INFLUENCES ON AFRICAN AMERICAN SINGLE YOUNG ADULT WOMEN’S DECISIONS ABOUT ENGAGING IN UNPROTECTED PREMARITAL SEX: RELIGIOSITY, PARENTAL INFLUENCE AND MALE PARTNER INFLUENCE

By

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To my husband and my parents, who have been constant supporters
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I thank my husband for everything; I don’t know how I would have been able to make it without him. I thank my parents for their constant faith and support and my little brother for being a role model for his big sister in showing me how to stick it out even when it gets hard. I thank my family as a whole, they have always been positive, loving and supportive and I couldn’t have asked for a better family. I would like to thank my entire committee for always being available to talk me through my stress or confusion and to give me words of support and guidance for life, career plans and being encouraging throughout this entire thesis process.
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This research explored the factors that impact African American single young adult women’s decisions about unprotected sexual activity, and their views about the importance of parental influence, male partner influence, and religiosity. Indepth semi-structured interviews were conducted with 10 women ages 19-24, who had a live nonmarital birth in the past 5 years. This study was guided by two research questions as well as theories of symbolic interactionism and social exchange and the concept of fatalism, with an emphasis on understanding women’s own views and the meaning or reasons they assigned to their decisions.

Results indicated that women were motivated by love and closeness, an expectation of a long-term partnership, desires for a traditional two-parent family and for self fulfillment. Furthermore, results show that parental influence and religion were not influential at the time of the decision about unprotected sex, but became more important during the pregnancy and after childbirth. The findings suggest that for these women, a decision making process about relationships, unprotected sex, and pregnancy can be viewed as part of an overall transition to adulthood. Although the study is limited by the small sample size, in-depth interviews revealed insights about the study group that can serve as a springboard for further research.
As explained in the Discussion Section, further research is needed, particularly with regard to parent-adolescent communication about sex, birth control and sexually transmitted diseases. Another area of future research of importance to the African American community is the role of the church in educating young adults about these matters. In addition, implications of findings for targeted intervention and prevention programs are discussed. The findings suggest that the useful interventions and programs would be aimed at decreasing not only risky sexual behaviors and negative outcomes, but also at increasing the sex education in homes, schools, churches and the community.
CHAPTER 1
INTRODUCTION

The recent increase in unmarried births (CDC, 2009) has drawn attention to the prevalence of sexual activity among young women (Ventura, 2009). In 2009, the centers for disease control and prevention reported that the percentage of births among all unmarried women had increased from 38.5% in 2006 to 39.7% in 2007; and 60% of those births were to unmarried women between the ages of 20-24. Moreover, African American unmarried women had 71.6% of births in 2007 (Hamilton, Martin, and Ventura, 2009).

African American women are also at greater risk for sexually transmitted infections in comparison to White women. Research from the centers for disease control and prevention sexually transmitted disease surveillance report (2007) highlights the fact that “African Americans represented 70% of reported gonorrhea cases, 48 percent chlamydia and 46 percent of syphilis cases. Furthermore, in 2004, human immunodeficiency virus was the leading cause of death for African American women aged 25–34 years (CDC STD surveillance report, 2007).

African American women appear to be at greater risk of pregnancy due to lower rates of contraceptive use. According to the centers for disease control and prevention, 90% of white adolescent females use contraceptives compared to 75% of African American female adolescent women use contraceptives (MacKay & Duran, 2007).

Interestingly, in a study of 847 mostly African American adolescents that were followed for 8 years into young adulthood, Fergus, Zimmerman & Caldwell (2007) found that African American high school students were found to be more likely to have had sexual intercourse and to report a greater number of sexual partners than white
students. Furthermore, since the outcomes of adolescents' sexual decisions tend to manifest themselves during their young adult years (Fergus, et al., 2007), more young adults, specifically African American single young adults, tend to be at risk of unplanned pregnancy, unplanned births, and sexually transmitted diseases, including human immunodeficiency virus (Lindberg & Singh, 2008). Additionally, when compared to other ethnic groups, African American women are more likely to be single mothers (Carmen, 2008).

These facts point to the need for more research on women’s sexual and reproductive lives in order to more effectively serve them with needed information about reproductive health. However, very little research effort has gone towards examining and understanding the sexual behaviors of single adult women between the ages of 20-44 (Lindberg & Singh, 2008).

At first glance, these changes in unmarried birth rates appear paradoxical to the importance of the African American church in the African American community and its history as a moral guide with teachings about sexual activity and family relationships. Indeed, religion and spirituality have long had a significant role in the African American community, according to Mattis and Jagers’ (2001) review of literature. Within the African American community, churches have used religious and spiritual beliefs as a source of elevation for those who are lonely and need to connect with a family; also the church teaches ethical responsibilities pertaining to society and African American community (Mattis & Jagers, 2001). The African American church is a powerful tool of education for this group of individuals because they have access to individuals that are normally overlooked (Cornelius, 2009). Religion and are also associated with good
health and happiness, and are protective factors for negative behaviors and outcomes among adolescents (Mattis & Jagers, 2001).

African American women have historically been noted as more likely to be religiously affiliated and active at an earlier age then African American men (Mattis & Jagers, 2001). As a source of emotional and spiritual support, the church has provided unmarried women and single mothers with a supportive and moral foundation (Mattis & Jagers, 2001).

Although religion plays a role in the lives of African Americans and single mothers (Mattis & Jagers, 2001), other, seldom addressed factors, may also play a role in decisions regarding unprotected sexual activity. Research studies (Bowleg, Lucas & Tschann, 2004; Robinson, Scheltema & Cherry, 2005) show that men's preferences for unprotected sex have a strong influence on women's behavior. In addition, a substantial body of literature (Hutchinson, 2002) shows that parents play a major role in influencing adolescents' decisions regarding sexual activity.

**Purpose of Study**

The purpose of this study is to explore the factors that impact young African American single young adult women’s decisions about unprotected sexual activity, particularly the importance of the following factors from the viewpoint of women themselves: parental influence, male partner influence and religiosity. This study will also utilize the theory of symbolic interactionism, the concept of Fatalism, and the theory of social exchange to try to explore the meaning or reasons behind these women’s decisions.
Research Questions

Research question 1: Among African American single young adult mothers, what are the major factors that they perceive to influence their decisions to have unprotected premarital sex?

Research question 2: Of what relative importance is each of the following influences on African American single young adult mothers’ decisions to have unprotected premarital sex: religiosity, parental and male partner influence?

Definition of Terms

Fatalism

Fatalism is the belief that something terrible (e.g., death, poor health) is out of an individual’s control and predetermined by God or something greater than themselves (Borowsky, Ireland & Resnick, 2009; Franklin, et al., 2007). Important for this study, fatalism is a possible perspective that can help to better understand the meaning and attitude towards unprotected premarital sex.

Male Partner Influence on Sexual Decision Making

Male partner influence is another term to describe a gender script where males control the relationship (Bowleg, Lucas & Tschann, 2004). This study focuses on male partner influence on sexual decision making.

Parent Influence on Sexual Decision Making

Parental influence is defined as a parent’s ability to use their moral outlook and interpersonal communication as a way to motivate their adolescents’ decisions (Hutchinson, 2002). For the purpose of this study, this concept is also used to describe the young adult years and consider the young adult’s perception of the importance of at least one parent’s influence on decisions regarding unprotected premarital sex during adolescence and young adult years.
Religiosity

The concept of religiosity is defined as someone’s agreement to follow the traditions and beliefs by participation in and affiliation with a religious congregation. (Mattis & Jagers, 2001).

Significance of Study

This study will focus on a very important issue with lasting consequences for the health of African American young adults. Indeed, experts (Lindberg & Singh, 2008) call for a new emphasis on understanding the current “reality” of what is going on in unmarried women’s sexual patterns, marital status and reproductive practices and needs. Because the goal is to try to understand the influences that affect sexual decision making and resulting risk behaviors, the study will have implications for positive intervention and/or prevention methods and services for adolescent and young adult women contemplating premarital sex.

Summary

According to national data, African American single young adult women are statistically more likely than white women to experience unprotected premarital sex and to bear the consequences of risky sexual outcomes. African American single young adults tend to be at greater risk of unplanned pregnancy, unplanned births and sexually transmitted diseases, including human immunodeficiency virus (Lindberg & Singh, 2008). Also, African American women in their early twenties are more likely to be single mothers (Carmen, 2008). Therefore, there is an increased need for more research to better understand women’s sexual and reproductive lives in order to more effectively serve their needs (Lindberg & Singh, 2008).
A better understanding of the influences on young women’s sexual decisions could provide important information to educators, policy makers, and parents seeking to educate young women about the consequences of risky sexual behaviors. These findings may also help African American women themselves to recognize the influences on their behaviors and examine what this means for their own health. Further research, intervention and prevention programs could enhance the lives of African American families, churches, relationships and overall health of this population.
This literature review begins with an overview of the prevalence of sexual activity, unplanned pregnancy, unplanned births and sexually transmitted diseases among young adults, particularly African American young women. The review continues with an overview of the documented influences on adolescent and young sexual decision making: religion, including the possible linkages between adolescent and young adults’ sexual behaviors and religion, and the history of African American women in religion; parental influence on adolescent and young adult sexual behaviors; and male partner influence. In the final section, the theoretical perspectives of fatalism, symbolic interactionism and social exchange are explored in the context of this study.

**Sexual Activity among African American Adolescents and Young Adults**

African American adolescents, regardless of gender, are younger at the time of first sexual intercourse compared to Latin American or European American adolescents (Chapin, 2001) Fergus, et al., 2007). In fact, Fergus, and colleagues (2007), found that African American high school students were more likely to be sexually active and have the greatest number of sexual partners relative to other ethnic groups when compared with white students. Since the outcomes of adolescents’ sexual decisions tend to manifest themselves during their young adult years (Fergus, et al., 2007) more young adults, specifically African American single young adults, tend to be at risk of unplanned pregnancy, unplanned births and sexually transmitted diseases, including human immunodeficiency virus (Lindberg & Singh, 2008).
According to Chapin (2001), the trend in the overall “percentage of adolescents that were unmarried at the time of their first intercourse has continued to rise since the 1950’s, from under 60% in 1955 to 95% in the mid-80’s for both genders (p. 2).”

According to Carmen (2008), African American women in their early twenties, when compared to any other ethnic group are more likely to be single mothers. Additionally, African American unmarried women had 71.6% of births in 2007 and 60% of births were from young adult unmarried women between the ages of 20–24 (Hamilton, et al., 2009).

Studies have shown that multiple partnerships are more likely to occur in unmarried relationships and that these relationships are primary markers for contracting human immunodeficiency virus in heterosexual relationships (Robinson, et al., 2005). Data shows that in 2004 (the most recent year for which data are available) human immunodeficiency virus was the leading cause of death among African American women between the ages of 25-34 (CDC STD surveillance report, 2007).

Because young adulthood is defined as being a time between the ages 18-25 when young people begin to take on alternate identity roles and relationships, their sexual behaviors tend to deviate from their adolescent identities (Fergus, et al., 2007). Researchers have been called to pay attention to adolescent sexuality as it develops though young adulthood (Fortenberry, 2007). In addition, the outcomes of risky sexual decisions made during adolescent years tend to manifest during the ages of 18-25 in the forms of sexually transmitted diseases and unintended pregnancies (Fergus, et al., 2007). Furthermore, African American single young women are the leaders among other ethnic groups to report cases of sexually transmitted diseases, more attention is
needed to understand and lessen the overall sexual risks of this group (Hutchinson, 2002).

**Religiosity**

Mattis and Jagger (2001) define religion as a combination of traditions and beliefs, pertaining to a God or gods, shared by a group of people. The concept of religiosity is defined as someone’s agreement to follow the traditions and beliefs by participation in and affiliation with a religious congregation. Similarly, Chatters, Taylor, Bullard and Jackson (2008), define religion as being orientated and aimed towards the community and formed to promote a sense of belonging for people with common beliefs and traditions in an effort to help them to obtain a closer relationship with God. According to Thornton (1985), religion is still a very influential part of many peoples’ lives today, regardless of the fact that there have been changes in “moral authority” and the relationship between churches and individuals (p. 385). For instance, people have been progressively moving towards an emphasis on the formation of their own “religious commitments and beliefs” and away from obeying traditional beliefs based only on “loyalty and obligation” (Thornton, 1985, p. 385). Furthermore, in a study looking at traditional Christian beliefs and beliefs on premarital sex, it was found that there was a decrease in the amount of people that believe that it is wrong to engage in sex before marriage (Pertersen & Donnenwerth, 1997). In fact, frequent church attendance did not change the fact that people are moving towards a belief in letting their conscience guide them in their beliefs about premarital sex and other religious doctrine (Pertersen & Donnenwerth, 1997). In addition, individuals have started to use religion more for its “personal meaning” and less for its “doctrine” which has consequently been proven by
the new and more “confident” feelings in their ability to set their own rules and traditions that define their beliefs and (Thornton, 1985, p. 385).

This change has particular relevance to the study of premarital sex. In the past, the church, based on traditional Christian beliefs had strict rules on abstinence until marriage and on avoiding the use of contraceptives; sanctions endorsing a two-parent family structure; and moral principles expressing opposition to abortion (Thornton, 1985). However, such moral mandates have become harder to enforce because of the increase in premarital sex, unplanned pregnancies, divorce, and abortions (Thornton, 1985). These rules affected not only congregants themselves but also church leaders who have personally experienced such issues in their own families (Thornton, 1985).

Religion and spirituality have historically played a pivotal role in the African American community, and the black church is one of the most important institutions (Mattis & Jagers 2001; Hunt & Hunt, 2000). Within the African American community, churches have used their religious and spiritual beliefs to be a source of elevation for those who are lonely and need to connect with others who could offer supportive kinship-type relationships (Mattis & Jagers, 2001). Churches have also been a primary influence in teaching individuals their ethical responsibilities pertaining to society and their African American community (Mattis & Jagers, 2001). Additionally, Mattis and Jagers (2001), found that African American believers consider that an essential way for an individual to show he or she is a true believer is through their degree of “religious commitment” (p. 529). Hunt and Hunt (2000) concluded that although “racial segregation” was the reason that the African American church became such a powerful “cultural presence of an overarching community” (p. 587), this influence was diluted
during migration from the “rural South” into more established and variant “regions and urban life” (p. 588). Moreover, since many African Americans have changed in their ways of life, the church consequently does not hold the same power that it once had (Hunt & Hunt, 2000). Nevertheless, it still has held its stake in being a “smaller-scale moral center” for many African American communities and families (Hunt & Hunt, 2000, p. 590).

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**Adolescents’ and Young Adults’ Sexual Behaviors and Religion**

Adolescents may be more likely to participate in risky sexual behaviors such as the inconsistent use of condoms and having more than one sexual partner, at least in part because their decision making skills have not been fully developed (Fergus, et al. 2007). Studies have shown that religion and spirituality two factors play a significant role in increasing happiness and good health, and lowering negative behaviors and outcomes (Mattis & Jagers, 2001).

**African American Women and Religion**

African American women of all ages are more likely to identify themselves as having a close relationship with God and being religious and belonging to a church compared to African American men (Orzorak, 1996). Ozorak (1996) also highlights the fact that among African American women, positive emotions such as self-confidence are linked to church activity and attendance. Additionally, “religion” and “spirituality” promote many positive emotions such as “happiness, love, hope, peace, calm, faith,
pride, optimism, strength, courage, confidence, trust, and forgiveness in the everyday lives of African American women,” (Mattis & Jagers’, 2001, p. 521). Furthermore, religion also plays an important role in the lives of unmarried women and single mothers by being a source of answers to prayer, as well as providing emotional, moral and family support (Mattis & Jagers, 2001).

In a study reviewing empirical research on the role of religion and spirituality among African Americans, Mattis and Jagers (2001) highlighted the fact that the church has historically had a more powerful influence on African American women than on the men, finding that women were more likely to have belonged to a church and participated in the church at an earlier age than men. In their review, Mattis & Jagers (2001), suggested that among most African American religious families, there is a greater emphasis placed on girls and young women being involved in church-related activities than is the case for young men. Mattis & Jagers (2001), suggest that gender difference in religious involvement may explain why African American women have higher levels of long term religious commitment then men. Cornelius (2009) adds that church leaders have the potential to have a powerful and even prominent educational role among African American women because of their convenient access to this group.

Parent Influence

A parents’ moral outlook and communication on the subject of sex serves as a key factor in adolescents’ decisions on when to initially start engaging in sexual activities, with parental communication resulting in delayed onset of sexual activity, as well as decisions about contraceptive use (Hutchinson, 2002). It is important to note that some sexual risk behaviors start in the adolescent years and carry over into young adulthood (Fergus, et al., 2007). Although some of these risky behaviors among African American
adolescents may decline as they move into young adulthood, the negative outcomes may still be consequential (Fergus, et al., 2007). Therefore, parents can be influential in eliminating some of these negative outcomes such as unintended pregnancy and sexually transmitted diseases by having a continuous and open line of communication with their children, especially mothers with their daughters (Hutchinson, 2002).

Hutchinson (2002), found that mother and daughter communication is much more influential than peer communication in delaying the initiation of sex and in shaping their views on sex. Interestingly, African American adolescents had high levels of parent and adolescent communication, higher than Hispanic and White adolescents (Hutchinson, 2002). Nevertheless, African American adolescents and young women still remain the largest group to report cases of sexually transmitted diseases despite the parental influence and parent-adolescent communication (Hutchinson, 2002). Hutchinson (2002), states that the communication about postponing sexual activity is no match for the high levels of sexual risk outcomes in the young adult African American community. Although in the study Hutchinson (2002) did not find a significant father influence on delayed sexual initiation and values, but reported other researchers the powerful role that fathers play in decreasing sexual risks. Fathers provide insight on the way males think and offering a more broad range of conversations on topics of sex (Hutchinson, 2002).

Moreover, the effects of single parenthood could weigh significantly on communication with adolescents, as illustrated by Cornelius (2009) research on African American single mothers and their views of faith based programs for their adolescents. Mothers admitted that they lacked the ability to provide sufficient supervision (Cornelius,
Furthermore, not only were they unprepared to discuss topics on sex, they were also not comfortable doing so. Overall, parental influence could be a significant influence on sexual risk behaviors taken during adolescent years and possible negative outcomes could be mitigated for the young adulthood years as well. However, based on Hutchinson’s (2002) findings on parent influence on African American young women, there may be other factors that outweigh parental influence.

Male Partner Influence

Male partner influence is another term to describe a gender script where males control the relationship (Bowleg, et al., 2004). African American women tend to follow the conventional female character in which they are submissive to the men in the relationships and allow them to hold the authority in the relationship (Bowleg, et al., 2004). Furthermore, men tend to control sexual decisions like condom use in the relationship (Bowleg, et al., 2004), suggesting that they have enormous influence not only over sexual activity, but over possible pregnancy outcomes. In their qualitative study of 14 African American women between the ages of 22-39, Bowleg, and colleagues (2004) examined relationship and sexual scripts and found that women held low amounts of authority when it came to condom use; men controlled the use of condoms by being the ones to either demand or refuse condom use during sex, without negotiation with their partner. Interestingly, Bowleg, and colleagues (2004) findings showed that women did not base their use of condoms on the risks of human immunodeficiency virus and pregnancy. Additionally, in studying the sexual risk behaviors low income African American women, Robinson, and colleagues (2005), found that infrequent condom use was associated with positive attitudes towards using condoms and the desire to become pregnant. In addition, the male partner’s desire to
have a child was more likely to dictate the use of a condom regardless of the desires of the woman (Robinson, et al., 2005).

One possible reason that male influence dominates decision making is that “optimistic bias” colors women’s perceptions of the possible outcomes of unprotected sex. Optimistic bias is defined as the *misperception* of one’s invincibility from the negative consequences of risky sexual behaviors (Chapin, 2001). Possibly, optimistic bias is operating among African American women who do not want to become pregnant but also desire to, and in fact are expected to, please their partner. Support for this idea comes from research conducted by Chapin (2001), who found that different ethnic groups of college students all showed signs of optimistic bias about their ability to avoid contracting human immunodeficiency virus. This suggests that the use of condoms, or conversely, the frequency of unprotected sex, is better predicted by women’s *perception* or view of their sexual risk outcomes, rather than by their actual risk outcomes (Chapin, 2001).

**Theoretical Perspectives**

For this study, symbolic interactionism, the fatalism construct, and the social exchange theory will be explored in order to try to gain a more knowledgeable and broad understanding. Because this study does not have a specific framework or theory that explains what it is or how it works, the combination of these three perspectives will be explored in order to further explain the study.

**Symbolic Interactionism**

This theory was derived from George Herbert Mead. According to White and Klein (2002), humans are driven to create meanings to help them understand their world. A person’s motives are constructed from the meanings available to them and relevant to
the situations in their environment and they become visible by means of social interaction (White & Klein, 2002). The “family context is important because family serves as a means of extreme interaction and they are integral in helping a person create meanings and verification for their life and actions (White & Klein 2002, p 63).” It is noted that you cannot simply rely on understanding the motives and actions of people by looking at the meanings of material objects and things from strictly a physical aspect because they hold a symbolic importance (White & Klein, 2002). Rather, you have to understand the meaning behind things in order to understand the reasons behind the person’s actions. Another assumption that this theory holds is the idea that individuals have minds that “presupposes an individual self that perceives, reasons, senses and imagines.” (White & Klein 2002, p. 64) They discuss that fact that the brain can be changed over time by a person’s life experiences. Therefore, it is assumed that the mind acquires, integrates and processes information and at the same time it can reflect on its own processes which can help it develop as an “actor (human being) (I) and an object (me)” (White & Klein 2002, p. 64). The authors state that according to Mead, an individuals’ mind is a product of society. This theory is useful in studying and developing qualitative work because it is commonly used in studying a person’s behavior or perceptions. Moreover, this theory is useful and relevant to this topic because it helps bring light to the idea that every behavior has a meaning buried behind it. Things’ meanings are cultivated by a person’s surroundings, i.e., parents, church and other impactful relationships.

**Fatalism**

The perspective of fatalism has been used in many studies of patient compliance with prescribed cancer treatments, including African American women with a fatalistic
world view who tended not to get treatment because they believed that God’s will determined their fate (Franklin, et al., 2007). Fatalism is the belief that something “bad” (e.g., death, health outcomes) is out of an individual’s control and predetermined by a “higher power” (Borowsky, et al., 2009; Franklin, et al., 2007). In the case of cancer, fatalism operates when there is an acceptance of death from cancer which hinders the individual from pursuing potentially stressful treatment (Powe, 1997).

This perspective may be particularly relevant to African Americans, because according to some research, they are less likely to participate in or follow up with cancer screening due to cancer fatalism (Powe, 1997). In a study of over 20,000 adolescents in grades 7 to 12 participating in the National Study of Longitudinal Health, Borowsky and colleagues (2009) found that adolescents’ risky behaviors were predicted by a belief that they would face death in 1-7 years. The results of this study showed that a larger proportion of minorities had a fatalistic view of their personal future: 29.1% of Native Americans, 25.7% of African Americans, 21.2% of Hispanics, 14.9% of Asians, and 10.2% of white adolescents shared a fatalistic view (Borowsky, et al., 2009). The researchers concluded that among the teens in this study, the higher their perceptions were of an early death, then the higher their chances of having future serious health outcomes, i.e., human immunodeficiency virus (Borowsky, et al., 2009). Therefore, according to Borowsky and colleagues (2009), fatalism should be considered an important signal of possible serious health outcomes in the individual’s future.

Few researchers have studied “religious fatalism” (Franklin, et. al., 2007). Religious fatalism is a term used to identify people whose religious/spiritual practice is greatly influenced by their belief that nothing can stop God’s will (Franklin, et. al., 2007).
Neff and Hoppe’s (1993) study using data on 1,784 adults from different cultures examined how fatalism affects psychological distress among different cultural groups, and found that fatalism was higher among Hispanics and African Americans in comparison to whites. Also, fatalism was defined as an “adaptive response” to life situations viewed as out of a person’s control, especially among minorities (Neff & Hoppe, 1993).

In summary, numerous scholars urge further studies of the reasons for sexual risk taking among African American single young adult women because of the potential for serious and long lasting negative outcomes. Yet very little research has attempted to better understand these influences. This study focuses on our previously unaddressed influences on African American young women’s decisions regarding unprotected sex: religiosity, family, male partner influence, and fatalism. The purpose of this study is to uncover whether these factors impact young women’s decisions about unprotected sexual activity.

Social Exchange Theory

Unlike the perspective of fatalism, the theory of social exchange explores the concept of “rationality” and “cost and reward” (White & Klein 2002, p 38, 39). Axioms of this theory oppose fatalistic thinking because it assumes that the individual is not being externally controlled but instead has the complete ability to make “rational choices” based on the idea of “costs and rewards” (White & Klein 2002, p.34). From this perspective, individuals have rational in their thinking and can rationally come up with the costs and rewards of their decisions. In some situations the individuals may have different “costs and rewards” or “motivations” that they associate with the behavior (White & Klein 2002, p. 33). The theory of Social Exchange assumes that since
individuals are “rational” and are able to deduce their “costs and rewards” of their behaviors, then they are fully aware of what repercussions, if any, that their behaviors will yield because their “motivations will explain their behaviors” (White & Klein 2002, p. 35). However, “in order to understand any actor’s choice as rational then we need to know what the person considers rewarding and costly” (White & Klein 2002, p. 39).

This theory also explores the idea that a “rational person may be willing to incur some losses in order to maintain a profitable relationship” (White & Klein 2002, p. 41) and when the relationship is no longer a “fair exchange” then the individuals break up (White & Klein 2002, p. 41). Exchange theory also is based on the assumption that since “the actors are rational, then they are interchangeable” which means that if they are “given the same rewards, costs and weights, any actor would make the same choice as any other” (White & Klein 2002, p. 40). This theory is useful in understanding this study because the individuals may be fully aware of their costs and benefits from their decisions and the idea of male partner influence and fatalism may not be accurate justifications for their behaviors. This theory allows for the idea of “rationality” and “cost and reward” to be further examined and applied in relation to understanding these women’s decisions.
CHAPTER 3
RESEARCH METHODOLOGY

Introduction

The purpose of this research study is to determine the influences of several factors on African American single young adult women’s decisions to have unprotected premarital sex, with a particular emphasis on understanding the role of religion in women’s decisions. This chapter explains how this study was conducted, including the research design, sample selection, instrumentation, data collection, and data analysis.

Research Design

The research design of this paper is a case study. A case study is a “unit” (i.e., individual, family, marriages, organizations, decisions, time periods) that the researcher is trying to collect data about and analyze in order to better understand a “phenomena” as a whole (de Vaus, 2001, p.220). A case study design is useful for this thesis because it will provide a “more complex and fuller understanding of the whole phenomena” (de Vaus, 2001, p.221), in this case, factors influencing African American single young women’s decisions about unprotected sexual behaviors. A case study design is useful because it “emphasizes an understanding of the whole case and seeing the case within its wider context” (de Vaus, 2001, p.234) and examining parts within whole (de Vaus, 2001, p.235). The goal of this study is to understand how African American single mothers decided to engage in unprotected sex, and also to uncover some of the factors that may or may not play an integral part in their decisions. Therefore, for this study, a case study design seems most appropriate.
Qualitative Research

Qualitative methods were chosen for this research because of the exploratory nature of this study and the compatibility of the research questions with the goals of qualitative research. Qualitative research questions aim to identify and explore communication and relationships among a particular group; to understand the meaning of attitudes and behaviors of a particular group; and to create theories by examining and understanding links and connections from the data collected (Fossey, Harvey, McDermott & Davidson, 2002). Also, broad questions, rather than specific hypotheses are used to get a deeper understanding of the phenomena under study (Fossey et al., 2002).

According to de Vaus (2001), qualitative “case study designs are often viewed as lacking in the areas of internal and external validity, but “careful attention to these matters” at the design stage of the study can ensure necessary rigor (de Vaus, 2001, p.233). In order to have internal and external validity, the researcher must have a valid method for sampling, data collection and data analysis (Whittemore, Chase & Mandle, 2001). To insure internal validity the study design should clearly define the demographic characteristics of the study population, such as age, gender, and ethnicity, as well as the study variables (de Vaus, 2001, p. 28).

This study preserves internal validity by clearly defining the population and variables in question. Furthermore, an expert panel composed of 4 individuals with experience and knowledge of the topic reviewed the interview questions; the researcher will modified the instrument according to their recommendations. The expert panel consisted of 4 African American single young adult mothers. The researcher asked each question and the members of the panel answered the questions. Although external
validity is a major concern in quantitative research, in exploratory qualitative research such as this, which is aimed at better understanding the viewpoints of participants and the processes affecting decisions, trustworthiness is more important. One of the most important concerns is validity within the data analysis stages, which means that the researcher must be careful to uphold the originality and integrity of the words and overall perspectives of the participant (Fossey et al., 2002).

“Along with validity, the study must be reliable in that if it is repeated then it will yield the same conclusions consistently” (de Vaus, 2001, p.30). Unlike quantitative research, there are three target areas of interest in qualitative research: "language as a means to explore processes of communication and patterns of interaction within particular social groups; description and interpretation of subjective meanings attributed to situations and actions; and theory-building through discovering patterns and connections in qualitative data" (Fossey et al., 2002, p.723).

A set of guidelines was developed by Lincoln and Guba (1994) and discussed by Fossey et al., (2002) to assess the honesty and validity in qualitative research. The guidelines are to make sure that the qualitative study maintains its “credibility, transferability, dependability and conformability” which are defined as the “internal and external validity, reliability and objectivity, respectively” (Fossey et al., 2002, p.723). Although barriers to perfect reliability and validity exist, (de Vaus, 2001, p.31), these steps toward maintaining reliability and validity will help decrease the chances of a study “yielding weak and unreliable results” (de Vaus, 2001, p.31).
Qualitative research has several methods, with interviewing, focus groups, and participant observation being the most common (Fossey et al., 2002). This study will use interviews as the means of data collection.

**Sample Selection**

The purposive sample was composed of African American single mothers that had never been married and have had unprotected premarital sex. The sample of 10 mothers was located through a referral sampling procedure by “initiating contact with a small group of individuals relevant to the study” and asking them to recommend additional contacts (Bryman, 2004, p. 100). The participants were asked an initial qualifying question to determine whether or not they qualified to participate in this study: [When you became pregnant, did you have unprotected sex?]. A small incentive to encourage participation was provided.

**Instrumentation**

For this study, semi-structured interview questions were developed to collect data to address the research questions. The interview questions were reviewed by an expert panel and revised based on their input. See Appendix A for the Interview Guide.

**Data Collection**

Semi-structured interviews allow participants to have “a great deal of leeway in how to reply” to questions (Bryman, 2004, p.321) and result in a deeper and wider understanding of the study topic from the participants’ point of view (Denzin & Lincoln, 1994). In semi-structured interviews the researcher uses an interview guide with a “list of questions or fairly specific topics to be covered”; however, the guide does not have to be followed exactly and questions can be added, but the same questions must be used for all interviewees (Bryman, 2004, p321). The interview guide is composed of
“introduction, follow up, probing, specifying, direct and indirect questions” (Bryman, 2004, p. 326).

Face to face interviews were conducted with 10 African American single mothers between the ages of 18-24. The data were collected by a single researcher. Interviews were audio recorded and then later transcribed for data analysis (Bryman, 2004). The usage of tape recording and note taking helped the researcher to remember the participants’ emotions, nonverbal cues, and procedures. Field notes provided contextual and affective data possibly not reflected in the transcripts. The researcher's reflections and observational notes after the meeting were used to helped recall ideas, themes, and helpful lines of questioning (Rabiee, 2004).

**Data Processing and Analysis**

The interviews were held at a location chosen by participants, most often their home and in one instance a reserved room in a library. Participants were asked to make themselves comfortable and face the interviewer, with the recorder placed in the center of the table. The study purpose and procedures were explained prior to the meeting at the time participants were recruited; the purpose of the study was reviewed and consent forms provided at the beginning of the interview. The researcher took care to build rapport during the recruitment phase and the beginnings of the interview in particular. It is important to ensure that the participant feels comfortable during the entire process, this will allow for open and unrestricted responses which will yield a fuller understanding to the participants’ views of their story (Denzin & Lincoln, 1994, p. 367), and also ensure study validity.

The interviewer followed a set script described in more detail in the instrumentation section. The topics were emailed out to the participants prior to the
interview so that the participants feel comfortable and familiar with the topics. Each interview lasted approximately 1 hour, with the shortest interviewing running 45 minutes and the longest, 1 hour. A pre-test was conducted with 2 individuals who met the study criteria, in order to make sure that the instrument was valid and reliable and the interview process was non-offensive and proceeded smoothly. As a result the pretest confirmed the usefulness of the interview instrument and procedure.

After the first three interviews, the interviewer re-checked for any emerging themes and then decided if a question should be added or changed for the next interviews. The researcher personally transcribed the audio recordings. Data were analyzed by following the framework analysis proposed by Ritchie and Spencer (1994) and discussed in Rabiee (2004): “familiarization; identifying a thematic framework; indexing; charting; mapping and interpretation” (p. 657).

The researcher became familiar with the data by “listening to tapes, reading the transcripts in their entirety several time, reading the observational notes that were taken during interview and the summary notes written immediately after the interview” (Rabiee, 2004, p. 657), while also paying attention to emerging themes that became apparent throughout the data. At the end of the interview, the interviewer asked each participant if they would be open for future follow up questions if needed and if they would check their emails for a follow up summary.

Immediately after each interview the interviewer made a half page summary which will summarize the information from the interview. This summary was emailed to each participant, requesting that they check over it and make sure that their points and words were accurately captured during the interview. At this point, the follow up email also
asked and allowed the participant if they would like to add anything that they might have forgotten during the interview or delete anything that was misunderstood or worded incorrectly. This process was done to help to ensure content validity. In the next stage, the researcher wrote key words in the margins of the transcripts to identify ideas, concepts, and categories coming out of the data. Indexing involves sorting through the data, highlighting key areas, and making comparisons. In the charting stage, quotes were lifted and reorganize by themes (Rabiee, 2004).

The final stage is mapping and interpretation. In this stage it is important that the researcher understands and translates the corrected meanings from the quotes taken from the previous stage. Criteria for creating a foundation for understanding and translating coded data was developed by Krueger (1994) and discussed in Rabiee (2004): “words and their meanings; context; internal consistency; frequency and extensiveness of comments; specificity of comments; intensity of comments; big ideas.” According to Bryman (2004), the researcher should listen and write down reoccurring themes and place them into categories. Overall, Bryman (2004) describes coding as being able to “break down data into component parts, which are given names” (p. 537). This study used these techniques in order to make sure data was not lost during the analysis stage.

During the data analysis stage, the researcher met with the adviser to develop the coding procedures including the code book sheet and coding process. The coding scheme was tested by the researcher and the chair on one interview, their respective results compared, and the coding scheme modified. The interviewer and adviser subsequently independently coded all interviews and compared results; discrepancies
in codes were discussed and corrected when consensus was reached. This process better ensures the reliability of the analysis.
CHAPTER 4
RESULTS

The research objective was to explore and uncover the factors that impact African American single young adult women’s decisions about unprotected sexual activity, particularly parental influence, male partner influence, and religiosity. This chapter presents the results of the analysis of data collected in in-depth, face-to-face interviews with 10 African American women between the ages of 18 and 24. For the purpose of confidentiality, names were changed in the results section.

The first section presents the descriptive statistics for the demographic characteristics of the sample. The second section continues with background information on feelings about being a mother. The third section addresses Research Question 1, presenting the results of the analyses of the influences on decisions about unprotected sex. The fourth section addresses Research Question 2 and the relative importance of each influence. The last section in this chapter brings out themes and patterns emerging from the data.

Demographic Characteristics

Demographic summary statistics include numbers reporting, range, and mean score of the following characteristics: age, number of children, education level, living situation, current employment, and household income. First regarding age, 10 out of 10 women reported their ages, ranging from 18 to 24 years, with a mean age of 23 years. As shown in Figure 4-1, with regard to number of children, participants had between 1 and 4 children and most (70%) reported having one child.

Figure 4-2 show results for education level. The majority of the sample, 70%, had at least some college. Of the 10 women, one had no high school diploma, two had at
least a high school diploma, three had completed some college, and four had a
bachelors degree. The results for the living situation of the participants were split with
50% living alone and the other 50% with a parent or significant other.

![Graph showing the distribution of participants by number of children between 1-4.]

**Figure 4-1. Distribution of participants by number of children between 1-4.**

**Table 4-1. Summary of education level of participants.**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>% Females (n =10)</th>
<th>Females (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No High School</td>
<td>10%</td>
<td>1</td>
</tr>
<tr>
<td>High School</td>
<td>20%</td>
<td>2</td>
</tr>
<tr>
<td>Some College</td>
<td>30%</td>
<td>3</td>
</tr>
<tr>
<td>Bachelors</td>
<td>40%</td>
<td>4</td>
</tr>
</tbody>
</table>

![Graph showing the distribution of participants by education level.]

**Figure 4-2. Distribution of participants by education level.**

Regarding the current employment status of the 10 participants, two participants
were unemployed and the other 8 participants were employed. Participants were
represented in all four income categories, with 40% of participants falling in the lower
bracket, but 30% in the higher bracket. Table 4-3 and Figure 4-3 show participant
household income levels.
Table 4-2. Summary of participants’ household income.

<table>
<thead>
<tr>
<th>Household Income</th>
<th>% Females (n = 10)</th>
<th>Females (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,000-19,900</td>
<td>40%</td>
<td>4</td>
</tr>
<tr>
<td>20,000-24,900</td>
<td>20%</td>
<td>2</td>
</tr>
<tr>
<td>25,000-29,900</td>
<td>10%</td>
<td>1</td>
</tr>
<tr>
<td>30,000-34,900</td>
<td>30%</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 4-3. Distribution of participants by household income.

Reactions to Pregnancy and Being a Mother

To begin discussion, the opening question asked, “How did you feel when you found out that you were pregnant”. There were a variety of responses, including: shocked, guilty, worried, excited and happy, unexpected, not shocked, upset and disappointed, shame and denial.

For example, one respondent, Sherry, said, “I wasn’t shocked because I knew that what we were doing would eventually lead to pregnancy.” Another respondent, Melonie, stated “My main concern was what people would say, people in my family.” Teesha said, “I wasn’t happy because of my situation (not being married and having my own place and a job). I didn’t feel that I was ready.” Finally, Natalie described her experience by stating, “It was crazy because I was shocked. I was keeping up with my cycle and when and when not to have sex.” Also Natalie said, “I was scared and disappointed in myself. My mom was the first person that I thought about and I didn’t want to disappoint her. I cried.” Another participant, Courtney, stated, “I felt guilty. I felt
ashamed. I was wondering how I was going to handle a two year old and twins. I was just really upset, really.”

The participants’ responses included both positive and negative reactions. However, the majority (n=8) expressed what might be considered to be on the negative end of the spectrum with a minority of respondents (n=2) indicating a positive reaction. One of these women, Sherry, stated, “I was excited but worried because I wondered how things would change in my life since I was in school and would have to raise a child for 18 plus years.” Veronica said, “I was surprised and shocked but I was still very happy when I found out that I was pregnant.”

When asked how they felt about being a mother now, half described the support they receive to carry out this new role as being very important. For example: Veronica stated that “Being a mother is not as hard as I thought it was going to be. I believe that it’s a lot easier because I have a good family and support system.” Natalie said, “I think that it’s going pretty good. As far as my child being taken care of, I’ve been lucky because my support system.”

Several participants reported that they loved being a mom, although three also qualified their response with a recognition of difficulties as well. Rylie said, “Things are a lot easier. Just like anything else, it has its ups and downs but for the most part it’s good. I love being a mom; it’s the best job ever.” Lidia explained, “Good, I guess they are good compared to thoughts of not being a mom. I feel like it could be better financially but everything is good, I’m making it.” Melonie stated, “It’s more work. It’s a lot of work to balance school, work and other things. Another worry is that I’m about to
graduate and what if I don't find a job right away and am I going to be a good example for her.”

Two respondents saw their children as being their “sanity”. Teesha said, “Great! I love being a mom, I feel that they are my sanity and they keep me smiling.” Also, Roslynne said,

I believe that God brought my baby in my life to make me feel proud and accomplished. I look at other people in my situation and I can look around and be proud of myself because I’m not on welfare and I’m not getting child support but I’m doing great. I believe God brought my baby into my life to give me mental stability because I use to be my hardest critic and I put myself down so much and I had a nervous break-down because I felt like I wasn’t accomplishing anything. Now, looking at my baby I feel like I have accomplished a lot.

Influences on Decisions about Unprotected Sex

The first research question asked, Among African American single young adult mothers, what are the major factors that they perceive to influence their decisions to have unprotected premarital sex? In the following sections, I discuss the major influences on participants’ decisions as previously identified: parental influence, male partner influence, religion and Fatalism.

Parental Influence

When asked, “What influence did your mother and/or father have on your decisions about your intimate relationship?,” (n=9) participants reported that their parents had not talked to them about sex. Sherry stated, “My parent’s never taught me anything about a relationship. I never really had much of a parent/child relationship.”

Maria said,

I would really say none. I feel that you can tell me not to do something but I feel that you should tell me by showing me and I didn’t really have anyone actually in my life to say, ok, this is what you’re not supposed to do and I’m going to show you how not to do it. I felt as though I was grown, I had
graduated from college and I was just like, “I’m grown and I can do whatever I want to do.” I knew that I should have been doing better but they didn’t really have a very strong influence on it.

Natalie said, “I can’t really say that my parents talked to me about a relationship. They discussed sex with me but not in detail and if they did then I don’t remember. I always remember coming up with my own idea of a “good man”.

Many respondents (n=5) attributed a lack of parental communication to an absent father or poor relationship with their mother. Melonie said, “My father wasn’t around (incarcerated). I feel that having a male influence is important because when my step father was around, I didn’t get into as much trouble because I had a male influence to talk to.”

Lidia stated, “My mom, to be honest, I don’t think that she has the best judgment even now when it comes to men. I trust her as far as wanting someone to love me the right way but I guess I feel that she settle a lot which makes me not want to listen to what she has to say.”

Roslynne said, “My mom didn’t have much of an influence on whether or not I dated him (baby’s father) because I felt that she didn’t really know him and just looked at the outside. I knew him as a person. It was important because I know my mom in the past has been right so many different times but she has also been wrong. It was 50/50, it was important but not enough to change my decisions.”

Two respondents regretted not having a father figure in their lives. Melonie said, “I wish that I did have a father figure around to talk to about certain issues or questions. I feel that I would not have gotten pregnant if my father was around.”
Maria said, “Now that I’m older I can see that if my father would have been more active in my life that I could have made a lot of better decisions. So I think that it would have been better if they would have been more involved.”

Two women reflected that their pregnancy was part of a self-fulfilling prophesy.

Courtney said,

Actually, my mom had a lot to do with it. My family period had a lot to do with it because I was always labeled like my mom. My mom was a young mother, a very very young pre-teen mother and because I was labeled as such, it kind of put the negative thoughts into my mind to be like well, “I might as well do it, since y’all are accusing me of doing it anyways.” That’s how I initially started having sex.

Roslynne said,

Yes, because I felt that a lot of things that she thought was happening between me and him weren’t happening and I felt that because she kept assuming then it did happen. I always tell her that she made her “dreams come true”-she kept saying that we were having sex and were going to get pregnant even when we weren’t.

Nevertheless, the most common response (n=7) was that the decisions about sexual intimacy and partner selection was primarily based on the woman’s own choices.

For example; Sherry said,

No, no one had any influence on my preferences. I felt that it was my decision. I feel that it wasn’t “consciously” but more based on how I was raised. My grandmother had an opinion about him and she wasn’t too thrilled but once she spoke to him then she decided to try to trust him.

Melonie stated,

My mother didn’t really influence my decisions to date baby’s father. My mother felt that we weren’t compatible because I was in college and he wasn’t. I thought about my mother’s words and opinions but of course I did what I wanted to do in the end.

In addition, participants were asked about the quality of their relationship at the time of the pregnancy. Three women reported having a poor relationship, whereas three
reported having a good mother-daughter relationship. For example, Rylie stated, “Me and my mom had a relationship but it wasn’t the best relationship. I really didn’t care. I felt that if I got pregnant then I got pregnant, if it happens then it happens. I really wasn’t concerned about whether or not she was disappointed.”

Rosynne stated, “It was rocky. We were getting in to it. She was staying with me and we had financial troubles.”

However, Melonie stated, “At the time I got pregnant, my relationship with my mother was really good because my mother was concerned.” Lidia said, “I grew closer to my mom. Some of my friends got distant. My mom was like my best friend during my pregnancy.”

Half of the respondents felt that they didn’t have “real, active” parents. Sherry said, “Very little influence because it may be the fact that I never considered them to be “actual” parents.” Rylie said,

I went back and forth between my father and my mother every other year. I feel that I felt that I was in love and everything because I didn’t really have a good relationship with neither of my parents. It wasn’t important at all. Our relationship didn’t mean much until I was well into my pregnancy and that’s when they started to act like parents.

Maria said, “It was important because I wish they would have done more. They weren’t really parents that were involved with my lifestyle and assisting me with dating.”

When asked about their family background; three respondents said that they were raised by a sister or grandmother because their parents were not available (e.g., incarcerated parents). Half of the respondents stated that their mom gave them advice about men; however, they had a poor relationship with their fathers. Half of the participants commented that that they learned what to do and how to choose a partner by watching the lives of their parents. For example: Sherry said,
I learned a little from living with each parent off and on through watching their individual relationships with their significant other, however, it was not enough to be much of an impact on my decisions about my intimate relationship(s). Overall, I learned more of how to choose a partner (looking at values and morals and goals).

Melonie said,

Some of the things that I took and the things that I went through in my relationship with my baby’s father was some of the same qualities that my step father and biological father possessed. I tried to fight against my mother’s opinions of being like, no, no, no the entire time that me and the baby’s father dated. We started dating when I was 14 or 15 years old. The things that attracted me to my baby’s father were things that I saw in my upbringing.

Lidia said, “…I feel that I made those decisions on my own. I guess by watching who she dated and stuff it kind of influenced the type of men I chose.”

**Male Partner Influence**

When asked about the closeness of their relationship with their child’s father at the time of the pregnancy, 6 out of 10 women described their relationship as being very close; 4 of these women stated the closeness had to do with the couple’s history, i.e., length of time of their relationship. Sherry said, “We had a very close relationship because we had been together for 2 years and had established trust, love and familiarity with each other.” Maria said, “‘Yes, we’ve been very close. He’s been in my life forever.”

Over half of the women (n=6) also reported the relationship as being rocky and changing once they became pregnant. For example: Sherry said, “I started to become a little more reserved and uneasy because the baby’s father started to become negatively influenced by his family.”

Lidia said, “We were close because we were good friends for a while. Before I got pregnant there weren’t any issues but once responsibility and reality sat in things got
bad. After a month of me being pregnant, he stopped calling and started being distant.”
Melonie stated, “We were close but only because we had been together for so long. At the time of my pregnancy we were on bad terms. Not doing well.”

When asked what was important to them about their relationship with their significant other, most women (n=8) identified love, trust, and commitment as being important. Courtney said, “I think that emotions had a lot to do with it. I trusted him, loved him. Love is a big thing. I felt that I really loved him and trusted him.”

Natalie said, “I guess we were both committed to each other. That’s what I got from him and that’s what I showed him. It was just over a period of time we gradually used less and less condoms. As we got closer we became more committed.”

Some of the women (n=3) felt that being married and having their partner’s commitment to them and their child were important. When asked about their closeness with their partner, some of the women (n=3) emphasized that to them, the trust and closeness they felt was associated with marriage. For example, Sherry said,

Mainly because in my mind, after being with this person for 2 years, I felt that I could see myself being with him for the rest of my life and having children. I felt that I had been with him for that long and that I trust him and I knew that we were a monogamous couple. In my mind, we were already married because I felt that this was the one, the man that I was to be with forever. I had already committed to love and trust him and figured that we would have a future together. I use to just feel that I could repent until we became official but in the mean time, this was a decision that I felt was right.

Veronica stated, “We did everything that married people did except for get married. We have everything but the paper. He has said I’m his wife.”

When asked about what was important to them about their relationship with their male partner at the time of their pregnancy, expectations for a two parent family,
support for the child and the mother were very important factors to these women. Sherry stated,

The most important thing was that once we found out that I was pregnant, I wanted to know if he was going to be a responsible father (emotionally, financially and stuff). I wanted to know that he was going to be there for me and we would do this together and help out as much as he could. It was important to me because of my childhood (not having both parents) I felt that it was a necessity that my child had a better childhood with both parents.

Melonie said, “Once I was pregnant, I wanted my relationship to work because I wanted my baby to have a mother and father that were together.” Lidia said, “When I got pregnant I always thought that I would be married to the person that I got pregnant by. So regardless of what type of love was there, I got confused with what love was and I had the dream of basically having a family.”

The next question was directed at understanding how participants became pregnant and their decisions at that time: “Can you explain to me how you got pregnant?” In response, 6 out of 10 stated that it “just happened”.

For instance, Teesha said, “It wasn’t planned, it just happened. We discussed a future together with kids but it wasn’t planned to happen so soon.” Rylie stated, “It just happened. I wanted to have sex but I didn’t want to get pregnant. So I didn’t try to get pregnant.” Sherry stated, “No, it wasn’t a planned decision but it wasn’t unexpected either. We knew what could happen but we never tried to stop it.”

Maria said,

No, it just kind of happened. We had unprotected sex. What happened was right before we got ready to have sex, he went to go get a condom and then after sex, I realized that he never put it on. So it wasn’t just like, “Oh we’re going to have unprotected sex!” And I just kind of asked him after because I saw the condom laying on the floor.
When asked about their decisions to have unprotected sex, 7 of the 10 women stated that there wasn’t any pressure from their partner. Lidia said, “It was important. If he would have told me that he wanted to use protection then I wouldn’t have been able to stop him.” Sherry stated, “It was a decision made between the two of us. There was never any pressure.” Melonie said, “There was never any pressure. He never got a condom and I never told him to get one.” Veronica said, “I had sex without a condom because I didn’t want to lose him. I didn’t want him to go out there because they always say [people] “what you won’t do then somebody else will”.”

A common response (n=5) was related to knowing that they and their partners were both “clean” i.e., safe from sexually transmitted diseases. Courtney said, “We knew that we were both “clean” and I felt that ‘one time’ wouldn’t hurt. We had gotten tested so STD’s weren’t a problem. I would rather take a child any day over an STD.”

In response to the question about her decision to have unprotected sex, Lidia said, “I knew that using protection would stop things from happening but it wasn’t a concern because I trusted him.”

Natalie said, “Pregnancy was my biggest fear in the beginning and I had already got tested for STD’s and we both got tested.”

Veronica stated, “I kept sleeping with him because it’s too many diseases out there and I didn’t want to sleep with anyone else and he felt the same way. He said “I know you clean and I’m clean”.”

Some of the women (n=2) expressed that their partners didn’t like to use condoms. In addition, 3 out of 10 women expressed that they personally didn’t like to use condoms because of comfort. Teesha said, “It just happened.” I don’t like condoms
so I didn’t want to use one. He wanted to use one but I didn’t like the way they felt.”

Rylie stated, “Well, it felt better and we didn’t really ever use condoms.” Roslynne said, “We went to have sex and he couldn’t perform with a condom. He really wanted to have sex so we decided to not use a condom so that it would work.”

Alcohol was involved in the decision making for 2 of the women. Courtney said, “At the time, I knew that there was a possibility that I could get pregnant but I didn’t care enough because I was drunk and my thinking was, “I don’t think it will happen this one time and we’ll be alright”.”

For 3 out of 10 women, their past experiences and the experiences of others played a role in their decision making. For example; Courtney stated, “I’ve thought about this and had this conversation with my ex before: I feel that there are many people that have had unprotected sex for years and have not gotten pregnant because it’s not meant to be, so if we get pregnant then it’s meant, ya’ know. We both felt the same way.”

Lidia said,

We weren’t using condoms so I guess you can say it was planned but it wasn’t really planned. But I didn’t think that I could get pregnant at the time. Well because before him, he was the second person that I had slept with and with my first love, I never used protection with him and I never got pregnant. And with my son’s father, we were together a whole year and I had never gotten pregnant.

Veronica stated, “Prior to me getting pregnant I think we used a condom that supposedly wouldn’t break but it broke but I didn’t get pregnant. So we felt that it was meant to happen. Even when he tried to get me pregnant in the past, it wouldn’t happen.”
Two women felt that they weren’t themselves at the time of their decision. For example; Teesha said,

I knew that a condom would prevent STD’s and pregnancy. I thought about the potential outcomes but at that time, emotionally I felt sad and lonely and sex was a way for me to feel better and wanted. It wasn’t about love or trust, sex was a way for me to take away the pain. I guess I felt in control of that part of my life.

Roslynne stated,

Yes, unprotected sex was definitely a risk that I wouldn’t have normally took. In the past I wasn’t in a stable place mentally. My baby’s father knows that now, he wouldn’t even get my phone number. I was depressed and trying to find happiness in the wrong places back then. I tried to improve my self-esteem and I didn’t know my self-worth at the time so I did things to justify me.

Some of the women (n=3) felt that the decision to not use contraception happened gradually over time. For example; Sherry stated, “It wasn’t always unprotected sex but as the trust and love progressed in our relationship, then we just made a conscious choice to have unprotected sex.” Natalie said, “It wasn’t, it was just over a period of time we gradually used less and less condoms. As we got closer we became more committed.”

A minority of women (n=2) stated that they felt that they were looking for love. Maria stated, “I was chasing something and looking for something but now that I know that God is love, I’m not looking for love anymore.” Rylie said, “I went back and forth between my father and my mother every other year. I feel that I felt that I was in love and everything because I didn’t really have a good relationship with neither of my parents.”
Influence of Religion

Several questions tapped the influence of religion in participants’ lives. When asked how important currently is religion is in their lives, 9 out of 10 said that it is very important. For example, Courtney said, “Right now it is very important. I attend church and I pray, I have a very close relationship with God.

Furthermore, when asked, “Would you consider yourself ‘religious’?” 8 women identified themselves as having a very strong faith or being very religious with regular church attendance. For instance, Sherry said, “Yes, very religious. I try to go to church every Sunday.”

However, 2 women said that they don’t consider themselves to be religious. Melonie said, “I don’t consider myself to be religious because I don’t follow the Bible totally and don’t go to church every Sunday. I consider my Grandmother to be religious. I believe in God but wouldn’t describe myself as religious.”

Veronica stated, “I would say no. Religious to me means, going to church, reading your bible and going to every event.”

When asked whether their religious beliefs affected their decisions about sexual intimacy, half of the women (n=5) reported that either they didn’t think about religion at the time, or it wasn’t as important at that time in their life. For example; Rylie said, “I was religious about some things but with sex, I didn’t feel that I could wait [on marriage].”

A follow-up question asked, “How important was religion in your life (at the time you got pregnant)?” Natalie said, “Not very important. I got baptized but being around friends and stuff I guess I followed the crowd. I only went back [to church] then because my mom went.” Teesha stated, “No, because I didn’t think about it at that time. It wasn’t
on my mind. I feel like sex is the same as any other sin. I never felt religion a big deal in determining my decision to engage in sex before marriage.”

On the other hand, 3 women felt guilty because of their religious beliefs. Lidia said, “It was something in the back of my mind, I always believed that premarital sex was wrong but it wasn’t anything that I focused on at that time.” Roslynnne stated, “Back then, I was still religious because I would feel so guilty and stupid.”

When asked, “How important was religion in making a decision about sexual intimacy?”, four women who identified as being very religious also felt that they made their decision based on their need to explore who they were outside of religion. For example; Courtney said,

I knew better when I did it and I was always in the church, but I felt like I had been in church all my life and I felt like I never got to experience what normal kids experience. I felt that I wanted to live my life and do things that I wanted to do. It probably wasn’t number one but it was always important. I still attended church on the regular but like I said, I felt like I had missed out so I was still trying to do other things.

Roslynnne stated,

Religion is extremely important. I wear myself out to stay connected. I feel like that was the problem before, I felt like I burned myself out from going to church all the time and I wanted to see what I was missing (outside of church) which is how I got involved in a lot of things (having sex and all of that). At the time I felt that I was losing boyfriend after boyfriend because I would always be involved in something at church and that’s when I decided to step down from the activities in order to experience other things. It [Religion] was always important but I just wanted to experience life.

The remaining women (n=6) felt that either it was a personal decision not based on religion. Natalie said, “No, because I didn’t think about religion at that time. It wasn’t on my mind.” Melonie said, “I felt convicted about having sex but I didn’t stop having sex.” Rylie stated, “It wasn’t important at all. I wasn’t really thinking about that.”
The participants were asked how important was religion in making a decision about your pregnancy? Four women stated that they spoke to a religious advisor about their pregnancy, while the rest of the women felt that it was a decision that they made on their own. Maria stated,

I talked to a pastor and his wife and I was crying and I said that I feel like I made a mistake and don’t know if I’m making the right decision to keep him. I feel like that male influence is very important because my pastor said that my child had purpose and that the sin was in the sex and not in the child because only God can create life. And when he said that, I really began to feel that my child did have purpose. I look at my pastor as a father, a spiritual father and his words really had an effect on me. I had other family members trying to tell me in those words but when it came from him, I was just like, “ok, I got it”.

Courtney said, “When I found out I was pregnant, I went to my pastor and his wife and told them that I wasn’t sure about what to do. I also talked to them about the effects that it was having on my mom and it helped a lot.” However, Teesha said, “No, I made my own decision.” Natalie stated, “I didn’t feel that I need religion to help me make any decisions about pregnancy.”

When asked if they felt that religion was more important in certain areas of their lives than others, half of the women stated that in the past it was. For example; Maria said,

Back then, I would pray or go to church every now and then and think that it was ok to do whatever and just ask for God to forgive me and I would just continue to do it. In the past it was more of me being “religious vs. having a personal relationship”. If you ask me back then, I would say it was important but my actions said different.

Courtney stated, “I think for me, yes. I say yes because the religious setting I was raised in. It was always like, sex was hush hush. I was taught that sex is a sin and you shouldn’t do it but it never was dealt with in detail like it should have been.”
However, two women felt that religion was important in every area of their lives. Roslynne stated, “No, I was religious with everything and I feel like that’s why certain people didn’t want to be around me.”

**Relative Importance of Each Influence**

The second research question was, *Of what relative importance is each of the following influences on African American single young adult mothers’ decisions to have unprotected premarital sex: religiosity, parental and male partner influence?*

**Rank Ordering of Influences**

To address this research question, participants were first asked to “rank order, from most influential to least influential in their importance to your decisions about sexual intimacy: parental influence, male partner influence, and religious influence”, with 1=most influential, 2=somewhat influential, and 3=not influential). Table 4-4 shows the results of the ranking.

<table>
<thead>
<tr>
<th>Type of Influence</th>
<th>Category</th>
<th>Percent (n)</th>
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<tbody>
<tr>
<td>Parental</td>
<td>1</td>
<td>40 (4)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>50 (5)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0 (0)</td>
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<tr>
<td></td>
<td>Other</td>
<td>10 (1)</td>
</tr>
<tr>
<td>Male Partner</td>
<td>1</td>
<td>60 (6)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>20 (2)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0 (0)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>20 (2)</td>
</tr>
<tr>
<td>Religiosity</td>
<td>1</td>
<td>10 (1)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>10 (1)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>80 (8)</td>
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<tr>
<td></td>
<td>Other</td>
<td>0 (0)</td>
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</tbody>
</table>

With regard to male partner influence, 6 out of 10 women identified it as being the most influential factor in their decision because their relationship was important. For example, Melonie stated, “Male partner- I thought that sex would help my relationship
by having sex because it was something that he wanted and he felt that it would bring us closer and my boyfriend thought that it would help the relationship and be a way for us to get closer.” Sherry stated, “Male--most important but there was never any pressure. It was mutual but I cared most about our future and our relationship.”

These results show that participants felt that parental influence and other caregiver’s influence was only somewhat important. Natalie stated, “I feel that my parents were not an influence at all because they were never around and never talked to my about sex.” Teesha said, “Parental--‘Somewhat’-- because I felt that it was important but at the end of the day it was all on me.”

Overall, religion was found to be the least influential. Sherry stated, “Religion--‘Somewhat’--because it wasn’t as important at that point.” Lidia stated, “Somewhat-my faith wasn’t as strong.” Natalie said, “Religion was not important determining whether or not I would have sex (wasn’t really thinking about religion at the time).”

An additional finding was that 3 out of 10 women identified a new response option that they themselves were the most influential, more so than their male partner in making the decision about sexual intimacy. Natalie stated, “Male partner influence, I felt that having him was important but not as much as my own self. I felt that my own choices outweighed other people.” Lidia said, “I still valued my family’s opinions but it was still a decision that I made.” Teesha stated, “Parental- Somewhat because I felt that it was important but at the end of the day it was all on me.”

**Rating of Influences**

To address the second research question, participants were also asked to, “rate the strength of the importance of each of the following on your decisions about sexual intimacy on a scale of (1-4)” (1= not important at all, 2=somewhat important,
3=somewhat not important, and 4=very important). Table 4-5 shows the results of this rating.

Table 4-5. Rating of importance of each influence on decision making.

<table>
<thead>
<tr>
<th>Type of Influence</th>
<th>Category</th>
<th>Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental</td>
<td>1</td>
<td>20 (2)</td>
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<td></td>
<td>2</td>
<td>40 (4)</td>
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<td></td>
<td>Other</td>
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<tr>
<td>Male Partner</td>
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<td></td>
<td>2</td>
<td>0 (0)</td>
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<tr>
<td></td>
<td>Other</td>
<td>30 (3)</td>
</tr>
<tr>
<td>Religiosity</td>
<td>1</td>
<td>60 (6)</td>
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<tr>
<td></td>
<td>2</td>
<td>10 (1)</td>
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<td>3</td>
<td>20 (2)</td>
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<tr>
<td></td>
<td>4</td>
<td>0 (0)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

These results show that, as with the rankings, the male partner’s influence was very important, with 5 women giving it the highest ranking. For example, Melonie stated, “I thought that sex would help my relationship because it was something that he wanted and he felt that it would bring us closer.”

Also similar to the rankings, 4 out of 10 women identified themselves as being very important in their decisions. Natalie stated, “It was more about what I wanted to do.” Teesha stated, “I felt that I was the most influential person/thing in my decision to engage in unprotected/premarital sex because I made the decision.”

On the other hand, parental influence and religion had relatively little influence on women’s decisions. Six women reported that parental influence was not important or somewhat not important. For example, Sherry stated, “My parent’s never taught me
anything about a relationship. I never really had much of a parent/child relationship.”

Melonie stated, “Parental influence was only somewhat not [important] because although I thought about it, I still did what I wanted to do.” In addition, most women (n=6) felt that religion was not important at all.

The “other” categories is left as an option for the women that felt that their were other influences that impacted them. The women that were raised by another relative other than their parents were given the option to rate them if needed. Also, this option of “other” was also used for the women (n=1) that felt that “self” was another influence. Natalie said, “I felt that having him [male partner] was important but not as much as my own self. I felt that my own choices outweighed other people.”

Outlook/Worldview (Fatalism)

To tap the concept of worldview or fatalism introduced as a possible influence on pregnancy decisions, participants were asked several questions: (1) “How were things going in your life at the time (of the pregnancy)?” (2) “Did you feel you were personally in control of things that were happening at the time? How much control did you feel you had?” (3) Thinking about your intimate relationship, did you feel that whatever outcome that came about (pregnancy, STI) was meant to happen regardless of whether or not you used protection?”

When participants were asked about how their lives were going at the time of their pregnancy, the group was divided, with half reporting that things were going well, and the other half saying that things were bad or rocky.

Lidia stated, “Things were going good. I had graduated with my LPN degree and was working as a successful nurse.”
Courtney said, “I had my own apartment and I felt independent. For the first time in my life I felt like a young adult and I think that played a part. I felt grown and I felt that I could do ‘grown people’ things.”

However, Rylie noted, “It was ok but stressful. I couldn’t do anything with friends or anything.”

Veronica said, “Bad, we were being evicted. My hours went from 20 to 8. I had to move back home which I hated. My car was acting up. Me and Rick [baby’s father] weren’t doing to good. It was just one thing after another.”

When asked if they felt personally in control of things that were happening at the time and how much control they felt, the majority (n=6) said that they felt somewhat or completely in control. Sherry stated, “I felt that I was in complete control. I knew that my actions would lead to certain consequences but I felt mature enough to have a sense of responsibility for my actions. I had a good support and community system so I felt very stable about my decisions and life.” Melonie stated, “Yes, I felt that I had control of the things that were happening but I did feel pressure from school.”

Other participants (n=4) stated that they felt totally out of control. Natalie said, “No, felt totally out of control and sex was an outlet (made me feel better and wanted).”

Roslynne said,

I felt out of control. I felt like I wasn’t making decisions that my normal self would have made. I think that I was taking more risks to try to make myself feel happier. I was wondering why I wasn’t happy with the accomplishments I had made. Yes, unprotected sex was definitely a risk that I wouldn’t have normally took.

Veronica stated, “No, I felt like I had very little control, less than 50%. I felt that I couldn’t control anything. Except for my relationship because I felt like I played a part in that by listening to my family.”
In response to the question asking whether any outcomes (pregnancy, sexually transmitted disease) were meant to happen regardless of whether or not they used protection, half the women (n=5) stated that they felt that it was meant to happen. For example; Rylie stated, “Yes, I believe that everything happens for a reason.”

Veronica said,

Yep, that’s my outlook on life. I feel like if it’s meant to be then it will be. Prior to me getting pregnant I think we used a condom that supposedly wouldn’t break but it broke but I didn’t get pregnant. So we felt that it was meant to happen. Even when he tried to get me pregnant in the past, it wouldn’t happen.

However, the other half of these women felt that they knew what could happen and that they had control over the things that were going on in their lives. Natalie stated, “He knew what could happen because he already had kids and he didn’t want any more until he got married but I didn’t want to use one, so we didn’t. I knew what could happen but I just really didn’t think about it and I really didn’t expect it to happen.”

Reporting a sense of invincibility at the time she got pregnant, Lidia stated, “I knew that using protection would stop things from happening but it wasn’t a concern because I trusted him. I felt invincible; I felt that I didn’t see any of that happening to me.”

Additional questions tapped women’s perspective on whether “God’s will” or “fate” was at work in their decisions. First, participants were asked if they believed in God’s will and/or fate and their definition of God’s will. There were a variety of responses to this question. Courtney stated, “Yes, God’s will is God’s will and if it’s God’s will then I don’t care what you do, it’s going to happen. I don’t think that fate and God’s will are the same thing and I think that God’s will dominates over everything.”

Sherry said, “Now, it means more than it did then. In the past I felt that it meant ‘luck’. I believed in it but I also believed that ‘your actions are what predict your fate’.”
In contrast, Natalie stated, “Yes I have heard of it but I don’t believe in it as far as a relationship is concerned. I feel that a relationship and having a child is something that you can make happen and it doesn’t just happen to you without you controlling it.”

Similarly, Roslynne stated,

I don’t think that it had anything to do with his will and I think it was fate. But then again, it probably was his will because everything good in me that I had kind of stepped aside to allow it to happen. So I guess it was his will to show me what could happen. I think that God allowed me to let it happen because I was so strict on myself.

Also, Melonie stated,

I feel that it means, if you are in God’s will then things will go good but if you are out of his will like having sex before marriage then things will be harder. I felt that I was out of God’s will at that time in my life. I believe that everyone has a choice to be in or out of God’s will.

The participants were then asked the question, “How important was God’s will or Fate in deciding to engage in unprotected sex? Were there other influences more powerful in determining your decisions to engage in unprotected sex?”

The results were mixed for this question. Four out of ten women stated that they felt that God’s will or fate did influence their decisions. For example, Veronica stated,

I figured to be honest that if we conceive and I get pregnant and am able to carry this child then it’s meant for me to have this child because other times he’s done it and I took pregnancy tests and they were negative. So I felt like if it’s meant to be then it will be.

However, some women (n=4) stated that they felt that God’s will/Fate had nothing to do with their decisions. For example; Natalie stated, “I didn’t believe that it was “fate or God’s will”. I felt that I was in control. I felt that I was the most influential person/thing in my decision to engage in unprotected/premarital sex because I made the decision.”

Rylie stated, “It wasn’t important at all. I wasn’t really thinking about that.”
In addition, 2 out of 10 women felt that their personal and family expectations that were more powerful. Sherry stated,

Yes, love, commitment, personal choice, how I wanted my life to be--marriage, family, commitment, trust, success, partnership. This may have been because I came from a large family but it wasn’t always “traditional” with mother and father and children all together. So, I guess that creating my own family and stability was more important.

Veronica stated, “Yep, we had money saved up and two cars and (enough to start a family) things were going good then things turned bad after I got pregnant.”

Themes and Processes

Key Themes Emerging from the Data

Several themes emerged from the data. First, some women’s comments reflected their thinking about their own family background and their desires for their own families. This included a lack of parental influence in their lives, including in discussions and decisions about sexual relationships; and women’s own desires for a two parent family. Most women (n=9) stated that they came from divorced homes, single mother homes, or homes where a relative raised them. These women expressed a desire to have a two parent home and therefore to try to make their relationships work after they became pregnant, even though many of them (n=6) described their relationships with the male partner as being rocky or changing.

The lack of religious influence was another common theme that emerged from the data. Many women described themselves as being religious but not considering religion as a high priority at that point in their lives. Some women (n=4) expressed the fact that they felt that they drifted away from religion because they wanted to experience life. All of the women felt that religion was important but that it did not play a role in influencing their decisions to engage in unprotected and premarital sex. Another common theme
was the fact that most women (n=7) felt no pressure from their male partners to engage in unprotected premarital sex. Instead, the women stated that either they themselves were the ones to initiate it or that it was a mutual decision made gradually over time as their relationships and trust grew. Two women felt that they wanted to try to please their partners or help their relationship by engaging in unprotected sex.

Another theme was that women knew they could get pregnant but for the most part chose to engage in unprotected sex. All of the women stated that they knew the potential risks or outcomes that could come from engaging in unprotected sex, however, they stated it not being a planned decision but described it as “just happening”. Two of the women felt that they made the decision while they were in a depressed and out of control state of mind. One woman said that she felt that she consciously made a risky decision while she was not herself. The women define the act of it “just happening” as something that was not preplanned and something that was not well thought out.

Also the theme of being clean was very prominent. This seemed very important to a number of women. Many women (n=5) expressed the fact that their trust, love, commitment and the fact they trusted that their partner was monogamous and “clean” (i.e., free from sexually transmitted diseases) was an important influence in their decision to engage in unprotected sex. Additionally, the theme about opposition to abortion was very important. All of the women expressed mixed feeling about being pregnant and they all got advice from either a parent or pastor, however, they all felt that not having an abortion was an important personal choice.

Patterns in the Data

The data from this study revealed some noteworthy patterns, some expected and others unexpected, based on previous research on this topic. First, as expressed
above, parents seem to have little direct effect on women’s decisions, as might be expected among women in their early 20s and living independently. However, there was little parental influence in the adolescent years either, as mothers offered little information to their daughters about sex, contraception, and sexually transmitted diseases; and fathers were unavailable and uninvolved in their daughter’s lives. From the study most women (n=9) stated that they had a lack of a father influence. Some of the women (n=2) expressed the desire for a father role model in helping them make better decisions regarding men and sex. Additionally, women reported that their own desire for a two parent family factored in to their actions.

Along the same lines, religion played a complicated role in these women’s lives. Although religion was important before and after the pregnancy, it held little sway on women’s decisions about unprotected sex. In fact, some women were escaping or rebelling against the constraints of traditional religious beliefs by engaging in nonmarital sex. Sidestepping feelings of guilt invoked by traditional religious messages, these women expressed that they were learning about and enjoying life.

However, when it came to being pregnant, the women in this sample returned to their parents, particularly their mother, and their religious community, for support and guidance. This was particularly true when it came to decisions about abortion; and on this, their parents, religious leaders, and the women themselves agreed in opposing termination of the pregnancy.

Although male partner influence was expected to exert a strong effect on women’s decisions, it appeared instead that women were knowledgeable about and conscious of the choices they were making, and held themselves responsible for their
actions. Most felt they were in trusting, loving monogamous relationships of some
duration with "clean" partners. However, while anticipating commitment and
involvement from their partners, most women did not place the responsibility for their
sexual decisions or subsequent choices about their pregnancy on their partner.

Similarly, while an attitude of fatalism was expected to play a pivotal role, this did
not appear to be a driving force in women’s decisions to have unprotected sex. This is
borne out in contrasting views of the importance of fate in their decisions. First, in
response to questions about who influenced their decisions, the majority (n=6) stated
that they were in complete control and the decisions were their own, while others
believed in God’s will or fate as the key influences in their lives (n=4). For example,

Sherry said,

I felt that I was in complete control. I knew that my actions would lead to
certain consequences but I felt mature enough to have a sense of
responsibility for my actions. I had a good support and community system
so I felt very stable about my decisions and life.

Natalie stated, “Yes I have heard of it [God’s will] but I don’t believe in it as far as
a relationship is concerned. I feel that a relationship and having a child is something that
you can make happen and it doesn’t just happen to you without you controlling it.”

In contrast were the women who felt that God’s will was a key influence, yet even
these women equivocate. Marina said,

“Yes, I feel that a lot of people say that things are God’s will. I mean I could say
that it was God's will for me to have my son, which at the time it probably was but I still
had some kind of influence. But that lets me know that my child also has purpose
because even in the midst of my sinning, he gave me a gift because my son is a
blessing.”
Roslynne stated,

I don’t think that it had anything to do with His will and I think it was fate. But then again, it probably was His will because everything good in me that I had kind of stepped aside to allow it to happen. So I guess it was His will to show me what could happen. I think that God allowed me to let it happen because I was so strict on myself.

In summary, the figure 4-4 below presents these patterns in visual form. Some of these patterns would seem to be tied to the family and community context influencing these young women long before their sexual decision-making—their history living in a single parent family, a strict religious upbringing contrasting marital sex as revered and nonmarital sex as sinful, and general opposition to abortion. Others seem to be characteristic of their own life transition, from late adolescence to young adulthood, a time of exploring possibilities and identity. In these cases, when a decision about unprotected sex resulted in a pregnancy, these young women were thrown into another decision-making point about their pregnancy, and again the family and religious support becomes more influential. Although this research did not test the relations among variables, this figure may offer a conceptual representation of the process I observed.
Figure 4-4. The process of decisions about unprotected sex
CHAPTER 5
DISCUSSION AND CONCLUSION

Discussion

The first section of this chapter reviews the research questions, summarizes the findings that answer these questions, and compares the results to previous research. The next part of this chapter reviews the theories that framed the study and discusses the usefulness of each. The second major section is conclusions, in which I discuss the research and practice implications of the study.

Research Questions

Research question 1: Among African American single young adult mothers, what are the major factors that they perceive to influence their decisions to have unprotected premarital sex?

Research question 2: Of what relative importance is each of the following influences on African American single young adult mothers’ decisions to have unprotected premarital sex: religiosity, parental and male partner influence?

Regarding Research Question 1, the findings suggest that among these women, perceptions of the major factors that influence their decisions are closely tied to their developmental stage, that is, the process of transitioning to adulthood. During the earlier adolescent years, their guardian, whether a parent or other family member, and in some cases a person from their religious background, had a big influence over their decisions. However, as these women matured and began to progress toward adulthood, their decisions became less directly dependent on their parental and religious background.

In fact, as the women matured, their parental influence seemed to be present but indirect, in the sense of having previously shaped their beliefs and behaviors through socialization and modeling during childhood and early adolescence. However, parental influences continue to manifest in the type of male partners and relationships that the
women choose. Additionally, these participants verbalized that they consciously decided to move away from religious teachings in order to experience and explore more of life. In part, their decisions were influenced by their own personal desires and expectations for a two parent family. Additionally, the findings showed that instead of the male partner being a controlling influence on women’s decisions, the women themselves felt in charge of their own sexual decisions. The women highlighted their male partner’s role as being a close relationship that they wanted to eventually grow into a marriage. Thus, although many women felt that their actions were not influenced by their male partner, the results show that there may have been an indirect influence that was centered around her expectations for a long term relationship and traditional family with their male partner.

Regarding Research Question 2, pertaining to the relative importance of each of the influences on these women’s decisions about unprotected sex, the findings suggest that women consider the male partnership, as well as their own personal desires, to be the top influences. Parental influence came in third, suggesting that decisions were driven by what these women wanted to do and where they wanted the relationship to progress. Furthermore, the context for this lower rating is important: Many of the women were either raised by a relative or felt that their parents were not very active in their lives as parents. Additionally, the women felt that their parents did not talk to them about sex, so it would not be surprising that parents were generally not trusted confidants in such personal decisions.

Following parental influence in importance was religion. Religion was the least influential and important, as the women felt that at the time they became pregnant they
were not thinking about religion. Rather, this transitional period in their lives was about setting new, wider boundaries for themselves and exploring life beyond what they had been taught in the church. Although many of them still felt religious, they all said that religion was less important in the time prior to the pregnancy.

Several findings that emerged from this study differ from previous research. First, previous research found that African American women were more likely to follow the “traditional feminine” role, in which they are submissive to their romantic male partner and allow them to hold the authority in the relationship (Bowleg, et al., 2004). Furthermore, other research shows that African American men tend to control sexual decisions, such as condom use (Bowleg, et al., 2004), suggesting that they have enormous influence not only over sexual activity, but over possible pregnancy outcomes.

This research showed that most of the women studied made their own decisions to engage in unprotected and premarital sex. In fact, in many cases where the couple had a history, they made a non-verbal, yet mutual, decision to use protection less and less as the relationship progressed; they felt they were moving toward a long-term commitment. As discussed in reference to Research Question 1, although the influence of the male partner may have not been direct, the results suggest that many of the women were influenced by their expectations for a long term relationship and desires for a traditional family and the availability of a romantic partner. In addition, the women in this study did not show signs of assuming a traditional role when it came to making the decision to engage in unprotected sex. Instead, many of the women said that they were equally in control of the sexual decisions that were made in their relationship. At the
same time, some stayed in what they viewed as “rocky” relationships because they
wanted their relationship to work.

Previous research has underscored the importance of parental influence on sexual
decision making, particularly during adolescence. One of the most important and
consistent findings has been that parents can be influential in reducing risk of negative
outcomes such as unintended pregnancy and sexually transmitted diseases, by having
a continuous and open line of communication with their children, especially mothers
with their daughters (Hutchinson, 2002). Additionally, Hutchinson (2002), found that
mother and daughter communication is much more influential than peer communication
in delaying the initiation of sex and in shaping adolescent daughters’ views on sex.
Also, although Hutchinson (2002) did not find a significant father influence on delayed
sexual initiation and values, the author does not negate others’ findings that fathers play
a powerful role in decreasing sexual risks by providing insights on the way men think,
and by offering a more broad ranging conversation on topics related to sex and
relationships.

Although this research did not explore participants’ sexual behavior in their
adolescent years, these women reported that little if any parental communication
regarding sex had taken place during their adolescence. In many cases, participants
were raised by a single mother or guardian, and as Cornelius (2009) observed, the
effects of single parenthood could weigh significantly on communication during
adolescence if parents were unable to spend time with the child or felt uncomfortable
discussing sexual topics. Additionally, the majority of these women, n=9, were raised
without a father’s regular presence in their lives. The study findings suggest that, at
least for the women in this study, the lack of parental communication about sex, especially between mothers and daughters, coupled with a lack of a father presence, could have led to unprotected sex and, as a result, an unintended pregnancy. Further research is needed to clarify these possible linkages.

The findings with regard to the influence of religion generally support recent observations about the changing importance of the church in African American women’s lives. African American women of all ages are more religious than African American men; and are more likely to identify themselves as having a close relationship with God, being religious, and belonging to a church when compared to men (Orzorak, 1996). Furthermore, religion also plays an important role in the lives of African American single mothers by being a source of answers to prayer, as well as providing emotional and moral support and a feeling of belonging to a supportive church “family” (Mattis & Jagers, 2001). However, because many African Americans have changed their ways of life, the African American church consequently does not hold the same power and influence that it once had (Hunt & Hunt, 2001). The findings from this study show that most of these women identified themselves as being religious; yet, none of them viewed the church as playing a role in educating them on sexual activity. Instead, many of the women found themselves leaving the church in order to explore who they were apart from the church, and made their own decisions about sex. Consistent with the literature (Hunt & Hunt, 2001), many of these women rated the church at the bottom of influences, indicating that the church did not hold a significant role in their lives before the pregnancy. However, after they became single mothers, many of them tended to seek out the church once again as a source of support. The beliefs of the African
American church in regards to premarital sex may represent traditional Christian beliefs; however, even after an extensive search, research specifically addressing this issue could not be located.

**Theoretical Perspectives**

This study employed three theoretical perspectives, symbolic interactionism, fatalism, and social exchange, to frame the research questions and approach. According to symbolic interactionism, a person’s motives are constructed from the meanings available to them and relevance to the situations in their environment; these meanings become visible through social interactions (White & Klein, 2002). Also, the “family context is important because the family socializes the individual and is integral in helping the person create meanings and verification for their life and actions” (White & Klein 2002, p. 63).

The theory of symbolic interactionism appears to be relevant in that findings showed that many of these women’s perceptions and motives were shaped by their family surroundings, specifically a lack of parental involvement and communication about sex, and poor parental examples of sexual relationships. Furthermore, some women (n=3) stated that they chose male partners based on what they grew up around. Thus, this theory provides a useful framework for understanding the choices and actions of women in this study: The meanings women assigned to the importance of a traditional family, based on their family context, may have influenced their actions in their own relationships.

The theory of fatalism is defined as the belief that something “bad” (e.g., death, health outcomes) is out of an individual’s control and predetermined by a “higher power” (Borowsky, et al., 2009; Franklin, et al., 2007). This perspective seemed important
based on previous research relevant to this study population for example, findings that adolescents’ risky behaviors were predicted by a belief that they would face death in 1 to 7 years (Borowsky, et al., 2009). Thinking of unprotected sex as risky behavior, the researcher wanted to see if fatalism was behind these young adult women’s decisions.

As mentioned in Borowsky et al., (2009) and colleagues’ research found that a larger proportion of minorities had a fatalistic view of their personal future: 29.1% of Native Americans, 25.7% of African Americans, 21.2% of Hispanics, 14.9% of Asians, and 10.2% of white adolescents shared a fatalistic view. Also, other research explored the concept of “religious fatalism,” defined as an “adaptive response” to life situations viewed as out of a person’s control, especially among minorities (Neff & Hoppe, 1993, p. 17). Moreover, although many of these women identified themselves as having a belief in God’s will and that their child had a purpose for being born, they also however, felt as though they were in control of their decisions and actions when it came to making the decision to engage in unprotected premarital sex. Although this study found that some women demonstrated views that could be considered fatalistic, relative to other influences these beliefs played a small role in their decisions to engage in unprotected sex, and were not characteristic of most study participants.

The theory of social exchange is built on the concepts of “rationality” and “cost and reward” (White & Klein 2002, pp. 38, 39). From this perspective, individuals are rational in their thinking and can think through the costs and rewards of their decisions. In some situations, individuals may have different “costs and rewards” or “motivations” that they associate with behavior (White & Klein 2002, p. 33). The findings of this study generally did not show processes and ways of thinking consistent with the theory. Although
several women said that they chose their own fate and decisions, they did not explain
the costs and rewards involved in making their decisions. In fact, many women stated
that their decisions were based on at-the-moment thinking instead of rational thought
and pre-planning. Although family scholars might apply the theory and view sexual
activity as a short term reward, the women in this study did not articulate their decisions
or their resulting pregnancy in terms of rewards or costs. Rather, they elaborated on the
meanings and circumstances surrounding their immediate actions—love, commitment,
and having a clean and monogamous partner—responses consistent with symbolic
interactionism rather than social exchange.

A perspective that was not included among the three original theories, but seems
to be relevant and was implicit in Figure 4-4, is the theory of transition to adulthood or
emerging adulthood (Arnett, 2000, 2007). Arnett (2000) proposed that emerging
adulthood is an independent life stage. Arnett (2000) defines emerging adulthood as
being an unstructured period in time composed of five unique elements: “it is the age of
identity explorations, the age of instability, the self-focused age, the age of feeling in-
between, and the age of possibilities” (p.69). This concept of development is very
relevant to this study in that many of the young women were in a stage where they were
starting to make adult decisions for their futures and they felt that they were adults.
However, many of these women were also transitioning from leaving their parents or
guardians, as well as religious settings, to make their own choices and life decisions.
Several participants identified their lives at the time of their decisions as a time where
they were trying to find out who they were. Also, several of the women felt that they
were seeking out their own plans for a future family.
Limitations

There are several limitations to this study. First, this research only entailed a small sample of African American single mothers who had experienced non-marital pregnancy and birth. Because there was no comparison group, no conclusions can be reached about how these mothers differed from young women who decided to terminate their pregnancy. Additionally, the majority of women in the sample had been educated beyond high school and may be different from other single mothers without any college education. Consequently, the experiences of this group of individuals cannot be generalized to all African American single young adult mothers. However, generalizability was not the purpose of the research. Rather, this study was aimed at trying to understand and explore the topic of unprotected sex among African American young adult women, and to prompt future research and discovery in relation to this target population. Although these limitations must be recognized, the study also revealed some interesting and surprising findings.

Conclusion

This research identified several factors that most influenced the sample of the young adult women’s decisions to have unprotected sex. Based on in-depth interviews with 10 young adult women, I found that leaving the nest, not only of parents but also of the church, is an important aspect of the transition into adulthood; and the role that the “nest” plays before the transitional period is far greater an influence before or during adolescence than during the decision process. One reason this research is important is that an understanding of the influences on African American women’s sexual decisions during emerging adulthood may provide researchers with the necessary information on how and when to prevent risky sexual behaviors.
Research Implications

Although this research did not explore the women’s sexual behaviors in their adolescent years, it was apparent that their trajectory toward unmarried motherhood started before the moments they chose to have unprotected sex, probably being rooted in their family experiences. Future research should follow women beginning during early adolescence in order to better understand the progress and changes over time of the influences affecting the women. Particular attention should be given to the impacts of family structure and processes on pregnancy outcomes. Also, future studies should explore the role and relevance of church in the African American community, particularly when it comes to sex education, to see if churches still can be influential in the lives of young African American women.

Practice Implications

The findings of this research suggest that useful interventions and programs would be aimed at decreasing not only risky sexual behaviors and negative outcomes, but also at increasing the sex education that many women may be lacking in the home, school, church, and community. Other research indicates that parental communication about sex and sexually transmitted diseases has decreased in recent years, possibly because these issues are not as visible in schools and communities (Robert & Sonenstein, 2010). These findings also suggest that mother-daughter and perhaps father-daughter communication could be strengthened to help young women avoid unwanted pregnancy. Interventions and programs should not only be aimed at women but also at their partners, in order to help them understand their roles in decision making and their future roles as fathers.
Along with health education, parents and African American churches should be equipped with the knowledge and tools of not only what is going on in their homes and churches, but also how to prevent or create interventions. For example, sex education programs offered by churches that go beyond abstinence and understand that educating adolescents about sexual decisions doesn’t mean condoning sex before marriage. It would be useful for churches to not only teach abstinence but also the potential negative outcomes of unprotected sex, the statistics for nonmarital births and sexually transmitted diseases in their community. Moreover, since churches have a great potential to play such a pivotal role in the lives of African American women, their access and power could well be used to educate young women on how to make good choices that reduce risk of early unplanned pregnancy and disease. This research also found that parental and religious influences were perceived as most important earlier in the lives of these women, gradually declined in importance in young adulthood, and rose again after pregnancy. Helping families to create strong bonds early in life and to open up communication about sex in late childhood/early adolescence, could be especially beneficial in reducing pregnancy and sexually transmitted disease risks during emerging adulthood.

In conclusion, it is important that parents and churches discuss healthy sexual decisions with teenagers and young adults. As these results suggest, during the transition to young adulthood, women start to make their own life choices based on their own personal desires. Future research is needed to explore African American women with similar backgrounds who prevented pregnancy, and identify why and how their life trajectories differ. Also, future research is needed to explore perceptions of control
among young adult women. The results could be beneficial in showing successful
prevention or intervention techniques and programs as well as target groups for
prevention program efforts.
Interviewer introduce yourself: Name, Title
Go over Confidentiality document
State the following: If you are uncomfortable with answering a particular question, you can always refuse to answer for any reason.
State Role as Interviewer:

Thank you so much for agreeing to speak with me. As we go through the interview I will also be writing down notes and taping our interview. As stated on your confidentiality documents, everything discussed during our time together will remain confidential. There are no right or wrong answers, so please just answer whatever your thoughts are. Lastly, this meeting will take approximately an hour of your time.”

Let’s get started. Tell me a little bit about your child!

Probe: Is there anything else that you want to add?

How did you feel when you found out you were pregnant?

How are things going now that you are a mother?

Now I’m going to ask a few questions about factors that may have influenced your decisions about your intimate relationships.

Describe intimate relationships (baby’s father).

Parental Influence:

1. Thinking back to the time that you got pregnant, what influence did your mother and/or father have on your decisions about your intimate relationship?
Probes:

a. How would you describe the quality of your relationship with your mother and/or father at the time you got pregnant?

b. Did you feel that your mother/father influenced your decisions about your intimate (significant other) or the things that went on in your intimate relationships?

Probe: Is there anything else that you would like to add about your mother or how your father affected your intimate relationships?

c. How important was your mother’s and father’s influence in your decisions about your intimate relationships?
2. How about once you became pregnant, did your mother/father influence your decision about having your baby?

**Male Partner Influence:**

Now there are a few questions about your relationship with the baby’s father.

3. Please tell me about your relationship at the time you got pregnant?

    **Probe:** How close were you with the father of the baby at the time?

4. What was important to you about your intimate relationship with the baby’s father at that time?

5. *(ask very gently)* Can you explain to me how you got pregnant? Was it a decision that you made together?
Possible probe: If not, then what were the reasons that you and your partner had for having unprotected sex?

6. How important was your partner's influence in deciding to engage in unprotected sex?

Religion:

Now I'm going to ask you a few questions about religion.

7. How important is religion in your life?

8. Would you consider yourself to be “religious”? Please explain.

9. How often do you attend church? What activities do you participate in at your church?

Now, thinking back on your religious involvement at the time you got pregnant...

10. Did your religious beliefs affect your decisions about sexual intimacy?

   Probe: If yes, then how so?

11. How important was religion in your life?
12. How important was religion in making a decision about your pregnancy? [Probes: for example, Did you talk to your pastor or church family? Get help from members of your congregation?]

Thinking more generally now…

Do you feel that religion is more influential in certain areas of your life? (e.g., more influential in school than in determining who to date) In what areas does religion have the biggest influence?

**Ranking and Rating of influences**

13. Please rank the following in order from most influential to least influential in their importance to your decisions about sexual intimacy: parental influence, male partner influence, and religious influence. One is the most influential and three is the least influential (Note: researcher, give them a sheet with the ranking listed)

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank (influential)-Order (1-3) 1-most influential, 2-somewhat influential, 3-not influential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Influence</td>
<td></td>
</tr>
<tr>
<td>Male Partner Influence</td>
<td></td>
</tr>
<tr>
<td>Religious Influence</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

14. Please tell me about your ranking.
15. Please rate the strength of the importance of each of the following on your decisions about sexual intimacy on a scale of (1-4) with 1 being not important at all, 2-somewhat not important, 3-somewhat important, and 4-very important. If there is some other influence that is also important, please identify and rate that influence. (Note: researcher, give them a sheet with the ranking listed)

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Influence</td>
<td></td>
</tr>
<tr>
<td>Male Partner Influence</td>
<td></td>
</tr>
<tr>
<td>Religious Influence</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

16. Please tell me about your rating. (go through the above one-by-one to help her explain.

**Outlook/Worldview:**
Now there are a few questions about how things were going for you at the time you got pregnant.

17. How were things going in your life at the time?

18. Did you feel you were personally in control of things that were happening at the time? How much control did you feel you had? (Allow to respond fully)

19. Thinking about your intimate relationship, did you feel that whatever outcome that came about (pregnancy, sexually transmitted disease) was meant to happen regardless of whether or not you used protection?

20. Have you ever heard of "God's will" or "fate"? What does this mean to you?
21. If you have heard of this phrase, how important was God’s will or Fate in deciding to engage in unprotected sex? Were there other influences more powerful in determining your decisions to engage in unprotected sex? (Probe: what were these? Probe: your own decisions, friends, etc)

**Demographic Information**

22. What is your age? _____

23. How many children do you have?

24. What is the highest level of education you have completed?
   - _____ Not Completed High School
   - _____ High School or high school equivalent
   - _____ Some College (AA or other degree)
   - _____ Bachelors
   - _____ Graduate school or Higher

25. Please describe your current living situation (living alone, with a parent or parents, living with a partner [father of the child?]).

26. Are you currently employed?
   - _____ Yes (at what type of work, how many hours per week?)
   - _____ No

27. Which of the following categories best describes your 2008 total household income from all sources before taxes?
   - a. Under $4,999
   - b. $5,000 to $9,999
   - c. $10,000 to $14,999
   - d. $15,000 to $19,999
   - e. $20,000 to $24,999
   - f. $25,000 to $29,999
   - g. $30,000 to $34,999
   - h. $35,000 to $39,999
   - i. $40,000 to $45,999
   - j. $46,000 to $49,999
   - k. $50,000 to $54,999
   - l. $55,000 to $59,999
   - m. $60,000 to $69,999
   - n. $70,000 or greater
Closing:

Thank you very much for your time today. I appreciate your honesty and openness and for participating in my research. Your information is very important to the study. Please remember that all information will be kept confidential. As a reminder, your information will be assigned a code number. The list connecting your name to this number will be stored in a locked file in my faculty supervisor’s office and will be destroyed after this research is complete. Is it ok that I send you a follow up email? This email will be a brief summary of what we discussed and I want to send it to you so that you can make sure that I captured the right information and that there weren’t any misunderstandings. At that time, please feel free to clarify any points you think I need to know. Also, is it ok if I contact you if I need to ask you any additional questions?

Initial below
___ Yes, ok to email or call.
   Email address: 
___ No, not ok to email or call
___ Yes, ok to contact with additional questions
___ No, not ok to contact with additional questions

(Verbal assent on audiotape)
Information to Counseling Centers:
If you are a UF student: To schedule an appointment with one of the counselors at the Counseling Center at the University of Florida either stop by the Counseling Center, on the 3rd floor of Peabody Hall, or call (352) 392-1575.
Meridian Behavioral Healthcare, Inc: 4300 SW 13th Street Gainesville, FL 32608; Toll Free:1-800-330-5615 or Local: (352) 374-5600

Thank you again for your time and I will be sending out that email within the next week.
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

Phedra Smith was born in Pensacola, Florida. Her family includes her husband: Patrick Smith, her parents: Felisha and Larry Young, and her younger sibling: Lawrence Young. Phedra grew up with a large extended family and a very close church family where volunteering and helping families and youth in need was ingrained in her heart. This led to Phedra’s interests and study in Family, Youth and Community Sciences.

As an undergraduate, Phedra attended the University of Florida because of its strong history and diversity in many areas of studies. She graduated with a Bachelor of Science from the Department of Family, Youth & Community Sciences. Her undergraduate experience and her post educational professional experience prompted her to continue her education with a Master of Science in Family, Youth & Community Sciences. Phedra plans to seek out career opportunities that will allow her to continue her education and use her knowledge to help those in need.