

**Teenage Sex: A study of male and female teenager's attitudes toward teen sex and
teen pregnancy.**

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TITLE

Teenage Sex: A study of male and female teenager's attitudes toward teen sex and teen pregnancy.

ABSTRACT

CONTEXT: The issue of teenage pregnancy continues to be a growing cause for concern in Ireland today. It is seen by many as both an increasing burden on society and a barrier to achieving education and employment goals. It is the aim of this research project to explore the attitudes of Irish male and female secondary school students toward teenage sex and teenage pregnancy. **METHODS:** A quantitative survey design was used. Data was collected from 47 female and 54 male school students aged 16 to 18 from four schools in three areas of Dublin to examine attitudes toward teenage sex and teenage pregnancy. 58.4% of participants were from a deprived area and 41.6% were from a non deprived area according to the HASSE Index of relative affluence and deprivation. **RESULTS:** 63.4% of participants agreed that teenage pregnancy is a problem. 57.4% agreed that pregnancy acts as a barrier to achieving education and employment goals. Attitudes toward teen sex and teen pregnancy according to one's socio-economic status indicated a Spearman's rho value of .148 which is not statistically significant. There were few differences in attitudes toward teen sex and teen pregnancy according to gender. **CONCLUSION:** Teenage sex and teenage pregnancy are seen as issues amongst Irish secondary school students in both a deprived and non-deprived area. There were no significant differences in attitude toward teen sex and teen pregnancy according to area. Furthermore, there were no significant differences in attitude to teen sex and teen pregnancy according to gender.

INTRODUCTION

Introduction to the literature on teenage birthrates

The total teenage birthrate in Ireland, according to the Crisis Pregnancy Agency (2007) was 2352 births in 2006, which was 0.4% of the total births to women that year. Of the 2352 teenage births in 2006, seventy-six percent were to eighteen and nineteen year old females. Ireland's teenage birth rate has remained stable over a thirty year period in Ireland from 1975 to 2005 (Crisis Pregnancy Agency, 2007). The crisis pregnancy agency found that a low education level resulted in a vulnerability to having sexual intercourse before the age of seventeen. Furthermore, this vulnerable group of males and females were less likely to use contraception (Crisis Pregnancy Agency, 2007).

The social exclusion unit's report of 1999 in Britain claimed that teenage parenthood is caused by "low expectations, ignorance, and mixed messages." (Duncan, 2007, p307). However, Duncan (2007) continued to explain that there is a lack of evidence to support this view; a person with a lack of knowledge does not cause pregnancy nor does it mean that an educated person avoids pregnancy. Carlson and Tanner (2006) stated teenage pregnancy rates in the United States are double that of further industrialized states. Furthermore, Carlson and Tanner (2006) claimed that forty percent of all females in the United States become pregnant before turning twenty years old. The United Kingdom has the highest rate of teenage births in Europe and second to the United States worldwide (Smith and Elander, 2006, p399). It can be argued teenage birth rates in Ireland are low considering abortion is illegal (Crisis Pregnancy Agency, 2007).

Teenage Pregnancy as an issue

Teenage pregnancy is an issue as there are national debates throughout the institutions of society; within families, in schools, in the media, in politics and in the church. Public discussion describes teenage pregnancy as a destructive societal dilemma in which the whole of society feel the burden (Duncan, 2007). It is seen as a wider social problem. The literature and state/civil discussion tackling teenage pregnancy is said to have been repeatedly embedded in the assumption that teenage pregnancy and teenage parenting will result in teenage mothers living a life of socio-economic disadvantage (Bissell, 2000). Shaw and Lawlor (2007) state that ‘teenage pregnancy has been labeled as a major social and health ‘problem’ and become a key policy area in several industrialized countries’ (Shaw and Lawlor, 2007, p311). Zabin (1994) states that the teenager’s are not to blame rather the root causes are socio-economic and structural. It is the very system who victimizes and blames the teens (Zabin, 1994). It can be said that the topic of ‘teenage pregnancy’ is complex with varying beliefs and attitudes.

Politics and teenage pregnancy

Carabine (2007) states that modernity in Western States, has required the move from collectivism to individualism. It is said this has created a ‘risk society’. The traditional notion of gender, sexuality, family and class has been eroded. People can now choose how to live their lives and form relationships which has sequentially altered social policy to the individual’s responsibility regards to their own welfare. Labours adolescent pregnancy strategy has emphasised an individual approach to managing ‘risk’ while stating it is the individual’s choice, therefore blaming the individual, which has stigmatized teenage pregnancy (Carabine, 2007).

‘Government policy has focused on tackling the ‘problem’ of teenage pregnancy’ (Hoggart, 2003: 145). Duncan (2007, p307) questioned ‘what’s the problem with teenage parents? And what’s the problem with policy?’ The article is general rather than concentrating on the teenagers’ perceptions. Duncan claimed that community discussion in Britain views teenage mothers as a destructive societal predicament where mothers, their children and the social order by and large will endure the effects. The fathers of these children are generally viewed as incompetent. Duncan stated that this was echoed in Labour’s adolescent pregnancy strategy, which recognized the teenage parents as uneducated ignorant people with no life goals. However, an assessment of the studies previously undertaken resulted in the findings that the age at which pregnancy takes place has little or no consequence on social outcomes (Duncan, 2007, p308).

With the responsibility of becoming a mother, many teenagers claimed that it inspired them to have goals and aspirations to make a better life for their child. Moreover, it was claimed that many of the fathers seek to maintain contact with their children (Duncan, 2007, p308). Duncan (2007) claimed that society’s attitude at large is negative toward teenage pregnancy. Duncan’s argument undermines the present research hypothesis that the majority of participants will have negative attitudes toward teenage pregnancy. However, it demonstrates how politics can shape the views of the public.

Attitudes toward teenage pregnancy are significant for the reason that attitudes may mediate the frequently observed connection between socio-economic conditions and the

risk of teenage pregnancy. Consequently, attitudes toward teenage pregnancy are frequently shaped by social policy (Bruckner, Martin and Bearman, 2004).

Parenting influence

As stated above, politics can play a role in the public's attitude to teenage pregnancy. The next review claimed that parenting has the greater influence on the adolescent's choice in respect to sexual activity. It can therefore be argued that parents play a role in shaping their children's attitudes and moralistic views. Carlson and Tanner (2006) stated that guardians are largely accountable for their children's behaviour. It was also discussed that teenagers have reported that their parents wield the greatest influence on a teenager's decision to abstain from or engage with sexual activity. The four parental styles under examination are authoritative, authoritarian, indulgent and neglective. Carlson and Tanner's (2006) research paper sought to find the 'parent's' attitude toward teenage sex and pregnancy. However, the current research paper seeks to find the 'adolescent's' attitude toward sex and pregnancy. Baumrind (1991) explained authoritarian's have a need to dominate. Authoritative parents are restrictive but warm. Indulgent parents are warm but permissive. Neglective parents are hostile and permissive (Baumrind, 1991). The final sample size in Carlson and Tanner's research was one hundred and fifty parents from three districts in Texas. The four parenting groups did not endorse teenage sexual activity. All four parenting groups concluded that they do not believe to have any influence over their children's behaviour but would have certain expectations of their children in regards to behaviour, more desirable than their own. Thus, the results fail to support that the parents have an influence over their children's behaviour. The views and

attitudes are from parents only; a more in depth study could have included the teen's perception and their sexual experience for comparison of influence.

Swedish teenager's attitudes toward pregnancy

In the following review, a qualitative research article by Erkstrand, Larsson, VonEssen and Tyden (2005) in Sweden, addressed an issue on teenager's attitude to teenage pregnancy. The majority of the participants claimed that they would support and admire a friend who had become pregnant and decided to have the baby. However, this did not mean that the participants would agree with their friend. The majority of the participants stated that teenage pregnancy was frowned upon and several viewed pregnant teenagers as 'whores'. Therefore, the results of the research conducted demonstrated negative perceptions of teenage pregnancy. Abortion rates among teenagers in Sweden had increased by almost fifty percent (Erkstrand, Larsson, Von Essen and Tyden, 2005, p981).

Turner (2004) verified these negative perceptions with findings of negative views of teenage motherhood. Participants stated that teenage mothers are 'tarty' (Turner, 2004, p230). It was also found that the participants viewed teenage pregnancy as a barrier to educational goals among other barriers such as relationship prospects (Turner, 2004).

Erkstrand et al. (2005) conducted six focus group interviews with seventeen year old Swedish females from six high schools. Each group consisted of six to eight participants. Further results of the research article presented positive attitudes toward abortion and the

use of contraceptives with liberal attitudes toward casual sex. One limitation to this study is that the six focus groups were executed by four researchers. This may entail that these focus groups were conducted in different ways. Another limitation to the study can be derived from the fact that the four researchers were not involved in the data analysis process which indicates a risk that not all the group exchanges were analyzed. Furthermore, there was no correspondence to socio-economic status (Erkstrand et al., 2005).

Socio-economic status

To validate the hypothesis that there will be differences in attitudes according to ones socio-economic background, one must have a deeper understanding of the risk factors for teenage pregnancy in terms of area and family. Smith and Elander (2006) stated that teenage pregnancy is linked to socio-economic deprivation more or less in every developed state. Their research article identifies six risk factor measures. The six risk factor measures in the quantitative study were early sexual activity, life expectations, knowledge and beliefs about contraceptives, attitude to abortion, beliefs about love and use of local sexual health services which included behaviours, attitudes, knowledge, beliefs and intentions.

The plan was to observe ways in which socio-economic deprivation effects varied from the six risk factors. It also aimed to investigate interactions between the effects of area deprivation and family deprivation. Two hundred and eighty-eight participants returned questionnaires, one hundred and forty-three from a more deprived area and one hundred

and forty-five from a more affluent area. All were female aged thirteen to fifteen. The results showed that a deprived area had a greater number of risk factors than a deprived family had. The girls in the deprived area had considerably higher scores for early sexual activity than the girls from an affluent area. Furthermore, girls from a deprived family had low life expectations. Therefore, the study indicated that early sexual activity and teenage pregnancy is significant in a deprived area but it also depends on the family. The significant correlations illustrated that sexual activity at an early age was related to low life expectations. Turner (2004) found that perceptions of teenage pregnancy were negative from both a deprived area and a more affluent area. However, participants from a deprived area were more accepting of teenage pregnancy than those from a more affluent area.

There are limitations to Smith and Elander's study. Firstly, there are no male participants. The correlations may have been significantly different with the male input. Secondly, it is not a longitudinal study; it relies on the here and now (Smith and Elander, 2006).

Goals and perceptions

In 'Association of conventional goals and perceptions of pregnancy with female teenagers' pregnancy avoidance behaviour and attitudes', Jumping-Eagle, Sheeder, Kelly and Stevens-Simon (2008) found that life goals materialize to prompt adolescents to steer clear of becoming pregnant. However, only in the belief that pregnancy will act as a barrier to those goals. This is linked to Smith and Elander's (2006) findings; that low life expectation is associated with early sexual activity. However, Jumping-Eagle et al.

(2008) stated that the participants living arrangements were not important unlike the findings in Smith and Elander (2006). The goals referred to in this research paper are education and employment goals. Contraceptive use was associated with those who had goals including the teenagers who had goals and did not perceive pregnancy as a barrier to achieving those goals. In conclusion, those who had goals regardless of how they perceived pregnancy were more likely to use contraception than those who had no goals.

The data was collected between January 1999 and June 2001 in the United States. Three hundred and fifty-one sexually active female adolescents participated with a mean age of 16.4. The questionnaire looked at two particular areas; educational goals and vocational goals and the likelihood of achieving such goals. The pregnancy avoidance behaviour and attitude measures assessed five outcomes. The first was use of contraception at last sexual intercourse, the second was if the participant planned to avoid becoming pregnant, the third was assessing if the participant would opt for an abortion if pregnant, the fourth assessed if the participant planned to use a prescription contraceptive and finally a combined file of the previous four measures.

A limitation discussed by Jumping-Eagle et al. was that the results relied on self-reporting amongst socio-economic deprived adolescents, therefore not representing all adolescent attitudes and behaviours. A more comprehensive data collection across a more diverse grouping of participants would perhaps be a representation of the United States female teenager. However, Jumping-Eagle et al. (2008) claimed that their data is necessary as the decline in birthrates is not representative of the socio-economic deprived

adolescent population. It is also stated that behaviour and attitude need to be assessed to gain a better understanding amongst the socio-economic deprived.

A further study conducted by Brosh, Weigel and Evans (2007) on pregnant and parenting adolescents, found that all participants had education and/or employment goals. However, studies have previously found that the lack of resources and support has left the teenagers feeling discouraged and overwhelmed when trying to achieve these education and/or employment goals. Ten percent of teenage mothers aged fifteen to seventeen in 2002 graduated from high school in America. Brosh, Weigel and Evans state that only 33% of the teenage mothers graduate from high school which suggests a link between teenage pregnancy and socio economic deprivation outcome regardless of life goals. This ties in with Bissell's statement that the literature and public/state discussion tackling teenage pregnancy is said to have been repeatedly embedded in the assumption that teenage pregnancy and teenage parenting will result in teenage mothers living a life of socio-economic disadvantage (Bissell, 2000).

Male and female perception and attitude to pregnancy

Whilst the previous three reviews refrained from including males in their research studies, Cowley and Farley (2001) stated that it is imperative to ask the male partner about his perception and attitude to pregnancy. A cross-sectional survey design was distributed to two hundred and two girls aged thirteen to eighteen (Cowley and Farley, 2001). The research was carried out in an adolescent health centre in a migrant town in the United States. Girls repeatedly visiting the centre who were not pregnant in the

previous twelve months qualified for the study. Fifty four were excluded due to becoming pregnant on visits leaving a total of one hundred and forty-eight. Three categories were researched; yearning pregnancy, wanting to avoid becoming pregnant and being undecided about becoming pregnant.

The aim of Cowley and Farley's (2001) study was to predict which type of girl was at a higher risk of becoming pregnant much like Smith and Elander's (2006) risk factor study. It was hypothesized that the male is also a predictor in the risk of a female becoming pregnant. The difference is that this study included the partners view on pregnancy. The mean age of the boyfriends was 18.4. The results indicated that 19.8% of the females wanted to be pregnant, 56.4% wanted to avoid becoming pregnant and 23.7% were undecided about becoming pregnant. The females who wanted to avoid pregnancy differed from those who wanted to become pregnant and those who were indifferent about becoming pregnant in six factors: background, family formation, attendance to school, employment position, time away from the home and the partners wish to have a baby. A positive attitude toward becoming pregnant was correlated with having left school and the boyfriend's desire which validates the hypothesis. Cowley and Farley (2001) discovered that within this group of participants, the male partner was the biggest predictor of the female's attitude to pregnancy. This suggests that it is important to include the male perspective. Girls who were indifferent on becoming pregnant were least likely to know what their partner's wishes were.

However, a limitation to this study was that males did not report themselves; rather the research relied on what the female reported about their partners. Therefore, the partner's view may be fictional to suit the female's desires. Despite this, the study did point out the importance of including the male perspective. Another limitation to the study can be derived from its rural setting, with the majority of its participants being from a deprived socio-economic background.

Conclusions of literature reviewed

Although teenage birthrates are comparatively low in Ireland (Crisis Pregnancy Agency, 2007), it is still debated and regarded as a complex issue today (Duncan, 2007). Teenage pregnancy as an issue is represented in the literature review. Duncan (2007) discussed how British society views teenage mothers as a destructive societal predicament and all in society are burdened by these mothers. However, Duncan claimed throughout his literature that teenage pregnancy is not negative.

Carlson and Tanner (2006) explored parental styles in a quest to find out the parent's attitude to teen sex and if they contribute in any way to their children's behaviour in respect to sex. It was predicted that both the authoritarian and authoritative parental styles would portray a greater negative attitude toward teen sex than the neglective and indulgent parental styles (Baumrind, 1991) (Carlson and Tanner, 2006). The results identified fifty four parents who did not fit into any of the four parental styles mentioned due to missing data. Of the remaining participants, the majority were authoritarian. The

study identified fourteen indulgent parents and thirty three neglective parents. Attitudes toward sex showed that both authoritative and authoritarian parents had more positive attitudes to abstaining from sex until marriage with the lowest score from the neglective parents. The attitudes were negative while finding that parents believe they do not have influencing powers.

Erkstrand, Larsson, VonEssen and Tyden (2005) researched teenager's attitude and discovered negative connotations. The result of Erkstrand et al.'s study supports the present research project hypothesis that the majority of the participant's attitudes toward teenage pregnancy will be negative.

Smith et al. (2006) discussed 'risk' factors, implying that teenage pregnancy is something to avoid, therefore implying that it is an issue. Jumping-Eagle et al. (2008) talked of avoidance behaviour and attitude. The aim of this study was to establish if life goals were associated to pregnancy avoidance behaviour and attitude. Cowley and Farley (2001) aimed to predict which type of girl was at a higher 'risk' of becoming pregnant. From the literature review, it is clear to see that teenage pregnancy carries negative connotations.

Aims of the present study

As the review research studies were not carried out in Ireland, it is the aim of this research project to explore the attitudes of Irish male and female secondary school students toward teenage sex and teenage pregnancy. Therefore the aim of this research is to examine if it is seen as an issue amongst teenagers today. Socio-economic deprivation is related to teenage pregnancy in the majority of the Western world (Smith & Elander, 2006). In this paper, the role of teenage pregnancy as a result of socio-economic conditions in Dublin is investigated.

It is hypothesized that the majority will view teenage pregnancy as a problem; negative in terms of educational achievement and employment goals. In addition, it is hypothesized that the adolescent's attitudes toward teenage pregnancy will differ according to their socio-economic status. Furthermore, it is hypothesized that attitudes will vary between the male and female participants.

METHOD

Materials/Apparatus

The first material consisted of Smith and Elander's (2006) 'Deprivation and teenage pregnancy' questionnaire. The second material used was the HASSE index of relative affluence and deprivation.

The HASSE index of relative affluence and deprivation grants a single extent of overall deprivation of an area. The score is based on the following criteria, namely, age dependency rate, the proportion of lone parents, the unemployment rate, educational attainment and the quantity of local authority permanent households. A score of one indicates that the area is in the top ten percent of the most affluent areas. A score of ten shows that the area is in the top ten percent of the most deprived areas (Whitford and Chan, 2007).

The deprived areas referred to in the present study for Dublin are Finglas and Ballymun. The non-deprived areas are Glasnevin and Drumcondra. Ballymun as a deprived area was illustrated in recent analysis using the HASSE index of relative affluence and deprivation with a score of 10 (Small areas health research unit, 2004). Finglas and Cabra combined scored 7.7 according to the HASSE index (Harney, 2000).

Participants

The total number of participants in the current study is 178 secondary school students. Of that amount, 101 questionnaires are used for analysis. The remaining 77 are not used due

to missing data. Participants are from four secondary schools in three areas. The age range for participants is 16 to 18 with a mean age of 16.8. The current sample comprised of 54 males and 47 females, 41.6% from a non deprived area and 58.4% from a deprived area.

Design

A quantitative survey design was used. The 178 participants were chosen by the school principals in three of the schools and by the career guidance counselor in the remaining secondary school with selection criteria that the participants must be aged 16 to 18. The participating schools consisted of a male only school in Ballymun, a female only school in Finglas, a female only and male only in Glasnevin. For the purposes of this survey, Finglas and Ballymun are classified as the deprived areas and Glasnevin is classified as the non deprived area.

Procedure

Permission was requested and obtained from the principal of each secondary school on behalf of the school before distributing the questionnaires to the students. The principals examined the questionnaire for its appropriateness and acceptability. At the time of measurement, the principals and/or other members of staff explained the study briefly and questionnaires were handed out to each participant to complete fully and return. Participants were required to complete the questionnaire including their gender, age, area of residence and parent's education level. Participants were asked not to write their name anywhere on the questionnaire. To ensure privacy, questionnaires were sealed in an

envelope before returning to school staff. The data was entered into a data set followed by a content analysis using SPSS. Using SPSS data analysis content technology, frequencies, cross tabulations and non parametric correlations were conducted.

Ethical Considerations

Important to note, is the ethical considerations that would need to be addressed due to the sensitive nature of this research. Participants were informed that if any of them were concerned with or affected by any of the issues raised, they could choose not to participate or leave at any stage and/or contact the following organizations; Dublin Well Woman clinics, Irish Family Planning Association (IFPA) and CURA. Contact details for these organizations were provided. Participants were also informed that their response to the questions on the questionnaires would remain confidential. The researcher of the present study has kept hold of all questionnaires in a locked secure location. All data used for analysis is held on a password protected USB key.

RESULTS

Descriptive statistics

101 participants were analyzed in the study of which 54 (53.5%) were male and 47 (46.5%) were female.

TABLE 1 *Breakdown of participants by gender.*

	Frequency	Percent
Male	54	53.5
Female	47	46.5
Total	101	100.0

The participants varied in age, the youngest being 16 and the eldest being 18. There were forty-two 16 year olds, twenty-nine 17 year olds and thirty 18 year olds. The mean age was 16.8.

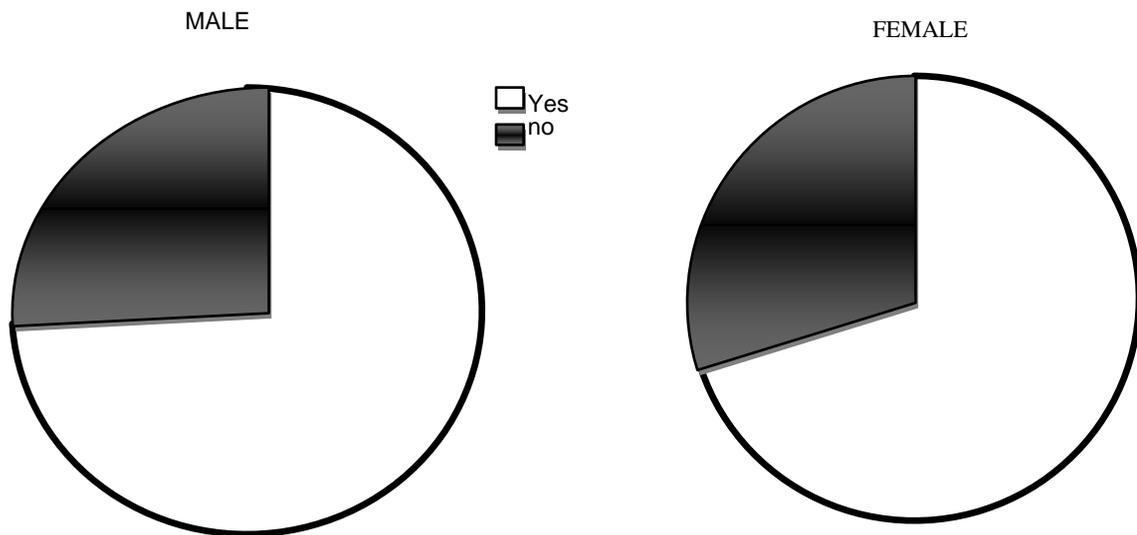
Participants were grouped into non deprived area and deprived area according to the HASSE index of relative affluence and deprivation. 42 were from a non deprived area and 59 from a deprived area. Of those figures, 42.6% of males were from a non-deprived area with 57.4% of males from a deprived area and 40.4% of females were from a non-deprived area with 59.6% from a deprived area.

TABLE 2 *Breakdown of participant's area of residence.*

gender	area	Frequency	Percent
Male	non-deprived	23	42.6
	deprived	31	57.4
	Total	54	100.0
Female	non-deprived	19	40.4
	deprived	28	59.6
	Total	47	100.0

Of the 101 participants 73 are sexually active and 28 are not sexually active. 70.2% of the female participant's stated that they are sexually active and the remaining 29.8% of the females stated that they are not sexually active. 74.1% of the males stated that they are sexually active and the remaining 25.9% of males stated that they are not sexually active.

GRAPH 1 Breakdown of participants: sexually active and not sexually active.



7.1% of participants' mothers from the non-deprived area had a primary level education attainment compared to 13.6% from the deprived area 59.5% from the non-deprived area had a secondary level education compared to 61% from the deprived area. 33.3% from the non-deprived area had a third level education compared to 25.4% from the deprived area.

2.4% of participants' fathers from the non-deprived area had a primary level education attainment compared to 25.4% from the deprived area. 45.2% from the non-deprived area

had a secondary level education compared to 47.5% from the deprived area. 54.4% from the non-deprived area had a third level education compared to 27.1% from the deprived area.

84% of participants had plans to continue their education and attend university. Of the remaining 16%, 2% wanted to be hairdressers, 12% wanted to enter various other trades and 2% wanted to travel. 17.8% strongly agreed that low education levels result in a vulnerability to becoming pregnant at a young age while 50.5% moderately agreed, 15.8% were neutral, 12.9% moderately disagreed and 3% strongly disagreed. When answering if teenage pregnancy acts as a barrier to achieving education and employment goals, 20.8% strongly agreed, 36.6% moderately agreed, 8.9% were neutral, 12.9% moderately disagreed, and 20.8% strongly disagreed.

18.8% of participants stated that one should be over the age of sixteen before having sex, with 43.6% stating one should be sixteen, 27.7% stating fifteen, 7.9% stating fourteen and 2% stating thirteen. When answering what was important to them before having sex, 38 participants claimed 'wanting the experience', 11 claimed 'being in love', 39 claimed 'being in a long-term relationship', 27 claimed 'being old enough', 66 claimed 'having contraception', 9 claimed 'being drunk', 4 claimed 'being high'. 55 participants stated 'being in a long-term relationship' was important to them before having a baby with 57 claiming 'being in love' and 27 claiming 'being married' is important to them. All 101 participants either claimed 'having money' or 'having a job/career' as being important before having a baby. 2% agreed that it is the female's 'fault' if they become pregnant, 23.8% remained neutral and 74.2% disagreeing with this statement. 81% agreed and

10.9% were neutral that it is the shared responsibility of both partners if the female becomes pregnant.

22.8% of participants strongly agreed that teenage pregnancy is a problem with 40.6% moderately agreeing, 23.8% neutral, 6.9% moderately disagreeing and 5.9% strongly disagreeing. 50 participants agreed that the media influences and promotes teenage sexual activity, with 18 disagreeing and 33 remaining neutral. Teenage parenthood is caused by low expectations, ignorance and mixed messages; 40.6% agreed with this statement and 26.8% disagreed with this statement with the remaining participants holding a neutral stance.

All 101 participants had heard of the contraceptives mentioned in the questionnaire; condom, female condom, contraceptive pill, morning after pill and depot (injected) contraceptive. 100% of participants claimed they would use one or more of the contraceptives mentioned. However, when questioned if people should always use contraception when having sex, 26.7% strongly agreed, 50.5% agreed, 12.9% neither agreed nor disagreed, 5% disagreed and 5% strongly disagreed. When asked when they would have sex without contraception, 25 participants answered never and 40 participants ticked the 'other' box, specifying when trying for a baby.

HYPOTHESIS 1

Frequencies were used to examine if the majority of teenagers viewed teenage pregnancy as a problem; negative in terms of educational achievement and employment goals.

TABLE 3 *'Teenage pregnancy is a problem'*

	Frequency	Percent
strongly agree	23	22.8
moderately agree	41	40.6
Neutral	24	23.8
moderately disagree	7	6.9
strongly disagree	6	5.9
Total	101	100.0

22.8% strongly agreed and 40.6% moderately agreed therefore a combined percentage of 63.4% agreed that teenage pregnancy is a problem. 6.9% moderately disagreed and 5.9% strongly disagreed. Therefore a combined percentage of 12.8% strongly disagreed and moderately disagreed that teenage pregnancy is a problem.

TABLE 4 *'Teenage pregnancy acts as a barrier to achieving education and employment goals'*

	Frequency	Percent
Strongly agree	21	20.8
moderately agree	37	36.6
Neutral	9	8.9
moderately disagree	13	12.9
Strongly disagree	21	20.8
Total	101	100.0

20.8% strongly agreed and 36.6% moderately agreed therefore added together, 57.4% agreed that teenage pregnancy acts as a barrier to achieving education and employment goals. 12.9% moderately disagreed and 20.8% strongly disagreed therefore added

together, 33.7% disagreed that teenage pregnancy acts as a barrier to achieving education and employment goals.

This proves the hypothesis that the majority will view teenage pregnancy as a problem; negative in terms of educational achievement and employment goals.

HYPOTHESIS 2

Crosstabulations were run to investigate if adolescents' attitudes toward teen pregnancy would differ according to ones socio-economic status. The following report indicates the differing views of the statement 'teenage pregnancy is a problem' according to area. Combined results of 'strongly agree' and 'moderately agree' to the statement 'teenage pregnancy is a problem', 65.1% (39 participants) from the deprived area and 59.5% (25 participants) from the non deprived area. Combined results of 'moderately disagree' and 'strongly disagree' to the statement 'teenage pregnancy is a problem', 11.9% (7 participants) from the deprived area and 14.3% (6 participants) from the non deprived area. It indicates a small percentage in difference in attitudes according to area.

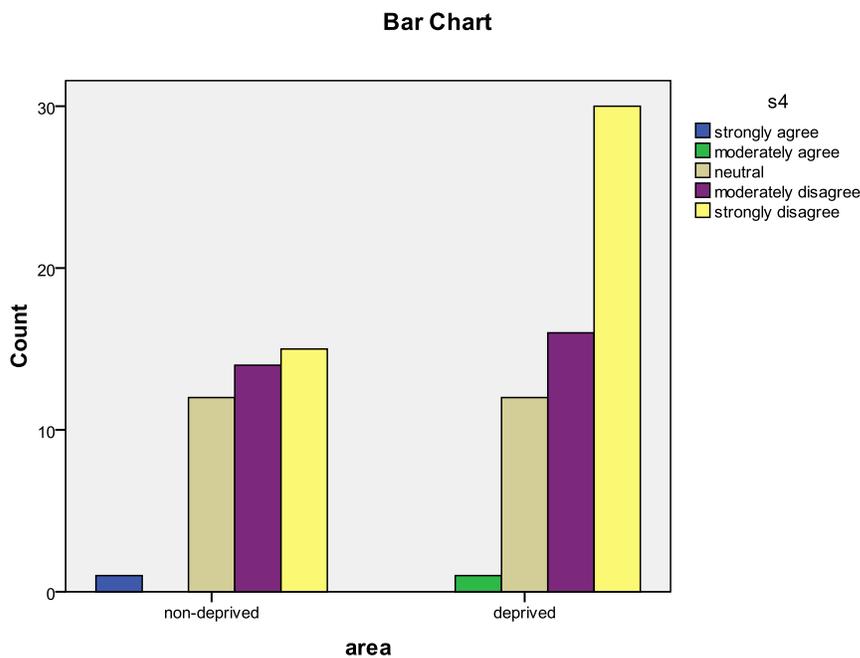
TABLE 5 'Teenage pregnancy is a problem'

Area	'teenage pregnancy is a problem'	N
non-deprived	Strongly agree	6
	Moderately agree	19
	Neutral	11
	Moderately disagree	4
	Strongly disagree	2
	Total	42
Deprived	Strongly agree	17
	Moderately agree	22
	Neutral	13
	Moderately disagree	3

Strongly disagree	4
Total	59

To investigate the difference in attitude to the statement; ‘It is the females ‘fault’ if they become pregnant’, non-parametric correlations were run. The value of Spearman’s rho was .148 which is not statistically significant with a sample size of 101. Crosstabulations were also run. There are no significant differences in attitude toward teenage pregnancy according to ones socio-economic status disproving the hypothesis.

GRAPH 2 ‘It is the females ‘fault’ if they become pregnant’

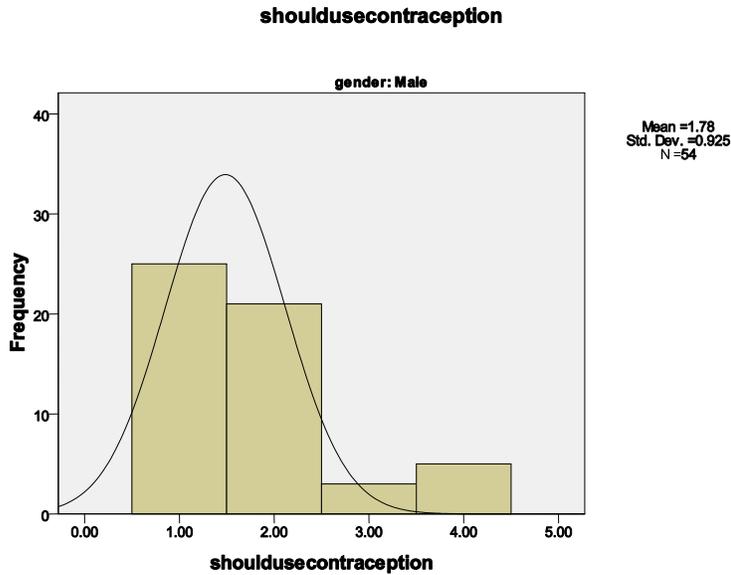


Of the 42 participants from the non-deprived area, 1 strongly agreed, 12 were neutral, 14 moderately disagreed and 15 strongly disagreed that it is the females fault if they become pregnant. Of the 59 participants from the deprived area, 1 moderately agreed, 12 were neutral, 16 moderately disagreed and 30 strongly disagreed that it is the females fault if they become pregnant.

HYPOTHESIS 3

To examine if female attitudes toward teen sex differed from male attitudes toward sex, descriptive statistics were analyzed.

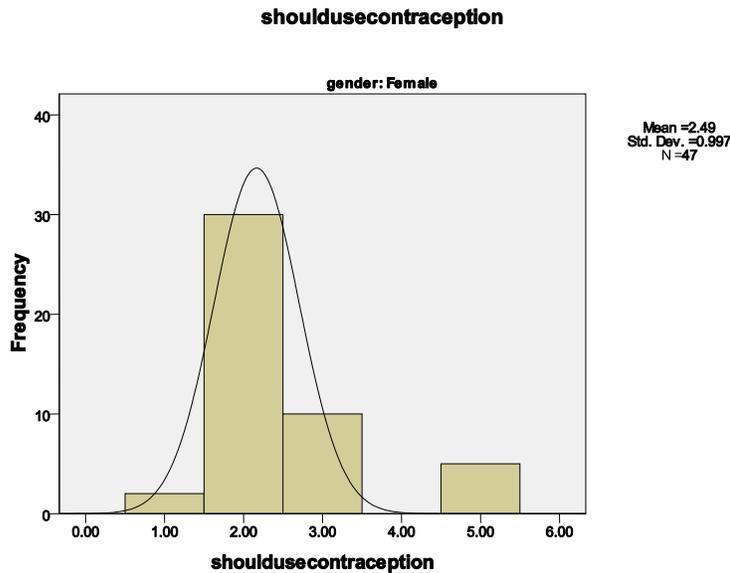
GRAPH 3 *'People should always use contraception when having sex': Male results.*



- 1=strongly agreed
- 2=agreed
- 3=neither
- 4=disagreed
- 5=strongly disagreed

25 male participants strongly agreed that people should always use contraception, while 21 agreed, 3 neither agreed nor disagreed and 5 disagreed.

GRAPH 4 ‘People should always use contraception when having sex’: Female results.

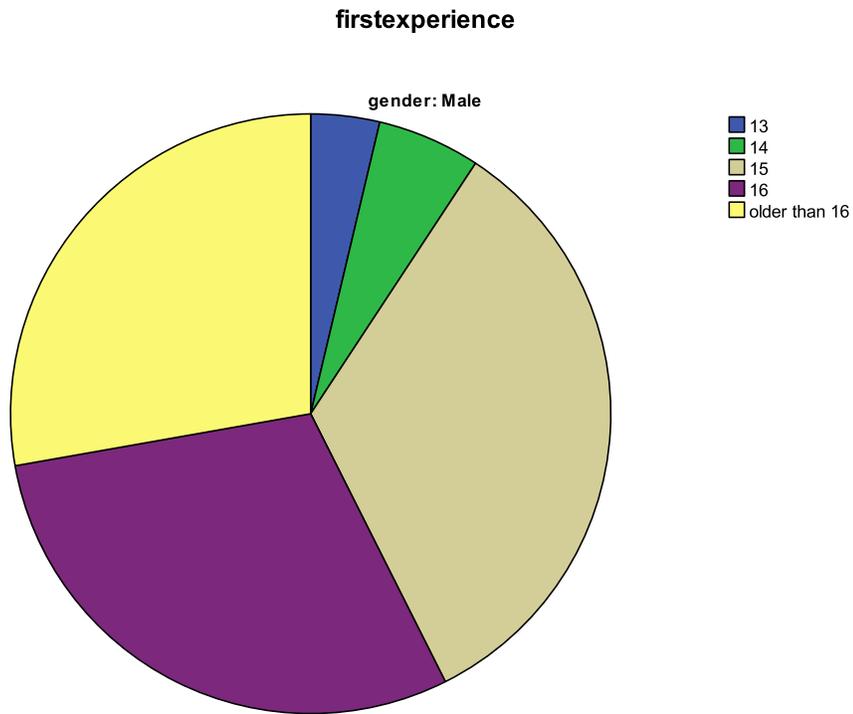


- 1=strongly agreed
- 2=agreed
- 3=neither
- 4=disagreed
- 5=strongly disagreed

2 female participants strongly agreed that people should always use contraception, while 30 agreed, 10 neither agreed nor disagreed and 5 strongly disagreed.

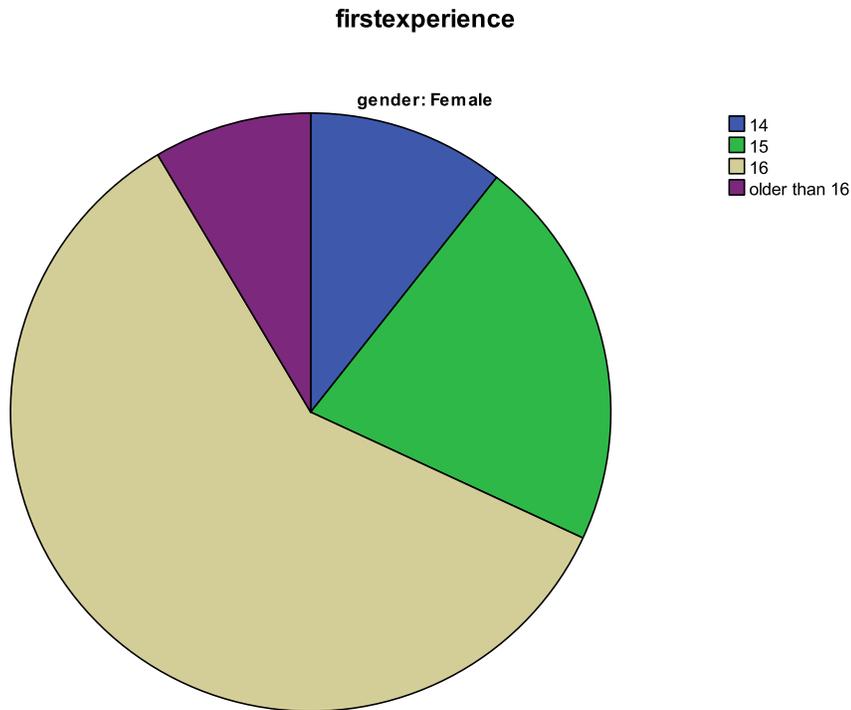
46.3% of males strongly agreed that people should always use contraception when having sex compared to 4.3% of females strongly agreeing. 0% of males strongly disagreed while 10.6% of females strongly disagreed. However, 63.8% of females agreed. Therefore, a combination of ‘strongly agreed’ and ‘agreed’ answers for female participants accounted for 68.1% with the male combined percentage totaling 85.2%, representing a 17.1% difference.) With a larger sample size, the results may have been significant; however, these statistics only represent a small difference in attitude toward sex according to gender.

Graph 5 'What age do you think people should be before having sex? Male results.



3.7% of male participants stated people should be thirteen before having sex, while 5.6% stated fourteen, 33.3% stated fifteen, 29.6% stated sixteen, and 27.8% stated older than 16.

GRAPH 6 *‘What age do you think people should be before having sex? Female results.*



10.6% of female participants stated people should be fourteen before having sex, while 21.3% stated fifteen, 59.6 stated sixteen, and 8.5% stated older than sixteen.

The majority of male and female participants stated one should be sixteen and/or older than sixteen before having sex. 57.4% of males stated sixteen and over and 68.1% of females stated sixteen and over. This does not represent a vast difference in attitude toward teen sex, therefore, disproving the hypothesis that female participants will differ from the male participants in attitude toward teen sex.

DISCUSSION

The aim of this research project is to find if the majority of participants view teenage pregnancy as a problem; negative in terms of educational achievement and employment goals. In addition, it is the aim of this research project to investigate if adolescent's attitudes toward teenage pregnancy will differ according to their socio-economic status. Furthermore, it is the aim of this research project to examine if the attitudes will vary between the male and female participants.

Parents from the non-deprived area attained greater educational qualifications compared to the parents from the deprived area. This was more prevalent with the fathers' educational attainment. While 33.3% of mothers from the non-deprived area attained a third level qualification compared to 25.4% of mothers from the deprived area, the greater difference in percentage was between fathers with 54.4% attaining a third level qualification compared to 27.1% of fathers from the deprived area.

However, the parent's education level had no affect on the participants educational and/or employment goals. This ties in with Carlson and Tanner's (2006) findings that all four parenting groups concluded that they do not believe to have any influence over their children's attitudes and behaviour. All the participants had educational and/or employment goals with the majority agreeing that low education levels results in a vulnerability to becoming pregnant at a young age. To the researcher's knowledge, some participants had a baby or were expecting a baby as the principals had to discuss the study with them previous to distributing the questionnaires. Duncan (2007) stated that the

British Labour party's adolescent pregnancy strategy recognized the teenage parents as uneducated ignorant people with no life goals. However, all participants were attending an educational institution and all had life goals regardless of their situation. It is important to add that a person with a lack of knowledge does not cause pregnancy nor does it mean that an educated person avoids pregnancy (Duncan, 2007).

Over half of the participants agreed that pregnancy would act as a barrier to achieving life goals portraying teenage pregnancy as negative. The literature and state/civil discussion tackling teenage pregnancy is said to have been repeatedly embedded in the assumption that teenage pregnancy and teenage parenting will result in teenage mothers living a life of socio-economic disadvantage (Bissell, 2000). However, an assessment of the studies previously undertaken resulted in the findings that the age at which pregnancy takes place has little or no consequence on social outcomes (Duncan, 2007, p308). Government policy influences the public's attitudes toward teenage pregnancy (Bruckner, Martin and Bearman, 2004). As the people in power portray teenage pregnancy negatively; a 'problem' (Hoggart, 2003), it can be argued that the majority of the participants were representing this view because they are socialized into thinking this way (Bruckner, Martin and Bearman, 2004). Zabin (1994) states that the teenager's are not to blame, rather the root causes are socio-economic and structural. It is the very system who victimizes and blames the teens (Zabin, 1994).

The results for difference in attitude toward teen sex and pregnancy according to area; deprived area and non deprived area, showed no statistical significance. Attitudes toward

teenage pregnancy are significant for the reason that attitudes may mediate the frequently observed connection between socio-economic conditions and the risk of teenage pregnancy (Bruckner, Martin and Bearman, 2004). Attitudes toward teenage sex are sometimes understood to be signs of a sole causal element measuring the individual's sexual permissiveness. However, other factors exist (Widmer, Treas and Newcomb, 1998).

Imamura, Tucker, Hannaford, Silva, Astin, Wyness, Bloemenkamp, Jahn, Karro, Olssen, Temmerman (2007) stated that socio-economic status is one of the many risk factors associated with early pregnancy. Deprived areas have higher conception rates among teenagers compared to teenagers in a more affluent area (Imamura *et al.*, 2007). Smith and Elander (2006) stated that teenage pregnancy is linked to socio-economic deprivation more or less in every developed state. Smith and Elander's study indicated that early sexual activity and teenage pregnancy is significant in a deprived area but it also depends on the family. Turner (2004) found that perceptions of teen sex and teen pregnancy were negative from both a deprived area and a more affluent area indicating no statistical significance. The current study also indicated no significant difference in attitude according to socio-economic status. Although conception rates amongst teenagers are higher in a deprived area compared to a more affluent area (Imamura *et al.*, 2007), the current study demonstrates that it is not due to differing attitudes toward teen sex.

Traditionally, experiences of sexual activity vary for teenagers, in particular between males and females. Kowaleski-Jones, Lori, Mott and Frank (1998) stated that society has

preconceived ideas about sexuality and contraceptive use for males and females. Traditionally, females are associated with an emotional attachment to sexual activity while males are not. Furthermore, females take on the bulk of responsibilities for parenthood. Therefore, females differ in their attitude toward sex and pregnancy (Kowaleski-Jones, Lori, Mott and Frank, 1998).

The age of consent for sex in Ireland is seventeen years old (Office of the Minister of Children, 2008). 57.4% of males stated that one should be sixteen and over before having sex and 68.1% of females stated one should be sixteen and over before having sex. This indicates a small statistical difference toward teen sex according to gender.

Previous research conducted indicated that teenagers are hesitant to deal with their contraceptive needs. It is argued that the lack of services specific to contraceptive needs and the expense of contraception contribute (Crisis pregnancy agency, 2006). As stated, all 101 participants had heard of the contraceptives mentioned in the questionnaire; condom, female condom, contraceptive pill, morning after pill and depot (injected) contraceptive. 100% of participants claimed they would use one or more of the contraceptives mentioned. A large percentage of both male and female participants agreed that people should always use contraception when having sex; 68.1% of females and 85.2% of males. 10 female participants neither agreed nor disagreed compared to only 3 male participants. Both the male and female participants in the study represented similar attitudes and beliefs about teenage sex.

CONCLUSION

Teenage pregnancy is seen as a ‘problem’, an ‘issue’ amongst Irish teenagers today. Social policy can be said to influence these notions and beliefs amongst the public toward teenage pregnancy, as social policy recognizes and makes reference to teenage pregnancy negatively (Bruckner, Martin and Bearman, 2004). Public discourse also portrays teenage sex and teenage pregnancy as negative (Duncan, 2007).

While attitude toward teenage sex differed according to socio-economic status, the results were not significant. Combined results of ‘strongly agreed’ and ‘moderately agreed’ to the statement ‘teenage pregnancy is a problem’; 65.1% (39 participants) agreed from the deprived area and 59.5% (25 participants) agreed from the non deprived area. Combined results of ‘moderately disagreed’ and ‘strongly disagreed’ to the statement ‘teenage pregnancy is a problem’; 11.9% (7 participants) disagreed from the deprived area and 14.3% (6 participants) disagreed from the non deprived area.

When questioned if one should always use contraception when having sex, there was a 17.1% difference in agreement to the statement according to gender. Less female participants agreed but more female participants neither agreed nor disagreed than their male counterpart, which may explain the difference. It does not represent a vast difference in attitudes.

LIMITATIONS

The study was limited in regards to sample size. Two samples (schools) were not prepared to distribute the questionnaire due to questions on contraception. It is important to note that the sample size of the current study was small, with only 101 respondents, of which 54 were male and 47 female. It would benefit future research to use a greater sample size with equal numbers of males and females to improve validity of the study.

Furthermore, another limitation was the use of same sex schools as the sample. The results may have differed if the sample had been a mixed sex school. Carroll (2002) stated that girls from single sex schools have high aspirations and are more successful in their academic attainment and more likely to set goals in life than girls in a mixed sex school. Jumping-Eagle, Sheeder, Kelly and Stevens-Simon (2008) found that life goals materialize to prompt adolescents to steer clear of becoming pregnant. This suggests that participants from a mixed sex school are more likely to engage in early sexual activity with the risk of becoming pregnant.

In addition, a further limitation was that of age. The current study's participants ranged in age from sixteen to eighteen. It would be interesting to further investigate a younger age group. Recently, it has become more prevalent among younger males and females to engage in sexual activities. A study by Orr, Beiter and Ingersoll found that among twelve to sixteen year olds, 63% of boys and 36% of girls were sexually active (1991). Perhaps future research could also use an older age group, eighteen and older, to analyze the effect of teenage pregnancy on their education and employment goals. Statistics

demonstrate how pregnant teenage mother's education level remains low. Ten percent of teenage mothers in 2002 graduated from high school in America (Brosh, Weigel & Evans, 2007). Brosh, Weigel & Evans continued to state that even as the mother's age, educational attainment statistics are poor (2007).

A further limitation is the use of quantitative research. While statistics are relevant to the topic of teenage sex and pregnancy, future research conducting qualitative research would produce rich, in-depth information.

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APPENDIX 1

Dr. James Brunton and Dr.
Bernadette Quinn,
Research Coordinators,
Social Science Programme,
Dublin Business School.

16th October 2008.

Dear Sir/ Madam,

Re: Permission to conduct a research study with students attending your school.

Emily King is enrolled as a final year social science student at Dublin Business School. DBS social science students are required to complete an independent research project during their final year of study. Emily's final year research project aims to examine students' attitudes to teenage pregnancy in Irish secondary schools.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Emily is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Dr. James Brunton or Dr. Bernadette Quinn, Research Coordinator, Social Science Programme, Dublin Business School. Emily (Email: 1154844@mydbs.ie) can also provide further details about how she will conduct her research study. Thank you for your time.

Yours Sincerely,

Dr. James Brunton
Tel: 01 4177507
Email: James.Brunton@dbs.ie

Dr. Bernadette Quinn
Tel: 01 4178578
Email: Berquinn@dbs.ie

APPENDIX 2



TEENAGE PREGNANCY

This study is concerned about adolescents' attitudes towards teenage pregnancy. Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers. Any information that you give will remain strictly confidential, you are not required to write your name anywhere on this survey. I hope you find this interesting, and I would like to thank you in advance for your time and co-operation.

If you require any further information concerning this research, please contact my project supervisor at the address below.

Dr Bernadette Quinn
Lecturer
Department of Social Science
DBS School of Arts
34/35 South William Street
Dublin 2
Ireland
Tel: 014178758

Gender Male [] Female []

Age 16 [] 17 [] 18 []

Area of Residence _____

Parents Education Level

Mother: Primary [] Secondary [] Third Level []
Father: Primary [] Secondary [] Third Level []

Do you plan to go to university? Yes [] No []

Are you sexually active? Yes [] No []

What age do you think people should be before having sex?

13 [] 14 [] 15 [] 16 [] Older than 16 []

Which of these are more important to you before you have sex?

Wanting the experience [] Being old enough []
Wanting to try sex [] Being in a long-term relationship []
Being drunk [] Having contraception []
Being high [] All your friends have sex []
Being in love [] Something else (specify) [] _____

Which of these are important to you before you have a baby?

Having a boy/girlfriend [] Having a house []
Being in a long-term relationship [] Having money []
Being in love [] Having a job/career []
Being married [] Having support from friends and family []

Which of these have you heard of, and which would you use?

	Heard of	Would use
Condom	[]	[]
Female Condom	[]	[]
Contraceptive Pill	[]	[]
Morning after pill	[]	[]
Depot (injected) contraceptive	[]	[]
Other contraceptives	[]	[] please specify _____

