



1993

The relationship between self-esteem, ways of coping, locus of control, and social support in adolescent mothers and their peers who have no children

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The Relationship Between Self-Esteem,
Ways of Coping, Locus of Control, and
Social Support in Adolescent Mothers
and Their Peers Who Have no Children

by

Linda Lynette Boisseau-Goodwin

A Dissertation Submitted to The
Faculty of the Graduate
School of Loyola University of Chicago
in Partial Fulfillment of the Requirements
for the Degree of
Doctor of Philosophy
January 1993

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Acknowledgements

I wish to extend a very warm and sincere thank you to the members of my committee Dr. Carol Harding, Dr. Jack Kavanagh, and Dr. Joy Rogers, my chairperson. This project could not have been completed without their encouragement, concern, and devotion.

My gratitude is extended to the Parents Too Soon Program for the staff's patience, invaluable assistance, and expertise.

Most especially, thank my good friend Michele Meaux who heard about this project day and night without uttering a word of complaint. I thank God for her recovery.

This work is dedicated to my mother, Martha Boisseau. Her teaching, faith, and unselfish love inspired, motivated, and propelled me to move forward. Thanks to my sisters, aunts uncles, and cousins for their support and encouragement.

Lastly, and most importantly, I extend my love, gratitude and sincere appreciation to my husband James Nathaniel Goodwin who underwent every moment of completing my goal with me. Thank you Jimmy. I love you.

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CHAPTER 1

INTRODUCTION

Adolescent pregnancy and motherhood have been increasing in the last decade. Problems associated with teenage motherhood and childbearing are numerous. Although the typical adolescent female may be biologically ready for motherhood, there are complex social and psychological variables that accompany the role.

According to the Guttmacher Institute 1981, thirty million adolescents are estimated to be living in the United States. Approximately one out of every two adolescents aged 15-19 years old is sexually active, and one out of ten is likely to become pregnant, despite the availability of contraceptives. Support from significant others regarding sexual issues is imperative for the adolescent in terms of making choices and solving problems.

Teenage motherhood may have a direct effect on the female's social and economic systems (Barth, Schinike, and Maxwell, 1983). It is believed that support from friends and family help mothers cope with the psychological stresses of mothering. According to research, support is a multidimensional rather than a

unidimensional concept and specific kinds of support are related to specific kinds of adjustments (Thompson, 1986). It is believed that support from a particular significant other is more helpful in meeting particular needs than generalized support from several others. According to Colletta and Lee (1983) support from significant others is related to higher self-esteem and an internal sense of control.

Significant questions have been raised regarding adolescent mothers such as: How do they feel and think about themselves? In what respects do their self-perceptions differ from childless teenagers? (Zongker, 1977) It is believed that a need for approval motivated some teenage females to acquire male attention through stereotypic behavior, such as sexual intercourse. There are some studies that affirm the probable existence of low self-concept in teenage mothers; however there are only a few that compare adolescent mothers' self-esteem and locus of control with their peers who chose to postpone childbearing.

Not only do adequate social support systems decrease stress in teenage mother's lives but so do adequate coping strategies. The more diverse the young mother's social and coping resources, the more

positively and successfully she can manage the stress that accompanies motherhood.

Statement of the Problem

Today's adolescents along with those of past generations are confronted with the task of making sexual decisions (Rice, 1987).

The purpose of this research is to investigate the self-esteem, locus of control, ways of coping and social support systems adolescent mothers possess. A group of teenage mothers and their peers who have no children was assessed using standardized questionnaires and surveys measuring the above variables, along with demographic information. The variables were chosen for study due to their impact in the development of adolescents. An important question is: When does adolescence begin and end? Adolescence is a period of transitions: biological, psychological, and social (Steinberg, 1985). During this period one becomes interested in sex and biologically capable of reproducing. It is a span that is recognized in phases, and those phases are: 1) early adolescence, ages 11 through 14 2) middle adolescence, ages 15-18, and 3) late adolescence, ages 18-21. There are

significant differences between these phases of adolescence.

Puberty is a major component of the biological changes in adolescence. It involves changes in the young persons physical appearance and the ability to conceive children. In actuality, the female is capable of becoming pregnant and giving birth during this early phase of adolescence. Not only is she adapting to her new appearance but she is also adjusting to a part of life that is complex for some adults. Self-image changes relationships if she chooses to rear her child.

The adolescent who is in the second phase, or middle adolescent, undergoes changes in her ability to think and problem solve. At this time she is better able to think abstractly and hypothetically. She is not only developing logical abstract thinking skills, but she is also better able to plan ahead (Buescher, 1985). This is not to say that the young female in this phase is ready to bear children, but she is in a better position, cognitively, to think about the consequences for her actions. Probably for the first time in her life the adolescent is able to think about the future, family relationships, and relations with peers and her environment at this phase.

The late adolescence phase involves one interacting not only with educational institutions but society as well. In addition, according to research, as the young person's treatment by society changes so do relationships around home and peers. Changes in social status also permit the young person to enter new roles and engage in new activities (Buescher, 1985). Motherhood is more apt to be accepted by society at this age of adolescence as opposed to the earlier phases. The young woman is being recognized now as an adult and not so much as a teenager. This is not to say that this is an appropriate age to become a mother, because that is an individual choice and not a societal decision. There are many questions that arise when one is studying, adolescents and especially female teenagers who are sexually active and actually bearing and rearing children.

Hypotheses

The following null hypotheses were tested.

1. There is no significant difference in self-esteem between teenage mothers and their peers who have no children.

2. There is no significant difference in locus of control between teenage mothers and their peers who have no children.
3. There is no significant difference in support from family in teen mothers and non-mothers.
4. There is no significant difference in support from friends in teen mothers and non-mothers.
5. There is no difference in coping strategies between teen mothers and teen non-mothers.
6. There are no interaction effects across self-esteem, coping strategies, locus of control and support from family and friends.

Limitations and Assumptions

This study may have the following limitations:

1. All persons involved in this study may not read at the expected or appropriate grade level, and therefore the instruments used may misrepresent their actual performance.
2. This study is restricted to a specific geographic

location (specific neighborhoods in the inner city).

3. The findings are restricted to a certain population (black teenage mothers). The findings may not be generalizable across race.

The following is assumed.

1. All subjects involved in this study were willing participants.
2. All subjects responded to questions honestly and sincerely.
3. All instruments used are valid and reliable.

Operational Definitions

For the purpose of this study terms are defined as:

Social Support is defined as the extent to which one believes that her needs are met by friends or family regarding emotional support, advice, and guidance. It is further defined as the quality of interpersonal relationships in the adolescent's life. For this study, social support was examined using the Pss-Fr and Pss-Fa Scale.

Coping is defined as the cognitive and behavioral efforts one uses to manage external and/or internal stress. In addition, it has to do with the approach to coping one uses when faced with challenges, stress or difficult situations. Coping was examined using the Ways of Coping Scale.

Locus of Control refers to the factors, situations, and/or internal or external events one attributes to her successes and/or failures. The Adult Nowicki-Strickland Internal-External Survey was used to examine locus of control.

Self-Esteem refers to the evaluation one makes and maintains with regard to herself. Self-esteem expresses an attitude of approval or disapproval and indicates the extent to which she believes herself capable, significant, successful, and worthy (Coopersmith, 1987). For this study, the Coopersmith Self-Esteem Inventory was used to assess self-concept/esteem.

Adolescent includes females ranging from ages 12-19 years of age.

Organization of Study

This dissertation is organized into five chapters, references, and appendices. Chapter One contains an

introduction, statement of the problem, research questions or hypotheses, limitations and assumptions, operational definitions, and organization of the study. Chapter Two contains the review of related literature and research. Chapter Three includes the methodology and procedures used to conduct the study. Chapter Four is a presentation and analysis of the data. Lastly, Chapter Five includes a discussion, conclusions, and recommendations for future research.

CHAPTER II

REVIEW OF RELATED LITERATURE

The review of the related literature and research is divided into eight sections. The first section includes information on the characteristics of adolescent mothers. The second section, which is closely related to the first, contains a discussion on the causes and consequences of early motherhood. The third includes a discussion on the cognitive growth and changes in adolescence. An elaboration on adolescent's identity and self-esteem is included in the fourth section of this review of literature. Teenage mother's personal control and responsibility or locus of control will be talked about in the fifth section. Following this section contains a discussion on the coping strategies of adolescent mothers, which is closely related to the next section on social support systems. The seventh section contains information regarding young mother's social support systems for example: familial relationships, relations with friends, peers, and partners; and agency support networks. Finally, in the eighth section a summary of the review of literature will be

given.

Characteristics of Adolescent Mothers

Entry into parenthood is a critical life event, and abrupt transition into an adult role (Haggstrom and Morrison, 1979). Jorgensen and Newlon (1988) conducted a study where young women ages 14 to 18 were involved. The study gathered data from young mothers using early recollections and birth order information. It was concluded that these young mothers shared certain characteristics. They all perceived themselves as being isolated from their parents. The participants who were the youngest born in their families tended to enjoy being the center of attention and being taken care of by others. They were accustomed to having others finish things for them and often saw other people as being responsible for their behavior, including their achievements. They did not seem to believe that they were in control of their lives. On the other hand, participants who were the first born in their families believed and had become used to taking care of others and being responsible for the welfare of those around them. The most common shared characteristic was the isolation or distance they felt from their parents.

There is little research that has investigated changes in conformity to peer and parents across a wide age range. This is believed to be due to problems in measuring conformity. Berndt (1979) suggest that isolation of parents from peers is consistent with the development of adolescence. The adolescent views family and friends as two separate entities. Teenagers in this study reported that the largest number of disagreements with parents involve the quantity of time spent with family versus peers.

Phipp-Yonas (1980) would agree with the notion that teenagers tend to experience difficulty with parental relationships, especially with regard to the mother when mother-daughter relations are an issue. This researcher believes that the girl may wish to compete with her mother, or to punish her, or even give a no-longer fertile woman a cuddly newborn (Phipps-Yonas, pg. 410). In addition, she contends that some adolescents may see becoming a parent as a way of escaping an unpleasant family life. Oz and Fine (1988) found in their study comparing teen mothers and non-mothers that teenage motherhood is one possible consequence of a problematic family environment. Foster care and violence or substance

abuse on the part of fathers may be indicators of potential developmental hazards which make the girl more liable to follow a lifestyle in which pregnancy becomes distinctly more possible than would otherwise be the case. Moreover, they found that sibling deviance and home stability were correlated highly with mother status.

Individuals with permissive, neglecting, or rejecting parents may experience a more difficult identity crisis during adolescence and have difficulty in successfully resolving that crisis. Teenagers from authoritarian families may become foreclosed on parental choices and rebel. Those who have greater identification with parents prior to or during adolescence are more likely to form and maintain personal meaningful commitments in terms of parental relationships.

Girls in street gangs may be an additional reason why teenagers become pregnant and young mothers. According to the literature female gang members are usually from broken or fatherless homes, from very large families, and their family is usually on public assistance. In addition, they usually come from families of low educational attainment; and their

homes fail to provide needed values and supervision (Bowker and Klein, 1983). Campbell (1991) contends that girls who join gangs are often expected to engage in intercourse with any male gang member who expresses an interest. This is a part of the initiation into the gang, many times. Often, as is the case with teenage mothers, contraception is rarely practiced, and as a consequence early pregnancy is very common and does not arouse much concern within the gang. A pregnancy is also considered the mark of maturity or womanhood.

There is no universal way to identify or pinpoint young women who will become adolescent mothers. However, it is suggested that teenagers who become pregnant are below average in school, and they generally display a disinterest in school. Further, they possess low motivation and lack vocational aspirations. Zongker (1977) noted that the teenage mother is, many times, one who has very few activities in her life that are meaningful, important, and interesting.

Alter (1987) says that young mothers have no alternative vision of themselves. A boyfriend or a baby are both means of escape, closeness, warmth, and

intimacy. Alter, further, contends that young mothers are aware of their situation and seeking pleasure immediately, is a rational decision because they know their lives will be as harsh as their parents' lives; and they have no sense of good fortune. They see little reason to defer gratification, to work hard, to deny themselves the excitement of being young or to plan for the future. They believe, according to Alter, that they are locked into a life with little opportunity; and they have no vision of themselves in any other kind of life.

Although there is no single profile that describes a teenage mother; researchers Jimerson and Burns (1984) contend that there is a general consensus that most teenagers who become pregnant do so not intentionally, but because they fail to make the right choice. They also agree with others in that there is a lack of communication between the girl and her mother regarding birth control and other issues that should be discussed between mother and daughter.

The use of contraceptives is a major issue in terms of first and subsequent pregnancies among adolescent mothers. It is difficult for society to understand the reasons young girls continue to become

pregnant after giving birth the first time. It is thought by some researchers that adolescent mothers were generally unable to regulate their fertility and plan sexual intercourse. They are not necessarily knowledgeable in terms of contraceptives just because they have given birth a first time. Further, what is more interesting, they are not motivated to use birth control because they had a child before.

Education is a major factor when talking about young mothers. Researchers Jimerson and Burns (1984) agree with others in terms of the probability of subsequent pregnancies are among those girls who choose not to return to school after giving birth to their first child. The decision to return to school and continue education is significant because it shows that the young woman has the ability to plan ahead and contemplate the future. Although, the education variable is important when describing or identifying young women who will probably give birth to at least one child during their adolescent years, it is not a cause of teenage motherhood.

Consequences of Early Motherhood

There is a general consensus, as mentioned, that there is no single cause for the rising rate of

adolescent pregnancy, but rather a multiplicity of factors contribute to it. These can generally be grouped under biological factors, personal attitudes/needs, ignorance/ misunderstanding concerning sexual matters, and problems inherent in modern contraceptive methods (DeBlassie, 1985).

According to Siberman and Wells (1987) the causes of teenage pregnancy are complex. Many children are reared in one-parent homes, where the mother herself was a teenage mother and lacked the proper education and training for any substantial upward mobility. Further, they contend that the nature of the dilemma is such that when the daughter of a teenage mother reaches her teen years she also has a high probability of becoming a teenage mother. Escape becomes increasingly difficult, because 60 percent of teenagers who give birth prior to their sixteenth birthday will have another baby before leaving adolescence (pg. 192).

Childbearing at any age is a momentous event for any woman (Furstenberg, Lincoln, Menken, 1981). For the adolescent, it is often accompanied by social, economic, health and emotional/psychological consequences.

Early pregnancy is a very common reason for young women leaving or dropping out of school, even though they have a right to continue her education. Special services are not offered to the adolescent who becomes pregnant. She is encouraged to continue her education, and school districts permit her to attend regular classes; although some offer separate facilities for pregnant girls. Nonetheless, continuance of education is emphasized. For some, not all, adolescent mothers a social consequence is often a disruption in her education. "The girl who has an illegitimate child at the age of sixteen suddenly has 90 percent of her life's script written for her. She will probably drop out of school, even if someone else in her family helps to take care of the baby" (Furstenberg, et. al. 1981 pg. 168-169). The same writers conducted a study and found that teenagers most highly committed to education and those who returned to school immediately following the delivery of their first child were much less likely to experience a second conception in the twelve month period after the first birth. In addition, they concluded that even after four years, the girls who returned to school had lower rates of second

pregnancies than those who did not. They further concluded that two-fifths of the girls in their study who quit school after their first child was born have at least two more pregnancies, while one-fourth of the girls who returned to school had an equally high rate of reconception (Furstenberg, et. al., 1981). It seems as though those girls who choose to defer further childbearing have a better chance of completing their education, at least finishing high school. On the other hand, those who continue to reproduce after their first child tend to discontinue their high school education.

The school age mother is more likely to discontinue her formal education when compared to her peer who is childless. According to Moore, Hofferth, Caldwell, and Waite (1979), given the importance of education to later economic and social status, it is surprising that the effect of an early birth on young women's formal education has not received much attention from researcher in the past. Results from their analysis indicate that early childbearing is associated with significant educational losses. Among the twenty-four year old women in their study, girls who gave birth to a child at fifteen years old or

younger completed only nine years of school, on the average. Those who had a first birth at sixteen or seventeen years of age completed 10.5 years, on the average. Another analysis of the same study suggests that those factors are important to the process of educational attainment differ between young women who bear a child during the high school years and those who delay. Among those who postpone childbearing, motivation of the individual and encouragement or help from others are the most important factors related to years of schooling completed at age twenty-four. For the teenage mothers, however, family characteristics are most important. A girl with an advantaged family background, fewer siblings, father having higher education, and an intact family probably has an easier time coping with the responsibilities of a new baby while also finding it possible to attend school. The influence of the parents' goal for her education and being in a college prep curriculum are far less important to the teenage childbearer than to the childless teenager, presumably because the realities of motherhood make it difficult for her to realize previous goals, whatever they are (Moore, et.al., 1979). The negative consequences of teenage child-

bearing existed to the next generation (Polit, Quint, and Riccio, 1988). Many studies show that the children of teen parents are at greater risk of behavioral, intellectual, and academic difficulties than are children of older parents, and they are also likely to become adolescent parents themselves (Polit, et. al., 1988, pg. 4). Generally, adolescent mothers are likely to be ensured bleak futures, inadequate vocational training, and economic dependency and/or poverty.

A great many teenage mothers are affected by welfare policies because of their financial dependence on AFDC, Cartoff (1982). Early motherhood is not directly related to welfare dependence, however it increases the probability. Kissman (1988) reports that one half of AFDC expenditures go to households where teenage women are parents. It is reported by Burden and Klerman (1984) that for both black and white, teenage parenting increases the likelihood that the young mother and her family will require financial assistance from AFDC. It is further reported by the same researchers that sixty percent of all teenage mothers receive assistance from welfare. What is interesting is that it has been noted that in women up to age thirty in households receiving welfare,

sixty-one percent had been teenage mothers. This is not to say that all teenage mothers receive financial assistance from welfare. There are some studies that contend that adolescent mother's dependence on welfare has declined. Although the research was conducted in 1976, it is thought to continue to be relevant. Furstenberg conducted a longitudinal study of adolescent parents, primarily black, and found that over sixty percent of the mothers received income from public assistance at some time during his five year study. However, at four to five years after delivery of their first child, fifty percent had sought and found employment. He found that the majority of them were self-supporting or being supported by their husbands. The rest were receiving some type of public assistance. Although the young mothers were employed, they were still living at or below the poverty level. It is thought by Furstenberg that dependence on welfare by this population is a response to unemployment and lack of vocational training. It is not seen as an unwillingness to seek and obtain employment nor is it thought to be a lack of motivation. Most of the young mothers in his study expressed a desire to work, given the opportunity.

However, their immediate circumstance didn't allow or permit them to be employable. Young women with less schooling obtain jobs of lower socioeconomic status, make lower hourly wages, and earn less annually.

Generally, the circumstances that surround unemployability or relatively low earning ability are lack of education, lack of vocational training, lack of childcare, and in some cases the young mothers are simply too young to work because they are school age.

The AFDC case load is disproportionately comprised of adolescent families, according to Alter (1987). She argues that there are four factors involved regarding teen welfare dependency. and they are: 1) the number of sexually active teens, 2) the number of births to teens 3) the number of out-of-wedlock births, and 4) the number of teen families that are financially dependent on their parent's or the state. She believes that the goal is to reduce the dependency of young mothers on welfare. Her ideas are thought to be debateable. She raises the question: Does the availability of AFDC encourage early childbirth? Her idea to remediate the problem of teenage motherhood and welfare dependency has to do with the school systems across the country

implementing more extra curricular activities rather than cutting them out. She contends that it is the communities' responsibility to provide social activities for teenagers, and it's families' responsibility to teach their young about making good choices. No one entity can accomplish the task of discouraging dependency on welfare. Alter believes that it is the educators, politicians, families, community agencies, and etc. who are responsible for decreasing welfare dependency.

Belsky and Draper (1987) argue that until the welfare system changes in terms of teenage parenthood, young girls will continue having babies at early ages and repeating the cycle. They developed a proposal that raises ethical questions. They suggest that families of teenage girls be rewarded when their daughters manage to postpone pregnancy and childbearing. They propose that the mother or legal guardian of adolescent females receive cash payments of \$250 if the teenager is childless at age twelve, \$400 if she is still childless at age fifteen, and \$600 if she reaches the age of eighteen without having become pregnant and born a child. Paying girls not to become pregnant?

Gilbert (1987) proposes a system be provided to reduce teenage mother's welfare dependency. The system includes workfare programs, all day pre-school for the children, parent education, and there should be home visits by social workers. He also proposes that board and residential facilities be offered to teenage mothers and their children to decrease child neglect and abuse. In addition, he believes that young mothers should be provided with non-cash assistance ("goods" rather than money). This proposal was criticized by Denzin (1987). He maintains that such a proposal would place the state in a position of taking away from the teenage mother any freedom to raise her child. It places this mother-child structure solely in the hands of the state and the welfare system, rather than decreasing dependency. He believes that Gilbert's 1987 proposal says that teenage mothers are unfit mothers.

Polansky (1987) is in agreement with Gilbert's idea that young mother's and their children should be provided non-cash assistance, take parenting classes upon entering the AFDC program, and to offer "indoor relief" (or to offer to support young mothers and their children only if they enter a residential

facility). This researcher believes that there are other possibilities for reducing welfare dependency among teenage mothers. He believes that a woman who has already had as many as three children and neglect is a question, she should be forbidden to have more by threatening her with a prison term. Polansky and Gilbert's proposal focuses on the neglected children of young mothers who receive AFDC, because they believe that tax payers' money is not being spent for the care of the children. Polansky (1987), in addition, believes that having children repeatedly is often viewed by the woman as an economic asset if she is supported by the welfare system. However, data on such motives is lacking.

Although, it may be a political issue and discussed among politicians, documentation regarding welfare reform and teenage mothers' dependence is limited. Such issues as not incrementing AFDC checks if mothers have additional children while on welfare may be an issue that warrants further investigation. Though, if such a plan was implemented, there is a strong possibility that young people would think twice in terms of bearing more children before they are economically fit, stable, and able to care for them.

The economic consequence for adolescent childbearing is very significant and so is the health consequence.

Health consequences occur to both the young mother and her infant (Black and DeBlassie, 1985). Currently, the distribution of birth defects among American women appear to be excessive in teenage pregnancies (13-15 years of age), according to Slavkin (1984). Researchers contend that the adolescent's body is not physically mature enough to withstand the stress of childbearing and the birthing process. Alarming research says that the danger of death during or immediately after pregnancy is five times higher for girls under sixteen than for women twenty to twenty-four years of age. According to some research there is a higher incidence of life-threatening conditions such as toxemia, anemia, nutritional deficiencies, and prolonged labor with teenage pregnancies.

In addition, substance abuse on the mother's part plays an adverse role on her health status and psychosocial system. However, the innocent infant suffers even more, and the long term and short term effects are traumatic. According to Smith (1984) drug use has increased to alarmingly high levels,

especially among young users. On the other hand, Gittler and McPherson (1990) contend that there are existing reports that suggest that mothers of drug exposed infants, particularly crack-exposed babies, most often are in their twenties and thirties rather than being teenagers and that they most often are not first time mothers.

It is believed that reliable research on the effects of utero exposure to crack is limited. However, research data and clinical observations indicate that crack-exposed babies run an increased risk of mortality, morbidity, and difficulties in the developmental stages, as well as future behavior and learning problems. Moreover, perinatal substance exposure can cause a wide range of serious medical complications for an infant, including physical and neurological deficits, according to Rieder (1990). Perinatal exposure tends to have the following effects on infants: respiratory distress, low birth weight, an increased risk of genital-urinary abnormalities, and the likelihood is high that they will suffer from drug withdrawal symptoms. Researchers believe that drug exposed infants are often hypersensitive, and it has been found that they exhibit altered sleep and

wake patterns. DeBettencourt (1990) affirms that drug exposed infants are also at a high risk for Sudden Infant Death Syndrome (SIDS). This investigator contends also that for the first six months after birth, infants exposed to drugs are subject to irritability, often accompanied by inconsolable high pitched screaming, seizures, vomiting and rapid weight loss. Older children who have been exposed to crack have been observed to be more likely to have, as mentioned, learning and behavior disorders. In addition, they may develop poor interpersonal relationships. Usually, according to DeBettencourt (1990) these infants are not only exposed to cocaine but other substances such as alcohol, tobacco, and other drugs as well. The young mother's ability to problem solve and make appropriate decisions regarding health, socialization, education, and employment may be affected by her level of cognitive growth. Adolescence is a crucial period biologically, socially, and cognitively.

Cognitive Growth

Can adolescents think? This question is asked not in terms of logical abstract reasoning rather in terms of social cognition. It may sound harsh and

sarcastic. However, adolescence is a time of important changes in terms of the way one thinks about other people, communication with others, and most importantly in the way one makes decisions about what is right, wrong, moral, and immoral. This question is probably often asked when one looks at the dilemma young females get themselves into. Not only do some young ladies engage in sexual activities and not think about the consequences one time and give birth, but some repeat the act and give birth to a second child.

Variables other than intelligence or cognition appear important regarding the discussion of cognition between and within groups. Differences between groups may be due to housing, socioeconomic status, and the like, according to Barnett (1985). An individual's success in life is dependent upon intelligence. According to Ceci (1990) other factors influence one's success and ability to make decisions, such as social class, opportunity, motivation, personality traits, and education. The probability that a young female will become pregnant if the latter variables are limited or depressed is higher than that of one coming from contrast environmental situations.

Research indicates that the age group with the

fastest rising birth rate has been young women under sixteen years old. According to the Alan Guttmacher Institute (1981), everyday more than 3,000 teens become pregnant. At this rate 39 out of every 100 girls who are fourteen years old will become pregnant at least once before they reach the age of twenty. This is to say that most young girls who become mothers have not reached the level of cognition that allows them to properly contemplate on the consequences for their actions. In addition, research indicates that during the high school years, the level of reasoning increases from about twenty-five percent to thirty-three percent. Over the course of late adolescence to early adulthood, the incline or ability to think at a higher level increases about forty-five percent. The point is that teenagers twelve to fourteen years old are engaging in sexual activities, becoming pregnant, and giving birth. They tend to think in a concrete manner. Therefore, they probably don't think about the long term consequences of engaging in sexual intercourse, because they have not reached the level of thinking that allows them to consider the social, psychological, and economic consequences that accompany early parenting. The

assumption is that the most higher level thinking, be it moral, social and etc. occurs in late adolescence to adulthood.

Moral Development

Researchers Parker and Colangelo (1979) conducted a study and found differences in values between parents. Mothers tend to rank higher in the "loving" role, while fathers tended to rank higher in values associated with competence and general security and/or protection issues. Gilligan (1982) contends that women care more about social relationships and responsibility for care giving than do men. How does this relate to the adolescent mother? Many times the father is not in the home, the mother herself was a teenage mother, the family is unstable, and the concept of family does not take on the traditional role. Therefore, the young female's need to love, care for, and be dependent on elevates, according to Gilligan (1982). The question of is it right or wrong to give birth at an early age is not as important as the need to fulfill that "to care for and to love" feeling.

Changes in the American Family structure are resulting in estrangement between young adolescents

and adults, Brofenbrenner (1974). Further, reduced interaction between parents and children result in alienation during early adolescence. Many institutions may feel responsible for this alienation; schools, mental health agencies, and etc.

Brofenbrenner believes that people must interact so that they can benefit from each other. If this were to happen this "interaction", especially in terms of family, maybe teenage parenthood would decrease.

Identity

Identity development involves changes in the way one thinks and feels about herself. Adolescence is an especially important time for changes in identity because of the physical, intellectual, and social transformations characteristic of this period (Steinberg, 1985). A significant view of adolescent identity development is noted in Erik Erickson's work. He believes that during this phase of life the young person goes through a series of "identity crisis". This is a time of their lives where they struggle to find a sense of self.

Beginning with the onset of puberty, a series of major changes occur within every adolescent

(Buescher, 1985). Developmental psychologists and pediatricians have documented the powerful role that puberty plays in setting the tone and course of adolescence. Tanner (1972) has described the influence of increased hormonal activity during and after the onset of puberty not only in physical growth but sexual maturation as well. Changes in young adolescent's height, weight, coordination, physique, and secondary sex traits not only alter their perception of how attractive or "grown up" they are; but also create varying degrees of stress about changing self-images and their acceptability by particular friends or their peer group at school. Many young people sense for the first time during puberty that their bodies have taken on "lives of their own" acting and reacting in certain unfamiliar ways and in ways that they cannot control (Buescher, 1985). Many teenagers are searching for a sense of identity or self. They often ask who am I?

Erik Erikson has written extensively about the development of identity during adolescence. He views the developing person as moving through a series of eight psychosocial crisis over the course of a life

span. Each crisis is present in one form or another at all ages, and they are significant at a given period in a life span. The emphasis in this review will be on the identity versus identity diffusion stage of development, which occurs during adolescence.

According to Erikson (1968) each stage of development is a set of crisis or challenges that one must resolve. In terms of the adolescent, Erikson believes that the successful resolution of the crisis in the identity versus identity diffusion stage depends on how the individual has resolved the previous crisis of childhood. Without a successful resolution or healthy sense of the trust, autonomy, initiative and industry stage, it is difficult for the teenager to establish a sense of identity. At adolescence, one has not yet integrated the part of their role models, peers, parents, and etc. or who they identify with into a balanced whole or one part to establish a sense of self.

The key to resolving the crisis of identity versus identity diffusion, lies in the adolescent's interactions with others. According to Erikson's theory, it is not until adolescence that one even has

the psychological capacity to tackle this task. This is a complicated process that involves significant others who help shape and influence the adolescent's developing sense of identity. Adolescents must have time to experiment with different roles and personalities. Having time to experiment with different roles is a significant step to one establishing a good sense of self. According to Erikson, without this experimentation the young person's development of identity will be blocked. The teenager must grow into adulthood and not be forced into it before she is ready.

Establishing a sense of identity is a long process. An adolescent mother doesn't afford herself the opportunity to go through this process. She is forced into a position where her role is established for her. She is a mother, however, she is at an impasse. She is still an adolescent, yet she has adult responsibilities. She did not give herself the opportunity to establish a coherent sense of identity. She is probably on the right end of the identity versus identity diffusion stage (or confusion stage). This, according to Erikson can be viewed as an interruption of the identity development process. It

interferes with the young woman's individual discovery of her full range of potentials (Rice, 1987). Again, failure of earlier stage mastery of Erikson's tasks of adolescence will be reflected to some extent in later development so that these individuals may not function optimally as adults (Black and DeBlassie, 1985). The activation of mother roles at very young ages is known by Bacon (1974) as accelerated role transition. He, further, contends that becoming a mother while a child or adolescent is an abnormal departure from the socially prescribed sequence of the life cycle process. In addition, according to the same researcher, when mother roles become active very early in the woman's life cycle, her position as a mother is likely to cause a confusing and conflicting mixture of social roles, child, adolescent or adult? It is not surprising that the young mother begins to experience low self-esteem, if she is caught in that trap.

Self-Concept and Self-Esteem

Self-esteem is a term that is used multi-dimensionally. How a person sees herself is influenced by a number of factors. School success/failure affect one's self-esteem, social

acceptance, physical attractiveness, and etc. The literature is controversial in terms of the relationship between self-esteem and early parenting.

A number of physical and cognitive changes take place during adolescence and these changes affect how one thinks about ones self in complex ways (Blyth and Traeger, 1983). Bernstein (1980) conducted a study where 10-20 year olds were his subjects. He found that there were distinguishes between the self-system and the self-concept. The self-concept implies a "unitary-self view applicable to all settings" (pg. 231). His research concluded that inconsistent behavior can be easily elicited from the groups across ages. This is how his notion of self-systems derived. It allows one to be more flexible and adaptable, while still maintaining the unity of the person or self. He, further, contends that one has multiple selves which are integrated into one system. Situational variables interact to determine which one's self is exhibited in a given situation or context. Lastly, Bernstein (1980) believes that one must be able to think abstractly in order to understand herself. "By middle to late adolescence cognitive maturity that allows him/her to be aware of a broader array of

points of view.

Research has shown that adolescent females are more likely to suffer a pronounced lowering of self-esteem than teenage males (Bruthsaert, 1990). Self-esteem or self-concept, as mentioned seems to depend on one's situation. Simmons, Blyth, Van Cleave, and Bush (1979) conducted research and concluded that age is a detrimental variable for the self-esteem of girls. Their data showed that thirty-four percent of the teenage girls in their study who were not dating or dating little possessed higher self-esteem when compared to adolescents who were dating. Moreover, early maturing females who had also begun dating-like behavior were most likely to indicate low self-esteem. de Andra (1983) conducted a study looking for differences in early and late adolescents who became mothers. She hypothesized that the younger adolescent began dating shortly after entering her teens, and after a few months she established an exclusive relationship. This exclusive relationship limited her dating experience to one individual. This individual will most likely father her child. She, further, found that the teen who becomes pregnant at the close of her teen years

presents quite a different profile. She begins dating at a much later time during her teen years, unlike her cohort. She dates several individuals, not electing to date exclusively, at least until she reaches her late teens. This is not to say that the girls in her late teens don't get pregnant and become a mother because she does. The younger teen is more vulnerable, and she is open to the opportunities and pressures of an interpersonal and sexual relationship at a time when she is ill prepared in terms of her own psychological/emotional development, according to de Anda (1983). In addition, this researcher contends that the younger the adolescent, the more difficulty it may be for her to employ the assertiveness necessary to exert sufficient control over the relationship and its consequences for her.

Only a few studies have examined the self-concept and self-esteem of adolescent mothers. A study was conducted by Abernathy and Abernathy (1974) and it revealed that low self-esteem and family experiences in adolescent mothers and pregnant teenagers appeared to be critical in the development of attitudes and personality traits among this population. Further, they found that if the teens were promiscuous and

didn't use contraceptives, they were more likely to come from families that were distant and hostile. If the young woman alienated herself from her mother or vice-versa, or if the relationship with her father tended to be intimate, then these factors were also likely to lead to promiscuity and irresponsibility in terms of using contraceptives. Lastly, this study revealed that a need for approval motivated the girls to acquire male attention through stereotypic behavior such as sexual intercourse.

A study was conducted by Patten (1981). It was concluded that young adolescents engage in coitus and fail to take steps to prevent becoming pregnant when they feel that their future will be bleak. It was also hypothesized that teens suffering from low self-esteem, anxiety, loneliness, and distrust were more likely to become pregnant and a young mother. This research indicates that becoming a mother at a very early age or during adolescence diminishes one's self-concept and her self-esteem. Barnes and Farrier (1985) believe that, if one has a negative self-concept when entering adolescence, she will enter adulthood with the same negative feelings. At each stage of development one internalizes experiences

that are linked with the development of self-esteem. Whether one views these experiences as positive or negative influences her perception of worth (Mack and Ablon, 1983).

It was mentioned earlier that very few studies have been conducted comparing adolescent mothers with their peers who have no children on self-esteem and other variables. In 1977, Zongker conducted a study comparing these two populations on self-esteem. He concluded that pregnant and adolescent mothers perceived themselves in a way very differently from their peers who chose to postpone childbearing. School-age mothers exhibited poor self-esteem, feelings of inadequacy and unworthiness, and they were more dissatisfied with their family relationships and physical bodies. Further, they experienced more inner conflict than the comparison group. In addition, Zongker, (1977) contends that young girls possessing the above characteristics become susceptible to many types of deviant behaviors. They have weak egos and are easily influenced by others. They tend to be easy prey to aggressive males, and they become high risks for unplanned pregnancy and develop an unrealistic understanding of sexuality and motherhood. Horn and

Rudolph (1977) found that, as did Zongker, adolescent mothers scored lower than the norm group on the Tennessee Self-Concept Scale. However, when interviewed face to face their responses to questions relating to how they viewed themselves did not correspond with the low scores on the TSCS. Most of the young parents in this study reported positive feelings about themselves, face to face. The authors concluded that it is possible that having just delivered a baby contributed to their positive feelings or that the girls had a low opinion of themselves but had come to accept it. Held's (1981) study on self-esteem and pregnant teenagers yielded some interesting results which does not correlate with previously presented literature. First of all, she studied teenagers across races (black, white, and hispanic), which is not the focus of the present research. She found that the black adolescent who attended a school for pregnant girls and who chose to keep her baby had higher self-esteem scores. The white young mothers had lower self-esteem scores but rated pregnancy highly, concluding that self-esteem is not related to pregnancy and adolescent motherhood. The Mexican American group of girls obtained a high

social-self score and they were least disapproving of their condition. The author contends that social expectations for this group of girls is different, and young motherhood and marriage is more accepted by their social culture.

A study by Vernon, Green and Frothinghan (1983) hypothesized that teens with a low self-concept were at greater risk for unwanted pregnancy than teens with average or high self-concept. They studied 1007 girls ages 13-19 and discovered, however no significant differences in self-concept scores between adolescents who subsequently became pregnant and those who did not.

Self-esteem and perceptions of parenting are rarely discovered in the literature. Peterson and Crockett (1986) contend that high self-esteem in adolescent mothers could promote a healthier psychological relationship between mother and child.

Pass (1986) examined the relationship of self-esteem and adolescent pregnancy. The results of the sample of 74 pregnant and non-pregnant black adolescents revealed no significant differences in self-esteem between the two groups as indicated by their scores on the Rosenberg Self-Esteem Scale.

The self-esteem of 15 pregnant and non-pregnant adolescents was compared using the Tennessee Self-Concept and the Introvert-Extrovert which measures locus of control. The responses on the scales presented strong evidence that adolescent unwed mothers exhibit low self-esteem and high external locus of control (Thompson, 1984).

Personal Control and Responsibility

One variable that has received considerable research attention in recent years is the variable of locus of control. It was originated by Rotter in 1966. Locus of control defines the degree to which a person believes that she is in control of her fate. An "internally oriented" person perceives that control is in her hands and that luck or chance do not play a significant role in her life. An "externally oriented" person believes that powerful others or "the system" control reinforcements and that chance factors often determine the outcome of events. Studies have shown that individuals with an internal rather than an external locus of control orientation are more perspective, inquisitive, and efficient in processing information (Lefcourt, 1976). According to Rogers (1985) internal control is less evident when external

rewards are offered to individuals. She contends that educators should give positive feedback that is useful to the individual. It is a tool for self-enhancement which will be necessary throughout one's life.

Mischel, Zeiss, and Zeiss 1974 contend that internal oriented individuals are better able to delay gratification. From this conceptualization it follows that an internally oriented adolescent would be more active in determining the results of her actions. As a consequence, the internally oriented adolescent would know more about contraceptives, would more than likely use contraceptive devices, and would, therefore be less likely to be involved in an unwanted pregnancy (Segal and Ducett, 1973). Trefflinge (1975) believes that educators should help youngsters become self-directed.

Unfortunately, there is little research done involving locus of control and adolescent mothers. Not only is the research limited, but it is varied. Segal and Ducette (1973) found in their study of pregnant junior and senior high school students no significant differences in locus of control scores between middle class white students and lower class black students. They did, however discover an

interesting difference between the pregnant and non-pregnant girls in each group. They hypothesize that white girls with high external locus of control scores were more likely to become pregnant. Walter, Walters, and McKenry (1986) conclude that race and socioeconomic status were much more efficient than the concept of locus of control for discriminating between young mothers and their peers who chose to postpone childbearing. They found that this psychological difference, locus of control, may exist among adolescents grouped in other ways, but it did not appear as a difference among adolescents grouped by pregnancy status. Gottfried (1985) contends that there is a positive correlation between internal control and success or achievement. Perhaps some young girls have planned pregnancies, and that would probably explain the inconsistency of these findings.

One thing our society demands of our children as they grow older is that they be more and more responsible (Ortman, 1988). Some interesting research was conducted by Shtarkshall (1987). He concluded that when adolescent females in his study were asked to share their perceptions of themselves in the near

future, they most often saw themselves as mothers. They did not or could not perceive themselves as career women, professionals, and etc. The only thing they seemed to have control over was their roles as mothers. Many were reported as saying "A person cannot know what her future will be" or "How can I know what my luck will be". It was difficult for these young women to envision their futures as something they were responsible for and something in which was under their control.

Steinlauf (1979) investigated locus of control in pregnant girls ages 15-25 years old and discovered in her study that unplanned pregnancy was positively related to an external orientation of control and negatively related to an internal orientation of control, unlike Segan and Ducett's findings. Although, race is not a variable in this present study as mentioned. Hendrix (1980) revealed that a positive correlation existed between external locus of control for black subjects. There was, however, no significant relationship between internal-external scores for white subjects. Locus of control is a variable that has limited research in terms of adolescent mothers and pregnant teenagers. It would

seem as though those young women who are internally controlled would possess more enhanced coping skills in terms of dealing with daily problems.

Coping with Early Motherhood

Colletta (1983) contends that research has emphasized the need to identify the effectiveness of various coping strategies used by adolescent mothers. Telleen and Colletta (1987) conducted a study comparing adolescent mothers to adolescent non-mothers in terms of their ways of coping with stressful situations. First, they added to Pearlin, Menaghan, Liberman, and Mullan's (1981) definition of coping. The latter authors believe that "coping" has to do with the direct action responses designed to re-define or change the meaning to reduce the threat. The former authors added: Coping has to do with responses designed to avoid the problem and those responses are characterized by seeking assistance from others. They concluded in their study that there were significant differences among the group in terms of the way they dealt with school problems. In addition, there were significant differences among the groups in terms of the way they coped with problems in intimate relationships. The mothers were more likely to use

direct action as opposed to emotional responses when coping with problems with boyfriends or the baby's father. The non-mothers were more apt to avoid the situation in hopes that it would work itself out.

Researchers have discovered that when individuals are assessed regarding coping responses across situations, responses vary from situation to situation. Telleen and her colleague contend that one important set of characteristics is the personal resources individuals have available to them. For them, personal resources include self-esteem and sense of control. Not only do these resources help individuals maintain their equilibrium in stressful situations, but they may help them evaluate a situation more closely, therefore, making room for personal enhancement. Chan (1977) would probably agree with the concept. This researcher has suggested that it is likely that people who possess a high self-esteem have a history of success in coping with environmental stressors. On the other hand, it is believed that an individual with low self-esteem feels caught by her own inability to cope with the environment and reacts to difficult situations with anxiety and depression.

It is believed that because young mothers must cope with the demands of motherhood as well as with the various developmental tasks of adolescence, it has been assumed that they may have more difficulty with motherhood than their adult counterparts (Panzarine, 1986). In addition, because many cognitive skills are still developing throughout adolescence, the young mother's ability to appraise problems realistically and to cope with various stressors may be limited. The author concluded in her study that when coping, the teenager frequently turns to others, especially her family, for assistance. Further, not only did the young mothers have to cope with the transition to motherhood, but they had to deal with matters such as finances, school, living arrangements, health, relationship with the baby's father and their emotions. All in all, the coping strategies used by the young mothers had to do with their reliance on significant others for help or their past child care experience.

Colletta, Hadler and Gregg's (1981) research on adolescent mothers was designed to explore problems faced by the adolescent mothers, to discover how they cope with their problems, to examine factors which

affect their choice of coping responses; and to discover which coping responses are most effective for reducing emotional stress. Problem areas reported by the young mothers were as follows: interpersonal relations (parents, peers, child care), concrete or task oriented problems (housework or errands, living arrangements, child rearing advice, illnesses and finances), institutional relations (occupational, educational and community services). Findings indicate that young mothers are likely to use direct action as their major response to task-oriented problems. They use direct action under two conditions 1) when they are faced with a concrete problem (task oriented) and 2) when they have assistance available from a support network, usually family members. They rely on their social systems as a primary choice for help. Secondly, when faced with interpersonal problems the mothers chose to cope by avoiding the situation. It has been hypothesized that adolescent mother's interpersonal skills have not been completely developed, which leads them to avoid situations they find too difficult to handle. Third, when faced with stress arising from problems with institutions, the adolescent resorts to re-defining the problem (that

is responses that change the meaning of the stressful situation which may include defense mechanisms). All in all, both interpersonal and situational variables play an important role when discussing choices of coping strategies.

Researchers have hypothesized that if the adolescent mother possesses positive self-esteem, an internal sense of control and has a strong support network, she will have an active style of coping with difficulties and a less negative evaluation of her life situation.

Sense of control is the individual's belief that life events are susceptible to their influence or change efforts, as already discussed. It may be logical to assume that individuals with a strong feeling of being able to control their environment would be more likely to actively choose from an array of coping responses thereby increasing their likelihood, according to Telleen and Colletta (1987). A study conducted by Fleishman (1984) concluded that the relationship between control and coping was weak. This researcher found that control was related to instrumental coping in the impersonal areas of work and finances but was unrelated to coping with

interpersonal problems. There appears to be a number of studies with mixed results. Support is particularly important when mothers face difficult or stressful situations.

Social Support Systems

Familial Relationships

According to observations by researchers, American family life has undergone tremendous change during the past 30 years because of rising rates of divorce, single parenthood, and maternal employment. Although, one thing that has not changed is the important role that family plays in adolescent development (Steinberg, 1985). Some evidence indicate that family interaction and communication between the adolescent female and parents, especially the mother may be an important variable. An investigation was conducted by Horn and Rudolph (1987). They found that the girls in their study indicated that their mothers were understanding of their problems, gave them freedom, did not invade their privacy, and enjoyed talking things over with them. They appeared to have very good relationships with their mothers. Contrary to this report, research by Lanay, Shubert, Cleland, Clark, and Montgomery

(1983) contend that the adolescents in their study described their relationships with their mother as protective and controlling. It was also noted by Landy et.al. (1983) that the relationship between the father and the adolescent was described as weak or absent, or the father was abusive and/or alcoholic.

Colletta (1987) refers to "network orientations" in her study with adolescent mothers. The term refers to the human resources one uses to seek support. She found that mothers with a positive network orientation had past histories of success in arranging for assistance in time of need. She, further, concluded that they tended to come from families that believe that it is useful and good to ask others for assistance. In addition, it was hypothesized that there is a relationship between high self-esteem, internal locus of control, and positive social networks.

Fox and Inazu's (1980) investigation on mother-daughter communication revealed that they discussed topics such as menstruation and dating, while sexual intercourse and birth control were rarely discussed. Although, they did find that some mothers actually discussed birth control and sexual

intercourse with their daughters before they engaged in sexual activities. Giblin, Poland, and Sacks (1987) believe that the adolescent mother who continues to live with her parents and is dependent on her family experiences lower levels of depression and anxiety. This mother is more apt to return to school or get a job outside the home after delivery, and possibly defer having a second child. They, further, contend that positive attitudes and feelings regarding being a young mother was positively correlated with favorable support from significant others. All in all, their data suggest that positive attitudes toward pregnancy or early motherhood are strongly associated with good family relationships.

Does the providing of support, particularly when it is abundant and long lasting, improve the life chances of the young mother? Furstenberg's (1978) longitudinal study of adolescent mothers tends to answer this question. He found that young mothers who received significant amounts of support from family members were more likely to be in an economically favorable position at the conclusion of his study than those who did not. Adolescents who remained with their parents were more likely to advance

educationally and economically than their peers who left home before or immediately after their baby was born. Most of the participants in his study stayed home because they were being provided with childcare assistance by a parent, sibling, or other relatives. Losing that advantage often forced them to terminate their education or, if they were working, to quit their jobs.

Zuckerman, Winsmore, and Alpert (1979) would most likely agree with Furstenberg's above conclusions. Their data showed that the adolescent mother not only lives in an extended family, but she uses them as her main support system. This information implies that the young mother's normal development need to move away from her family is superseded by her need for her family at this time in her life. However, Mayfield-Brown (1989) found that adolescent mothers were more likely than non-mothers to live apart from their families - nearly 1 in 5 (18%), as opposed to 1 in 20 (5%). There is some data that indicate that black teen mothers were significantly more likely than white teen mothers to continue to live with their families. It, further, indicated that black mother's families continue to provide residential assistance to

young black mothers. This suggest that these mothers were not pushed out of their parents' or relatives' homes by the event of motherhood as much as were young white mothers (Furstenberg and Crawford, 1978). Mayfield-Brown (1989), in addition, concluded that age and race affected the youths' relationships with their families. The younger the adolescent mother, the more likely she is to receive financial and childcare support from family members. Again, black mothers were more likely to live with their families than white mothers. A reason being that white teenage mothers are more apt to marry than their black cohorts.

Colletta and Lee (1983) hypothesized in their study on black teenage mothers that the amount, source, and impact of support available to black adolescent mothers varied. It varied with mothers' need for assistance and with maternal role performance. Support was highest for those mothers who had the greatest need for others to care for their children, those who had returned to school, and those who were also working. They concluded that support from family members is related on one's self-regard, and external orientation, and decreased stress reactions. The

most common theoretical explanation for these relationships is that support serves as a mediating factor buffer in the effects of difficult life circumstances. Colletta and Lee (1983) believe that researchers taking this position contend that when individuals receive assistance from others they feel positively valued and in control of their lives.

Bolton (1980) says that in many families with adolescent pregnancies, a lack of supportive family behaviors have existed for years. Families normally more supportive will frequently withdraw their support during this crisis of pregnancy. This appears paradoxical to most researchers conclusions elaborated on thus far.

Friends/Peers/Partners

Adolescent mothers often encounter negative social pressures and experience alienation from friends, peers, and partners. Dating becomes difficult with time with attention given to the new baby. Isolation from friends who do not have the same limitations on their time and money often results (Hechtman, 1989). Research contends that many adolescent mothers often end up with few friends and most times socially isolated from their original peer

group.

Agency Support Networks

Programs and services have proliferated, with funding from governmental agencies at the federal, state, and local levels, as well as from hundreds of private foundations and community trusts, according to Klerman (1981). On the other hand, there is some literature that say the provision of services to pregnant and parenting teens is typically fragmented and uncoordinated and that many affected teens are unserved (Polit and Kahn, 1987). It is further contended that this situation stems from the fact that there are few federal or state level guidelines or policies that assign the responsibility of addressing the teenage pregnancy issue to a single agency or institutional setting. Teen parents are served in a broad variety of settings, by programs with different missions and different levels of enthusiasm.

Polit and her colleague (1987) believe that schools can play a critical role in terms of preventing early motherhood. The results of their study conclude that it is possible to intervene successfully to help young mothers stay in school after having their baby. Of course, factors such as

motivation and ability levels have to be taken into consideration. They believe that the education system play a larger role in the teenage pregnancy problem than being admitted, however this argument lacks research to support its stance.

Landy, Cleland, and Schubert (1984) conducted case studies on three types of adolescent mothers: the acting out teenage mother, from a highly disorganized family background, who frequently displayed a borderline syndrome. The second type was the teenager psycho-dynamically tied to her mother who has a baby to attain separation and independence. Lastly, the focus was on the emotionally and sexually more mature teenager who became pregnant expecting the relationship with the father will be permanent. They believe that their study on these young mothers reveal that it is more productive to view the teenage mother as requiring individualized interventions, tailored to the strengths and capacities of the individual. They believe individualized interventions are better than services that tend to ignore the devastating factors of lack of trust, a developmental lag, or in sum individual differences.

Crokenberg (1986) found in her study that most

of the young mothers believed that they would benefit from additional professional advice and support. She concluded that professional support programs designed to meet the needs of adolescent mothers should include members of the mothers' informal support network to enhance child-rearing practices. She also believes that programs should take a multi-faceted approach. Support should be tailored to the needs of specific groups of adolescent mothers. Parent education classes may work for some mothers, however others may require more active outreaching on the part of the professionals. It is important to note the young mothers in her study showed a variety of needs. She would probably agree with Landy, et. al. (1984) in that programs should be tailored to meet the individual needs of the mother.

Future Implications

While the literature on teenage mothers is limited and diverse, still other areas of research regarding young mothers should be taken into consideration for future research. What is the role of the adolescent father? What is the attitude regarding fatherhood? Another area for further investigation should focus on the grandmother's attitude, concerns and coping

strategies regarding her daughter becoming a young parent. Lastly, an extended area of study should focus on: Do mothering concerns take priority over adolescent concerns during this time or does the extended family act in such a way to support certain behaviors and attitudes.

Summary of Review of Related Literature

Findings from research on teenage mothers vary. However, the overall conclusion is that the loss of education associated with a birth during the high school years has important and long-lasting consequences. Young mothers with less education have larger families, work less, are employed at lower paying jobs, are more likely to experience poverty, and have a higher probability of requiring assistance from Aid to Dependent Children (Welfare) than their peers who have no children. This suggests the importance of programs that enable teenage mothers to continue with their education.

Initiating childbearing during the teenage years is associated with significantly larger families later in life. This reduces the young mother's participation in the world of work, requires that monetary resources be stretched across more persons, and increases the

probability of, again, dependence on public assistance. This suggests the importance of helping young mothers avoid subsequent pregnancies.

Research suggests that family support is imperative for the young mother in terms of her coping, self-esteem and sense of control. Although, family support is significant in the young girl's new role as a parent so is support from social agencies. Some research insists that special programs in the schools and other support agencies are needed to assist and encourage teenage mothers to remain in school, to enhance parenting skills, and etc. All in all, teenage motherhood has educational, social, emotional/psychological and economic disadvantages for the mother and her child.

It is apparent that adolescent females are biologically capable of having children; however, the literature suggests that there are many consequences that follow young motherhood.

A review of the literature clearly indicates that studies investigating self-esteem, locus of control, and coping strategies among adolescent mothers are varied. Social support systems be they formal or informal, are needed to enhance the development of the

adolescent as a parent.

Null Hypotheses Tested

1. There is no significant difference in self-esteem between teenage mothers and their peers who have no children.
2. There is no significant difference in locus of control between teenage mothers and their peers who have no children.
3. There is no significant difference in support from family in teen mothers and non-mothers.
4. There is no significant difference in support from friends in teen mothers and non-mothers.
5. There is no difference in coping strategies between teen mothers and non-mothers.
6. There are no interaction effects across self-esteem, coping strategies, locus of control and support from family and friends.

CHAPTER III

METHODOLOGY AND PROCEDURES

Subjects

The Parents Too Soon Program is a not-for-profit organization funded by The unce of Prevention. These programs are located throughout the State of Illinois. They service adolescent mothers ranging from ages 13-19 years old. This research was conducted at one of the programs located in the inner City of Chicago. With the cooperation of this program, 35 teenage mothers were recruited. Thirty-Five adolescent females who have no children were also recruited. They were black low socio-economic adolescents residing in the same neighborhoods as their cohorts in this study, and they attended the same educational institutions. Participants status as parents is the main distinguishing variable between groups.

Table 1

Educational Status of Teen Mothers and Non-Mothers

| | School | GED | Vocational |
|-------------|--------|-----|------------|
| Mothers | 28 | 5 | 2 |
| Non-Mothers | 29 | 4 | 2 |
| Total | 57 | 9 | 4 |
| Percent | 81 | 13 | 6 |

Age of Subjects

The subjects in this study were 70 adolescents (35 mothers and 35 non-mothers). The ages of the subjects ranged from 13-19. The mean age was 16 and the mode was also 16.

Grade

The grade of the students ranged from eight grade to twelfth grade with some attending GED and Vocational programs. The modal grade was ninth.

Table 2
Distribution of Subjects
by
age and grade (N=70)

| <u>Age</u> | <u>Percent</u> | <u>Grade</u> | <u>Percent</u> | <u>Other</u> | <u>Percent</u> |
|------------|----------------|--------------|----------------|--------------|----------------|
| 13 | 11 | 8 | 7 | 13 | 19 |
| 14 | 14 | 9 | 22 | | |
| 15 | 11 | 10 | 21 | | |
| 16 | 22 | 11 | 17 | | |
| 17 | 11 | 12 | 12 | | |
| 18 | 11 | | | | |
| 19 | 17 | | | | |

Procedure

The teen mothers in this study were told about this research project by the director of the above mentioned program. She asked 55 girls who are enrolled in the program if they were interested in participating in this project. She explained the study to them. There were told if they agreed to participate they had to bring a friend to group session with them who lived in the same neighborhood, attended the same school, and they (the friend) could not be a parent. Of the 55 girls in the program, only 35 agreed to participate. The director explained that they, along with their friend would be asked to complete four questionnaires. Data was collected in eight group sessions. Each session consisted of 4-5 teen mothers and 4-5 teen non-mothers. The non-mothers were friends of the mothers with similar demographics and from the same socio-economic status. They were all given consent forms before they began completing the surveys. Individual assistance was given as necessary, however no interaction related to the questionnaires was permitted during the session.

Instrumentation

Coopersmith Self-Esteem Inventories (SEI)

Developed by Stanley Coopersmith: The SEI consists of two forms: the school form and the adult form. The former is used with students ages eight through fifteen and consists of fifty-eight items: fifty self-esteem items and eight items that constitute the Lie Scale, which is a measure of a student's defensiveness or test wiseness. The adult form is used with persons aged sixteen and above. It consists of twenty-five items. Administration rarely exceeds ten minutes. It can be administered individually or as a group. The correlation coefficient of both forms range from .88 to .92.

Ways of Coping Questionnaire

Developed by Folkman, S. and Lazarus, R. This survey was designed to measure the thoughts and actions people use to cope with stressful encounters of everyday living. It measures coping processes, not coping styles. It possesses five subscales and they are: confrontive coping, seeking social support,

accepting responsibility, planful problem solving, and positive re-appraisal. It takes approximately ten to fifteen minutes to administer. Since this scale is composed of five scales, alphas range from .61 to .79 respectively.

Adult-Nowicki-Strickland Internal-External Locus of Control Scale

Developed by Nowicki, S. and Strickland B.R. This scale measures locus of control. It has a simple reading level, and questions are answered either yes or no. The scale is keyed such that the higher the score, the more external the locus of control orientation. Researchers report that test-retest reliability range from .56 to .83.

Pss-Fr and Pss-Fa Scales

The Perceived Social Support from Friends and From Family Scale was developed by Procidano, Mary and Heller, Kenneth in 1983. The scales were designed to measure the extent to which an individual perceives the need for support, information, and feedback are fulfilled by friends and by family. The scale proves to be

a reliable measure of social support with
Cronback Alphas of .88 to .90 respectively.

CHAPTER IV

RESULTS

The purpose of this study was to determine the relationship of self-esteem, locus of control, ways of coping, and social support systems in adolescent mothers and their cohorts who were not mothers. The teen mothers in this study are all participants of one of the Parents Too Soon Programs located on the south side of Chicago. Their counterparts are also inner city adolescents from the same socio-economic background, neighborhood, and schools. Other factors include age, grade, number of children, and place of residence or living arrangements. The above variables were measured by standardized instruments and a demographic questionnaire.

Results

Descriptive statistics were run on demographic variables. The majority of the participants were enrolled in a formal educational institute (81%) ranging from grades 8-12. Nineteen percent of the subjects were enrolled in GED or vocational training

(see table 1 page 53).

Of the 70 participants, the majority (42%) of them reside with one parent, mother only. The fewest (4%) of the 70 subjects reside with their father only, 36% of them reside with both parents, and 17% reside with someone other than their parents (including grandparents, stepparents, friends, and shelters).

Table 3

Subjects living arrangements (n=70)

| <u>Source</u> | <u>Frequency</u> | <u>Percent</u> |
|----------------|------------------|----------------|
| mother only | 30 | 43 |
| father only | 3 | 4 |
| bother parents | 25 | 36 |
| other | 12 | 17 |

The majority of the young mothers in this study gave birth to one child, however a few of them had more than one child. Fifty percent of the young women have not given birth, 39% of the young mothers have given birth only once, and 11% of them have given birth to two children.

Table 4
Number of Children

| <u>Number of Children</u> | <u>Frequency</u> | <u>Percent</u> |
|---------------------------|------------------|----------------|
| 0 | 35 | 50 |
| 1 | 27 | 39 |
| 2 | 8 | 11 |

(n=70)

The age of the first born ranged from 1-3 months to 4 years old, and the ages of the second born ranged from 1 to 2 years old. Ages most frequently reported for child one was 1-3 months old. Ages least reported was 3-4 years old for child one.

Table 5
Age of Children

| <u>Child one</u> | <u>Frequency</u> | <u>Child Two</u> | <u>Frequency</u> |
|------------------|------------------|------------------|------------------|
| 1-3 months | 16 | 1-2 years | 8 |
| 4-6 months | 8 | | |
| 7-9 months | 3 | | |
| 10-12 months | 3 | | |
| 1-2 years | 4 | | |
| 3-4 years | 1 | | |

A multivariate analysis of variance (MANOVA) procedure was used to determine group differences on the following variables: self-esteem, locus of control, family support, friend support and the coping strategy - escape/avoidance. The MANOVA was followed by univariate ANOVA's for each scale score. The procedure simultaneously tests all of the following hypotheses.

1. There is no significant difference in self-esteem between teenage mothers and their peers who have no children.
2. There is no significant difference in locus of control between mothers and their peers who have no children.
3. There is no significant difference in support from family in teen mother and non-mothers.
4. There is no significant difference in support from friends in teen mothers and non-mothers.
5. There is no difference in coping strategies between teen mothers and teen non-mothers.
6. There are no interaction effects across self-esteem, coping strategies, locus of control and support from family and friends.

The multivariate analysis of variance yielded a Wilks Lambda of .62 with a corresponding P-value of .000 which indicates a highly significant difference among the two groups for the six scale values. The univariate results given in table 6 shows where the difference among the scale values lie. Table 6 also indicates that multivariate differences are found on every scale.

Table 6

Multivariate Test of Significance

(S=1, M=2, N=30½)

| <u>Test Name</u> | <u>Value</u> | <u>Exact F</u> | <u>Hypoth.DF</u> | <u>Error DD</u> | <u>Sig of F</u> |
|------------------|--------------|----------------|------------------|-----------------|-----------------|
| Wilks | .61614 | 6.54161 | 6.00 | 63.00 | .000 |

Univariate F-Tests with (1,68) D.F.

| <u>Variable</u> | <u>Hypoth.SS</u> | <u>ErrorSS</u> | <u>Hypoth.MS</u> | <u>ErrorMS</u> | <u>F</u> | <u>Sig of F</u> |
|------------------|------------------|----------------|------------------|----------------|----------|-----------------|
| Self-Esteem | 6840.91429 | 33636.57143 | 6840.91429 | 494.65546 | 13.82965 | .000 |
| Locus of Control | 1651.42857 | 3623.71429 | 1651.42857 | 53.28992 | 30.98951 | .000 |
| Family Support | 403.20000 | 2222.74286 | 403.20000 | 32.68739 | 12.33503 | .001 |
| Friend Support | 408.01429 | 1572.57143 | 408.01429 | 23.12605 | 17.64306 | .000 |
| Escape/Avoidance | 9.65714 | 49.71429 | 9.65714 | .73109 | 13.20920 | .005 |
| Distancing | 5.15714 | 42.34286 | 5.15714 | .62269 | 8.28205 | .005 |

Table 7

MANOVA-Cell Means and Standard Deviations

| Variable | Self-Esteem | | |
|-------------------|------------------|--------------------|----------|
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 43.200 | 21.514 | 35 |
| Teen Non-Mother | 62.971 | 22.944 | 35 |
| For Entire Sample | 53.086 | 24.220 | 70 |
| Variable | Locus of Control | | |
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 21.286 | 8.804 | 35 |
| Teen Non-Mother | 11.571 | 5.392 | 35 |
| For Entire Sample | 16.429 | 8.744 | 70 |
| Variable | Family Support | | |
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 6.771 | 5.709 | 35 |
| Teen Non-Mother | 11.571 | 5.726 | 35 |
| For Entire Sample | 9.171 | 6.169 | 70 |
| Variable | Friend Support | | |
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 10.200 | 5.815 | 35 |
| Teen Non-Mother | 15.029 | 3.527 | 35 |
| For Entire Sample | 12.614 | 5.358 | 70 |

Table 7 con't

MANOVA-Cell Means and Standard Deviations

| Variable | Escape/Avoidance-Coping Strategy | | |
|-------------------|----------------------------------|--------------------|----------|
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 1.171 | .382 | 35 |
| Teen Non-Mother | 1.914 | 1.147 | 35 |
| For Entire Sample | 1.543 | .928 | 70 |
| Variable | Distancing | | |
| <u>Status</u> | <u>Mean</u> | <u>Stand. Dev.</u> | <u>N</u> |
| Teen Mother | 1.229 | .426 | 35 |
| Teen Non-Mother | 1.771 | 1.031 | 35 |
| For Entire Sample | 1.500 | .830 | 70 |

Because the measures are autocorrelated, Stepwise procedures using multiple regression and cononical procedure using discriminate analysis were used to identify variables to investigate in determining which variables best discriminate among the two groups. In addition, variables that were deemed theoretically important were also included in analysis. Variables included are self-esteem, locus of control, family support, friend support, age, distancing and escape/avoidance. Multiple regression procedures identified the same variables. However, since self-esteem was most important, the following variables are involved in the analysis; self-esteem, family support, friend support, locus of control, distancing, self-controlling and escape/avoidance. Further, analyses were run to examine the relationship among all of the above mentioned variables which include discriminate correlational as well as multiple regression.

A discriminate analysis was used to find the best combination of variables that would discriminate between the groups on the basis of status (teen parents and non-parents). An objective of this procedure is

to provide the best classification strategy in order to predict group membership. In addition, the relationships determined by this procedure will be useful in determining the dimensions on which the groups differ. This procedure can determine how far apart the groups are and if they are significantly different from each other. It can also determine which variables best discriminate between the groups. Therefore, it can be useful in prediction and in explaining the data.

The discriminate analysis begins with a display of classification results and predicted group membership (table 8).

Table 8

Predicted Group Membership

| <u>Actual Group</u> | <u># of cases</u> | <u>Predicted Group Membership</u> | |
|---------------------|-------------------|-----------------------------------|--------|
| Group 1 | 35 | TM's=26 | NM's=9 |
| Teenage mothers | | 74.3 | 25.7 |
| Group 2 | 35 | TM's=5 | NM's=9 |
| Non-mothers | | 14.3% | 85.7% |

Percent of "Grouped cases correctly classified 80%.

The cononical discriminate function found in table 9 indicates that the 7 variables (self, control, asupport, rsupport, age, distant, and escape) can be

used to significantly discriminate among the two groups. The values listed for the standardized canonical discriminate function coefficient can be interpreted or their relative values (like multiple regression weights). For example, self-esteem and distant are least important in the final discriminate analysis solution, while age, escape, and control are important. Rsupport is more important than asupport in discriminating between the 2 groups.

Table 9

Canonical Discriminant Functions

| <u>Function</u> | <u>Eigenvalue</u> | <u>% of Variance</u> | <u>Cum. %</u> | <u>Cono. Corr.</u> | <u>After Funct.</u> | <u>Wilks Lambda</u> | <u>Chi-Squared</u> | <u>D.F.</u> | <u>Sig</u> |
|-----------------|-------------------|----------------------|---------------|--------------------|---------------------|---------------------|--------------------|-------------|------------|
| 1* | 0.79914 | 100.00 | 100.00 | 0.666466 | 0 | 0.5558222 | 37.881 | 7 | 0.0000 |

*Marks the 1 Canonical Discriminant Functions Remaining in the analysis

Standardized Canonical Discriminant Function Coefficients

Function 1

| | |
|----------|----------|
| Self | 0.04864 |
| Control | -0.52030 |
| ASupport | 0.11564 |
| FSupport | 0.47209 |
| Age | -0.54070 |
| Distant | 0.03949 |
| Escape | 0.49295 |

A Multiple Regression Analysis was performed to determine the relationship between self-esteem (dependent variable) and age, grade, school, status, family support, friend support, locus of control and coping strategies (all independent variables).

Analyses were performed to explore the relationship between self-esteem and the 2 nominal variables, grade and school. Overall results (table 10) show that the higher the grade, the higher the teenager's self-esteem.

Table 10

Means and Standard Deviations of Self-Esteem
by Status

| <u>Grade</u> | <u>Mean</u> | <u>SD</u> | <u>F for GR Effect</u> | <u>Eta(Eta) for GR</u> |
|--------------|-------------|-----------|------------------------|------------------------|
| 8 | 37.45 | 13.45 | 2.58 | .41 (.17) |
| 9 | 38.75 | 16.76 | | |
| 10 | 57.07 | 25.68 | | |
| 11 | 61.67 | 24.98 | | |
| 12 | 63.56 | 24.61 | | |
| Other | 56.92 | 25.521 | | |

* $p < .05$

The intercorrelations among the continuous variables are presented in Table 11. The zero-order correlations between self-esteem and five of the variables were statistically significant and in the positive direction. Self-esteem was also found to be positively correlated with family support and friend support. However, it is negatively correlated with locus of control and with two of the eight scales of the Ways of Coping Survey; distancing and escape/avoidance.

Zero-Order Correlations

| | SE | Age | AS | RS | LC | CC | DT | SC | SSS | AC | EA | PPS | PR |
|-----|---------|--------|---------|---------|---------|--------|--------|--------|--------|-------|------|--------|----|
| SE | | | | | | | | | | | | | |
| Age | .23 | | | | | | | | | | | | |
| AS | .68*** | .19 | | | | | | | | | | | |
| RS | .34** | .34*** | .43*** | | | | | | | | | | |
| LC | -.72*** | -.28* | -.66*** | -.59*** | | | | | | | | | |
| CC | .06 | .03 | .03 | .24* | -.10 | | | | | | | | |
| DT | -.39*** | -.10 | -.37** | -.36** | -.66*** | .30* | | | | | | | |
| SC | -.10 | -.02 | -.06 | -.01 | .15 | .52*** | .51*** | | | | | | |
| SSS | .11 | .04 | .25* | .40*** | -.22 | .62*** | .10 | .45*** | | | | | |
| AC | -.17 | -.13 | -.24* | -.08 | .23 | .43*** | .46*** | .52*** | .21 | | | | |
| EA | -.37 | -.03 | -.26* | .26* | .50*** | -.05 | .55*** | .35*** | .02 | .30* | | | |
| PPS | .19 | .10 | .13 | -.38** | -.32** | .65*** | .05 | .47*** | .66*** | .34** | -.07 | | |
| PR | .08 | .23 | .15 | -.16 | .20 | .61*** | .22 | .58*** | .67*** | .32** | .13 | .72*** | |

SE=Self-Esteem
 Age=Age
 AS=Family Support
 RS=Friend Support
 LC=Locus of Control

CC=Confrontive Coping
 DT=Distancing
 SC=Self-Controlling
 SSS=Seeking Social Support
 AC=Accepting Responsibility

EA=Escape/Avoidance
 PPS=Planful Problem Solving
 PR=Positive Reappraisal

Exploratory analyses were performed to predict the "best" set of variables that would account for the most variance in self-esteem, the dependent variable. Predictor variables were selected according to the strength of their relationship to self-esteem. Those predictors were determined by examining the strength of the correlations between self-esteem and the independent variables. The regressions include all variables significant at or below the .001 level. These variables included family support, locus of control, and distancing. Multiple Regressions were also examined to determine whether the interactions between status and each of these variables (locus of control, family support, and distancing) were significant. Table 12 displays results of hierarchical regressions for self-esteem.

Table 12

Multiple Regressions for Self-Esteem

Model 1-Predictor Variables

| <u>Model 1</u> | R | R | R Changed | F | Beta |
|----------------|-----|-----|-----------|----------|---------|
| Status | .41 | .17 | | 12.98*** | .41*** |
| Loc | .72 | .52 | .35 | 48.46*** | -.72*** |
| StatusxLoc | .55 | .55 | .03 | 4.51* | -.54*** |

Model 2

| | | | | | |
|-----------------|-----|-----|-----|----------|--------|
| Status | .41 | .17 | | 12.98*** | .41*** |
| Fam.Sup. | .69 | .48 | .31 | 40.28*** | .61*** |
| StatusxFam Sup. | .70 | .49 | .01 | .69 | .32 |

Model 3

| | | | | | |
|--------------|-----|-----|-----|----------|--------|
| Status | .41 | .17 | | 12.98*** | .41*** |
| Dist. | .46 | .21 | .04 | 3.64+ | -.24+ |
| StatusxDist. | .46 | .21 | .00 | .20 | .15 |

Model 4

| | | | | | |
|------------|-----|-----|-----|----------|---------|
| Status | .41 | .17 | | 12.98*** | .41*** |
| Loc | .72 | .52 | .35 | 49.19*** | -.72*** |
| Fam.Sup. | .77 | .59 | .07 | 10.96** | .35** |
| StatusxLoc | .78 | .60 | .02 | 2.60 | -.39 |

+p < .10

*p < .05

**p < .01

***p < .001

In the first model, status was entered into the equation first, locus of control(loc) was entered second, and the interaction (status x loc) was entered last. In this model, status is shown to account for approximately 17% of the variance ($F(1,67)=12.98$, $p < .001$). Loc. accounted, significantly, for an additional 35% of the variance ($F(2,66)=48.46$, $p < .001$). The interaction term was added to the equation, and only an additional 3% of the variance was accounted for ($F(3,65)=4.51$, $p < .05$). The Beta Weights (.41, -.72, and .54) for status, loc., and the interaction were all found to be significant. All three variables significantly predicted self-esteem, accounting for a total of 54% of the variance. As expected, status predicted self-esteem with teenage mothers reporting lower values. The negative relationship between self-esteem and loc. indicates that lower self-esteem was associated with a more external sense of control.

Both family and friend support were significantly related to self-esteem, however family support (accounting for 31% of the variance) evidenced as the stronger relationship, so it entered into the equation.

In Model 2 status was, again, found to account for 17% of the variance as in the first mode. When family support enters the equation, it showed a positive relationship to self-esteem, however the interaction is not significant. The standardized regression weight for family support (Beta=.61) was found to be significant and to be approximately 1.5 times as important as status. The beta weight indicates that greater family support is related to higher self-esteem.

In Model 3, status, distancing, and a status by distancing interaction term were entered as predictor variables. Both distancing and escape/avoidance coping strategies were negatively correlated with self-esteem. The distancing variable was selected for the equation because it was the coping strategy most strongly correlated with self-esteem. The two scales were positively correlated ($r=.55$, $p < .001$), indicating that the two variables may be measuring the same underlying construct. Distancing contributed only 4% of the variance ($F(2,67)=3.64$, $p=.061$; $\beta = -.244$). This was only marginally significant. The beta weight shows it to be approximately one-half as important as status and also shows that distancing is

negatively related to self-esteem. The status by distancing interaction was not significant.

Results from Model 4 examined possible interactions between loc., family support, and status. A significant interaction for status by loc. was only noted. The coping strategy distancing was not included in this model, because it did not contribute a significant amount of variance.

Table 13 indicates that the predictor variables accounted for a total of 60% of the variance in self-esteem. The beta weights for status, loc., family support, and the status by loc. interaction are .41, -.72, .35, and -.39. Locus of control was found to be the most important variable. It is approximately 1.8 times as important as status and the interaction term and 2.1 times as important as family support. The beta weights show that loc. by the interaction are indirectly related to self-esteem. However, both status and family support are directly related to self-esteem.

Since self-esteem was significantly related to grade level, the above analyses were repeated, but controlling for grade. The results are summarized in table 13.

Table 13
Multiple Regressions for Self-Esteem
Controlling for Grade

Model Predictor Variables

| <u>Model 1</u> | R | R | R Changed | F | Beta |
|-----------------|-----|-----|-----------|----------|---------|
| Grade | .41 | .17 | | 2.57* | -.32 |
| Status | .55 | .30 | .13 | 12.06*** | .37*** |
| Loc | .75 | .56 | .26 | 36.39*** | -.67*** |
| StatusxLoc | .76 | .57 | .02 | 2.22 | -.40 |
| <u>Model 2</u> | | | | | |
| Grade | .41 | .17 | | 2.57* | -.3 |
| Status | .55 | .17 | .13 | 12.06*** | .37*** |
| Fam. Support | .73 | .53 | .23 | 30.01*** | .54*** |
| StatusxFam.Sup. | .73 | .53 | .00 | .63 | .31 |
| <u>Model 3</u> | | | | | |
| Grade | .41 | .17 | | 2.57* | -.32* |
| Status | .55 | .30 | .13 | 12.06*** | .37*** |
| Distance | .58 | .34 | .03 | 3.15+ | -.24+ |
| StatusxDistance | .58 | .34 | .00 | .01 | -.04 |
| <u>Model 4</u> | | | | | |
| Grade | .41 | .17 | | 2.57* | -.32* |
| Status | .55 | .30 | .13 | 12.05*** | .37*** |
| Loc. | .75 | .56 | .26 | 36.37*** | -.67*** |
| Fam. Sup. | .78 | .61 | .06 | 8.74** | .32 |
| StatusxLoc | .79 | .62 | .01 | 1.25 | -.29 |

+p<.10, *p<.05, **p<.01, ***p<.001

In models one through four none of the interactions were significant when grade was entered into the equation first. Results of the regression equation indicate that when grade served as a covariate and entered the equation first, it accounted for 17% of the variance in self-esteem ($F(5,64)=2.75$, $p<.05$: $Beta=-.32$). Status as entered second into the equation and accounted for an additional 13% of the variance ($F(6,63) =12.06$, $p<.001$: $Beta = .37$). Thirdly, loc. was entered into the equation and accounted for approximately 26% of the (residual) variance ($F(7,62)=36.37$, $P<.001$: $Beta=-.67$). Family support was entered and contributed 6% of the variance ($F(8,61)=8.74$, $p<.01$: $Beta=.32$). Lastly, status by loc. interaction was entered and accounted for only 1% of the variance, although, this was not significant ($F(9,60)=1.25$, $p=.27$: $Beta=-.29$). Combined, these predictors accounted for 62% of the variance in self-esteem. Locus of control appears, again, as the most important variable.

CHAPTER V

DISCUSSION

The purpose of this study was to compare teenage mothers to their counterparts who have no children. This chapter presents findings on the results related to testing of the six null hypotheses and indicates the rationale for the acceptance or rejection of each. In addition, a general discussion related to the findings, conclusions, and recommendations for future research are presented.

Findings

The dependent variable selected for this investigation was self-esteem. Six independent variables were chosen: grade, status, locus of control, support from family, support for friends, and coping strategies. These variables were also factors which were identified as being integral components of self-esteem. The relationship between self-esteem and the 5 independent variables was examined to determine if any significant differences existed between them.

The following hypotheses were generated to address the purpose of this investigation:

1. There is no significant difference in self-esteem between teenage mothers and their peers who have no children.
2. There is no significant difference in locus of control between teenage mothers and their peers who have no children.
3. There is no significant difference in social support from family members in teen mothers and non-mothers.
4. There is no significant difference in support from friends in teen mothers and non-mothers.
5. There is no difference in coping strategies between teen mothers and teen non-mothers.
6. There are no interaction effects across self-esteem, coping strategies, locus of control and support from friends and family.

The first independent variable was locus of control, measured by the Nowicki-Strickland Internal-External Scale. It was examined to determine if there was a relationship between it and the dependent variable, self-esteem. The results showed a significant difference between the 2 groups. Results indicate that teen mothers tend to possess an external sense of control and consequently have lower

self-esteem. Locus of control was found to have an effect on self-esteem as well as status.

Null hypotheses 1 and 2 are rejected. There are significant differences in locus of control and self-esteem in teen mothers and their peers who have no children. The lower one's locus of control score (indicating an internal orientation) the higher the self-esteem score. The non-mothers tended to be more internally controlled, thus possessing higher self esteem.

Social support was divided into 2 components, family and friends(they are treated as 2 different independent variables). In examining the third independent variable (support from family), it was found that teen mothers received less support from family members, therefore, affecting self-esteem. Null hypothesis 3 is rejected. There is a significant difference in family support in teen mothers and their cohorts who have no children. Non-mothers tend to have a more supportive family unit.

The 4th independent variable, friend support was analyzed and a significant difference was found between the groups. Teen mothers receive less support from their friends as opposed to their counterparts

who tend to have a more supportive group of friends. Null hypotheses 4 is rejected.

Independent variable 5, coping strategies, was initially divided into eight sub-scales. However, 6 of the 8 scales were highly intercorrelated, therefore, only 2 scales: distancing and escape-avoidance were used in the analysis of the data. They were both found to be important but not highly significant. Still, null hypothesis 5 is rejected because differences between the two groups were evidenced. Teen mothers appear either to avoid their problems or to cope with them by distancing themselves from others.

Null hypothesis 6 is rejected because there are interaction effects across the dependent variable and the independent variables. It appears that status (being a teen mother or not), locus of control, friend/family support, and certain coping strategies have an affect on self-esteem.

Discussion

Status, locus of control, and support systems predict self-esteem among low socio-economic black teenage girls. Results supported the expectation that young girls who are mothers have lower self-esteem

than their peers who are not mothers. It is believed that status may not affect self-esteem, rather it may be that adolescent girls with lower self-esteem are more likely to become pregnant.

Teenagers with a more external locus of control had a lower self-esteem. The effects of status depend on the level of locus of control. Since external factors are so much a part of these girls lives, it is inevitable that they would blame others or outside factors for their successes and/or failures. In this study, higher external locus of control was related to lower self-esteem for teen mothers whereas internal locus of control was related to higher self-esteem for non-mothers.

The positive relationship between family support and self-esteem suggest that guidance, nurturance, and encouragement from family members may foster teens's well-being. The lack of family support by status interaction indicates that this relationship is present regardless of status. Family support positively influenced self-esteem whether or not teens were mothers.

Although family support was found to be significant, friend support evidenced itself as being

more important than support from the family unit. This may be because at this stage of life (adolescence) peers tend to be more of an influence and more important to teenagers than their family. In addition, the time factor is shifted. That is, overall they spend more time with their peer group looking for their identity, socializing, and the like than with family.

Coping skills emerged as a predictor of self-esteem. Distancing accounted for little variance in self-esteem beyond status. Escape-avoidance also correlated with self-esteem, however, distancing showed the stronger relationship to self-esteem. Teenage females (black, white, hispanic, teen mothers or non-mothers) growing up in the inner city, living in poverty, drug and gang invested neighborhoods, and other adverse environmental conditions tend to cope or survive by keeping to themselves and avoiding trouble as much as possible. This could be an explanation as to why the 2 groups don't drastically differ in terms of coping strategies.

Although age was not significantly correlated with self-esteem, grade showed a moderately significant relationship to self-esteem. Teens in

higher grades or those who were not in high school reported higher self-esteem.

Conclusions

Developmental theorists contribute to the understanding of the psychological dynamic of adolescence. However, it is Eric Erikson who seemed to get to the heart of this stage of development. His concept of identity formation correlates highly with the notion that the adolescent mother is so caught up in trying to determine her role as a teenager that she is unable to bring her 2 roles together (teenager and mother).

The current study reveals that scores on the Coopersmith Self-Esteem Inventory were generally lower in the teen mother group. The scores indicate that teen mothers in this study have a low self-image. These results are congruent to other studies that have found adolescent mothers to be low in self-esteem in comparison to their childless peers. The subjects in the present study varied little from each other. The subjects were between 13 and 19 years old. Chronologically, this is the time period of early, mid, or late adolescence. If there is going to be a change in self-esteem it would probably occur during

this time.

The results from the Nowicki-Strickland Internal-External Locus of Control Scale revealed that group I (teen mothers) scored significantly higher when compared to group II (non-mothers). This indicates that group I tends to blame other or external factors for their success/failures. It, further, suggests that if good fortune takes place in their lives they attribute it to luck. These findings are in agreement with Steinlauf (1979) who concluded from his research that teen pregnancy was positively related to an external orientation of control.

Results from the Pss-Fr and Pss-Fa Scales revealed some interesting phenomena. Higher scores on the friend scale revealed that both groups (mothers and non-mothers) received more support from their peers as opposed to from their family. Results from this study tend to agree with literature, in that peers, during the adolescent stage of development, are more influential than the family unit. Although family scores were higher among non-mothers, they were not as high as the support from friend scores.

Data from the Ways of Coping Scale indicate that the eight scales are closely correlated. However, 2 scales; distancing and escape/avoidance revealed more

differences between the 2 groups. The 2 groups did not vary drastically in terms of these 2 scales. An explanation for this may be because they are so homogeneous. They come from the same adverse environmental conditions, low SES, and possibly exposed to the same type of choices or lack of choices. They almost have to survive their conditions by escaping/avoiding and distancing themselves from situations they encounter.

Recommendations for Future Research

It is suggested that the study be replicated with a larger sample size. Different ethnic and racial groups should be used to increase generalizability. Variables such as socio-economic status, educational level should be controlled to avoid extraneous variability. Collecting data from more than one site would be helpful in avoiding inadequate representation of subjects.

Some of the subjects possessed limited reading skills. It may be helpful to interview subjects in face-to-face interviews as well as administering the instruments. The interview would be particularly helpful in trying to get first hand information in terms of how they view their lives and their status as mothers.

Since the future of this society depends upon on our youth, public school, public agencies, and other social service groups, emphasis should be on vocational training programs for those who are less apt to attend post secondary schools. Childcare is also an issue that needs to be addressed, perhaps if it were readily available, more teen mothers could continue their education, enhance their academic skills, obtain a high school diploma, and become motivated to continue their education beyond high school.

Appendix A
Demographics

- 1) How old are you?
 12 yrs. old 13 yrs. old 14 yrs. old
 15 yrs. old 16 yrs. old 17 yrs. old
 18 yrs. old 19 yrs. old
- 2) What grade are you in?
 8th 9th 10th 11th 12th
 other (specify)_____
- 3) How many brothers and sisters do you have?
()brothers ()sisters
- 4) With whom do you live?
 mother only
 father only
 both parents
 other specify_____
- 5) How many children do you have?_____
- 6) How old is/are you child/children?
 1-3 months 4-6 months
 7-9 months 10-12 months
 1-2 years 3-4 years
 5 years old and over
- 7) What school do you attend?_____

Appendix B
Consent form

Project Title: Adolescent mothers and self-esteem locus of control, coping style, and social support systems

My name is Linda L. Goodwin, and I am a graduate student at Loyola University at Chicago. I am requesting your assistance in learning more about teenage mothers. Your cooperation could provide me with information that could be useful in planning future services for adolescent mothers.

Participation in this project will include completing four questionnaires. All of the information provided will be kept strictly confidential and, in no way, will be used to identify you. Further, your participation in this study is strictly voluntary, and you may withdraw at anytime. Your signature is needed below. Please understand that no risk is involved and again, you may withdraw from this research project at any time.

Participant's Signature

Agency Information Sheet

Dear Director:

My name is Linda L. Goodwin, and I am a graduate student at Loyola University, at Chicago. I am investigating the self-esteem, locus of control, social support systems, and coping strategies of adolescent mothers. The goal of this research is to obtain a better understanding of teenage mothers. I'm requesting permission to conduct this research at your program.

Each participant will be asked to complete 4 questionnaires . One survey will gather information about the support the clients receive from family and friends. The second asks questions obtaining information about cognitive style (to what/whom does one contribute her successes/failures). The fourth survey gathers information regarding ones copying style. In addition the participants will be asked to complete a demographic information form.

Participation in this study will take approximately one hour and fifteen minutes. Information provided will be completely confidential. Numerical coding of the research material will

guarantee anonymity. Participation presents no risk or physical harm to the clients.

Thank you in advance for your cooperation

Sincerely,

Linda L. Goodwin



YWCA

Metropolitan Chicago

109

Young Parents Program
6200 S. Drexel
Chicago, Illinois 60637
312 363-7903

Appendix D

Response Letter

April, 1992

Dear Linda Goodwin:

The request for your research project has been approved. Please contact me so that arrangements can be made for you to have our participants complete the four questionnaires you need to reach your ultimate goal. You requested that 55 of our clients partake in your project, however after explaining the research plan only 35 agreed to be a part of your project.

Again, contact me so that we can work out a schedule. I wish you luck.

Cordially,

SheShe C. Kitwana

References

- Abernathy, V., and Abernathy, G. (1974). Risk for wanted pregnancy among mentally ill adolescent girls. American Journal of Orthopsychiatry, 44, 442-450.
- Alter, C. F. (1987). Preventing family dependency. Society, 24, 12-16.
- Bacon, L. (1974). Early motherhood, accelerated role transition, and social pathologies. Social Forces, 52, 333-341.
- Barnes, M.E., and Farrier, S.C. (1985). A longitudinal study of the self-concept of low income youth. Adolescence, 20(77), 199-205.
- Barnett, W. (1985). Benefit cost analysis of pre-school program and its policy implication. Educational Evaluation and Policy Analysis, 7, 333-342.
- Barth, R., Schinike, S., and Maxwell, J. (1983). Psychological correlates of teenage motherhood. Journal of Youth and Adolescence, 12, 471-487.
- Beane, J. A. and Lipka, R. P., (1979). Enhancing self-esteem in the middle school. Middle School Journal. 19-27.
- Belsky, J. and Draper, P. (1987). Reproductive strategies and radical solutions. Society, 24, 20-24.

- Berndt, T. (1979). Developmental changes in conformity to peers and parents. Developmental Psychology, 15(6), 688-716
- Bernstein, R. M., (1980). The development of the self-system during adolescence. The Journal of Genetic Psychology, 136, 231-245.
- Black, C., and DeBlassie, R. R. (1985). Adolescent pregnancy: Contributing factors, consequences, treatment, and plausible solutions. Adolescence , 20(78). 281-289.
- Blyth, D. A. and Traeger, C. M. (1983). The self-concept and self-esteem of early adolescents. Theory Into Practice, 22(2), 91-97.
- Bowker, L. H. and Klien, M.W. (1983). The etiology of female juvenile delinquency and gang membership: A test of psychological and social structural explanations. Adolescence, 18, 740-751.
- Bronfenbrenner, U. (1974). The Origins of alienation, Scientific American, 231, 53-61.
- Brutsaert, H. (1990). Changing sources of self-esteem among girls and boys in secondary school. Urban Education, 24, 432-439.

- Buescher, T. M. (1985). A framework for understanding the social and emotional development of gifted and talented adolescents. Roeper Review, 8, 10-15.
- Bulton, R. (1980). The pregnant adolescent. Beverly Hills, CA Sage.
- Burden, D. A. and Klerman, L. V. (1984). Teenage parenthood factors that lesson economic dependence. Social Work, 29, 11-16
- Campbell, A. (1991). The girls in the gang. Basil Blackwell, Ltd.
- Cartoff, V. (1982). The negative effects of AFDC policies on teenage mothers. Child Welfare, 61(5), 269-278.
- Ceci, S. (1990). On Intelligence More or Less. New Jersey:Prentice Hall.
- Chan, K. B. (1977). Individual differences in reactions to stress and their personality and situational determinants. Social Science and Medicine, 11, 89-103.
- Colletta, N. D. (1983). At risk for depression: A study of young mothers. Journal of Genetic Psychology, 142, 301-310.

- Colletta, N. D. (1987). Correlates of young mothers' network orientations. Journal of Community Psychology, 15, 149-160.
- Colletta, N. D., Adler, S. and Gregg C. H. (1981). How adolescents cope with the problems of early motherhood. Adolescence, 16(63), 499-512.
- Colletta, N. and Lee, D. (1983). The impact of support of black adolescent mothers. Journal of Family Issues, 4(1), 127-143.
- Coopersmith, S. (1987). Self-Esteem Inventories. Palo Alto, CA: Consulting Psychologist Press, Inc., 1-22.
- Crokenberg, S. B. (1986). Professional Support for adolescent mothers: Who gives it, how adolescent mothers evaluate it, what they would prefer. Infant Mental Health Journal, 7(1), 49-58.
- de Anda, D. (1983). Pregnancy in early and late adolescence. Journal of Youth and Adolescence, 12(1), 33-42.
- DeBlassie, B. C. (1985). Adolescent Pregnancy: Contributing factors, consequences, treatment and plausible solutions. Adolescence, 20, 281-290.
- DeBettencourt, K. B. (1990). The wisdom of solomon: Cutting the cord that harms. Children Today, 19, 17-20.

- Denzin, N. F. (1987). Postmodern children. Society, 24, 32-35.
- Erikson, E. (1968). Identity: Youth and Crisis. New York Norton and Co. Ltd.
- Fleishman, A. (1984). Personality characteristics and coping patterns. Journal of Health and Social Behavior, 25, 229-244.
- Folkman, S. and Lazarus, R. (1988). Ways of Coping Questionnaire Manual. Palo Alto CA: Consulting Psychological Press, Inc., 1-33.
- Fox, G. L. and Inazu, D. (1980). Mother-daughter communication about sex. Family Relations, 29, 347-352.
- Furstenberg, F. (1978). Implicating the family: Teenage parenthood and kinship involvement. In Ooms, T. (ed). Teenage Pregnancy in a Family Context. 131-164. In Philadelphia: Temple University Press.
- Furstenberg, F., and Crawford, A. (1978). Family support: Helping teenage mothers to cope. Family Planning Perspectives, 10, 322-333.
- Furstenberg, F., Lincoln, R., and Menken, J. Teenage Sexuality, Pregnancy, and Childbearing. University of Pennsylvania Press. 1981.

- Giblin, P. T., Poland, M. L., and Sachs, B. A. (1987). Effects of social supports on attitudes on health behaviors of pregnant adolescents. Journal of Adolescent Health Care, 8, 273-279.
- Gilligan, C. (1982). In a Different Voice. Cambridge Harvard University Press.
- Gittler, J. and McPerson, M. (1990). An overview of the problem prenatal substance abuse. Children Today, 19, 3-7.
- Gottfried, A. (1985). Academic intrinsic motivation in elementary and junior high school students. Journal of Educational Psychology, 77(6), 631-645.
- Guttmacher Institute. (1981). Teenage pregnancy: The Problem That Has Not Gone Away. New York: Planned Parenthood Federation of America, Inc.,
- Haggstrom G. and Morrison, P. (1979). Consequences of Parenthood in late adolescence: Findings from the National Longitudinal Study of High School Seniors. Paper presented at the annual meeting of the Population Association of America, Philadelphia, April 26, 1979.
- Held, L. (1981). Self-esteem and social network of the young pregnant teenager. Adolescence, 16,(64), 905-912.

- Hendrix, B. (1980). The effects of locus of control on the self-esteem of black and white youth. The Journal of Social Psychology, 112, 301-302.
- Horn, M. E., and Rudolph, L. B. (1987). An investigation of verbal interaction, knowledge of sexual behavior and self-concept in adolescent mothers. Adolescence, 22(87), 591-598.
- Jimmerson, P. and Burn, J. (1984). A Comparison of Selected Characteristics of teenage Mothers and Teenagers who have no Children. A paper presented at the annual meeting of Midsouth Educational Research Association, New Orleans, Louisiana.
- Jorgenson, J. and Newlon, B. (1988). Life style themes of unwed pregnant adolescents who chose to keep their babies. Individual Psychology, 44(4), 466-471.
- Kissman, K. (1988). Factors associated with competence, well-being and parenting attitudes among teen mothers. International Journal of Adolescence and Youth, 1, 247-255.
- Klerman, L. V. (1981). Programs for pregnant adolescents and young parents: Their development and assessment. In Scott, L. (ed). Teenage parents and their offspring. New York: Grune and Statton.

- Kohlberg, L. (1981). The Philosophy of Moral Development. San Francisco: Harper and Row.
- Landy, S., Cleland, J. and Schubert J. (1984). The individuality of teenage mothers and its implication for intervention strategies. Journal of Adolescence, 7, 171-190.
- Landy, S., Shubert, J., Cleland, ., Clark, C., and Montgomery, J. (1983). Teenage pregnancy: Family syndrome? Adolescence, 18(71), 679-692.
- Leftcourt, H. M. (1976). Locus of Control: Currents Trends in Theory and Research. Hillside New Jersey: Lawrence Erlbaum Associates.
- Mack, J. E. and Ablon, S. L. (1983). The Development of Self-Esteem in Childhood. New York. International University Press.
- Mayfield-Brown, L. (1989). Family status of low-income adolescent mothers. Journal of Pediatrics, 95(1), 122-125.
- Mischel, W., Jeiss, R., and Zeiss, A. (1974). Internal-external control and persistence: Validation and implications of the Stanford Pre-school Internal-External Scale. Journal of Personality and Social Psychology, 29, 265-278.

- Moore, L. A., Hofferth, L. S., Caldwell, S. B., and Waite, L. J. Teenage Motherhood Social and Economic Consequences. 1979. The Urban Institute, Washington, D.C.
- Nowicki, S. and Strickland, B. R. (1973). A Locus of Control Scale for Children. Journal of Consulting and Clinical Psychology, 40, 148-155
- Ortman, P. E. (1988). Adolescents' perception of and feelings about control and responsibility in their lives. Adolescence, 23(92), 913-924.
- Oz, S. and Lee, M. (1988). A comparison of childhood backgrounds of teenage mothers and their non-mother peers A new formation. Journal of Adolescence, 11, 251-261.
- Panzarine, S. (1986). Stressors, coping, and social supports of adolescent mothers. Journal of Adolescent Health Care, 7, 153-161.
- Parker, M. and Calangelo, N. (1979). An Assessment of Values of Adolescents and Their Parents. In N. Colangelo and R. Zaffrann (eds), New Voices in Counseling the Adolescent. Bubuque: Knedall/Hunt Publishing Co.

- Pass, C. M. (1986). Psychological factors, childbearing and black female adolescents. Journal of Pediatric Nursing, 1(4), 247-259.
- Patten, M. A. (1981). Self-concept and self-esteem: Factors in adolescent pregnancy. Adolescence, 16(64), 765-777.
- Pearline, L., Menaghan, E. G., Lieberman, M. A. and Mullan, J. T. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.
- Peterson, A. and Crockett, L. (1986). Pubertal development and its relation to cognitive and psychosocial development in adolescent girls. Implications for parenting. In J. Lancaster and B. Hamburg (eds). School Age Pregnancy and Parenthood, (p. 147-175). New York: Aldine De Gruyter.
- Phipps-Yonas, S. (1980). Teenage pregnancy and motherhood: A review of literature. American Journal of Orthopsychiatry. 50(3), 403-431.
- Polansky, N. (1987). Cynical notes on change. Society, 24, 40-44.
- Polit, D. F. and Kahn, J. R. (1987). Teenage pregnancy and the role of the schools. Urban Education, 22(2), 131-152.

- Polit, D. F., Quint, J., and Riccio, J. (1988). The challenge of serving teenage mothers. Lessons from Project Direction, (pp. 1-32).
- Procidano, M. and Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. American Journal of Community Psychology, 11, 1-23.
- Rieder, B.A. (1990). Perinatal substance abuse and public health nursing intervention. Children Today, 19, 33-35
- Rice, R. (1987). The Adolescent: Development, Relationships and Culture. Allyn and Bacon, Inc.
- Rogers, B. (1985). Cognitive evaluation theory: The effects of external rewards on intrinsic motivation. Roeper Review, 1(4), 257-260.
- Rosenberg, M. (1979). Conceiving the Self. Basic Books. New York.
- Segal, S. and DuCette, J. (1973). Locus of control and pre-marital high school pregnancy. Psychological Reports, 33, 887-890.
- Shtarkshall, R. (1987). Motherhood as a dominant feature in the self-image of female adolescents of low socioeconomic status. Adolescence, 22(87), 565-570.

- Silberman, B. and Wells, S. M. (1987). Facing the facts regarding teenage pregnancy. Social Work in Education, 9, 191-195.
- Simmons, R. G., Blyth, B. A., Van Cleave, E. and Bush, D.M. (1979). Entry into early adolescence: The impact of school structure, puberty, and early dating on self-esteem. American Sociological Review, 44, 948-967.
- Smith, T. E. (1984). Reviewing adolescent marijuana abuse. Social Work, 29, 17-20.
- Slavkin, H.C. (1984). A prescription for the prevention of birth defects. USA Today, 3, 87-89.
- Steinberg, L. (1985). Adolescence. Alfred A. Knopf. New York.
- Tanner, J. M. (1972). Sequence, tempo and individual variation in growth, and development of boys and girls aged twelve to sixteen. In J. Kagan and R. Coles (eds). Twelve to Sixteen: Early Adolescence. W. W. Norton. New York.
- Telleen, S. and Colletta, N. D. (1987). Individual and situational factors in adolescent coping. Paper presented at the Society for Research in Child Development.

- Thompson, M. (1986). The influence of supportive relations on the psychological well-being of teenage mothers. Social Forces, 4, 1006-1024.
- Thompson, R. A. (1984). The critical needs of the adolescent unwed mother. School Counselor, 31(5), 460-466.
- Treffinger, D. (1985). Teaching for self-directed learning. Gifted Child Quarterly, 19(1), 46-59.
- Vernon, M., Green, J., and Frothingham, G. (1983). teenage pregnancy: A prospective study of self-esteem and other socio-demographic factors. Pediatrics, 72, 632-635.
- Zongker, C. (1977). The self-concept of pregnant adolescent girls. Adolescence, 12, 477-488.
- Zuckerman, B., Winsmore, G. and Alpert, J. (1970). A study of attitudes and support systems of inner city mothers. The Journal of Pediatrics, 95(1), 122-125.

Vita

Linda Lynette Boisseau-Goodwin was born in Chicago, Illinois on January 3, 1961.

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In May 1986, Linda L. Boisseau-Goodwin received her Masters of Arts Degree from Chicago State University in Special Education. Upon graduation she taught learning disabled and behavior disordered children in Chicago Public Schools and began a second Masters Degree program in School Guidance and Counseling.

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She is a member of The National Association for School Psychologist, The Illinois School Psychology Association, and The Chicago Association for School Psychologists. In addition, she works as a school psychologist in the Chicago Public Schools.

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The final copy has been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is, therefore, accepted in partial fulfillment of the requirements for the degree of Ph.D.

December 2, 1992

Date

Joy Rogers

Director's Signature