have deserved to become pregnant and that pregnant peers somehow have failed to take appropriate precautions, rather than simply seeing them as victims of bad luck. Furthermore, teens may denigrate the personal characteristics of pregnant peers. Because teens may not perceive nonpregnant sexually active peers as experiencing negative outcomes, teens may not feel the need to make negative attributions toward them in order to maintain a belief in a just world.

The belief that one is generally invulnerable, or an illusion of unique invulnerability (Perloff, 1983), may also factor into teens’ negative attitudes toward pregnant peers. People tend to judge themselves as less susceptible to negative events than other people (Weinstein, 1980). Research indicates that young people typically see themselves as much less at-risk to experience unplanned pregnancy compared to their peers (Breheny & Stephens, 2004; Burger & Burns, 1988; Whitley & Hern, 1991). Six in ten young adults (aged 18–29) underestimate their risk of experiencing unplanned pregnancy when not using contraception (National Campaign to Prevent Teen and Unplanned Pregnancy, 2008). As previously mentioned, when people view negative life events as controllable, they are more likely to create stereotypes about the type of individual to whom such negative things happen. Likewise, teens may create a stereotype of poor, unintelligent, or delinquent pregnant teens. If teens judge that they are unlike the stereotypical pregnant teen, they may conclude that they themselves are invulnerable to pregnancy (Burger & Burns, 1988; Weinstein, 1980). If nonpregnant teens view themselves as being at low risk for pregnancy, they may be less empathetic toward pregnant peers.

Although our primary interest centered on examining how beliefs about contraception, belief in a just world, and feelings of invulnerability influence stigmatization of pregnant teens, we believed it important to explore the effects that demographic variables might have on attitudes toward pregnant teens. For example, teen pregnancy by its very nature is experienced differently depending on gender. Researchers have found gender differences for a number of issues relating to sexuality and pregnancy, including awareness of factors influencing health during pregnancy (Delgado, 2008), intentions and attitudes regarding contraception (Wang, Cheng, & Chou, 2008), and factors affecting contraceptive usage (Ryan, Franzetta, & Manlove, 2007). Furthermore, men typically hold stronger just world beliefs than women (Lipkus, 1991) and may also view themselves as more generally invulnerable (Stake, 1992). Because of these gender differences, we deemed it appropriate to consider the influence of gender might have on attitudes toward pregnant teens.

Race and socioeconomic status may also have significant effects on attitudes surrounding teen pregnancy. Caucasian teens report feeling stigmatized by their pregnancies more than African-American and Hispanic teens (Wiemann et al., 2005) and would be more likely to be upset if they became/got a partner pregnant (Suellentrop, Bowen, Huffman, Smith, & Flanigan, 2006). In addition, teens from advantaged economic backgrounds typically see teen pregnancy and parenthood as less acceptable than do economically disadvantaged teens (Jewell, Tacchi, & Donovan, 2000). Teens with higher economic status also describe greater feelings of invulnerability to pregnancy than do lower-income teens (Farber, 1994). However, some studies show significant effects of either race/ethnicity or socioeconomic status, but do not show significant effects for both. Because the current study was concerned with stigmatization, we wanted to examine the attitudes of teens who are most likely
to stigmatize their pregnant peers. As pregnancy stigmatization may be particularly pronounced in Caucasian and/or higher socioeconomic populations, we conducted our research at a primarily Caucasian, middle- to upper income high school.

In addition, we wanted to further examine Gallup-Black and Weitzman’s (2004) finding that teens viewed peer parenting as less acceptable than peer sexual activity. As framed by Gallup-Black and Weitzman, this finding is somewhat ambiguous. First, the authors asked specifically about teen parenting, rather than teen pregnancy. Although any attitudes toward teen parenting would seem to imply similar attitudes toward teen pregnancy, it is possible that attitudes toward the two could differ based on beliefs about abortion, adoption, or some other factor. It is also possible that this discrepancy in acceptance simply means that teens see parenting as an undesirable outcome of otherwise harmless sexual activity. Thus, it is unclear what the implications of the discrepancy between acceptance of teen sex and acceptance of teen parenting are in terms of stigmatization of pregnant teens. As stigmatization of pregnant teens in comparison to sexually active teens is a relatively unstudied area of research, we believed it worthwhile to ask questions specifically about feelings toward pregnant peers themselves, rather than the condition of being pregnant or being a parent. Although seemingly subtle, such differences are important in terms of the social experience of pregnant teens.

We hypothesized that attitudes toward contraception, belief in a just world, and feelings of invulnerability to pregnancy would correlate with teens’ negative attitudes toward pregnant peers. Specifically, we predicted that teens who believed that contraception is accessible, effective, and easy to use; believed in a just world; and believed that they were invulnerable to pregnancy would be more likely to stigmatize their pregnant peers. We also hypothesized that male participants, compared to female participants, would hold more negative attitudes toward pregnant teens. Furthermore, we examined the extent to which attitudes toward contraceptive usage, belief in a just world, and feelings of invulnerability contributed to stigmatization of pregnant teens, when controlling for gender and parental education. We expected that as a group, these variables would predict stigmatization of pregnant peers and, moreover, that each of these factors would independently predict the extent to which teens viewed their pregnant peers in a negative light.

Method

Participants

Participants were 101 students (49 male adolescents, 51 female adolescents, 1 unknown) recruited from health classrooms in a largely middle- to upper-income public high school in the suburbs of a large Midwestern city. The high school’s student population is primarily Caucasian (81.4%), but also has a relatively high percentage of Asian/Pacific Islander students (11.9%). African American students comprise 2.8% of the student body and Hispanic students 3.5%, both low figures compared to state averages. The school spends over $4,600 more on each student than the state average for per-pupil annual expenditures. The high school completion rate exceeds 99%, with 99% of graduates pursuing a college education. Detailed demographic information for study participants appears in Table 1. The participants were primarily sophomores, with ages ranging from 15–17 (\(M = 15.57, SD = 0.59\)), and were mostly Caucasian (\(n = 72\)). Just over half of the participants (50.5%) reported that at least one parent had completed graduate school.

Measures

Participants completed a questionnaire consisting of the following measures:

Demographics. Participants reported their age, gender, year in school, race/ethnicity, and the highest level of education completed by either parent.

Attitudes and Beliefs About Contraception Scale (Kuckertz, 2009a). Because there is no available quantitative measure of teens’ perceptions of the effectiveness, ease of use, and availability of contraceptives, we developed a measure to assess this construct. We began by administering several open-ended questions relevant to the concept of interest in a small sample of high school students (\(n = 8\)). Based on these responses, we wrote seven statements rated on a 6-point Likert scale, with higher scores indicating greater confidence in the availability, effectiveness, and ease of use of contraception. Next, we piloted this measure with a convenient sample of teens and young adults (\(n = 5\)). Based on the feedback we received the pilot sample, we modified the formatting of the measure for improved readability. The measure administered to the current sample of 101 students contained seven items; however, one item was eliminated from the final analyses on the basis of little variability in responses (excluded item: “People who use contraception are still taking
a risk that they could get pregnant,” $M = 4.18$, $SD = .80$). Thus, the measure as analyzed contained six items (see Table 2). Responses on this scale are not necessarily expected to be correlated; rather, they are additive, so we determined it inappropriate to report internal consistency. A student may believe that contraception is easy to use, but not very effective. However, we would hypothesize that another student who believes that contraception is both easy to use and effective would have more negative attitudes toward pregnant peers than the former student.

Beliefs About Pregnant Teens Scale (Kuckertz, 2009b). We also created a new measure to assess beliefs about pregnant teens—to our knowledge there is no available quantitative measure of this construct. We began by administering several open-ended questions relevant to the concept of interest in a small sample of high school students ($n = 8$). Based on these responses, we wrote 17 questions and piloted this measure in a convenient sample of teens and young adults ($n = 5$). In order to determine the most effective scale continuum, we administered the measure with two items rated on a 5-point Likert scale, and the remaining 15 items rated on a 6-point Likert scale. Based on feedback from pilot participants, we standardized the measure with all items rated on a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree) and modified the wording on two of the items. Higher scores indicated more negative attitudes toward pregnant peers. We administered the adapted version of the 17-item measure to the current sample of 101 teens.

When we began the development of this questionnaire, we were concerned with the potential effect of social desirability on participants’ reporting of beliefs about pregnant teens. Because issues such as teen sexuality and teen parenting may be sensitive subjects, previous researchers have studied these topics by asking participants about others’ attitudes, rather than participants’ personal attitudes (Gallup-Black & Weitzman, 2004). In other words, participants may not feel comfortable admitting that they believe pregnant teens are unintelligent; however, if participants more comfortably admit that others view pregnant peers negatively, such tendencies may in fact capture participants’ personal internal attributions of negative qualities to pregnant peers. Therefore, we included separate items designed to (a) measure perceived attitudes of others toward pregnant peers or (b) measure personal attitudes and beliefs about pregnant peers.

We removed one item from the scale because it referenced sexually active female peers in general, rather than pregnant female peers in particular, and six items were excluded on the basis of low item-total correlations. After excluding these items, five items comprised an attitudes of others subscale and five of the items comprised a personal...
beliefs subscale. Our primary aim was to examine participants’ personal beliefs and attitudes toward pregnant peers rather than participants’ perceived beliefs about others’ attitudes. Therefore, the personal beliefs scale was the final measure used in all analyses (see Table 3). Cronbach’s alpha for the current study was .73.

Global Belief in a Just World Scale (Lipkus, 1991). Participants reported their belief in a just world on a widely used 7-item, 6-point Likert self-report scale. For example, participants were asked to rate their agreement on questions such as “I feel like people get what they deserve.” Hellman, Muilenburg-Trevino, and Worley (2008) found that the Global Belief in a Just Word Scale was more reliable, on average (α = .81) than two other commonly used measures of belief in a just word. Cronbach’s alpha for the current study was .73. This questionnaire has also demonstrated good construct validity (Lipkus, 1991).

Perceived Invulnerability to Pregnancy. Participants completed an adapted version of Burger and Burns’s (1988) questions on teens’ perceived invulnerability to unplanned pregnancy for themselves as well as their peers. Participants answered the questions “What would you expect the likelihood is that the average female student who is sexually active at your high school will experience an unplanned pregnancy in the next 12 months?” and “If you are sexually active, or supposing you were to become sexually active, what do you think your likelihood would be of experiencing an unplanned pregnancy (either yourself or your partner) in the next 12 months?” from 0 (no chance) to 100 (certainty). Burger and Burns included only sexually active women in their analyses of undergraduate students; however, as some high school students may not be sexually active, we included the clause “or supposing you were to become sexually active” in our version of these questions. We also wished to examine male attitudes toward pregnant teens, so we included likelihood of getting a partner pregnant as well. We calculated each participant’s invulnerability score by subtracting the participant’s reported likelihood of experiencing an unplanned pregnancy from the participant’s reported rating for the average sexually active female adolescent at that school (Whitley & Hern, 1991). Larger differences indicated greater feelings of invulnerability. As a validity check for the construct of interest, we conducted a ttest to determine whether participants in our study felt less vulnerable to pregnancy compared to the average sexually active peer. Consistent with previous literature, we found that participants in our study did see themselves as less vulnerable to pregnancy (M = 31.51, SD = 29.47) than their peers (M = 38.04, SD = 27.50), t(97) = 2.84, p = .006, d = 0.23.

Adolescent Invulnerability Scale (AIS; Duggan, Lapsley, & Norman, 2000). Because we slightly adapted our perceived invulnerability to pregnancy questions from the original questions used by Burger and Burns (1988), we also included the General Invulnerability Subscale of the AIS as an established measure of invulnerability. This subscale consists of nine items scored according to a 5-point Likert scale, with higher scores indicating stronger feelings of invulnerability. For example, items include “The problems that happen to other people my age are unlikely to happen to me.” This subscale has good construct validity and strong internal consistency (α = .83; Lapsley & Duggan, 2001). Cronbach’s alpha for the current study was .85.

Procedure
The first author visited seven health classrooms at the high school, described the study, and invited students to participate. Students took informed consent forms home for their parents to sign. The following day, the first author visited the classrooms to explain and obtain signed informed assent forms. Students who had returned to class with a consent form, signed by a parent, were eligible to complete an assent form. After collecting both the assent and consent forms, the first author administered the questionnaire in class to consented/assented students. Students received $5.00 gift cards as an incentive for participation. To protect

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<th>TABLE 3</th>
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<td><strong>Beliefs About Pregnant Teens Scale</strong></td>
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<td>Item</td>
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<td>1. Girls who get pregnant at my school were not using contraception.</td>
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<td>2. Girls who get pregnant at my school are more promiscuous than the average sexually active girl at my school.</td>
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<td>3. Girls who get pregnant at my school have had more sexual partners than the average sexually active girl at my school.</td>
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<td>4. Girls who get pregnant at my school are less intelligent than the average sexually active girl at my school.</td>
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<td>5. Girls who get pregnant at my school are more likely to engage in other delinquent behavior than the average sexually active girl at my school.</td>
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student privacy, all responses were anonymous. Of 151 students who received informed consent forms, 101 students came to class the following day with signed consent forms and completed the survey (67% response rate).

Results

We computed bivariate correlations to determine the relations between gender, parental education, beliefs about contraception, belief in a just world, perceived invulnerability to pregnancy, general feelings of invulnerability (AIS), and attitudes toward pregnant peers (see Table 4). We did not include age and year in school in the analyses on the basis of little variability in this sample. As hypothesized, stronger beliefs in the effectiveness and availability of contraception predicted more negative attitudes toward pregnant peers, \( r(100) = .42, p < .001 \). Also as hypothesized, belief in a just world was correlated with negative attitudes toward pregnant peers, \( r(100) = .21, p = .04 \). Additionally, the data indicated that participants who believed that contraception is effective, available, and easy to use felt less vulnerable to negative life events, \( r(100) = .27, p = .006 \). Correlations yielded no significant relations between attitudes toward pregnant teens and perceived invulnerability to pregnancy, general invulnerability, or parental education.

We conducted an independent samples \( t \) test in order to determine whether gender was related to negative attitudes toward pregnant teens. Results indicated that male participants (\( M = 19.20, SD = 4.12 \)), compared to female participants (\( M = 16.24, SD = 4.47 \)), held more negative attitudes toward pregnant peers, \( t(97) = 3.43, p = .001, d = 0.69 \).

Next, we conducted a multiple regression to examine the effects of attitudes toward contraception, belief in a just world, perceived invulnerability to pregnancy, feelings of general invulnerability, gender, and parental education on teens’ attitudes toward their pregnant peers (Table 5). This analysis indicated that a significant proportion of the variance in attitudes toward pregnant peers could be accounted for by the independent variables, \( R^2 = .33, F(6, 89) = 7.30, p < .001, f^2 = 0.49 \). Consistent with our hypotheses, greater belief in the effectiveness, availability, and ease of use of contraception predicted more negative attitudes toward pregnant peers, \( t(93) = 4.36, p < .001 \), as did male gender, \( t(93) = 2.96, p = .004 \). There was a nonsignificant trend for individuals with stronger belief in a just world to hold more negative attitudes toward pregnant teens, \( t(93) = 1.75, p = .08 \). Contrary to our hypotheses, there were no significant effects of perceived invulnerability to pregnancy, \( t(90) = 1.26, p = .21 \); general invulnerability, \( t(93) = 0.99, p = .33 \); or parental education, \( t(93) = 1.48, p = .14 \), on the dependent variable.

Discussion

This study of high school students tested the extent to which demographic variables, attitudes and beliefs about contraception, belief in a just world, perceived invulnerability to pregnancy, and feelings of general invulnerability were associated with teens’ negative attitudes toward their pregnant peers. We hypothesized that strong beliefs in the availability, ease of use, and effectiveness of contraception; belief in a just world; high ratings of perceived invulnerability to pregnancy; and high ratings of general invulnerability to negative life events would be correlated with negative attitudes toward pregnant teens and that each variable would uniquely predict these attitudes. We also hypothesized that male participants, compared to female participants, would hold more negative beliefs about pregnant peers. Our data partially supported these hypotheses.

As expected, teens who believed that their peers have effective contraception available that is easy to use tended to have more negative attitudes toward their pregnant peers. If one believes that effective contraception is available to sexually active peers, then one is likely to judge those peers who become pregnant as having failed to use contraception and thus, for example, less intelligent or more delinquent compared to nonpregnant sexually active peers. The literature suggests that sex education and pregnancy prevention efforts emphasize the importance of responsible sex in order to prevent teen and unwanted pregnancies (Benagiano, Bastianelli, & Farris, 2007; Kirby, 2007; Warren, 1992). Although certainly important, an unintended negative consequence of this message may be the implication that teens who do become pregnant were having irresponsible sex. This irresponsibility may then be translated into a variety of negative beliefs about pregnant peers—for example, that they are unintelligent, delinquent, or promiscuous. Many teen pregnancies are in fact the result of lack of or improper contraceptive usage; however, it is also true that roughly half of all women experiencing unplanned pregnancy were using contraception (Finer & Henshaw, 2006). Pregnant teens are negatively affected in many arenas of their personal, social, and academic
The lack of significant findings relating perceived invulnerability to pregnancy with attitudes toward pregnant teens was contrary to our hypothesis. Consistent with previous research on college-aged samples (Burger & Burns, 1988; Whitley & Hern, 1991), we did find that high-school students believed that they were less likely to become pregnant than their peers, indicating that the lack of significant findings was due to a true absence of a relation between the variables of interest, rather than a lack of perceived invulnerability. It is important to note, however, that the perceived invulnerability to pregnancy measure is a relatively simple measure without well-established psychometric properties. Furthermore, we adapted the original version of this measure (Burger & Burns, 1988) for use in a high school sample. Nonetheless, a more sophisticated measure of general adolescent invulnerability (AIS; Duggan et al., 2000) was also unrelated to attitudes toward pregnant peers, yielding additional support for a lack of relation between invulnerability and attitudes.

We also found that female participants held less negative attitudes toward their pregnant peers when compared to male participants. Our results may be partially explained by previous research examining gender differences in judgments regarding pregnancy stigmatization, as previously discussed. Pregnant and parenting teens are aware of these attitudes and uncomfortable with the idea that they are all grouped together as having the same character flaws and sharing the same fate (Prettyman, 2005).

The data partially supported our hypothesis that belief in a just world would be associated with negative attitudes toward teen pregnancy. Although belief in a just world was correlated with negative attitudes toward pregnant teens when we controlled for other variables, belief in a just world was only a marginally significant predictor. Teens who believe that people deserve what they get and that bad things happen to people as a result of their own actions may tend to stigmatize pregnant peers more than teens who do not believe in a just world. Lerner (1980) suggested that people often make attributions about others’ misfortunes by reinterpreting the cause of the misfortune or reinterpreting the character of the victim. Because teen pregnancy is generally viewed negatively, teens who believe in a just world may assume that their pregnant peers are bad choices or possess negative character traits. The belief that pregnant peers experienced contraceptive failure in spite of precautions. Given the novelty of exploring the relation between belief in a just world and pregnancy stigmatization, these findings, although only marginally significant, are noteworthy and should be further explored in future studies.

The lack of significant findings relating perceived invulnerability to pregnancy with attitudes toward pregnant teens was contrary to our hypothesis. Consistent with previous research on college-aged samples (Burger & Burns, 1988; Whitley & Hern, 1991), we did find that high-school students believed that they were less likely to become pregnant than their peers, indicating that the lack of significant findings was due to a true absence of a relation between the variables of interest, rather than a lack of perceived invulnerability. It is important to note, however, that the perceived invulnerability to pregnancy measure is a relatively simple measure without well-established psychometric properties. Furthermore, we adapted the original version of this measure (Burger & Burns, 1988) for use in a high school sample. Nonetheless, a more sophisticated measure of general adolescent invulnerability (AIS; Duggan et al., 2000) was also unrelated to attitudes toward pregnant peers, yielding additional support for a lack of relation between invulnerability and attitudes.

We also found that female participants held less negative attitudes toward their pregnant peers when compared to male participants. Our results may be partially explained by previous research examining gender differences in judgments regard-
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ing responsible sexual models. Fabes and Strouse (1987) asked men and women to name irresponsible and responsible sexual models and to explain why they were chosen as such. Fabes and Strouse categorized participants’ responses as based on either (a) underlying motives and intentions of the model or (b) sexual behavior and practices exhibited by the model. Men were more likely than women to explain sexual responsibility in terms of sexual behavior, which included reasons related to use of birth control and resulting pregnancies. Our study supports the idea that male participants, more than female participants, may form negative attitudes toward pregnant peers because male participants make judgments of pregnant peers based on a perceived failure to adequately use contraception or on pregnant peers’ general condition resulting from sexual activity, rather than on their original intentions related to sexual activity. Thus, female participants may less readily come to negative conclusions regarding pregnant peers.

This study has limitations. We created several of the measures used in this study and therefore these measures do not have established psychometric properties. Although we piloted our measures before administering them to the final sample of participants, our pilot sample was small and therefore we cannot be sure that all items on the measures we created were developmentally appropriate or understood correctly by participants. Future studies should examine the psychometric properties of these measures in greater detail.

Because not all students in the classrooms returned the informed consent forms required for study participation, another limitation of our study is that our sample may not be representative of all teens at the high school or at other high schools. Students who were responsible enough to remember to get their consent forms signed may also perceive themselves as more responsible in terms of sexual behavior and thus may have differing attitudes toward pregnant peers than students who did not return their consent forms. Also, our sample was restricted in terms of race and socioeconomic diversity, making it difficult to analyze these variables. However, the consideration to examine race and socioeconomic status was outweighed by our goal of examining the attitudes of teens in a sample in which pregnancy stigmatization was likely to be highest (i.e., Caucasian, high socioeconomic status).

Despite its limitations, the current study contributes to an important area of research in which data is seriously deficient. Teens report that their peers are highly accepting of sexual activity, yet much less accepting of teen parenthood (Gallup-Black & Weitzman, 2004; Suellentrop et al., 2006). To our knowledge, our study is the first to attempt to explain the discrepancy in teens’ stigmatization of teen sexuality and teen pregnancy in terms of psychological factors. Some individuals might argue that stigmatization of pregnant teens is necessary to discourage teens from becoming pregnant. However, there is a difference between viewing teen pregnancy as a negative outcome and viewing the pregnant teen as inferior. It may be possible to inform teens of the risks inherent in sexual activity while promoting an empathic view of pregnant teens. Doing so may reduce the negative consequences associated with pregnancy stigmatization, thus improving outcomes for this at-risk group. If pregnant teens do not feel judged and stigmatized, they may be less likely to avoid school and peers out of shame. This point should especially be noted by health educators in the high school arena, who can foster a dual understanding (risks of sexual behavior versus empathy for pregnant teens) by integrating these discussions into their curriculum. Additionally, in their interactions with pregnant teens, educators must remain aware of and sensitive to the fact that these teens are likely feeling the effects of peer stigmatization in the classroom.

Our study represents an initial examination of factors that explain the discrepancy between teens’ stigmatization of pregnant versus sexually active peers. Researchers should attempt to replicate our results in racially and socioeconomically diverse samples in order to determine the extent to which predictors of negative attitudes toward pregnant teens are identical to or different from the current sample. We examined only several of a number of possible predictors of pregnancy stigmatization. However, future research should explore the impact that other factors, such as the media and popular television shows, might have on attitudes toward pregnant teens.

References


Factors Affecting Teens’ Attitudes | Kuckertz and McCabe


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