A phenomenologic inquiry into adolescent girls' personal experience with Baby Think It Over(TM).

Ann. Malinowski

University of Windsor

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A PHENOMENOLOGIC INQUIRY INTO ADOLESCENT GIRLS'
PERSONAL EXPERIENCE WITH BABY THINK IT OVER™

by
Ann Malinowski

A Thesis
Submitted to the Faculty of Graduate Studies and Research
through the School of Nursing
in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing at the
University of Windsor

Windsor, Ontario, Canada
2000

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ABSTRACT

The purpose of this study was to explore the adolescent girls' personal experience with the Baby Think It Over™ – an infant simulator. The study was guided by Erikson's depiction of adolescence as a period characterized by a maturational crisis that culminates in either identity formation or identity diffusion. Participants were invited through total population sampling resulting in utilization of the stories of nine adolescent girls. This qualitative study employed the phenomenological approach based on Merleau-Ponty's philosophical ideas and utilizing Colaizzi's method of analysis. Data was collected using audio-taped, semi-structured interviews. Ten themes became apparent: (1) Recognition of illusion of preconceived ideas about parenting an infant; (2) Perception of societal disapproval; (3) Hardships encountered during the week as opposed to the weekend; (4) Augmentation of difficulty during guardianship of the boy Baby Think It Over™; (5) Profound desire for relinquishment; (6) Allocation of marks as incentive for compliance; (7) Parental endorsement of the experience; (8) Participants' counsel; (9) Affective journey; and (10) Eclectic insights. The new perspectives gained by the participants differed markedly from the romantic fantasies they created prior to the experience and initiated thinking processes relative to future consequences of sexual activity. Further research will help evaluate the premise that exposing adolescents to the realities of parenting could lead to a decrease in adolescent pregnancies.
DEDICATION

To my wonderful husband Paul whose love, patience and support allowed me to remain sane while completing this work and to Marty who is my pride and joy. I love you both.
ACKNOWLEDGEMENTS

I would like to take this opportunity to recognize the guidance and expertise of my committee members: Prof. Debbie Kane and Dr. Kathryn Lafreniere. I owe a special thank you to my advisor, Dr. Lynnette Leeseberg Stamler, who was instrumental in facilitating my venture into research (and who was there to calm me down during the more difficult moments). I must also thank the Teen Health Centre for providing me with the opportunity to complete this study and especially Bev Kaufmann, Marion Purcell, and Cathy Macpherson whose genuine support was greatly appreciated. In addition, I would like to extend my gratitude to St. Thomas of Villanova High School and to Mrs. Paula Rocha for all her help during the study. Finally, I must thank the nine young ladies who participated in this study and shared their experiences.
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A Phenomenologic Inquiry into Adolescent Girls' Personal Experience

With Baby Think It Over™

Chapter 1

Background and Significance

The contemporary era is marked by a slow movement away from the traditional treatment and cure orientation, in the direction of disease prevention and, perhaps more importantly, health promotion. Intervention efforts surrounding the concern over adolescent pregnancy represent one area that stands to gain tremendous benefits from a health promotion approach. Butterfield (1990) referred to such a shift in perspective as taking an upstream view, or preventing adolescent pregnancy, instead of focusing on a downstream view, which merely deals with the consequences.

It has been noted numerous times that teen pregnancies often result in poor outcomes for both mother and infant. Taken further, these outcomes reflect the broad determinants of health as discussed by the Federal, Provincial, and Territorial Advisory Committee on Population Health (1994).

More specifically, DiClemente, Hansen, and Ponton (1996) contended that some of the outcomes for adolescent women are: school failure or dropping out, welfare dependence, lower wages, higher risk of unemployment, greater chance of unhappiness in marriage, and higher incidence of repeat pregnancies. They further noted that some negative outcomes for infants include: premature birth, low birth weight, increased risk of SIDS, higher incidence of accidents and trauma, as well as behavioural problems and lower academic achievement.
School failure or dropping out equate with lower education levels, which are associated with unstable employment and working conditions; translating to lower income and social status and resulting in a poorer physical environment. Lower education levels also affect personal health practices and coping skills, as well as knowledge of healthy child development and ability to access proper health services. This sequence in turn has the potential to negatively influence the health of the fetus and infant, and can also account for the higher incidence of accidents and trauma to children of adolescent mothers. Additionally, the possibility of lower academic achievement associated with children of teen mothers will quite possibly continue this cycle. Thus, it is obvious that programs aimed at pregnancy prevention should focus on strategies and interventions that address these broad determinants of health.

Keeping in mind the unfavourable outlook for the future of an adolescent woman who becomes pregnant, one also needs to examine current research and statistical data in order to determine whether or not this issue warrants investigation and intervention. The trends apparent in statistical figures of the last two decades show that the teen pregnancy rate in Southwestern Ontario fell 39.2% between 1976 and 1986. However, between 1986 and 1993, these rates escalated by 16.4%. Furthermore, in 1993, the pregnancy rate for females 15-19 in the province of Ontario was 47.0/1000. In Southwestern Ontario, in the same year and for the same age group, the pregnancy rate was 42.6/1000. Finally, in Essex County it was 45.8/1000 (Alder, Vingilis & Mai, 1996). These numbers indicate that Essex County’s teen pregnancy rate was lower than the rate for the province of Ontario, but higher than that which was cited specifically for Southwestern Ontario.
Additionally, in 1995, the national teenage pregnancy rate for females 15–19 was 47/1000 (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999). The same rate for the same year for the province of Ontario was 47.4/1000 and specifically for Southwestern Ontario this rate was 42.9/1000 (Middlesex-London Health Unit, 1998).

Thus, over a two year period the adolescent pregnancy rate in this region did not significantly decrease, which leads one to ask why this is so. One possible conclusion to be drawn is that current prevention strategies are not effective, or at the very least, not sufficient. Unger, Molina, and Teran (2000) proposed that many teen girls take sexual risks because they associate childbearing with significant benefits and are not compelled to avoid pregnancy. They further suggested that programs that address these unrealistic illusions about the consequences of teen pregnancy and that dispel the impressions of invulnerability to adverse outcomes will prove to be highly effective in decreasing the rates of teen pregnancy.

Adolescents form a unique group driven by specific influences, unlike those that motivate other strata of society. Earnest consideration of these impulses should serve as a motivating factor for the health care professional to delve deeper into the upstream approach and look to new and innovative solutions for pregnancy prevention. Taken further, these new solutions should strive to transcend prevention practices and cultivate health promotion behaviours targeted at the broad determinants of health.
Chapter II

Brief Literature Review

Programs focusing on pregnancy prevention have recently become increasingly popular. DiCesno, Guyatt, and Willan (1999) provided a systematic review of studies addressing adolescent pregnancy prevention and concluded that interventions focusing solely on abstinence do not delay initiation of sexual intercourse and do not reduce pregnancy rates. This finding may be quite disturbing to those who are ardent proponents of abstinence; however, it should be noted that the same systematic review discovered the relative ineffectiveness of programs that aim to provide sex education. Interestingly, a reduction in adolescent pregnancy was linked to multifaceted programs aimed at the broader determinants of health.

Pearlman and Bilodeau (1999) reported on one highly successful program, which has been constructed to help its participants develop and accomplish specific goals. Its female and male participants were recruited during the sixth grade and typically came from poor families with undereducated parents. The goals set in the program were meant to motivate and equip them to function successfully in society, to avoid early pregnancy and parenthood, and to focus on a future that involves ongoing education. This highly successful program was “based on the philosophy that connects academic failure and continuing poverty to teen pregnancy, and academic success . . . to a vision of future opportunity” (p. 93).

Similarly, Allen, Philliber, Herrling, and Kuperminc (1997) detailed their inquiry into Teen Outreach, another notably effective program that linked volunteer community
service with classroom dialogue about life choices. Interestingly, the program did not concentrate on the behaviours it was trying to prevent, instead it focused on enhancing decision-making skills, cultivating positive peer interactions, and handling emotional reactions. The program "was found to substantially reduce rates of teen pregnancy, course failure, and school suspension" (p. 737).

Likewise, Montessoro and Blixen (1996), Franklin, Grant, Corcoran, O'Dell-Miller, and Bultman (1997), and Atwood and Donnelly (1993) promoted a multi-faceted or multi-systemic approach. Through mostly theoretical discussions, they described interventions involving development of critical thinking skills, improvement of educational and employment opportunities, goal-setting, and continued motivation for higher aspirations. Porter (1998) added that both the adolescents and their families must collaboratively participate in decision making. These authors believed that it is a comprehensive and holistic approach, as opposed to strategies that are more narrowly focused, that will eventually lead to reducing teen pregnancy rates. Furthermore, it is interesting to note that the strategies used in all of these successful programs addressed the broad determinants of health.

However, one also has to consider that adolescence is a turbulent period characterized by what Erikson (1959) termed a maturational crisis that culminates in either identity formation or identity diffusion. In the process of working through this particular developmental stage, adolescents are faced with multiple aspects of reality that compete for integration as part of their identity. They focus their energy on attempting to reconcile what they learned in the context of their culture and family with the norms and
expectations of their peer group.

These efforts are often hindered by the adolescents’ relative emotional immaturity, perceived personal invulnerability, evolving self-concept, growing insight into sexuality, and quickly changing body image. Furthermore, Trad (1999) proposed that when an adolescent becomes pregnant, the progression of both the physical and the psychological development is suddenly disrupted. The adolescent’s physical growth becomes secondary, and gestational development dominates.

In addition, many adolescents are relatively inexperienced with life situations that require prompt adaptation and creative problem solving, which may place them at risk for intense disappointment when faced with the reality of parenting. Trad (1999) brought forth a very important notion that focused on reconciling disparities between the ‘fantasy’ infant anticipated throughout the pregnancy and the ‘real’ infant that presents at birth. This real infant may not resemble the mother’s fantasy, or may not react as she had envisioned. Trad believed that, “while mature mothers are able to ‘grieve’ the loss of the fantasy child, but fairly rapidly adjust to an acceptance of the real infant, adolescent mothers have greater difficulty with this process” (p.229). This reaction may be due in part to the relative immaturity of the adolescent’s psyche.

Precisely because of this important factor, the remarkable changes taking place in the adolescent’s cognitive development should not be discounted. Discussing the maturation of adolescent cognition, Erikson (1968) suggested that adolescents develop the potential to “operate on hypothetical propositions and can think of possible variables and potential relations - and think of them in thought alone, independent of certain concrete checks
previously necessary” (p. 245). This advance in cognitive development makes it possible for adolescents to benefit from practical interventions. For instance, exposure to a simulated parenting situation, provided in semi-controlled conditions, has the potential to open the door for candid discussions directed at future-oriented hypothetical situations. Exposure to such an intervention also parallels the shift to health promoting behaviours, including the need to address the broad determinants of health, in the effort to prevent adolescent pregnancies.

Gillis (1995) declared that the outcome of health promoting behaviours is “self-responsibility for health. In achieving this outcome nurses can work to provide the skills and supportive environment appropriate for the client to take responsibility for making choices that are consistent with healthy lifestyle practices” (p. 10-11). Nurses, and especially advanced practice nurses, are a particular group of health care professionals who would be extremely well suited to tackle this challenge. The clinical work of advanced practice nurses often involves primary care responsibilities that place them in direct contact with adolescents and makes possible the development of a strong nurse-patient relationship based on trust and mutual respect. An alliance conceived on such a powerful foundation has the potential to ensure continual contacts with the adolescent who no longer feels intimidated or uncomfortable in approaching the advanced practice nurse with intimate wellness concerns.

Furthermore, because of the nature of their work, advanced practice nurses working with adolescents frequently engage in direct collaboration with the school boards. Thus, it is this researcher’s belief that this group of advanced practice nurses should aspire to
conduct research that has the potential to influence curriculum and policy development relative to the identified needs of adolescents. This is congruent with the discourse proposed by Ferguson (1997) who envisioned the advanced practice nursing role as inclusive of efforts “continuing to . . . develop, implement, and evaluate community-based adolescent pregnancy prevention programs using their skills of collaboration, cultural sensitivity, education, and the provision of adolescent-oriented services” (p. 186).

_Baby Think It Over™ Introduction_

The _Baby Think It Over™_ infant simulator (_Baby Think It Over™_ Inc., 1995) exemplifies one creative idea that has the potential to stimulate health promoting actions on the part of adolescents. This doll weighs approximately eight pounds and has been created to resemble a newborn infant. It is controlled by an internal microprocessor that simulates a baby’s cry at random intervals of approximately 15 minutes to six hours for 24 hours a day. In order to pacify the baby, the teen must insert a probe into the doll’s back and hold it in place for up to 30 minutes. The doll has three different settings to adjust its temperament level, from easy baby to cranky baby. In the easy baby mode the sleeping time ranges anywhere from 180 to 360 minutes. In the normal baby mode, sleeping lasts from 90 to 270 minutes. In the cranky baby mode it lasts 15 to 180 minutes.

The doll’s crying does not always necessitate the use of the probe. The doll will also cry if it is placed in the wrong position, if it has been mishandled, or if it wants to sleep. The teen must decide why the doll is crying and whether a tending behaviour, i.e. inserting the probe, is appropriate. An electronics box located on the doll’s back is designed to register abuse, neglect, rough handling, or lack of head support. For instance, if the doll is
thrown, hit, or dropped, the doll will cry for 30 seconds and cannot be comforted; the maltreatment will be recorded on the sensor. Similarly, the doll will cry if placed on its stomach or if held upside down, or if its programmed crying is neglected for longer than one minute. The electronic box is tamper proof and its electronic display will blink an alert if it is removed from the doll for longer than five minutes.

The Baby Think It Over™ enables young women and men to experience first hand the realities of becoming a teen parent. Thus it is not unreasonable to anticipate that exposure to such an intense encounter with infant care can broaden the perspectives of the participants and initiate their thinking toward a more realistic vision of adolescent pregnancy and parenting.

At present the Baby Think It Over™ is not an inherent part of the educational curriculum in secondary schools of the Windsor-Essex Catholic School Board; however, teachers are allowed to use these dolls as part of the courses they teach. Unfortunately, there is little research available to merit a conclusion as to the effectiveness of this approach as a valuable tool in the efforts to decrease the rates of adolescent pregnancy. One may argue that the most definitive measure of effectiveness would be to actually document the number of adolescent pregnancies occurring in participants of the Baby Think It Over™ assignments. This researcher believes that although such an approach will definitely be needed and will provide valuable data in the long term, the climbing rates of teen pregnancy dictate the necessity for acquisition of reliable and valid results that would support decisions impacting pregnancy prevention initiatives in the near future.

At one local school, grade eleven girls participated in a Baby Think It Over™ project
as part of their parenting class. The project involved caring for the Baby Think It Over™ during a seven day period; from Monday to Monday. During the first half of the week the participants cared for the girl Baby Think It Over™. During the second part of the week they tended to the boy Baby Think It Over™, who was a newer model and required constant head support. The doll was expected to constantly remain with the participants. At the beginning of class each day, the teacher checked the electronics box and recorded the results. The participants lost marks if the abuse or neglect indicators were positive. At the end of the project the participants were responsible for returning the Baby Think It Over™ to the teacher. Their grade depended on: electronic box readings, completion of a log in which they had to record all episodes of crying, presentation of a budget sheet for baby’s first year of life, and overall condition of the doll. Data obtained for the present research study is based on these students’ recollections of their experience with the Baby Think It Over™.
Chapter III

Methodology

Study Design and Purpose

This qualitative study employed the phenomenological approach, which aims to discover a “deeper and fuller meaning of the participants’ experience of a particular phenomenon” (Morse and Field, 1995, p.151). More specifically, this study focused on the personal experiences of a group of adolescent girls who had the opportunity, as part of their course, to care for and interact with the Baby Think It Over™ (BTIO). It was the hope of the researcher that the study would provide a rudimentary understanding of the impact the BTIO has on adolescents and of the role such an experience could play in preventing teen pregnancy. The study was intended to provide a sound basis for further research.

A qualitative design, as opposed to the more traditionally accepted quantitative approaches, had been chosen after diligent reflection on the topic, as well as consideration of contextual factors such as the paucity of research available for this area of interest. In particular, Webb (1999) presented a solid argument in favour of using a qualitative design. She maintained that “qualitative methods are well suited to illuminating the processes involved in implementing an intervention, helping us to understand how something worked and why it worked. . . . Qualitative approaches are able to explore the different meanings that individuals attach to health, and to different interventions” (p. 43).

Furthermore, Munhall (1994) proposed that nurses are perfectly aligned to utilize the phenomenological method, and to explore the meanings a particular experience may have
for the individual involved. She reminded her readers that "nurses are present from before birth to after death with people in all their vulnerabilities, vicissitudes, and strengths . . . an ideal profession to contribute to the larger context of understanding being" (p.205).

However, Koch (1995) proposed that "nurses who use phenomenological techniques and procedures are often brought together by the incorrect assumption that they are grounded in the same philosophy" (p. 827). Indeed, in choosing phenomenology as a research method this researcher struggled, as there are several philosophical orientations underlying this particular methodology. The initial distinction originated between Husserl, a German philosopher, and Heidegger, his student. However, through further reading this researcher agreed with Paley (1997, 1998) that the phenomena nursing research strives to investigate are not amenable to exploration utilizing the purist philosophical stance of either Husserl or Heidegger.

For instance, Paley (1997) argued that three central ideas of Husserl’s phenomenology: phenomenological reduction, phenomena, and essence, are misunderstood and misused in nursing research. To elaborate on this point Paley’s discussion of reduction, also called "bracketing", is cited here:

Husserl’s ‘eidetic reduction’ [bracketing] is a philosophical device whose purpose is to render concepts clear, explicit and complete . . . it is obviously not an empirical procedure . . . it is an imaginative one, and I use no data other than that to be found in my own consciousness . . . the eidetic reduction . . . is something I can do, and indeed am obliged to do alone . . . there is no reference to another human being. (p. 190-191)
Following this premise, it is clear that “bracketing” as used in nursing research that involves interviewing participants, and thus is not an intrinsic philosophical debate, is incompatible with Husserlian phenomenology.

In addition, Paley (1998) also declared that inquiry into the lived experience is a betrayal of the true spirit of Heideggerian phenomenology. Paley cited the principle of incorrigibility as the reason:

It is an implicit assumption of LER [lived experience research] that people’s experience, and their accounts of it, cannot be challenged. . . . The problem with this assumption - the principle of incorrigibility - is that it confuses two different ideas. The first . . . [correct] is that the person’s experience is inalienably hers, and must therefore be what she says it is. . . . The second . . . [incorrect] is that the interpretation built into the experience must be a faithful reflection of what ‘her’ world is actually like; [i.e.] no-one else can say that the account of the world presupposed by her description of the experience is flawed. (p. 821)

In other words, according to Heidegger’s ideas it would be correct to postulate that one’s portrayal of an experience is exactly what one says it is; however, it would be incorrect to propose that the portrayal of that experience is indeed the ultimate true account of the experience, since it is clouded by interpretation. Taking this into consideration, it becomes evident that it would be illogical to identify Heideggerian phenomenology as the philosophical base for phenomenological nursing research into the lived experience of a particular phenomenon.

On this premise, this author chose to base her research on the philosophical ideas of
Merleau-Ponty, a French philosopher whose work centered around the themes of embodiment, primacy of perception, and lived experience. Merleau-Ponty (1962) believed that phenomenology

[is] a transcendental philosophy which places in abeyance the assertions arising out of the natural attitude, the better to understand them; but it is also a philosophy for which the world is always ‘already there’ before reflection begins ... and all its efforts are concentrated upon re-achieving a direct and primitive contact with the world. ... it also offers an account of space, time and the world as we live them. It tries to give a direct description of our experience as it is, without taking account of its psychological origin and causal explanations which the scientist, the historian or the sociologist may be able to provide. (p. vii)

Employing this philosophy in her study, this researcher practiced bracketing (further explicated later in the text) to identify and hold in abeyance any theories, beliefs, values, or attitudes pertaining to adolescent behaviour in general and adolescent parenting in particular, that could interfere with seeing the world as it was “already there”. The researcher worked actively on viewing the encounter with the Baby Think It Over™ from the participant’s perspective of how she lived and experienced it.

As previously mentioned Merleau-Ponty’s work involved the theme of embodiment. As delineated by Merleau-Ponty (1962)

it is through my body that I understand other people, just as it is through my body that I perceive ‘things’. ... Thus experience of one’s own body runs counter to the reflective procedure which detaches subject and object from each other, and which
gives us only the thought about the body, or the body as an idea, and not the experience of the body or the body in reality. (p. 186, 198-199)

This concept of embodiment is noteworthy because it proposes that researchers cannot be fully objective, as they are continually influenced by their body’s position in the world. In addition, the observations of the researcher and the participant will differ precisely because they are dependent on the individual’s body and its position in the world. Realizing this, the researcher remained continually vigilant to recognizing, understanding and documenting the observations of the participant’s account of the situation and body language manifested at that moment in time. True to the philosophy, the participant and her account of the experience remained the authority.

Similarly, Merleau-Ponty (1962) described the concept of primacy of perception. He stated that “perception gives one access to experience of the world as it is given prior to any analysis of it. To perceive is to render oneself present to something throughout the body” (p. 42). Interpreting his writings, Parker (1994) wrote that perception is a passage to truth, it is also the native form of conscience. Thus “the perceived world is the always presupposed foundation of rationality, all value and all existence” (Merleau-Ponty, 1964, p.13). Utilizing this concept in the Baby Think It Over™ study, the researcher lent utmost credibility to the participant’s story as she lived, experienced, and perceived it. The reflexive journal proposed by Ahern (1999) and described elsewhere in this text served to hold the researcher’s own perspectives in abeyance.

Finally, utilization of the concept of lived experience was portrayed by Merleau-Ponty (1962) as discovering how to view the world by resurrecting the elemental experience of
the world. According to Parker (1994) Merleau-Ponty regarded lived experience as the core of phenomenology. "Whether it is a question of another's body or my own, I have no means of knowing the human body other than that of living it, which means taking up on my own account the drama which is being played out in it, and losing myself in it. I am my body, at least wholly to the extent that I posses experience" (Merleau-Ponty, 1962, p.198). Again, as with the concept of primacy of perception, the researcher transferred the authority over the truth to the participant's vocalization of her lived experience with the *Baby Think It Over*™.

**Methodological Procedures**

As previously noted, the methodological procedure implemented in this study involved a qualitative design that employed the phenomenological approach based on the philosophical foundations postulated by Merleau-Ponty (1962, 1964). Various established authors featured in the literature explicated Merleau-Ponty's philosophical ideas for their own descriptions of phenomenology. For instance, Polit and Hungler (1999) disclosed that this approach focuses on the lived experience of the individual who is being interviewed, relative to a specific situation or encounter that transpired in his/her life. In Morse and Field's (1995) interpretation, the lived experience was composed of four aspects: lived space (spatiality), lived time (temporality), lived body (corporeality), and lived human relation (relationality). Munhall (1994) clarified that

in the translation of these concepts, we are acknowledging the experience of the space we are in (where are we), the time we are in, our past, present, and future, the body that enables us to be in the world, and where and when we are interpersonally
connected. It is critical to acknowledge the subjective nature of these life-worlds and that the perceptions of any of them will differ among people who are even very close to us. . . . To know this is to understand that we are living in the moment, our present, which also contains someone’s future and someone’s past (p. 55-56).

Cognizant of the concept of spatiality, this researcher remained vigilant to the effects of space on the individual by conducting the interviews in a conference room in the participants’ school. This setting was chosen to provide the participants with the safety of a familiar environment, while at the same time supplying the privacy necessary for the interviews to proceed. The researcher hoped this would result in elevating their level of comfort and lessening the potential of feeling threatened.

In addition, remaining aware of the effect of temporality, the researcher encouraged the participants to tell the story in their own words and with minimal interruption. This strategy was meant to permit them to unveil their accounts of the experience with the Baby Think It Over™ utilizing knowledge of past, present, and possibly future influences.

Also, the researcher anticipated that encouraging participants to tell their own stories would enable them to incorporate corporeality and relationality into the accounts of their experiences. Since the Baby Think It Over™ intervention transcends the classroom experience and crosses over into the participants’ home environment, the researcher speculated that in this way the participants would be able to explore their mind-body connection and effects of the intervention on relationships and encounters with other significant people in their lives.

Central to Merleau-Ponty’s phenomenology was the concept of embodiment. This
concept acknowledges that peoples’ experiences are filtered and perceived through their bodies’ interaction with the world. Burns and Grove (1997) articulated this concept by stating that “the person is a self within a body. Thus, the person is referred to as embodied” (p. 71).

According to Polit and Hungler (1999) the process of phenomenologic inquiry typically involves four techniques: bracketing, intuiting, analyzing, and describing. Bracketing is a mechanism that aids the researcher in developing awareness of any preconceived notions he/she has about the phenomenon being studied. These notions can then be held aside so as not to interfere with the individual experience of the participant.

Munhall (1994) further explicated the process of bracketing. She believed that “knowing that you do not know something, that you do not understand someone who stands before you, and who perhaps does not fit into some preexisting paradigm or theory is critical to the evolution of understanding the meaning of others” (p. 63). Furthermore, she stated that “this unknowing allows for openness and also allows us to converse with participants without attempting to validate our own presuppositions and beliefs” (p. 62). “Knowing from the soul, that for others, it might be different and then being able to allow others their perceptions is the way to hearing in a phenomenological way” (p. 61).

Ahern (1999) further articulated that bracketing is a process that is iterative and reflexive in nature and entails an active engagement on the part of the researcher in order to be successful. Citing several sources, she proposed that reflexivity involves “the realization that researchers are part of the social world that they study . . . [and that] this realization is the result of an honest examination of the values and interests that may
impinge upon research work” (p. 408). Ahern advocated the use of a reflexive journal to facilitate the application of bracketing by the researcher. Such a journal was utilized for this purpose by the researcher of the present study.

Intuiting is another process utilized in phenomenological inquiry. Ray (1990) proposed that “reflecting on the data leads by the process of intuition to the apprehension of the gestalt, the universal essence, or the unity of meaning” (p. 178). Similarly, Parse, Coyne, and Smith (1985) believed that intuiting is the process of discovering the phenomenon as it is known by the participant. It requires complete concentration. Ideally, transcripts are read in a quiet place, so that the researcher is able to concentrate his/her thoughts and reflect on the material. “The idea of intuiting is to grasp the uniqueness of the phenomenon by openly looking, listening, and feeling. Being open to a phenomenon as it reveals itself is a difficult process for which no detailed instructions can be given” (p. 19-20).

The utilization of bracketing and intuiting was made perhaps slightly less difficult for the researcher as she continued to draw upon her experience in working for a community health centre that caters exclusively to the adolescent population. The centre’s vision is to empower adolescents to make healthy choices as they develop their total self, including spirit, mind, and body. In working with this population, conscious suspension of judgment and focus on the experience from the perspective of the participant and relative to the subtle cues she provides are an integral part of this researcher’s daily activities.

During analysis of the phenomenon, the researcher “dwelled” with the data. This involved “total immersion for as long as needed to ensure pure and thorough description”
(Polit and Hungler, 1999, p. 247). "The researcher follows the clues as the world of experience is opened up or disclosed, and records whatever comes into awareness as reflective analysis or thoughtfulness is practiced" (Ray, 1990, p. 177). This process culminated in the manifestation of common themes and essences of the phenomenon. Patton (1990) asserted that "these essences are the core meanings mutually understood through a phenomenon commonly experienced" (p. 70).

Finally, the researcher communicated the major characteristics of the phenomenon through descriptive writing. This became possible when the researcher truly understood the common meaning the phenomenon had to the participants (Polit and Hungler, 1999).

**Participant Selection**

Phenomenologic studies usually involve a small number of participants, which allows for in-depth conversation to transpire between the researcher and the participant (Polit and Hungler, 1999). In this study, participants were invited to participate on the basis of total population sampling. Morse (1991) suggested that this type of sampling is used when "all the informants live or work within a confined area" (p. 131). She went on to say that "although it is recognized that some of those interviewed may not have the information needed by the researcher, . . . not interviewing some of those present may be rude or offensive, . . . or it may make those who participate more easily identifiable" (p. 131). Thus the sample considered for this study was composed of a class of 10 English-speaking adolescent girls who had recently completed a portion of a parenting course that included a project centered around an encounter with the *Baby Think It Over*™. The girls were recruited from a grade 11 class. The particular class suggested for this study came from a
Catholic High School in the Windsor-Essex County area.

Selection of participants was guided by two criteria as identified by Morse and Field (1995): appropriateness (use of participants who can best inform the research) and adequacy (availability of a sufficient amount of data to develop a full and rich description of the phenomena). In particular, Morse (1991) emphasized that "informants must be knowledgeable about the topic and experts by virtue of their involvement in specific life events and/or associations" (132). The particular group of girls who were invited to participate in this study satisfied the demand of appropriateness, because at the time of the interview their experience with the Baby Think It Over™ was recently completed and clearly engraved in their thoughts and emotions. In addition, appropriateness was further enhanced through the premise that the participants cared for the Baby Think It Over™ for seven consecutive days. This length of time was found to be adequate by Out (1998), who reported that experience with the Baby Think It Over™ for two to three consecutive days produces a statistically significant effect.

Similarly, this particular study involved nine participants, and the common guidelines for sample size in phenomenology specify that adequacy may be reached in as few as five interviews (Ray, 1990; Polit & Hungler, 1999). Thus, it was reasonable to project that the demand of adequacy would also be satisfied. However, Morse (1991) added that most researchers know their data are adequate when they reach what is referred to as saturation. Saturation is recognized by "use of indicators, such as the researcher's "not hearing anything new" or becoming bored during interviews" (p. 135). Thus, "informational adequacy is ensured [primarily] by the completeness and the amount of
information" (p. 135), and only secondarily by the number of actual interviews.

**Issues of Rigor in Phenomenology**

Ideas on the process of achieving rigor in qualitative studies abound in the literature. However, to the present day researchers hold varying and often disparate views on what actually constitutes rigor and how the concept should be defined.

For instance, Sandelowski (1986) contended that "the debate surrounding the methodological rigor of qualitative research is confounded by its diversity and by lack of consensus about the rules to which it ought to conform" (p. 29). Furthermore, Sandelowski (1993) reflected that "there is an inflexibility and an uncompromising harshness and rigidity implied in the term 'rigor' that threaten to take us too far from the artfulness, versatility, and sensitivity to meaning and context that mark qualitative work of distinction" (p. 1).

Guba and Lincoln (1981) lobbied for the utilization of the concepts of credibility, fittingness, auditability, and confirmability as the criteria for ensuring rigor. These four concepts reflect the criteria of internal validity, external validity, reliability, and objectivity used as a test of rigor in quantitative research.

Conversely, Hall and Stevens (1991) argued that the rigor of qualitative studies is better represented by the term adequacy and should be evaluated through the use of criteria such as reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty and mutuality, naming, and relationality. Appleton (1995) on the other hand envisioned assurances of rigor through measurement of truth value, applicability, consistency, and neutrality. Finally, Rose, Beeby, and Parker (1995) proposed the criteria
of credibility, consistency and congruency. These researchers agreed that the concepts used to evaluate the rigor of a study differ markedly between qualitative and quantitative research designs.

Koch (1996) added that the researcher must choose the most appropriate criteria for ensuring rigor in her study. In her opinion, it is the researcher's responsibility to illustrate how the study addresses the issue of rigor. The consumer of the research can then decide if the study has merit.

Rose and Webb (1998) concurred, stating that the rigor of analysis can be supported by the argument that the researcher was true to her academic traditions and that she attempted to honestly portray the process of data analysis. The researcher must also come to the realization that most likely a part of this process was accomplished at a creative level that is too abstract to be translated into concrete language.

Thus it becomes obvious that as qualitative studies evolved and became part of the mainstream over the past two decades, the categories defining rigor have also undergone a historical evolution. Having to choose a reasonable manner to ensure rigor, or more correctly adequacy, the researcher of this study incorporated the criteria of reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty and mutuality, naming, and relationality proposed by Hall and Stevens (1991). These authors suggested that in practicing reflexivity "researchers examine their own values, assumptions, characteristics, and motivations to see how they affect [the study]" (p. 21). To meet this criterion, the researcher engaged in bracketing, as described previously. The researcher also kept a reflexive journal in which she documented her feelings, beliefs, and various
thought processes employed to arrive at specific decisions. Ahern’s (1999) comments on reflexive bracketing guided the researcher on this journey.

Hall and Stevens submitted that a “report is credible when it presents such faithful interpretations of participants’ experiences that they are able to recognize them as their own. Member validation is one approach . . .” (p. 21). To meet this criterion, the researcher asked all of the participants if they would be willing to read the synthesis of the findings; all participants agreed. Results ready for validation were then brought to those who ultimately presented for the session to provide comments.

Another criterion utilized to evaluate adequacy is rapport. To Hall and Stevens this means “engagement with, rather than detachment from, the persons and processes to be understood” (p. 22). This was achieved through the development of a relationship of trust and openness; made less difficult for this researcher through her experiences of clinical work with adolescents. Additionally, rapport was continuously evaluated by the verbal and non-verbal cues of participants’ comfort level.

According to Hall and Stevens “checks for coherence can be made throughout the research process by questioning the data and the emerging analytic insights” (p. 23). The steps undertaken in this study in order to meet this criterion included the use of the reflexive journal to track the researcher’s insights and thought processes, and the use of a systematic method of analysis described later on.

Yet one more way to ensure adequacy is the utilization of the criterion of complexity. In the words of Hall and Stevens “rigor . . . includes the degree to which research reflects the complexity of reality” (p. 23). This study secured this by allowing the participants to
reveal their experience as they lived and perceived it. In addition, in the search for similarities, the researcher actively worked towards identification of dissimilarities in order to uncover the truly complex nature of the experience of caring for the Baby Think It Over™.

Hall and Stevens also discussed consensus or “congruence among behavioural, verbal, and affective elements of particular observations, verbal responses, and written records” (p. 24). They cautioned however that “being aware of and demonstrating consensual meanings does not eliminate the need to present women’s experiences in their full complexity” (p. 24). Therefore, through the use of this criterion and with the use of the reflexive journal and member validation, this researcher remained cognizant of the necessity to keep a delicate balance between the criterion of complexity and consensus.

The seventh criterion necessary to ensure adequacy in a qualitative investigation is relevance. Exploration of this concept according to Hall and Stevens includes determination of whether the researcher addresses issues relevant to the participants’ lives and whether the results can be used to serve the participants’ interests. This researcher believes that discussion presented earlier in this paper fully addresses and validates the achievement of this particular requirement.

Hall and Stevens also suggested the criteria of honesty and mutuality based on the premise that “deception is unethical and is an obstruction to the dependability of the data so collected” (p. 25). Furthermore, “egalitarian cooperation is more likely than researcher domination to allow participants to talk about what is important to them, express their emotions in a spontaneous fashion, and act in ways that have meaning for them” (p. 25).
The researcher ensured this through the process of obtaining and upholding informed consent, and through subjecting the proposal for the study to the scrutiny of the ethics committees described later.

Next, comes the criterion entitled naming. Hall and Stevens defined it as “learning to see beyond and behind what one has been socialized to believe is there” (p. 26). They further noted that the power of naming stems from the attempt to comprehend the reality of the participants’ perspectives “by using their language to describe phenomena . . . and by presenting their verbatim stories to illustrate analytic arguments” (p. 26). Thus, this researcher believes that the use of phenomenology as both the study design and the philosophical base has assisted her to uphold this criterion.

Finally, Hall and Stevens introduced relationality. They postulated that “collaborative working methods are a means of increasing reflexivity, accuracy, mutuality, and therefore . . . adequacy” (p. 26). The dialogue between the researcher and her colleagues, which was an inherent component of this research process, indeed provided opportunities for critical reflection and questioning that led to the discovery of new dimensions within the context of the data.

**Ethical Considerations**

This particular research endeavour received ethical clearance from both the School of Nursing and the Board of Education. These committees concluded that it did not pose unethical demands on the participants. On the contrary, the researcher believes that these girls welcomed the chance to tell their story, and the process had an empowering value for them as they were given the opportunity to share their own personal insights and
experiences. The participants were not able to directly benefit from the results of this research; however, the findings carry the potential to benefit future classes of adolescents as they provided preliminary evidence for the value of using Baby Think It Over™ dolls in adolescent pregnancy prevention.

Several steps were undertaken in order to safeguard the rights of the participants. First, because the participants were less than 18 years of age, a letter was sent home to the parents or guardians of each of the girls explaining the nature of the research project and asking their consent for their daughter’s participation. (Appendix A). This letter was accompanied by a form containing information necessary for the provision of informed consent (Appendix B). A similar letter and form were given to the participants so that they in turn could give their assent (Appendix C and Appendix D). The researcher’s work phone number was included on these forms with her supervisor’s consent (Appendix E). In addition, the participants were asked to give oral assent at the beginning of the interview. This assent was audio-taped. In this manner it is hoped that the right to self-determination was upheld.

Second, the participants’ rights to privacy were preserved through assurance of complete confidentiality on the part of the researcher. Before beginning the interview, the participants were asked to choose a name they would like to use for the duration of the interview. The name and the actual identity of the participant were known solely by the researcher for the purpose of further contacts if they proved to be necessary for data clarification. The information was not linked to the participant’s identity and raw data remained with the researcher and her advisor.
Third, in order to ensure that participants were not coerced into involvement in the study, arrangements were made for the participants to leave the classroom and go to meet the researcher in a designated area. At this point the participants were given a choice of talking to the researcher or spending that time perusing reading materials provided by the researcher. The nature of this decision remained between the researcher and the participant. In addition, before the interview process began, all participants were informed that they could stop the interview at any time or choose not to answer particular questions. They were assured that their decision would have no bearing on the grade allotted for the course.

As previously mentioned, in addition to the written assent, oral assent was obtained from the participants at the beginning of the actual interview process. The content of the assent was presented to the participant in writing. It stated: "I (chosen name of participant) freely assent to take part in the research study conducted by Ann Malinowski, which examines my experience with the Baby Think It Over™. I have been made aware of my rights and I feel comfortable that I will be able to exercise these rights without being penalized in any way." The assent was read aloud by the participant, and audio-taped for future record.

Munhall (1994) pointed out that talking, as in an interview, has therapeutic benefits. She went on to say that "nursing intervention often speaks to the provision of opportunities for patients to ventilate their feelings, and interviews provide such an opportunity" (p. 166). In addition, commenting on the risks inherent in interviewing, Morse (1988) asked:
Are the risks to the participant any greater than the everyday risk from confiding in a friend? And the “friend” in this context is a registered nurse who is accustomed to handling confidential information . . . observing and listening. Yet, suddenly because the information is obtained under the auspices of “research” (rather than practice) the activities of the nurse may be considered . . . as potentially harmful” (p. 214).

However, May (1991) brought attention to the fact that “since interviewing may stimulate self-reflection, reappraisal or catharsis, and considerable self-disclosure, the investigator needs to . . . consider what provisions must be made for the informant’s well-being” (p. 199). Cognizant of this, the researcher of this study was vigilant to any expression of emotional turmoil on the part of the participants. If such an expression had arisen, the researcher was prepared to make a decision at that time as to what was the best way to proceed. Munhall (1994) proposed that “because of their education, nurse-researchers are usually able to intervene appropriately and make good assessments about how a patient is responding” (p. 166). This researcher was further qualified in this endeavour, as she works with adolescents and counsels them daily on a variety of pertinent issues. However, if the situation warranted it, the researcher was prepared to refer participants for longer term counselling to an agency of their choice as presented to them on a list of resources compiled by the researcher. Fortunately, such a situation did not materialize as none of the participants experienced painful emotions during the interview process.

Data Collection

The researcher served as the primary instrument for data collection, thereby ensuring
consistency and development of a trust relationship with the participants. A semi-
structured, interactive interview provided the format for data collection. The interview
was audio-taped and later transcribed.

The researcher first met with all of the potential participants to introduce the research
project and present them with letters and assent/consent forms for themselves and for their
parents. Once assent and consent forms were returned, a date was set for those who
volunteered to meet with the researcher for the interview. With the teacher’s consent
(Appendix F) this interview took place during a portion of the parenting class and it was
conducted on school premises. It lasted approximately 30 minutes.

After receiving oral assent, the researcher began the interview by obtaining
demographic data such as age, and exposure to teen pregnancy and/or infant care prior to
this class, for the purpose of describing the participants. The interview was prefaced by a
general statement inviting the participant to share her story. The participant was allowed
to start the account wherever she wished. The story was told with minimal interruption
from the researcher. The main technique employed by the researcher was to listen intently.
When it became necessary the researcher gently re-focused the participant to the topic. In
addition, the researcher had a short list of questions (Appendix G) that served as a
guideline. These served as a resource when the researcher felt it was necessary to focus
the participant. As the interview drew to a close, the researcher ensured an opportunity
for clarification.

The researcher concluded the interview by thanking the participant and asking if she
could contact the participant again if additional questions arise. At this point the
researcher also asked the participants if they would like to volunteer for data verification and validation prior to final documentation. This was done because bringing the analyzed data back to the participants for verification is one of the steps a researcher should undertake in order to ensure rigor of her study (Ahern, 1999; Burns and Grove, 1997). Moreover, “the participants are the only ones who can answer the question as to whether you have captured their telling of the experience and the meaning the experience held for them” (Munhall, 1994, p. 189).

Once primary analysis of the data was completed, the researcher contacted the participants and invited them to join her in their school library to give them an opportunity to comment on a summary of the findings. Two sessions were arranged with the participants at a time that was convenient to them. The participants who were not able to attend the first session were contacted by phone and notified again of the timing and location for the second session. During the session, the participants received a letter thanking them for their time and effort and reminding them of the function and significance of the meeting (Appendix H). The participants also received a synopsis of the preliminary results of the study. As part of the validation process, this summary included three questions and room for participants' comments (Appendix I).

Data Analysis

The data used in this study came from audio-taped interviews that were transcribed verbatim. Colaizzi’s method of analysis, as reported by Beck (1994) was utilized. This method proceeds as follows:

1. Read all of the subjects’ descriptions in order to acquire a feeling for them.
2. Return to each protocol and extract significant statements.
3. Spell out the meaning of each significant statement, known as formulating meanings.
4. Organize the formulated meanings into clusters of themes.
5. Refer these clusters of themes back to the original protocols in order to validate them.
6. At this point, discrepancies may be noted among and/or between the various clusters.
7. Researchers must refuse the temptation of ignoring data or themes which do not fit.
8. Results so far are integrated into an exhaustive description of phenomenon under study.
9. Formulate the exhaustive description of the investigated phenomenon in as unequivocal a statement of identification as possible.
10. A final validating step can be achieved by returning to each subject asking about the findings so far. (p. 256-257)

As a parallel step, data analysis proceeded on three levels, as described by Morse and Field (1995). The first level, called intraparticipant analysis, entailed reviewing the data as a whole. This involved listening to audio-tapes, reading and re-reading transcripts. The researcher then "dwelled" with the data, or in other words, reflected and immersed herself in the data in order to try to discover preliminary clusters. The processes of bracketing and intuiting were used throughout data analysis, but especially during this initial phase. As
discussed previously, bracketing involves the identification of preconceived beliefs the researcher may hold about the phenomenon of interest, so that they will not interfere with confronting the data in its true form. Similarly, intuiting involves openness on the part of the researcher to the meanings the phenomenon holds for the participants.

The second level of analysis, called interparticipant analysis, focused on commonalities between participants. Statements that were conceptually similar were identified and classified into specific clusters, which were then coded.

The third level of analysis, called interrelationships between themes, concentrated on identifying overriding themes. Once these themes were identified, the written report was taken back to a number of participants for verification and validation. These participants were introduced to this request during the session in which the project was explained and written informed assent was obtained. The option to become one of the people who validate the data was again presented to each participant at the end of the interview.

The coding of the data obtained from the transcribed interviews was organized and analyzed using the Qualitative Solutions and Research Pty Ltd.'s NUDIST 4 (1997) software program for qualitative data analysis. Once complete, the results of the study were communicated in written form to the participants, as well as to their teacher and principal. These results were also presented to the researcher's thesis committee, and after approval to the School Board and the Ministry of Education. No one besides the researcher and her advisor had access to the raw data. In the future, the findings will be used in a manuscript prepared for publication in a professional journal, and in an overview of the study displayed at scholarly presentations.
Chapter IV

Findings

Description of Participants and Themes

Ten girls taking a parenting class in a Catholic high school were invited to participate in the study. Nine girls provided assent and parental consent, one girl declined involvement stating that she was not interested. Of the nine girls who chose to participate, six were 16 years of age and three were 17 years of age. None of the girls had any personal history of exposure to pregnancy or parenting; however, seven of the girls were involved in babysitting. Moreover, one participant had a five month old brother and was extensively involved in his care.

Since there were only two Baby Think It Over™ dolls available for the ten students taking the class, the dolls were experienced by two students at a time before they could be relinquished to another set of students. Thus, the girls were asked if the succession in which they received the doll was influential in their overall experience. Several girls answered that indeed the order in which they received the doll was influential, but only to the extent of giving them a partial glimpse into what they could anticipate. Jessica remembered that the “first people that had it . . . like it was all new to us, so they were kind of more excited . . . but then because I was like one of the last people . . . like I heard everything from them and they kept on saying how they kept them up and they didn’t like it . . . so I kind of knew what to expect.” However, Samantha stated that the order did not influence her experience because “I heard, like they complained that they couldn’t sleep and stuff like that, but I didn’t think it was that bad until I actually got it”
During data analysis, ten themes became apparent in the participants’ experience with the Baby Think It Over™. Furthermore, four of these themes contained a number of sub-themes.

The first theme reviewed below is entitled “Recognition of the Illusion of Preconceived Ideas About Parenting an Infant.” This theme encompasses eight sub-themes: (i) realities of parenting; (ii) sleep disruption; (iii) activity restriction/exclusion; (iv) discernment of responsibility; (v) recognition of the undesirability of teenage motherhood; (vi) appreciation of consequences; (vii) rudimentary insight into anticipated financial hardships; and (viii) comprehension of impending difficulties.

This theme is followed by one called “Perception of Societal Disapproval.” It embraces three sub-themes: (i) awareness of reproachful looks; (ii) desire for clarification of circumstances; and (iii) outrage directed at injustice of perceived reactions.

Succeeding the discourse on the above mentioned themes, the focus alters slightly to include several solitary themes designated respectively “Hardships Encountered During the Week as Compared to the Weekend”, “Augmentation of Difficulty During Guardianship of Boy Baby Think It Over™”, “Profound Desire for Relinquishment”, “Allocation of Marks As Incentive for Compliance”, and “Parental Endorsement of the Baby Think It Over™ Experience.”

At this juncture the dialogue shifts once more to include a theme defined “Participants’ Counsel”, which integrates five sub-themes. These sub-themes include: (i) admonitions for postponement of sexual activity; (ii) admonitions for postponement of pregnancy; (iii) propositions for inclusion of Baby Think It Over™ in curriculum; (iv)
propositions for duration of Baby Think It Over™ experience; and (v) propositions for advancement of Baby Think It Over™ doll.

Furthermore, a theme identified as “The Affective Journey” accompanies the participants’ experience of all the other themes. It is comprised of ten sub-themes: (i) excitement; (ii) vogue; (iii) fatigue; (iv) fear; (v) frustration; (vi) inundation; (vii) self-consciousness; (viii) anger; (ix) hyper-vigilance; and (x) bonding.

Finally, the themes signifying the participants’ personal experience with the Baby Think It Over™ are followed by a theme that denotes the researcher’s observations. This theme is entitled: “Eclectic Insights”. The dialogue is concluded with a report on the validation of the results by participants.

Recognition of the Illusion of Preconceived Ideas About Parenting an Infant

As the participants progressed through the Baby Think It Over™ experience they began to comprehend that the notions they previously held about parenting of a newborn were somewhat inaccurate. These preconceived ideas were subtly but irrevocably altered by this experience.

Realities of parenting. All of the participants talked about what they now understood to be a genuine glimpse into the realities of parenting. For instance, Kelly discovered some of the difficulties inherent in parenting newborns and pledged that she would not consider having a child at such a young age. She stated “I would never think about having a baby at my age, but . . . uhm, like at times I would . . . you know, I’d think maybe it could be fine . . . but when I had that baby I was like no way . . . like I don’t . . . I would never do it [now].”
Similarly, Jessica learned that the reality of parenting a newborn was indeed even more intense than she anticipated. She explained: “I always knew it would be hard, but I never had any experience of me taking care of it by myself and... like my parents even made me sleep downstairs so they wouldn’t hear it cry... I just learned how hard it is.”

Furthermore, Jennifer echoed Jessica’s sentiments when she confided that

I knew it would be difficult, but I never actually had the experience with it... and you know, you can think one thing, but the actual experience is totally different... and then when I had the baby I was like... after I had the baby I was like ‘oh, my god’... it’s so much... it’s going to be ten times more difficult... because that period of time when you just hold the key, it’s nothing compared to what you actually would do when you’d actually be feeding it, you’d actually be, whatever, you know, changing its diapers... so, that kind of changed my outlook on the whole... having a kid [laughing]... not in a negative way, just that you have to be ready in so many different senses, like financially, emotionally and everything else.

Michelle conveyed that the Baby Think It Over™ reinforced the ideas she acquired during babysitting.

it’s built on them [her ideas] because when I babysat... I mean I knew that it was hard and I didn’t want it... but having it every single day just made, like it [was] even harder... cause you have just the crying aspect and you’re always waking up and you’re always tired... babysitting, you babysit a couple... like three times a day and you have breaks in between... with a baby you don’t... like you have it constantly.
Finally, Samantha revealed how her ideas transformed as the experience continued and gained in significance:

I guess it's like . . . uhm . . . at first it was . . . you didn't think it would be like a big deal . . . uhm . . . it was just like a doll, but it came to the point where it was just like it was an actual baby . . . especially the one that it's head went back . . . like you had to watch it constantly, and you couldn't leave it with a babysitter, because they didn't know what to do . . . it was like a real kid . . .

Sleep disruption. All nine participants discussed the inconvenience of having to get up several times during the night in order to tend to the *Baby Think It Over™*. For instance, Jessica described it very simply yet clearly: "it was kind of weird . . . and I didn't like how in the middle of the night it woke up so much . . . and stuff like that . . . I was like kind of mad that I had to wake up so much."

Alicia had a very similar opinion: "I had to get up in the, like in the middle of the night . . . so . . . when I came to school I was kind of tired . . . just cause it woke me up like about four times a night." She added that "the first night I think was the worst for me because . . . like I wasn’t used to getting up at like three or four in the morning . . . so I would just fall asleep and then it would cry and then I’d get up and then I’d go back to sleep and like twenty minutes later it would cry again.” Jennifer agreed: “like I would have bags under my eyes from not sleeping cause it kept waking up . . .”

Similarly, Angel remembered when the *Baby Think It Over™* was on the sensitive setting: "it was just frustrating in the middle of the night . . . like with getting up . . . like every . . . when it was on like colic . . . and really sensitive - it was on sensitive for like a
day - that was like really hard... it was like every ten minutes during the whole entire night.” However, Michelle very possibly echoed everyone’s thoughts when she said “the day that I gave it back, the night when I went home, I just went right to bed, I didn’t worry about any of my homework and I had the best sleep [laughing].”

**Activity restriction/exclusion.** Eight of the participants verbalized their frustration with the activity restrictions they encountered. Kelly remembered thinking “oh it’s going to cry in another two hours so I can’t do this or I can’t... you know... go here or anywhere.” Jessica discussed similar thoughts “I couldn’t really go anywhere cause I knew that I would have to bring it if I did... so mostly I just stayed home.”

Alicia recalled a specific weekend during which she had to opt out of two social events because she had the *Baby Think It Over*:

well, the weekend that I had it... they called me like ‘come on let’s go to the movies’

... I’m like I can’t... they’re like ‘oh just bring it’ and I’m like ‘yeah, right’... and then one of my friends had like a big party and like my parents were gone so I had to...

... like I couldn’t ask them... so I had to like stay home.

Samantha also disclosed her reflections on the restrictions she experienced:

oh... like I wouldn’t even dare go out [...] it bothered me because it wasn’t like it was even my real baby... it was a doll but... yeah I still had that responsibility and I couldn’t go... so... like it kind of... it was different, cause I never had that thing where you have to stay home and watch a kid [...] it made me think that even if... uhm... I did have a real baby it would be hard, like to adjust to it... Not just responsibility itself, but the fact that you wouldn’t be able to do normal activities.
Furthermore, Jennifer confessed that "it was a hassle to carry it around everywhere because we're not used to that you know just bringing it around everywhere ... and it was a lot of sacrifice ... I had to sacrifice a lot of plans with friends ... a lot of stuff that I usually would do without it." Jennifer also commented on a specific school incident when the Baby Think It Over™ started crying in class and the teacher asked her to leave: "well it made me feel totally excluded from the whole class ... and I thought it was very rude because they know that this is part of school ... this is part of like studies ... so I kind of got a little angry at the teachers ..."

Discernment of responsibility. Eight of the participants talked about being responsible for the Baby Think It Over™. Kelly thought that one of the goals of this assignment was to illustrate "what the responsibility for caring for a child is ... it takes a lot ... like not just everybody can do it ... especially at such a young age." Similarly Jessica reasoned that "if anybody did have a kid that's how it would be ... and they'd have to take care of it ... and if it's a real baby their parents aren't going to be watching it all the time and they'd have to take responsibility for themselves."

Likewise, Rachel learned that "being so young I don't think we're ready to give up our freedom and be tied down to have a baby ... that we're not ready for that kind of responsibility." Samantha also felt that she "wasn't used to having something always attached to me like that ... it was like a huge responsibility ... but ... uhm ... you never really thought of it as being like that."

However, Michelle advocated that "during the week ... uhm ... you should have like a couple ... like there should be a couple ... like a guy and a girl ... that way it's
not just that one person’s responsibility [...] one of you takes it home during the night the other one would take care of it during the day.” When asked to speculate on the possibility that teens may become single parents, Michelle advanced her view that couples should care for the *Baby Think It Over™*, qualifying that “you should have a choice then maybe - if you want to be a single parent [...] if they’re a teen and they’re planning on being a single parent, then it would probably be more beneficial, but if you’re planning to get married and have a family [...] uhm [...] [having a partner to care for the doll] it just gives you the experience.”

Recognition of the undesirability of teenage motherhood. All of the participants talked about being “too young for a baby.” Kelly recognized: “I don’t think [...] like anyone at my age is able to care for a baby [...] and to give it like the [...] like the right love and [...] security and that [...] that it needs.” Alicia added that: “I don’t think I’d ever think of having a baby myself at like sixteen [...] just because of like getting up and then coming to school [...] and like I think my education is important [...] like I think I should like at least finish it before I even think of having a baby.”

Similarly, Michelle’s experience with the *Baby Think It Over™* prompted her to give a quick and definitive answer: “it gave me the impression like I didn’t want to have kids yet, that I’m not ready for them.” Rachel expressed a similar sentiment: “I realized that [...] like I could be a good parent if I had to but I don’t want to [...] I’m too young for it.” Samantha agreed: “it’s just like you’re not ready for it and you can’t take the time [...] you can say ‘yeah, I know how to take care of a baby’ but at your age you just don’t have the patience for it [...] you just want to go out and have fun and stuff like that, you just don’t
want to take care of it..."

Appreciation of consequences. Eight of the participants acknowledged the consequences of sexual activity. Jessica proposed: "like a lot of people... they don't really listen to what other people say... they just do what they want to do anyway... but I think like if they have the experience of Baby Think It Over™ they can consider what can happen if they have sex and they might think twice before they act." Alicia also recognized the possible repercussions of sexual activity: "I think it kind of like said you know - what if you're going to have sex - then this is... you can have a baby and this is what's going to happen, you won't have like any social life..." Rachel concurred: "if you end up getting pregnant, your youth is gone... you can't experience anything that you would have if you weren't pregnant."

Finally, Jennifer conveyed that

I've always been kind of disappointed with the way that teenagers are when it comes to sex... 'cause a lot of them are very immature, and they can't handle sex, they can't handle the fact that consequences of sex are that they get pregnant... and a lot of people are like 'oh my gosh I got pregnant'... my reaction to that is 'well, you shouldn't be having sex if you're not ready for maybe the consequences of getting pregnant'

Rudimentary insight into anticipated financial hardships. Five of the participants alluded to financial issues that may become relevant when caring for a newborn. Jessica cautioned "just don't think that it's an easy thing cause it's not and not only that, you have to pay for everything and there's a lot of expenses..." Alicia agreed: "like I think a teen..."
I don’t think they could handle it . . . especially financially . . . because like you can’t really have a job that’s going to be enough to support a baby . . .” Carolyne also thought that “I’ll wait until I’m a lot older and I actually have a job.”

Comprehension of impending difficulties. Seven of the girls recalled the difficulties they discovered when caring for the Baby Think It Over™. Jessica thought the Baby Think It Over™ was meant to “show you how hard it is . . . and a lot of people that . . . they think that taking care of a child is not hard, but it’s like a lot of work and that’s just a doll, so it’s like not even . . . it’s more hard than that, so if you think that was a problem . . .”

Also, Alicia stated: “like we think it’s so easy to change it and feed it but it’s like not as easy as like we thought it would be . . .” Rachel agreed: “it’s a lot harder than you would think . . . than you usually think that it is to take care of a baby.”

Michelle had a similar opinion: “I think having it for longer made it more, like hard, because a lot of people had it for a week and I had it over a long weekend, so I had it a day extra, plus another day extra for the readings, so it was an experience.” Jennifer shared this view:

well I realized it would be tough for me because I’d have to keep it with me all the time . . . like I carried it with me everywhere . . . I was eating . . . I couldn’t even take a shower [laughs], I had to like, you know . . . I had to keep it next to me, and my mom would have to babysit while I was in the shower [. . .] it’s really a tough thing to do . . . a lot of teenagers think that . . . uhm . . . you know, it’s not . . . it’s not that tough, like raising a kid . . . but just from that one week of having that . . . the plastic baby, I can’t even imagine what it’d be like to have a real one . . . I think a lot of
teenagers, you know, miss that whole thing that it's actually really tough.

**Perception of Societal Disapproval**

Four of the participants did not venture out with the *Baby Think It Over™* outside of their trips to school. The remaining five participants, who included the *Baby Think It Over™* in their excursions into the community, related instances of what they perceived to be societal disapproval.

**Awareness of reproachful looks.** All five girls related instances of disapproving stares directed at them by the general public. Kelly recalled: "I had this baby with me and these people were just giving me these looks... like... you know cause it looked so real... I had it bundled up and that... and they were just looking at me like... oh, my god... they were giving me like really bad looks." Carolyn remembered going to her sister's hockey game "and there's like this really hot guy sending... giving me dirty looks, cause I had it all covered up and it was just lying on my shoulder." Similarly, Jennifer reminisced about going to the mall:

I got the nastiest looks from people because they thought it was a real baby... cause of the way I had it wrapped up and I tend to actually like shake it you know like this [imitates rocking a baby] and stuff, like it was a real baby... and people just stared at me... no matter where I was... I got really, really nasty looks from people... everywhere... all ages... they were just giving us... I didn't get any 'oh is that your baby?' or you know nothing like that... everyone gave me negative looks.

Angel revealed similar perceptions: "walking around with a baby, they just like stare at you... like 'what are you doing' type thing... so... even if I have my brother in my
arms and I go like to a store they like . . . they just like look at you really weird, cause you have a little baby and you’re young . . . so they think that you have like some child even though it’s like your little brother . . .”

**Desire for clarification of circumstances.** The participants articulated an overwhelming urge to clarify the circumstances of their situation. They wished to clarify that the *Baby Think It Over*™ was only a part of a school assignment and not their child. For example, Samantha revealed “I felt like telling them . . . I’m like ‘oh my god it’s a doll’ . . . I’m like . . . I wanted to tell them that it wasn’t real . . .” Comparably Kelly discussed the reactions she experienced from people “that made me feel like . . . like I’, not like that . . . like I . . . this isn’t my . . . like it’s a doll . . . it’s not my baby.” Angel also wished to explain the assignment and her role in it:

because usually when they have like a *Baby Think It Over*™ they just . . . they think right off ‘oh well that girl’s sexually active and it’s just a way to show her that . . .’ or ‘she wants a baby’ or something and it’s just a way to say ‘oh well that’s how tough they are’ . . . so you have to sit there and explain it a hundred times to a hundred different people that it’s just for the class and everything . . . and in church the baby just started crying and everyone just stares at you . . . cause they think it’s like a real baby . . . you want to hold it up and say ‘it’s a doll’ it’s like ‘well we didn’t do that.’”

**Outrage directed at injustice of perceived reactions.** The girls discussed that when they ventured out with the *Baby Think It Over*™ they were unfavourably judged by others on the basis of having a child during adolescence. Carolyne disclosed that “it kind of hurt
me . . . just because I have a baby doesn’t mean they should look at me differently . . .”

Samantha felt slightly differently: “it kind of made me mad though, because they have a stereotype of teenagers now . . . they totally stereotyped me thinking that it was my kid and meanwhile it could’ve been someone else I was babysitting.” Jennifer concurred stating:

I’d be in a store and they’d just give me the nastiest looks . . . and I was just looking at them . . . like you know, that’s the rudest thing you could ever do, because first of all they may not have known that it was a study for school an also they were kind of jumping into conclusions thinking that it was real and that I was a mom, when really I could just be the sister, I could just be the babysitter.

Kelly also agreed: “. . . like okay you guys like I have a baby, and they gave me like these looks . . . and then when they found out it wasn’t they were like all okay with it . . . kind of like . . . they judged me right then and there . . . like when they thought that it was a real baby.”

**Hardships Encountered During the Week as Compared to the Weekend**

Three participants indicated that it was much more difficult to care for the *Baby Think It Over™* during the week than on the weekend. Kelly found the weekend to be easier because she could have respite from caring for the *Baby Think It Over™* by being able to safely set it down in her home. She thought that

the weekend was like . . . uhm . . . in a way it was easier [. . .] I feel like when I was at school I could . . . I don’t know it was kind of different than being at home with it because I had to be with it like all the time . . Like at home I could set it down and
leave the room and then come back and hear if it was crying but at school you
couldn't do that ... it's not like you could just throw it in your locker.

Similarly, Jennifer found it difficult to integrate the Baby Think It Over™ into her
other weekday responsibilities. She commented that
it was a bit more hectic after school because first of all I had to do it during school
and I had to take care of it during classes and I hated to interrupt the classes ... but
then after school I had homework to do ... I had to cook dinner, you know take a
shower, do all those little things that before I had so much time to do, but then with
this baby I had to carry it around all the time ... and in the morning when I was
getting ready for school, it always cried in the morning so I had no time [chuckling]
to get ready ... so I'd just wake up get something to eat, make lunch and then go ... 
I didn't have time to do ... do anything else ... [and] on the weekend it would cry,
yeah, but that's okay, that's fine with me, cause I understood it's supposed to do that
and I'd just sit around with it, watch TV and stuff ... so when those times were there
it wasn't that bad ... [but] during the weekdays I was just like 'oh, my gosh I hope I
just ... get rid of this thing soon ... I was really frustrated on the weekdays because
I had so much stuff to do after school ... I had no time for the baby to cry.

In contrast, six of the participants maintained that it was much more difficult to tend
to the Baby Think It Over™ during the weekend than during the week. Jessica found it
much easier to cope when she was busy at school: "I think it was kind of ... in a way like
harder because on the weekend you're just home all day and at school you're kind of
keeping busy so ... but at home it's just that ... that's it, there's nothing else to [do]."
Similarly, Michelle struggled with the restrictions the Baby Think It Over™ created. She proposed that the weekends were more difficult for her because “on the weekends you want to go out, like you can’t because you have the baby . . . and you . . . during the week you can just sit there with it and during the weekend it’s . . . like I want to go out . . . you’re always with it . . . there’s like no breaks and you can hear it more.” Rachel seconded this sentiment by saying that “during the week I don’t usually do anything. I usually stay home and I do my homework and all that . . . but on the weekend I like to . . . that’s my free time or whatever . . . I get to go out with my friends.” Samantha also felt that the weekend was harder because it restricted her personal freedom. “On the weekend it was harder . . . yeah . . . cause the weekend . . . you weren’t in school and you wanted to go out and stuff, and no one would babysit . . . my mom wouldn’t babysit for me . . . she said ‘it’s yours’, so yeah . . .”

**Augmentation of Difficulty During Guardianship of Boy Baby Think It Over™**

Seven of the nine participants conveyed that caring for the boy Baby Think It Over™ was much more arduous than caring for the girl Baby Think It Over™. Alicia recalled that “the girl was so much easier . . . the key was a little bit harder, but it . . . like you didn’t have to make sure the head didn’t fall back and stuff . . . so it was a lot easier.” Similarly, Angel confided that

I think I like the boy better, even though it was more work, like more, the head support . . . it felt more like it was . . . I don’t know . . . the boy was more effective really . . . it was cause you have to support the head . . . the girl you can just carry around any way and the only thing you have to do is tend to it when it cries . . . the
boy - you have to watch his head . . . like when you wake up in the middle of the
night to go turn the key, if you pick it up, that head goes flying backwards . . . so you
have to support the head . . . it was more real . . . like it was harder work, but it
worked . . . it worked better I think . . . it had more of an effect because . . . like a
real baby you have to hold its head [ . . . ] like my mom would always say to me like
how to hold the baby . . . hold its head or like hold . . . don’t hold it on its stomach
. . . like don’t carry it like a case of beer or something like that . . . like hold it like a
baby and everything . . . so caring for the boy was more real and like when you put it
on its stomach it would start to cry and . . . like it just showed it the way you’re
supposed to hold the baby . . .

Carolyne concurred with the opinions of her classmates: “I would say the boy [was
more difficult], but I think the boy was better cause it gives you more of a challenge.”

Rachel also agreed:

It was harder with the boy because you had to be careful with the head a lot . . . and
what was harder was that a lot of people wanted to see the Baby Think It Over™ at
school . . . so . . . uhm . . . they always wanted to take it but I was afraid to give it
because . . . uhm . . . they would drop the head [ . . . ] it was a lot easier with the girl
. . . just to sit her up.

Jennifer’s perspective was analogous to those of the other participants:

. . . yeah, the boy’s head went back . . . so you’d have to take a lot more care of that
than you would with the girl . . . like a lot of people would just sit them down - the
girl . . . you can’t do that with the boy - you’d have to always watch the head . . .
which was very difficult in the middle of the night because you couldn’t just . . . you
couldn’t pick it up . . . or you couldn’t just lay it down, you had to . . . I had to put
the light on and then pick up the head and sit it up . . . so it was difficult in that way
. . . the girl was a lot easier than the boy.

Profound Desire for Relinquishment

Eight of the girls expressed a profound desire for relinquishment of the Baby Think It
Over™. Kelly confided:

like I had a really bad experience the first day cause it was crying every five minutes
and in the middle of the night and I was . . . I just like wanted to give it up . . . I was
like . . . it was horrible, horrible [. . .] I was tired of taking care of it . . . like ‘oh, it’s
going to cry in another two minutes [. . .] I was tired of it . . . like I wanted to get rid
of it like after the second day.

Jessica shared similar feelings: “three days is a lot but the . . . by the end of the week like I
know a lot of my friends kind of got sick of it [. . .] I was like ‘oh my god’ there’s so
many more days.”

Comparably, Michelle recalled that “sometimes I just didn’t want to do it. I couldn’t
wait to get it over by last night . . . cause then I had a couple extra days . . . I just, I just
wanted to give it to Miss . . . I just wanted to like shove it in my locker or something . . . it
was just driving me crazy.” Angel agreed: “I wanted to give the baby back . . . I . . . well . . .
one of the last days . . . cause it was on sensitive . . . but I’m just like ‘Miss take the
baby back I don’t want it anymore.’” Jennifer felt the same way: “during the weekdays I
was just like oh my gosh I hope I just . . . I get rid of this thing soon . . .”
Allocation of Marks as Incentive for Compliance

The allocation of marks for the Baby Think It Over™ assignment served as an incentive to care properly for the dolls. Five of the participants talked specifically about how the allocation of marks affected their experience.

Kelly remembered:

I guess like if someone wanted to hold the baby and it was the girl, I’d be like okay, I’d just give it to them, but if it was the boy I was a lot like ‘no, you can’t have it cause the head goes back . . .’ and like I don’t know . . . my friend had it and she gave it to someone else to hold and the head flipped back and she was so mad . . . you know cause that’s . . . mark off . . .

Similarly, Jessica reflected “well, I didn’t really want to give it to anybody . . . and plus it was another thing cause we were getting marked on it [ . . . ] and if anything happened I would be responsible for it.” Alicia felt the same way:

I had a boy and the head like moved . . . and just like it was . . . it fell back like a couple of times and it was kind of like ‘oh, I have to check the head’ . . . so it was . . . it added on the responsibility of not only the key, but you had to make sure that the head didn’t fall back . . . cause then it would like knock marks and stuff like that.

Michelle took even greater precautionary measures to protect her grade. She recalled “I was like out of sleep, and I was really moody . . . and I wouldn’t let anyone touch it because . . . I mean they could hit it and throw it and that’s all marks and I took it very seriously.” She added that she had “perfect scores until I got the boy. The first time I got the boy, I went to put the hat on and the head falls back and it starts crying - there was
one mark..." Angel agreed "I kept it with me the whole time cause if I gave it to somebody else... like something could happen, you lose marks."

**Parental Endorsement of the Baby Think It Over™ Experience**

All nine of the participants discussed their parents' involvement. Seven of the participants specifically recalled their mothers' positive responses. Only one of the girls reflected on a positive reaction from her father, and one of the girls disclosed a somewhat negative reaction from her father. Other participants did not mention their fathers' involvement.

For instance, Kelly sighed as she recalled that "my parents, they wouldn't watch it, they told me I had to... I had to take care of it..." Similarly, Alicia disclosed a specific situation when she was exceptionally disheartened: "at one time I got really frustrated... like, I'm like... 'mom can you please take care of it while I like go to sleep for a couple of minutes?' she's like 'I would love to help you out' but she goes 'it's your grade and you have to do it.'"

Michelle recalled a similar response from her parents: "yeah, they thought it was good, my mom... I had to work one night and my mom took care of it... so I get home, she's like 'this kid didn't stop crying [...] they [parents] didn't help me at all except for that one day that I had to go to work.'"

Samantha remembered that her parents were startled to discover how real the Baby Think It Over™ sounded:

They were really surprised cause they didn't think it would sound like a real baby... at night they were... they just... I guess it brought back memories for them when
we were kids because they could hear it crying at night... so... I guess they thought it was a really good experience... they liked it...

Rachel was the only participant to specifically discuss a positive response on her father’s behalf. She disclosed that “there was one time that I wanted to go out to the mall with some friends, so I asked my dad to take care of it... and he made me pay him [chuckling] cause he’s like... uhm... well, if it was a real baby you’d be paying a babysitter...” Conversely, Carolyne spoke of her father’s indifference: “my dad... I don’t know... he doesn’t really think parenting is a subject.”

Participants’ Counsel

During the course of the interview, all of the participants voiced certain recommendations. Their advice centered mostly around two realms: admonitions directed toward their peers and propositions concerning the Baby Think It Over™ experience.

Admonitions for postponement of sexual activity. Eight of the participants discussed the plausibility of deferring sexual activity. Angel emphasized that

I’m not saying ‘okay, well everyone wait until you’re married’ because that’s someone... like a personal choice that everyone makes... so I’m not saying until you’re married, but until you’re in a secure relationship... I’m not saying when you’re like 13, 14... even like 18 is still... I’m saying you’re older... and you know like right from wrong, you know the morals, you know what you want in life... then I don’t think it’s wrong... but not when you’re young, not at this age... I don’t think it’s right.

Angel believed that deferring sexual activity until after adolescence was a reasonable
expectation. Jennifer agreed with her:

I think teenagehood is a very, very difficult time for someone to go through . . . because that’s when they know who they are . . . they learn so much about themselves, they’re finding themselves, and friends, and school, and everything else . . . and there’s so much stuff to do . . . why would they want to just add sex in there for more . . . more difficulty . . . so I think . . . I think it’s realistic, but . . . I don’t know . . . yeah, it’s realistic [to expect teens to delay sexual activity].

Jessica also advised her peers “just not to have sex . . . cause there’s always that risk [of pregnancy].” However, Jessica perceived the postponement of sexual activity until after adolescence to be an unrealistic expectation in today’s society. She was supported by several of her classmates. For instance, Rachel acknowledged that adolescents “should wait because it’s not only pregnancy you have to worry about . . . and . . . uhm . . . if you do end up getting pregnant your youth is gone . . . you can’t experience anything that you would have if you weren’t pregnant.” Despite this assertion, Rachel continued that “teens are a lot more different than they were . . . and a lot of teens think . . . uhm . . . since . . . everyone else . . . they think everyone else is doing . . . that it’s a normal thing that they should be doing it.”

Carolyne also vowed that “I would try to talk them [peers] out of it . . . to try to wait until they’re settled down . . . but it’s their choice not mine . . . so I would just really make sure that they use protection.” Alicia endorsed this view stating that “I think they [adults] want to believe that [adolescents are not sexually active] but it’s like, like a lot of teenagers now are and I think that like they . . . obviously their parents really don’t even
know that they are . . . I know like a lot of teens that do . . . so it’s kind of like scary I think.” Finally, Michelle commented that

if you’re going to do it, you’re going to do it . . . uhm . . . you just need to be educated about it [...] especially in a Catholic school they frown on a lot of like learning about sex and protection and everything, which is stupid because we’ve got to learn . . . how are we going to learn if they’re not going to let us learn about it . . . so I mean it has to be taught in the schools . . . it has to be taught by the parents . . . I mean if we’re going to do it - why not be taught?”

Admonitions for postponement of pregnancy. Seven of the participants implored their peers to delay pregnancy and childbearing until they are older. Jessica wanted to tell other teens to “wait to have kids and just don’t think that it’s an easy thing cause it’s not.” Rachel also wished to caution her peers “not to have a baby cause you’re just not ready at this age.” Similarly, Samantha warned “not to . . . not to even like bother to even think of having a baby . . . like it’s just . . . yeah . . . it’s too much.” Jennifer likewise wished to convey to adolescents “to wait . . . if they ever wanted a kid . . . to wait because it’s really tough.” Ultimately, Kelly captured her classmates’ sentiments disclosing that

I’ve had a lot of people come up to me in the hallway and tell me ‘oh I wish I had that, I wish I had that’ . . . I was like ‘no you don’t, you guys don’t know what it’s like . . . having this baby that you have to carry around with you all the time and it cries and that . . . well you don’t want it.’ . . . like I . . . uhm . . . I would tell them like to wait until they’re ready . . . like physically and emotionally [...] I think it takes a lot of . . . uhm . . . like self-discipline and responsibility to wait to have a baby . . . you
have to have that.

**Propositions for inclusion of Baby Think It Over™ experience in curriculum.** Several participants discussed their views of the Baby Think It Over™'s place in the education curriculum and with regard to their male counterparts. Alicia illustrated this by stating that the parenting class shouldn’t just be a class you want to choose. I think that you should have to have it . . . like especially with the Baby Think It Over™ because a lot of girls were like ‘oh it’s so cute, can I hold it, can I hold it’ but when it cried it was just like ‘oh you want to take it?’ . . . so I think that . . . I think it should be a class that everyone has to take . . . like you take English, I think you should have to take this.

Michelle agreed that “everyone should have to take it . . . because if they don’t . . . like they don’t know and they think ‘oh, yes I want a child, it’s going to be so easy’ when really it’s not . . . and they should . . . it should be mandatory.” Angel also believed that the class should be mandatory because chances of any of the guys being in the classes are very slim . . . and I think that being a parent doesn’t involve just the woman. I think it should involve a man too, so I think it should be mandatory . . . just because . . . like . . . take it and we carry around a baby for like a week or whatever and if . . . it doesn’t just take one person to have a child . . . it takes the guy too and he needs to take like responsibility of what he did too . . . so if he carries it for a week it’ll make him think . . .

Jennifer shared this view and she was “disappointed that there are no guys in that class, cause parenting - they must think it’s a feminine type thing, but I think they should
definitely go for it.”

However, Jessica objected to her classmates’ propositions asserting:

I don’t think it should be [mandatory] because then it’s kind of . . . I don’t think so . . . cause then they’re kind of forcing them [teens] to look at parenting and a lot of people . . . like they want to get into their careers and stuff like that and they don’t want to, you know, think about being a parent or anything . . . and the class is going to be forced on them . . . but I think that all teen mothers should take a course so they’re like more experienced with the babies.

Propositions for duration of Baby Think It Over™ experience. All of the participants communicated their views on a reasonable length of time for the Baby Think It Over™ experience. For instance, Kelly thought “it was a perfect length.” Jennifer agreed that “it was a perfect length of time . . . I had it for a week . . . that actually got . . . so the person could get the feel of what it’s like to have a baby . . . so I’d keep that the same.”

However, several of the participants felt that the Baby Think It Over™ would have a greater impact if the duration of the experience would be extended. Jessica recalled:

I knew like last year the people only had it for like three days and I don’t think that was enough . . . like I think a week or like two weeks at the most would be good [. . . ] because at three days you kind of know you’ll be giving it up like in two days . . . so it . . . you know it’s like nothing . . . so I don’t think three days is a lot but the . . . by the end of the week like I know a lot of my friend kind of got sick of it . . . so I think if it was two weeks . . . like they would really know.

Alicia also suggested that in the future students should “keep it a little bit longer . . . like
for me a week wasn’t like... it was a lot but I don’t think it was enough... uhm... like
a month is like long [...]. two weeks or something like that... more than just a week.”

Michelle concurred: “yeah... yeah... and not a... not as short... ‘cause I know
last... a couple of times with big classes she [teacher] had it for a couple of days and it
just doesn’t give you the same experience as having it for a week... and sometimes
longer.” She was joined by Rachel who stated that “having it for a full week you really get
an understanding... maybe even a week and a half... to show like... because next
semester they’re going to have it for three days and I don’t think that’s going to do much
of an impact as it has on one of us.” Similarly, Angel shared her classmates opinion:

... people last year had Baby Think It Over™ and... they only had it for like two
days or something like that and it wasn’t a big deal for them cause they were like
‘okay well I’m giving it up in two days’ but we had it for a week... it had more of
an effect, but I think that if you had it for a longer period of time it would be better [...]
if you had a real child you wouldn’t be thinking ‘okay well I’m going to get rid of
it on this day’... so it’s just... it would have more of an effect [...]. it wasn’t like a
big deal changing one weekend plan... that’s why I’m saying it should be longer,
cause [...] you thought about it like ‘okay well I’m only going to have it for one
weekend so changing my plans for one weekend isn’t a big deal’... but then if you
had to change it for like a whole month, then it’d kind of like get to you... it would
bother you...

Propositions for advancement of Baby Think It Over™ doll. Seven of the girls
believed that the Baby Think It Over™ would have a greater impact if the doll was more
advanced and possessed more complex capabilities. Jessica proposed a few alterations:

"kind of maybe . . . make it so it goes to the bathroom or . . . just kind of change the doll a bit so it does more . . . and I think maybe instead of putting a key in the back to like have a . . . like a soother for the mouth or something."

Similarly, Alicia confided that "I kind of wish in a way that maybe it would like do more instead of just cry . . . like . . . uhm . . . like we had to change diapers and feed it and stuff . . . like I think that would be like cool . . . like I think it would be a better experience actually [. . .] like a real baby." Michelle also asserted that "you've got like those dolls that they have, that pee and poop when you feed them . . . you don't really have to feed them but I mean like if they cry and you can try a bottle, and if they don't want that you can try the key . . . that way you have to go between both." Samantha also asserted that she would like "to have it be changed and to be fed, like stuff like that, so you'd actually get the feeling of, you know, it on a cycle - when it had to eat on a cycle, when it had to go . . . like to the bathroom and stuff like that . . . so that you'd get more of a feel for it."

Comparably, Carolyne wished that the doll could be "more real feeling . . . squishy . . . kind of thing." Jennifer concurred: "the doll . . . I don't know . . . I'd kind of like it if it was more . . . more real . . . had a more of a real feel to it . . . and I like the one with the head because it's harder to hold which is good because the baby - you have to watch its head." Angel added that if she could change something it would "probably be like different cries, like . . . like crying for different reasons, like babies make like . . . okay, the baby cries for pain - you do this, the baby cries for . . . like cause it's hungry - then you should do something else, like it should be different."
The Affective Journey

During the course of the Baby Think It Over™ experience the participants underwent an affective journey. They experienced a systematic progression through a gamut of emotions, demonstrating a unique pattern.

**Excitement.** Eight of the nine participants talked about how excited they were in anticipation of receiving the Baby Think It Over™. Kelly reflected that “I was excited in the beginning . . . well, as soon as I got it I kind of felt like ‘oh, look at me I have . . . you know . . . a doll kind-of-thing,’ but then . . .” Alicia had a comparable experience: “at first I was kind of excited just to be able to like take care of it and see how well I like would have done . . . and then when I got home, same thing, I was so excited I showed everybody, and then . . .” Rachel felt the same:

first I as happy, excited . . . then I was like . . . well I was still excited, but it changed because I realized that . . . like I could be a good parent if I had to but I don’t want to . . . [because] it cried for like all night, so I was kind of nervous about that . . . but I was still excited . . . because . . . uhm . . . I don’t know . . .

Finally, Angel echoed the experience of the entire group by confiding that “we were all excited . . . we were all talking about it, like ‘oh, we’re gonna have the baby for like a week’ and everything . . . we were excited about it . . . we all wanted to do it . . . none of us were against it cause we all wanted to see like the experience.”

**Vogue.** Four of the participants thought that the Baby Think It Over™ assignment was what they termed “cool.” For instance, Jessica said “in the beginning, like I thought it was kind of cool.” Also, Michelle stated “when I first got it, the first day, it was very
cool." Similarly, Carolyne recalled "I remember I was excited to get it . . . I thought it'd be like the coolest thing." Finally, Angel once again sounded the sentiments of the group: "it was cool . . . like we . . . we all wanted to do it."

These initial positive emotions were attenuated by the constant challenges associated with caring for the Baby Think It Over™ on a daily basis. The girls discovered the reality of a situation they perhaps perceived as somewhat romantic.

**Fatigue.** As the girls became involved in the daily routine of caring for an infant, four out of the nine identified feeling tired. Michelle disclosed: "I'm the type of person who needs a lot of sleep, and I didn't get a lot of sleep, so I was very moody the next day . . . it's very tiring [...] but having it every single day just made it even harder . . . cause you have just the crying aspect and you're always waking up and you're always tired." Rachel also felt fatigued: "after a while I started getting tired, cause it woke up during the night . . . sometimes three maybe four times . . . and I . . . since we had it for a full week . . . I started to look pretty bad . . . cause I was so tired . . . cause I usually need a full night's sleep."

**Fear.** Four of the participants also recognized that they felt scared at times. Kelly described an ordinary situation that was transformed into an anxiety producing event when the Baby Think It Over™ was with her. "I was scared to even get in a car and drive somewhere because it would start crying and I'd have to pull the car over . . . that's happened a few times." Alicia, on the other hand, became frightened when the Baby Think It Over™ cried. "It scared me like that I had to just sit there and hold like hold a key until it stopped [crying] . . . and . . . just . . . I don't know it's like hard to explain that."
Samantha was also unnerved by the sheer realism of the Baby Think It Over™'s cry. "It scared me cause I thought it was like a real kid at first, cause as like . . . as the days went on it kind of felt like it was an actual kid . . . so when it woke up I was like 'oh my god, oh my god' I was like all scared cause I thought it was real . . . so it kind of got me all worried."

**Frustration.** Seven out of the nine participants expressed feelings of frustration at various times during their experience. Alicia discussed a time when she was tending to the Baby Think It Over™ and felt very unsettled. It was difficult for her to articulate the specific emotions she was experiencing and when asked to provide an example of a different situation that made her feel the same way she said "uhm . . . when like little kids cry when they don't get something they want kind of thing . . . it's just like - quiet!"

Conversely, Samantha was quite astute in interpreting this particular emotion. "Yeah . . . at times like it was frustration, like 'oh my god it keeps crying' . . . and you always had to have it, like you were holding it all the time. . . ."

Angel experienced frustration as well: "Oh my god . . . frustrated and . . . I got angry . . . like not . . . not, like oh my god abusive or anything . . . just like frustrated and everything . . . just like 'I have to get up again, and again, and again . . ." In addition, Jennifer confided that she was frustrated when it was up and . . . it was a hassle to carry it around everywhere because we're not used to that you know just bringing it around everywhere . . . and it was a lot of sacrifice . . . you had to . . . I had to sacrifice a lot of plans with friends . . . [it was] frustrating for me - the whole thing - cause you know someone would
call and they’d be like ‘oh you want to go to the movies?’ and I’m like ‘I can’t go
cause I have the baby’. . . [also] I was really frustrated on the weekdays because I had
so much stuff to do after school . . . I had no time for the baby to cry . . .

Inundation. Seven girls expressed feeling overwhelmed when caring for the Baby
Think It Over™. Kelly had a difficult time vocalizing her feelings: “I don’t know . . . I
would never . . . I’d never think about doing . . . like doing it now . . . cause I don’t . . . I
don’t know . . . it was like . . . like I felt like how could my parents have done this . . . like
I, I didn’t know how they could do that.” Jessica expressed similar a similar sentiment: “I
was like ‘oh my god there’s so many more days’ . . .”

In addition, Alicia discussed that part of her affective journey when she said “I was so
excited, I showed everybody and then at nighttime when it started crying I was just like oh
my gosh, like I couldn’t handle it in a way . . .” Samantha also presented a similar
transition when she reflected that “then it got to the point where you weren’t used to
having something there - where you had to constantly have it - you couldn’t leave it
anywhere by itself . . . and it was just like . . . I wasn’t used to having something always
attached to me like that.”

Self-consciousness. Most of the participants who ventured out in public with the
Baby Think It Over™ described feeling embarrassed and self-conscious. For instance,
Kelly recalled “like I was embarrassed personally to take it out places and that ‘cause
people would look.” Samantha concurred:

it was unbelievable the reaction you get . . . from people . . . and it was just like . . .
you felt like embarrassed . . . so . . . uhm . . . I didn’t want to take it out with me . . .
[it was] kind of embarrassing when you were out in public . . . you like tried to cover
its face so it didn’t . . . I don’t know, it was just weird . . . like you just had to always
be careful and you just like . . . you didn’t want to go anywhere because people
would just take it the wrong way if like you had a baby all of a sudden . . .”

Anger. All of the participants talked about feeling angry or mad during the course of
their experience. It was interesting to note the diverse origins for these emotions. Kelly
was angered by what she perceived to be negative reactions from the public: “. . . ‘cause
like some people were just like, you know, ‘make that baby quiet’ . . . you know, I was just
like ‘well it’s not my fault’ . . . ‘I can’t help it’ . . . so I was kind of angry . . .” Carolyne was
also upset by the response she received from the public. She confided “I just kind of
wanted to tell them that they should mind their own business.” Samantha concurred with
her classmates: “it kind of made me mad though, because they have a stereotype of
teenagers now . . . so I was just like . . . they totally stereotyped me thinking that it was
my kid and meanwhile it could’ve been someone else I was babysitting . . .”

In contrast, Jennifer attributed the source of her angry emotions to the fact that she
was forced to sacrifice plans with her friends in order to partake in the care activities
necessitated by the Baby Think It Over™. “I kind of got a bit angry because I . . . oh, I
noticed that . . . I know that it’s not a real baby . . . if it was a real baby I wouldn’t have
gotten angry.”

However, Jessica and Michelle were upset when the Baby Think It Over™ disrupted
their sleeping pattern. Jessica reflected that “I was like kind of mad that I had to wake up
so much . . .” Similarly, Michelle revealed that “the key sometimes made me mad, and I
just wanted to go back to bed... like I was... I'm the type of person who needs a lot of sleep.”

Hyper-vigilance. Five of the participants described becoming extremely watchful and vigilant to all aspects of the Baby Think It Over™ experience. Kelly remembered: “I would be doing something and I'd hear the baby cry... I'd be like... the baby... it's crying... you know and... but it wasn't there with me... like I didn't have it.” Samantha also conveyed this sensation: “you're used to having it there, and when you like turned [it] back, then it was kind of weird cause you didn't have it there... and at night, you'd still think 'oh, why am I not waking up?...'”

Samantha also became quite sensitive to the way other people handled the Baby Think It Over™. She recalled “you were really protective too, like when anybody else held it, you were like 'oh my god.'” Carolyne expressed a similar concern: “my little cousins wanted to hold it... I didn't like the idea... cause I didn't want them to drop it or something.” Interestingly, Jessica echoed this apprehension when she described an incident that involved her little brother: “...there is one time that I was in the kitchen and I put the baby on top of the table and my little brother walked by and he accidentally hit it so it almost fell and I got so mad... like I don't know I just got so mad... I just made sure nobody touched it or nothing... I was very like protective of it.”

Bonding. Four of the participants discussed feeling “attached” to the Baby Think It Over™. Alicia discovered that “I was kind of used to it, like it waking up and stuff like that... so... I think I just got like used to having it... that's... oh... I liked holding it... like I just like I don't know I just liked holding it.” Rachel shared this viewpoint: “I
actually kind of got attached to the baby . . . because it was . . . it was pretty fun . . . I enjoyed it though . . . it was a good experience.” Similarly, Carolyne recalled “well . . . I . . . like I always held it close . . . and I don’t know . . . it was just . . . once I had it for a while . . . like you didn’t really want to let go, cause you were used to it . . .”. Finally, Samantha concluded that “I guess you kind of get attached to it . . . even though it was a doll . . . but you’re used to having it there . . .”

Eclectic Insights

Seven of the participants brandished insights into distinct parts of the Baby Think It Over™ experience. For instance, speaking about her perceptions of societal disapproval, Kelly felt offended, but at the same time she recognized that she was also capable of judgment: “I felt like saying . . . like it’s a doll . . . like I didn’t . . . but I guess I’m like that too you know . . . if I see someone like my age with a baby . . . I’m kind of . . . just like . . . oh my god . . . you know . . . I guess I kind of judge too.”

Looking at slightly different aspects of the experience, several of the other participants realized that as difficult as caring for the Baby Think It Over™ was for them, caring for a real infant would be considerably more demanding. Jessica noted that other teens “think that taking care of a child is not hard, but it’s like a lot of work and that’s just a doll, so it’s not like even . . . it’s more hard than that . . . so if you think that [taking care of the doll] was a problem then . . .” Jennifer agreed that she knew it would be difficult but I never actually had the experience with it . . . and you know you can think one thing but the actual experience is totally different . . . and then when I had the baby I was like . . . after I had the baby I was like ‘oh my god . . .
it's so much . . . it's going to be ten times more difficult . . . because that period of
time when you just hold the key - it's nothing compared to what you actually would
do when you'd actually be feeding it, you'd actually be whatever, you know,
changing it's diapers . . .

Taking a slightly different perspective, Carolyne conceded that the Baby Think It Over™
experience was valuable even for those teens who had younger siblings “because you
don’t have to take full responsibility for them.”

Similarly, Alicia discussed a particular situation when she felt overwhelmed by the care
of the Baby Think It Over™ and wanted her mom to relieve her for a period of time;
however, Alicia’s mom refrained from fulfilling her plea. Initially Alicia was upset, but
after contemplating the situation further she realized her mom’s action was justified. Alicia
recalled: “I was kind of angry, but then I understood what she was saying . . . because if
she would’ ve just taken over my responsibility like that, then I wouldn’t think ‘okay, this
is hard, I should wait’ sort of thing.”

Rachel also revealed an incident that brought a unique insight into a part of her
experience with the Baby Think It Over™. She remembered what she felt when her father
compelled her to pay him for his babysitting services: “I didn’t like it because it’s my
money . . . and I want that to do things with . . . he didn’t make me pay much, but . . . like
just to show me how it would be.” However, upon reflecting on this encounter, Rachel
surmised that her father’s stipulation was beneficial: “if I hadn’t . . . uhm . . . if I didn’t
know most of it about the child . . . about the baby . . . I wouldn’t know that . . . how
much to pay a babysitter . . . and if I wanted to go have fun that I’d have to pay a
Participant Validation

All nine of the participants volunteered for the validation process during the interviews. The researcher was unable to contact one of the participants at the time the results were ready for validation, as her telephone was not in service and the school’s records were not updated. Of the remaining eight participants, one was enrolled in co-op and was not physically on school grounds and seven expressed willingness to complete the validation process. Two participants did not respond. Ultimately, validation was completed by five participants.

All of the participants agreed that the description indeed depicts their experience with the Baby Think It Over™. One participant stated: “Yes, I think this description does sound like my experience. I think it also gives the right message that is trying to get across about unprotected sex and sex in general.” Another commented: “Yes! It told exactly what we went through and the restrictions that we had during that time period.” Yet one more participant remarked: “Yes, I found that you did a very good job telling our stories.” In addition, all of the participants agreed that nothing was missing in the description of their experience and that all of the information included in the synopsis was accurate.
Chapter V

Discussion

The process of phenomenological inquiry proved to be an illuminating, and at times arduous, journey. The journey began as the researcher immersed herself in the study by using the technique of bracketing, which was facilitated through the reflexive journal. As advocated by Ahern (1999), the researcher practiced reflexivity by examining personal issues influencing the research topic, clarifying her value system, and acknowledging areas in which she knew she would be subjective. The researcher also analyzed feelings that could indicate a lack of neutrality in particular areas of the participants’ stories. She returned to these reflections frequently throughout the research process in order to refresh her perspective and retain a clear vision of the experience as seen through the eyes of the participants.

As the researcher progressed through the interviews and then through each step of the analysis, she struggled at times to keep in abeyance personal influences that threatened the true depiction of the experience. While her work with adolescents as a nurse educator was invaluable in assisting her to suspend judgment and focus on the experience from the perspective of the participants, her personal experience with adolescent motherhood occasionally intruded and necessitated immediate acknowledgment and disengagement in order not to undermine the true reality of the Baby Think It Over™ lived experience.

However, it is precisely the interplay between her work with adolescents and her personal experience with adolescent motherhood that permitted this researcher to fully exercise the technique of intuiting in order to cultivate “the apprehension of the gestalt,
the universal essence” (Ray, 1990, p. 178) of the Baby Think It Over™ experience.

The encounter with the Baby Think It Over™ manifested itself through a variety of themes and sub-themes detailed previously and further explored below. The participants’ lived experience of the Baby Think It Over™ was encountered through four domains: spatiality, temporality, corporeality, and relationality.

The domain of spatiality was encountered when the participants were forced to contend with the necessity of taking the doll everywhere they went. They were obligated to bring the Baby Think It Over™ into their school environment, into their home environment, and if they chose to, into the community. These diverse milieus provided them with the opportunity to experience spatiality to the fullest possible extent.

Temporality was addressed in a variety of ways. As the experience unfolded, the participants were forced to consider each moment in relation to the present. However, past childcare experiences were incorporated into their present care situation and future repercussions were considered in light of the current lived experience. In addition the teens had the opportunity to deliberate the differing effects of temporality during the weekdays and during the weekend. Finally the intensity of the lived experience was also appraised in relation to the fast approaching time of relinquishment.

The domain of corporeality was interwoven throughout the entire lived experience. All of the care activities and encounters associated with the Baby Think It Over™ were experienced in relation to the effect on the participants’ bodies. Lack of sleep was most profoundly related to corporeality.

Finally, relationality was experienced on several levels. The participants discussed
relationality with the Baby Think It Over™, relationality with parents, relationality with peers and significant others, as well as relationality with the public. The relationality experiences were both positive and negative in nature.

Recall the Illusion of Preconceived Ideas About Parenting an Infant

This particular theme represented cognizance that previous assumptions held by the participants about the care and parenting of a newborn were very imprecise. The Baby Think It Over™ helped the participants attain a more realistic vision of adolescent parenting. Moreover, such an approach to prevention of adolescent pregnancy and childbearing was advocated by Medora, Goldstein and von der Hellen (1993) who submitted that effective primary prevention programs should include “discussions on the realities of love, marriage, and parenthood in order to help teenagers modify idealistic tendencies and adopt more realistic expectations” (p. 168).

Additionally, in a study of 94 teen mothers, Medora and von der Hellen (1997) discovered that non-pregnant and non-parenting teens had significantly lower romanticism scores than did pregnant teens and teen mothers. They surmised that the non-pregnant and non-parenting teens “have more realistic and pragmatic attitudes about love, marriage, and parenthood. They may be more goal oriented, with a stronger sense of their future, and therefore may not idealize romantic relationships, pregnancy, and motherhood as do the pregnant and parenting teens” (p. 818). Thus one may postulate that pragmatic primary interventions, such as the Baby Think It Over™, aimed at adolescents identified as being at risk for pregnancy, may prove quite effective by dissuading their idealistic visions.

Such an effect became evident in this study as the new insights gained by the
participants differed markedly from the romantic fantasies they had created prior to the experience. The evolution of this new wisdom could be discerned from a series of sub-themes.

Realities of parenting. All of the participants marveled at their new appreciation of some of the realities inherent in parenting a newborn infant. Kelly mentioned that even though at times she thought she could manage having a baby as a teen, the experience with Baby Think It Over™ dissuaded her completely. Jessica also discussed that it was not until she actually experienced the Baby Think It Over™ that she realized how difficult it was to parent a newborn. Jessica’s comment “you know you can think one thing, but the actual experience is totally different . . .” also echoes the other girls’ convictions. Michelle added that the Baby Think It Over™ experience helped her appreciate that while babysitting demonstrates some aspects of parenting, it is intermittent in nature where parenting is interminable “like you have it constantly.”

These recollections are consistent with findings presented by Unger, Molina, and Teran (2000), who proposed that “many adolescent girls may engage in sexual risk behaviours because they perceive significant benefits of childbearing and therefore are not motivated to avoid pregnancy” (p. 211). Furthermore, the authors advocated that “pregnancy prevention programs may be more effective if they address adolescents’ unrealistic positive illusions about the consequences of teenage childbearing and their perceptions of invulnerability to negative outcomes” (p. 211). Witte (1997) agreed, citing the opinion of teen mothers who believed that “seeing the daily realities and struggles of teen motherhood would decrease the glamour and perceived positive consequences
associated with being a teen mom” (p. 152). The Baby Think It Over™ experience provides precisely this mix of necessary elements into pregnancy prevention efforts.

**Sleep disruption.** Another sub-theme discovered in the participants’ accounts was sleep disruption. All of the participants discussed the nuisance of having to awaken several times during the night in order to tend to the doll. Alicia talked about how tired it made her feel, while Jennifer mentioned “bags” under her eyes. Finally, Michelle described the relief she felt when she returned the Baby Think It Over™ to her teacher and was finally able to rest through the night without disruption.

**Activity restriction/exclusion.** Eight of the participants also disclosed their frustration with the activity restrictions or activity exclusion they encountered while having to care for the Baby Think It Over™. Kelly and Jessica shared that they did not want to bring the doll anywhere fearing that it may cry for example, and they chose not to leave their homes except for attending classes. Alicia, on the other hand, resented having to forgo two social events to which she was invited during the weekend she cared for the Baby Think It Over™. Additionally, Samantha began to consider the future stating that it would be difficult “not just the responsibility itself, but the fact that you wouldn’t be able to do normal activities.”

These issues are supported by Trad (1999), who proposed that “unlike other teenagers, the young adolescent mother will not have time to devote to her own concerns. Her days will be spent meeting the demands of the infant. In these circumstances, it is not unusual for many adolescent mothers to resent their own babies” (p. 228). What makes this reference critical is that resentment may lead to maltreatment as discussed later on.
Discernment of responsibility. Eight of the participants felt that the assignment illustrated the immense responsibility associated with parenting a newborn. Moreover, Samantha felt that she did not expect this and did not believe it to be so until she actually experienced the *Baby Think It Over™*. However, Michelle advocated that the *Baby Think It Over™* assignment should be set up so that a couple can take care of the doll. She was not open to the researcher's gentle suggestion that it may be helpful to experience "single parenthood" and seemed to hold the romantic notion that this was a personal choice. This situation leads one to recognize the somewhat underdeveloped perspective-taking ability of this adolescent.

Interestingly, Jurmain, Jurmain, and Hillman (1994) reported that when they developed the *Baby Think It Over™* they intended it to be used with a two-phase curriculum:

In the first phase, lasting three to seven days, a teen boy or girl will care for the doll alone. The intent is to let the teen appreciate the difficulties involved in single parenting. In the second phase, lasting another three to seven days, the teen chooses a partner (boy or girl) from among their friends. The intent here is to show the teens how much easier it can be for two people to deal with a baby. In addition, the two teens will exercise interdependence, negotiation (who takes the doll which nights), decision making skills and communicate mutual expectations. Both phases are intended to be coordinated with family budgeting exercises . . . in phase one the student would budget for a single parent family, and in phase two for a two parent family.
Future studies utilizing this particular curriculum would be extremely helpful in evaluating the effects of the *Baby Think It Over™*.

**Recognition of the undesirability of teenage motherhood.** This was another immensely important sub-theme. All of the participants discussed being “too young for a baby.” Kelly talked about not being able to provide for the baby’s needs, while Alicia expressed the view that completing her education was of utmost importance. Rachel conveyed that if she was faced with the reality of pregnancy, she could be a good parent, but this is not what she envisions for herself right now - she is too young to have a child. Similarly, Samantha felt that she did not possess the patience required to parent a newborn infant.

From a theoretical perspective, Hurlbut, Culp, Jambunathan, and Butler (1997) proposed that in order to attain role identity, teens must experiment with a variety of roles and have the opportunity for positive social support. They went on to say that one of the risk factors of adolescent parenting is that the teen parent does not resolve her role identity, which leads to role confusion characterized by the inability to differentiate his/her own roles from others’ roles. This in turn leads to the adolescent taking on another’s roles as his/her own or attributing his/her roles to another person. Thus a mother in role confusion would have a tendency to confuse her child’s roles with her own and could experience difficulty viewing other people, including her children, beyond her own needs.

The narratives of these participants suggest an undertone of resentment toward the *Baby Think It Over™* for decreasing their freedom. This correlates with the role confusion hypothesis and clearly supports the vital importance of reality based pregnancy prevention programs such as *Baby Think It Over™*. 
Appreciation of consequences. Eight of the participants acknowledged the consequences of sexual activity. Interestingly, Jessica proposed that a lot of teens do not really listen to what other people (especially adults) tell them: “they just do what they want anyway.” She thought exposure to the Baby Think It Over™ experience may encourage them to “think twice before they act.” Alicia believed that the Baby Think It Over™ showed teens first hand what the consequences of sexual activity might be. Jennifer also felt that if an adolescent was not able to handle parenthood, she/he should not be sexually active.

The responses of these respondents reveal the progression to formal operational thinking. This development allows the adolescents to consider their behaviours utilizing hypothetical propositions and a future orientation.

Rudimentary insight into anticipated financial hardships. Five of the participants alluded to financial issues that may be of relevance when parenting an infant. However, this particular sub-theme cannot be considered as one that has reached theoretical saturation as it was insinuated very briefly and none of the participants dwelt on it. It may be worthy of inclusion in future research endeavours and as a substantial part of Baby Think It Over™ assignments.

Comprehension of impending difficulties. Seven of the girls commented on the discovery of the difficulties inherent in parenting a newborn. All of them agreed that they did not realize the demands of parenting a newborn until they actually cared for the Baby Think It Over™ over the seven day period.

In summary, the theme entitled recognition of the illusion of preconceived ideas about
parenting an infant has reached theoretical saturation as it held a central place in virtually all of the accounts. Corcoran, Franklin, and Bell (1997) completed focus group interviews with 105 teens from primary and secondary pregnancy prevention programs. Responses to the question, "Now that you have a baby, is it what you expected?" were especially relevant to the Baby Think It Over™ experience. The majority of responses indicated that having a baby was indeed very different. Respondents discussed activity restrictions, lack of sleep, isolation from friends, and overall parenting difficulties. All of these categories represented sub-themes identified in the present study, which is encouraging as it lends support to the premise that the Baby Think It Over™ will allow adolescents a glimpse into the reality of parenting.

**Perception of Societal Disapproval**

This particular theme focused on the perceptions of societal disapproval as detailed by all five participants who chose to bring the Baby Think It Over™ with them during their community outings. It is interesting to note that the remaining four participants did not venture out with the Baby Think It Over™ except for outings necessitated for the purpose of school attendance. As discussed under the sub-theme of activity restriction/exclusion, Kelly and Jessica mentioned that they did not wish to go out with the doll fearing that it may cry, for instance. Unfortunately, beyond these brief remarks no detailed data are available as to why these teens preferred to remain at home. Nevertheless, this researcher believes that this particular theme reached theoretical saturation as all of the five participants who did venture out with the dolls expressed perceptions of societal disapproval. This theme was further comprised of three sub-themes.
Awareness of reproachful looks. Desire for clarification of circumstances. Outrage directed at injustice of perceived reactions. All five of the participants recalled instances of disapproving glances directed at them by the general public. They explained that the doll was usually wrapped up and that they carried it “like a real infant”. The girls felt very keenly that many of the people they encountered in public were “giving them dirty looks”. The participants also demonstrated an intense desire to clarify the circumstances of their present situations. They underwent an internal struggle wishing to outwardly demarcate that the Baby Think It Over™ was only a part of a school assignment and not really their infant. They wanted to defend themselves to the public and justify their situation. The girls discussed that when they ventured out with the Baby Think It Over™, they were unfavourably judged by others on the basis of a false perception that they were adolescent mothers. They related feeling hurt and upset by what they termed a stereotypical reaction.

Thus it becomes apparent that the perception of societal disapproval felt by these young women was generated by way of a process. Initially, the girls became aware of the disapproving looks directed their way by the public. This awareness in turn created the desire to clarify their situation and to explain that the Baby Think It Over™ was only part of the school project. Furthermore both the awareness of reproachful looks and the desire to justify themselves to strangers precipitated feelings of anger at the injustice of the perceived reactions.

However, perceptions of societal disapproval voiced by these participants are consistent with comments found in the literature. Arenson (1994) mentioned “the widespread notion that having children in adolescence ruins young lives” (p. 256). In
addition, Battagello's (1998a) series of articles on teen pregnancy portrayed desperate and rather pathetic lives of teen parents. This paper likewise presents a dismal view of adolescent pregnancy in its effort to gather support for experiences such as the *Baby Think It Over*™.

While adolescent childbearing in many instances has very negative outcomes, one needs to remain cautious to extending this view to all adolescent parents. Such a stereotype can have an extremely detrimental effect on those adolescent mothers who are adjusting well to their life circumstances and will indeed encounter a positive outcome. This is reflected in Arenson's qualitative study that "demonstrated the existence of adolescent mothers who handled the responsibilities of child rearing and managing their lives with surprising fortitude, determination, and resiliency. They exhibited a wealth of strengths and indicated some of the ways that parenthood had changed their lives for the better" (p. 256). Thus, it is vitally important for professionals, and especially nurses, working with adolescents to maintain a delicate balance between efforts aimed at preventing pregnancy and endeavors directed at supporting adolescent parents.

**Hardships Encountered During the Week as Compared to the Weekend**

This theme elucidated that three of the participants believed that it was much more difficult to care for the *Baby Think It Over*™ during the week than on the weekend. This group believed the weekend to be easier because they had fewer other responsibilities to attend to and could find respite from caring for the *Baby Think It Over*™ by being able to safely set it down somewhere in their home. Jennifer in particular described in detail how difficult her weekdays proved to be. Quite possibly, the assignment helped her realize how
hard it would be for her to finish school while caring for a child and how frustrating such an arrangement could be.

In contrast, the rest of the participants maintained that it was much more difficult to tend to the *Baby Think It Over™* on the weekend. This group felt that school provided a distraction and allowed them to shift their focus from being entirely on the *Baby Think It Over™* and concentrate on what was happening around them. In addition this group resented the fact that the *Baby Think It Over™* restricted their social life and hindered their enjoyment of extracurricular weekend activities.

This dialogue brings forth two very different speculations. One could speculate that the data incorporated into this theme is too varied to merit a conclusion of theoretical saturation. However, one could also posit that maybe this split could be related to a specific character trait. Perhaps those adolescents who deem the weekend to be easier have a stronger academic orientation and thus feel more pressured during the week, or are more introverted and do not place as much emphasis on social interaction as those who are quite perturbed by missing a weekend outing. Further research into this phenomenon may prove to be enlightening.

*Augmentation of Difficulty During Guardianship of Boy Baby Think It Over™*

Seven of the participants conveyed that caring for the boy *Baby Think It Over™* was much more challenging than caring for the girl *Baby Think It Over™*. This distinction was made based on the fact that the boy required constant head support and therefore extreme caution during care activities in order to prevent a registration of abuse. However, even though the participants felt the boy was much more difficult to care for, they also believed
that he provided a better experience. They conveyed that the boy simulated more realistic infant interactions. Nevertheless, the fact that the boy Baby Think It Over™ required head support and thus proved to be more difficult to care for than the girl Baby Think It Over™ may subtly cultivate the gender stereotype that boys are more difficult than girls. It would be prudent for class experiences to include both genders of dolls that require head support.

**Profound Desire for Relinquishment**

Eight of the girls expressed a profound desire for relinquishment of the Baby Think It Over™. Many expressed “being tired of it” and “wanting to give it up”. Jessica shared that by the end of the week she was “sick of it” and there were “so many more days”.

Statements such as these are significant because they may force the participants to consider that while this is a doll and they can indeed “give it up”, if it was a real infant the responsibility could not be so easily ignored. Formal discussions addressing this particular theme could prove to be very beneficial to adolescents.

**Allocation of Marks as Incentive for Compliance**

The allocation of marks for the Baby Think It Over™ assignment served as an excellent incentive to care properly for the dolls. The participants were apprehensive about losing marks and thus they tended to comply with the demands of caring for the Baby Think It Over™ to the fullest possible extent. Furthermore, their recollections suggest that the boy Baby Think It Over™ combined with the marks proved to be very effective in ensuring compliance in care activities. More specifically, because the boy required constant head support, the participants were more diligent in their care and less likely to transfer the care to another person fearing registration of abuse and loss of marks. This in
turn translated into a more realistic experience.

Some may argue that during actual parenting there is a lack of external incentives analogous to receiving marks. This is accurate; however, one must keep in mind that this project was not meant to teach adolescents how to parent. Instead, it intended to create an environment that would force the students to experience the reality of parenting to its fullest extent. The allocation of marks facilitated this objective.

**Parental Endorsement of the Baby Think It Over™ Experience**

Parents of the participants demonstrated support for the assignment and enforced the participants’ responsibility for the Baby Think It Over™. It was interesting to note that while all the participants discussed their parents’ involvement and seven specifically recalled their mothers’ positive responses, only one of the girls reflected on a positive reaction from her father and one disclosed a somewhat negative reaction from her father. Other participants did not specifically mention their fathers’ involvement.

This is a very curious finding that naturally leads a researcher to ponder its ramifications. Why are fathers not readily mentioned? Why does Carolyne’s father devalue parenting? One wonders if the answer leads back to a very traditional, and still quite prevalent, division of male and female roles. Potentially, in many of these participants’ families women are still considered the nurturers - thus it is their function to parent the young, while men are considered breadwinners - thus it is their function to provide for their wives and offspring. If this is the case, growing up with such traditional values may predispose these girls to think it quite natural that their fathers did not get involved with the Baby Think It Over™ assignment - it is simply not their role. Moreover, perhaps it is
the domination of this distinction in society that discourages males from taking classes such as parenting, as demonstrated by the entirely female population in this particular class.

Participants’ Counsel

This theme incorporates the recommendations voiced by the participants in relation to their Baby Think It Over™ experience. As previously mentioned, their advice centered mostly around two realms: admonitions directed toward their peers and propositions concerning the actual experience.

**Admonitions for postponement of sexual activity.** Eight of the participants encouraged their peers to postpone sexual activity. However, it is quite significant that, except for two girls, all thought that such an expectation is unrealistic in today’s society. It is interesting to note that one of the two girls who viewed abstinence as a realistic option came from a very religious family and during the interview often spoke about her morals.

Conversely, one of the girls who did not believe that abstinence was a realistic expectation zealously advocated for increased contraceptive education in schools, especially Catholic schools. This participant’s views were consistent with the opinions of seven groups of teens who participated in a series of focus groups and supported a comprehensive approach to sex education beginning with an emphasis on abstinence in grade school and progressing to contraception education in junior high and high school. These groups advocated discussions about sexual feelings as well as the “mechanical aspects of sex”. Moreover, they did not want to be told not to have sex, they wished to be guided in their own decision making (Aquillino & Bragadottir, 2000).
Admonitions for postponement of pregnancy. Seven of the participants implored their peers to delay pregnancy and childbearing until they are older. Kelly’s account of classmates wanting to play with the doll and her perception of the reality of actually tending to the doll over a longer period of time was especially poignant. It once again demonstrated that unless teens actually experience the Baby Think It Over™ it is quite impossible for them to grasp the true reality of parenting a newborn and it supported the conviction that third-person reports are rather meaningless.

Propositions for inclusion of Baby Think It Over™ experience in curriculum. Several of the participants deliberated on the Baby Think It Over™’s place in the educational curriculum. All but one agreed that the class should be a mandatory high-school course.

The recommendations of these participants are consistent with Witte’s (1997) report on six focus groups conducted to determine knowledge, attitudes, beliefs, and recommendations for effective campaigns to deter teen pregnancy. Adolescents involved in these focus groups advocated that “seeing the daily realities and struggles of teen motherhood would decrease the glamour and perceived positive consequences associated with being a teen mom” (p. 152). Such an exposure is analogous to the Baby Think It Over™ experience.

Several girls also mentioned that making the class mandatory would also require “guys” to experience the Baby Think It Over™. This may prove to be beneficial as quite often when an adolescent woman becomes pregnant, she is left with the responsibility of parenting the child because her male partner vanishes. Battagello (1998b) reported that more than 80 percent of the fathers of children born to adolescent moms in Windsor and
Essex County are not involved within a year of their child’s birth. Experiencing the *Baby Think It Over™* may force males to begin examining the consequences of pregnancy and their role in the responsibilities that follow.

Jessica strenuously objected to her classmates’ proposition stating that making the class mandatory would force teens who wish to pursue careers to have to contemplate parenthood. This protest displayed very clearly that although formal operational thinking is attained during adolescence, not all adolescents are at the same stage of cognitive maturation. More specifically, in this instance Jessica did not fully comprehend the concept that the *Baby Think It Over™* experience was meant to deter adolescents from pregnancy and engage them in contemplating the consequences of teen parenting, rather than advocating the postponement of a career in favour of childbearing.

**Propositions for duration of *Baby Think It Over™* experience.** All of the participants discussed their position on what a reasonable length of time for the *Baby Think It Over™* would be. Kelly and Jennifer believed that seven days is a perfect length of time. The rest of the participants lobbied for increasing the length of the experience. Most of the participants thought two weeks would be reasonable. None of the participants advocated for a reduction in the length of the experience stating that other peers who had it for three days were not able to appreciate the full meaning of the experience.

Such observations contradict Out’s (1998) accounts that after two to three days of experience with the *Baby Think It Over™*, teens were “more likely to accurately assess their personal risk for an unplanned pregnancy, and to provide concrete examples of child-rearing consequences than teens in the comparison group” (p. 54). Similarly, Strachan and
Gorey (1997) concluded that after a three day experience with the Baby Think It Over™ teens had much more realistic visions about the responsibilities and demands inherent in parenting.

Conversely, Fahlman, Somers, and Baker (2000) concluded that the Baby Think It Over™ program may not be impacting adolescent attitudes towards parenting. However, the Baby Think It Over™ experience in their study was completed over 24–48hrs and therefore its conclusions may be unreliable.

Thus, several facts need to be considered: (1) relative success of studies that incorporated two to three days of the Baby Think It Over™ experience; (2) failure of the study that incorporated 24–48 hrs of the Baby Think It Over™ experience; (3) opinions of participants of this study that a period of two to three days is insufficient, a period of seven days is good, and a period of 14 days (including two weekends) would be excellent.

Based on these details the researcher would caution that further studies, preferably incorporating time frames of 7-14 days, need to be conducted to gather more support for the effectiveness of the Baby Think It Over™ experience in reducing the rates of adolescent pregnancy. The researcher recognizes that there are logistical concerns associated with such a suggestion, as many classes have in excess of 20 students and only two dolls to their disposition. However, the gravity of the issue of adolescent pregnancy necessitates a proactive approach, and in order for research to validate the positive impact of the Baby Think It Over™ experience, it has to be conducted for the specified length of time or it will not be reliable. The researcher hopes that, with sufficient support from methodologically sound research studies, the schools will realize the immense benefit of
the Baby Think It Over™ and allocate budgetary money to the purchase of more dolls.

Propositions for advancement of Baby Think It Over™ doll. Seven of the participants believed that the Baby Think It Over™ would have a greater impact if the doll was more advanced and possessed more complex capabilities. In essence, the girls wanted the doll to approximate an infant more closely and to demand more diversified caring behaviours on the part of the “parent.” The girls felt that this would make the Baby Think It Over™ even more authentic and thus much more powerful.

Additionally, Angel specified that she would like the doll to possess the capability to display distinct cries in order to elicit a range of different behaviours from the “parent”. This suggests greater understanding of infant behaviour and can be attributed to Angel’s exposure to her five month old brother in whose care she participates.

The Affective Journey

As previously noted, during the course of the Baby Think It Over™ experience, the participants underwent an affective journey. They experienced a dynamic progression through a gamut of emotions, demonstrating unique patterns. Other than the initial feelings of excitement, the emotions had no set order and the participants experienced varying emotions at different times during their experience. The participants oscillated between positive and negative emotions depending on how the experience was unfolding.

Excitement. Eight participants discussed a general feeling of excitement in anticipation of the experience. Even those who were the last ones to experience the doll, and hence had heard all the discouraging stories from their classmates, stated that they were excited at the prospect of the experience. However, for most of the participants this
initial feeling of excitement eventually gave way to other, somewhat opposing, emotions.

This is notable because it once again points to the fact that adolescents tend to discount others' accounts of an experience believing that it will be different for them. They will give credence to such accounts only after going through the experience themselves and enduring precisely what they have been told to expect.

Thus, it is quite reasonable to postulate that talking to teens about the difficulties of adolescent pregnancy and parenthood will very likely meet with limited success. It is also very plausible, as demonstrated in this study, that by simulating parenthood the Baby Think It Over™ experience will initiate critical thinking in relation to adolescent parenting.

*Vogue.* Four of the participants thought that the Baby Think It Over™ assignment was what they labeled “cool”. This is noteworthy because it demonstrates that these participants deemed the Baby Think It Over™ to be fashionable. Since “fitting in” and being accepted holds so much value for teens, and since keeping up with the latest trends goes along with being one of the group, then thinking of the Baby Think It Over™ as “cool” may make the experience highly desirable to a greater number of teens. Extended further, since adolescents who exhibit low self-esteem are more likely to want to do whatever it takes to “fit in” (Erikson, 1968), and since those same adolescents are more at risk for becoming teen parents (Medora & von der Hellen, 1997), then the conviction that the Baby Think It Over™ is “cool” may play a role in influencing them to take part in the experience.

*Fatigue.* Four of the girls identified feeling tired. In addition, Rachel discussed her appearance following several disrupted nights: “I started to look pretty bad . . . cause I
was so tired...cause I usually need a full night's sleep."

Appearance is highly valued during adolescence. The Baby Think It Over™ experience has the potential to capitalize on this value. The disrupted sleep patterns and subsequent fatigue negatively influence the teen's appearance. For many adolescents this aspect may add weight to the undesirability of teen parenthood.

**Fear, frustration, inundation, anger.** Many of the participants described specific yet considerably diverse situations during which they experienced these highly charged emotions. The realism of the Baby Think It Over™ experience coupled with underdeveloped problem-solving and coping abilities may have evoked this response.

Passino et al. (1993) recorded a similar observation in a study examining naturally occurring differences in personal adjustment among pregnant and non-pregnant adolescents and pregnant adults. They noted that adolescent mothers experienced higher overall level of stress than their adult counterparts, while at the same time feeling more socially isolated, unhealthy, and restricted by their parenting responsibilities. Furthermore, they established that maternal stress was inversely related to parenting effectiveness.

This finding is significant because the combination of experiencing these negative feelings during an intense situation at a stage in life when emotional maturation has not been completed may lead to instances of abuse. Trad (1995) suggests that

the adolescent's capacity to regulate emotions is also challenged at this time, especially given the striking changes in other developmental domains. Because adolescent mothers are frequently unable to control their emotions and thus become frustrated by their infant's behaviour, affective regulation is especially important in
this population. As frustration mounts, maltreatment of the infant becomes more likely (p. 133).

**Self-consciousness, anger.** Most of the participants who ventured out in public with the *Baby Think It Over*™ described feeling embarrassed and self-conscious. This is relevant because at the age when appearance and belonging are vital and form such a big portion of self-esteem, feeling devalued and displaced would have an immense impact and could very possibly precipitate feelings of anger.

**Hyper-vigilance, bonding.** It is quite interesting to note that as the participants progressed along their affective journey, their vastly positive emotions expanded to include comparatively more dissenting ones, but as the experience neared completion and the girls were confronted with having to return the *Baby Think It Over*™ several appreciated the manifestation of two somewhat unexpected emotions - hyper-vigilance and bonding.

Some of the girls described becoming extremely watchful and vigilant to all aspects of the *Baby Think It Over*™ experience. Several also related feeling "attached" to the doll or "used to having it." These feelings are quite natural in response to an object towards which one expended considerable energy and invested a lot of herself, as these girls did. Nevertheless, it was extremely encouraging to note that all of the participants who described experiencing these emotions also felt that they should delay intercourse and postpone pregnancy and parenting. This finding undermines the theory that the *Baby Think It Over*™ doll will actually inspire adolescents to become teen parents.
Eclectic Insights

Seven of the participants manifested the acquisition of meaningful insights into various aspects of the Baby Think It Over™ experience. This finding lends further support to Erickson’s (1968) proposition that adolescents develop the potential to reason hypothetically and link specific variables and potential relations. Furthermore, it contributes to the hypothesis that such an advance in cognitive development enables adolescents to draw conclusions from practical interventions such as the Baby Think It Over™ experience.

Limitations

Several limitations are inherent in the present study. First, the study used a qualitative design, which while quite effective in providing a rich and descriptive basis for the study of a particular phenomenon, precludes one from forming causative conclusions.

Second, the participants attended a Catholic school, which may bias them in favour of more conservative values. Furthermore, all of the participants were female, which precludes the assumption that the male experience of the Baby Think It Over™ would be analogous to the experience described in this study.

Also, the parenting class during which the participants underwent the Baby Think It Over™ experience was not mandatory, thus possibly creating a balance in favour of girls who were interested in childcare and motivated to learn about it.

Finally, other than what the participants chose to report during the interview, there was no way of knowing how much time they spent with the Baby Think It Over™ and how much time the doll spent in someone else’s care.
Implications for Further Research

In order to give proper consideration to the rich experience of these participants, further qualitative studies to gather additional support for the themes and sub-themes would be very beneficial. Moreover, future quantitative studies based on a 7-14 day Baby Think It Over™ experience utilizing the suggested curriculum (Jurmain, Jurmain, & Hillman, 1994) could strengthen the claims of effectiveness in pregnancy prevention and possibly provide the basis for causative conclusions.

Future studies should also incorporate adolescents from the public school system in order to differentiate the value base. Additionally, research should focus on encouraging the participation of males so their experience with the Baby Think It Over™ can also be discovered and documented. Furthermore, it would be quite beneficial if the Baby Think It Over™ experience became part of mandatory classes so that all adolescents are exposed to the encounter.

Finally, the participants of this study admonished their peers to postpone sexual activity, pregnancy and parenting to avoid the negative outcomes associated with childbearing in adolescence. However, they also indicated that delaying sexual activity may not be a realistic expectation. Thus, studies examining alternative methods of postponing pregnancy, such as use of contraceptive methods, by teens exposed to the Baby Think It Over™ experience also have the potential to be very enlightening.
Chapter VI

Conclusion

Adolescent pregnancies often result in deleterious outcomes for both the mother and the child. This is due to the fact that typically these pregnancies negatively affect the adolescents’ position on a large number of the broad determinants of health.

Advanced practice nurses have the opportunity to play a pivotal role in averting these noxious outcomes by promoting interventions, such as the Baby Think It Over™, that have the potential to prevent adolescent pregnancy. With their nursing background and knowledge of research methodology they are the perfect professionals to carry out research that evaluates programs such as the Baby Think It Over™. Furthermore, they can act as consultants to the Ministry of Education, the School Boards, and finally the teachers who are implementing the programs in their schools. Finally, as direct care providers, they have the opportunity to identify adolescents who are at risk for pregnancy and possibly acquaint them with the Baby Think It Over™ experience.

This phenomenologic inquiry into adolescent girls’ personal experience with the Baby Think It Over™ demonstrated preliminary support for the efficacy of utilizing the doll in educational curricula to augment the effort directed at decreasing adolescent pregnancy. The exploration revealed that the participants underwent an affective journey while caring for the Baby Think It Over™. Examination of the various emotions these participants experienced can lead them to personal growth.

Furthermore, the doll helped these teens attain a more realistic vision of adolescent parenting. The new insights gained by the participants differed markedly from the
romantic fantasies they had created prior to the experience and were intensified by the increased challenge of caring for the boy doll that required head support.

It was interesting to note that the participants were equally divided between those who perceived the week to be more stressful and those who experienced greater difficulty during the weekend. This distinction has implications for the duration of the *Baby Think It Over™* project as well as for support programs directed at teen moms. Identification of individuals who have more difficulty coping with the care of a baby during the week or the weekend may lead to more effective interventions aimed at teaching appropriate coping strategies.

The newfound perspectives of these participants were further compounded by a strong perception of societal disapproval. This is important as it may have serious repercussions on the self-esteem of those adolescents who are already moms. Programs geared to this population may want to address this topic and schedule group discussions to discover the effect such perceptions have on its participants.

Approaching the end of the experience, the participants voiced a profound desire for relinquishment of the *Baby Think It Over™*. This strong emotive response is significant as it may force the participants to consider that while the *Baby Think It Over™* is a doll and they can indeed “give it up”, if it was a real infant the responsibility could not be so easily ignored. The allocation of marks for the assignment served as an excellent incentive to care properly for the dolls. Parental endorsement of the project also enforced the participants’ sense of responsibility.

During the interview, the participants admonished their peers to postpone sexual
activity and pregnancy. They also lobbied for the inclusion of the Baby Think It Over™
experience in the educational curriculum, for extension of the duration of the experience,
and for technical advancement of the doll.

The eclectic insights gained by the participants during the experience lend credence to
the suitability of pragmatic interventions such as the Baby Think It Over™. Used for
consecutive periods of one to two weeks, in conjunction with budgeting exercises and
provocative small group discussions, the Baby Think It Over™ shows promise as a highly
effective tool in the fight for adolescent pregnancy prevention.
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APPENDIX A

Adolescent Girls’ Personal Experience With Baby Think It Over™

Recruitment Letter for Parents/Guardians

Dear Sir/Madam:

As you are aware, your daughter has recently been a part of a school project involving the Baby Think It Over™ infant simulator doll. This letter is to introduce you to a research study and to ask for your consent to seek your daughter’s participation. Your daughter has been chosen to participate in this study simply because she is a student in the above mentioned class. She has also received a similar letter and an assent form, so that the decision to participate will remain entirely up to her.

As part of the completion of my Master of Science in Nursing I am exploring the individual experience of caring for Baby Think It Over™. The information your daughter provides will be used in order to understand the impact this infant simulator has on young women. It is also hoped that this information will enable nurses, teachers, and others involved in educating young people to understand how to use this doll in the most effective way possible to continue the effort to decrease the rates of adolescent pregnancy.

Participation in this study means that your daughter will be involved in one interview, which will be conducted during a portion of her parenting class. The interview will be held in a private place and will be audio-taped. Your daughter will be asked to use a different name during the interview so that the information she shares remains confidential.

If you have no objections to your daughter’s participation, please sign the enclosed consent form and return it to me through your daughter in the envelope provided. If you have any further questions, please do not hesitate to contact me at 253-8481 Ext. 223. Please note that your daughter’s decision will in no way affect her grade and that she retains the right to withdraw at any time.

I look forward to hearing from you and to working with your daughter.

Sincerely,

Ann Malinowski, R.N., B.Sc.N.
APPENDIX B

Adolescent Girls' Personal Experience With Baby Think It Over™

Consent Form For Parents/Guardians

A. Introduction

Before agreeing to allow your daughter to participate in this study, it is important that the following explanation of the proposed procedures be read and understood. It describes the purpose, procedures, benefits, and risks of the study.

B. Objectives of the Study

I, ___________________________ agree to allow my daughter to participate in a research study, the purpose of which is to explore the personal experience of a group of adolescent girls who had the opportunity, as part of their parenting course, to care for and interact with the Baby Think It Over™.

C. Procedures

I understand that my daughter will be interviewed by the researcher, Ann Malinowski, a Master of Science student at the School of Nursing at the University of Windsor, in relation to her experience with the Baby Think It Over™. I know that the interviews will be audio-taped. I understand that the benefits of this study aim to increase the knowledge base of nurses, teachers, and others involved in educating young people in order to continue the effort to decrease the rate of adolescent pregnancy. My daughter will be participating in the interview during a portion of her parenting class and if she wishes she will be given the opportunity to validate the findings of the study.

D. Risks/Benefits

I understand that there are no foreseeable risks associated with this study. I also understand that the study has received ethical clearance from the School of Nursing and the Board of Education. Although my daughter may not benefit directly she will get the opportunity to share what it was like to care for the doll and to be more introspective concerning her behaviour. The findings may also benefit others as they may provide preliminary evidence for the value of using Baby Think It Over™ dolls in adolescent pregnancy prevention programs.

E. Confidentiality of Records

I understand that if my daughter participates in this study, her confidentiality will
be maintained. She will be allowed to choose a different name for the interview, and no one other than the researcher will be able to link her true identity to the information she provides. I understand that quotes from her interview may be used to illustrate the written results, and may be included in a manuscript prepared for publication in a professional journal, but they will be identified only by her code name. The original audiotapes, and transcripts will be stored in a locked filing cabinet in the researcher’s office. Only the researcher and her advisor will have access to these documents. Once all data analysis is completed and results are documented, the tapes will be destroyed and the transcripts will be shredded.

F. **Availability of Information**

Any questions that I, or my daughter, may have concerning any aspect of this study will be answered by Ann Malinowski, R.N., B.Sc.N, 253-8481 Ext. 223, or Dr. Lynnette Leeseberg Stamler, R.N., Ph.D., 253-3000 Ext. 2281.

G. **Right to Withdraw**

I understand that my daughter is free to withdraw from this study at any time, or if there are any questions that she is uncomfortable with, she may choose not to answer them. Should she wish to withdraw, there will be no impact on the grade she receives in her parenting course.

______________________________  ______________________________
Parent’s/Guardian’s Signature    Date
APPENDIX C

Adolescent Girls' Personal Experience With Baby Think It Over™

Recruitment Letter For Participants

Dear Miss:

Since you have recently been a part of a school project involving the Baby Think It Over™ infant simulator doll, I would like to invite you to participate in a research study. This letter is to introduce you to this study and to ask for your assent to participate. You have been chosen to participate in this study because you are a student in the above mentioned class. You will also be asked to bring a similar letter and consent form to your parents. We need their consent for legal purposes, as you are not yet 18 years old. However, the decision to participate will remain entirely up to you.

As part of the completion of my Master of Science in Nursing I am exploring the individual experience of caring for Baby Think It Over™. The information you provide will be used to understand the impact this infant simulator has on young women. It is also hoped that this information will enable nurses, teachers, and others involved in educating young people to understand how to use this doll in the most effective way possible to continue the effort to decrease the rates of adolescent pregnancy.

Participation in this study means that you will be involved in one interview, which will be conducted during a portion of your parenting class. The interview will be held in a private place and will be audio-taped. It is expected to last approximately 30 minutes, but you will be allowed to talk longer if you wish. The decision as to whether you wish to participate will be finalized once you meet the researcher. At this point, if you choose not to be interviewed, reading materials will be available for you to peruse until it is time to go back to class. The nature of your decision will remain only between you and the researcher. In addition, if you choose to participate, you will be asked to use a different name during the interview so that the information you share remains confidential.

If you would like to participate, please sign the enclosed assent form and return it to me in the envelope provided. If you have any further questions, please do not hesitate to contact me at 253-8481 Ext. 223. Please note that your decision will in no way affect your grade and that you may withdraw at any time.

I look forward to hearing from you and to working with you.

Sincerely,

Ann Malinowski, R.N., B.Sc.N
APPENDIX D

Adolescent Girls’ Personal Experience With Baby Think It Over™

Assent Form For Participants

A. **Introduction**

Before agreeing to participate in this study, it is important that the following explanation of the proposed procedures be read and understood. It describes the purpose, procedures, benefits, and risks of the study.

B. **Objectives of the Study**

I, ___________________________ agree to participate in a research study, the purpose of which is to explore the personal experience of a group of adolescent girls who had the opportunity, as part of their course, to care for and interact with the Baby Think It Over™.

C. **Procedures**

I understand that I will be interviewed by the researcher, Ann Malinowski, a Master of Science student at the School of Nursing at the University of Windsor, in relation to my experience with the Baby Think It Over™. I know that the interviews will be audio-taped. I understand that the benefits of this study aim to increase the knowledge base of nurses, teachers, and others involved in educating young people in order to continue the effort to decrease the rate of adolescent pregnancy. I will be participating in the interview during a portion of my parenting class and if I wish I will validate the findings of the study.

D. **Risks/Benefits**

I understand that there are no foreseeable risks associated with this study. I also understand that the study has received ethical clearance from the School of Nursing and the Board of Education. Although I may not benefit directly I will get the opportunity to share what it was like to care for the doll and to be more introspective concerning my behaviour. The findings may also benefit others as they may provide preliminary evidence for the value of using Baby Think It Over™ dolls in adolescent pregnancy prevention programs.

E. **Confidentiality of Records**

I understand that if I participate in this study, my confidentiality will be maintained.
I will be allowed to choose a different name for the interview, and no one other than the researcher will be able to link my true identity to the information I provide. I understand that quotes from my interview may be used to illustrate the written results, and may be included in a manuscript prepared for publication in a professional journal, but they will be identified only by my code name. The original audiotapes, and transcripts will be stored in a locked filing cabinet in the researcher’s office. Only the researcher and her advisor will have access to these documents. Once all data analysis is completed and results are documented, the tapes will be destroyed and the transcripts will be shredded.

F. **Availability of Information**

Any questions that I may have concerning any aspect of this study will be answered by Ann Malinowski, R.N., B.Sc.N, 253-8481 Ext. 223, or Dr. Lynnette Leeseberg Stamler, R.N., Ph.D., 253-3000 Ext. 2281.

G. **Right to Withdraw**

I understand that I am free to withdraw from this study at any time, or if there are any questions that I am uncomfortable with, I may choose not to answer them. Should I wish to withdraw, there will be no impact on the grade I receive in my parenting course.

______________________________  ______________________________
Participant’s Signature        Date
APPENDIX E

Adolescent Girls’ Personal Experience With Baby Think It Over™

Consent Letter for Supervisor

Teen Health Centre
c/o Bev Kaufmann
1585 Ouellette Ave
Windsor, ON
N8X 1K5

Ann Malinowski
1585 Ouellette Ave
Windsor, ON
N8X 1K5

December 24, 1999

To Whom It May Concern:

This is to certify that I am aware of the Baby Think It Over™ study being conducted by Ann Malinowski, and that I am granting her permission to use the Teen Health Centre phone number for possible contacts with study participants.

Sincerely,

Bev Kaufmann, R.N.

Nurse Manager
APPENDIX F

Adolescent Girls' Personal Experience With Baby Think It Over™

Consent Letter For Teacher

St. Thomas of Villanova
c/o Mrs. Paula Rocha
2800 North Townline Rd.
RR#3 LaSalle, ON
N9A 6Z6

Ann Malinowski
1585 Ouellette Ave
Windsor, ON
N8X 1K5

January 3, 2000

To Whom It May Concern:

This is to certify that I am familiar with the Baby Think It Over™ study being
conducted by Ann Malinowski. Furthermore, I am granting her permission to conduct her
interviews during the time when my parenting class takes place. The students will be
excused from class for this purpose with no repercussions.

Sincerely,

Paula Rocha

Teacher, St. Thomas of Villanova.
APPENDIX G

Adolescent Girls' Personal Experience Baby Think It Over™

Guiding Questions

1. Tell me about your experience with Baby Think It Over™.
2. Tell me about your feelings while caring for Baby Think It Over™.
3. Please describe to me what you were thinking as you cared for Baby Think It Over™?
4. Has caring for Baby Think It Over™ changed your ideas parenting a newborn infant? If so, how?
5. What advice would you like to give to your peers after experiencing Baby Think It Over™?
6. If you were planning this part of the parenting course just for you, what would you keep the same? What would you do differently?
7. Has the experience with Baby Think It Over™ changed your vision of adolescent sexuality?
8. Is there anything you would like to ask me?
9. Is there anything else you wish I would have asked you?
APPENDIX H

Adolescent Girls’ Personal Experience Baby Think It Over™

Follow-Up Letter for Participants

Dear Research Participant:

I would like to thank you once again for your participation in the research study that examined your experience with the Baby Think It Over™. As we discussed during the interview, I am attaching an overall impression of your experience, which was developed through analysis of your interviews.

When you are reading my description, I would like you to focus on two things. If you feel that the experience sounds just like your experience, please let me know that in a few comments. If you do not feel like I’m describing your experience, please write down what I missed or what I assessed incorrectly.

The progress of this research project and its possible publication in a journal relies on your honest comments. I would greatly appreciate your feedback and I am looking forward to reading your remarks. Thank you once again.

Sincerely,

Ann Malinowski, R.N., M.Sc.N.(c)
Nurse Educator
APPENDIX I

Adolescent Girls’ Personal Experience Baby Think It Over™

Follow-Up Research Summary for Participants

When the students received the Baby Think It Over (BTIO), they were very excited about the experience that awaited them. They described it as “cool” and fun. Even those students who received the doll near the end of the semester, and thus were able to gather information about the experience from their classmates, were very much looking forward to spending time with the BTIO. They did not believe it would be “as bad” as their friends suggested and they needed to experience it for themselves in order to appreciate that their friends’ perceptions would in many cases become their own.

The students’ initial feelings of excitement and enthusiasm underwent a change as the assignment progressed. After experiencing sleep disruption the girls talked about feeling frustrated, overwhelmed, upset and tired. They mentioned “just wanting to give it up” and being “tired of it.” However, even when they admitted to feeling this way, some girls also mentioned “feeling attached to the BTIO” and “feeling used to it.” Something was missing for a while when they had to give the dolls back. They almost had to stop and think for a moment before they realized that the BTIO was no longer with them.

When caring for the BTIO the girls had the opportunity to learn some of the responsibilities associated with parenting a newborn infant. They dealt with restriction or exclusion from activities and sometimes isolation from their friends. They learned some of the realities of parenting through the sleep disruption they experienced. They talked about how difficult it was to care for the BTIO at times. They began thinking about the consequences of unprotected intercourse and that they were not ready for pregnancy. They often mentioned that they were “too young to have a baby.”

The students perceived the boy BTIO to be more difficult than the girl BTIO. Because the boy required head support, the girls needed to pay much closer attention to how they held him and cared for him. Several girls mentioned that they were afraid to let others hold the boy BTIO because if their friends did not know how to do it properly, the girls would lose marks.

Some of the students chose not to go out with the Baby Think It Over and only took the doll to school and home. Those girls who elected to take the BTIO when they went out after school or on the weekends talked about the societal disapproval they experienced from the public. They mentioned the “dirty looks” they received from people who perceived them to be teenage parents. They felt judged and that made them feel angry. They felt like they needed to explain to those people that they do not really have a baby and that the BTIO is just a school assignment.
Most of the girls suggested that the assignment should be longer than one week. They stated that they learned a lot during that week, but that the project would carry a stronger message if the students had the baby for two weeks and thus had to contend with interrupted plans over a period of two weekends. The girls also indicated that increasing the complexity of the doll would make the experience of parenting more realistic. Some of the suggestions included altering the structure of the doll so that it feels more like a real baby, increasing its capabilities so that it would require feeding with a bottle and changing.

Overall the girls felt that it was a good experience and most girls believed that they class should be a required course for both boys and girls. When asked for recommendations for their peers they discussed delaying intercourse and pregnancy until they are older and emotionally ready. However, many of the girls believed that abstinence was not a realistic expectation for the whole adolescent population and some of the girls discussed the need for contraceptive education in schools.

**Your Comments**

**Does this description sound like my experience?**

**What is missing?**

**What is incorrect?**
VITA AUCTORIS

Ann Malinowski was born on January 19, 1975 in Kraków, Poland. In 1993 she graduated from F. J. Brennan High School in Windsor, Ontario. Ann then went on to the University of Windsor where she obtained a Bachelor of Science in Nursing (B.Sc.N.) degree in 1998. She is currently a candidate for the Master of Science (M.Sc.) degree in Nursing at the University of Windsor and hopes to graduate in the Fall of 2000.