

THE ROLE OF FAMILIAL SUPPORT ON ADOLESCENT MOTHERS' PARENTAL
COMPETENCEY AND RISK FOR DEPRESSION

by

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(Under the Direction of Ted G. Futris and Charlotte R. Wallinga)

ABSTRACT

Adolescent parenthood is associated with an array of adverse outcomes; however, familial support often serves to alleviate some of those negative effects. Based on data from 58 adolescent mothers, the current study explored who they sought support from over time and the level of emotional, financial, and childcare support received from various immediate and extended family members. As well, this study explored the influence of familial support on adolescent mothers' parental competency and their risk for depression. Results revealed that although support decreased over time, adolescent mothers sought and received support more frequently from their own mothers in comparison to other members in their family system. Additionally, with few exceptions, the amount and type of support received was not significantly associated with their parental competency or risk for depression. Implications for practice are discussed.

INDEX WORDS: Adolescent mothers, familial support, parental competency, depression

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B.S., Texas Tech University, 2008

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment
of the Requirements for the Degree

MASTER OF SCIENCE

ATHENS, GEORGIA

2010

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DEDICATION

This is dedicated to my mother who always pushed me to do my best. I am so thankful to have had such a strong, and loving mother supporting me along the way.

ACKNOWLEDGEMENTS

First and foremost, I would like to acknowledge my family for all of the support they provided me these past two years. You all have been there throughout the entire process encouraging me along the way and I know that this would not have been possible without you. I would also like to thank my Child and Family Development family, especially my fellow Child Life girls. You have always listened and believed in me, and I am eternally grateful for the support you have provided throughout this journey.

This thesis would not have been possible without the unending patience and support from my advisor, Dr. Ted G. Futris. I truly appreciate all of the time and energy that he took and I am grateful for the guidance that he has provided me throughout these past two years.

Words cannot adequately express the gratitude I have for Charlie and the encouragement she has provided me since the moment I stepped foot in Georgia. She has been an amazing mentor, friend and has helped me carry on even when I thought it was not possible. For her support, I am truly grateful.

I also want to acknowledge the support from my other committee members. Drs. Mick Coleman and David Wright each provided their wisdom and I am thankful for their patience, advice, and guidance.

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CHAPTER 1

INTRODUCTION

Motherhood during adolescence is becoming more prevalent in society with approximately half a million teens giving birth in the United States (Child Trends, 2000, 2009). Furthermore, after a 15-year decline of birth rates among adolescents, the figure recently reflects a 3% increase among adolescents aged 15-17 and a 4% increase among adolescents aged 18-19 (Child Trends, 2009). Currently, approximately one out of six adolescent females are projected to become a teen mother (Child Trends, 2009).

The transition into motherhood is stressful for most mothers, but is extra stressful for those who are still developing into young women themselves (Gee & Rhodes, 2003). While teenage mothers are struggling to adapt to their new maternal roles, they are also struggling with social, emotional, and psychological issues (Coley & Chase-Lansdale, 1998; Gee & Rhodes, 2003; Meadows-Oliver, Sadler, Swartz, & Ryan-Krause, 2007). Teenage motherhood often places adolescents at risk for a series of adverse outcomes such as not obtaining a high school diploma or general equivalency diploma (GED), being unemployed or underemployed, and remaining on public assistance (Gee & Rhodes, 2003). Often teenage mothers lack the personal resources to facilitate this transition, creating a strong need for social support.

Additionally, teenage mothers experience an increased risk for depression in comparison to the general female population (Kalil, Ziol-Guest, & Coley, 2005). U.S. estimates find that 30% of White and 40% of Black teenage mothers are depressed whereas the rate of depression is approximately 13% in the general female population (Deal & Holt, 1998). However, supportive

relationships with family members can also affect adolescent mothers' psychological well-being (Kalil, Spencer, Spieker, & Gilchrist, 1998). Research suggests that various levels of social resources, such as social support, can help lower levels of depressive symptoms that these young mothers experience (Turner, Sorenson, & Turner, 2000).

Adolescent mothers are more likely to feel less competent as parents due to identity confusion, coping difficulties, less autonomy, and low self-esteem (Osofsky, Hann, & Peebles, 1993). Adolescent mothers often experience "dual developmental crisis" where the developmental tasks of early parenthood conflict with the developmental tasks of adolescence (Sadler & Catrone, 1983). Consequently, adolescent mothers experience more difficulty in being emotionally available for their infants (Trad, 1995). Depressed mothers tend to rate themselves as less adequate parents than mothers not experiencing depression (Frankel & Harmon, 1996).

The role of family support, especially from parents, is by far the most researched area within the literature studying social support provided to adolescent mothers (Bunting & McAuley, 2004). Most adolescent mothers tend to reside with their mothers for up to five years after giving birth (Caldwell & Antonucci, 1997). This particular living arrangement provides a supportive environment where the mothers of the adolescent mothers serve as the primary source of support emotional, financial and childcare support (Bunting & McAuley, 2004). Although mothers play a major role in providing support for their parenting teen, adolescent mothers have reported that their mothers also serve as a source of conflict (Krishnakumar & Black, 2003; Nitz, Ketterlinius, & Brandt, 1995). Teenage mothers are still trying to develop autonomy and independence as well as transition to their parenting role which can create conflict between the mother and daughter (Davis, Rhodes, & Hamilton-Leaks, 1997).

While the adolescent mother's immediate family plays a significant role in providing support during the transition to parenthood, the child's biological father is also another source of support for adolescent mothers. Although research investigating the role of family support is more extensive than that on support provided by the child's biological father, studies do show that partner support is important to adolescent mothers (Bunting & McAuley, 2004; Dalla, et. al., 2009; Gee & Rhodes, 2003, 2007; Turner, Grindstaff, & Phillips, 1990; Turner et al., 2000). For example, support from the child's biological father has been found to improve the self-esteem of adolescent mothers, particularly when the support provided meets their needs (Royce & Balk, 1996). Additionally, the involvement of the child's biological father is usually related to the involvement of the adolescent mother's family. For instance, when the adolescent mother's family is more involved, the child's biological father tends to be less involved (Dalla et al., 2009; Gee & Rhodes, 2003).

Another void in the literature is a better understanding of the role that adolescent mothers' grandparents (i.e. child's great grandparents) play. In households where grandparents reside, involvement varies across social class and ethnicity (Pearson, Hunter, Ensminger, & Kellam, 1990). Research on the relationship between adult mothers and their mothers show that the role of grandparents as caregivers in Caucasian families is less prevalent compared to the active and direct involvement that exists in African American families (Pearson, et al., 1990). Research suggests that multi-generational living arrangements can be beneficial (Caldwell et al., 1995). While the literature on adolescent mothers has examined grandparent involvement, the focus has only been on the child's grandparent (i.e. the adolescent mother's mother) and not on the grandparents of adolescent mothers. Still, the literature on adult mothers suggests that

grandparent involvement could influence parenting practices and support received by adolescents.

Statement of Problem

Even though there have been some studies examining various forms of support of adolescent mothers (Dellman et al, 1993; Gee & Rhodes, 2003; Henly, 1997; Meadows-Oliver et. al, 2007) they seldom simultaneously examine the nature and influence of emotional, financial, or childcare support. Research has yet to determine which type of support or combination of supports is most beneficial for teenage mothers. Further, although there is an abundance of literature addressing support, there seems to be a lack of information regarding the nature and specific benefits of various forms of support from other members of the adolescent mother's familial system.

Purpose of Study

The purpose of this study is to examine the nature and influence of familial support provided to adolescent mothers. Specifically, this study will examine the level of familial support and various forms of support (i.e. emotional, financial, or child care) and how they influence adolescent mothers' parental competency and risk for depression. Family systems theory provides a framework for understanding the unique relations between adolescent mothers, their various sources of support, and the extent of support that they receive. Family systems theory acknowledges the interconnectedness of all parts of a relational group, understanding that only by viewing the system as a whole can the system be understood. Therefore, the current study will examine the support provided by multiple family members including the biological parents, grandparents, child's biological father and his parents.

CHAPTER 2

REVIEW OF LITERATURE

The current review of literature examines the influence of familial support that adolescent mothers receive on their well-being. First, family systems theory is presented to provide a framework that grounds the current study. Second, an overview of the well-being of adolescents will be presented with specific attention given to their risk of depression and parenting competency. Next, the literature on the various forms of familial support (i.e. financial, emotional, and childcare) provided to adolescent mothers' by their family system (i.e., parents, grandparents, the child's biological father and his extended family) will be reviewed. Last, the chapter concludes with a presentation of the research questions examined in the current study.

Theoretical Framework

The theoretical basis for this study is informed by a systems perspective of the family. The systems framework is based upon the notion that an organized form is more than the sum of its parts (Bertalanffy, 1975). As such, within a system all parts are connected and that understanding the role and influence of each part is only possible by viewing the entire system as a whole (Bertalanffy, 1975). In regards to the family system, a family is often viewed as a unity of interacting personalities and that a family encompasses more than just a formal definition but embodies a living organism that contains the essence of the interaction of its members (Ingoldsby, Smith, & Miller, 2004). This perspective provides great insight into understanding the complex nature of familial support among adolescent mothers because adolescent mothers rarely live in isolation (Chase-Lansdale et al., 1991). Instead, their family system consists of

many members including the adolescent mother's parents, grandparents, biological child's father and his extended family. The birth of an infant to an adolescent creates an accelerated role transition for the entire family system (i.e. the adolescent becomes a mother, her parents are now grandparents, and her grandparents become great-grandparents) (Caldwell, Antonucci, & Jackson, 1998). Further, these transitions within multiple relationships, or subsystems, all influence the amount of support that adolescent mothers receive, their parental competency, and risk of depression.

Whether support is sought and how much support is received is influenced by the boundaries that exist among these interrelated and interdependent members and subsystems. Boundaries differentiate what is part of a system and what is kept out of the system (Broderick & Smith, 1979). Specifically, the boundaries established within the system filter out external elements that appear to be hostile to the goals and policies of the family while simultaneously incorporating elements that are beneficial to the group (Ingoldsby et al., 2004). Adolescent mothers are constantly negotiating the boundaries of the system because of complex relationships that evolve during their transition to parenthood.

Families contain degrees of variety or resources available that allow the adolescent mother to adapt to change. The family system of an adolescent mother is specifically adapting to the off-time, or unexpected, transition to parenthood. Because of the conflicting nature of being an adolescent and a new parent, the degree of resources that an adolescent mother has can significantly influence her capacity to successfully transition to parenthood. The more variety or diversity of resources that the adolescent mother has, then the more options she will have to adapt to the transition into parenthood. Therefore, it is important to explore a variety of sources of support (i.e. parents, grandparents, child's biological father and/or his family) as well as the

type of support received (i.e. emotional, financial, and childcare).

The Well-Being of Adolescent Mothers

For instance, adolescent mothers are at an increased risk for short-term and long-term medical risks, lower educational and employment status, and less optimal parenting practices (Bunting & McAuley, 2004). For instance, adolescent mothers' have been found to be at risk for low self-esteem, high life stress, and depression (Whitman, Borkowski, Keogh, & Weed, 2001). These young mothers experience higher overall stress and feel more socially isolated and restricted by their parenting roles and responsibilities (Passino, Whitman, Borkowski, & Schellenbach, 1993). Furthermore, adolescent mothers are trying to cope with their own developmental tasks such as identity development, autonomy, and forming relationships with peers (Whitman et al., 2001). These tasks often conflict with early motherhood and consequently adolescent mothers become dependent on their family in adjusting to the maternal role (Sadler & Cowlin, 2003).

Depression and Adolescent Mothers

Adolescent mothers tend to experience higher levels of depressive symptoms (Kalil & Kunz, 2002). Deal and Holt (1998), utilizing population-based estimates of the occurrence of depressive symptoms among first time Black and White mothers ages 15-34 in the United States, found adolescent mothers ages 15-17 were twice as likely than adult mothers 25-34 years of age to be depressed. Further, younger, Black mothers were more likely to be depressed compared to White mothers and older, Black mothers: 48% of Black mothers and 28% of White mothers age 15 to 17, and 37% of Black mothers and 33% of White mothers 18 to 19 years old. Poverty, government financial assistance, and unmarried status were significantly associated with depressive symptoms among adult mothers but not among adolescent mothers suggesting that

adolescent motherhood in and of itself is strongly associated with depression (Deal & Holt, 1998).

Kalil and Kunz (2002) examined depressive symptoms in later life among teenage mothers and, consistent with previous research, found that unmarried adolescent mothers reported higher levels of depressive symptoms during young adulthood than women whose first birth occurred after the age of 20. These findings are important to note because depression increases the likelihood that these mothers experience poor academic achievement (Dryfoos, 1990), unemployment (Danziger et al., 2000), and rapid repeat pregnancy (Gillmore, Lewis, Lohr, Spencer, & White, 1997).

Furthermore, mental health issues, such as depression, can impair parenting practices. For instance, Leadbeater and Bishop (1994) found that depressive symptoms consistently predicted child problem behaviors of children aged 28-36 months. Additionally, mothers who are overwhelmed by parenting demands may experience psychological distress (Koeske & Koeske, 1990). Depressed mothers, in comparison to mothers who are not depressed, tend to rate themselves as less adequate parents (Frankel & Harmon, 1996). Even though adolescent mothers experience higher levels of depressive symptoms, variations in the prevalence of risk exists because of the multitude of factors that contribute to their adjustment to motherhood (Wakschlag & Hans, 2000). For example, personal and social resources can buffer the negative effects of adolescent pregnancy, including depressive symptoms during the early years (Turner et al., 2000; Leadbeater & Bishop, 1994).

Parental Competency and Adolescent Mothers

Depressive symptoms also influence parental competency. Adolescent mothers also are more likely to feel less competent because they often have identity confusion, coping difficulties,

less autonomy, and lower self-esteem than non-parenting adolescents, which all influence their ability to parent (Osofsky, Hann, & Peebles, 1993). Specifically, Silver, Heneghan, Bauman, and Stein (2006) found that mothers experience more depressive symptoms when they perceived themselves as less competent or capable to effectively manage the tasks and situations facing them as parents of young children. Additionally, Sadler and Catrone (1983) argue that adolescent mothers typically are faced with a “dual developmental crisis” where the developmental tasks of early parenthood conflict with the developmental tasks of adolescence. This developmental conflict makes it difficult for adolescent mothers to be emotionally available for their infants (Trad, 1995).

Familial Support

Although adolescent mothers are faced with an enormous challenge of balancing motherhood with adolescent development, familial support often serves as a buffering agent and facilitates positive outcomes, such as reducing distress and the risk of depression (Bunting & McAuley, 2004; Dalla et al., 2009). Additionally, familial support tends to buffer many of the negative outcomes such as, not obtaining a high school diploma or general equivalency diploma (GED), being unemployed or underemployed, and remaining on public assistance associated with teenage parenthood (Bunting & McAuley; Gee & Rhodes, 2003). Most of the positive aspects of social support have mostly been associated with positive familial support (Bogart, Caldwell, Guzman, Galasso, & Davidson II, 1998). Even though adolescent mothers encounter challenges in their new role as parents, adolescent mothers receive more familial support than adult mothers (Martin & Jimenez, 2001).

Support from Biological Parents

The role of family support from biological parents is by far the most researched area within the literature studying social support for adolescent mothers, and family support is associated with adolescent mothers' overall satisfaction with life (Bunting & McAuley, 2004; Unger & Wandersman, 1988). The role of adolescents' mothers has been the focus of most studies exploring family support (Apfel & Seitz, 1991; Davis & Rhodes, 1994; Kalil, Spencer, Spieker, & Gilchrist, 1998; Spieker & Bensley, 1994; Townsend & Worobey, 1987). Most adolescent mothers tend to reside with their mothers for up to five years after giving birth (Caldwell & Antonucci, 1997). This particular living arrangement provides an environment characterized by both support and conflict where biological mothers of the adolescent mothers serve as the primary source of support (Bunting & McAuley, 2004). Co-residence has been linked to increased educational attainment and employment as well as overall improved parenting competency and child developmental outcomes for the adolescent mother's child (Caldwell & Antonucci, 1997). However, where the adolescent mother resides varies based on ethnic background. For example, compared to Whites, African American adolescent mothers are more likely to reside at home or in multi-adult family structures than to live with the child's biological father (Henly, 1997).

Regarding maternal support, research has focused primarily on three different types of support: emotional, financial, and childcare support. For example, Henley (1997) examined the amounts of support provided to 107 African American and 146 White adolescent mothers and found that 75% of the sample received some form of emotional support, 90% reported using informal childcare support and approximately 26% reported receiving some sort of non-welfare financial assistance (Henly, 1997). Furthermore, adolescent mothers are more likely to turn to

their mother for childcare support than for emotional or financial support. For instance, Dellman-Jenkins et al. (1993) explored whom young mothers generally seek support from and found that of the 60 mothers studied, 61% turned to their mothers for childcare support, 49% for financial support, and 21% for emotional support.

Although mothers of adolescent mothers play a central role in providing support for their parenting teen, adolescent mothers have reported that their mothers also serve as a source of conflict (Davis, Rhodes, & Hamilton-Leaks, 1997; Krishnakumar & Black, 2003; Nitz et al., 1995; SmithBattle, 2007). Teenage mothers are still trying to develop autonomy and independence as well as transition into parenting, which can create conflict between the adolescent mother and her own mother (Davis et al., 1997). Developing a sense of autonomy from their own mothers tends to be the most important aspect in predicting positive parenting practices and establishing parental competency among adolescent mothers (Coley & Chase-Lansdale, 1998). However, adolescent mothers who co-reside with their mothers exhibit lower quality parenting practices characterized by a more authoritarian and less supportive environment (Coley & Chase-Lansdale, 1998). While the relationship between the adolescent mother and her mother is complex in nature, some studies suggest that adolescent mothers may provide the most effective parenting when living apart from their mother while still receiving high levels of emotional, childcare, and financial support (Coley & Chase-Lansdale, 1998; East & Felice, 1996; Spieker & Bensley, 1994).

Even though there has been significant research studying maternal support among adolescent mothers, the role of the adolescent mother's father has not been fully explored. Studies have focused primarily on the role of maternal support in regards to adolescent mothers' well-being and adjustment suggesting that adolescents mothers' relationships with their mothers

are generally closer than their fathers (Bunting & McCauley, 2004; Caldwell & Antonucci, 1997; Davis et al., 1997). While the research regarding the role of adolescent mothers' fathers is sparse, in a study of 204 pregnant and parenting adolescents, Davis et al. (1997) found that higher levels of parental support, both maternal and paternal support combined, was associated with lower levels of depression. Furthermore, supportive relations that adolescent mothers have with their mothers and fathers are distinct and have differential effects. In a study of 48 Black and White adolescent mothers, Caldwell, Antonucci, Jackson, and Osofsky (1997) reported an inverse association between supportiveness from fathers and depressive symptoms in their daughters who were mothers. Thus, this study will enhance the literature by exploring the level and nature of support that mothers and fathers provide to the adolescent mothers.

Support from the Child's Biological Father

While the adolescent mother's immediate family plays a significant role in providing support during the transition to parenthood, the child's biological father is also another source of support for adolescent mothers. Although the literature on the role of family support is more extensive, several studies have explored the influence of partner support on adolescent mothers (Bunting & McCauley, 2004; Dalla, et. al., 2009; Gee & Rhodes, 2003, 2007; Turner et al. 1990; Turner et al., 2000). About half of adolescent mothers identify a male partner (including the father) as someone who provides social support (Gee & Rhodes, 1999, 2003). Additionally, some studies suggest that the child's biological father provides approximately the same amount of support as the adolescent mother's biological mother throughout pregnancy and early motherhood (de Anda & Becerra, 1984; Spieker & Bensley, 1994; Thompson & Peebles-Wilkins, 1992).

Support from the child's biological father has been associated with higher self-esteem when the adolescent mother perceives that the support meets her needs (Roye & Balk, 1996). Male partners tend to either be completely disengaged or completely engaged, meaning that those who are involved typically provide childcare, emotional and financial assistance (Coley & Chase-Lansdale, 1999; Greene & Moore, 2000). Partner support often decreases over time, however this is not always the case and varies based on fathers' age and ethnicity (Rains, Davies, & McKinnon, 1998; Roye & Balk, 1996). Kalil, Ziol-Guest, and Coley (2005) suggest that once fathers disengage from serving as an active parent, it is atypical for them to regain an active parenting role. African American adolescent mothers report receiving less support from partners in comparison to Latina or Caucasian adolescents (Moore, Florsheim, & Butner, 2007; Wiemann, Agurcia, Rickert, Berenson, & Volk, 2006). Additionally, the involvement of the child's biological father is usually related to the involvement of the adolescent mother's family such that these young fathers tend to be less involved when the adolescent mothers' family is more involved (Gee & Rhodes, 2003). Moreover, adolescent mothers' biological mothers often act as "gatekeepers," actively limiting the amount of support from the child's biological father (Dalla et al., 2009). However, research suggests that as maternal support decreases, partner support becomes more frequent and increasingly more important (Gee & Rhodes, 1999, 2003).

Because many adolescent mothers co-reside with their mothers, the physical presence of the child's biological father decreases. The father's nonresidential status often increases the probability of these mothers raising their children without father involvement (Danziger & Radin, 1990). Nonresidential father involvement among adolescent mothers has been found to vary with race, age, and the child's age. For instance, Danziger and Radin (1990) found that there was greater involvement among minority fathers, younger fathers, and fathers with

younger children. Furthermore, the father's experience as a breadwinner has a positive bearing on involvement (Danziger & Radin, 1990). However, research conveys that a significant number of young fathers remain involved in their child's life, even though they are at risk for becoming physically absent over time (Cutrona, Hessling, Bacon, & Russell, 1998; Kalil, Ziol-Guest, & Coley, 2005). Additionally, father involvement is often related to the relationship (romantic or nonromantic) with the adolescent mother (Cutrona et al., 1998; Kalil et al., 2005). For instance, Futris and Schoppe-Sullivan (2007) found that fathers were perceived as more engaged in caregiving activities when they were romantically involved with the adolescent mother. and adolescent mothers perceived a strong parenting alliance.

Similar to the supportive relationship between adolescent mothers and their parents, the relationship between the child's biological father and the adolescent mother can serve as a source of both support and conflict (Bunting & McAuley, 2004). Often, adolescent mothers state problems with their male partners including disappointment regarding unmet financial and childcare support and serious conflicts and these relationship issues with their child's biological fathers have been associated with heightened depressive symptoms (Gee & Rhodes, 1999). Furthermore, research suggests that fathers tend to be uninvolved when they are experiencing unstable or hostile relationships with the adolescent mother (Coley & Chase-Lansdale, 1999; Cutron et al., 1998; Rhein et al., 1997). For instance, adolescent mothers may restrict the amount of involvement of the father if the co-parenting relationship is poor (Kalil et al., 2005).

Support from Grandparents and Child's Biological Father's Family

Although the role of family support is frequently explored, the literature tends to focus primarily on the role of the mother or on other influential females present in the adolescent mother's life and fails to differentiate the different members of the support system (e.g.

grandparents, the child's biological father's family). While co-residence among adolescent mothers and their families is common, multi-generational living arrangements are also very common. The presence of grandparents, often grandmothers, creates an added element of support for adolescent mothers, although how they either help or hinder the adolescent's transition to parenthood has yet to be studied. In households with co-resident grandparents, involvement varies across social class and ethnicity (Pearson et al., 1990). Regarding adult mothers, the role of grandparents as caregivers in Caucasian families is less prevalent compared to the active and direct involvement that exists in African American families (Pearson et al., 1990). In a study exploring adult mothers' and grandmothers' perceptions of parental behavior from 60 Black families who lived in three-generation households, Wilson (1984) found that grandmothers who co-reside with their single, adult daughters are perceived as active in the parenting process. Furthermore, this co-residence suggests that the role of the grandmother is more active in supporting, demanding, controlling, and punishing their grandchildren in comparison to nonresidential grandmothers (Wilson, 1984). The limited literature studying the grandparent-adult mother relationship suggests that depending on ethnicity, grandparent involvement could influence parenting practices and support received by adolescents. Previous research conveys that in comparison to older mothers, adolescent mothers tend to turn to their mothers or other family members for help and information about childcare (Schilmoeller & Baranowski, 1985). The current study will contribute to the literature by providing a glimpse into the role that grandparents play in providing emotional, financial, and childcare support for adolescent mothers.

Literature examining the role of the child's biological father's family is limited. The lack of literature regarding the level and influence of their support could be related to the difficulties

often associated with establishing the identity of the child's biological father. However, the literature shows that when the adolescent mother's own family is not available to provide support, the child's biological father usually increases involvement and serves a compensatory role in providing support (Bunting & McAuley, 2004). If this is the case, future studies need to investigate if the rest of the father's family contributes support as well.

Research Questions

Based on the previous review of the literature, it is clear that familial support can have a positive impact on adolescent mothers. A careful consideration of the adolescent mother's overall support system, specifically immediate and extended familial support, may also lend a great deal of insight into understanding how they impact competency and risks of depression in adolescent mothers. Specifically, this study seeks to examine the following research questions:

1. From whom do adolescent mothers seek support? In other words, do mothers turn to parents, grandparents, the child's biological father and/or his family for support? How does the support sought change over time?
2. How much financial, emotional, and childcare support do adolescent mothers receive and from whom do adolescent mothers receive greater support? In other words, do mothers receive greater support from their parents, the child's biological father and/or his family? How does the level of support received change over time?
3. How does the support received from immediate and extended family influence adolescent mothers' sense of competency over time? Specifically, does one kind of support received from immediate and/or extended family members have greater influence on adolescent mothers parental competency over time? And, does the source of support influence parental competency?

4. How does the support received from immediate and extended family influence adolescent mothers' risk for depression over time? Specifically, does one kind of support received from immediate and/or extended family members have greater influence on adolescent mothers risk for depression over time? And, does the source of support influence risk for depression?

CHAPTER 3

METHODOLOGY

This section addresses the methodology used in this study. Participants are described, followed by a description of the measures employed for this study. A family systems perspective suggests that an organized form is more than the sum of its parts. Therefore, a quantitative approach examining the multiple subsystems that adolescent mothers' interact with was chosen. Statistical analyses are outlined for exploring the level and nature of support sought and received from multiple family members and their impact on adolescent mothers' parental competency and risk of depression.

Participants

The following study examines data collected over a two-year period from a convenience sample of pregnant and parenting teens enrolled in a statewide in-school instructional and intervention program in Ohio (Furtis, 2001). From an initial sample of 296 pregnant or parenting teens (92.2% female), surveys were mailed to adolescent mothers who met the following criteria: (a) mothers were 19 years old or younger at the time the focal child was born, (b) fathers were 24 years old or younger at the time the focal child was born, and (c) the focal child was younger than 25 months at the time of the survey. Of the 167 parenting adolescents surveyed at Time 1, a total of 130 returned a completed survey (approximately 78%). At Time 2 (approximately 12 months following the initial survey), these 130 mothers were surveyed again and 58 returned a completed survey (45%). The current study examines responses collected from the 58 mothers who had completed the survey during Time 1 and Time 2.

The mothers included in this study were 15-19 years of age at T1 ($M=17.1$; $SD=1.0$) and 16-20 years of age at T2 ($M=18.3$, $SD=1.0$). The majority of the sample was Caucasian (65.5%), followed by African American (20.7%), Hispanic (8.6%), and other (5.1%). Additionally, the majority of the sample was enrolled in school at the time they were surveyed (94.8% at T1, 59.6% at T2); by Time 2, 57.1% reported that they completed high school or more. Regarding mothers' employment status, 50% were employed either full (5.2%) or part-time (44.8%) at Time 1 and 63.8% were employed either full (29.3%) or part-time (34.5%) at Time 2. The majority of the focal children were girls (53.4%) and on average 8.5 months old ($SD=6.1$, range=1-25) at Time I and 24.3 months old ($SD=7.5$, range=12-43) at Time 2.

With regards to the adolescent mothers' parents, 74.1% were either currently or at one time married: 32.8% currently married, 37.9% separated or divorced, 3.4% widowed. Of the 25.9% who were never married, 3.4% lived together. Based on the reports of their parents' educational status, 72.4% of mothers and 67.9% of fathers completed high school or greater; 29.3% of mothers and 16.9% of fathers completed trade/business school or some college. Regarding the focal child's biological father, the majority of these fathers were Caucasian (67.2%), followed by African American (19.0%), Hispanic (8.6%), and other (5.2%). On average, these fathers were 19 years old at Time 1 ($SD=1.9$, range=16-24) and 20 years old at Time 2 ($SD=1.9$, range=17-25). Slightly more than half (54.4%) of the fathers at Time 2 had completed high school or more and 56.1% were employed either full-time (36%) or part-time (19%) at Time 2.

To determine whether the 58 mothers were demographically similar with the 109 mothers who did not respond at T1 and/or T2, chi-square and ANOVA analyses were conducted on data collected at the initial screening. Table 1 presents a summary description of all the mothers

screened, surveyed, and those who responded and did not respond. Overall, the current sample of 58 mothers closely resembled the mothers who were not included in the analysis for the current study; no statistically significant differences were found.

Measures

A combination of commonly used instruments as well as measures specifically designed for this study were employed to examine the level and nature of familial support on adolescent mothers' parental competency and risk of depression. Below are descriptions and information about each of the measures included in the survey, according to construct. Each measure was administered at Time 1 and Time 2. Where applicable, alpha scores resulting from the previous use of the measures have been noted to convey the reliability of the measures.

Support Sought

To determine how often support was sought from their family members, adolescent mothers were asked to respond to a question specifically developed for this study: "When you need help with your child or have questions about parenting, how often would you say you go to the following people for assistance?" They rated the frequency of support sought out from five categories of individuals: (1) mother/stepmother/female guardian, (2) father/stepfather/male guardian, (3) your grandmother/grandfather, (4) child's biological father, and (5) the child's father's family. Responses were recorded on a five-point Likert-type scale: (1) *never*, (2) *rarely*, (3) *sometimes*, (4) *often*, and (5) *always*. Thus, higher scores reflected more frequent support sought from the respective family member. Although this scale has not been empirically validated, this measure has strong face validity and appears to be a reasonable measure for examining the support that adolescent mothers seek from their immediate and extended family members.

Table 1.

Sample Comparison at Time 1 and Time 2 of Adolescent Mothers Screened, Surveyed, and who Responded

	Initial Screened Sample (<i>n</i> =296)	Surveyed Sample		Responded		
		no (<i>n</i> =129)	yes (<i>n</i> =167)	no (<i>n</i> =37)	T1 Only (<i>n</i> =72)	T1 & T2 (<i>n</i> =58)
Mother's Age						
Range	14-20	14-20	14-19	15-19	14-19	15-19
<i>M</i> (<i>SD</i>)	17.0 (1.1)	16.8 (1.0)	17.0 (1.1)	17.0 (0.9)	16.8 (1.1)	16.9 (0.9)
Mother's Ethnicity (%)						
Caucasian	68.2	71.3	65.9	62.2	68.1	65.5
African American	17.2	13.2	20.4	24.3	18.1	20.7
Hispanic	7.8	7.8	7.8	5.4	8.3	8.6
Other	6.8	7.8	6.0	8.1	5.6	5.2
Mother's Education (%)						
Some High School	98.6	98.4	98.8	100.0	100	96.6
High School/GED	1.0	1.6	0.6	0.0	0.0	1.7
Some College	0.3	0.0	0.6	0.0	0.0	1.7
Focal Child's Gender						
% Girls	47.7	49.0	47.3	45.9	43.1	53.4
Focal Child's Age						
Range (months)	1-41	1-41	1-24	1-22	1-24	1-24
<i>M</i> (<i>SD</i>)	9.7 (8.0)	15 (11.0)	8.14 (6.1)	9.4 (6.0)	8 (6.0)	7.4 (6.2)
Father's Age						
Range	14-40	14-40	15-24	17-24	15-23	16-24
<i>M</i> (<i>SD</i>)	19.3 (2.7)	19.7 (3.5)	19 (1.9)	19.2 (1.9)	19.0 (2.0)	19.0 (1.9)
Father's Ethnicity (%)						
Caucasian	64.2	66.7	62.3	56.8	61.1	56.8
African American	20.5	16.3	23.4	21.6	27.8	21.6
Hispanic	7.2	5.4	8.4	16.2	4.2	16.2
Other	7.5	9.3	6.0	5.4	6.9	5.4
Father's Education (%)						
Some High School	59.1	60.0	60.2	59.5	62.5	57.9
High School/GED	33.4	30.4	37.6	37.8	34.7	38.6
Some College	5.7	9.6	3.0	2.7	2.8	3.5

Support Received

To determine the level of support received, participants rated the amount of emotional, financial, and childcare support they received from their: (1) mother/stepmother/female guardian, (2) father/stepfather/male guardian, (3) grandmother/grandfather, (4) child's biological father, and his (5) father/stepfather/male guardian, (6) mother/stepmother/female guardian, and (7) grandmother/grandfather. The scale was adapted from Koeske & Koeske (1990) who examined the parenting experiences of mothers of children aged 9 months to 14 years. For the purposes of this study, emotional, childcare, and financial support were more thoroughly defined. *Emotional support* was identified as advice, counseling, or standing by the adolescent mother when things are tough. *Financial support* was identified as providing money or other items (e.g., food, diapers, clothes, medicine) to the adolescent mother to help take care of her child. *Childcare support* included helping the adolescent mother take care of her child or actually taking care of her child for her. These ratings were made on a five-point Likert-type scale: (1) *no support*, (2) *little support*, (3) *a fair amount*, (4) *quite a bit*, and (5) *a great deal of support*. Thus, higher scores reflected greater amounts of support received from the respective family member. Previous studies exploring the role of social support have found this measure to exhibit high reliability when computing an overall support score (Lee, Koeske, & Sales, 2004; Koeske & Koeske, 1989; Koeske & Koeske, 1991). However, the current study will examine responses to individual items in order to determine variations in support across family members. Also, at Time 1, participants were asked separately about the emotional, financial and childcare support that they received from their grandmother and grandfather whereas at Time 2 they were asked about the support received from their grandparents. Thus, to examine the nature of support from grandparents, a mean score of the grandmother and grandfather variables was computed from

participants' responses at Time 1 so that it could be compared to the grandparent response at Time 2.

Competency and Parental Stress

The Parenting Stress Index (PSI) (Abidin, 1995) was used to assess adolescent mothers' parental competency and risk for depression. The PSI is a 120-item self-report measure developed to identify stress levels in parent-child relationships. The parent domain consists of seven subscales: parental competency, attachment, role restriction, depression, relationship with spouse, parent health, and social isolation. For the purposes of this study, partial subscales of competency and risk for depression from the original PSI were employed.

The *parental competency* subscale consists of nine items that tap into the distress parents experience in their roles as parents. For the current study only seven items were assessed at Time 1 and Time 2 (e.g., "Being a parent is harder than I thought it would be," "I have had more problems raising my child than I expected," "I find that I am not able to take care of my child as well as I thought I could," and "During the past six months, I have had doubtful feelings about my ability to handle being a parent."). The *depression* subscale consists of nine items that address the emotional turmoil that parents experience as they transition to parenthood. Only four of these nine items were assessed at Time 1 and at Time 2 (e.g., "When I think about the kind of parent I am, I often feel guilty or bad about myself," "When my child misbehaves or fusses too much, I feel responsible, as if I didn't do something right," "I feel every time my child does something wrong, it is really my fault," and "I wind up feeling guilty when I get angry at my child and this bothers me."). Adolescent mothers responded to each of the items on both subscales along a 6-point scale: (1) *strongly disagree*, (2) *disagree*, (3) *slightly disagree*, (4)

slightly agree, (5) *agree*, and (6) *strongly agree*. Items were reverse coded so higher scores reflect higher levels of competency.

The PSI has been found to have strong psychometric characteristics (Abidin, 1995) and internal consistency coefficients ranging between .80 to .91 for the subscales and total scale and subscale to total correlations between .87 and .94 (Barnes, 2002; Dalla & Gamble, 1997; Hauser-Cram, Warfield, Shonkoff, & Krauss, 2001; Secco & Moffatt, 2003). The Cronbach's alpha reliability coefficients for the adapted subscales for this study were .65 (TI) and .74 (T2) for parental competency and .71 (T1) and .78 (T2) for depression.

Data Analysis

Frequencies and means were examined to address research question one exploring whom adolescent mothers seek support from. Furthermore, to determine how the amount of support sought changed over time, repeated-measures multivariate analysis of variance (MANOVA) was conducted. Frequencies and means were computed to examine research question two exploring the amount of financial, emotional and childcare support adolescent mothers receive. Additionally, an analysis of variance (ANOVA) was computed to determine whether adolescent mothers received greater support from their parents, the child's biological father, and/or his family. Likewise, a repeated-measures MANOVA was conducted to examine how the support received changed over time. Last, to examine research question three and four, Pearson correlations were computed to examine the association that various sources and types of support have on adolescent mothers' parental competency and risk for depression. Because of the small sample size and exploratory nature of this study, significant levels were set at $p < .10$.

CHAPTER 4

RESULTS

In the following chapter results from the current study are presented. The results are divided into sections that are ordered by the four research questions posed in this study.

Support Sought from Adolescent Mothers

The first research question aimed to answer whether adolescent mothers sought support from their parents, grandparents, the child's biological father and/or his family, and how support sought from this network changed over time. Table 2 shows the support that adolescent mothers reported seeking from their immediate and extended family members at Time 1 and Time 2. At Time 1, 71% of adolescent mothers reported that they often/always turned to their mother for support ($M = 3.9$) whereas 62% reported that they never or rarely turned to their father for support ($M = 2.3$). Additionally, at Time 1, approximately 47% of participants reported that they never/rarely sought support from their grandparents ($M = 2.6$), 41% never/rarely sought support from the child's biological father for support ($M = 2.3$), and 50% never/rarely sought support from the child's biological father's family ($M = 2.5$). See Appendix A for more information.

Results at Time 2 showed that, on average, support sought from their family network decreased over time. Even though the frequency of family support sought by adolescent mothers decreased over time, adolescent mothers, on average, sought support from similar sources. At Time 2, 71% of adolescent mothers reported that they often/always turned to their mothers for support ($M = 3.5$), whereas 66% reported that they never/rarely turned to their father for support ($M = 2.0$). Additionally, at Time 2, approximately 63% of participants reported that they

never/rarely sought support from their grandparents ($M = 2.1$), 59% never/rarely sought support from the child's biological father for support ($M = 2.4$), and 72% never/rarely sought support from the child's biological father's family ($M = 1.8$). Repeated measures analyses of variances showed that support sought from their mothers, grandparents, child's biological father, and his family significantly decreased over time (see F -values in Table 2). Support from the adolescent mother's father remained low, but stable over time.

Table 2

Frequency of Support Sought by Adolescent Mothers (n=56)

Source	Time 1	Time 2	F-Value
	$M(SD)$	$M(SD)$	
Mother	3.9 (1.2)	3.5 (1.3)	5.73*
Father	2.3 (1.4)	2.0 (1.1)	2.23
Grandparents	2.6 (1.4)	2.1 (1.3)	5.80*
Child's Biological Father	2.8 (1.6)	2.4 (1.6)	4.20*
Child's Father's Family	2.5 (1.4)	1.8 (1.1)	17.01***

* $p < .05$, ** $p < .01$, *** $p = .000$

Note: Constructs measured on a 5-point Likert Scale (1=never, 5=always)

Paired-sample T-tests were computed to determine whether adolescent mothers sought support from one source more often than another source. Consistent with previous results, adolescent mothers sought support more often from their mother at both Time 1 and Time 2 than from their father (T1: $t = 8.28$, $p = .000$; T2: $t = 7.58$, $p = .000$), their grandparents (T1: $t = 5.77$, $p = .000$; T2: $t = 5.66$, $p = .000$), the child's biological father (T1: $t = 3.82$, $p = .000$; T2: $t = 3.98$, $p = .000$), and from his family (T1: $t = 5.87$, $p = .000$; T2: $t = 8.30$, $p = .000$). With respect to the adolescent mother's father, support was sought more often from her grandparents at Time 1 (T1: $t = -1.86$, $p = .068$; T2: $t = -.954$, $p = .344$), and the child's biological father (T1: $t = -2.04$, $p =$

.046; T2: $t = -1.77, p = .082$). No significant differences were found between the frequency of support sought from her father and the child's biological father's family (T1: $t = -.98, p = .38$; T2: $t = 1.37, p = .175$). Regarding the adolescent mother's grandparents, no significant differences were found between support sought from them and support sought from the child's biological father (T1: $t = -.92, p = .361$; T2: $t = -.67, p = .507$); however, adolescent mothers sought support more often from their grandparents than from the child's biological father's family at Time 2 (T1: $t = .73, p = .468$; T2: $t = 1.81, p = .075$). Last, support was sought more often from the child's biological father than from the child's biological father's family over time (T1: $t = 1.83, p = .072$; T2: $t = 3.61, p = .001$).

Nature of Support Provided for Adolescent Mothers

After establishing from whom adolescent mothers sought support, the second question examined in the current study focused on the amount of emotional, financial, and childcare support adolescent mothers reported receiving, from whom adolescent mothers received greater support, and how the level of support received changed over time.

Emotional Support

The means and standard deviations for the amount of emotional support provided for adolescent mothers from their immediate and extended family members are presented in Table 3 (percentage breakdowns are presented in Appendix B). Approximately 79% of adolescent mothers reported that they received quite a bit/a great deal of emotional support from their mothers at Time 1 ($M = 4.2$) and 48% reported that they received quite a bit/a great deal at Time 2 ($M = 3.4$). Additionally, 47% and 53% of adolescent mothers reported at Time 1 ($M = 2.8$) and Time 2 ($M = 2.5$), respectively, that they received little/no emotional support from their fathers. Likewise, 55% of mothers at Time 1 ($M = 2.4$) and 53% of mothers at Time 2 ($M = 2.3$) reported

that they received little/no emotional support from their grandparents. With regards to the child's biological father, 48% of adolescent mothers reported receiving quite a bit/a great deal of emotional support at Time 1 ($M = 2.9$); however, 61% of mothers reported at Time 2 that they received little/no emotional support ($M = 2.4$). Furthermore, 52% of mothers at Time 1 ($M = 2.6$) and 74% of mothers at Time 2 ($M = 1.8$) reported receiving little/no emotional support from his mother. Also, 67% of adolescent mothers at Time 1 ($M = 2.1$) and 78% at Time 2 ($M = 1.5$) reported receiving little/no emotional support from his father. Furthermore, as illustrated in Table 3, adolescent mothers reported that emotional support significantly decreased over time from their mother, the child's biological father, and the child's biological father's father and mother.

Table 3

Amount of Emotional Support Adolescent Mothers Received (n=56)

Source	Time 1	Time 2	F-Value
	M (SD)	M (SD)	
Mother	4.2 (1.1)	3.4 (1.3)	19.72***
Father	2.8 (1.5)	2.5 (1.4)	3.23
Grandparents	2.4 (1.3)	2.3 (1.4)	.37
Child's Biological Father	2.9 (1.8)	2.4 (1.7)	5.10*
His Mother	2.6 (1.5)	1.8 (1.1)	21.37***
His Father	2.1 (1.3)	1.5 (0.8)	10.51**

* $p < .05$, ** $p < .01$, *** $p = .000$

Note: Constructs measured on a 5-point Likert Scale (1=no support, 5=a great deal)

Paired-sample T-tests were computed to determine whether adolescent mothers received emotional support more often from one source than from another source. Consistent with findings from research question one, mothers were reported, on average, as providing more emotional support at Time 1 and Time 2 than fathers (T1: $t = 6.67$, $p = .000$; T2: $t = 4.93$, $p =$

.000), grandparents (T1: $t = 8.38, p = .000$; T2: $t = 5.26, p = .000$), the child's biological father (T1: $t = 4.40, p = .000$; T2: $t = 3.55, p = .001$), and his mother (T1: $t = 6.70, p = .000$; T2: $t = 6.74, p = .000$) and his father (T1: $t = 9.82, p = .000$; T2: $t = 9.67, p = .000$). Compared to the adolescent mother's father, on average, adolescent mothers reported receiving more emotional support from him than their grandparents at Time 1 (T1: $t = 1.82, p = .075$; T2: $t = .47, p = .637$), their child's biological father's father (T1: $t = 2.83, p = .007$; T2: $t = 4.60, p = .000$), and the child's biological father's mother at Time 2 (T1: $t = .80, p = .426$; T2: $t = 2.79, p = .007$). Additionally, adolescent mothers reported receiving more emotional support from their child's biological father than from their own grandparents at Time 1 (T1: $t = 1.94, p = .057$; T2: $t = .59, p = .842$), his father (T1: $t = 3.80, p = .000$; T2: $t = 4.12, p = .000$), and his mother at Time 2 (T1: $t = 1.49, p = .142$; T2: $t = 4.11, p = .000$). Last, adolescent mothers reported receiving more emotional support from the child's biological father's mother than from his father (T1: $t = 4.05, p = .000$; T2: $t = 2.18, p = .034$).

Financial Support

The means and standard deviations for the amount of financial support provided for adolescent mothers from their immediate and extended family members are presented in Table 4 (percentage breakdowns are presented in Appendix C). Approximately 71% of adolescent mothers reported that they received quite a bit/a great deal of financial support from their mothers at Time 1 ($M = 4.0$) and 45% reported that they received quite a bit/a great deal of financial support at Time 2 ($M = 3.1$). Additionally, 47% and 67% of adolescent mothers reported at Time 1 ($M = 2.9$) and at Time 2 ($M = 2.2$), respectively, that they received little/no financial support from their fathers. Likewise, 71% of mothers at Time 1 ($M = 2.0$) and 47% of mothers at Time 2 ($M = 2.0$) reported that they received little/no financial support from their

grandparents. With regards to the child’s biological father, 47% of adolescent mothers reported receiving quite a bit/a great deal of financial support at Time 1 ($M = 3.1$), however, only 28% of mothers reported at Time 2 that they received quite a bit/a great deal of financial support ($M = 2.4$). Furthermore, 60% at Time 1 ($M = 2.4$) and 84% at Time 2 ($M = 1.6$) reported receiving little/no financial support from his mother, and 72% at Time 1 ($M = 2.0$) and 88% at Time 2 ($M = 1.5$) reported receiving little/no financial support from his father. As illustrated in Table 4, adolescent mothers reported that financial support significantly decreased over time from their mother, the child’s biological father, and the child’s biological father’s father and mother.

Table 4

Amount of Financial Support Adolescent Mothers Received (n=56)

Source	Time 1	Time 2	F-Value
	<i>M (SD)</i>	<i>M (SD)</i>	
Mother	4.0 (1.4)	3.1 (1.5)	24.35***
Father	2.9 (1.7)	2.2 (1.5)	12.29**
Grandparents	2.0 (1.2)	2.0 (1.4)	0.00
Child’s Biological Father	3.1 (1.7)	2.4 (1.6)	7.36**
His Mother	2.4 (1.5)	1.6 (1.2)	15.06***
His Father	2.0 (1.4)	1.5 (1.0)	6.39*

* $p < .05$, ** $p < .01$, *** $p = .000$

Note: Constructs measured on a 5-point Likert Scale (1=no support, 5=a great deal)

Paired-sample T-tests were computed to determine whether adolescent mothers received financial support from one source more than another source. Adolescent mothers reported, on average, that their mother provided more financial support at Time 1 and Time 2 than their father (T1: $t = 4.98$, $p = .000$; T2: $t = 4.64$, $p = .000$), their grandparents (T1: $t = 8.78$, $p = .000$; T2: $t = 4.73$, $p = .000$), the child’s biological father (T1: $t = 3.12$, $p = .003$; T2: $t = 2.21$, $p = .031$), and from his mother (T1: $t = 6.23$, $p = .000$; T2: $t = 6.17$, $p = .000$) and from his father (T1: $t = 8.71$,

$p = .000$; T2: $t = 7.49$, $p = .000$). Regarding the adolescent mother's father, on average, adolescent mothers reported receiving more financial support from their fathers than their grandparents at Time 1 (T1: $t = 3.67$, $p = .001$; T2: $t = .80$, $p = .430$) their child's biological father's father (T1: $t = 4.06$, $p = .000$; T2: $t = 3.38$, $p = .001$), and from his mother (T1: $t = 2.19$, $p = .033$; T2: $t = 2.72$, $p = .009$). Additionally, adolescent mothers reported receiving more financial support from their child's biological father than from their grandparents (T1: $t = 5.96$, $p = .000$; T2: $t = 1.75$, $p = .085$), his father (T1: $t = 5.76$, $p = .000$; T2: $t = 4.76$, $p = .000$) and his mother (T1: $t = 3.85$, $p = .000$; T2: $t = 4.44$, $p = .000$). No significant difference was found on the frequency of financial support provided by the adolescent mother's father and her child's father (T1: $t = -.428$, $p = .670$; T2: $t = -.228$, $p = .292$). Last, adolescent mothers reported receiving more financial support from the child's biological father's mother than from his father at Time 1 (T1: $t = 3.53$, $p = .001$; T2: $t = 1.14$, $p = .260$).

Childcare Support

The means and standard deviations for the amount of childcare support provided to adolescent mothers from their immediate and extended family members are presented in Table 5 (percentage breakdowns are presented in Appendix D). Approximately 67% of adolescent mothers reported that they received quite a bit/a great deal of childcare support from their mothers at Time 1 ($M = 4.0$) and 60% reported that they received quite a bit/a great deal at Time 2 ($M = 3.7$). Additionally, 53% and 58% of adolescent mothers reported at Time 1 ($M = 2.5$) and at Time 2 ($M = 2.5$), respectively, that they received little/no childcare support from their fathers. Likewise, 71% of mothers at Time 1 ($M = 2.0$) and 67% of mothers at Time 2 ($M = 2.1$) reported that they received little/no childcare support from their grandparents. With regards to the child's biological father, 45% of adolescent mothers Time 1 ($M = 2.9$) and 63% of mothers at Time 2 (M

= 2.3) reported that they received little/no childcare support. Furthermore, most adolescent mothers reported receiving little/no childcare support from his mother (T1: 54%, $M = 2.6$; T2: 74%, $M = 1.9$) and father (T1: 74%, $M = 1.9$; T2: 75%, $M = 1.7$). As illustrated in Table 5, adolescent mothers reported that childcare support significantly decreased over time from the child's biological father and his mother.

Table 5

Amount of Childcare Support Adolescent Mothers Received (n=56)

Source	Time 1	Time 2	<i>F</i> -Value
	M (SD)	M (SD)	
Mother	4.0 (1.4)	3.7 (1.5)	2.29
Father	2.5 (1.7)	2.5 (1.6)	0.06
Grandparents	2.0 (1.4)	2.1 (1.4)	.03
Child's Biological Father	2.8 (1.7)	2.3 (1.6)	4.71*
His Mother	2.6 (1.7)	1.9 (1.3)	10.72**
His Father	1.9 (1.3)	1.7 (1.2)	0.72

* $p < .05$, ** $p < .01$, *** $p = .000$

Note: Constructs measured on a 5-point Likert Scale (1=no support, 5=a great deal)

Paired-sample T-tests were computed to determine whether adolescent mothers received childcare support more often from one source than from another source. Consistent with previous findings, mothers were reported, on average, as providing more childcare support at Time 1 and Time 2 than fathers (T1: $t = 6.67, p = .000$; T2: $t = 5.10, p = .000$), grandparents (T1: $t = 8.06, p = .000$; T2: $t = 6.36, p = .000$), the child's biological father (T1: $t = 4.06, p = .000$; T2: $t = 4.71, p = .000$), and his mother (T1: $t = 4.67, p = .000$; T2: $t = 7.10, p = .000$) and father (T1: $t = 9.05, p = .000$; T2: $t = 8.08, p = .000$). Regarding the adolescent mother's father, on average, adolescent mothers reported receiving more childcare support from their own father than their grandparents

at Time 1 (T1: $t = 1.86, p = .069$; T2: $t = 1.63, p = .109$), and their child's biological father's father (T1: $t = 1.73, p = .090$; T2: $t = 2.86, p = .006$) and mother at Time 2 (T1: $t = -.186, p = .854$; T2: $t = 2.10, p = .044$). There were no significant differences in childcare support received from the adolescent mother's father and the child's biological father (T1: $t = -.88, p = .382$; T2: $t = .51, p = .613$). Additionally, adolescent mothers reported receiving childcare support more often from the child's biological father than from their grandparents at Time 1 (T1: $t = 2.85, p = .006$; T2: $t = 1.23, p = .223$), and his father (T1: $t = 4.71, p = .000$; T2: $t = 2.69, p = .009$) Last, adolescent mothers reported receiving childcare support more often from their child's biological father's mother than from his father at Time 1 (T1: $t = 4.70, p = .000$; T2: $t = 1.46, p = .151$).

Familial Support and Parental Competency

The third research question focused on the support received from immediate and extended family members influenced adolescent mothers' parental competency. On average, adolescent mothers reported that they felt fairly competent as a parent at Time 1 ($M = 3.77, SD = .66$) and reported higher competency scores at Time 2 ($M = 4.83, SD = .763$). The results of the correlations between support received by adolescent mothers and their competency are presented in Table 6.

Overall, results show that the amounts of emotional, financial, and childcare support that adolescent mothers received were not significantly related to their parental competency over time, with one exception. The results show a negative and marginally significant correlation between the financial support received from the child's biological father at Time 1 and the adolescent mother's parental competency at Time 1. Thus, mothers who received more financial support from their child's biological father at Time 1 also reported that they felt less competent as a parent at Time 1.

Table 6

Correlation between Emotional, Financial, and Childcare Support Received by Adolescent Mothers and their Parental Competency (n=56)

Source of Support	Emotional Support		Financial Support		Childcare Support	
	T1	T2	T1	T2	T1	T2
Mother						
Competency T1	-.035	-.182	.164	.021	.074	-.089
Competency T2	-.061	.204	-.109	-.105	-.137	-.099
Father						
Competency T1	-.020	-.124	-.013	.093	-.016	-.093
Competency T2	.029	.171	.026	.021	-.041	.082
Grandparents						
Competency T1	-.113	-.217	-.163	-.056	-.061	-.050
Competency T2	.094	.117	.159	.141	.097	.160
Child's Biological Father						
Competency T1	-.119	-.160	-.220+	-.129	-.119	-.097
Competency T2	.106	.146	.090	.142	.105	.111
His Mother						
Competency T1	-.163	-.089	-.106	-.015	-.049	-.197
Competency T2	-.029	.157	-.034	.079	-.013	.139
His Father						
Competency T1	-.219	-.098	-.194	.005	-.161	.002
Competency T2	-.053	.087	-.083	-.050	-.083	-.085

+ $p < .10$

Familial Support and Risk for Depression

The fourth research question focused on the support received from immediate and extended family members influenced how adolescent mothers' risk for depression. On average, adolescent mothers reported low depression scores at Time 1 ($M = 2.43$, $SD = .99$) and at Time 2 ($M = 2.43$, $SD = 1.05$). The results of the correlations between support received by adolescent mothers and their risk for depression are presented in Table 7.

Overall, emotional, financial, and childcare support received by adolescent mothers was negatively associated with risk for depression, but these associations were not statistically significant, with few exceptions. The results show a negative and marginally significant correlation between adolescent mothers' depression and the amount of financial support received from their child's biological father at Time 1. Therefore, adolescent mothers who reported high depression, also reported receiving less financial support from their child's biological father at Time 1. Also, there was a negative and marginally significant correlation between adolescent mothers' depression and the amount of emotional support received from grandparents at Time 2. Thus, as adolescent mothers reported feeling more depressed, they also reported receiving less emotional support from their grandparents. There was a positive and marginally significant association between adolescent mothers' depression and the amount of childcare support that they received from their mother. Therefore, mothers who reported high levels of depression also reported receiving more childcare support. Additionally, the results show negative and marginally significant correlations between adolescent mothers depression at Time 1 and the amount of emotional support from their father, and childcare support from their child's biological father and his mother at Time 2. Thus, adolescent mothers who reported feeling more depressed at Time 1 received less emotional support from their father and less childcare support from their child biological father and his mother at Time 2.

Table 7

Correlation between Emotional, Financial, and Childcare Support Received by Adolescent Mothers and their Risk for Depression (n=56)

Source of Support	Emotional Support		Financial Support		Childcare Support	
	T1	T2	T1	T2	T1	T2
Mother						
Depression T1	-.080	-.192	.003	.124	.144	.158
Depression T2	-.018	-.145	.047	.124	.127	.238+
Father						
Depression T1	-.002	-.227+	-.046	.124	-.103	.052
Depression T2	-.165	-.178	-.158	.119	-.134	.132
Grandparents						
Depression T1	.021	-.179	-.209	-.197	.030	-.171
Depression T2	-.138	-.237+	-.176	.083	.041	-.046
Child's Biological Father						
Depression T1	-.217	-.208	-.231+	-.174	-.166	-.249+
Depression T2	-.040	-.075	-.131	-.080	-.077	-.093
His Mother						
Depression T1	-.176	-.183	-.155	-.047	-.169	-.280*
Depression T2	-.123	-.165	-.142	-.107	-.087	-.160
His Father						
Depression T1	-.145	-.114	-.170	-.015	-.125	-.090
Depression T2	-.131	-.072	-.107	-.034	-.056	.023

* $p < .05$, + $p < .10$

Post-Hoc Analysis

Because the majority of the correlations approached, or were near zero it was thought that a possible curvilinear relationship existed between the amount support adolescent mothers received and their parental competency and risk for depression. For example, adolescent mothers who receive either high or low levels of support may not feel as competent as a parent. The literature suggest that adolescent mothers who do not receive adequate support do not feel as competent as a parent (Roye & Balk, 1996) whereas mothers who receive high levels of support

also do not feel as a competent as a parent because they are also struggling with the developing a sense of autonomy (Coley & Chase-Lansdale, 1998). Additionally, the literature suggests that mothers who perceive themselves as less competent experience more depressive symptoms (Silver et al., 2006). To address curvilinear relationships, mothers were divided into three groups of high (T1: $n = 13$, $M = 4.69$, $SD = .40$; T2: $n = 19$, $M = 5.59$, $SD = .25$), moderate (T1: $n = 24$, $M = 3.85$, $SD = .18$; T2: $n = 17$, $M = 4.89$, $SD = .16$), and low competency (T1: $n = 21$, $M = 3.10$, $SD = .30$; T2: $n = 22$, $M = 4.14$, $SD = .59$) as well as high (T1: $n = 11$, $M = 3.88$, $SD = .78$; T2: $n = 16$, $M = 3.75$, $SD = .67$), moderate (T1: $n = 25$, $M = 2.65$, $SD = .26$; T2: $n = 18$, $M = 2.59$, $SD = .24$), and low depression (T1: $n = 22$, $M = 1.45$, $SD = .41$; T2: $n = 24$, $M = 1.44$, $SD = .36$). An analysis of variance was computed to examine differences in the amount of emotional, financial, and childcare support received by adolescent mothers in the high, moderate, and low groups of competency and depression. Although mean scores suggest a pattern of a curvilinear relationship, no significant group differences were detected.

CHAPTER 5

DISCUSSION

Overall, the current study examined who adolescent mothers turned to for support, the nature of support received, and whether the support that adolescent mothers received influenced how they felt as a parent and their depression. Although no clear link between familial support received and adolescent mothers' parental competency and risk for depression were found in this sample, the study opens doors for new areas of investigation.

As the literature suggests, findings from this study indicate that adolescent mothers seek support from their mothers more frequently than from any other member in their family system as well as received a great deal of emotional, financial, and childcare support (Dellman-Jenkins et al., 1993; Henly, 1997; Nitz et al., 1995; Voight, Hans, & Bernstein, 1996). Prior research suggests that adolescent mothers tend to reside with their mother for up to five years after giving birth to their child (Caldwell & Antonucci, 1997). While the current study did not examine residential status of adolescent mothers, this could possibly explain the high levels of support received from their mothers. However, consistent with the Gee and Rhodes (1999) study, the frequency with which adolescent mothers sought support as well as the amount of support from their mothers decreased over time. Still, adolescent mothers continue to seek support most often from their mothers over time. Thus, although adolescent mothers seek support less over time, they still perceive their mothers as a strong source of support to help them navigate the transition to parenthood.

Although the literature regarding support from the adolescent mother's father is limited, the current study found that adolescent mothers rarely turned to their father for support within their first few years as a new mother. Additionally, adolescent mothers in this study received little or no support from their father during their transition to parenthood. Previous research suggests that adolescent mothers' relationships with their own mother are generally closer than with their father, which could explain why adolescent mothers tend to seek support less frequently from their fathers in comparison to their mothers (Bunting & McCauley, 2004; Caldwell & Antonucci, 1997; Davis et al., 1997). Although no significant differences were present between the frequency of support sought between the adolescent mother's father and her child's biological father's family, adolescent mothers sought support more frequently from grandparents and their child's biological father than from their father. It is important to note here, that although adolescent mothers sought support more frequently from other family members, they received emotional, financial, and childcare support more often from their father than grandparents, their child's biological father, and his mother. It may be that fathers still want to be supportive, even at low levels, to their daughters even if they do not view their father as a strong source of support. Future research further exploring the relationship between support sought from their father and actual support received is needed to better understand the supportive relationship between adolescent mothers and their father.

Consistent with past research, about half of adolescent mothers sought some amount of support from their child's biological father (Gee & Rhodes, 1999, 2003). Although there were no significant differences between the frequency of support sought from their child's biological father and their grandparents, they sought support more often from him than from his family. Also, adolescent mothers initially received more emotional and childcare support from their

child's biological father than the grandparents. Additionally, after a year they received more emotional support from him than from his mother as well as more childcare support from him than his father. Furthermore, mothers received more financial support from him than from grandparents as well as his mother and father. Although their biological father did provide little childcare support, they received quite a bit of emotional and financial support initially. However, similar to the support received from other family members, the amount of emotional and financial support decreased over time.

Literature suggests that the role of their child's biological father is often related to the involvement of the adolescent mothers' family (Gee & Rhodes, 2003) and argues that their mothers can often limit the amount of support from their child's biological father (Dalla et al., 2009). Adolescent mothers in the current study received a great deal of support from their mothers which could account for the lower levels of support received from their child's biological father. Additionally, this study did not explore adolescent mothers' relationship with their child's biological father. Research studies on father involvement have found that their involvement is often related to their relationship with the adolescent mother (Cutrona et al., 1998; Futris & Schoppe-Sullivan, 2007; Kalil et al., 2005). Thus, in order to better understand the supportive nature of their child's biological father, future research needs to further explore the relationship between the adolescent mother and their child's biological father.

While the literature does not fully address the role of adolescent mothers' grandparents, adolescent mothers rarely sought support or received emotional, financial, or childcare support during the first few years as they transitioned to parenthood. However, adolescent mothers tended to seek more support from their grandparents than their child's biological father's family as their child became older. In other words, adolescent mothers felt that their own grandparents

were a greater source of support than their child's biological father's family. Additionally, as might be expected, adolescent mothers received emotional, financial, and childcare support more often from all other members in their family system; however, there were no significant differences in the amount of support received from their child's biological father's mother or his father. Although grandparents were not found to provide a great deal of support during adolescent mothers transition to parenthood, previous research suggests that in addition to their own mothers, they tend to turn to other family members regarding assistance with childcare (Schilmoeller & Baranowski, 1985). Thus, future research needs to continue exploring supportive relationships, such as the relationship with their grandparents, within family system of adolescent mothers.

Although existing literature has not specifically looked at support from the child's biological father's family, adolescent mothers rarely perceived them as a source of support and during their first few years transitioning to parenthood, sought support more frequently from other members in her immediate and extended family system. Additionally, consistent with findings from Voight et al. (1998) that found female relatives were strong sources of support for adolescent mothers, the results suggest that adolescent mothers receive more emotional, financial, and childcare support from their child's biological father's mother than his father. Furthermore, consistent with previous findings, support from both his mother and father decreased over time as the adolescent mother's child became older. Perhaps the low levels of support sought and received from their child's biological father also could be influenced by the amount of support that they receive from their mother, or perhaps it is influenced by the relationship between the adolescent mother and their child's biological father. Therefore, to gain a better understanding of the support that adolescent mothers receive from his family, future

research needs to take into account the role of the adolescent mother's family as well as the nature of the relationship between adolescent mothers and their child's biological father.

This study also examined adolescent mothers' parental competency during their first three years as a mother since this is often influenced by the amount of support received from their family (Caldwell & Antonucci, 1997; Coley & Chase-Lansdale, 1998; East & Felice, 1996; Spieker & Bensley, 1994). Results from this study show that, on average, emotional, financial, and childcare support were not significantly correlated with how adolescent mothers felt as a parent during their transition to parenthood. However, results from this study indicated a negative and marginally significant correlation between the financial support from the child's biological father that adolescent mothers received initially and their parental competency during their initial transition to parenthood. Thus, findings suggest that mothers who received less financial support from their child's biological father during their first year as a mother also reported that they felt more competent as a parent. It may be that adolescent mothers who do not feel as competent as a new parent might require more financial assistance from their child's biological father, however, more research exploring this association is needed to gain a better understanding.

The literature suggests that adolescent mothers often experience a "dual developmental crisis" where their developmental tasks that they experience as a new mother conflict with their developmental tasks as an adolescent, such as autonomy (Sadler & Catrone, 1983). Perhaps, these mothers feel less competent because they are receiving financial assistance from their child's biological father which conflicts with their need for independence. In order to gain a better understanding on adolescent mothers' parental competency, future research needs to

address the developmental conflicts that adolescent mothers experience as they transition to parenthood.

Additionally, this study explored the relationship between the support adolescent mothers received and their risk for depression. Previous research indicates that adolescent mothers tend to experience higher levels of depressive symptoms (Kalil & Kunz, 2002) and are twice as likely to be depressed in comparison to adult mothers (Deal & Holt, 1998). However, adolescent mothers in the current study reported, on average, relatively low levels of depression during their first two years as a mother. Overall, emotional, financial, and childcare support received by adolescent mothers was negatively associated with risk for depression, but these associations were not statistically significant, with few exceptions. The results show a negative and marginally significant correlation between adolescent mothers' depression and the initial amount of financial support that they received from their child's biological father during their first year as a mother. In other words, adolescent mothers who reported feeling more depressed initially as a new mother, also received less financial support from their child's biological father during their first year as a mother. Also, there was a negative and marginally significant correlation between adolescent mothers' depression during their second year as a mother and the amount of emotional support received from grandparents during that time. Similar to the findings regarding financial support received from their child's biological father, as adolescent mothers reported feeling more depressed, they also reported receiving less emotional support from their grandparents. These findings are consistent with past research that suggests social resources can buffer negative effects of adolescent motherhood, such as depression during adolescent mothers' early years as a parent (Turner et al., 2000; Leadbetter & Bishop, 1994).

Additionally, there was a positive and marginally significant correlation between adolescent mothers' depression and the amount of childcare support that they received from their mother. In other words, there was an association between mothers who had high levels of depression as well as those who received more childcare support. Furthermore, negative and marginally significant correlations were present between adolescent mothers depression during their first year as a mother and the amount of emotional support from their father, and the childcare support from their child's biological father and his mother that they received a year later. Perhaps adolescent mothers who reported feeling more depressed during their first year as a mother received less emotional support from their father and less childcare support from their child biological father and his mother a year later as a result of their psychological distress. While the current study did not find strong associations between the support received from the family system of adolescent mothers, future research needs to continue to explore this relationship since prior research indicate adolescent mothers are more likely to experience depressive symptoms as they transition to their new role as a parent and that their depression can increase their likelihood for additional negative outcomes (Danziger et al., 2000; Dryfood, 1990; Gillmore et al., 1997).

The literature also suggests that there is an association between adolescent mothers' parental competency and their depression (Frankel & Harmon, 1996; Koeske & Koeske, 1990; Leadbetter & Bishop, 1994; Osofsky et al., 1993; Silver et al., 2006). While the current study did not examine this association, in order to better understand how adolescent mothers feel as parents during their transition to parenthood, future research needs to continue to explore the relationship between adolescent mothers' competency and their depression. Additionally, to gain a better understanding of the psychological distress that adolescent mothers often experience,

empirical studies need to examine the relationship between their parental competency and their levels of depression.

Limitations

Despite the strengths, this study does have limitations. First, our sample is not diverse. Previous research conveys that depending on ethnicity, family support may vary greatly, specifically, African American mothers often report receiving less support from partners in comparison to Latina or Caucasian adolescents (Moore et al., 2007; Wiemann et al., 2006). The current sample is predominately White, thus the results may not be generalizable to other ethnicities. Secondly, the sample did not have a lot of variability regarding adolescent mothers' parental competency, or depression. The majority of the sample experienced relatively high levels of competency and relatively low levels of depression. Thus, no inferences can be made regarding low levels of parental competency and depression due to the homogenous nature of the sample.

Internal Validity

Internal validity addresses the extent to which the findings of a study accurately represent the relationships between the variables being examined. Several factors affect internal validity, such as selection and volunteer bias. Selection bias may have existed because the participants were selected from a program that specifically targeted at-risk teenage parents. Also, the adolescent mothers voluntarily participated in the study, which may confound the data so responses from the participants may have reflected interest in the topic. Experimental mortality or attrition accounted for the small sample as this study required participants to complete an initial survey as well as an additional survey one year later. However, as noted above, no statistically significant differences were found between those who both responded over time and

those who did not respond across demographic variables.

External Validity

External validity addresses the extent to which the findings are generalizable. Because participants were selected from a school-based program for pregnant and parenting teens in the Ohio area, external validity is threatened. The participants could possess characteristics that are not consistent with other pregnant or parenting teens that are not enrolled in a specialized program, such as GRADS. Because of the narrow characteristics of the participants, generalized claims will be difficult to make, however, this study will provide insight into the familial support systems of adolescent mothers that are enrolled in similar programs.

Implications

As a result of this study's findings, prevention and intervention programs should encourage parents to be supportive as adolescent mothers transition to parenthood. As stated above, family members, specifically their mother, provide a great deal of emotional, financial, and childcare support during their first year as a new mother. However, because the amount of support received declines over time, adolescent mothers may benefit from programs and services that offer support after their initial year as a new mother while still facilitating involvement from their family system. It may be at this time, when support has significantly decreased, that interventions may be most advantageous for adolescent mothers to buffer negative outcomes associated with being a young mother. Interventionists could assist adolescent mothers by providing consistent support over time, or providing a series of programs that supplement the support adolescent mothers receive from their family.

However, research suggests that the relationship between adolescent mothers and their family system is complex in nature, therefore prevention and intervention programs should help

families understand the importance of supporting adolescent mothers while still allowing them to develop independence. Working both with adolescent mothers as well as their family system to help them feel mutually involved may help to alleviate the “dual developmental crisis” that adolescent mothers can experience (Sadler & Catrone, 1983). More importantly, interventionists working with adolescent mothers need to focus on providing opportunities for developing independence and autonomy. As adolescent mothers are creating their own identity, interventionists need to create a supportive environment that fosters self-discovery while still providing them with the support that they need to be successful as a mother. In addition, although this study did not examine the impact that depression has on how adolescent mothers feel as a parent, previous research indicates an association, therefore, prevention and intervention programs need to recognize this relationship in order to assist adolescent mothers with their new parental role.

Additionally, programs that work exclusively with adolescent mothers also can provide them with skills for maintaining positive relationships with the various members in their family network. Previous research suggests that involvement from their child’s biological father is often related to the involvement of adolescent mothers’ immediate family. Working with adolescent mothers and their families about creating healthy relationships between all of the members in the family system may facilitate more opportunities for other members, such as their child’s biological father and his family, to provide support to adolescent mothers as they transition to their new parenting role.

Finally, interventionists that work with adolescent mothers in healthcare settings, such as Child Life Specialists, should focus on assessing the actual support that adolescent mothers are receiving from their family system. Research conveys that support can vary greatly based on a

number of factors including residential status, and ethnicity. Therefore, it is important to be cognizant of the variability of support that exists among adolescent mothers and thus, it is important for Child Life Specialist to establish rapport with adolescent mothers in order to assess how to effectively support them as they transition to their new maternal role.

As mentioned above, future research should continue to explore family support that adolescent mothers receive as they transition to parenthood. Researchers should also further explore the nature of these supportive relationships as previous studies suggest that this could influence the support that adolescent mothers receive from their family system. Additionally, findings from this study suggest that although adolescent mothers receive little support from their grandparents, future research is needed to better understand adolescent mothers' grandparents. Finally, findings from this study are consistent with prior research that suggests support decreases over time. Thus, more longitudinal studies should continue to focus on how adolescent mothers' support changes over time.

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APPENDIX A

Frequency of Support Sought by Adolescent Mothers

Source of Support	Never	Rarely	Sometimes	Often	Always
Mother					
T1	3 (5.2)	7 (12.1)	7 (12.1)	16 (27.6)	25 (43.1)
T2	6 (10.3)	6 (10.3)	15 (25.9)	14 (24.1)	17 (29.3)
Father					
T1	25 (43.1)	11 (19.0)	10 (17.2)	7 (12.1)	5 (8.6)
T2	26 (44.8)	12 (20.7)	13 (22.4)	6 (10.3)	1 (1.7)
Grandparents					
T1	17 (29.3)	10 (17.2)	13 (22.4)	12 (20.7)	6 (10.3)
T2	24 (42.1)	12 (21.1)	8 (14.0)	9 (15.8)	4 (7.0)
Child's Biological Father					
T1	19 (33.3)	4 (7.0)	14 (24.6)	6 (10.5)	14 (24.6)
T2	26 (44.8)	8 (13.8)	6 (10.3)	7 (12.1)	11 (19.0)
His Family					
T1	21 (36.2)	8 (13.8)	15 (25.9)	8 (13.8)	6 (10.3)
T2	34 (58.6)	8 (13.8)	10 (17.2)	5 (8.6)	1 (1.7)

Note: $n=58$. Number (and percentage) of participants who responded about the frequency of support sought from their family members.

APPENDIX B

Amount of Emotional Support Received by Adolescent Mothers

Source of Support	No Support	Little Support	A Fair Amount	Quite a Bit	A Great Deal
Mother					
T1	2 (3.4)	5 (8.6)	5 (8.6)	14 (24.1)	32 (55.2)
T2	6 (10.3)	8 (13.8)	16 (27.6)	10 (17.2)	18 (31.0)
Father					
T1	16 (27.6)	11 (19.0)	9 (15.5)	11 (19.0)	11 (19.0)
T2	20 (34.5)	11 (19.0)	12 (20.7)	9 (15.5)	6 (10.3)
Grandparents					
T1	20 (34.5)	16 (27.6)	8 (13.8)	9 (15.5)	5 (8.6)
T2	25 (43.1)	5 (8.6)	14 (24.1)	8 (13.8)	5 (8.6)
Child's Biological Father					
T1	22 (37.9)	5 (8.6)	3 (5.2)	8 (13.8)	20 (34.5)
T2	29 (50.0)	6 (10.3)	2 (3.4)	8 (13.8)	12 (20.7)
His Mother					
T1	21 (36.2)	9 (15.5)	9 (15.5)	11 (19.0)	8 (13.8)
T2	34 (58.6)	8 (13.8)	9 (15.5)	3 (5.2)	3 (5.2)
His Father					
T1	29 (50.0)	10 (17.2)	9 (15.5)	6 (10.3)	4 (6.9)
T2	39 (67.2)	6 (10.3)	12 (20.7)	1 (1.7)	0 (0.0)

Note: $n=58$. Number (and percentage) of participants who responded about the amount of emotional support received from their family members.

APPENDIX C

Amount of Financial Support Received by Adolescent Mothers

Source of Support	No Support	Little Support	A Fair Amount	Quite a Bit	A Great Deal
Mother					
T1	7 (12.1)	3 (5.2)	7 (12.1)	10 (17.2)	31 (53.4)
T2	11 (19.0)	13 (22.4)	8 (13.8)	12 (20.7)	14 (24.1)
Father					
T1	21 (36.2)	6 (10.3)	5 (8.6)	8 (13.8)	18 (31.0)
T2	30 (51.7)	9 (15.5)	2 (3.4)	8 (13.8)	9 (15.5)
Grandparents					
T1	31 (53.4)	16 (27.5)	2 (3.4)	5 (8.6)	4 (6.9)
T2	33 (56.9)	5 (8.6)	9 (15.5)	6 (10.3)	4 (6.9)
Child's Biological Father					
T1	18 (31.0)	8 (13.8)	5 (5.6)	6 (10.3)	21 (36.2)
T2	27 (46.6)	6 (10.3)	29 (15.5)	4 (6.9)	12 (20.7)
His Mother					
T1	27 (46.6)	8 (13.8)	8 (13.8)	7 (12.1)	8 (13.8)
T2	40 (60.9)	8 (13.8)	4 (6.9)	1 (1.7)	4 (6.9)
His Father					
T1	36 (62.1)	6 (10.3)	6 (10.3)	4 (6.9)	6 (10.3)
T2	42 (72.4)	9 (15.5)	4 (6.9)	0 (0.0)	3 (5.2)

Note: $n=58$. Number (and percentage) of participants who responded about the amount of financial support received from their family members.

APPENDIX D

Amount of Childcare Support Received by Adolescent Mothers

Source of Support	No Support	Little Support	A Fair Amount	Quite a Bit	A Great Deal
Mother					
T1	8 (13.8)	2 (3.4)	9 (15.5)	5 (8.6)	34 (58.6)
T2	6 (10.3)	9 (15.5)	8 (23.8)	7 (12.1)	27 (46.6)
Father					
T1	27 (46.6)	4 (6.9)	11 (19.0)	2 (3.4)	14 (24.1)
T2	24 (41.4)	9 (15.5)	7 (12.1)	6 (10.3)	11 (19.0)
Grandparents					
T1	35 (60.3)	7 (12.1)	6 (10.3)	6 (10.3)	4 (6.9)
T2	33 (56.9)	5 (8.6)	7 (12.1)	7 (12.1)	5 (8.6)
Child's Biological Father					
T1	22 (37.9)	4 (6.9)	9 (12.1)	7 (15.5)	16 (27.6)
T2	28 (48.3)	8 (13.8)	5 (8.6)	6 (10.3)	10 (17.2)
His Mother					
T1	26 (44.8)	5 (8.6)	8 (13.8)	6 (10.3)	12 (20.7)
T2	33 (56.9)	9 (15.5)	8 (13.8)	3 (3.4)	5 (8.6)
His Father					
T1	35 (60.3)	7 (12.1)	7 (12.1)	4 (6.9)	4 (6.9)
T2	40 (69.0)	3 (5.2)	7 (12.1)	4 (6.9)	3 (5.2)

Note: $n=58$. Number (and percentage) of participants who responded about the amount of childcare support received from their family members.