



Risk Factors Leading to Teenage Pregnancy

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

Abstract

As research has shown teenage pregnancy is a problem with serious consequences. Teenage mothers are more likely to become economically dependent as well as being less likely to get an education and a job, resulting in poverty. The main purpose of the current study was to investigate what possible risk factors, leading to teenage pregnancy, have effect among Icelandic teenage girls. Previous research has shown that self-esteem, self-image and risky sexual behavior can lead to teenage pregnancy and the aim was to examine if the same factors were influential among Icelandic teenage girls. The present study used data from the 2004 Youth in Iceland study that was carried out by The Icelandic Centre for Social Research and Analysis. The present study used responses from 5617 girls aged 15-24 years old. The results showed that risky sexual behavior did predict teenage pregnancy in Icelandic teenage girls, but self-esteem and self image did not.

Key words: Teenage, pregnancy, adolescent, self-esteem, self-image, risky sexual behavior.

Abstract – Icelandic

Rannsóknir hafa sýnt að þunganir unglingsstúlkna eru vandamál sem hafa víðtækar afleiðingar. Ungar mæður eru líklegri til þess að verða fjárhagslega háðar ríkinu og öðrum aðstandendum, ásamt því að vera síður líklegar til þess að mennta sig og finna sér vinnu, en slíkt getur leitt til fátæktar. Megin tilgangur þessarar rannsóknar var að kanna mögulega áhrifaþætti sem leiða til þungunar unglingsstúlkna. Fyrri rannsóknir hafa sýnt að unglingsstúlkur sem hafa minna sjálfstraust, verri sjálfsímynd og stunda áhættusama kynhegðun eru líklegri til þess að verða þungaðar. Markmið rannsóknarinnar var að komast að því hvort sömu þættir hefðu áhrif á íslenskar unglingsstúlkur. Rannsókn þessi byggir á gögnum úr rannsókninni Ungt fólk 2004, sem gerð var af Rannsóknnum & greiningu. Þátttakendur í þessari rannsókn voru 5617 stúlkur á aldrinum 15-24 ára. Niðurstöður sýndu að stúlkur sem stunda áhættusama kynhegðun eru líklegri til þess að verða ófrískar, en sjálfsímynd og sjálfstraust hefur ekki þau áhrif.

Lykilorð: Unglingsstúlkur, þungun, sjálfstraust, sjálfsímynd, áhættusöm kynhegðun.

Risk factors leading to teenage pregnancy

Adolescent pregnancy and adolescent childbearing are problems that do not only affect the adolescents and their families, but they also affect the community and society at large (Spear, 2004). Teenage mothers are likely to become economically dependent, due to the lack of education because they have to stay at home with their children instead of educating themselves. Pregnant teenagers tend to be unaware of jobs available in the workforce. Pregnant teenagers in secondary schools have been found to have lower career ambitions, experience less satisfaction with career progress and feel their future job choices are limited (Hockaday, Crase, Shelley, & Stockdale, 2000). Teenage mothers are also less likely to get a job or attend college. There are many risk factors thought to be correlated with teenage pregnancy, three of them will be discussed further in the present study.

Low self-esteem can lead to early sexual intercourse, both without protection and with risky partners (Ethier o.fl., 2006). Young women with low self-esteem are more likely to start having sex, have more sexual partners and are less likely to use protection (Gardner, Frank, & Amankwaa, 1998; Kowaleski-Jones & Mott, 1998; Orr, Wilbrandt, Brack, Rauch, & Ingersoll, 1989). Because of the strong connection between self-esteem and risky sexual behavior, programs, designed to educate teenagers how to prevent adolescent pregnancy and delay sexual involvement, often try to heighten young women's self-esteem (Morris, Young, & Jones, 2000). The goal is to assist young people to make good decisions about their sex life. Rodriguez and Moore (1995) reported that adolescents with high self-esteem and a belief they had future goals were less likely to have an early pregnancy.

Boney-McCoy, Gibbons and Gerrard (1995) suggested that though they had similar levels of risky behavior, women with high self-esteem had lower exposure to

sexually transmitted infections than women with low self-esteem. Women with high self-esteem were also more likely to use protection. Similarly, a recent study (Wild, Flisher, Bhana, & Lombard, 2004) investigated connections between adolescent's self-esteem and risky behavior. Participants were 939 students from public high schools in Cape Town, South Africa. Participants completed the multidimensional Self-Esteem Questionnaire and a self-report questionnaire which contained items about demographic characteristics and participation in different forms of risk behaviour. Results suggested that low self-esteem in the family and school environment and high self-esteem in the peer area were connected to risky behavior in adolescents, both boys and girls. Low body-image, self-esteem and global self-worth were also connected to risky behavior in girls.

Risky sexual behavior can be explained as any sexual activity that heightens the risk of having HIV, other sexually transmitted diseases, or pregnancy (Taylor-Seehafer & Rew, 2000). Risky sexual behavior includes becoming sexually active at an early age, sex without protection, lack of condom use, risky partners or sex with a person who has other partners. One fifth of sexually active women get pregnant within six months of first sexual intercourse (Zabin, Kantner, & Zelnik, 1979). Half of all teenage pregnancies occur in the first half year of sexual activity, and more than one of every five in the first month. This suggests that the first months of sexual activity might be risky considering adolescent pregnancy. Having sex at an early age is, however, the greatest risk factor for teenage pregnancy (Zabin et al., 1979). Those who are 15 years old or younger at the time of first intercourse are twice as likely to get pregnant in the first half year of sexual activity than those who do not have sex until they are 18 to 19 years old. This is because those who first have sex when they are young (under 16 years) are less likely to use protection. Today puberty occurs

much earlier in adolescents, and teenagers are having sex for the first time at younger ages (Xie, Cairns, & Cairns, 2001). This results in more sexually experienced adolescents. Adolescents whose mothers got pregnant as teenagers are more likely to have sex and become parents as adolescents as well.

Self image is the individuals experiences and ideas about themselves in all aspects of their lives (Petersen, Schulenberg, Abramowitz, Offer, & Jarcho, 1984). Self-image plays a large role in risky sexual behavior and attitudes. Women who have a positive evaluation of themselves engage less in unprotected sex. Low self image is associated with fear of condom use negotiation, fear of partner communication about sex, which in turn was associated with a higher frequency of unprotected sex (Salazar et al., 2004).

Studies of the risk factors leading to teenage pregnancy have yet not been conducted in Iceland. Because these risk factors have been found to correlate with teenage pregnancy in other countries, it may be important to examine if the same factors affect Icelandic teenage girls who have gotten pregnant.

The present study examines the association between self-esteem, risky sexual behavior, self image and teenage pregnancy. It is hypothesized that 1) Risky sexual behavior leads to a higher risk of adolescent pregnancy, 2) low self image leads to a higher risk of adolescent pregnancy and 3) low self-esteem leads to a higher risk of adolescent pregnancy

Method

Participants

The data for the present study came from an Icelandic population-based study, Youth in Iceland, which was conducted in 2004 by The Icelandic Centre for Social

Research and Analysis (ICSRA) (Álfgeir Logi Kristjánsson, Silja Björk Baldursdóttir, Inga Dóra Sigfúsdóttir, & Jón Sigfússon, 2004) in collaboration with every secondary school in Iceland. Participants in the study were 11031 adolescents, 5279 boys, 5617 girls and 153 individuals who did not register their gender. These adolescents were enrolled in 29 high schools in Iceland in 2004 and the majority of the participants were between the ages of 15 and 20. The sample for the present study included all the girls who participated in the ISCRA study, or 5617 girls. Participants did not receive any payment for their participation.

Measures

The study uses data from the 2004 Youth in Iceland survey. The data was gathered by The Icelandic Research and Analysis with an elaborate questionnaire made by experts in social science, following strict rules to ensure accurate results. The questionnaire contained 170 questions on 53 pages of which 12 questions were used in this study (see Appendix A).

Control variables.

Three control variables were used;

Age (14 = "1990", 15 = "1989", 16 = "1988", 17 = "1987", 18 = "1986", 19 = "1985", 20 = "1984", 21 = "1983", 22 = "1982", 23 = "1981", 24 = "1980")

Mother's- and father's education was measured with two questions on a five point scale: 1 = "finished elementary school or less", 2 = "started secondary school or technical college", 3 = "finished secondary school or technical school", 4 = "started a university education", 5 = "finished a university degree".

Dependent variables.

The dependent variables were questions about pregnancy. To measure if a girl had ever gotten pregnant, two questions from the questionnaire were used:

“Do you have a child” (0 = “No”, 1 = “Yes, one”, 2 = “Yes, two”, 3 = “Yes, three or more”) and “have you ever gotten an abortion” (0 = “No/does not apply”, 1 = “Once”, 2 = “Twice”, 3 = “Three times or more”).

These variables were computed into a different variable, called “have you ever gotten pregnant”, with the response options 0 = “no”, 1 = “once”, 2 = “twice”, 3 = “three times”, 4 = “four times”, 5 = “five times” and 6 = “six times or more”.

Independent variables.

The independent variables were self-esteem, self-image and risky sexual behavior. To measure self-esteem The Rosenberg Self-Esteem Scale was used. The Rosenberg Self-Esteem Scale is the most widely used measure of global self-esteem (Demo, 1985). It is a 10-item Guttman scale with high internal reliability (Cronbach's alpha 0.92). The scale included 10 questions about self-esteem with the following response options measured on a four point scale: 1 = “applies very poorly to me”, 2 = “applies rather poorly to me”, 3 = “applies rather well to me”, 4 = “applies very well to me”. The questions concerned if participants thought they were persons of worth, if they had good qualities, if they thought they were a failure, if they were proud of themselves, had positive attitudes, if they were satisfied with themselves, if they felt useless and thought they were no good. Five items in the scale (a, b, d, f and g) were reversed coded so items placed higher on the scale would mean that the item applied better to the participant. After the change the score ranged from 10, which meant low self-esteem, to 40, which meant high self-esteem. After the change, the scale still had a high level of internal reliability, as determined by a Cronbach's alpha of 0.91.

Self image was measured with the Offer Self-Image scale. The scale included seven questions about self-image with the following response options: 1 = “applies very poorly to me”, 2 = “applies rather poorly to me”, 3 = “applies rather well to me”, 4 = “applies very well to me”. The seven questions concerned participants perception of their future looks, if they thought they were beautiful, their perception of their bodies, what they thought of the changes in their bodies the last few years, if they thought they were strong and healthy, if they were satisfied with their life and if they were happy. Six items on the scale (a, c, d, e, f, and g) were reversed coded so items placed higher on the scale would mean that the item applied better to the participant. After the change, the score ranged from 7, which meant low self-image, to 28, which meant high self-image. The scale had a high level of internal reliability, as determined by a Cronbach’s alpha of .82.

To measure if a girl had engaged in risky sexual behavior, three questions from the questionnaire were used. Two of them were recoded into 1 = “risky” and 0 = “not risky”. The questions were the following:

“How old were you when you had sex for the first time?” (1: “I have never had sex”, 2: “13 or younger”, 3: “14-15 years”, 4: “16-17 years”, 5: “18-20 years”, 6: “21-25 years”, 7: “26 years or older”). These response options were recoded so that answers 2-3 were classified as “risky” (1) response options 1, 4, 5, 6 and 7 were “not risky” (0).

“Have you ever gotten a sexually transmitted disease?” (1. “Never”, 2: “Once”, 3: “Twice”, 4: “Three times or more”). Response options were recoded so that 1 was “not risky” (0) and 2-4 was “risky” (1).

“How many individuals have you had sexual intercourse with?” (0 = “I have never had sexual intercourse”, 1 = “1”, 2 = “2-3”, 3 = “4-5” 4 = “6-9”, 5 = “10-19”, 6 = “20-39”, 7 = “40 or more”).

Procedure

The BSc Psychology course committee at Reykjavik University provided an institutional permission for the research. The school-based surveys, such as the 2004 questionnaire, used in this research, apply passive parental consent approach. That means, the week before the survey, a letter is sent to parents, containing information about the purpose of the study, and they are invited to contact the school if they do not want their child to participate. The surveys follow strict rules according to the Icelandic Science Ethics Committee ethical code of conduct, as well as national law. Anonymous questionnaires were given to all students who attended class the day that the survey took place. Teachers in each classroom distributed the questionnaires by following instructions they had been given. Students were told that the questionnaires were anonymous so they should not write their name or social security number on the questionnaire. That way the students' answers would not be able to be traced back to them. Students were also asked to answer all the questions as well as they could and to ask for help if they needed. Upon completion of the questionnaire, students were told to put the questionnaires in blank envelopes and return them to their teacher.

Data analysis

Pearsons correlation coefficient was used to examine the relationship between pregnancy and self-esteem, between pregnancy and self-image and between pregnancy and the three risky sexual behavior variables. Multiple, linear regression was run to predict teenage pregnancy from risky sexual behavior, self-image and self-esteem. Six models were run, the first one containing only the control variables. Other

variables were added to the models in order of importance according to the bivariate correlation. Model 1 predicted teenage pregnancy from the control variables. Model 2 predicted teenage pregnancy from the control variables and number of sexual partners. Model 3 added sexually transmitted diseases to the prediction. Model 4 added age at first intercourse to the prediction. Model 5 added self-esteem to the prediction and model 6 added self-image to the prediction. In other words, model 6 contained all of the selected variables.

Results

Descriptive statistics

Table one shows descriptive statistics for the variables used in this study. The dependent variable was a question about whether a girl had gotten pregnant. Table 1 shows that the average number of pregnancies was 0.16 and the average age of the participants was 17.7 years.

Table 1.
Descriptive statistics for all variables

	Range	M	SD	N
Number of pregnancies	0-6	0.16	0.6	5337
Age	15-24	17.7	1.8	5365
Father's education	1-5	3.2	1.4	5271
Mother's education	1-5	2.9	1.5	5366
Self-esteem	10-40	30.8	6.2	5508
Self image	7-28	19.7	3.9	5522
Age at first intercourse	0-1	0.17*	0.4	5367
Sexually transmitted disease	0-1	0.13*	0.3	5365
Number of sexual partners	0-7	1.96	0.8	5365

* *Proportion of participants*

Table 1 also shows that the average education of both parents was finishing secondary school. The lowest score for self-esteem was 10 and the highest was 40. Thus, the average self-esteem among participants was rather high. The lowest score for self-image was 7 and the highest was 28, and as table 1 shows, the average score was 19,7 which is also rather high. The mean number of sexual partners was 2-3. The rate for sexually transmitted disease and age at first intercourse means that 17% of participants were 14 or younger at first intercourse and 13% of participants had gotten a sexually transmitted disease.

Figure 1 shows Pearson correlation coefficients for variables in the study. Age has a strong positive correlation to pregnancy but there was not a statistically significant correlation between self image and teenage pregnancy. Mother's education correlates more with teenage pregnancy than father's education.

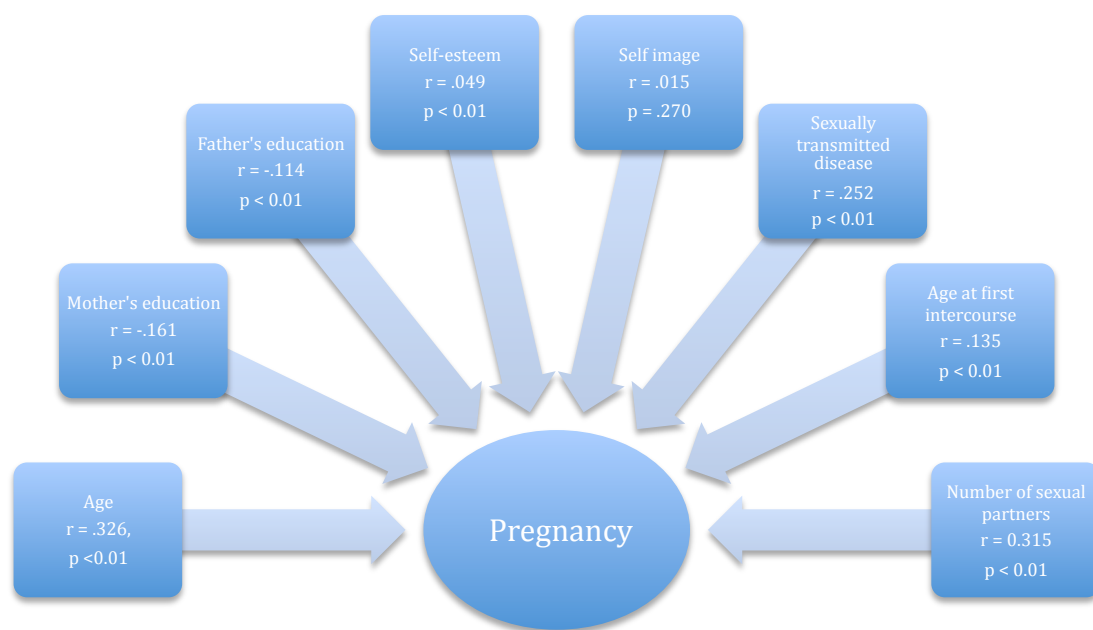


Figure 1. Pearson correlation coefficients and p values for all variables.

Number of sexual partners had a strong positive effect on pregnancy and sexually transmitted disease had a moderately strong positive effect as well. The correlation between pregnancy and age of first intercourse is of modest strength. The correlation between self-esteem and pregnancy is significant, but weak.

Multiple regression

The results of the regression analysis show that not all the selected variables predicted teenage pregnancy when controlling for age, mother's- and father's education. As table 2 shows, model 1 consisted only of the control variables and explained a total of 11.2% in the variance of teenage pregnancy.

Table 2.
Standardized beta coefficients from regression models.

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Age	0.329**	0.252**	0.236**	0.260**	0.257**	0.255**
Mother's education	-0.013	-0.002	-0.002	0.000	0.002	0.002
Father's education	-0.031*	-0.004	-0.017	-0.016	-0.018	-0.018
Number of sexual partners		0.174**	0.138**	0.087**	0.085**	0.087**
Sexually transmitted disease			0.093**	0.089**	0.091**	0.088**
Age at first intercourse				0.103**	0.105**	0.106**
Self-esteem					0.014	-0.023
Self-image						0.012
R ²	0.112	0.136	0.142	0.150	0.150	0.147

The dependent variable is pregnancy.

* $P < 0.05$

** $P < 0.01$

Other variables were put into the models in order of importance, according to the bivariate correlation between the key variables in the study. Number of sexual partners has a rather strong positive effect on teenage pregnancy ($\beta = 0.174$, $p < 0.01$). Model 2 explained 13.6% in the variance of teenage pregnancy. Sexually transmitted disease has a moderate effect on teenage pregnancy ($\beta = 0.093$, $p < 0.01$). Model 3 explained 14.2% in the variance of teenage pregnancy. Age at first intercourse is also a significant predictor of teenage pregnancy when controlling for other variables ($\beta = 0.103$, $p < 0.01$). Model 4 explained 15% in the variance of teenage pregnancy. Self-esteem and self image did not add to the prediction of teenage pregnancy.

Discussion

The current study aimed to investigate the relationship between self-image, self-esteem, risky sexual behavior and adolescent pregnancy among 5617 Icelandic girls. The main focus of the study was to examine if the possible risk factors could predict adolescent pregnancy.

The findings of the study support the first hypothesis that risky sexual behavior leads to a higher risk of adolescent pregnancy. Number of sexual partners had a rather strong, positive effect on teenage pregnancy, and so did sexually transmitted disease and age at first intercourse. Model 4 explained 15% in the variance of teenage pregnancy, where each of the risky sexual behavior variables added to the prediction of teenage pregnancy. This is consistent with previous research which showed that half of all teenage pregnancies happen in the first half year of sexual activity (Zabin *et al.*, 1979). Teenagers under age 16 are less likely to use protection, which can lead to an early pregnancy. Other research showed that

today puberty occurs much earlier in adolescents and teenagers are having sex for the first time at younger ages (Xie o.fl., 2001).

The findings of the study do not support the second hypothesis that low self image leads to a higher risk of adolescent pregnancy. The results show that there was not a statistically significant correlation between self image and teenage pregnancy and self-image did not add to the prediction of teenage pregnancy. This is inconsistent with previous research which showed women who are satisfied with their bodies may be more likely to insist on condom use and engage in less unprotected sex (Carter, McNair, Corbin, & Wlliams, 1999; Gillen, Lefkowitz, & Shearer, 2006).

The findings of the study do not support the third hypothesis that low self-esteem leads to a higher risk of adolescent pregnancy. The correlation between self-esteem and teenage pregnancy was statistically significant, but low, and did not add to the prediction of teenage pregnancy. This is inconsistent with previous research which showed that women with low self-esteem are less likely to use protection, have more sexual partners and start having sex at a young age (Gardner o.fl., 1998; Kowaleski-Jones & Mott, 1998; Orr o.fl., 1989). Previous research also showed that women with high self-esteem were less likely to have an early pregnancy (Rodriquez & Moore, 1995).

The current study has some limitations. The study used self-reported data from the students themselves. It is not possible to know whether they answered truthfully or not, so future studies should take into account to use other sources to obtain information. Interviews could be a better way of getting a clearer picture, both with the adolescents, family members and other peers. Self-report measures are commonly used and work well for getting many answers in a short period of time, but more accurate results could be provided with more sources of information. The main

limitation is, however, that pregnant teenage girls and teenage mothers are less likely to attend secondary school and were therefore excluded from the data collection, which took place in every secondary school in Iceland.

Future studies should continue to investigate adolescent pregnancy in Iceland, but use more sources of information to get more accurate results. They should also focus on getting information about pregnant teenage girls and teenage mothers who are not active students. The purpose of the studies should be to minimize the risk of adolescent pregnancy by identifying the risk factors. The results could be used to teach adolescents, teachers and parents about the risk factors in order to prevent an early pregnancy. There are many more risk factors that have not yet been studied in Iceland to see how they affect adolescent pregnancy, such as parental involvement, alcohol consumption and sexual abuse. More cross-sectional and longitudinal studies are needed to explore this topic further.

In conclusion, risky sexual behavior leads to a higher risk of adolescent pregnancy, but self image and self-esteem do not. It is important for future studies to investigate which other factors lead to a higher risk of adolescent pregnancy, in order to prevent adolescent pregnancy from happening.

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Appendix A

Chosen questions

Ert þú strákur eða stelpa? (spurning 1)

- a. Strákur
- b. Stelpa

Hvaða ár ert þú fædd/ur? (spurning 2)

- a. 1990
- b. 1989
- c. 1988
- d. 1987
- e. 1986
- f. 1985
- g. 1984
- h. 1983
- i. 1982
- j. 1981
- k. 1980
- l. annað, árið 19_____

Menntun móður (spurning 5)

- a. Veit ekki
- b. Lauk grunnskólaprófi eða minna
- c. Hóf framhaldsskóla-, menntaskóla-, eða iðnnám
- d. Lauk framhaldsskóla-, menntaskóla-, eða iðnnámi
- e. Hóf háskólanám

- f. lauk háskólanámi

Menntun föður (spurning 6)

- a. Veit ekki
- b. Lauk grunnskólaprófi eða minna
- c. Hóf framhaldsskóla-, menntaskóla-, eða iðnnám
- d. Lauk framhaldsskóla-, menntaskóla-, eða iðnnámi
- e. Hóf háskólanám
- f. lauk háskólanámi

Átt þú börn? (spurning 14)

- a. Nei
- b. Já, eitt
- c. Já, tvö
- d. Já, þrjú eða fleiri

Hefurðu einhvern tíma farið í fóstureyðingu (spurning 142)

- a. Aldrei/á ekki við
- b. Einu sinni
- c. Tvisvar
- d. Þrisvar eða oft

Hve gömul varst þú þegar þú hafðir kynmök í fyrsta sinn? (spurning 134)

- a. Hef aldrei haft kynmök
- b. 13 ára eða yngri
- c. 14 ára
- d. 15 ára
- e. 16 ára
- f. 17 ára

- g. 18 ára eða eldri

Hve marga einstaklinga hefur þú haft kynmök við?

- a. Hef aldrei haft kynmök
- b. 1
- c. 2-3
- d. 4-5
- e. 6-9
- f. 10-19
- g. 20-39
- h. 40 eða fleiri

Hefur þú einhvern tíma fengið kynsjúkdóm? (spurning 141)

- a. Aldrei/á ekki við
- b. Einu sinni
- c. Tvisvar
- d. 3-5 sinnum
- e. 6 sinnum eða oftar

Sammála/ósammála: Finnst ekkert athugavert við að hafa kynmök mér til skemmtunar, þótt engar tilfinningar séu með í spilinu. (spurning 145)

- a. 1 (algjörlega ósammála)
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7 (algjörlega sammála)

Hversu vel lýsir eftirfarandi þér? (spurning 46)

Þegar ég hugsa um hvernig ég muni líta út í framtíðinni er ég ánægð

- a. Lýsir mér mjög vel
- b. Lýsir mér nokkuð vel
- c. Lýsir mér ekki nógu vel
- d. Lýsir mér alls ekki

Mér finnst ég oftast vera ófríð og óaðlaðandi

- a. Lýsir mér mjög vel
- b. Lýsir mér nokkuð vel
- c. Lýsir mér ekki nógu vel
- d. Lýsir mér alls ekki

Ég er ánægð með líkama minn

- a. Lýsir mér mjög vel
- b. Lýsir mér nokkuð vel
- c. Lýsir mér ekki nógu vel
- d. Lýsir mér alls ekki

Ég er ánægð með þær líkamlegu breytingar sem hafa átt sér stað undanfarin ár

- a. Lýsir mér mjög vel
- b. Lýsir mér nokkuð vel
- c. Lýsir mér ekki nógu vel
- d. Lýsir mér alls ekki

Mér finnst ég vera sterk og hraust

- a. Lýsir mér mjög vel
- b. Lýsir mér nokkuð vel

- c. Lysir mér ekki nógu vel
- d. Lysir mér alls ekki

Ég er ánægð með líf mitt

- a. Lysir mér mjög vel
- b. Lysir mér nokkuð vel
- c. Lysir mér ekki nógu vel
- d. Lysir mér alls ekki

Ég er hamingjusöm

- a. Lysir mér mjög vel
- b. Lysir mér nokkuð vel
- c. Lysir mér ekki nógu vel
- d. Lysir mér alls ekki

Hversu vel á eftirfarandi við um þig (spurning 53)

Mér finnst ég vera að minnsta kosti jafn mikils virði og aðrir

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Mér finnst ég hafa marga góða eiginleika

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Þegar allt kemur til alls sýnist mér ég vera misheppnuð

- a. Á mjög vel við um mig

- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Ég get gert hlutina jafn vel og flestir aðrir

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Mér finnst ekki margt sem ég get verið stolt af

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Ég hef jákvæða afstöðu til sjálfrar mín

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Þegar allt kemur til alls er ég alls ekki ánægð með sjálfa mig

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Ég vildi að ég gæti borið meiri virðingu fyrir sálfri mér

- a. Á mjög vel við um mig

- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Stundum finnst mér ég sannarlega vera einskis nýt

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig

Stundum finnst mér ég einskis virði

- a. Á mjög vel við um mig
- b. Á frekar vel við um mig
- c. Á frekar illa við um mig
- d. Á mjög illa við um mig