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Bullying Among Pregnant Teens: A Pilot Study

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Abstract

Victims of bullying are more likely to experience negative health outcomes. The relationship between bullying and teen pregnancy is understudied. This pilot study surveyed pregnant adolescents (12-21 years) at a clinic about bullying related behaviors. The survey asked about the frequency of fighting, peer victimization and bullying behaviors in the last 30 days. Participants (N=78) reported fighting by “hitting back” (62.8%) and bullying by “being mean” (45.5%). Participants reported victimization by being made fun of (35.9%), being called names (38.5%) and being picked on (37.2%). Many (48.5%) reported a decrease in the behaviors since becoming pregnant; however, some (36.4%) indicated no change. This pilot study reveals bullying is common in this group of adolescents and typically occurred before pregnancy.

Key words: bullying; pregnancy; teenagers; adolescent health

Introduction

Bullying is typically characterized by repeated aggressive acts occurring over time in a relationship with a power imbalance (Olweus, 1994). According to the Youth Risk Behavior Survey (YRBS), among 9th – 12th grade students across the United States, 15.5% have been electronically bullied and 20.2% have been bullied on school property in the last year (Kann et al., 2016). Rates in Arkansas are slightly higher for both types of bullying compared to the national rates – 18.2 % and 22.9%, respectively (Arkansas Department of Education [ADE], 2016).

Victims of bullying are more likely to suffer mental health issues including anxiety, depression, and low self-esteem and are more likely to engage in risk behaviors including substance use/abuse, missing school and running away from home (Hymel, Nickerson, Swearer, Daniels & Paradise, 2012). Bullies and bully-victims are more likely to engage in casual sex or sex under the influence of alcohol or drugs (Holt, Matjasko, Espelage, Reid & Koenig, 2013). One consequence yet to be explored in the United States is pregnancy. Previous investigations have identified several risk factors for teen pregnancy including: having a mother who gave birth before age 20, living in poverty, limited maternal educational achievement, being from a single-parent home, living in a home with frequent family conflict, early initiation of sexual activity, early substance use/abuse, and low self-esteem (Youth.gov, n.d.). Note that some of the behavioral outcomes associated with bullying are also risk factors for teen pregnancy.

While the United States has the highest teen pregnancy rate among developed countries (Sedgh, Finer, Bankole, Eilers & Singh, 2015), Arkansas has a pregnancy rate that surpasses the national rate (Arkansas Department of Health (ADH) 2016). Arkansas is ranked highest in teen birth rate among ages 15-19 compared to all other states in the United States (ADH, 2016).

Also, most women reporting their pregnancy was unintended are under age 20, and this age group also has the highest percentage reporting post-partum depression (ADH, 2016).

Results from the Finnish 1981 Birth Cohort Study found that reports of bullying and victimization from the girls themselves, from their parents and from their teachers are all associated with becoming a teen mother (Lehti et al., 2011). Also, of girls who bullied and girls who were victimized, both groups were found to be at an increased risk of becoming a teen mother regardless of any family-related risk factors (Lehti et al., 2011). The same study also found a predictive association between being a bully in childhood and becoming a teen mother (Lehti, et al., 2011). Similarly, researchers in England interviewed teens who had planned pregnancies and found that a common theme involved having “negative educational experiences” and experiencing bullying was cited as the main reason many of these girls disliked school (Coleman & Cater, 2006). That study supported the findings from a previous study by another investigative team in England that identified a similar pattern – that disliking school was related to a higher risk of teen pregnancy (Bonell et al., 2005). Given the potential negative impact of teenage pregnancy on the lives of the individuals, their families and society (Hoffman, S. D., & Maynard, R. A, 2008; Power to Decide, 2013), improving our understanding of the role of bullying as an influential factor warrants further attention.

Purpose of the Study

Currently, no known studies have examined the occurrence of bullying – either as victimization or perpetration - among pregnant adolescents in the United States. The purpose of this exploratory study was to assess the occurrence of bullying both as victims and/or bullies among pregnant adolescents in a university-based obstetrical clinic using a standardized assessment scale. If the phenomena exist, after establishing prevalence, the research team plans

to do a follow-up study with an enhanced protocol collecting more information including additional demographics (e.g. age, race, ethnicity, etc.) to look for correlates between demographics, behaviors and health outcomes. We hypothesized that pregnant adolescents visiting the University Women's Clinic would report a higher rate of bullying, both as victim and bully, compared to the rates reported by the YRBS.

Methods

Participants

Pregnant adolescents receiving obstetrical care at the University Women's Clinic as part of the University of Arkansas for Medical Sciences (UAMS) were approached about study participation from March 2015 to September 2016. Participants were recruited at this clinic because the clinic provides obstetrical care to adolescents specifically. For this study, participants had to be 12-21 years old, have written and verbal fluency in English, and provide verbal consent or assent to participate.

Procedure

Pregnant adolescents meeting the inclusion criteria were approached by a nurse on the study team during routine obstetrical care around 28 weeks gestation during the waiting interval for the glucose tolerance test (GTT). Assessment during this time frame was based on patient availability as they had dedicated time in the clinic waiting for laboratory results. Participants were verbally consented and completed a one-page questionnaire that included two components: 1) the Illinois Bully Scale (Espelage & Holt, 2001), which is an 18-item self-report scale that includes three subscales for measuring the frequency of fighting, peer victimization and bullying behaviors occurring in the last 30 days; and 2) six demographic questions regarding the

following: grade when bullying began; increase or decrease in bullying behaviors since becoming pregnant; if this is their first pregnancy; if other girls at school are pregnant; if there is a program for pregnant teens at their school; and current school grade level. No additional demographics were collected.

To assess the frequency of fighting, victimization and bullying behaviors occurring we used the Illinois Bully Scale, which has good internal consistency, with a Cronbach alpha coefficient reported of 0.87 (Espelage & Holt, 2001). In the current study, the Cronbach alpha coefficient was 0.81. Using the instructions provided with the scale, participants were asked, “For each of the following questions, choose how many times you did this activity or how many times these things happened to you in the last 30 days.” Participants marked a box indicating the number of times that something happened ranging from *never* to *7 or more times*. All items used from the scale are provided on Table 1.

Regarding the other items included on the questionnaire, participants were asked “what grades were you in when these behaviors started?” Respondents circled one of the options given, which were “1st-5th grade,” “6th-8th grade,” or “9th-12th grade.” Participants were also asked, “Overall, have these behaviors generally increased or decreased since you have become pregnant?” Response options were given on a 5-point Likert scale ranging from *large decrease* to *large increase*. Also, a series of “yes or no” questions asked: Is this your first pregnancy; are other girls at your school pregnant; is there a program for pregnant teens at your school; and are you currently in school? To follow up on what grade current students were in, participants filled in a blank with their answers. If participants were not currently in school, they filled in a blank with their answers to one or both of these questions: Did you graduate from high school or receive your GED, and/or what was the last grade you attended?

The UAMS Institutional Review Board approved the study and waived requiring either parental consent of the minors or having written consent to participate. The questionnaire was coded with a study number, and no personal health information was collected in this pilot study.

Data Analysis

A member of the research team performed frequency analysis of the survey responses using SPSS analytical software. Missing data were coded as “99” and excluded from calculations. All percentages reported are calculated from the number of responses given for each item. For individual cells with limited sample size, occurrences of behaviors reported at least one or more times were added together to create a sum of behaviors ever occurring.

Results

Among the participants (N=78) most (92.3%) were having their first pregnancy and over three quarters (77.6%) reported that other girls in their school were currently pregnant. Few (19.7%) reported having any structured school programs for pregnant teens. The majority (87%) of participants indicated that they were still in school – primarily in the 10th, 11th, and 12th grades.

Regarding the frequency of bullying behaviors reported that were performed or experienced in the last 30 days, many participants reported behaviors on each of the subscales. The greatest percentage reported was ever “hitting back when someone hit [her]” (62.8%) which is on the fight subscale. This was followed by ever “being mean to someone when [she] was angry” (45.5%) which is on the bully subscale. (See Table 1.)

Many of the participants indicated being victimized by being made fun of (35.9%); being called names (38.5%); and being picked on (37.2%). Among victimized participants, these

behaviors started in grades 6-8 for over half (53.1%) and those that reported bullying or fighting others also commonly started in grades 6-8. Many participants (48.5%) reported that there was a decrease in experiencing these behaviors since becoming pregnant; however, some (36.4%) reported no change in the behaviors since becoming pregnant. A few (15%) reported that these behaviors increased.

Discussion

These pilot data indicate that bullying is a common occurrence among this group of pregnant adolescents and for most it began prior to conception. The frequency of the behaviors reported confirmed our hypothesis that this group of pregnant adolescents would report a higher rate of bullying, both as victim and bully, compared to the rates reported by the YRBS. For instance, the rate of victimization as indicated by being called names (38.5%) was higher in this group of pregnant adolescents compared to female high school students in Arkansas who reported the same behaviors (16%) (ADE, 2016). Notably, 28% of this group of participants reported being in a fight in the past 30 days, which is more than the 16% of the general female teen population in Arkansas who reported being in a fight in the past 12 months (ADE, 2016). While these questions differ in terms of the time period captured as well as being asked on different surveys (YRBS vs. Illinois Bully Scale), the question stem is the same in simply asking students if they were in a physical fight – either in the last 30 days or in the last 12 months. Given the frequency of the reported participation in a physical fight in the last 30 days among this group of pregnant teens, this is particularly worrisome considering the potential risk to the pregnancy.

As there have been so few studies exploring any association between bullying and pregnancy among adolescents, the studies previously cited (Lehti et al., 2011; Coleman & Cater, 2006; Bonell et al., 2005) are the only known studies exploring this phenomenon. Those studies did associate either victimization or perpetration of bullying with pregnancy among teens – planned and unplanned – in other countries (Lehti et al., 2011; Coleman & Cater, 2006; Bonell et al., 2005). Although this pilot study does not provide enough information on which we can draw correlation or causation, the frequency of behaviors reported do provide enough data to warrant further investigation. This pilot study is the first known study to explore this phenomenon in the United States and is especially noteworthy given the rates of both bullying and teen pregnancy in this particular southern state. Furthermore, Dr. Espelage, who is one of the creators of the Illinois Bully Scale, indicated that this was the first study she was aware of at the time to implement that scale in this southern state and assess bullying among pregnant adolescents (D. Espelage, personal communication, January 11, 2016). Previous research has shown that bullies and bully-victims are more likely to engage in casual sex or sex under the influence of alcohol or drugs (Holt, Matjasko, Espelage, Reid & Koenig, 2013). Additional studies now have support, based on the prevalence identified in our study, to explore the potentially predictive association between bullying and teen pregnancy in the U.S. Both issues occur and are problematic – and this study gives credence to devoting attention to this topic in places where teen pregnancy is particularly high.

Better understanding of the association between bullying and teen pregnancy can then translate into additional research exploring the risk for adverse health outcomes among pregnant adolescents that have experienced bullying, either as a victim or a bully. For instance, pregnant teens are at risk for a variety of adverse health outcomes including a higher rate of postpartum

depression (Katon et al., 2014). Other researchers have interviewed pregnant or parenting teens and found a positive correlation between being teased or bullied and having depressive symptoms (Shanok & Miller, 2007). The role of bullying as a factor associated with postpartum depression among adolescents remains unknown, but the pilot data presented may spark this line of inquiry.

Limitations

The current study was a descriptive and cross-sectional research project conducted in a university-based clinic that predominantly serves lower socioeconomic groups so the results could differ across different population subgroups. By design, the study accessed participants identified by a nurse as meeting the inclusion criteria during their GTT and did not collect a broad array of demographic or outcome data. Also, only pregnant adolescents that had the GTT in the clinic were approached. Not collecting additional demographic data (e.g. age, race, ethnicity, etc.) is another limitation of this study. Despite these limitations, the current study provides adequate pilot data to warrant further investigation.

Conclusion

This pilot study provides previously unknown data revealing that bullying is commonly reported among a group of pregnant adolescents and is experienced at a higher rate, both as victimization and perpetration, compared to the general population of teens in the same southern state. This study is the only known study at this time to explore this phenomenon in the United States. In most cases, experiences with bullying began prior to conception. Additional assessment of bullying is needed to clarify its association with pregnancy among adolescents.

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Table 1. *Frequency of bullying behaviors in the last 30 days as reported according to the Illinois Bully Scale among a sample of pregnant adolescents (n=78).*

	Never		Ever (≥ 1 time)	
	Freq	%	Freq	%
1. I upset other students for the fun of it. (b)	73	93.6	5	6.4
2. In a group I teased other students. (b)	73	94.8	4	5.2
3. I fought students I could easily beat. (f)	78	100	0	-
4. Other students picked on me. (v)	49	62.8	29	37.2
5. Other students made fun of me. (v)	50	64.1	28	35.9
6. Other students called me names. (v)	48	61.5	30	38.5
7. I got hit and pushed by other students. (v)	67	84.2	12	15.4
8. I helped harass other students. (b)	72	93.5	5	6.5
9. I teased other students. (b)	72	93.5	5	6.5
10. I got in a physical fight. (f)	56	71.8	22	28.2
11. I threatened to hurt or hit another student. (f)	65	83.8	13	16.7
12. I got into a physical fight because I was angry. (f)	57	75	19	25
13. I hit back when someone hit me first. (f)	29	37.2	49	62.8
14. I was mean to someone when I was angry. (b)	42	54.5	35	45.5
15. I spread rumors about other students. (b)	75	96.2	3	3.8
16. I started (instigated) arguments or conflicts. (b)	72	93.5	5	6.5
17. I encouraged people to fight. (b)	73	93.6	5	6.4
18. I excluded other students from my clique of friends. (b)	73	93.6	5	6.4

Note: (b) = item on the bully subscale; (v) = item on the victim subscale; (f) = item on the fight subscale