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Patterns of Support Utilization

by

Pregnant and Parenting Adolescents

by

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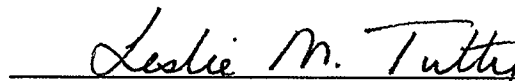
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## ABSTRACT

### Patterns of Support Utilization by Pregnant and Parenting Adolescents

Adolescent parents and their children are often seen as a population at risk for a number of medical, social, emotional and economic problems. There are many factors associated with adolescent adjustment to parenting, such as age, race and ethnicity, education, knowledge and skills in parenting and social support. Social support has consistently been shown to have a buffering effect on the many negative consequences associated with adolescent parenting. Theory associated with adolescent adjustment to parenting is presented as well as an overview of the issues involved in understanding and researching social support. In this study, 44 pregnant and parenting adolescents were interviewed about the support they perceived to be available to them, and the support they received from people in their social support networks. Two instruments were used, the Arizona Social Support Interview Schedule (ASSIS) and the Perceived Social Support from Family and Friends (PSS-Fa/Fr) inventory. Although both pregnant and parenting adolescents' patterns of support utilization were more similar than dissimilar, results from the study indicated that pregnant adolescents both perceived and received more support from their families, and from their mothers in particular, when compared with parenting adolescents. The implications of these findings are also discussed.

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## INTRODUCTION

### Patterns of Social Support Utilization by Pregnant and Parenting Adolescents

Adolescent parents and their children are often seen as a population "at risk" for a number of medical, social, emotional and economic problems. There are many factors associated with adolescent adjustment to parenting such as age, race and ethnicity, education, knowledge and skills in parenting, and social support. Social support has been defined in many ways, but generally it refers to the provision of emotional and instrumental resources to individuals. Social support has consistently been shown to have a buffering effect on the many negative consequences associated with adolescent parenting (Barth, Schinke & Maxwell, 1985; Seaborn-Thompson, 1986; Unger & Wandersman, 1988).

The purpose of this study was: 1) to explore and compare both the types and sources of support utilized by two groups of adolescents: pregnant and parenting adolescents and, 2) to compare the two groups' perceptions of the social support available to them from family and friends. Given the relative importance of social support in the research to the well-being of pregnant and parenting adolescents and their children, I wanted to see if the two groups differed in their perceptions of being supported and in the actual type and source of support utilized. More specifically, I was interested in seeing if parenting adolescents have less social support than pregnant adolescents.

Some social support theorists have suggested that social support is given in times of crisis and stress (e.g. pregnancy) but that in times of continued stress (e.g. parenting) the support given gradually decreases (Schumaker & Brownell, 1984). Other studies



have also noted differences in the level of support adolescents perceived to be available, both prenatally and postnatally (Unger & Wandersman, 1988). The contention that support for parenting adolescents from family and friends may decrease over time is also upheld in practice knowledge and in anecdotal evidence. For example, in some cities support programs to parenting adolescents are limited to thirty days after the birth of the child (Thomlison & Hoffart, in press). Given parenting adolescents' need for continued support long after the discovery of pregnancy and birth of the child, and the possibility that support from friends and family decreases over time, it seemed necessary to examine this possibility in more detail, as this knowledge could have some important implications for social work practice. Already some research has suggested the need for including social network members in social work interventions (Crokenberg, 1986, Crokenberg, 1987). It may be possible to design interventions to help adolescents utilize their social networks more effectively, in order to maximize the positive effects of social support for parenting adolescents (Barth & Schinke, 1984; Denoff, 1982).

In this thesis, the reader will find an introduction to the characteristics and problems associated with teenage pregnancy and parenting by female adolescents. This section will also review the literature on factors associated with (female) adolescent parenting, including the research on social support as it relates to the adjustment to parenting of female adolescents. The literature is generally based on the assumption that adolescent parenting refers to adolescent mothering, and thus the terms adolescent parent, teenage parent and adolescent mother, have been used interchangeably without acknowledging that the terms can also imply adolescent fathering. While acknowledging

a gap in both service and research addressing the role and needs of the teenage father, this thesis will be limited to the experience of adolescent mothers.

The first chapter will also present the issues involved in understanding and researching social support. Models for understanding the processes by which the benefits of social support are transmitted will be presented and the varying approaches to researching social support will also be reviewed.

The second chapter is organized around the methodology used in this study and the third chapter presents the results. The last chapter presents a discussion of the results and identifies further areas for research.

## CHAPTER ONE

### Adolescent Adjustment to Parenting

#### Characteristics of the Population

The pregnancy rate for adolescent women has been estimated to be 44 in 1000, or between 20 000 - 25 000 births per year in Canada (Bok, 1987; Turner, Grindstaff & Phillips, 1990). Births to single mothers account for less than ten percent of all live births based on 1981 statistics (Wood & Nuttall, 1987). In the United States similar trends are seen, but in much higher proportions. The pregnancy rate for adolescents there is 83 in 1000, which is the highest of all industrialized nations (Bok, 1987). Adolescent women experience the highest rates of non-marital fertility when compared to all other age groups, in spite of the fact that birth rates for this age group have been declining (MacKay & Austin, 1983; Borowski & MacDonald, 1982).

In spite of declining birth rates, the impact of adolescent pregnancy and parenting on the adolescent women and their children has continued to be a major cause for concern. This may be partially attributed to the fact that although teenage pregnancy is not a new phenomenon, the number of adolescents opting to parent their children has dramatically increased. Of the adolescents who decide to carry their pregnancy to term, 90 to 94 percent decide to parent their children, which is a complete reversal of a mere fifteen years ago (Kilburn, 1983; Stafford, 1987), when a comparable percentage of pregnant teens would place their children for adoption.

Teenage mothers are at risk for a variety of physical, social, educational and economic problems. The problems associated with early child bearing include marital

instability, difficulties with child-rearing and regulation of family size, high drop out rates from school and consequently lack of skills, increased unemployment and dependence on social assistance (Kilburn, 1983; McDonough, 1987; Seaborn-Thompson, 1986; Wise & Grossman, 1980).

Other characteristics associated with adolescent mothers are isolation and social and emotional difficulties (Sherman & Donovan, 1991; Wood & Nuttall, 1987). Adolescent parents are also prone to experiencing conflict with their peers, families and community agencies (Barth & Schinke, 1984; Crokenberg, 1986, Sherman & Donovan, 1991; Unger & Wandersman, 1988). Seaborn-Thompson (1986) reports that teenage mothers are at much higher risk for psychological distress, and have lower feelings of self-esteem and personal effectiveness when compared with their non-parenting peers. These findings are also supported by Barth, Schinke and Maxwell (1985) and Furstenberg, Brooks-Gunn and Morgan (1987), who showed that teenage parents are at high risk for depression and are vulnerable to distress long after becoming parents.

Another major problem associated with adolescent child-rearing is the impact of adolescent parenting on the children. Increased rates of fetal, perinatal, and neonatal mortality and lower birth rates are reported for the children of adolescents, as well as physical, intellectual and developmental delays (Buchholz & Gol, 1986). Children of adolescents are also at greater risk for behavioral and educational problems (Schilmoeller & Baranowski, 1985). Cognitive differences between children of adolescents and older parents are found to exist early on and to persist throughout the elementary and secondary school years (Luster & Rhoades, 1989). Furstenberg, Brooks-Gunn and Morgan (1987) found startlingly high rates of high school failure, juvenile delinquency in

males, and fertility in females, in a longitudinal study of the older children of adolescent mothers. The literature also suggests that adolescent child-rearing is associated with much higher levels of child abuse and neglect (Barth, Schinke & Maxwell, 1985; Bolton, 1980; Gelles, 1989; Zuravin, 1988).

In light of the dismal picture that these findings paint, there is indeed reason to be concerned for adolescent parents and their children. Research into this area has often tried to determine how the parenting of adolescent mothers is different from that of older mothers, and the impact of these differences on the development of their children. What emerges from a review of the literature, is that the negative outcomes associated with teenage parenting are not the result of maternal age alone, or of any one other factor. Research on adolescent pregnancy and parenting must consider the multitude of factors that affect adolescents' adjustment to parenting, their parenting skills and the subsequent impact of these differences on the children (Buchholz & Gol; Turner, Grindstaff & Phillips, 1990; Wise & Grossman, 1980). These factors include adolescents' developmental level, psychological, socio-cultural, economic, family and health variables.

Although the research often focuses on negative outcomes, it is important to remember that adolescent parents do not represent a homogeneous group. Some adolescent parents adjust to parenting quite well, and become effective parents. In the next section some of the theory associated with adolescent adjustment to parenting will be addressed.

## Factors Influencing Adolescent Adjustment to Parenting

### Developmental Factors

Adjustment to parenthood requires a significant change in lifestyle, relationships and resources for any new parent (Seaborn-Thompson, 1986). For adolescent parents, the specific developmental tasks of adolescence are thought to complicate this transition even more (Seaborn-Thompson, 1986). Buchholz and Gol (1986) identify seven major developmental tasks that female adolescents face: a revision of body image, intellectual development, final separation from parents, consolidation of a sexual identity and role, the formation of an independent self-identity, and the capacity for lasting relationships and expression of genital love.

The literature seems to suggest that adolescents' developmental levels impact both their experience and practice of parenting. For example Buchholz and Gol (1986) report several studies that examine differences between young, middle and older adolescents. In one developmental analysis by Hatcher (as cited in Buchholz & Gol, 1986) of pregnant teenagers, the different object-relations, self-perceptions, defensive styles and goals of younger, middle, and older adolescents were found to contribute to the varying experiences of the pregnant adolescents, from their motivation for becoming pregnant, their attitudes towards motherhood and their perception of the fetus. In that study young, middle and older pregnant adolescents were asked to draw a baby. Younger adolescents tended to draw stick like figures while middle adolescents often drew larger than life, powerful babies. Older adolescents drew more realistic babies in scenes where maternal care was being given (Hatcher, as cited in Buchholz & Gol, 1986).

An interesting parallel can be found in the work of Herzog, Cherniss and Menzel (1986) who found that young adolescents were often eager to engage in treatment, except for services that involved an infant-parent relationship focus. These authors attributed this to the early adolescents' inability to separate their own needs from those of their infants'. The implications of these findings seem to suggest that younger adolescent mothers are at a higher risk for inappropriate parenting than older adolescents, because of their immaturity.

Many explanations of adolescent pregnancy seem to assume some pathological motivation toward pregnancy (Buchholz & Gol, 1986). Some of the explanations given for premature pregnancy argue that adolescent pregnancy represents unhealthy yearnings for closeness, and that these adolescents typically have low cognitive skills, feelings of deprivation and dependency (Seaborn-Thompson, 1986). Other studies have found that teenage mothers tend to come from broken homes characterized by unrewarding relationships with their fathers and enmeshed and frustrating relationships with their mothers (Buchholz & Gol, 1986). Gilligan (1982) describes teenage pregnancy as adolescents' attempt to reconcile competing needs between the self and significant others. Similarly Berzoff (1989), in describing the importance of attachments in adolescent female development, argues that adolescent pregnancy can best be understood as the adolescent's attempt to sustain a connection with others by becoming a mother herself. From this perspective, adolescent parenting is more difficult because the adolescent's own developmental needs have not been met, or are "arrested", and this impacts the adolescent's ability to form a healthy attachment with her child.

Wise & Grossman's (1980) findings also support the conclusion that developmental factors impact the quality of the parenting relationship. In their study, they found that the adolescent's ego strength and the infant's temperament were the most important determinants of the quality of the mother-child relationship, and lay the groundwork for a strong attachment relationship. Therefore, if an adolescent has poor ego strengths and has difficulty seeing her child as a separate individual with his or her own needs, her ability to interact with her child in a reciprocal way and form a healthy attachment may be hampered.

If developmental and psychodynamic factors can serve as a negative influence on adolescent parenting, it seems fair to say that at times they can also be a positive influence. This is precisely what Buchholz and Gol (1986) argue. They state that even if developmental issues contribute to adolescent pregnancy and the decision to parent, the process of caring for their children in a positive way can help the mothers to establish confidence and feelings of accomplishment which can then be incorporated into their self-identity. Thus parenting can, in some cases, help adolescents resolve some developmental issues.

#### Knowledge of Child Development

Many researchers suggest that adolescent mothers are less effective parents because they have inadequate knowledge of child development and, thus, have inappropriate expectations for their children. Several studies have shown that teenage mothers are less aware of developmental milestones, less responsive to infant needs and



signals, and less secure and competent in handling infants than older mothers (Adler, 1989, Gullo, 1988).

In a study by Larsen and McCreary-Juhasz (1985) the knowledge of child development and the social-emotional maturity of adolescent mothers were examined. They found that for adolescents, negative attitudes toward parenting were associated with a lack of knowledge of child development and low levels of social emotional maturity. Larsen and McCreary-Juhasz (1985) point out that although there is relatively little research to substantiate the link between knowledge of child development and effective parenting, lack of knowledge of child development has been associated with abusive parenting in other research studies.

Many adolescents' lack of knowledge of child development is evident in the unrealistic expectations they hold for their children (Wise & Grossman, 1980). When these expectations are not met adolescents may become frustrated and angry with the child and generally insensitive to their infant's needs. Although some studies have found few differences between adolescent and older mothers' knowledge of child development (Schilmoeller and Baranowski, 1985), the majority of studies of the care-giving environment of younger and older mothers have found that adolescent mothers tend to provide less stimulating environments for their children than older parents and this is thought to negatively impact the child's development (Garcia-Coll, Hoffman, VanHouten & Oh, 1987, Luster & Rhoades, 1989; Wise & Grossman, 1980).

### Child-rearing Beliefs

Luster and Rhoades (1989) studied the child-rearing beliefs and home environments of adolescent and older mothers. They found that although teens scored consistently lower on HOME (Home Observation for Measurement of the Environment- an instrument developed to assess quantitative and qualitative aspects of the rearing environment) scores, when child-rearing beliefs were controlled for, the mothers who provided the most supportive care to their children, were the ones who held more appropriate child-rearing beliefs, regardless of their age. These beliefs included that they, as parents, held considerable influence over the development of their children, that as parents they should be responsive and affectionate to infant cues, and that the infant should be allowed considerable freedom to explore the home environment.

### Social Support

One of the major factors thought to help adolescent parents adjust to parenting and to ameliorate the negative consequences associated with early childbearing, is the level of social support available to adolescent mothers. Social support refers to the resources provided by people in their social networks in exchanges which are of an affective and/or material nature (Cochran & Brassard, 1979) It is the assistance which is provided by people (which may be instrumental, informational, or emotional in nature), that constitutes social support, rather than the presence of people in an individual's social network. In this section some of the research on social support related to adolescent pregnancy and parenting will be addressed. The methodological issues around

researching and defining the concept of social support will be addressed in the next section.

Social support has been correlated with lower pre- and postpartum complications, and has been shown to contribute to the health of the child and the mother's educational and occupational future (Barth & Schinke, 1984). Teenagers often turn to their friends, mothers, siblings, boyfriends and professionals for help and support, after having discovered their pregnancy and during parenting (Crokenberg, 1986; Seaborn-Thompson, 1986). Unfortunately pregnancy and parenthood in the teenage years is also frequently accompanied by increased stress and conflict within these relationships (Barth, Schinke & Maxwell, 1985; Sherman & Donovan, 1991).

The provision of support during the course of a teenage pregnancy can promote positive interpersonal functioning and can play a major role in the adjustment of adolescents to their pregnancy and to parenting (Barrera, 1981; Dunst, Vance, & Cooper, 1986). Barth, Schinke & Maxwell (1985) found that social support mediates the strain of pregnancy and teenage motherhood, and is associated with better mental health. Barth, Schinke and Maxwell (1985) and Turner et al. (1991) reported that for teenage mothers, high social support is associated with positive self-regard and lowered stress, and conversely, high stress and low support adversely affected maternal attitudes and behaviour.

Barrera (1981) reports that pregnant adolescents' satisfaction with the support they receive appears to be a good predictor of symptomatology, especially depression. However, little is known with respect to how the different aspects of a teenager's social support network contribute to her emotional well-being and maternal behaviour (Crnic &

Greenberg, 1987; Seaborn-Thompson, 1986; Unger & Wandersman, 1985; Unger & Wandersman, 1988).

Seaborn-Thompson (1986) identified five categories of support in her study of parenting adolescents: maternal support, female sibling support, male partner support, other relative support, and friend support. She examined 296 married and unmarried adolescents from relatively deprived economic and educational backgrounds, to explore the influence of these kinds of support on the adolescents' adjustment to parenting. She found that general psychological well-being was related to supports from female-siblings, a male partner and friends.

Interestingly, she found that supportive relationships had both beneficial and adverse affects on the mothers' emotional well-being. When categories of support were examined individually, support from friends and female siblings and other relatives were associated with higher levels of maternal stress and psychological distress, while male partner support alone was associated with lower psychological distress (Seaborn-Thompson, 1986). One explanation for this finding is that same age friends may simply highlight to adolescent mothers that they are missing out on many things because of their parenting role, and this may confirm the anxiety and distress they feel about the "difficulties and inconveniences of parenting" (Seaborn-Thompson, 1986, p.1017).

Social supports, especially in close interpersonal relationships, can be both very supportive and very stress producing (Seaborn-Thompson, 1986). For example, Crokenberg (1986,1987) notes how fathers are often a major source of both stress and support when they are still involved with the teen mother and their child.

There is evidence that suggests that children who have continued contact with their fathers fare better developmentally, when compared with children who do not have continued contact with their fathers (Danzinger, 1990). The importance of male partner support is established in many other studies (Nathanson, Jemail & Baird, 1986; Seaborn-Thompson, 1986; Unger & Wandersman, 1988), yet often the teenage father has been overlooked in services to adolescent parents. It is only recently that research has focused more attention on the role of the fathers in teenage pregnancy and parenting.

Wise and Grossman (1980) found that a more committed relationship with the father of the baby during pregnancy was significantly correlated with better planning and greater emotional involvement with the pregnancy, by the pregnant adolescent. Involvement with the father of the baby, post-partum, was also significantly related to shorter labours. Wise and Grossman (1980) also reported that adolescent mothers who were closer to the baby's father post-partum, tended to assume a greater amount of child care responsibility.

A more recent study by Danzinger and Radin (1990) interviewed 400 adolescent parents about the involvement of the putative fathers in their lives and their children's lives. Danzinger and Radin (1990) found that the fathers were most involved with their children when the children were very young. Danzinger and Radin (1990) also found that fathers from minority groups were much more likely to be involved in their children's lives than were caucasian fathers.

One of the difficulties with encouraging mothers to live with their families after the birth of the child, is the possibility that it may reduce the likelihood that the babies' fathers will be involved in their children's lives (Danzinger & Radin, 1990). Given the evidence

for the benefits of both family and male partner support (Unger & Wandersman, 1988), practitioners may need to be more sensitive to the role of fathers as providers of support to adolescent mothers than they have been in the past.

Garcia-Coll, Hoffman, VanHouten and Oh (1987) found that adolescents' child care networks differed substantially from older mothers'. Adolescent mothers relied more on their friends and relatives for help in the care of their infants than older mothers. Garcia-Coll, Hoffman, VanHouten and Oh (1987) also report that adolescent mothers used significantly fewer adults as sources of child care support than older mothers, and sought child care support from adolescent friends and relatives more frequently. When one considers the importance of peer relations, particularly for female adolescents (Berzoff, 1989, Buchholz & Gol, 1986) this finding is not surprising. There is ample evidence on the importance of intimate support, or a close confiding relationship either from friends or a partner, for the psychological well-being of women through out their life (Candy, Troll, & Levy, 1981; Sherman & Donovan, 1991). However the impact of utilizing peers as sources of child care could well be negative for their children, as they may not be reliable or adequate role models for parenting (Seaborn-Thompson, 1986).

Adolescent mothers rely frequently on their mothers for support in child care as well, while older mothers rely mostly on their partners. Osofosky, Culp and Ware (1988) found that grandmothers' involvement was often intense, but not always consistent, and they point to the need to investigate further on the grandmothers' roles in the family constellation of teen parents.

Sherman and Donovan (1991) examined the social support networks of pregnant adolescents by applying Parental Acceptance-Rejection (PAR) theory. PAR theory is

based on the idea that children's behaviour is shaped by their subjective experience of important relationships early in life (usually with their mothers). If children experience warmth and acceptance in their early relationships with their primary caregivers, it is thought that this will encourage similar behaviour in their relationships with others (Sherman & Donovan, 1991). Conversely, if children experience rejection and hostility in their early relationship with their primary caregiver, it is thought that this will encourage similar behaviour in their relationships with others.

Early parental rejection is thought to manifest itself in individual characteristics such as aggressiveness, hostility, impaired self-esteem and emotional unresponsiveness, characteristics which are also predictive of inadequate social networks (Stroufe & Fleeson, Stroufe & Router, as cited in Sherman & Donovan, 1991). Because individuals are thought to establish relationships that are congruent with past experiences, Sherman and Donovan (1991) hypothesized that adolescents who had experienced poor relationships with their family of origin and in particular with their parents, would be at a higher risk for social isolation, because they would lack the skills for maintaining and establishing supportive relationships with others. Sherman and Donovan's (1991) findings supported their hypothesis. They found that adolescent mothers who scored higher on measures of parental acceptance during childhood reported more social interaction and higher expectations of support from friends and family, than those who scored lower and reported high levels of parental rejection. Sherman and Donovan (1991) also found that adolescents' capacity to expect support from their mothers, and support from the families of the fathers of the babies, was linked to the nature of the early relationship between mother and daughter (Sherman & Donovan, 1991). Adolescent

mothers who scored higher on maternal-acceptance, seemed to expect more support from their mothers, and from the families of babies' fathers.

Sherman and Donovan (1991) highlight the advantages of a socially supportive network for parents and children. The children of mothers who are socially isolated may lack the benefit of exposure to a supportive network. If the relationship between adolescent mothers and their parents was characterized by early rejection, their ability to form a healthy attachment with their own children is likely to be impeded. Thus Sherman and Donovan (1991) identify the need for improving the attachment between high-risk adolescent mothers and their children, to prevent the cycle of poor attachment and social isolation repeating itself.

Many programs have been developed by professionals with the goal of increasing teenage mothers' social support networks, yet very few evaluations of what actually improves their sense of being supported exist (Roosa, 1986). In a study of two school-based programs for pregnant and parenting teenagers, Roosa (1986) found that the programs had a small immediate impact on mothers' knowledge of child development. However, in that same study, Roosa (1986) found little evidence for any long-term impact on parental attitudes or on the children's development. One of the most valuable aspects of support programs in schools may be in helping some adolescent parents complete their education, which is thought to improve adolescent parents' socio-economic status (Roosa, 1986).

In another study by Telleen, Herzog and Kilbane (1989), two components of a family support program were examined, a self-help group for mothers and a parent-education group, in order to determine the effects of these interventions on the mothers'



social support systems and on parents' feelings of stress. Their findings suggested that after three months of program participation, mothers in both groups felt less social isolation and parenting stress than the mothers in the control group. The authors suggest that it is the shared problem-solving around issues of child-rearing that builds a sense of support, and found that it was the mothers' perceptions of being supported that seemed to play the most important role in their decreased feelings of stress.

Many authors have noted the difficulty of engaging the more isolated and at risk adolescent parents (Barth & Schinke, 1983; Herzog, Cherniss & Menzel, 1986; Osofosky et al, 1988; Roosa, 1986). Yet the benefits of improving the social networks of this population continue to hold promise as an area of effective intervention.

In summary, it is important to remember that social supports in general have been associated with more positive outcomes for adolescent parents and their children, and that a lack of social support has been associated with negative outcomes for adolescent mothers and their children.

#### Other Factors

Other variables associated with adjustment to parenting, are ethnicity, education level, and socio-economic status and locus of control (Buchholz & Gol, 1986, Sandler & Lakey, 1982, Stevens, 1988). Buchholz & Gol (1986) report a study which found that when maternal education and family structure were controlled for, children of adolescent mothers were not at a greater risk for behavioral and educational problems (Kinard & Reinherz, as cited in Buchholz & Gol, 1986). In the same study, it was found that the children of single-adolescent mothers who had not finished high school were at the

highest risk for adjustment problems in areas such as attention, anxiety and hostility.

Nathanson, Baird and Jemail (1986) found that family structure was related to adolescents' adjustment to parenting. For example they found that adolescents who stayed in the family home with their babies tended to stay in school longer, a factor thought to be associated with better long term outcomes for the adolescent and her child. These same authors found that these types of families also tended to be enmeshed, which often adversely affected the young woman's relationship with the putative father. Since male partner support has been found to be associated with better adjustment to parenting for the adolescent (Unger & Wandersman, 1988, Seaborn-Thompson, 1986), it becomes clear that the relationship between the variables of education, family structure and developmental factors is very complex.

It is also important to remember the influence of race and ethnicity. For example, in Seaborn-Thompson's (1986) study, race was found to be significantly related to maternal stress. She found that white adolescent females reported much greater stress from becoming mothers than black adolescent mothers did, even after a wide variety of socio-economic status variables were controlled for. In some sub-cultures early parenting and motherhood may be seen as a logical and acceptable progression in women's lives, however in white middle class culture it may not be acceptable and thus provoke more anxiety.

In a study of three groups of low income women; black teens, black adults and white adults, by Stevens (1988), it was found that for both black and white mothers, an internal locus of control was a significant predictor of more skilful parenting. For white mothers, use of professional resources for help with child-rearing was also a significant

predictor, in addition to an internal locus of control. Black teens and adult white mothers who sought help in child-rearing problems from extended family members were also found to be more skilful parents.

Bok (1987) suggests that in our culture motherhood is often presented as a highly valued role. For many women in our patriarchal culture, motherhood may present itself as one of the only attainable roles open to women, especially for isolated and poor women. Unfortunately, as much as our culture may value "motherhood" idealistically, there is little security in that role as a single parent, both financially and emotionally. Women continue to be under-represented and underpaid in the work force, earning 64 percent of what men earn (on average) (Mandell & Duffy, 1988). Female lone-parents, represent an especially vulnerable group in our society; in 1982 nearly one in two families with a female head had incomes under the poverty line, compared to one in ten families with a male head (Boyd, 1988). Given the large numbers of adolescent mothers who can not complete their education and their consequent lack of skills, it is safe to say that the numbers of poor women in this category are even higher. This is supported in Borowski and MacDonald's (1982) study of adolescent mothers in Ontario. Inadequate child care and government support for this group increases the difficulties this group faces.

This has implications for the children as well, who have less than adequate material resources. There is increasing concern over the fact that the educational and occupational opportunities for the children of female lone-parent families, will be curtailed as a result of these difficulties (Boyd, 1988). Some authors have described adolescent parents as living in a condition of chronic stress, where the effects of poverty, social isolation and being a young parent all contribute to the difficulty adolescent mothers face

in their adjustment to their new roles. These same factors have been found to be related to both physical abuse and neglect of children (Gelles, 1989; Zuravin, 1988). Again the relationship between poverty and poor adjustment to parenting appears to be linked to a number of other variables, such as social support (Zuravin, 1988).

### Definitional Issues and Social Support Research

In reviewing the literature on social support and the research in the field, a large number of definitions and conceptualizations of social support can be found. Many investigators have stressed the need for more consistency in the definition of social support and for more rigorous and systematic research (Barrera, 1986; Sandler & Barrera, 1984; Schumaker & Brownell, 1984). Generally, social support is defined as the provision of emotional and instrumental aid to individuals (Crokenberg, 1987). However, such a definition does not serve to enlighten us about what constitutes emotional or instrumental support, or how it benefits individuals.

Schumaker and Brownell (1984) outline some of the distinctions that must be made in any discussion of social support. These are: the specification of the content versus the functions of support; the connections between social support networks and support needs; a recognition of the involvement of both recipient and provider in social support exchanges; a recognition and exploration of the potentially harmful as well as beneficial aspects of supportive relationships; the long-term versus the short-term effects of social support and, finally; the contextual nature in which supportive exchanges take place (Schumaker & Brownell, 1984).

### How does Social Support Work?

Research has generally looked at social support in one of two ways: from an ecological/systemic perspective, which examines the role of social support networks on the normal developmental processes of childhood and, secondly, from a stress/coping paradigm of social support, which examines the role of social support as a buffer or mediator of stress.

The ecological approach is seen clearly in the work of Cochran and Brassard (1979) who assess the social ecology of parents and children by appraising their social networks in an effort to understand how the social network influences child development.

In their analysis they identify three major processes by which parents' social networks transmit their influence to their children, both directly and indirectly. The first of these processes involve the direct exchange of emotional and material assistance (social support) to the parents. Secondly, members of parent(s)' networks may influence actual child-rearing behaviour through the control they have via their approval or disapproval of parent-child behaviours, such as encouraging or discouraging certain patterns of parent-child interaction (Cochran & Brassard, 1979).

With respect to adolescent parents, many authors such as Crokenberg (1986) and Dunst, Leet and Trivette (1988) have noted how some interventions around parent-education are thwarted because of the young mother's family, whose influence over her is very strong. Families may hold contrary beliefs about child-rearing and discourage new child-rearing practices, and/or the mothers may be afraid to implement new practices learned for fear of losing the support from their families (Crokenberg, 1986). A third process of influence Cochran and Brassard (1979) identify is through the influence

network members may have as role models, potentially leading parents to adopt or modify some child-rearing practice.

Social network members can also directly influence children through their interaction with them, by providing different cognitive and social stimulation to them than their parents, by directly supporting (or stressing) the children and by serving as different models of behaviour and action to the children (Cochran & Brassard, 1979).

Systems theory is complementary to the ecological approach of Cochran and Brassard (1979), as it posits that the family as a social unit must be seen as part of other formal and informal units and networks. Systems theory views these different social networks as interdependent, where events and changes in one unit "resonate and in turn, directly and indirectly influence the behaviour of individuals in other social units" (Dunst, Trivette and Deal, 1988). Ecological and systems theory are both utilized frequently as conceptual backgrounds for research into the area of social support.

The second focus found in the literature is the stress-buffering hypothesis of social support. The rationale behind this approach is that the provision and utilization of social support facilitates individual adaptation by serving as a buffer or mediator of stress. Thus parents, and in this case adolescent parents, who have access to a social network that is supportive, and who are able to utilize that support, will be better able to cope with the strain of pregnancy and parenting (Barth & Schinke, 1983, Barth & Schinke, 1984). This view is complementary to the ecological approach of Cochran and Brassard (1979) and to systemic thought, and asserts that if the parent is better able to cope, maternal behaviours and attitudes will be affected and the child will indirectly benefit. The stress-buffering hypothesis of social support has received a great deal of research attention with

a number of different populations and conditions, including adolescent pregnancy and parenting (Barrera, 1986; Schumaker & Brownell, 1984; Turner et al, 1990).

Schumaker and Brownell (1984) presented a helpful distinction in their model of social support, between the "health sustaining" functions of support and the "stress reducing" functions of support. The former includes 1) gratification of affiliative needs, 2) self-identity maintenance and enhancement and, 3) self-esteem enhancement. The stress reducing functions are conceptualized as including 1) cognitive appraisal, 2) specificity (tangible resources such as money or food) and 3) cognitive adaptation. According to Schumaker and Brownell (1984) the effectiveness of social support will depend on 1) the person-environment fit, 2) the providers' and recipients' perceptions of the exchange, 3) the resources exchanged and, 4) the short- versus long-term effects of the exchange. Their model also fits in well with the ecological and systemic theories, which much of the social support literature is embedded in.

#### How is Social Support Measured?

Past research has not always been clear on which aspects of social support are under examination. Traditionally social support research has focused on measuring three related areas of support; the providers of support, the recipients' appraisal of support, and the activities involved in the provision of support (Barrera, 1981). More recently, Barrera (1986) has argued for the utilization of three categories in the conceptualization of social support; social embeddedness, referring to the connections of individuals to significant others in their social environment; enacted support, referring to the actions involved when a person offers assistance; and perceived social support, referring to

individuals' cognitive appraisal of being reliably connected to others. These different categorizations of social support concepts reflect the multi-faceted nature of the social support as a concept and also reflect the different approaches that are evident in the literature.

### Social Embeddedness

An examination of social embeddedness can be clearly seen in the research which studies social support by examining the social support networks of individuals and groups. This approach focuses on the providers of support and has been used frequently in social support research. Almost all methods of examining social support include some strategy for identifying those people who comprise an individual's social network (Sandler & Barrera, 1986). In this approach, the quantitative features of people's social network, such as size, density, and frequency of contact are gathered and then related to other outcome measures such as personal adjustment (Pierce et al, 1990). Attempts are also often made to assess the characteristics of network members, such as their relationship to the recipient (Sandler & Barrera, 1986). By examining the social networks of individuals, families and groups, indirect assumptions are made about the availability of social support. The ties people have with network members represent potential social support resources rather than directly measuring social support received (Barrera, Sandler & Ramsay, 1981). Social support networks represent the structure where social interactions take place and describe the objective characteristics of a person's ties to others (Unger & Wandersman, 1985).



The strength in this approach has been in identifying needs and in providing an index of a person's social world or life space (Cochran & Brassard, 1979; Dunst, Trivette & Deal, 1988; Feiring & Coates, 1987). As Schumaker and Brownell (1984) have emphasized, this is one of the necessary ingredients in understanding the context of social support. However, the network approach alone fails to provide information on the qualitative features of personal relationships such as the types of support, which are thought to be more related to personal well-being and adjustment (Barrera, 1981; Duck, 1990; Pierce et al, 1990). Utilizing a network approach answers questions about who potentially provides support, but does not answer any questions about what support is provided or how the recipient perceives that support.

### Enacted Support

In an attempt to find out more about how social support works, much research has focused on the resources provided by supportive transactions which serve to fulfil the functions of support (enacted support). There have been many different ways of categorizing these functions, from broad categories of support functions, to lists of behavioural descriptions of supportive actions. In almost all definitions of social support there is a recognition of both its instrumental and emotional functions. In Cutrona, Suhr and MacFarlane's (1991) classification of social support functions, instrumental support is defined as support that directly promotes problem solving (including tangible support and material aid), and emotional support is defined as support that directly promotes emotional adjustment.

Cohen and Hoberman (1983) distinguish between four social support functions: tangible support (referring to material aid), appraisal support (someone to talk to about one's problems), self-esteem support (availability of a positive comparison when comparing one's self to others) and belonging support (availability of people to do things with).

Barrera (1981, p.75) further breaks down the functions of social support:

- "1) material aid: providing material aid in the form of money and other physical objects;
- 2) physical assistance: sharing of tasks;
- 3) intimate interaction: interacting in a manner such that feelings and personal concerns are expressed;
- 4) guidance: offering advice and guidance;
- 5) positive feedback: providing individuals with information about themselves;
- 6) social participation: engaging in social interactions for fun, relaxation and diversion from demanding activities."

Common in all these are a recognition of both the instrumental and emotional aspects of support. This conceptualization of the support functions is utilized in this study.

In an attempt to come up with more explicit behavioural accounts of support, some researchers have developed instruments that tap into descriptions of social support provisions, such as Barrera's (1981) Inventory of Socially Supportive Behaviours (ISSB).

Some criticism has been directed towards measurements such as the ISSB, suggesting that what is being measured is actually an assessment of "perceived-received" support, and does not represent objective measures of enacted support (Barrera, 1986).

The functional approach can lead one to the assumption that both the support provider and the recipient are in agreement regarding the supportive provisions that are

most likely to be of help, yet there is evidence that this is not always so (Pierce et al, 1990; Crokenberg, 1986; Dunst, Trivette & Deal, 1988). As a result there has been increasing interest in observing the content of supportive transactions and in obtaining corroborating data from persons named by the recipients as providers (or non-providers) of support (Barrera & Baca, 1990; Barrera, 1986, Barrera, Baca, Christiansen, & Stohl, 1985; Pierce et al, 1990).

Schumaker and Brownell (1984) include at least two people in their definition of social support as "the exchange of resources between at least two people perceived by the provider or the recipient to be intended to enhance the well-being of the recipient", in order to highlight the relationship between the recipient and providers of support. This draws attention to the fact that there are at least two perspectives toward social support exchanges and that these may be different. Such a definition attempts to address the criticism that most measures of support resources are from the recipient's perception, and do not attend to the fact that the impact of specific categories of support on coping and adjustment, are a product, not only of the situation, but of the personal relationship between the recipients and providers of support (Barrera & Baca, 1990; Pierce et al, 1990; Schumaker and Brownell, 1984).

By looking at the resources in supportive exchanges the focus is usually on what type of support is provided by whom, and how that may be related to other outcome measures. Some researchers (Unger & Wandersman, 1988) have included the functional approach as an extension of the network approach, but it is this author's opinion that the functional approach represents a distinct approach to assessing support. This approach often asks who provides support and how often, but its focus is on what types of support

are provided and how these may be related to other outcome measures. The concepts of social support networks and the functions of social support appear quite distinctly in the literature.

One of the criticisms of the functional approach has been its failure to explicate which types of support are likely to be beneficial to different life stresses (Pierce et al, 1990). Some attempts to do so have been made, such as Cohen and Hoberman's (1983) use of the ISEL (a measurement that includes the four types of support mentioned earlier), which found that appraisal and self-esteem support, in combination with positive life events, acted as an effective buffer of life stress. However, it must be noted that there has also been difficulty in demonstrating the empirical distinctiveness of the various categories of social support at times (Pierce et al, 1990).

The functional approach asks what kind of support is available in order to better understand how different types of support are related to well-being and adjustment. The underlying belief in the functional and network approach is that social support and social connectedness increases self-esteem and self-worth and improves the coping capabilities of individuals (Seaborn-Thompson, 1986).

### Perceived Social Support

In order to capture more information on the qualitative aspects of social support networks and socially supportive behaviours, much research has been directed towards Barrera's (1986) third categorization of social support; perceived social support. Perceived social support refers to individuals' global perceptions of support and their satisfaction with that support (Barrera, 1981; Procidano & Heller, 1983). Much of the

literature suggests that it is the perceived aspects of personal relationships, in contrast to the structural characteristics of social networks which play the most important role in the process by which personal relationships have an impact on coping and adjustment (Pierce et al, 1990; Procidano & Heller, 1983; Telleen, Herzog & Kilbane, 1989). Of the three social support concepts, the concept of perceived social support has received the most research attention and has consistently shown negative relationships with distress and other negative outcomes (Turner et al, 1990). The concept of perceived social support also fits in well with the stress-buffering hypothesis of social support (Cohen & Hoberman, 1983).

The strength in this approach is in its recognition of the intra-personal context in which support occurs, by measuring individuals' subjective appraisal of the availability of people to provide assistance to them, and their sense of having people who accept and value them (Pierce et al, 1990). Used alone, a major criticism of this approach has been that the interpersonal context in which support efforts occur is often overlooked (Pierce et al, 1990). By asking how individuals perceive the support they receive, the question of who provides what is not necessarily answered. However, as Schumaker and Brownell (1984) hypothesize, social support is most effective when there is a fit between the person's needs and the type of support offered. Such a fit may be best measured by individuals' evaluation of support as beneficial or not, rather than by measuring who is available and what is provided to them (Thomlison & Hoffart, in press). It is important to stress that these different approaches to assessing social support are not mutually exclusive. Many of the studies have utilized all or a mixture of the approaches. However, what has often been lacking is a clear explanation of how the different

approaches and concepts are related. Barrera's (1986) conceptualization of the categories of social support is very clear, yet other complimentary models do exist.

#### A Multi-method Approach to Assessing Social Support

In recognizing the multi-faceted nature of the social support construct, it is not surprising that many researchers suggest and utilize a multi-method approach to measuring social support (Barrera, 1981; Barrera, 1986; Depner, Wethington, Ingersoll-Dayton, 1984; Schumaker & Brownell, 1984). A multi-method approach allows for an examination of the interrelationships between social support concepts and for a more precise specification of which aspects of support are predictive of adjustment for specific populations (Depner et al, 1984). This is possible when the concepts of social support are clearly defined and the links between them are conceptually clear (Depner et al, 1984). For example, Barrera (1986, p.418) presents the links between the concepts concisely as: "the availability of social connections contributes to an individual's perception that he or she can rely on others for aid or emotional sustenance. Furthermore, the perceived availability of support is related to an individual's decision to seek out support and ultimately to the provision of support by those individuals who are available and equipped to deliver the needed assistance".

There is still a great deal to be learned about the nature and impact of social support and how it co-varies with respect to its source, within the broader context of social relationships.

## CHAPTER TWO

### Methodology

The purpose of this study was: 1) to explore and compare both the types and sources of support utilized by two groups of adolescents: pregnant and parenting, and 2) to compare the two groups' perceptions of the social support available to them from family and friends. The purpose was to determine if the two groups differed in their perceptions of being supported and in the actual types and source of support available to them. More specifically this research was intended to determine if parenting adolescents have less social support than pregnant adolescents.

#### Sample Selection

The data for this research are derived from a cross-sectional study of 44 pregnant and parenting adolescents living in Calgary, Alberta. Subjects were drawn from the Pregnant and Parenting Adolescent Program (PPA) which is a program serving that population in one of two school settings. The first setting serves pregnant adolescents during their pregnancy and for varying lengths of time after the birth of their children. The second setting is a regular high school with a special program component for parenting adolescents who wish to complete their schooling. The programs are coordinated by three different agencies, The Calgary Board of Education, Calgary Health Services and Catholic Family Service.

Subjects for this study were recruited after requests outlining the purpose of the study were circulated to the professionals involved with the adolescents, along with a

request for volunteers. All subjects were approached individually, either after having indicated an interest in participating or if their social worker suggested their names. Participation was voluntary. Appendix I contains a copy of the consent forms which participants were asked to sign.

All subjects were interviewed individually, either in their homes, or at the school setting. Of the full sample, 20 adolescents were pregnant, and 24 were parenting their children. Of the 24 parents interviewed, five were "new" parents. These five were still attending the first setting, and their infants were on average, much younger than the parenting adolescents recruited at the second setting. Many of the young parents at the second setting had been involved in the PPA program for a considerable length of time (on average 18.8 months, while the average length of time for pregnant adolescents in the program was 4.6 months); the majority of these parents had initially started their involvement with the PPA at the first setting.

#### Measuring Support Satisfaction, Need and Social Network Indices

The first instrument utilized in this study was the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981). The ASSIS was designed by Barrera, in an effort to provide information concerning the people who supplied social support resources and on the type of support provided by them. The ASSIS provides a method for subjects to identify individuals who serve supportive functions, by asking subjects to name people who fulfilled the described functions. In the ASSIS, those support functions are identified as: 1) material aid, 2) physical assistance, 3) intimate interaction, 4) guidance, 5) feedback and, 6) social participation. In addition, the ASSIS identifies those social



network members who are both a source of support and a source of interpersonal conflict.

The ASSIS's indices of support satisfaction and need were based on the same six support categories used to identify network members. For each of the categories, subjects were asked to rate their satisfaction or dissatisfaction with the support they had received on a seven point scale, with (1) being very dissatisfied and (7) very satisfied. Again for each category of support, subjects were also asked to rate how much they needed each type of support, on a five point scale, from (1) no need at all, to (5) a very great need. In a study by Barrera (1990) the internal consistency between the functions of support was quite high (0.80), yet it must be noted that in some studies the internal consistency of the scale has been low (Barrera, 1980).

The support satisfaction measure has suffered from a markedly skewed distribution in past research studies, that favoured high satisfaction scores (Barrera, 1981). Test-retest correlation of  $r[43] = .69$ ,  $p < .001$  and low internal consistency (coefficient alpha = .33) were obtained on the support satisfaction measure. The support need measure demonstrated good test-retest reliability ( $r[43] = .80$ ,  $p < .001$ ) and moderate internal consistency (coefficient alpha = .52).

Barrera's (1981) conceptualization of the support functions fits in well with the aspects of support I was interested in interviewing the young women in my sample about, and I was especially attracted to its ability to identify both the function and source of support perceived to be available by them. It seemed to offer much promise in examining the patterns of support utilization by this population and also gave important information on other social network variables, such as actual and perceived network size,

conflicted network size and information on the relationship between the provider of the support and the recipient. The ASSIS has been found to give reliable measurements of both total network size and conflicted network size (Barrera, 1981; Barrera, 1990). Appendix II contains a copy of the ASSIS.

#### Measures of Perceived Social Support from Friends and from Family

Perceived social support, or the extent to which an individual perceives that his/her needs for support, information, and feedback are fulfilled is the concept that is measured in Procidano and Heller's (1983) measures of perceived social support (PSS). The PSS-Fr measures the extent to which individuals perceive that their needs for support are being met from friends, and the PSS-Fa measures the extent to which individuals perceive that their needs for support are being met by family. Procidano and Heller (1983) note that the distinction between friend support and family support is important because different populations may rely or benefit from friend and family support to a different extent. As noted earlier, some research has found that adolescent parents tend to utilize friends much more than adults for child care support (Garcia-Coll et al, 1987) and such trends of support utilization are important to note.

The PSS-Fr and PSS-Fa were developed and validated in three separate studies by Procidano and Heller (1983). They found that the PSS measures were internally consistent and appeared to measure valid constructs that were separate from each other and from network measures. In the first study of the preliminary versions of the PSS measure, high test-retest reliability ( $r = .83$  over a one month interval) and internal consistency (Cronbach alpha = .90) was found.

Both the PSS-Fr and the PSS-Fa scales consist of twenty declarative statements to which the individual answered "Yes", "No", or "Don't Know". For each item, the response indicative of perceived social support was scored as + 1, so that scores ranged from 0, indicating no perceived social support, to 20, indicating maximum perceived social support, as provided by family or friends (the "Don't Know" category was not scored). Appendix III contains the list of items contained in both PSS measures.

#### Demographic Information

All subjects were asked a number of questions regarding demographic information and some anecdotal questions. A copy of the demographic questions asked is available in Appendix IV.

Finally, it must be noted that all interviews allowed time for the adolescent to share her reactions and thoughts with respect to the interview. In some instances, adolescents were eager to discuss their experience of support from friends and family, in which case some qualitative information was gathered, with the intent of using it if helpful. For the majority of respondents, such additional information was not provided.

#### Limitations

Because participation in the study was voluntary, no information could be gained on those who chose not to participate. The cross-sectional design also did not allow for establishing the comparability of the two groups. An argument could be made for at least a general acknowledgement of some comparability, due to the fact that all adolescents were still involved in the program. Roosa (1986) identifies the adolescents

who stay involved in school programs after the birth of their children as a distinct group, one that differs greatly from the group of teens who drop out of school shortly before their pregnancies, or shortly after the discovery of their pregnancy.

The absence of a comparable group of non-parenting adolescents with which to compare the pregnant and parenting adolescents also limits the strength of the findings in this study. Also the limitations that accompany any pen and pencil inventory and face to face interviewing are also applicable to this study.

## CHAPTER THREE

### Results

The first part of the results section presents descriptive information on the sample and the findings on network variables, such as perceived available network size and conflicted network size. Measures of support satisfaction are then presented, and lastly, the patterns of support utilization by pregnant and parenting adolescents are compared with respect to seven categories of support providers.

#### Characteristics of the Sample

##### Age

The average age of the population was 17.84 years. The average age of the pregnant adolescents was 17.25 years, and the average age of the parenting adolescents was 18.3 years.

##### Living Arrangements

Eighty-five percent of the pregnant adolescents lived with their parent(s), compared to 20.8 percent of the parenting adolescent mothers. Five percent of the pregnant adolescents lived with their male partners, compared to 25 percent of the parenting adolescent mothers. Ten percent of the pregnant adolescents lived with a roommate, while only 8.3 percent of the parenting adolescents lived with a roommate. Forty-six percent of the parenting adolescents lived independently, while none of the pregnant adolescents interviewed lived independently. See Table I for a summary of the living arrangements of the sample.

Table I  
Living Arrangements of Sample Group

	Pregnant	Parenting
with parents(s)	85%	21%
with male partner	5%	25%
with roommate/friend	10%	8%
independent	0%	46%

#### Sources of Income

The primary source of income for the pregnant adolescents was parental support (80%); the remaining 20 percent received some form of social assistance. Only 15 percent of the pregnant adolescents cited a secondary source of income, such as a part-time job or some financial support from their male partners.

The primary source of income for 62.5 percent of the parenting adolescents was social assistance. Parents or a parent were the primary source of financial support for 20.8 percent of the parenting teens, and 12.5 percent were primarily supported by their male partners. One subject (4%) reported being financially independent through her own employment, and one subject (4%) reported being supported by Student Finance Loans. Of the parenting adolescents, 20.8 percent also reported their male partners as a second source of financial support.

### Relationship with the Putative Father

Of the total sample, only 43.2 percent reported that they were still involved in a romantic relationship with the fathers of their babies. Many had moved on to new relationships. Over a third (31.8%) reported having no contact with the putative father, and 25 percent reported their involvement with the putative father as minimal and at times conflictual.

### Network Variables

A summary of the findings on network variables, such as size and composition can be found in Table II.

#### Perceived Available Network Size

On average, both pregnant and parenting adolescents named 8.3 people in their social support network. The performance of a t-test showed no significant difference in the size of the social support networks between pregnant and parenting adolescents. This number represented the subjects' report of people who were perceived to be available to provide at least one support function.

Table II  
Social Support Networks of Pregnant and Parenting  
Adolescents

Variable	total sample means(Sd)	Pregnant group means(Sd)	Parenting group means(Sd)
Perceived Available Network Size	8.3(2.7)	8.5(2.5)	8.1(2.8)
Utilized Network Size	7(2.3)	7.3(2.5)	6.7(2.2)
Perceived Conflicted Network Size	3.4(1.7)	3.5(1.6)	3.4(1.8)
Actual Conflicted Network Size	2.5(1.5)	2.9(1.7)	2.2(1.4)
Time in Program (months)	12.3	4.6	18.8
Age of Child (months)- Number of Friends	3.5	- 3.5(0.8)	19.4 3.5(1.0)
Number of Relatives (excluding mothers)	1.5	1.8(1.8)	1.3(1.3)
Number of Professionals	0.9	.8(1.2)	1(1.1)

\*there were no significant differences between these two groups along these variables, except for age of child and time in program which is a result of the sample composition

#### Utilized Network Size

The utilized network size represents the number of people who were named as providing at least one support function in the past month. On average pregnant and parenting adolescents named 7 people as having provided some type of support in the past month. A t-test revealed that there was no significant difference in the size of the utilized social networks of pregnant and parenting adolescents.



### Perceived Conflicted Network Size

The ASSIS also distinguished between strictly supportive network members and those who were, in addition, sources of interpersonal conflict. Perceived conflicted network size refers to those people who were mentioned as having provided at least one support function and who were also perceived to be someone who was a potential source of negative interaction or conflict. On average pregnant and parenting adolescents named 3.4 people as potential sources of interpersonal conflict. A t-test revealed that there were no significant differences between the two groups in the size of their perceived conflictual network.

### Actual Conflicted Network Size

Actual conflicted network size refers to the number of people named in the adolescents' social support networks, who were reported as also being a source of interpersonal conflict in the last month. On average, pregnant and parenting adolescents reported experiencing interpersonal conflict with 2.5 members of their social support networks. Parenting adolescents reported experiencing conflict with an average of 2.2 people, in comparison to the pregnant sample, who reported experiencing conflict with an average of 2.9 people. A t-test revealed that these differences were not statistically significant.

### Overall Support Need

Adolescents rated their need for the different support functions on a scale from one to five, one indicating no need at all, and five indicating a very great need. These

scores were summed for each of the six support functions, for an overall score of support need (range = 6-30). The average score for support need for the total sample was 21.3. Parenting adolescents scored slightly higher (mean=22.3) than pregnant adolescents (mean=20.5) however, a t-test was performed and statistical significance was not obtained. Refer to Table III, for a summary of these findings.

Table III  
Overall Support Need by Status

Status	# of cases	Mean Scores	Sd
Pregnant Adolescents	20	22.30	3.56
Parenting Adolescents	24	20.50	4.40

\*( $t = -1.50$ ,  $p > .05$ )

#### Overall Support Satisfaction

Adolescents rated their overall satisfaction with each of the different types of support functions they received on a scale from one to seven. One indicated very dissatisfied and seven indicated very satisfied. The scores for each category of support were summed for an overall score of support satisfaction (range= 6-42). The average score for the total sample was 34.8. Pregnant adolescents scored significantly higher (37.5) than parenting adolescents (32.5) ( $t = -3.88$ ,  $p < .005$ ). Parenting adolescents were less satisfied with the support they received than were pregnant adolescents, which may suggest that although there is no difference in the size of the support networks or in these adolescents' perceptions of needing support, there may be less of a fit between

the support provided to parenting adolescents and their needs. Refer to Table IV for a summary of these findings.

Table IV  
Overall Support Satisfaction by Status

Status	# of cases	Mean Scores	Sd
Pregnant Adolescents	20	37.50	0.73
Parenting Adolescents	24	32.54	1.05

\*( $t = -3.88$ ,  $p < .005$ )

#### Perceived Social Support from Friends

On average pregnant and parenting adolescents reported 3.5 friends in their social support networks. There was no difference between the two groups in the average number of friends named.

Results from the PSS-Fr, which rated individuals' overall perceptions of being supported from friends, yielded scores that could range from one to 20. The lower the score, the less support the adolescent perceived to be available from friends. The average score on the PSS-Fr was 14.2, with pregnant adolescents scoring on average 13.4 and parenting adolescents scoring on average, 14.9. A t-test did not show the differences as statistically significant.

#### Perceived Social Support from Family

Results from the PSS-Fa, which represented subjects' subjective appraisal of the support available to them from their families, also yielded a score from one to 20. The

average score for the total population was 11.8. However adolescent parents scored significantly lower on the PSS-Fa than did pregnant adolescents ( $t = -3.73, p, < .005$ ). The average score for pregnant adolescents was 14.9, while the average score for parenting adolescents was 9.3. This suggests that parenting adolescents perceive significantly less support from their families than do pregnant adolescents. Given the general consensus in the literature on the importance of support for adolescents long after their babies are born, this finding is disconcerting. Table V summarizes these t-test findings.

Table V  
Summary of T-test Findings

Variable	Pregnant(sd) sample	Parenting(sd) sample	t-value	p
PANS	8.05(2.48)	8.46(2.84)	.51	.61
UNS	7.30(2.490)	6.79(2.23)	-.71	.48
PCNS	3.45(1.61)	3.42(1.84)	-.06	.95
ACNS	2.85(1.66)	2.21(1.38)	-1.37	.18
PSS-Fr	13.4(5.13)	14.87(3.23)	1.11	.28
PSS-Fa	14.85(4.37)	9.33(5.44)	-3.73	.001

\*PANS-Perceived Available Network Size, UNS-utilized network size, PCNS-perceived conflictual network size, ACNS-actual conflicted network size, PSS-Fr/Fa-perceived social support from friends/family

#### Patterns of Support Utilization

A series of chi-square tabulations were computed which examined the relationship between the various functions of support and the different sources of support. Six groupings of support providers were examined; support provided by mothers, female

siblings, other relatives (fathers, brothers and extended family), putative father/male partner, friends and professionals (social workers, teachers, public health nurse, pastors). A seventh category was created for those support providers that did not fall into the above categories, however the numbers were small and will not be reported.

A series of multiple regression analysis were also carried out in order to examine the relationship between scores on the PSS-Fa and PSS-Fr and other variables. The two strongest models, statistically speaking, will be presented.

#### Relationship of Pregnant and Parenting Adolescents to their Mothers

The most distinctive differences between pregnant and parenting adolescents in patterns of support utilization was observed in their reports of the support available to them from their mothers. Repeatedly, pregnant adolescents reported receiving support from their mothers more frequently than did parenting adolescents. The relationship between status and the presence or absence of the six support functions from mothers will be examined individually, by support function. A summary of the findings can be found in Table VI.

Table VI  
Support From Mothers

Type of Support		% Sample	% Parents	% Pregnant	$\chi^2(df)$
Intimate	perceived	52.3	33.3	75	7.59 (1)*
	actual	38.6	16.7	65	10.75(1)**
Material Aid	perceived	72.7	58.3	90	5.52 (1)*
	actual	50	29.2	75	9.17 (1)**
Advice	perceived	63.6	50	80	4.24 (1)*
	actual	50	41.7	60	1.47 (1)
Positive Feedback	perceived	59.1	41.7	80	6.63 (1)*
	actual	52.3	33.3	75	7.59 (1)*
Physical actual	perceived	54.5	45.8	65	1.62 (1)Help
	50	37.5	65	3.30 (1)	
Conflict	perceived	63.6	50	80	4.24 (1)*
	actual	52.3	41.6	65	2.38 (1)

\*statistically significant at  $p < .05$

\*\*statistically significant at  $p < .005$

#### Intimate Interaction

Of the total sample, 52 percent stated that they perceived their mothers as a source of intimate interaction support. Of the pregnant adolescents, 75 percent perceived their mothers as someone who would provide intimate interaction, while only

33.3 percent of parenting adolescents did; the difference being statistically significant at  $p < .01$  ( $\chi^2 = 7.59$ ,  $df = 1$ ). From this we can infer that the pregnant adolescents in this sample were more likely to perceive their mothers as available to them to talk about personal and private matters, than were the parenting adolescents. A phi of .42 reveals a moderate to strong relationship between the subject's status (pregnant or parenting) and the perceived availability of intimate interaction support from their mothers.

On average, 38.6 percent of the adolescents cited their mothers as having provided intimate interaction support in the month prior to the interview. Again chi-square analysis revealed that the number of parenting adolescents who reported receiving this type of support from their mothers (16.7%), was significantly lower than the number of pregnant adolescents (65%), with an observed significance level of  $p < .005$  ( $\chi^2 = 10.749$ ,  $df = 1$ ). A phi of .49427 indicated a moderate to strong relationship between status and the provision of intimate interaction support from mothers.

#### Material Aid

Mothers were perceived as providers of material aid by 72.7 percent of the total sample. However chi-square analysis revealed that many more pregnant adolescents (90%) perceived their mothers as sources of material aid, than did parenting adolescents (58.3%), a difference that is statistically significant at  $p < .05$  ( $\chi^2 = 5.52$ ,  $df = 1$ ). Again, this indicates that pregnant adolescents were more likely to perceive that support, in the form of material aid, is available to them from their mothers, than parenting adolescents are. A phi of .35 indicates a moderate relationship between status and these adolescents' perception of the availability of material aid from their mothers.

Only 50 percent of the sample actually reported receiving material aid from their mothers in the previous month. Again chi-square analysis revealed that the number of pregnant adolescents who reported that they received material aid from their mothers (75%) was significantly higher than the number of parenting adolescents (29.2%), with an observed significance level of  $p < .005$  ( $\chi^2 = 9.167$ ,  $df = 1$ ). A phi of .456 indicates a moderate relationship between status and these adolescents' report of receiving material aid from their mothers. Pregnant adolescents appear more likely to receive material aid from their mothers.

#### Advice and Guidance

The majority of pregnant and parenting adolescents (63.6%) also reported relying on their mothers for advice and guidance. However, chi-square analysis revealed that the number of pregnant adolescents (80%) who perceived their mothers to be available for advice and guidance was significantly higher than the number of parenting adolescents (50%). These differences were found to be significant at  $p < .05$  ( $\chi^2 = 4.242$ ,  $df = 1$ ). A phi of .31 indicates a moderate relationship between status and these adolescents' perception of the availability of their mothers to provide advice and guidance to them.

Fifty percent of the total sample reported receiving advice and guidance support from their mothers in the last month. Again the number of pregnant adolescents who received advice and guidance from their mothers (60%) was higher than the number of parenting adolescents who did (41.7%), but chi-square analysis revealed that these differences were not statistically significant. It appears that although parenting



adolescents are less likely to perceive their mothers as a source of advice and guidance, they are just as likely as pregnant adolescents to receive advice and guidance from their mothers.

#### Positive Feedback

The majority (59.1%) of pregnant and parenting adolescents also reported that they perceived their mothers as sources of positive feedback. However the number of pregnant adolescents who reported their mothers as perceived sources of positive feedback (80%), was again, significantly higher than for the parenting adolescents (41.7%). Chi-square analysis revealed that this difference is statistically significant at  $p < .05$  ( $\chi^2 = 6.631$ ,  $df = 1$ ), which indicates that status is correlated moderately ( $\phi = .388$ ) with these adolescents' perception of positive feedback from their mothers. Pregnant adolescents seem to perceive their mothers as a source of positive feedback more than parenting adolescents do.

Over half of the pregnant and parenting adolescents (52.3%) reported that their mothers had given them positive feedback in the last month. Again, chi-square analysis revealed that pregnant adolescents reported receiving positive feedback more than twice as much as parenting adolescents did. Whereas 75 percent of the pregnant adolescents reported receiving positive feedback, only 33.3 percent of the parenting adolescents did. This difference was found to be statistically significant at  $p < .05$  ( $\chi^2 = 7.591$ ,  $df = 1$ ), and a  $\phi$  of .415 indicates a moderate to strong relationship between the variables of status and the presence or absence of positive feedback from their mothers.

### Physical Assistance

Mothers were perceived as providers of physical assistance by 54.5 percent of both pregnant and parenting adolescents. The number of pregnant adolescents who felt that their mothers were a potential source of physical assistance was higher (65%) than within the parenting sample (45.8%). Chi-square analysis revealed that these differences were not statistically significant.

Fifty percent of pregnant and parenting adolescents reported that their mothers had actually provided them with physical assistance in the last month. Chi-square analysis revealed that 65 percent of the pregnant adolescents received physical assistance from their mothers, while only 37.5 percent of parenting adolescents did. This difference was not found to be statistically significant, however the general trend of parenting adolescents receiving less support from their mothers, is reinforced.

### Social Participation

Mothers were considered a source of social participation by 22.7% of the total sample, and 18.2 percent of the total sample reported that they had "fun" with their mothers in the last month. Chi-square analysis revealed no differences between pregnant and parenting adolescents in their perceptions or reports of social participation with their mothers.

### Negative Interactions / Interpersonal Conflict

Perhaps not surprisingly, the majority (63.6%) of both pregnant and parenting adolescents reported that they perceived their mothers as a source of interpersonal

conflict as well. The number of pregnant adolescents who perceived their mothers as a potential source of conflict was higher than for parenting adolescents (80% for the former, 50% for the latter). Chi-square analysis revealed that this difference was statistically significant with an observed significance of  $p < .05$  ( $\chi^2 = 4.242$ ,  $df = 1$ ). A phi of .31 reveals a moderate relationship between the variables of status (pregnant or parenting) and the adolescents' perception of their mothers as a source of interpersonal conflict. Over half (52.3%) of the sample reported that they had experienced some negative interaction with their mother in the last month. Although the number of pregnant adolescents (65%) who reported negative interactions with their mothers was higher than the numbers of parenting adolescents who did (41.6%), chi-square analysis revealed that this difference was not statistically significant. Thus, although pregnant adolescents perceive their mothers more frequently as sources of interpersonal conflict, they did not actually experience more conflict with them than the parenting adolescents in this sample.

#### Relationships with Female Siblings

Both pregnant and parenting adolescents also frequently turned to their female siblings for support. Unfortunately, information on the number of adolescents in the sample who had female siblings against those who did not is not available.

Table VII represents the percentage of pregnant and parenting adolescents who perceived their female siblings as supportive and who they reported as having provided a specific supportive function in the last month.

Chi-square analysis revealed statistically significant differences between pregnant and parenting adolescents' perceptions of the availability of material aid from their sisters,

and in their perceptions of their sisters as sources of positive feedback and advice. Only 4.2 percent of the parenting adolescents indicated that their sisters were a potential source of material aid, while 30% of the pregnant adolescents did. This was statistically significant with an observed significance level of  $p < .05$  ( $\chi^2 = 5.442$ ,  $df = 1$ ). A phi of .35 indicated a moderate relationship between status and the perception of material aid support from female siblings.

Of the pregnant adolescents, 40 percent reported that they perceived their sisters as a source of positive feedback. Only 12.5 percent of the parenting adolescents reported the same. Chi-square analysis revealed that this was statistically significant at  $p < .05$  ( $\chi^2 = 4.4$ ,  $df = 1$ ), with a phi of .32 indicating, again, a moderate relationship between status and individuals' perception of their female siblings as a source of positive feedback.

Of the pregnant adolescents, 35 percent reported that they perceived their sisters as a source of advice, while only 8.3% of the parenting adolescents did. This difference was found to be statistically significant at  $p < .05$  ( $\chi^2 = 4.77$ ,  $df = 1$ ), with a phi of .33 indicating a moderate relationship between status and these women's perceptions of the availability of advice from their sisters. Of the pregnant sample, 6.8 percent of the adolescents reported that they had received advice from their sisters in the last month, while none of the parenting adolescents did. Chi-square analysis revealed that this was

statistically significant at  $p < .05$  ( $\chi^2=3.86$ ,  $df=1$ ), with a phi of .29 indicating a moderate relationship between status and actually receiving advice from sisters.

Table VII  
Support From Sisters

Type of Support		% Sample	% Parents	% Pregnant	$\chi^2(df)$
Intimate	perceived	15.9	8.3	25	2.27(1)
	actual	11.4	4.17	25	2.71(1)
Material Aid	perceived	15.9	4.2	30	5.44 (1)*
	actual	6.8	4.17	10	.58 (1)
Advice 6.8	perceived	20.5	8.3	35	4.77 (1)*actual
	0	6.8	3.86 (1)*		
Positive Feedback	perceived	25	12.5	40	4.40 (1)*
	actual	18.2	12.5	25	1.15 (1)
Physical actual	perceived	18.2	8.3	30	3.44(1) Help
	11.4	4.17	15	.48 (1)	
Social Particip.	perceived	18.2	12.5	25	1.15 (1)
	actual	13.6	4.17	25	1.26 (1)
Conflict	perceived	25	16.67	35	1.96 (1)
	actual	20.5	12.5	30	2.05 (1)

\*statistically significant at  $p < .05$

It is important to note, that although pregnant and parenting adolescents differed significantly in their perception of the availability of these types of support from their sisters, there were no significant differences in their actual report of different types of support from their siblings in the thirty days prior to the interview, except with respect to advice and guidance.

#### Relationships with Other Relatives

Other relatives represents the third grouping of support sources and includes the adolescents' fathers, male siblings and extended family, including step-parents.

Other relatives were utilized by this sample mainly for physical assistance and material aid. A summary of the percentages for both pregnant and parenting adolescents' perception of the availability of, and their actual utilization of the different support functions are presented in Table VIII.

Table VIII  
Support from "Other Relatives"

Type of Support	Total Sample	
	Perceived	Actual
Intimate Interaction	20.5%	13.6%
Material Aid	52.3%	36.4%
Advice Guidance	36.4%	22.7%
Positive Feedback	45.5%	36.4%
Physical Assistance	54.5%*	47.7%*
Social Participation	20.5%	20.5%
Conflict	45.5%	34.1%

\*statistically significant differences between pregnant and parenting adolescents, see text.

Chi-square analysis revealed statistically significant differences in pregnant and parenting adolescents' perception of other relatives as potential and actual sources of physical assistance. While 54.5 percent of all the adolescents in this sample reported that they perceived their relatives as a potential source of physical assistance, chi-square analysis revealed that 75 percent of pregnant adolescents did in comparison to 37.5 percent of the parenting adolescents, with a significance of  $p < .05$  ( $\chi^2 = 6.1875$ ,  $df = 1$ ). A Phi of .375 indicates a moderate relationship between status and subjects' perception of the availability of physical assistance from their other relatives.

With respect to subjects' report of their other relatives' provision of physical assistance in the month previous to the interview, similar differences were found. Seventy percent of the pregnant adolescents reported that their other relatives had provided

physical assistance to them in the last month, while only 29.2 percent of the parenting adolescents did. Chi-square analysis revealed that this was statistically significant, with a significance of  $p < .05$  ( $\chi^2 = 7.29$ ,  $df = 1$ ). A phi of .407 indicates a moderate to strong relationship between status and the provision of physical assistance from other relatives.

Relatives were also a significant source of perceived conflict for pregnant and parenting adolescents. Over forty-five percent of the adolescents perceived other relatives as a source of conflict, and 34 percent of the sample reported having a recent conflict with another relative.

#### Relationships with Male Partner

No significant differences were found between pregnant and parenting adolescents' utilization of support from their boyfriends and/or male partners. Pregnant adolescents more frequently reported their boyfriends as supportive in all the different functions of support, yet chi-square analysis revealed that these differences were not statistically significant. A summary of the percentages of adolescents, both pregnant and parenting, who reported their boyfriends as potential and actual providers of the different types of support is presented in Table IX.

Boyfriends most frequently served as sources of social participation, positive feedback and physical assistance. Although there were no differences between pregnant and parenting adolescents' perception and utilization of support from their boyfriends, what became quickly evident is the prevalence of male partner support for subjects in this sample. The role of male partners and/or the putative father has only recently begun to



receive research attention. These findings show that for a significant number of both pregnant and parenting adolescents, male partners are a significant part of their lives.

Table IX  
Male Partner Support

Type of Support	Perceived	Actual
Intimate Interaction	43.2%	38.6%
Material Aid	34.1%	20.5%
Advice Guidance	29.5%	15.9%
Positive Feedback	54.5%	45.5%
Physical Assistance	50%	40.9%
Social Participation	61.4%	54.5%
Conflict	61.4%	50%

\*no statistically significant differences between pregnant and parenting adolescents, see text.

#### Relationships with Friends

The majority of both pregnant and parenting adolescents perceived their friends as important sources support. Chi-square analysis revealed no significant differences between the two groups' perception or utilization of support, however parenting adolescents (66.7%) perceived their friends as potential sources of interpersonal conflict much more than pregnant adolescents did (35%). Chi-square analysis revealed that this was statistically significant with an observed significance of  $p < .05$  ( $\chi^2 = 4.38$ ,  $df = 1$ ). A

phi of .3156 indicated a moderate relationship between status and perceived conflict with friends. A summary of the findings on support from friends is presented in Table X.

Table X  
Support from Friends

Type of Support	Perceived	Actual
Intimate Interaction	63.6%	54.5%
Material Aid	47.7%	22.7%
Advice Guidance	59.1%	50%
Positive Feedback	70.5%	52.3%
Physical Assistance	59.1%	47.7%
Social Participation	93.2%	90.9%
Conflict	52.3%*	40.9%

\*statistically significant differences between pregnant and parenting adolescents, see text.

#### Relationships with Professionals

A surprising finding was the adolescents' perception and utilization of support from professionals. Since all subjects were involved in the Pregnant and Parenting Adolescents Program, it was expected that many would report utilizing support from the various professionals in the program: social workers, public health nurses and teachers. Parenting adolescents named, on average, 1.04 professionals as a source of support, which was slightly higher than the pregnant adolescents, who on average named 0.8 professionals. A t-test revealed that this was not statistically significant. However, these averages do not reflect the fact that almost 60 percent of the adolescents interviewed did

not report that they perceived the professionals in their program as potential support resources.

The most frequent type of support utilized by both pregnant and parenting adolescents from professionals was advice and guidance (34.1%), followed by positive feedback (18.2%) and intimate interaction (15.9%).

Of the parenting adolescents, 29.2% reported that professionals had been a source of positive feedback in the past month, while only five percent of the pregnant adolescents did. Chi-square analysis revealed that this was statistically significant, with an observed frequency of  $p < .05$  ( $\chi^2 = 4.28$ ,  $df = 1$ ). A phi of .31 indicates a moderate relationship between status, and individuals' perceptions of professionals as a source of positive feedback.

Although relatively few adolescents reported utilizing professional support in the month prior to the time of the interview, professionals were perceived as a potential support resource by approximately 40 percent of the adolescents. A summary of the adolescents' perceptions and utilization of support from professionals is presented in Table XI.

Table XI  
Support from Professionals

Type of Support	Total Sample	
	Perceived	Actual
Intimate Interaction	25%	15.9%
Advice/Guidance	40.9%	34.1%
Positive Feedback	27.3%	18.2%

To sum up the results of the study this far, it becomes apparent that the pregnant and parenting adolescents in this sample are more similar in their patterns of support utilization than dissimilar. However, they differ markedly in a few areas; in their relationships with their mothers and in their perceptions of being supported by their families. A summary of the differences between pregnant and parenting adolescents can be found in Table XII.

In this sample, the parenting adolescents were less likely than pregnant adolescents to perceive their mothers as supportive along four of the support dimensions examined: intimate interaction, material aid, advice, and positive feedback. Parenting adolescents also reported receiving less intimate interaction, material aid and positive feedback from their mothers in the month prior to being interviewed.

Parenting adolescents were also less likely to perceive their female siblings as a source of material aid, advice and positive feedback, and also reported receiving significantly less support in the form of advice from their sisters. Parenting adolescents

were also less likely to perceive and report their other relatives as a source of physical

Table XII  
Summary Table

Variable	Pregnant(Sd)	Parent(Sd)	Sign.	
OSS* (range 6-42)	37.5(.73)	32.5(1.05)	t=-3.88, p<.005	
PSS-Fa (range 1-20)	14.9(4.37)	9.3(5.44)	t=-3.73, p<.005	
<b>Maternal Support</b>				
		% Pregnant	% Parent	
			Sign.	
Intimate	perceived actual	75% 65%	33.3% 16.7%	$\chi^2=7.59$ , $\chi^2=10.75$ , p<.05 p<.005
Material Aid	perceived actual	90% 75%	58.3% 29.2%	$\chi^2=5.52$ , $\chi^2=9.17$ , p<.05 p<.005
Advice	perceived actual	80% 60%	50% 41.7%	$\chi^2=4.24$ , $\chi^2=1.47$ , p<.05 p>.05
Positive Feedback	perceived actual	80% 75%	41.7% 33.3%	$\chi^2=6.63$ , $\chi^2=7.59$ , p<.05 p<.05
Conflict	perceived actual	80% 65%	50% 41.6%	$\chi^2=4.24$ , $\chi^2=2.38$ , p<.05 p>.05
<b>Female Sibling Support</b>				
Material Aid	perceived actual	30% 10%	4.2% 4.17%	$\chi^2=5.44$ , $\chi^2=.58$ , p<.05 p>.05
Advice	perceived actual	35% 6.8%	8.3% 0%	$\chi^2=4.77$ , $\chi^2=3.86$ , p<.05 p<.05
Positive Feedback	perceived actual	12.5% 12.5%	40% 25%	$\chi^2=4.40$ , $\chi^2=1.15$ , p<.05 p>.05
<b>Other Relatives</b>				
Physical Assist.	perceived actual	75% 70%	37.5% 29.2%	$\chi^2=6.19$ , $\chi^2=7.29$ , p<.05 p<.05
Friends Conflict	perceived	35%	66.7%	$\chi^2=4.38$ , p<.05
Professionals Positive Feedback	perceived	5%	29.2%	$\chi^2=4.28$ , p<.05

\*overall support satisfaction

assistance. Parenting adolescents were also more likely than pregnant adolescents to perceive their friends as a source of interpersonal conflict. Finally, parenting adolescents were more likely to perceive a professional as a potential source of positive feedback.

Although pregnant adolescents consistently reported perceiving and receiving more support from their mothers, this was also accompanied by an increased perception of their mothers as potential sources of interpersonal conflict.

Parenting adolescents scored lower on the PSS-Fa, the measure of perceived social support from family, and on their scores of overall support satisfaction from the ASSIS.

#### Relationship between Mother Support and Boyfriend Support and Perceived Social Support from Family (PSS-Fa)

Given the difference between pregnant and parenting adolescents average scores on the PSS-Fa, it was of particular interest to this researcher to explore what factors might be associated with the PSS-Fa scores. It was hypothesized that the presence of maternal support, especially for intimate interaction, advice and guidance, and material aid, would be of particular importance in explaining the variance in PSS-Fa scores, regardless of the status (pregnant or parenting) of the adolescent. A series of multiple regression analyses were carried out to explore the relationships between the variables associated with maternal and male partner support, and their relationship to the PSS-Fa, but only two models will be presented, as they were statistically the strongest.

In the first model PSS-Fa was entered as the dependent value. Four variables: mother as a perceived source of intimate interaction (MAPRCFLE), male partner as a

source of social participation (BFFUN), male partner as a perceived source of intimate interaction (BFPFEEL), and male partner as a perceived and actual source of positive feedback (BFPSSPFD and BFPOSFD), were entered as independent variables. Stepwise regression analysis revealed that only perceived maternal support for intimate interaction (MAPRCFLE) was a viable predictor for the dependent variable. The model using MAPRCFLE as the sole independent variable is a powerful one ( $r^2 = .22815$ ,  $F = 12.41$ ,  $p < .001$ ). Thus approximately 22 percent of the variance in the dependent value is accounted for by the variance in the independent variable of perceived maternal support for intimate interaction. Scores on the PSS-Fa were much more likely to be higher for those adolescents who perceived their mothers to be available for intimate interaction support. For a summary of this model refer to Table XIII.

Table XIII  
Relationship of Maternal Support to PSS-Fa

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Dependant Variable - PSS-Fa		
R Square	.22815	F = 12.4149 Sig F = .001
Variables in Equation	F	Sig F
MAPRCFLE	12.413	.001
Variables Not In Equation	F	Sig F
BFPFEEL	.014	.905
BFPSSFD	.073	.7879
BFPOSFD	2.763	.1041
BFHELP	.970	.3305
BFFUN	3.920	.0545

---

Previous results also indicated that perceived maternal support for intimate interaction was dependent on status (pregnant or parenting). In order to see if status and living arrangement (with parent(s) or without parent(s)) was also predictive of the levels of perceived social support from family, another stepwise regression was performed. Again the PSS-Fa was the dependent value and perceived maternal support for intimate interaction, living arrangements and status were specified as the independent variables. It was found that status in combination with perceived maternal support for intimate interaction were predictive of PSS-Fa, accounting for approximately 33 percent of the variance ( $R^2 = .33203$ ,  $F=10.19$ ,  $p=.0003$ ). These findings are summarized in Table XIV.



Table XIV  
Relationship Between Status, Maternal Support  
and Living Arrangements with PSS-Fa

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Multiple R	.57622		
R Square	.33203	R Square Change	.09038
Adjusted R Square	.29944	F Change	5.54724
Standard Error	4.73110	Signif F Change	.0234

F = 10.18992      Signif F = .0003

Variables in the Equation		
Variable	F	Sig F
STATUS	6.376	.0155
MAPRCFLE	5.547	.0234
(Constant)		.0000

----- not in -----		
Variable	F	Sig F
LIVARR	1.122	.2959

---

It was interesting to note that living arrangements, whether an adolescent lived with a parent (or parents) or not, was not found to be predictive of adolescents' perceptions of support from their family. However, in order to check for the possibility of collinearity between the variables of status and living arrangements, another multiple regression analysis was done using the independent variables of perceived maternal support and living arrangement, with the PSS-Fa again being the dependent variable. Similar to the previous multiple regression analysis, it was found that perceived maternal support and living arrangements; with parent(s) or other, were both predictive of PSS-Fa scores,

accounting for approximately 32 percent of the variance ( $R^2 = .31732$ ,  $F = 9.52865$ ,  $p = .0004$ ). Thus it appears that the variables, living arrangements and status are both related, and both are positively related to PSS-Fa scores. Adolescents who were pregnant, perceived their mothers to be available for intimate interaction, and lived with a parent, were much more likely to score higher on the PSS-Fa. Table XV presents a summary of these results.

Table XV  
Relationship between Living Arrangements and Maternal Support with PSS-Fa

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Multiple R	.56331		
R Square	.31732		
Adjusted R Square	.28402		
Standard Error	4.78291		
Analysis of Variance			
	DF	Sum of Squares	Mean Square
Regression	2	435.95989	217.97994
Residual	41	937.92648	22.87626
F = 9.52865      Signif F = .0004			
Variables in the Equation			
Variable	T	Sig	T
LIVARR	2.314	.0257	
MAPRCFLE	2.772	.0083	
(Constant)	6.786	.0000	

---

#### Predictors of Perceived Social Support from Friends (PSS-Fr)

Although there were no significant differences between pregnant and parenting adolescents' scores on the PSS-Fr, I was interested in which variables might be useful in predicting scores on the PSS-Fr. It was hypothesized that the presence of friend

support, especially for intimate interaction, social participation, and positive feedback, would be of particular importance in explaining the variance in the PSS-Fr scores. A series of multiple stepwise regression analyses were carried out to explore the relationships between these variables. Only one model will be presented, which was found to be the strongest statistically. Table XVI summarizes the findings from this analysis.

Table XVI  
Relationship of Friend Support Variables to PSS-Fr

---

Dependant Value - PSS-Fr		
R Square = .21639	Sig F = .0015	
Variables in Equation	F	Sig F
FRPFEEEL	11.598	.0015
Variables not in Equation		
FRFEEL	.274	.6034
FRPFUN	.215	.6454
FRPSOFD	.119	.7321
FRPPOSFD	2.609	.1139

---

PSS-Fr was entered as the dependent variable. Five variables; friends as a perceived and actual source of intimate interaction (FRPFEEEL and FRFEEL), friends as a perceived and actual source of positive feedback (FRPPOSFD and FRPSOFD) and friends as a perceived source of social participation (FRPFUN), were entered as independent variables.

Stepwise regression revealed that only the perceived availability of friends for intimate interaction was a significant predictor for the PSS-Fr. The predictive strength of the independent variable with respect to the dependent variable for the 44 cases was statistically significant, with an observed frequency level of  $p = .0015$  ( $F = 11.598$ ,  $R \text{ Square} = .21639$ ). Thus the perceived availability of a friend to talk to about one's personal and private feelings, accounts for approximately 22 percent of the variance in the PSS-Fr scores. It is interesting to note that for both the PSS-Fr and the PSS-Fa, the perceived availability of support is the significant predictor, rather than the actual provision of that form of support in the month prior to the interview.

## Chapter Four

### Discussion and Conclusions

The results of this study indicated that pregnant and parenting adolescents perceive and utilize support from a variety of sources. The two groups were often more similar in their patterns of support utilization than dissimilar, however they differed markedly in a few areas: in their relationships with their mothers and in their perceptions of being supported by their families.

Parenting adolescents were more likely than pregnant adolescents to perceive their mothers as less supportive along four of the support dimensions examined: intimate interaction, material aid, advice, and positive feedback. Parenting adolescents also reported receiving less intimate interaction, material aid and positive feedback from their mothers in the month prior to being interviewed.

Although pregnant adolescents consistently reported perceiving and receiving more support from their mothers, this was also accompanied by an increased perception of their mothers as potential sources of interpersonal conflict.

Parenting adolescents scored lower on the PSS-Fa, the measure of perceived social support from family, and on their scores of overall support satisfaction from the ASSIS. What one can conclude is that the parenting adolescents in this sample generally perceived their families as less supportive, particularly their mothers, and were generally less satisfied with the support they received, as indicated by their overall support satisfaction scores.

There are several questions that arise with respect to the implications of these findings. One of the first questions is if these findings indicate that support for parenting adolescents from their families decreases over time. That is, if the pregnant adolescents are comparable to the parenting adolescents in this sample, will they too begin to experience less support from their mothers and families and report less satisfaction with the support they receive over time?

#### Support from Mothers and Family

Teenage pregnancy often represents a crisis for the individual woman, and also for her family (Dunst, Vance & Cooper, 1986). Teenage pregnancy has been viewed at times as an opportunity for a family to reduce role ambiguity during times of family transition and that the crisis of teenage pregnancy often serves to draw families together (Buchholz & Gol, 1986). It has also been hypothesized that pregnancy temporarily raises the status of the young woman in her family (Buchholz & Gol, 1986). The pregnancy seems to represent a time of high support from family members for the adolescent, that may or may not have been present prior to the pregnancy.

Some researchers such as Seaborn-Thompson (1986) have referred to the first six months of the baby's life as the "honeymoon" period for the adolescent mother and her child, where the infants are relatively less demanding and family support for the young mother is at its maximum. Seaborn-Thompson (1986) suggests that family support often decreases just as the child is becoming more demanding.

The possibility does exist that the parenting adolescents in this sample did not experience more support when they were pregnant and that the differences found in this

study may simply reflect differences in the sample that existed prior to their pregnancy and parenting. However if we assume, for the sake of argument, that pregnancy is marked by support for adolescents from their families and their mothers in particular, and that this support decreases as the baby gets older, then Schumaker and Brownell's (1984) introduction of reciprocity theory in understanding the process of social support may be helpful.

Reciprocity theory posits that individuals often feel indebted when they receive assistance and feel they have to "pay back" the people who have helped them (Schumaker & Brownell, 1984). In times of continued stress or need, such as single parenting by adolescents, individuals' ability to reciprocate is hampered. As their sense of indebtedness increases, adolescent mothers may feel increasingly uncomfortable in asking for and/or receiving support. In order to reduce this feeling of indebtedness, young mothers may stop accepting a needed benefit, or may slowly distance themselves from those who provide them with the most help. They may distance themselves in a number of ways, by scorning those who help them or engaging in negative interactions which would lessen their feelings of debt, by devaluing the help given them, or by withdrawing from the supportive relationship (Schumaker & Brownell, 1984). Keefe (1988) carries this train of thought further, by hypothesizing that the adolescent's inability to reciprocate leads not only to isolation and the loss of social support, but to a decreasing capacity to cope. The numbers of parenting adolescents who lived apart from their families in this sample is striking and may be an example of how adolescent parents withdraw from supportive relationships.

Likewise, providers of support may tire of continually providing aid when they feel they are never given anything back. Such an imbalance in supportive exchanges, over an extended period of time, is almost certain to threaten or at least strain even close relationships (Schumaker & Brownell, 1984). Although it is hard to conceptualize emotional and intangible support as being measured in terms of an amount to be paid back, reciprocity theory does shed light on how social support from families may decrease over time (Schumaker & Brownell, 1984).

Several authors (Crnic & Greenberg, 1987, Crokenberg, 1987, Procidano & Heller, 1986) suggest that it is the perception of being supported or that support is available, that is more influential to well-being rather than the actual amount of support provided. One of the most consistent findings in this study was the sharp differences between pregnant and parenting adolescents' perceptions of the support available to them from their mothers. One possible explanation for these findings may be that the parenting adolescents have changed their perceptions of their mothers as support providers, in order to reduce their feelings of indebtedness or discomfort at their continued reliance on their mothers for support. It is also possible that this finding is an artifact of the instrument, which may have failed to capture some kinds of support offered by these adolescent parents' mothers that may be less tangible.

The argument that it is individuals' perceptions of support which are significant to well-being is supported by the findings in this study in which the perceived availability of mothers and friends for intimate interaction support was predictive of the adolescents' overall scores on the PSS-Fa and PSS-Fr, rather than the actual provision of intimate interaction from their mothers and friends in the month prior to the interview. It seems



that tapping into individuals' perceptions of the availability of people who are supportive should be an important part of any assessment of the social support networks of individuals. It is their perceptions of whether support is available or not, that can give practitioners direction for their interventions with individuals and their social support networks.

The differing reports of support from mothers by pregnant and parenting adolescents in this study also generate many more questions for research. If we hypothesize that the support from mothers decreases over time, one needs to ask what the impact of this on the young mother will be. What causes the support from mothers to decrease for so many teenage mothers? Does the continued need for support by their daughters, lead to a type of burnout on the mothers' part? Do the support needs of parenting adolescents change over time, in such a way that it is more difficult for their families to support them? Is the process of providing and receiving support affected by other relationships, such as a relationship with a boyfriend or friends?

Adolescent mothers may also experience less support from their mothers because it is developmentally appropriate for them to be less dependent on their mothers, as they negotiate the task of final separation from their family of origin. As these young women try to establish their independence they may be reluctant to depend on their families for support of any kind which would re-enforce their dependence on their families to them. However, a corresponding increase in utilizing support from people other than their families was not evident in this study. Parenting adolescents were not receiving more support from other sources when compared to the pregnant adolescents, to compensate for the lack of support they were receiving from their families and their mothers in

particular. One pregnant adolescent's comments on her struggle to make her decision whether to parent or place her child for adoption reflects the developmental task adolescents face, as she struggles to distinguish and define her own wishes from those of her family: "My family has supported me - but more now that I've decided to surrender. It really bothers me that they weren't as willing to talk about what would or will happen if I keep (the baby). Now that I'm thinking of surrendering I realize that I'm doing what they want. But its what I want first....if I won a million dollars I'd keep my baby - but I won't and I'm too young". The possibility of losing support from her family and the pressure to conform to her family's wishes may be powerful factors in this young woman's struggle to make a decision regarding her child.

If part of the struggle for these young women is due to the developmental stage they are in, the presence of conflict with their mothers may not be surprising. However, the parenting adolescents in this sample experienced no more or less conflict with their mothers than the pregnant adolescents did, in spite of the fact that the pregnant adolescents perceived their mothers more often as a potential source of interpersonal conflict. Again this generates more questions for further research. What is the meaning of the conflict to both the mothers and the daughters in this sample? Is mother-daughter conflict an inherent part of such relationships during adolescence, regardless of the pregnancy and early child-rearing of these young women? Was the support from their mothers as perceptible to them prior to their pregnancies? Is the high numbers of adolescent parents who live away from home the the result of the conflict experienced with their mothers and families during their pregnancies?

For pregnant and parenting adolescents who are still living in the family home, the task of individuation may be even more difficult. Unger and Wandersman (1985) draw attention to the fact that although it is generally thought that adolescents who have their mothers' support and help in child-rearing often fare better in terms of completing their education and in performing their roles as parents, little is known about the impact too much help from their mothers may have on the young mothers' sense of competence or on their relationship with their children. Too much help from their the mothers may have an unfavourable influence on the teen mothers' parenting and their childrens' development. This may possibly result in a situation where a grandmother is competing for the role of parent with her daughter, and undermining the young mother's confidence (Unger & Wandersman,0 1985). This may also represent a major source of conflict in the daughter/mother relationship.

Osofosky, Culp & Ware (1988) found that the grandmothers (that is, the mothers of the adolescents) in their sample of 130 adolescent mothers, were often intensely involved with the young mothers and their infants. The most consistent patterns of involvement were for the mother to move in and out of the parental home and to use the grandmother as a baby sitter. Although such details on the role of the grandmothers in this sample was not gathered, the prevalence of mothers as both perceived and actual sources of support for the pregnant adolescents, and the contrasting patterns of support utilization by the parenting adolescents, highlights the need for further investigation on the role of these adolescents' mothers on the pregnant and parenting adolescents, the mother-infant dyad, and the larger family constellation.

Although the presence of interpersonal conflict with mothers figured largely in this sample of pregnant and parenting adolescents, its meaning or impact on the young mother, the child and the grandmother cannot be determined. Qualitative research, which could examine the meaning of the relationship to the different individuals, would greatly enhance our understanding of the impact of relationships which are both supportive and at times stress producing.

The most important predictor found of perceived social support from family was the young women's perceptions of the availability of their mothers for intimate interaction support. Parenting adolescents and adolescents (pregnant or parenting) who did not live with their parent(s) were more likely to have lower scores on the PSS-Fa, which measured their perception of being supported by their families.

Crnic and Greenberg (1987) highlight the importance of intimate support as it relates to parents' general life satisfaction when their babies were one, four and eight months old. The lack of intimate support perceived by parenting adolescents from their mothers is disconcerting, especially for those adolescents who do not experience a great deal of support from other sources.

Much interest has been generated in the past several years in examining social support as a process, and including at least two perspectives of supportive exchanges within the research design (Pierce et al, 1990, Schumaker & Brownell, 1984). The impact of teenage pregnancy and parenting on the mothers of these young women as well as their perception of how it has affected their relationships with their daughters would clearly enhance our understanding, not only of social support as an exchange process, but on the impact of such a life event on mother-daughter and family relationships.

One might also wonder if the adolescent parents' need for support is as strong once they have been parenting for a longer period of time. Crnic and Greenberg (1987) suggest that the effects of social support on parenting and child development may vary depending on the developmental period in which it is measured. Their data, from a study of 52 mothers ranging in age from 16 to 38 years, indicated that social support effects on maternal functioning may be greatest during the transition to parenting period and in the first four months of the baby's life. They suggest that once routines with their children have been established, mothers may not have as strong a need for support as they did initially. However, in this study, pregnant and parenting adolescents scored similarly on scores of overall support need, which suggests that the need for support continues long after the birth of their children. The children of the parents in this sample were, on average, 19 months of age.

In addition, the difficult conditions that many adolescent mothers have to parent in, such as poverty, the stress of single parenting, and the added stress of trying to complete their education, would seem to contribute to what Zuravin (1988) describes as "chronic socio-demographic" stress. The finding from this study on these adolescents' overall need for support, seems to support the notion that adolescent parents continue to need a great deal of support, both instrumental and emotional, long after their babies are born.

The adolescents in this study, also relied on their other relatives to a great extent, including fathers, siblings, step-parents and extended family. These supportive relationships were also frequently marked by interpersonal conflict, suggesting again that supportive relationships also have a stress producing side to them.

In almost all cases, parenting adolescents experienced less help from other relatives than pregnant adolescents did, although chi-square analysis revealed that these differences were only statistically significant with respect to perceived support from female siblings for material aid and positive feedback, perceived and actual advice from female siblings, and both perceived and actual physical assistance from other relatives.

Again, caution is needed in interpreting these statistics. There is the possibility that these differences reflect differences in the two subsamples' social support networks that existed prior to pregnancy and/or parenting and do not reflect a change over time. What can be inferred is that the parenting adolescents in this sample did perceive and receive less support, especially from their mothers, than did the pregnant adolescents in this sample. A longitudinal design, which would follow the pregnant adolescents' appraisal of support over time, would be helpful in determining how social support changes over time for this population.

It would also be helpful to compare those adolescents who have higher levels of support with those who do not, to look for individual differences and the impact of these on other variables, such as maternal behaviour. There is enough evidence to date that suggests a lack of support does impact both the adolescent mother, her parenting and the child.

### Relationships with Friends

Friends clearly play an important role as support providers to both pregnant and parenting adolescents. These findings are better understood in a developmental context, where adolescence is regarded as a time where peers are particularly important,

providing both behavioural standards and support for the developmental crisis of adolescence (Garcia-Coll, Hoffman, Van Houten & Oh, 1987).

The prevalence of friends as support providers for parenting adolescents is also supported by the work of Garcia-Coll, Hoffman and Oh (1987), Sherman and Donovan (1991) and Seaborn-Thompson (1986). These authors raise questions regarding the impact of utilizing peers as a source of advice and childcare on the children of adolescent mothers and the impact of peer support on the adolescent mother herself.

Seaborn-Thompson (1986) found that there was a negative relationship between friend support and maternal stress and psychological distress, and suggests that peers are inadequate socializers for motherhood, serving to confirm the anxiety and distress about the difficulties and inconveniences of mothering to them. Although this is a possibility, it also seems necessary to distinguish between the short versus long term effects of social support. If friend support increases the stress for the parenting adolescent initially, the long term benefits of a supportive friendship network for the emotional health of the young woman may outweigh any negative short term effects. In fact, network support from friends and family can be particularly important in re-establishing women's self-esteem and identity independent of mothering (Seaborn-Thompson, 1986).

This author became increasingly interested in the friendships of these young women. Many of the pregnant adolescents maintained contact with friends outside of the Pregnant and Parenting Adolescent Program (PPA), but they, and the parenting sample even more so, frequently named as their friends other young women who were also part of the PPA program. Given that friendship networks are generally more fluid and perhaps

less stable than family networks (Procidano & Heller, 1983), perhaps this is not surprising. The potential benefits of friendships with those in similar situations as themselves may include the presence of peers who can empathize with their situation, are willing to engage in activities that involve their children, and engage each other in shared problem-solving. It is also possible that there may be some negative outcomes, such as the re-enforcement of negative child-rearing practices.

Friendship has been found to be particularly important in female adolescence development (Berzoff, 1989) and the availability of a close confiding relationship has been found to be particularly important for the psychological well-being of women throughout the life cycle (Sherman & Donovan, 1991). Friends provided a high level of support to the adolescents in this study, yet the meaning or impact of this support for the pregnant or parenting adolescent cannot be determined. Several questions immediately arise about the meaning and impact of friendships for young adolescent women, and the impact of early childbearing on those friendships.

Do pregnant and/or parenting teens "lose" friends as a result of this life transition? And if so, what is the impact of these losses on the young women's sense of self esteem and worth? Several of the young women in this study mentioned the loss of friends since their pregnancy. They mentioned differing concerns and interests as one of the reasons but also frequently voiced that their peers "judged" them negatively and rejected them because of their pregnancy. Further research into the meaning of such events would serve to enrich our understanding on the role of friendship in adolescence generally and aid us in understanding the meaning of these changing relationships for pregnant and parenting adolescents in particular.



One 17 year old women who was planning to place her child for adoption, spoke eloquently about her experiences with her friends: "My friends from before aren't around. I'm surprised when they call - I don't expect them to understand. I also can't do everything they do because I'm pregnant. I'm not sure if its because they don't want to see me around pregnant or if I'm not interested because I'm pregnant. After the baby is born I'll get back into the swing of things. But I don't expect them to understand. I didn't understand (being pregnant, adoption, parenting) before I got pregnant - I was a snob about it. They might still be".

Do the friends these young women make in the program provide the same functions as friends who do not experience early child-rearing? How large a part do friends play in their children's lives? What is the impact of these teens on their friends who are not pregnant? Does it make parenting a more or less attractive option for them; a question that educators have often asked, with respect to sex education (Bok, 1987), and a concern often raised by parents and schools when they implement special programs for parenting teenagers.

The fact that parenting adolescents were more likely to perceive their friends as a source of interpersonal conflict may reflect the fact that their role as parents leads them to limit their involvement with non-parenting friends, which could be a potential source of conflict. They may feel their friends do not understand their priorities, or that their friends may actually not understand the limitations that the parenting role places on them. Further research on the friendships of adolescent mothers would clarify this issue. It is possible that the perception of their friends as potential sources of conflict may not necessarily translate into actual negative interactions with their friends; this is one

possible explanation of the findings in this study, which found that actual reports of interpersonal conflict with friends did not differ among the pregnant and parenting adolescents. The presence of conflict with friends may not represent conflict with non-parenting friends at all, but rather with their new friends who are also pregnant and/or parenting. At times this author has wondered if, for most young pregnant and parenting adolescents, these new friends almost entirely replace old friends, forming a type of subculture of young teenage mothers. This may represent an interesting area for further research.

Adolescent parents also represent a population that is regularly seen at risk by virtue of their age alone. It seems that this is an added stress, which is particularly evident in the sample of young women used in this study, all of whom are part of a multi-disciplinary agency. Several times, this author heard these adolescents voice their feelings of having to be extra-vigilant to avoid the negative judgement of others, including their friends. One mother who was nineteen and expecting her second child, remembered that she found herself extremely aware of other people and how they might see her: "I found myself fighting parenthood. People expected one of two things from me - nothing - or they expected me to be an adult and totally responsible. I was only 15 and I didn't want them to expect me to be an adult but I did want credit for what I could do". This young woman lost contact with most of her friends and family, and still struggles with her parenting role.

As single, young, and often poor, these young women represent an especially vulnerable group within our society. Bok (1987) hypothesizes that these women often are even more isolated from other women, and that friendships with other women can serve

to empower and encourage them. Bok (1987) also hypothesizes that teenagers who bear children see few other alternative roles open to them other than motherhood. Some authors (Wise & Grossman, 1980) have noted the high incidence of teenage pregnancy among the family and friends of young adolescent mothers, which indicates that not only might friends influence adolescents' attitudes and decision to become pregnant, but pregnant and parenting adolescents may likewise influence friends and family to follow in their footsteps. An interesting note to that effect is found in Wise and Grossman's (1980) observation of the high prevalence (80%) of teenage pregnancy among the family and friends of the thirty pregnant adolescents in their sample. This may also reflect a cultural norm within their socio-demographic group. Thus the friendship networks of pregnant and parenting adolescents may be a possible target for preventative intervention. Again, results from this study indicated that many of the young women in this sample had friends within the program, yet the length and duration of those friendships were not examined.

The pregnant and parenting adolescents in this study were supported by their friends in numerous ways, as a confidant, as a source of advice, positive feedback, physical assistance and simple fun. The wealth of support offered by these friends leads one to realize that friends are an important part of these young women's lives, and should not be overlooked or underestimated, in an assessment of their social support systems. Further research into the impact of this support, or the lack of it, on pregnant and parenting adolescents and their children would be valuable.

### Relationships with Male Partners

The adolescents in this sample also frequently relied on their boyfriends/male partners for various types of support. Although no significant differences existed between the two groups in the support they perceived and actually received from their male partners, incredible diversity existed among the individual cases. Recognition of the important role many of these men play in these young women's lives leads to a recognition of the need to better understand the impact of their support (or the lack of it) on pregnancy and parenting.

One of the themes prevalent in the literature on parenting adolescents is the belief that family support is particularly important to the adjustment of adolescent parents. Increasingly, there has been a recognition that male partner support is also related to positive adjustment for teenage mothers and their children (Danzinger & Radin, 1991; Wise & Grossman, 1980). Yet some studies have noted that male partner support has a negative impact on the support families provide to pregnant and parenting adolescents and vice versa. Further research is needed to examine the interaction between family, male partner and friend support on all those people involved, the families, the putative father and/or male partner, the young mother and the child. Such knowledge would enable practitioners to better understand the role of the different people in the young adolescent mother's life, and lead the way for planning interventions within the social support network so that the young mother could gain the benefits from all support resources.

The results of this study indicated that most of the young women perceived their boyfriends as a source of intimate interaction, physical assistance, positive feedback and

fun. Male partners also represented a notable source of interpersonal conflict. Further research is needed to examine the impact of male partner support on the children of teenage mothers. If these young women are with partners who are not the father of the child, the impact of this on the putative fathers' continued involvement with their children should also be examined. Many other questions also arise from this possibility. How do these young women re-establish dating relationships once their children are born? Do their dating relationships change; are their partners older or younger; are the relationships stable, and are they short or long term relationships? It seems particularly important to understand what the impact of these relationships might be on the children of these young mothers. Do the children form strong attachments with their mothers' new partners, and are they included or excluded from these relationships? And the possible impact on the children when, and if, mothers are entering new intimate relationships frequently, may be an interesting area for further investigation.

Only 43.2 percent of the total sample reported that they were still involved in a romantic relationship with their children's fathers and 25 percent reported that they maintained contact with the putative father; contact which was often marked by interpersonal conflict. These findings generate many questions for further research, regarding the benefits of these fathers' support to the young mothers and their children, and the factors might be associated with those fathers who manage to maintain contact with their children, and those who find it difficult to remain involved in their children's lives. What kinds of support are available to these men in their roles as fathers? Is the support they provide different from the support a new male partner would provide? Danzinger and Radin (1990) notes that the probability of young women raising children

without the putative fathers' involvement is quite high. Many factors seem to affect fathers' involvement with their children. In this sample, many of the children were quite young which may account for the relatively high report of continued contact with the putative father. This is supported by Danzinger and Radin's (1990) study of 400

adolescent mothers, where they found that fathers were more likely to be involved with their children when the children were younger.

Other factors found to be predictors of father involvement are age and employment, with younger and employed fathers more likely to be involved with their children (Danzinger and Radin, 1990). The variables that encourage or discourage the involvement of these men in their children's lives needs further investigation.

#### Relationships with Professionals

An interesting finding was the relatively low incidence of adolescents who reported utilizing professional support within the program. The instrument used in this study, the ASSIS, may not have been directed towards eliciting the names of formal support providers. In this study, 40 percent of the adolescents reported that they perceived a professional as a potential source of advice and guidance support. Given the importance of individuals' perceptions of support discussed earlier, this finding can be interpreted several ways. It might be inferred that overall, the adolescents in the program are aware of the professional support available to them and would utilize that support if they needed to. It may also be inferred that the majority of adolescents are not interested in the support available to them from this formal support network. However, it is possible that the adolescents in this sample did not have a clear understanding of the support that is available from the formal support network in the PPA program, given the numbers of adolescents who did not report a professional as a potential source of support. If this is the case, one might conclude that they need to be educated about the formal support network around them. Herzog et al. (1986) notes that often it is the most isolated clients

who are the hardest to engage in professional intervention. Further research might aid us in understanding how to reach these clients and to help them to utilize their informal and formal support networks.

Landy, Schubert, Clelland and Montgomery (1984) argue convincingly of the importance of the support provided to teenage mothers, and state that even the process of being interviewed for the purpose of research can constitute a form of social support to the adolescent mother and her child. They point to the need for understanding more about the impact of professional support, especially in the form of emotional support, for the teen and her child. The role formal support systems play in the adjustment of these adolescents to pregnancy and to parenting warrants further investigation.

### Conclusions

Two measures of social support were utilized in this study; the ASSIS, with its measures of overall support need, overall support satisfaction, perceived and utilized network size and perceived and utilized conflicted network size, and the PSS-Fr and PSS-Fa scales, which measured perceived support from family and friends separately. The implications that can be drawn from the results of this study are limited in the sense that both measures draw upon individuals' perceptions of the support that is available to them. As mentioned several times, a multi-method approach to measuring social support enhances our understanding of the social support concept. This present study was able to identify important network variables and identify both the source and type of support these women felt were available to them. The implications of these findings can only be enriched by looking at the process of social support between recipients and



providers. This would entail interviewing people named in the social support network in order to corroborate the information provided here, and to look for discrepancies. It is the discrepancies which may provide us with a richer understanding of the process of socially supportive exchanges, and the factors which influence individuals' perceptions that they are or are not supported by various individuals.

The ASSIS provided a wealth of information about who comprises individuals' social support networks and it is striking to look at the individual differences in subjects' patterns of support utilization. Although the trends that emerged and were reported on here are helpful, it seems that the individual differences that were not captured, such as one subject who reported her children as a source of conflict, are what point us to the usefulness of assessing clients' social support networks and their perceptions of them, in order to plan interventions accordingly. The literature and research on pregnant and parenting adolescents also leads this author to conclude that the diversity among this population demands an individualized assessment of their needs, their strengths and their support systems. The presence or absence of social support may be a powerful indicator of needs and certain outcomes, yet only when a full assessment of the individual is also carried out. A carte blanche statement cannot be made about the social support networks of pregnant and parenting adolescents, only a recognition that parenting adolescents may be at risk for certain problems, including a lack of social support from their families, and in particular, from their mothers.

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## APPENDIX I

### Consent to Participate in Research Study

My name is Karen Suk. I am a graduate student at the University of Calgary and am completing the requirements for my Master of Social Work Degree. This study is part of those requirements and is called a thesis.

The purpose of this study is to find out how being pregnant and/or being a parent as a teenager has affected your relationships with your families and friends. The study will also help me find out information on what type of support a teenager who is pregnant or a parent may need, and if those needs change over time. Eventually, this kind of study and others like it will help social workers and other professionals to design better programs and groups for teenagers who are pregnant, and for teenagers who are parents.

If you participate in this study you will be interviewed for about one hour and asked to fill out two short questionnaires. Your responses will be recorded, but the information will not be presented in a way that people can later identify you. Your names will not be included in the results and will be kept confidential.

It is important for you to know that if at any point in the interview you do not like what is going on, you can stop being involved. You will not be pressured to continue, and there will be no penalties for stopping.

Before you can be involved in this study, I need you to sign this consent form that says you understand what being involved in this study means and that you are aware of your rights, such as your right to discontinue your involvement in the study at any time.

I \_\_\_\_\_, understand and agree to participate in this study. I have read and understood what is involved in participating, including my rights and the fact that the information gathered will not be traced back to me.

---

Signature

---

Date

**APPENDIX II**

## Arizona Social Support Inventory

(Read to the subject):

In the next few minutes I would like to get an idea of the people who are important to you in a number of different ways. I will be reading descriptions of ways that people are often important to us. After I read each description I will be asking you to give me the first names, initials or nicknames of the people who fit the description. These people might be friends, family members, teachers, social workers, ministers, doctors or other people you might know.

**A. INTIMATE INTERACTION**

A1. If you wanted to talk to someone about things that are very personal and private, who would you talk to? Give me the first names, nicknames or initials of the people that you would talk to about things that are very personal and private.

(If the subject is unable to name a single person, go to A4)

A2. During the last month, which of these people did you actually talk to about things that were personal and private?

A3. How would you rate your satisfaction or dissatisfaction with the times you talked to people about your personal and private feelings during the past month. (Show Satisfaction Card).

A4. During the past month, how much do you think you needed people to talk about things that were very personal and private? (Show Need Card)

**B. MATERIAL AID**

B1. Who are the people you know that would lend or give you \$25 or more if you needed it, or would lend or give you something (a physical object) that was valuable? You can name some of the same people that you named before if they fit this description too, or you can name some other people.

Is there anyone else you can think of?

B2. During the past month, which of these people actually loaned or gave you some money over \$25 or gave or loaned you some valuable object that you needed?

B3. During the past month, how satisfied or dissatisfied were you with the things that people loaned or gave? (Show Satisfaction Card)

B4. During the past month, how much do you think you needed people who could give or lend you things that you needed?  
(Show Need Card)

### **C. ADVICE**

C1. Who would you go to if a situation came up when you needed some advice? Remember, you can name some of the people that you mentioned before, or you can name some new people.

Is there anyone else you can think of?

C2. During the past month, which of these people actually gave you some important advice?

C3. During the past month how satisfied or dissatisfied were you with the advice that you were given? (Show Satisfaction Card)

C4. During the past month, how much do you think you needed to get advice? (Show Need Card)

### **D. POSITIVE FEEDBACK**

D1. Who are the people that you could expect to let you know when they like your ideas or the things that you do? These might be people you mentioned before or new people.

Anyone else?

D2. During the past month, which of these people actually let you know that they liked your ideas or liked the things that you did?

D3. During the past month, how satisfied or dissatisfied were you with the times that people told you that they liked your ideas or the things that you did? (Satisfaction Card)

D4. During the past month, how much do you think you needed to have people let you know when they liked your ideas or the things that you did? (Need Card)

**E. PHYSICAL ASSISTANCE**

E1. Who are the people that you could call on to give you some of their time and energy to help you take care of something that you needed to do - things like driving you someplace you needed to go, helping you do some work around the house, going to the store for you, and things like that? Remember, you might have listed these people before or they could be new names.

Anyone else?

E2. During the past month, which of these people actually pitched in to help you do things that you needed some help with?

E3. During the past month, how satisfied or dissatisfied were you with the times that people pitched in to help you do the things you needed some help with? (Show Satisfaction Card)

E4. During the past month, how much do you think you needed to have people pitch in to help you do some things? (Show Need Card)

**F. SOCIAL PARTICIPATION**

F1. Who are the people that you get together with to have fun or to relax? These could be new names or ones you listed before.

Anyone else?

F2. During the past month, which of these people did you actually get together with to have fun or to relax?

F3. During the past month, how satisfied or dissatisfied were you with the times that you got together with people just to have fun and relax? (Satisfaction Card)

F4. How much do you think that you needed to get together with other people for fun and relaxation during the past month?

**G. NEGATIVE INTERACTIONS**

G1. Who are the people that you can expect to have some unpleasant disagreements with or people that you can expect to make you angry and upset? They could be new names or names you listed before.

Anyone else?



G2. During the past month, which of these people have you actually had some unpleasant disagreements with or have actually made you angry and upset?

#### H. PERSONAL CHARACTERISTICS OF NETWORK MEMBERS

Now I would like to get some information about the people you have listed. For each person on the list could you tell me:

1. What is this person's relationship to you? For family members, specify the exact relationship (mother, father, brother, sister, grandmother, etc.) For professional people, also specify the exact profession (teacher, minister, doctor, counsellor, etc).
2. How old is this person?
3. What is this person's sex?
4. What is this person's ethnicity?
5. Are any of the people you have listed the father of your baby? Indicate which person, if listed?

#### Satisfaction Card

- 1.VERY DISSATISFIED
- 2.MODERATELY DISSATISFIED
- 3.SLIGHTLY DISSATISFIED
- 4.NEITHER SATISFIED OR DISSATISFIED
- 5.SLIGHTLY SATISFIED
- 6.MODERATELY SATISFIED
- 7.VERY SATISFIED

#### Need Card

- 1.NO NEED AT ALL
- 2.SLIGHT NEED
- 3.MODERATE NEED
- 4.GREAT NEED
- 5.VERY GREAT NEED

### APPENDIX III

#### PSS-Fr and PSS-Fa Scales

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don't Know. Please circle the answer you choose for each item.

- |     |    |            |     |   |
|-----|----|------------|-----|---|
| Yes | No | Don't Know | 1.  | My friends give me the moral support I need.  |
| Yes | No | Don't Know | 2.  | Most other people are closer to their friends than I am.  |
| Yes | No | Don't Know | 3.  | My friends enjoy hearing about what I think.  |
| Yes | No | Don't Know | 4.  | Certain friends come to me when they have problems or need advice.  |
| Yes | No | Don't Know | 5.  | I rely on my friends for emotional support.   |
| Yes | No | Don't Know | 6.  | If I felt that one or more of my friends were upset with me, I'd keep it to myself.                         |
| Yes | No | Don't Know | 7.  | I feel that I'm on the fringe in my circle of friends.  |
| Yes | No | Don't Know | 8.  | There is a friend I could go to if I were just feeling down, without feeling funny about it later.          |
| Yes | No | Don't Know | 9.  | My friends and I are very open about what we think about things.  |
| Yes | No | Don't Know | 10. | My friends are sensitive to my personal needs.  |
| Yes | No | Don't Know | 11. | My friends come to me for emotional support.  |
| Yes | No | Don't Know | 12. | My friends are good at helping me solve problems.   |
| Yes | No | Don't Know | 13. | I have a deep sharing relationship with a number of friends.  |
| Yes | No | Don't Know | 14. | My friends get good ideas about how to do things or make things from me.                                    |
| Yes | No | Don't Know | 15. | When I confide in friends, it makes me feel uncomfortable.  |
| Yes | No | Don't Know | 16. | My friends seek me out for companionship.   |
| Yes | No | Don't Know | 17. | I think that my friends feel that I'm good at helping them solve problems.                                  |
| Yes | No | Don't Know | 18. | I don't have a relationship with a friend that is as intimate as other people's relationships with friends. |
| Yes | No | Don't Know | 19. | I've recently gotten a good idea about how to do something from a friend.                                   |
| Yes | No | Don't Know | 20. | I wish my friends were much different.  |

### PSS-Fa

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with families. For each statement there are three possible answers: Yes, No, Don't Know. Please circle the answer you choose for each item.

- |     |    |            |     |  |
|-----|----|------------|-----|--|
| Yes | No | Don't Know | 1.  | My family gives me the moral support I need.   |
| Yes | No | Don't Know | 2.  | I get good ideas about how to do things or make things from my family.   |
| Yes | No | Don't Know | 3.  | Most other people are closer to their family than I am.  |
| Yes | No | Don't Know | 4.  | When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.           |
| Yes | No | Don't Know | 5.  | My family enjoys hearing about what I think.   |
| Yes | No | Don't Know | 6.  | Members of my family share many of my interests.   |
| Yes | No | Don't Know | 7.  | Certain members of my family come to me when they have problems or need advice.  |
| Yes | No | Don't Know | 8.  | I rely on my family for emotional support.   |
| Yes | No | Don't Know | 9.  | There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.              |
| Yes | No | Don't Know | 10. | My family and I are very open about what we think about things.  |
| Yes | No | Don't Know | 11. | My family is sensitive to my personal needs.   |
| Yes | No | Don't Know | 12. | Members of my family come to me for emotional support.   |
| Yes | No | Don't Know | 13. | Members of my family are good at helping me solve problems.  |
| Yes | No | Don't Know | 14. | I have a deep sharing relationship with a number of members of my family.  |
| Yes | No | Don't Know | 15. | Members of my family get good ideas about how to do things or make things happen from me.                                    |
| Yes | No | Don't Know | 16. | When I confide in members of my family, it makes me uncomfortable.   |
| Yes | No | Don't Know | 17. | Members of my family seek me out for companionship.  |
| Yes | No | Don't Know | 18. | I think that my family feels good that I'm good at helping them solve problems.  |
| Yes | No | Don't Know | 19. | I don't have a relationship with a member of my family that is as close as other people's relationships with family members. |
| Yes | No | Don't Know | 20. | I wish my family were much different.  |

**Appendix IV**

Demographic Sheet      Respondent # \_\_\_\_\_

- 1) Date of Birth (day/month/year) \_\_\_\_\_.
- 2) Marital Status
  - 01.....single
  - 02.....married
  - 03.....separated/divorced
  - 04.....common law
- 3) Where do you live (Community name) \_\_\_\_\_.
- 4) With whom do you live?
  - 01.....Mother and father
  - 02.....mother only
  - 03.....father only
  - 04.....with sibling
  - 05.....independent
  - 06.....with PF or male partner
  - 07.....with friend/roommate
  - 08.....other (please specify) \_\_\_\_\_.
- 5) Source of Income
  - 01.....parental support
  - 02.....part-time job
  - 03.....Social Assistance/JIMY
  - 04.....PF or male partner support
- 6) Net Monthly Income \_\_\_\_\_.
- 7) When did you first become part of the Pregnant and Parenting Adolescent Program.  
   \_\_\_\_\_  
   day/month/year
- 8) What is your baby(s) birth dates? (day/month/year)
  - Child No. 1 \_\_\_\_\_
  - Child No. 2 \_\_\_\_\_
- 9) What is the highest grade you have completed? \_\_\_\_\_

10) Are you currently in school?

01.....Yes

02.....No

If yes, what grade are you currently enrolled in? \_\_\_\_\_

#### Pregnant Sample

8b) What is your tentative or firm decision regarding your baby at present?

01.....to parent

02.....to surrender

03.....undecided

9b) How many months are you pregnant? \_\_\_\_\_.