

Defying All Odds: The Role of Defiance Against Negative Societal Attitudes in Resilient,  
Self-Efficacious Teen Mothers

By

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### Abstract

The purpose of this quantitative study was to investigate the relationship between a recently noted area of strength in teen mothers: the rejection of negative societal attitudes (termed “rebellion/responsibility”) (Carey, Ratcliff & Lyle, 1988), as compared to self-efficacy and other resilience. The development and testing of a new survey, called the *Societal Attitudes Salience Survey for Youth (SASSY)* was used to measure teen mother’s levels of agreement or disagreement with deficit-based statements about the fate of teen mothers and their children that were found in problem-focused literature on this population. The overall score on the SASSY indicated the level of disagreement, also described as rebellion against negative societal attitudes, and this was then correlated with overall scores on the *General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995)* and the *Brief Resilience Scale (BRS; Smith et al., 2008)*. Participants ( $n=39$ ) consisted of pregnant or parenting teen mothers aged 16-20 from North America. Results indicated significant relationships with large effect sizes between self-efficacy, resilience and disagreement with negative societal statements. Further, increased self-efficacy, resilience and disagreement with negative societal attitudes surrounding teen moms were also related to increased educational aspirations with medium to large effect sizes. Implications for counselling are discussed.

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## Chapter One: Introduction

Research on pregnant and parenting teens often focuses on the unique risks and adversities that are faced by these young women. Poor outcomes such as poverty, a lack of education and deficits in maturity, mental and physical health are reported to be the norm for this population (e.g. Drummond, Letourneau, Neufeld, Stewart & Weir, 2007; Hurlbut, Jambunathan & Butler, 1997; Unger & Wandersman, 1988), and a host of interventions have been designed in an attempt to circumvent some of the damage that would ensue for teen mothers and their children without outside help (Unger & Wandersman, 1988). While a number of these interventions have succeeded in cultivating desirable changes, such as increased knowledge about parenting skills and child development (Drummond, et al., 2007), this form of helping might also cause some unintentional harm through the perpetuation of negative stereotypes among professionals and the general public (Griffin, 1998). The traditional focus on negative outcomes and risks for this population might create feelings of helplessness in pregnant teens as a result of frequent encounters with opinions that suggest they are doomed to failure (Griffin, 1998).

An alternative approach to understanding this population moves from the traditional “deficit-based” approach to a strength-based foundation as researchers seek to understand the factors that propel some of these young women toward successful outcomes. This shift has brought about some surprising insights and findings that suggest a number of teen moms are equipped with the skills they need to successfully parent a child, and navigate adult life (Carey, Ratliff & Lyle, 1998).

Findings that focus on the unique strengths and *resiliencies* (characteristics that support teen moms in bouncing back from adversity) have led to important implications for serving this population (Smith et al., 2008). One such finding inspired this research; this was the discovery of a unique domain of resilience that (to date) seems to exist solely for adolescent parents:

“rebellion/responsibility” (Carey et al., 1998). The concept of rebellion as a positive indication of mental health or resilience in adolescents may seem counterintuitive, but it may serve a function in maintaining resilience and a sense of self-efficacy. Research shows that both resilience and self-efficacy are important factors for determining success in teen mothers and positive outcomes for their children (Carey et al., 1998; Coleman & Karraker, 1997; Raven & Leadbeater, 1999). The brief summary of both self-efficacy and resilience below will be followed by a detailed overview of the constructs as they apply to teen mothers in the literature review.

The concept of self-efficacy stems from Albert Bandura’s *social learning theory* (1977), which later developed into *social cognitive theory*. Self-efficacy has been broadly defined as an individual’s belief in how well she or he can carry out the necessary steps to deal with a specific task or challenge successfully (Raver & Leadbeater, 1999). Self-efficacy has been demonstrated to play a central role in self-motivation and human agency (Bandura & Cervone, 1983). A person’s perceived self-efficacy is partially responsible for deciding which tasks she or he will engage in, the amount of effort expended and the amount of invested in an activity in order to persevere (Bandura & Cervone, 1983). Individuals with high self-efficacy are highly motivated to perform well, and are more likely to engage in difficult tasks and intensify efforts in the face of adversity (Dumka, Gonzales, Wheeler & Millsap, 2010). Persistence in the face of adversity is also associated with the other construct that is being investigated in this study: resilience. The two constructs are interrelated, as strong sense of efficacy has been identified as an important characteristic in resilient individuals (Griffin, 1998).

The most basic and concise definition of resilience is the ability to bounce back, or recover from stress (Smith, et al., 2008). Resilience is generally thought of as a process of successful adaptation to difficult or challenging life experiences, through the use of mental,

emotional and behavioural flexibility (allowing for adjustment to external demands) (VandenBos, 2007). While this definition alludes to the importance of internal characteristics, such as adaptability and coping skills, it is important to note that resilience is also mediated by external (environmental) factors such as social support, income and access to training (Carey et al., 1998; Greve & Staudinger, 2006; Griffin, 1998; Leipold & Werner, 2009).

When environmental and external factors serve to decrease an individual's belief that obstacles can be overcome, internal characteristics may serve to give that individual the strength and determination to keep trying. In this manner, rebellion against negative messages might serve to preserve a brighter outlook for the future in pregnant and parenting teens in spite of the negative messages they frequently encounter. This research provides an opportunity to better understand some of the factors that contribute to self-efficacy and resiliency in teen mothers by exploring whether there is a relationship between these constructs and defiant attitudes toward negative societal beliefs concerning the fate of teen mothers and their children.

### **Statement of Problem**

Society has a negative view of teenage pregnancy; this view has become a part of our social fabric. Even scholarly publications written by professionals that seek to serve this population often use language that reflects society's dismay about the topic of adolescent parenting. For example, Carey et al., (1998) note that adolescent pregnancies have often been portrayed in the literature as "glaring social tragedies" (p. 348), and a number of authors warn that teen pregnancies lead to inevitable cycles of intergenerational early pregnancies (Hurlbut, et al., 1997; Unger & Wandersman, 1998).

The language used by Unger and Wandersman (1998) when they assert that the "problems associated with *children having children* [italics added] are numerous" (p. 104) also reflects the salience of these attitudes and beliefs about teen parents among professionals.



Similarly, Hurlbut et al., (1997) refer to adolescent parenting as a serious concern, and note that a number of dangers, risks and inadequacies hinder teen parents in being successful at parenting and in life. Unfortunately, teens may continue to struggle to achieve positive role identity while making the transition to parenthood if researchers continually reinforce negative societal expectations by utilizing judgmental language and by investigating “worst outcomes” for this population.

Teen moms are continually exposed to negative messages about the situation they are in and frequently encounter negative judgments and assumptions from the general public (Carey et al., 1998; Griffin, 1998). For example, in 1987, the United States conducted a national survey in which 50% of the respondents endorsed the belief that "welfare encourages young couples to be careless about birth control", a public assumption that implies adolescent pregnancy stems from a desire to collect income assistance (Moore, Morrison & Gleib, 1995). The trouble with the negative societal tone surrounding teen parents is that if teen mothers begin to internalize the negative beliefs, messages and expectations they are bombarded with, it would only be natural for them to experience heightened distress and reduced self-efficacy concerning the situation that they are in. For some of these young women, negative societal messages hold the potential to gradually erode the adolescent mother's sense of dignity and self-worth, leaving her feeling defeated and overwhelmed (Carey et al., 1998). Often, it is at this point that they may be encouraged to participate in programs that seek to educate them and provide them with the basic skills they need to parent. However, if the programs merely focus on parent education and do not allow for collaboration with the participants, or provide teen moms with an opportunity to focus on their own unique strengths and resiliencies, the long-term effects may not be as powerful.

A common approach used in helping this population has been to look to the research to determine the greatest risks that exist for adolescent mothers and their children, and then to

determine how the program can interrupt the process by teaching teen mothers skills that they are assumed to be lacking (e.g. Drummond et al., 2007). Interventions for teen mothers are often built from a “deficit-based” approach, where the young women are presumed to have a host of deficiencies in their ability to parent a child and thus require training and education to circumvent poor outcomes (e.g. Unger & Wandersman, 1988).

Traditional deficit-based approaches to dealing with this population are clearly rooted in *ageism*: a set of beliefs, attitudes and values that create discrimination or prejudice against individuals or groups because of their age (VandenBos, 2007). For example, when 25-30 year-old women attempt parenting for the first time, they usually also lack direct experience in child rearing because in our society, there is no formal educational process that all young women encounter between the ages of 25 and 30 to make them better trained to parent for the first time. And yet, they are not sought out by concerned organizations and encouraged to get parent training to minimize the risk of poor outcomes for their infants, nor are they commonly frowned upon and warned that they will inevitably fail at the task. Rather, mothers in their late twenties and early thirties are usually given encouragement and are supported by friends and family as they figure things out through trial and error, just as their mothers did before them.

Women in their early 30's who are being pressured into parenthood by family or partners, or who carry through an unplanned pregnancy due to beliefs about abortion may not be at a greater advantage. What is often overlooked when approaching parenting teens is that these young women have made a conscious decision to parent a child; this decision was likely made in response to a belief that they were ready, willing and able to embrace to role of parent. Self-efficacy theory (Bandura, 1982) informs us that individuals tend to only engage in tasks they feel capable of succeeding in. As such, there is a possibility that adolescent mothers really are just as

capable (perhaps even more so) than 25-30 year old women that would “opt out” of raising a child if faced with an unplanned pregnancy.

It appears that ageism is a primary form of prejudice that is encountered by these young women in the common belief that age determines the capacity to parent. Therefore, it is both unfortunate and concerning that deficit-based orientations are often the foundation for both research and programs that aim to enhance positive outcomes for adolescent parents and their children. An alternative approach to helping this population is to better understand some of the strengths and resiliencies that mediate optimal outcomes for both teen mothers and their children. Some researchers have begun to take a different approach to working with vulnerable populations by shifting their attention away from negative outcomes and toward areas of strength and competence within the population (e.g. Carey et al., 1998; Raver & Leadbeater, 1999). Perhaps as a result of the emphasis on negative consequences of teen parenting, previous studies frequently overlooked the characteristics, attitudes and behaviours of successful adolescent mothers as a source of information for helping this population (Carey et al., 1998). It is important to note that failure to report on positive outcomes in this population has helped to perpetuate negative stereotypes about teen mothers (Griffin, 1998), therefore more efforts should be made to understand factors that mediate “best outcomes”. Strength-based approaches to understanding the factors that contribute to positive outcomes for teen parents and their children have set a foundation for understanding important characteristics that support these young women in overcoming barriers (i.e. Griffin, 1998; Farber, 1989; Carey et al., 1998).

Investigations into the strengths of highly motivated and resilient young mothers have demonstrated that there is a sub-group of parenting teens that actively rebel against negative societal messages; this stance seems to serve them well (Carey et al., 1998; Haleman, 2004). For example, in a study that was based on ethnographic interviews with a convenience sample of six

“successful” 18-20 year-old adolescent mothers that were registered in a school district parenting program in Texas. The study was designed to gain a greater understanding of resilience and strength in adolescent mothers by focusing on a select few that were described as “successful” in terms of school achievement by their educators and counsellors (Carey et al., 1998). The inclusion of “rebellion” as an internal characteristic that supports resilience is a novel finding that was reported based on a trend that was noted the study (Carey et al., 1998). Carey and colleagues explained that a common finding among the resilient teen moms they interviewed was seen in the attitude they portrayed where they “repeatedly told of becoming more responsible and taking greater initiative in response to other’s negative views of pregnant teens” (Carey et al., 1998 p. 352). The following quote provides a powerful summary of key characteristics in resilient adolescent mothers: “[a] strong sense of insight, combined with initiative, healthy relationships, and a rebellious determination to prove she was not doomed to failure, were found to be the ingredients for success” (Carey et al., p. 347). The researcher of the present study was intrigued by the suggestion that rebellion could be a motivating factor for successful teen mothers in their desire to achieve a better life because this had been her own experience as a teen mom; this fierce determination to prove others wrong had carried her through to graduate studies.

The description of rebellion as a motivating factor for young mothers was also noted in a study that explored characteristics of ten single mothers that were enrolled in graduate level education while still in receipt of social assistance (Haleman, 2004). The age of first birth for most of these single mothers ranged from 17-24, with one participant reporting 29 as the age of first birth (Haleman, 2004). The authors noted that similar to the young women described in the study by Carey and colleagues (1998) a unifying characteristic found in the participants was that these women had actively opposed stereotypes against young and/or single mothers by setting out with the intention to prove that social assistance was only a stepping stone, and that the

attainment of higher education was possible in spite of messages they received that they were doomed to poverty (Haleman, 2004). The single mothers in graduate school reported that in addition to financial incentive, they viewed post-secondary education as an important mechanism for personal transformation, and for challenging and transforming existing stereotypes by providing an example to others (Haleman, 2004).

While there is evidence that the risks of long-term poverty and academic limitations are higher for young mothers, there is a distinct lack of reporting on the unique strengths and capacities of teen moms to function as positive role models for their children while striving for a better life. Unfortunately, there are a number of young women that are still susceptible to believe some of the negative societal attitudes about them to be true, regardless of their obvious strengths and resiliencies (Carey et al., 1998). A possible explanation for this acceptance of negative beliefs might be explained through self-efficacy theory. For example, although performance attainments and previous successes tend to have the greatest impact on an individual's sense of self-efficacy, other information sources such as social persuasion or vicarious experiences are also known to influence an individual's sense of competence (Teti & Gelfand, 1991). Teens that have not had any exposure to "success stories", or reports on the strengths that have been found in other teen moms may be more susceptible accepting or believing the "worst outcome" messages, or the negative attitudes of adults they interact with, and might not fare as well as peers that reject these beliefs.

Carey et al. (1998) note that the teen mothers in their study "responded to negative expectations with a defiance that motivated them to become responsible and successful. It is assumed that less successful adolescent mothers, those dependent on society or who have dropped out with no plans to return to school, encounter similar negative expectations but respond differently" (p. 358). There appears to be a gap in the literature surrounding the

relationship between the level of teen mother's acceptance or rejection of negative societal expectations in relation to their scores in self-efficacy and resilience. Knowledge about the relationship between pregnant and parenting teens' internalized messages concerning the fate of teen parents and their self-efficacy and resilience measures could introduce vital implications for helping this population. In the present study, disagreement with negative societal beliefs concerning teen parents is also referred to as rebellion and/or defiance against negative societal messages, as it indicates that these young women do not tend to accept or believe long-standing attitudes in the general public about teen mothers and their children. If we knew more about rebellion as a form of resilience for teen mothers, efforts could be made to intentionally develop this strength. Alternatively, a greater understanding could also serve as a foundation for working towards changing the negative stereotypes that do exist.

## Chapter 2: Literature Review

The literature review has been divided into four main sections, and will provide an overview of deficit-based approaches, self-efficacy theory, resilience theory and strength-based approaches to working with pregnant and parenting teens. In the deficit-based section, there will be a summary of the legitimate risk factors that threaten the well-being of parenting adolescents and their children. Negative beliefs concerning pregnant and parenting teens will be also be explored including an overview of the negative societal messages about teen parenting that serve to perpetuate stereotypes. These topics will be explored as they apply to each of the broad risk areas that have been identified in research on this population concerning: maturity, finances, education, mental health, relationships, physical health and child outcomes. Finally, an overview of interventions that have arisen through this framework with the intent of minimizing risks will be presented.

It is important to note that this research has been narrowed to look at literature on teen mothers, rather than teen parents as there has been very little research done to this point on teenage fathers. Further, with the exception of only two articles, most of the literature did not specify whether the teen moms were considered “single parents”; while a few of the articles mentioned that some of their participants were in a relationship (either with the father or otherwise with short and long-term boyfriends), the emphasis remained on the experience of the teen mother.

### **Deficit-Based Approaches**

**Societal messages about teen parenting.** Although no significant differences have been reported between the personalities of parenting teens and their non-parenting peers in terms of behaviour or school performance prior to pregnancy, society often assumes a deficit in adolescent mothers, such as a belief that they are less responsible than their peers (Carey et al., 1998). Teen

moms are continually exposed to negative messages about the situation they are in, and the challenges they will face. For example, a number of teen mothers become sensitive to societal messages they receive about their (now limited) ability to attain a good education (Haleman, 2004). There is reason to believe that these projected expectations may be damaging for pregnant and parenting teens that believe these messages, as perceptions about deficits and weaknesses tend to be a more important determination of behaviour than the reality of whether those deficits and weaknesses exist (Bandura & Cervone, 1983; Carey et al., 1998). For example, a teen mother that already has a great deal of self-doubt, or a deflated sense of efficacy might “give up” prematurely if she were to encounter a respected teacher or authority figure that told her she should not pursue a post-secondary education (a common experience among teen mothers) (i.e. Unger & Wandersman, 1988), and that her priority should be shifted to either working to support her child, or to being at home with her child (Griffin, 1998).

### **Research Into Deficits: Outcome Literature on Teen Mothers and their Children**

It is said that what you pay attention to expands in your awareness (Kabat-Zinn, 1994); this was certainly the case when researchers began to investigate teen mothers. A number of studies have confirmed poor outcomes are the norm for adolescent mothers and their children; a host of literature warns that these young women and their children are at risk developmentally (Hurlbut et al., 1997), financially (Hurlbut et al., 1997; Unger & Wandersman, 1988), academically (Unger & Wandersman, 1988), emotionally and psychologically (Drummond et al., 2007), relationally (Drummond et al., 2007; Emery, Paquette & Bigras, 2008; Hurlbut et al., 1997; Unger & Wandersman, 1988), and physically (Drummond et al., 2007; Unger & Wandersman, 1988). Each of these risk categories will be discussed below in greater detail.

**Developmental and maturity concerns.** Some researchers have boldly asserted that teen moms are “not developmentally capable of dealing with the demands of parenting” (Hurlbut et



al., 1997, p. 641). Teenage parenting has also been referred to as a deviation from the normal life course (Hurlbut et al., 1997). Ironically, after making these assertions, the authors describe that the formulation of a positive role identity is an essential ingredient for any successful intervention with this group (Hurlbut et al., 1997).

Further, researchers claim that teen mothers have less knowledge about child development than older women, and as such, they often have unrealistic expectations for their infants (Drummond, et al., 2007; Hurlbut et al., 1997). Alvarez et al. (1987) stated that "the pregnant adolescent tends to live predominantly in the present and to have a limited vision of the future" (p. 154). Developmentally, it has also been argued that adolescent mothers have poor decision-making skills (Carey et al., 1998). Deficits in decision-making have also been described as a factor in the tendency for teen mothers to have repeat pregnancies sooner, which is thought to amplify the risk factors pertaining to poverty and school failure (Hurlbut et al., 1997; Unger & Wandersman, 1988).

**Financial and economic implications.** Both research and statistics have verified that parenting teens are more likely to live below the poverty level (Hurlbut et al., 1997). Financial and economic burdens have been described as a primary source of stress for this population (Elder, Eccles, Ardel & Lord, 1995), and the need to access financial assistance is present at some point for most adolescent parents (Moore, Manlove & Gleib, 1998). While financial hardship does create a difficult situation for child rearing, some of the biased attitudes surrounding this topic may serve to place an additional burden on teen mothers (Carey et al., 1998).

Public perceptions on the economic implications of teen parenting are generally negative, as demonstrated by the national survey described earlier (Moore et al., 1995), where 50% of respondents reported that welfare might serve as a motivator for unprotected sex in teens. Some

policy makers have also embraced this suspicion; in 1995, Moore et al. reported that “legislators and journalists [had] suggested eliminating welfare for teen mothers to remove any possible social approval and all economic support for early nonmarital parenthood” (p. 208). Further, in some states in the US, policies have been made to force young women back to school after giving birth in order to prevent any attempts to abuse the system (collect welfare) in an attempt to dodge their responsibilities of attaining a job or an education (Moore et al., 1995). While research has since demonstrated that the availability of social assistance is not a determinant of teen pregnancy, the public perception that these teens use pregnancy to access social assistance, or to escape the need to work or attend school remains in place (e.g. Carey et al., 1998; Griffin, 1998).

While research into the implications of economic hardship for teen parents and their children is important, there are times when the language used in scholarly publications reveals a certain amount of bias, and where researchers reflect common societal attitudes in their writing. For example, some researchers have stated that teen mothers tend to “live off of welfare” (Unger & Wandersman, 1988), and be an “economic drain” on society (Moore, et al., 1995). Similarly, researchers have asserted that the correlation between “welfare dependency” and early childbearing is so strong that cash entitlements in the form of welfare checks to young mothers may serve as an incentive for young women to have children outside of marriage (Moore, et al., 1995).

However, it seems that young mothers are in a difficult position, because even if they do succeed in getting off of financial assistance, (perhaps to avoid continued societal disapproval) research indicates that young mothers who are employed are more likely to hold non-skilled and lower-paying jobs, and as such, continue to live in poverty (Hurlbut et al., 1997; Unger & Wandersman, 1988).

Risk-based literature paints a gloomy picture that suggests all women who bear children at a young age are destined to remain in poverty, and this perception may cause distress for pregnant and parenting teens. Financial concerns certainly impact young families in their quest to overcome barriers, and seem to contribute to other problems in the parenting relationship as well. For example, in a study that looked at low-income inner-city young and single mothers, a model of family stress was put forward where financial difficulties often led to emotional distress and resulted in decreased confidence in the ability to parent (Elder et al., 1995). While deficit-based literature leaves little hope for positive financial outcomes, a number of single mothers tend to view postsecondary education as a mechanism for moving beyond poverty towards a higher socio-economic status (Haleman, 2004).

**Academic and educational problems.** It is reported that many young mothers fall into a tragic cycle: they are poor because they do not possess the level of education required to attain better jobs, and they have dropped out of school because they feel they cannot support their children with the social assistance funding that is available for student parents (Haleman, 2004). With regards to education, some researchers have reported that adolescent mothers are more likely to fail their courses and often have a lower overall level of educational attainment (Unger & Wandersman, 1988). While a number of interventions for pregnant and parenting teens seek to assist young women in attaining their high school diploma, or GED as an ultimate goal (Unger & Wandersman, 1988), the earning potential for these young women would likely be inadequate for raising a family. Individual attitudes and aspirations concerning school achievement prior to pregnancy have also been associated with adolescent sexual activity. Moore et al. (1995) noted that when adolescents have high educational aspirations, they tend to delay sexual intercourse, or have abortions in order to avoid parenthood if pregnancy occurs during high school. These findings raise some interesting implications concerning societal values, as there seems to be some

public disdain over abortions, and also disdain towards teen parenting, but the decision to have an abortion in order to successfully attain an education may allow for the illusion of “doing things right”.

**Emotional and psychological characteristics of teen moms.** Teen mothers have been described as emotionally unstable (Carey et al., 1998) and are believed to endure higher levels of stress and depression than older mothers as a result of the additional barriers they may face (Drummond et al., 2007). It has been suggested that youth who engage in sexual activity at an earlier age may be seeking validation in order to cope with a low sense of self-worth (Dumka et al., 2010; Hurlbut et al., 1997). Decreased self-esteem has also been used to describe the inability of some teens to say no to unwanted sexual encounters (Dumka et al., 2010). It has also been proposed that teen mothers may have a lower sense of self-efficacy than their peers, even prior to pregnancy (Emery et al., 2008). Further, teen mothers may be at an increased risk of experiencing lowered perceived efficacy as a result of negative societal messages they encounter about their ability to succeed in life (Griffin, 1998). The latter is a topic that will be discussed in great detail following the overview of self-efficacy to come.

**Relational concerns and interactions with child.** The literature has highlighted that adolescent mothers tend to have lower relationship stability, and are more likely to endure failed relationships, separation or divorce than women who bear children later in life (Drummond et al., 2007; Unger & Wandersman, 1988). Relationship stability between parental figures has been listed as an important factor that mediates family resiliency in a number of ways, for example the potential for dual-incomes minimizes financial strain, while the display of a warm relationship between partners can also model effective communication and family cohesion (Benzies & Mychasiuk, 2009). In addition to protective factors that are associated with family stability, failed relationships may also be problematic because single-parent households are commonly

judged as inferior family units by members of the community and various organizations (Griffin, 1998), as such, some researchers note that the stigma associated with unmarried mothering can continue to impact the children of adolescent parents well into adult life (Drummond et al., 2007). Teen moms have also been described as prone to having more negative interactions with their infants (Hurlbut et al., 1997), and to having more negative maternal attitudes such as increased irritability, harshness, impatience and controlling behaviour (Drummond et al., 2007). This report is concerning because research demonstrates that parenting interactions that demonstrate mutual warmth, sensitivity and responsiveness promote positive growth and development in infants (Drummond et al., 2007). Furthermore, when compared to older mothers, adolescent mothers have been identified as less vocal with their babies (Unger & Wandersman, 1988), less responsive to their infants' needs, and less involved with their infants (Emery et al., 2008). They have also been reported to use lower levels of dyadic communication and to be less sensitive to their infant's cues, which places the mother-child attachment pattern at risk (Emery et al., 2008).

**Health concerns.** Some authors (e.g. Drummond et al., 2007; Unger & Wandersman, 1988) have expressed concerns over the physical risks associated with adolescent childbirth; however, the reasons for these health concerns were somewhat vague, and appeared to be related to the claim that younger women are more likely to have inadequacies in prenatal care (Unger & Wandersman, 1988) and experience childbearing health problems or complications (Drummond et al., 2007). However, upon further investigation, the article cited by Drummond and colleagues (2007) actually reported that that “[i]n the developed world, risk of cesarean delivery was reduced for teenagers and there was a secular decline in maternal anemia and pregnancy-induced hypertension in comparison to the risk sustained by more mature women” (Scholl, Hediger & Belsky, 1994).

**Negative outcomes for children of teen parents.** Although the negative personal consequences associated with early motherhood are alarming, assertions made by various researchers concerning the fate of the children of adolescent parents are even more alarming. Scholarly publications warn that “many children of adolescent mothers do not fare well” (Hurlbut et al., 1997, p. 641). In fact, claims have been made that these children are: likely to have a low birth weight (Unger & Wandersman, 1988), less healthy as infants (Drummond et al., 2007), more likely to have lasting deficits in I.Q. (Unger & Wandersman, 1988), more likely to be raised with corporal punishment, especially if their mother has low self-esteem (Emery et al., 2008), and are more likely to experience abuse, especially physical abuse (Hurlbut et al., 1997). It is also believed that these children are more likely to underachieve in school and work, even later in life (Hurlbut et al., 1997; Unger & Wandersman, 1988) and finally, that they are at risk of general, overall maltreatment (Hurlbut et al., 1997).

Strength-based approaches to helping provide a different perspective. For example, as Carey (1998) wrote: “[w]hile this research can leave little doubt of the potential for dire consequences for teenage mothers, the exclusive focus on problems has done little to encourage these mothers to succeed” (Carey et al., 1998, p. 349). After reviewing some of the risk-oriented literature, it is understandable that with a number of professionals and a majority of the general public sharing this view of adolescent parenting, a number of adolescent mothers might suffer from stress, depression or lowered self-esteem in response to an unplanned pregnancy. Risk-based literature has been used to inform a number of programs and services for pregnant and parenting teens. In the following section, a brief overview of intervention strategies aimed at reducing risk for adolescent mothers and their children is presented.

**Deficit-Based Approaches to Helping: Interventions Aimed at Minimizing Risk**

In an attempt to assist teens and their children in attaining better outcomes, a number of interventions have been created and implemented based on researcher's assessments of the population's needs and deficiencies (Carey et al., 1998).

In an overview of support services for pregnant and parenting teens, Unger & Wandersman (1988) explain that some community services “provide help so that teens can complete their education by acquiring their GED, and provide them with job placement” (p. 106). The language used by these authors seems to imply that a GED and job placement are desirable goals for this population, however, the authors report that high-attrition rates are “common to programs working with this at-risk group” (p. 106). One of the biggest reported difficulties with services for pregnant and parenting teens is that there are serious issues with attendance (with absences common), and there also tends to be a high level of attrition (participants dropping out). In describing this phenomenon, Unger and Wandersman (1988) report that “[g]iven the numerous problems, multiple needs and complex lives of teenage mothers, it is unlikely that all teenage mothers will respond to and be receptive to an intervention in similar ways” (p. 107). While declines in attendance may be based on individual differences between teen mothers, it is also possible that the goals of some interventions (ex. GED and job placement) may not align with the needs of the population being served. This phenomenon may be at the root of problems around service delivery and attendance. A major challenge in service delivery for this population is that when program development is based on researchers assessments of the populations' needs, sometimes the critical component of involving adolescents in the consultation process is missed (Valaitis & Sword, 2005).

For example, Drummond et al. (2007) sought to add direct training in parenting skills for teens that were already enrolled in support programs, and found that there was a significant

decrease in program attendance, and 53% of the participants had stopped attending. Although the social support programs were judged to be successful (teens attended regularly), the researchers were interested in understanding whether the teens would benefit from the addition of instruction on parenting (Drummond et al., 2007). The authors differentiated between social support programs and direct skill teaching programs by emphasizing that with direct teaching, the primary purpose was to instruct parents on interacting with their children and to promote optimal development for their children. Although responsiveness to infant needs improved according to pre- and post-test measures, the authors noted that they were limited in interpreting the results because of confounds associated with a limited sample size as a result of attrition. Some of the reasons given for non-participation included: a lack of time, feeling overwhelmed at the number of service providers involved, and feeling there was too much crisis to deal with at home (Drummond et al., 2007).

In a study that used online discussions to obtain information from pregnant and parenting teens about their perceptions on how current services met their needs and service delivery concerns, authors noted that the teens had *expected* to meet and talk to other pregnant and parenting teens about their shared experiences by participating in the study (Valaitis & Sword, 2005). Although the authors thought they had been clear about the purpose of recruiting the teens for involvement, the authors noted a “disjunction between the researchers’ and teens’ expectations and desires” (Valaitis & Sword, 2005, p. 468). This highlights a critical difficulty with making assumptions about how to best serve a population, as there is a vast potential for disconnect between the researchers’ and participants’ agenda.

While the goals of these programs are to reduce harm and improve outcomes for teen mothers and their children, they may fall short of tapping into teen mothers’ natural resiliencies and strengths because they are generally built upon deficit-based interventions that reflect the



desire to circumvent poor outcomes rather than on the requests and desires that are presented by the population being served. Strength-based approaches to helping this population have highlighted the therapeutic benefit of speaking to teen mothers in a manner that allows them to highlight their strengths and coping skills by speaking about the challenges they have overcome (i.e. Carey et al., 1998). In line with self-efficacy theory, this approach may serve as a vehicle for increasing self-efficacy, through intentional focus on prior achievements (Bandura & Cervone, 1983). The mechanisms that support the development of self-efficacy will be further explored in the following section, followed by an overview of resilience theories and research on strength-based programs aimed at helping this population.

### **The Theory of Self-Efficacy**

Self-efficacy is a critical component of this research study; as such, an overview of self-efficacy theory, global self-efficacy beliefs, and measures of specific efficacy beliefs such as parental self-efficacy are explored. As noted earlier, self-efficacy can be broadly defined as an individual's belief concerning how effective she or he will be in succeeding at challenging tasks (Raver & Leadbeater, 1999). Bandura (1989) describes self-efficacy as malleable and suggests that it fluctuates in response to environmental demands and personal development. It has been suggested that past successes may serve to increase an individual's sense of self-efficacy, which results in the tendency to persist, and expend greater and enduring effort to complete difficult tasks in the future based on previous desirable outcomes (Bandura & Cervone, 1983). Bandura and Cervone (1983) also suggest that an individual's level of discouragement in response to negative discrepancies between standards and performance are based on their level of perceived self-efficacy to attain the standards they aspire to; those with a low sense of self-efficacy are more apt to be discouraged by failure.

Social learning theory proposes a “linear positive function between perceived self-efficacy for goal attainment and effort but a nonlinear one between degree of goal discrepancy and effort” (Bandura & Cervone, 1983). Bandura (1982) highlighted the power of self-perceptions in predicting future behaviour, suggesting that whether accurate or faulty, judgments of self-efficacy lead individuals to refrain from engaging in activities that they believe exceed their coping capabilities, and to “undertake and perform assuredly those that they judge themselves capable of managing” (p. 123). Perceived self-efficacy is thought to determine behaviour through motivational, affective and cognitive influences (Bandura, 1989). Self-efficacy theory suggests that when adolescents believe they can achieve desired outcomes, they have more incentive to undertake difficult activities and to persevere over challenges or failures (Caprara, Gerbino, Paciello, Di Giunta, & Pastorelli, 2010). Self-efficacy beliefs have also been found to counteract feelings of depression (Bandura, 1989; Teti & Gelfand, 1991).

**Global vs. specific self-efficacy beliefs.** One method for exploring perceived self-efficacy seeks to understand an individual’s felt sense of global self-efficacy. Global self-efficacy beliefs refer to the general level of competence an individual feels in broader domains of life (Caprara et al., 2010). Global self-efficacy beliefs arise when people reflect on their experiences concerning complex challenges they have experienced across a variety of settings. They begin to construct unified beliefs about capabilities that they possess to successfully cope with, or adapt to tasks and demands (Caprara et al., 2010). Self-efficacy beliefs can also generalize across situations and activities based on an individual’s core belief that one’s actions have the power to bring about change (Caprara et al., 2010). While this approach is often used in exploratory research, the preferred method for gathering information is to assess specific self-efficacy beliefs by collecting data about individuals’ self-efficacy beliefs on a specified domain, subject or skill area.

For example, studies have looked into self-efficacy beliefs in relation to cognitive processes (Bandura, 1989), attachment styles (Donovan et al., 2007) and parenting behaviours (e.g. Raver & Leadbeater, 1999; Teti & Gelfand, 1991). Research into specific domains of self-efficacy has been beneficial in explaining the level of motivation people have to take on challenging tasks associated with specific domains. One of the most relevant domain-specific subject areas for this research is maternal, or parental self-efficacy.

**Parental self-efficacy.** Research suggests that self-efficacy plays an important role in the development of skilled parenting (Raver & Leadbeater, 1999; Teti & Gelfand, 1991). Self-efficacy has been described as a mediating psychological factor in the relationship between thoughts and behaviours; as such, it has been a useful tool for research into maternal thoughts and associated parental behaviours (Raver & Leadbeater, 1999). Self-efficacy has also been an important consideration in understanding parental strengths; research demonstrates that when mothers feel competent in their parenting role, they tend to parent in a manner that promotes optimal outcomes for their children (Raver & Leadbeater, 1999).

In a study by Teti and Gelfand (1991) that looked at the relationship between maternal self-efficacy, infant temperament, marital dissatisfaction and maternal depression, authors determined that “maternal self-efficacy was the factor most directly and unambiguously related to parenting behavior”, even after statistically controlling all of the other predictors (p. 926). The study also reported an increased tendency for mothers with a low sense of parental efficacy to experience feelings of dysphoria (Teti & Gelfand, 1991).

Child characteristics have also been studied in relation to parental self-efficacy beliefs, demonstrating an inverse relationship between women’s feelings of self-efficacy and their ratings of temperamental difficulty in their child (Raver & Leadbeater, 1999). Maternal self-efficacy has

also been demonstrated to be an important mediating factor in determining a mother's perception of "goodness of fit" with infants of varying temperaments (Teti & Gelfand, 1991).

In a study of maternal self-efficacy in low-income mothers, Raver & Leadbeater (1999) found that several risk factors (low levels of social support, parenting at a young age, high stress and low educational attainment) were associated with decreased self-efficacy when combined, but did not seem to bare any significance in isolation. The authors reported surprise that there were no significant correlations between single risk factors and parental self-efficacy as this contrasted with previous research that had reported direct correlations between self-efficacy and social support (Raver & Leadbeater, 1999; Teti & Gelfand, 1991). However, the finding that individual risk factors are not significant enough to undermine efficacy is similar to explanations found in risk and resiliency models with vulnerable populations (Leipold & Werner, 2009). It is therefore understandable that decreases in maternal self-efficacy seem to result from the interaction of multiple threats (Raver & Leadbeater, 1999).

This information would be useful when devising strategies to assist young women in the cultivation of a deeper sense of maternal efficacy. Professionals should consider a number of different aspects of their context in order to tap into the intricate pattern that makes up a global sense of efficacy in the ability to raise a child (Raver & Leadbeater, 1999). It has also been suggested that feelings of competence or inadequacy about parenting may extend into late childhood or adolescence. In a call out for research on young, low-income mothers, Raver & Leadbeater (1999) postulate that in addition to considering various contextual factors, a more accurate portrayal of the development of efficacy could be better determined through the use of longitudinal methods that look at the interaction of various factors over time.

Given that self-efficacy appears to play a pivotal role in positive parenting practices, and in reducing feelings of depression (Elder et al., 1995; Teti & Gelfand, 1991), it is important to

make an effort to understand the factors that support maternal efficacy in challenging social contexts using both applied and basic research (Raver & Leadbeater, 1999). Self-efficacy is also important because it has been linked to other constructs that assist individuals in achieving desirable outcomes, such as resiliency. Self-efficacy is thought to promote resiliency through enhancing an individual's tendency to develop and focus on his or her strengths instead of focusing on and perpetuating deficit-based orientations (Griffin, 1998). Individuals with high self-efficacy are also more likely to have increased motivation to perform well while navigating difficult tasks and to persevere in the face of adversity (Dumka et al., 2010).

### **Resilience Theory**

Resilience is a construct that is frequently used in strength-based literature (Carey et al., 1998). This construct is also a critical component of the current research study, and the following section will provide a brief overview of resiliency, and frameworks for understanding resiliency at both the individual, and family levels. As stated earlier, the most basic and concise definition for resilience is the ability to bounce back from stress. Resilience has also been described as a mindset that enables an individual to overcome adversity, or thrive under stressful conditions, or as positive adaptation despite adversity (Leipold & Werner, 2009). However, some authors note that by using its most basic definition, resilience can be distinguished from “thriving” based on the notion that thriving implies the achievement of superior functioning following a stressful event, whereas resilience implies that the individual returns to previous levels of functioning (Smith et al., 2008).

One of the most common, or traditional approaches to understanding resiliency is grounded in a personality-trait conceptualization, where the individual's personality is considered pivotal in his or her ability to overcome difficult circumstances (Leipold & Werner, 2009). This notion of resiliency coincides with other concepts of personality such as ego-resiliency (a

tendency to respond in a flexible manner rather than in a rigid way to challenging situational demands) (Leipold & Werner, 2009). The trouble with this conceptualization, however, is that external factors such as the specific situation and surrounding context are largely disregarded and underestimated (Leipold & Werner, 2009).

Other researchers (e.g., Hurd & Zimmerman, 2010) acknowledge that promotive factors can include both individual assets, such as self-efficacy, or environmental resources, such as extended family members, neighbours and mentors. An even more comprehensive understanding of resilience offers a constellation framework for understanding the phenomenon where a number of factors, such as psychological processes (including emotional regulation and information processing) interact with contextual conditions to determine how a person will respond to adversity (Leipold & Werner, 2009). For example, Greve and Staudinger (2006) described the interrelationships between aspects of the resilience constellation as the fit between individual resources (capacities, competencies and attributes), social conditions (such as social support, income, access to training) and the problem (e.g., obstacles, deficits, losses).

**Resilience as a developmental process.** Another proposed model for understanding resilience is the developmental model put forward by Leipold & Werner (2009), which purports that resilience can be viewed as the conceptual bridge between development and coping. The developmental model of resilience relates the malleability of the construct of resilience to process of human development. The authors note that plasticity in cognitive function, social integration and personal self-regulation is what underlies human development (Leipold & Werner, 2009). Leipold & Werner (2009) argue that successful development (defined as attaining mastery of personal goals) “consists primarily of the maintenance and implementation of the individual’s abilities to use regulation processes to adapt” to challenging situations (p. 42). The authors

highlight that the plasticity required for successful adaptation is critical in explaining the dynamics of resilience, coping and development (Leipold & Werner, 2009).

In line with the concept of self-efficacy, the developmental model suggests that an individual's efforts toward finding solutions and using problem-oriented strategies will only persist if his or her beliefs advise that it will be possible to achieve the goal or desired outcome (Leipold & Werner, 2009). The developmental process of resilience suggests that "[w]hen the individual's active problem solving efforts appear fruitless, then adaptations on the part of the individual become necessary, since otherwise the threat would become a permanent source of stress" (Leipold & Werner, 2009, p. 43). As such, the authors view resilience neither as a specific process nor as an individual characteristic, but as a normal or successful developmental course that expresses the complex interaction of the resilience constellation in response to difficult or threatening circumstances (Leipold & Werner, 2009).

The developmental trajectory explains how an individual's assessment of the situation and the available resources depends on that person's cognitive structures for perception, interpretation, emotional regulation and evaluation, which are all products of individual development (Leipold & Werner, 2009). As such, solution-oriented responses to complex problems would only be possible if there is competence (or perceived skill) in the realm of problem-solving, and this view of resilience is especially fitting for the purpose of understanding resilience in pregnant and parenting teens (Leipold & Werner, 2009).

**Family resiliency.** Family resiliency can be broadly defined as a family's ability to successfully respond to an adverse event by finding ways to emerge from the experience feeling strengthened, competent and resourceful (Benzies & Mychasiuk, 2009). Strength-based approaches to understanding family resilience have emerged based on findings that indicate that resilience develops through a family's use of protective factors while coping with adversity

(Benzies & Mychasiuk, 2009). Previous approaches to understanding family resilience focused on risk factors, but this was described as insufficient because resilience does not develop through evasion of risk factors and adverse events, but through the strengthening of pre-existing protective factors and strengths (Benzies & Mychasiuk, 2009).

*The Resiliency Model of Family Stress, Adjustment, and Adaptation* (McCubbin & Patterson, 1983) is a model that conceptualizes the demands, resources, and developmental issues involved in family life from a holistic perspective. This resiliency model is a strength-based model expanded from family stress theory; the main emphasis of the resiliency model is on family resiliency (or their ability to sustain equilibrium in spite of adversity) (McCubbin & Patterson, 1983). Families that adapt effectively tend to have traits of resiliency, good coping skills, and both informal and formal social support from the community (McCubbin & Patterson, 1983). The resiliency model emphasizes positive attributes that are particularly important in times of stress or crisis such as family bonding, flexibility, strength, and problem-solving abilities (McCubbin & Patterson, 1983). It is understood that family resiliency (like individual resiliency) is not static, but should be thought of as a process that varies over time (Benzies & Mychasiuk, 2009).

In a meta-analysis that sought to identify protective factors that foster family resiliency, Benzies & Mychasiuk (2009) analyzed 481 peer-reviewed articles and identified 24 protective factors that fell into three broad categories that correspond with levels of the socio-ecological model of resilience (individual, family and community characteristics).



Table 1

*Organization of Protective Factors for Family Resilience*

Individual	Family	Community
<ul style="list-style-type: none"> <li>• Internal locus of control</li> <li>• Emotional regulation</li> <li>• Belief systems</li> <li>• Self-efficacy</li> <li>• Effective coping skills</li> <li>• Increased education, skills and training</li> <li>• Health</li> <li>• Temperament</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Family structure</li> <li>• Intimate partner relationship stability</li> <li>• Family cohesion</li> <li>• Supportive parent-child interaction</li> <li>• Stimulating environment</li> <li>• Social support</li> <li>• Family of origin influences</li> <li>• Stable and adequate income</li> <li>• Adequate housing</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement in the community</li> <li>• Peer acceptance</li> <li>• Supportive mentors</li> <li>• Safe neighbourhoods</li> <li>• Access to quality schools, child care</li> <li>• Access to quality health care</li> </ul>

*Note.* From Benzies & Mychasiuk, (2009, p. 105, used with permission).

*Individual characteristics.* When individuals within the family system have an internal locus of control, are skilled at regulating their emotions, have a strong sense of self-efficacy, lead a healthy lifestyle and display effective coping skills and have completed some form of post-secondary training, the family unit is strengthened considerably (Benzies & Mychasiuk, 2009).

*Family characteristics.* Family structure has been found to be an important part of the family resilience model; children appear to benefit from having more than one adult caregiver available to them. Relationship stability between parental figures also mediates resilience in families as it sets a climate for family cohesion. Other family characteristics that promote family resilience include positive parent-child interactions, social support within the family, healthy attachments to members from the parents' family of origin, stable and adequate income and access to a stimulating environment and adequate housing (Benzies & Mychasiuk, 2009).

*Protective factors within the community.* Involvement in the community serves as a third form of strength in the family unit. Through family interaction in the community, members of the family gain access to peer acceptance, supportive mentors, increased neighborhood safety and

access to better daycare, healthcare and education opportunities. They are also more aware of community based services and resources (Benzies & Mychasiuk, 2009).

As stated earlier, resilience is a critical component of a number of strength-based interventions. Recent research suggest that resilience models can be used as a useful framework for studying long-term outcomes among adolescent mothers by focusing on factors that promote successful adaptation in the face of adversity (Hurd & Zimmerman, 2010).

### **Strength-Based Approaches to Understanding Pregnant and Parenting Teens**

In this section, strength-based approaches to understanding teen parents are reviewed. An overview of factors, characteristics and beliefs that are associated with positive parenting outcomes will be explored, followed by strength-based findings that have been identified in teen mothers. Self-efficacy will then be described as it applies to teen mothers and their parenting practices. Resilience will also be related to this population, and this topic will be followed by an overview of strength-based interventions for pregnant and parenting teens.

### **Characteristics that mediate positive outcomes for teen mothers and their children. A**

growing amount of literature reports that a number of pregnant and parenting teens display a host of positive coping skills and strengths (Griffin, 1998; Farber, 1989; Carey et al., 1998). The following topics and characteristics have been identified as a result of strength-based studies with teen parents.

***Education.*** Contrary to common belief, many adolescent mothers eventually complete their education after experiencing a delay (Furstenberg, Brooks-Gunn & Morgan, 1987). In a longitudinal study of over 300 young women (predominantly African American) who had given birth during adolescence, researchers noted that “a substantial majority completed high school, found regular employment and, even if they had at some point been on welfare, eventually managed to escape dependence on public assistance” (Furstenberg et al., 1987 p.142). In light of

these findings, it is difficult to understand why some researchers concluded that welfare checks might serve as incentive for young women to have children out of wedlock, or that early childbearing is directly correlated with chronic “welfare dependency” (e.g. Moore, et al., 1995).

In a study that looked at the significance of, and expectations concerning post-secondary education, young mothers consistently identified three primary purposes of education: education was considered instrumental for attaining good wages, personally transformative, and a means of modeling advantageous outcomes for children (Haleman, 2004). The relationship between education and earning potential is well established; higher education can make a substantial difference in a woman’s lifetime income (Haleman, 2004). For example, in 2004, a woman with a high school education could expect to earn \$500,000 over her lifetime, whereas a woman with five or more years of college could expect to earn \$955,000 (Haleman, 2004). Furstenberg et al. (1987) found that the level of education sought by the teen moms was somewhat related to the level of education of their parents; teen mothers who had better-educated, financially secure parents were more likely to succeed in attaining an education than peers who came from families did not value education as a high priority. This trend may be related to the teen’s perceptions concerning the accessibility of post-secondary education and their capacity to succeed in an academic setting both before and after pregnancy (Furstenberg et al., 1987).

Differences in educational motivation and performance have been reported as critical factors in relation to educational attainment; young mothers who had high academic aspirations and who had been doing well in school as they transitioned into parenting were much more successful at attaining their academic goals than peers who had poor performance or lower aspirations (Furstenberg et al., 1987). Studies that focus on teen mothers that are successful in attaining higher education are powerful because they provide an alternative perspective that directs attention away from problems and toward potential solutions (Carey et al., 1998).

***Maturity and development.*** While some authors have argued that teen mothers are deficient as compared to non-parenting peers in terms of maturity (Hurlbut et al., 1997), and capacity for long-term planning (Alvarez et al., 1987), other researchers have reported contradictory findings. For example, in a study of low-income adolescent mothers, authors reported that teen mothers revealed goals that were characteristic of teens who are not parents when asked to describe their goals five and ten years into the future (Theriot, Pecoraro & Ross-Reynolds, 1991). For example, the teen mothers reported that they were striving for financial security, marriage, educational attainments, a better life, and a career (Theriot et al., 1991). This paints a more positive picture about the financial motivations associated with adolescent parenting than what was presented earlier concerning the belief that adolescent pregnancy might be driven by desire to access welfare (Moore, et al., 1995).

Interestingly, some research into adolescent parenting suggests that becoming a mother might serve to assist young women in making a transition into adulthood and greater maturity (Theriot et al., 1991). One interesting trend reported in literature on adolescent mothers was that a number of young women reported a profound sense of transformation and acceptance of the responsibility of parenting during pregnancy (Carey et al., 1998). While describing their perceptions of womanhood, some teen mothers emphasized the necessity of maturity and responsibility; others stated that becoming a mother served as a primary motivation to strive for self-improvement (Theriot et al., 1991). From a strength-based perspective, one might conclude that some parenting teens are even more motivated than their non-parenting peers to make the transition into greater maturity and adult functioning. In the following section, self-efficacy will be reviewed in greater depth, as it has been noted to be an important factor in motivation.

***Self-efficacy in adolescent mothers.*** Research shows that teen mothers may already be suffering from low levels of perceived self-efficacy prior to pregnancy; the additional obstacles

that they encounter in the form of negative societal messages may serve to reinforce low-efficacy beliefs throughout pregnancy and following childbirth (Griffin, 1998). However, some studies (i.e. Carey et al., 1998; Elder et al., 1995; Theriot et al., 1991) have noted considerable feelings of parental self-efficacy in adolescent mothers as measured by strength-based interviews, surveys that measured parent beliefs on effectiveness and maternal efficacy scales (respectively).

For example, in a study on socioeconomically disadvantaged adolescent mothers, respondents viewed themselves as capable of providing for themselves and their children; when asked about the future, a majority of the respondents were able to envision themselves as being successful in a variety of roles (professional, social, single, spouse, and parent) (Theriot et al., 1991).

A study done with a similar population (low-income, inner-city young, single mothers) that investigated parental self-efficacy beliefs, found that mothers with a strong sense of efficacy tended to promote developmental opportunities for their children and minimize risks using strategies both inside and outside the home (Elder et al., 1995). In the home, it was found that confident low-income single mothers often used encouragement and joint activity with their children to promote healthy relationships, while involvement in community activities served to promote the child's skills and interests outside the home (Elder et al., 1995).

As noted earlier, self-efficacy plays a pivotal role in determining the amount of effort an individual is willing to expend in order to succeed at a task (Bandura & Cervone, 1983; Teti & Gelfand, 1991). Therefore, although a young mother might have the knowledge and skills required to console her distressed infant, she may be unable to do so if she experiences high levels of self-doubt (Teti & Gelfand, 1991). Similarly, individuals with low self-efficacy are more likely to give up prematurely when they encounter obstacles in achieving goals, whereas individuals with a high sense of efficacy often persist until success is achieved (Teti & Gelfand,

1991). Therefore, if young mothers with a low sense of efficacy are told they will not be able to succeed in attaining an education, or in successfully parenting a child, they would be much more susceptible to limiting their achievement expectancies and quitting prematurely. This sentiment was well summarized by Griffin (1998) in the following excerpt:

Ironically, part of the handicap of being a teenage mother may come from the widespread perception that failure is virtually inevitable- a belief that may become a self-fulfilling prophecy. To the extent that adolescent mothers receive biased messages about their inability to be successful as students, parents and workers, environmentally imposed barriers may become internalized. In turn, weak efficacy beliefs may limit the level of future performance a teen mother is willing to attempt and the degree to which she will persevere under stressful conditions (p. 55).

Teen mothers' perceptions about their present situation and their prospects in the future offer insight concerning how successful they will be in adapting to their new role and in attaining independent functioning (Griffin, 1998).

It has been proposed that continued research surrounding self-efficacy and areas of competence in "high risk" parenting populations is critical to understand the mechanisms that allow these mothers to successfully buffer their children from deleterious effects (Raver & Leadbeater, 1999). The expanding literature on adolescent mothers highlights that other central topics for consideration with this population should include research into the factors that mediate educational attainment, employment opportunities and mental health (Furstenberg et al., 1997; Raver & Leadbeater, 1999). While it is useful to gain a better understanding of the importance of parental self-efficacy, the knowledge is most beneficial when it can be used to inform interventions or efforts to assist mothers in developing a greater sense of efficacy concerning parenting. In order to achieve this objective, professionals might be interested to learn about

factors that support increased efficacy in young mothers such as social support and level of education (Raver & Leadbeater, 1999). An understanding of factors that enhance a felt sense of competency or perceived self-efficacy for teen mothers might also play a role in understanding levels of motivation to attain post-secondary education, or to secure higher-paying jobs, which are factors that moderate “best outcomes” for the children of teen parents (Raver & Leadbeater, 1999).

***Resilience in teen mothers.*** In addition to self-efficacy, elements that have been linked to cultivating resiliency in adolescent mothers include having high expectations for success, access to opportunities to contribute to others as students, family members and members of the community, maintaining a sense of purpose and hope for a positive future and utilizing relationships that offer warmth and support (Griffin, 1998).

Preliminary findings concerning resilience in adolescent mothers suggest that resilience against adversity with this population can best be described as a process that is cultivated and enhanced over time (Carey et al., 1998). While some resilient teen mothers have demonstrated increased efforts to succeed as a defiant response to negative societal attitudes, Carey et al., (1998) warn that less successful teen mothers (who drop out of school and become dependant on society) may give up prematurely when faced with those same negative societal opinions. In a study that used ethnographic interviews with a group of “successful” adolescent mothers (where success was defined by graduation from high school, school achievements, demonstrating goal directed behaviour, having the ability to cope with adversity and having a generally positive attitude), teens were interviewed to gain a better understanding of their most salient characteristics that mediated successful coping (Carey et al., 1998). The authors used Wolin & Wolin’s (1993) model of resilience as a framework to assist them in identifying a number of common categories that have been associated with resilience. The authors reported that the three

categories from Wolin & Wolin's model that were most pertinent to this population were "insight", "initiative" and "relationships" (Wolin & Wolin, 1993 as cited in Carey et al., 1998). Interestingly, the authors noted a unique category that served to fuel these young women in their efforts to succeed: "responsibility/rebellion" (Carey et al., 1998). "These adolescents repeatedly told of becoming more responsible and taking greater initiative in response to other's negative views of pregnant teens" (Carey et al., 1998, p. 352). The authors noted that "[i]n rebelling against the belief that they were doomed to failure, they became successful adolescent mothers" (Carey et al., 1998, p. 355).

Through the use of narrative interviews, a general trend in the stories of these young women emerged to describe how the various categories of resilience interacted to produce positive outcomes (Carey et al., 1998). Strong insight was described as a critical ingredient for characterizing an adolescent mother's sense of self; authors noted that teen mothers with this strength reported that insight was a skill that was present prior to the conception of their children that strengthened throughout pregnancy (Carey et al., 1998). Next, the authors noted that a spirit of rebellion had been sparked in these young women to "prove society wrong", and that this served as motivation to work hard and strive for a better future (Carey et al., 1998). In fact, these successful and resilient teen mothers reported that negative attitudes within society and certain acquaintances were often used to strengthen their conviction to achieve in life (Carey et al., 1998). A sense of initiative was also noted, in that these young women were extremely proactive and determined to succeed in attaining goals despite what society had predicted for them (Carey et al., 1998).

The young women were also described as being "future-focused" in that they would envision long-term goals in the face of adversity (Carey et al., 1998). With each success and goal attained, the young women were reinforced with the belief that they could succeed, which served



to increase determination to strive for high standards (Carey et al., 1998). These young women also demonstrated the capacity to reach out and gain support from the people that urged them to stay on course whenever they were feeling overwhelmed (Carey et al., 1998). This finding supports previous assertions that one of the most prominent findings concerning resilience in teen parents is that social support mediates resilience tremendously; encouraging, supportive relationships with significant adults and peers are critical in cultivating resilience (Carey et al., 1998; Unger & Wandersman, 1988). Although social support has been reported as an important aspect of fostering resilience, the topic of social support has gained so much scholarly attention pertaining to adolescent mothers that the topic warrants a brief summary of its own.

***Social support.*** In the ethnographic interviews of resilient and successful teen moms, the authors described the “relationships” category as “the most richly described resiliency in the study (Carey et al., 1998, p. 354). A common challenge expressed by teen mothers is that they often lose a number of important members from their social support network after the birth of their child, which is a vulnerable time where they are in need of social support (Drummond et al., 2007). Social support has also been associated with positive outcomes; participation in social support programs has been linked to improved adolescent mother-child interaction quality, parenting competence and confidence in providing infant care (Drummond et al., 2007). The perception of adequate social support has also been found to minimize the psychological distress surrounding economic hardship in low-income single-parent households (Elder et al., 1995). The parenting teens that were judged to be doing well all reported that supportive relationships played a critical role in their successes, and while the type of relationship that was deemed most supportive varied, each of the successful teens demonstrated the “ability to seek out and maintain quality relationships with a variety of people in their lives” (Carey et al., 1998, p. 354).

Similarly, in a study that investigated the protective and resilience promoting effects of

natural mentors (described as non-parental supportive adults in teen mothers' social networks, such as extended family members, neighbors, and family friends) it was found that such relationships decreased stress and depressive symptoms and served to support resilience in the face of stress (Hurd & Zimmerman, 2010). Using this data, the authors purported that it might be useful to assist teen mothers in learning how to identify supportive non-parental adults in their lives and cultivate relationships with these adults, and that the creation of programs that would allow for interaction between teen mothers and supportive adults would be beneficial (Hurd & Zimmerman, 2010).

### **Strength-Based Approaches to Helping: Interventions Aimed at Finding Strengths and Fostering Resilience**

In the study of resilient adolescent mothers by Carey and colleagues (1998), the authors noted a clear and powerful therapeutic benefit to using strength-based interviews with parenting teens. In speaking with these young women, the authors found support for previous literature that purports that strength-based, solution-focused dialogues assist in reframing negative stories into positive ones (Carey et al., 1998). This approach is similar to the use of solution-focused therapy as a tool for transforming a victim's story into a story of survival, lending hope that a future filled with possibilities exists (Wolin & Wolin, 1993 as cited in Carey et al., 1998). The authors noted that the young women reported deep feelings of validation and encouragement through having an opportunity to express their thoughts about their personal strengths and resiliencies (Carey et al., 1998).

Carey et al., (1998) also made recommendations concerning interventions with this population, and suggested that they begin with an interview aimed at understanding each young woman's strengths so that her natural strengths could be enhanced and refined. The authors suggested that the cultivation of natural strengths through collaborative conversations would

afford an opportunity for negative societal beliefs and problematic attitudes to dissolve and become replaced with self-esteem (Carey et al., 1998). Given the importance of peer support and belonging, Carey et al. (1998) suggest that “[a] teen support group in which teens listen to the stories of successful adolescent mothers might serve to incite a determination to succeed. The knowledge that it is possible to graduate and succeed after having a baby in high school could be a powerful motivator for other young teens facing an unplanned pregnancy” (p. 358).

In an article that overviewed a collaborative program for pregnant and parenting teens that was built on the basis of self-efficacy and resiliency theories, Griffin (1998) paints a very different portrait of what teen mothers are capable of than what is normally encountered in literature on interventions for this population. The *Teen Parent Support Program*'s aim was to support the young women in balancing the demands of school, parenting and working while completing high school and to empower young women by providing encouragement on how to plan for transitions into additional training, work placement or higher education programs (Griffin, 1998). The outcomes for participants in this strength-based program were overwhelming. In fact, 86% of the parenting teens that participated in the program achieved successful outcomes by completing high school and moving on to higher education, or employment options that allowed them to be self-sufficient (Griffin, 1998). This program's success rate demonstrates a striking contrast when compared to problematic attrition rates reported (such as 53% of participants that stopped attending) in literature on deficit-based programs (Drummond et al., 2007). The success of this comprehensive program has been attributed to its multidisciplinary scope and the strength-based theoretical foundation that it was built upon (Griffin, 1998).

When developing programs for teen mothers, it is critical to involve adolescents in the consultation process as a means of developing responsive services (Valaitis & Sword, 2005).

Furthermore, research on Canadian youth has continually noted a strong desire to participate in decisions that affect their lives, and collaborating with them to create programs fosters their sense of empowerment and self-determination (Valaitis & Sword, 2005). When receiving feedback on a study that explored pregnant and parenting teens perceptions of available services, Valaitis & Sword (2005) received consistent feedback from the participants on what they felt they needed, with the emergence of a universal theme that is echoed the words of this participant: “I wanted to speak to people in my age group that have done it before and find out what their hardships were. Find out how they coped” (Valaitis & Sword, 2005, p. 466). Another teen mom expressed disappointment in her involvement with the study because she expected that she would have been able to help others:

The reason I signed up was because I’ve been through so much like with my daughter and Children’s Aid. Some of the things people ask about [on the online discussion] I’ve been through and I know what it’s like. And I want to be able to give my experience to them and maybe that could help them out a bit (Valaitis & Sword, 2005, p. 466).

Many of the teen mothers that participated in the study on available services felt that having an opportunity to interact with other parenting teens would decrease their feelings of isolation, “I guess just the thought that I wouldn’t feel alone at this. Kind of feeling, like you know, there’s other people that are kind of in the same situation” (Valaitis & Sword, 2005, p. 468). The authors from this study highlighted that the participants were eager to provide support to one another and were thankful to receive support from others in the same situation (Valaitis & Sword, 2005). Coming from a strength-based perspective, where parenting teens are considered to be the experts on their wants and needs, this study clearly demonstrates that pregnant and parenting teens know what they need more than anyone else. It could be that the provision of a context where they could come together and work collaboratively would be enough of an

intervention. The wisdom of these needs has been reflected in research findings that emphasize the benefits of social support as “an important determinant of maternal and infant health, self-esteem, nurturant and responsive parenting and parenting stress” for parenting adolescents (Valaitis & Sword, 2005, p. 470). This falls in line with the clinical implications that Carey and colleagues (1998) set forth highlighting the importance of peer support and suggesting that the creation of opportunities for teen moms to listen to the stories of other successful teen mothers could serve to cultivate a rebellious determination to succeed.

### **Summary**

Teen moms get a lot of negative information about their chances of success in life. A great deal of research about the conditions and characteristics of teen moms focuses on them having lower levels of income and education, their dependence on society and an overview of risks that suggest their children will also have lifelong challenges (i.e. Drummond et al., 2007; Emery et al., 2008; Hurlbut et al., 1997; Unger & Wandersman, 1988). A strong sense of self-efficacy has consistently been demonstrated as an important characteristic in successful teen mothers, whether it is academic accomplishment, or success associated with parenting behaviours that support optimal development for their children (Carey et al., 1998; Coleman & Karraker, 1997; Dumka et al., 2010; Elder et al., 1995; Theriot et al., 1991). As a direct contrast to deficit-based research, resiliency research has focused on the characteristics and perceptions of teen moms that thrive in the face of adversity (e.g. Carey et al., 1998; Griffin, 1998; Furstenberg et al., 1987; Haleman, 2004). Even recently, there has been recognition there has not been a great deal of research using resilience models to gain insight into factors that may serve to protect adolescent mothers from the negative outcomes (Hurd & Zimmerman, 2010).

An interesting finding that arose through two separate studies that used ethnographic interviews with highly motivated teen mothers noted that a marked attitude of defiance against

negative societal misconceptions concerning adolescent parenting served these young women well (Carey et al., 1998; Haleman, 2004).

We need to know more about how these concepts interact in order to inform future work with pregnant and parenting teens. So far there has not been sufficient research dedicated to understanding the relationship between the negative messages, self-efficacy beliefs and levels of resilience in teen mothers. It may not be possible to change the long-standing negative societal views concerning adolescent parenting, but knowledge on this topic could serve to inform interventions for pregnant and parenting teens. This research set out to explore the relationships between defiance, self-efficacy and resilience in adolescent mothers. More specifically, the purpose of this study was to determine whether there was a relationship between pregnant and parenting teen mothers' levels of perceived self-efficacy and resilience and the extent to which they rebelled against negative societal views concerning adolescent parenting. Three separate questions were addressed through conducting this research:

1) Is there a relationship between the extent to which pregnant and parenting teens disagree with negative societal views about teen parenting and their global levels of perceived self-efficacy?

2) What is the relationship between the extent to which pregnant and parenting teens disagree with negative societal views about teen parenting and their levels of resiliency?

3) Do any of these variables have a relationship with some of the other data that was collected, such as level of academic aspiration, or the survey item "How 'rebellious' would you describe yourself to be against the stereotypes that exist about teen moms and their children?"

### **Chapter Three: Method**

The following section provides an overview of the research design, participant characteristics, recruitment strategies, and special considerations for obtaining consent with youth, including an in-depth analysis of ethical considerations. Following the ethical considerations, the instruments that were selected for data collection and the procedures that were followed are presented.

#### **Research Design**

This study utilized a nonexperimental method, as the purpose was to understand the relationship between variables (Cozby, 2004). A correlational method was used to determine whether the variables under investigation correlated, or varied together (Cozby, 2004).

The use of online surveys was selected for this research because it is a method that allows researchers to better understand some of the trends, attitudes or characteristics of a certain population (Creswell, 2003). The use of online surveys was also considered economical (Creswell, 2003), as the researcher was able to provide access to participation to a host of participants with the cost of a small fee through LimeSurvey (LimeSurvey, 2012). LimeSurvey was selected as superior to mailing out paper copies of the surveys in order to access distant locations because it costs less, and the online system provided a number of advanced options for keeping the process time efficient, secure and convenient for both participants and the researcher. The use of online surveys for this research allowed an opportunity for pregnant and parenting teens to participate that might have otherwise been excluded. For example, rather than being limited to accessing teen mothers that were either in school, or linked up with local community services, teens that were limited from participation in such programs for any reason (transportation issues, remote locations etc.) were also included and allowed to share their views.

Further, the pool of participants was extended using online surveys, as the researcher was

not restricted to a limited geographical area, although participants had been limited to residents in Canada and the United States. Participants were restricted to North America because this is exploratory research, and as such, trends needed to be investigated within North American culture prior to extending the research to other countries. A majority of the literature reviewed to aid in the design of this study had also been conducted with a North American population, and it was also possible that the constructs of self-efficacy and resilience might differ dramatically between teens in North America as compared to parenting teens living in different cultures. Further, the negative “societal attitude” statements used in the development of the *Societal Attitudes Salience Survey* (SASSY) were reflections of attitudes that exist in North America, and may not be reflective of the beliefs about adolescent parenting in other countries.

### Participants

The goal was to have 100 participants in the study. However, due to time and recruitment challenges, only 48 participants were used to obtain the data. After eliminating nine participants due to incomplete responses, the final sample for this study consisted of 39 participants, ranging from ages 16-20 years old, with the mean age being 18.2 years (see Table 2). Of the 39 participants, 87% ( $n=34$ ) were (or anticipated being) between the ages of 16-18 at the time of the birth of their first child, and 95% ( $n=37$ ) reported being the primary caregiver for their child(ren).

Table 2

#### *Descriptive Statistics of Participants*

	N	Minimum	Maximum	Mean	Std. Deviation
Current Age	39	16	20	18.2	1.3
Age of Motherhood	39	13	20	17.1	1.4
How Rebellious?	39	1	5	3.6	1.2

At the time of data collection, ( $n=14$ ), or 36% of participants were pregnant with their first child, 5% ( $n=2$ ) of participants were pregnant with their second child, and 56% ( $n=22$ ) of



participants reported that they were currently parenting a child of their own as the primary caregiver (and no longer pregnant). Twenty-eight (72%) of the participants reported being enrolled in school at the time of the study, with five participants (13%) in grade 10, seven participants (18%) in grade 11, ten participants (26%) in grade 12 and eight participants (21%) enrolled in post-secondary education. As per the inclusion criteria, all participants were female, and living in North America.

**Participation criteria.** To participate in this study, participants needed to be between the ages of 16 and 20 years, and female. This age was selected for two purposes: the minimum age limit of 16 was set to facilitate the consideration of informed consent through the research ethics board with mature minors; the age of 20 was selected because it would allow access to a number of young women that may be returning to school after a brief delay; most of these young women likely would have been pregnant or parenting as a teen. Participation criteria also required that the young women be pregnant and planning on parenting the unborn child, or currently parenting a child of their own. This study did not include adolescent fathers because it is exploratory research, and as such, it was determined that pregnant and parenting females should be the primary population for study because they tend to be more representative as primary caregivers than males. Further, the participants were required to be from North America (Canada or the United States) as it was deemed appropriate that this preliminary research began by looking at trends that exist in response to negative societal views present in North America. Finally, in order to participate, participants needed to be capable of reading and responding to the instruments being utilized for data collection, and they also required access to a computer with an Internet connection.

**Recruitment.** Participants were recruited through the use of recruitment posters (Appendix A) that were posted at sites that provide services to pregnant and parenting teens

(youth centers, drop-in programs, as well as daycares and high schools that cater to this population). Staff members and contact people were contacted via telephone to request permission to recruit from each venue. All policies were followed concerning permissions when posters were displayed at other agencies or educational institutions (such as applying for ethics approval in each school board before attempting to recruit students, and requesting information on how to apply for permission to conduct research in order to meet each sites requirements). Additionally, in order to make use of online recruitment strategies, the recruitment poster was posted online as an event on Facebook ([www.facebook.com](http://www.facebook.com)), which provided further opportunities for potential participants to have access to the survey through a popular social media website. The Facebook event was created with high privacy settings (list of attendees or individuals that decline was not shown). Further, online support groups for teen mothers that were open to the public were used for sharing the recruitment poster with young moms that tend to access support online (i.e. Circle of Moms). This allowed for a more diverse pool of participants that were not limited to parenting teens attending school or community-based on-site services. All of the information from the recruitment posters was also posted in free online classifieds through [craigslist.com](http://craigslist.com) and [kijiji.com](http://kijiji.com), however, the administrators of these classified sites removed the ads after only one day reporting that they felt the ads were flagged for appearing in more than one category. Emails to rectify the problem were not responded to

**Incentives.** A draw was used as an incentive for participation, with the chance to win one of three \$50 pre-paid Visa cards. Both the monetary value and the form of the incentive were given a great deal of consideration, and a pre-paid visa was selected because it would respect the autonomy of the teen parent participants by allowing them to spend the money on whatever they felt they needed. Pre-paid Visa cards also made it easier for the participants to order products online (in order to accommodate participants that had transportation difficulties). The \$50 value

was selected as a means of gaining attention, and the student researcher also felt that the value was a good fit for the amount of time (15-20 minutes) that would be required to participate.

**Informed Consent.** There were unique ethical considerations requiring attention for dealing with this population, and the most salient was consideration of the age of participants and obtaining informed consent. Although the participants were either rearing a child of their own, or preparing for motherhood, a number of these young women were anticipated to be under the age of 19, and as such, the researcher needed to demonstrate that the benefits of doing this research outweighed the risks of participation and that the participants were capable of determining whether they would like to participate following review of the informed consent form. Each of these topics will be reviewed in further detail below. In the following section, the topic of informed consent is summarized using guidelines for counselling, guidelines from Canadian law, and guidelines for research with human participants.

As this research stemmed from strength-based approaches to dealing with pregnant and parenting teens, the researcher made a commitment to treat participants with respect and dignity by recognizing that age should not be the only consideration for determining competence, or capacity to make important choices. In the following section an overview of the researcher's findings details why these young women were approached as "mature minors" and why the researcher requested that participants in this study not be required to seek consent from parents or guardians to participate.

The Tri-Council Policy Statement (TCPS2, 2010), the guidelines for research ethics in Canada, does not provide any guidance for including mature minors in research; as such, *the common law* and publications relating to ethical considerations when working with mature minors from various professional organizations were reviewed in order to understand the complexities of obtaining consent from mature minors. With regards to literature concerning

health care and research participation, the *common law* describes a certain type of child called a "mature minor" as being child who is under the age of majority that demonstrates sufficient capacity to understand the nature, consequences and reasonably foreseeable benefits and risks of a health care service or treatment (Bryce, 2000). Canadian law has shifted towards viewing children as autonomous individuals and recognizes the capacity of "mature minors" to make informed decisions regarding personal health decisions (OCFSA, 2003).

Some courts have deemed children as young as eight to be mature minors, and there is an increasing awareness that the finding depends on both the individual characteristics of the child and the nature of the health care decision they are making (Bryce, 2000). A brief overview of previous law cases demonstrated a general trend of mature minors being children aged thirteen or older, with average intelligence; however, the fundamental characteristic of "mature" rested in the child's capacity to understand and make health care decisions that that would be best for them; therefore "mature minor" has been regarded as a flexible concept (Bryce, 2000).

The research ethics review program (College of Physicians and Surgeons [CPS], 2008) also published guidelines for obtaining consent from mature minors for research on their website, and described the process as appropriate for "children (approx. aged 12-17 years) who are 'mature minors' (i.e. children who have the capacity to consent because they have sufficient intelligence and maturity to understand the nature, consequences and responsibilities of the study)" (Informed Consent section, para. 4). The participants in this study were between 16 and 20 years old, and were either actively parenting a child of their own, or preparing to do so. As such, they fell into the upper age range of what had previously been deemed appropriate for "mature minor" consent in research (i.e. CPS, 2008). The online publication further stated that "[i]t is the responsibility of the investigator to make the evaluation and judge the capacity of the child to consent on his/her own", and that "[i]n Canada, according to common law, a 'mature

minor' can legally consent to participate in research without parental consent" (CPS, 2008).

With the use of online surveys, it was difficult to directly assess the capacity of the mature minors to consent to participation, therefore, planning was done to ensure that the consent process was delivered in a manner that would monitor that the teens understood what they were agreeing to. Participants were required to check off a box that says either "I understand" or "I don't understand, tell me more" at the end of each section in the informed consent form. This made the consent process more interactive, and "slowed it down" in order to encourage active participation. If a participant selected "I don't understand, tell me more" for any of the sections in the informed consent form, she was directed to a simplified consent form (Appendix H). The simplified consent form was created with the assistance of the researcher's 13-year-old daughter; she began by highlighting all of the terms and sentences she did not understand in the original consent form, and then she reviewed the simplified version giving feedback on any areas that were still unclear. The final version was described as clear and easy to understand by her upon completion. Participants had two choices once directed to the simplified consent form, either "I understand now, return to survey", or "I still don't understand, but I want to enter the draw now". If the participants decided to quit the study at any time, they were directed to the list of available resources in case they experienced any distress as a result of participation prior to entering the draw.

Given the age range and characteristics of the desired population, the researcher believed that the participants were likely at a life stage where they were transitioning into an adult role and therefore it might have been considered offensive to suggest they were incapable of providing consent for participation in an online survey posing minimal risk. It was important to the researcher that the participants were approached with respect and sensitivity to the level of maturity that these participants might have had as compared to others in their age range; was

proposed that consideration of consent from “mature minor” standards would be well suited for this population.

Based on the above considerations, and the CPS guidelines for research with mature minors set a precedence that suggesting that participants over the age of twelve could arguably be seen as competent to give consent so long as the risks and benefits of participation were outlined in a clear, developmentally appropriate manner in the informed consent form (Appendix B), the researcher believed that it was fair to assume that because the inclusion criteria for this study required that participants be 16 or older and in the process of parenting (or preparing to parent) a child of their own, participants should be allowed to give consent for participation.

The “prize/draw” recruitment strategy also presented an ethical consideration, as the pregnant and parenting teens might have felt obligated to participate in the research in exchange for the incentive. To minimize this concern, the researcher was forthcoming about the participants right to decide not to complete the surveys, while still earning the opportunity to enter her name in the draw so long as she met the inclusion criteria. Upon review of Butterfield’s (2009) document on the use of incentives in research, the student-researcher felt that the chance to win one of three \$50 pre-paid Visa cards would not put participants at risk of partaking in research activities that they might otherwise avoid. Further, the option to enter the draw without completing the survey was made available for participants wishing to withdraw.

**Confidentiality.** The Office of Child and Family Service Advocacy (OCFSA) stated that if a client was considered competent to provide consent, confidentiality should be held firmly in place regardless of age; if a child was able to consent, he or she was entitled to the same consideration as an adult client with respect to privacy (2003). The researcher ensured confidentiality by destroying identifying information after contacting the participants that were selected in the draw, and by collecting no identifying information in the online surveys.

**Risk/benefit analysis.** Although some the questions on the instruments highlighted negative societal assumptions about this population, it was assumed that the impact of such opinions are faced on a day-to-day basis for the participants, and as such, should not cause undue distress. However, the researcher took additional steps in an effort to circumvent any potential feelings of distress by creating a list of available resources for participants to utilize should they experience distress (as seen in the consent forms, Appendices B and H) presented upon completion of the surveys, and just prior to participants entering the draw.

### **Instruments Used**

Data was collected through the use of online surveys through LimeSurvey.com (LimeSurvey, 2012). Participants were asked to complete one demographic questionnaire, and three different Likert scale assessments: one to measure generalized self-efficacy (The General Self-Efficacy Scale [GSE]; Schwarzer & Jerusalem, 1995); one to measure resilience (The Brief Resilience Scale [BRS]; Smith et al., 2008) and one that measures the level of disagreement the teen has concerning negative societal attitudes (Societal Attitudes Salience Survey for Youth [SASSY]), which was created for this study.

**Demographic Questionnaire.** The demographic questionnaire (Appendix C) was created to obtain descriptive, yet non-identifying information from participants. The content included items that verified inclusion and exclusion criteria, and additional information that the researcher presumed would be useful for both current and future interpretation of the data. Basic information was requested including the respondent's age at the time of participation, the age or anticipated due date of their first-born child, the respondent's age at the date of their first child's birth, school enrollment status and grade as well as educational aspiration level. Finally a question concerning how "rebellious" the participant would describe herself to be in response to negative stereotypes about teen moms was added as an additional validity check for the SASSY.

The author was also interested in exploring any trends that arose regarding the participants' level of disagreement with negative societal statements concerning teen parents and their educational aspirations, as well as trends that might exist between their educational aspirations and scores on both the self-efficacy and resilience scales. Finally, the researcher anticipated that there would be a strong correlation between a question on the demographic questionnaire that read: "how 'rebellious' would you describe yourself to be against the stereotypes that exist about teen moms and their children?" and the overall score on the SASSY scale; that this would serve to demonstrate construct validity for the SASSY scale.

**The General Self-Efficacy Scale.** As indicated earlier, self-efficacy beliefs have the ability to generalize across contexts based on an individual's beliefs that his or her actions can successfully create change (Caprara et al., 2010). Therefore, when it is not possible to measure specific realms of self-efficacy, the use of a global measure could still shed light on how the person generally approaches challenging tasks, events or situations based on their underlying sense of competency (Caprara et al., 2010). The goal of this study was to include pregnant teens; however, to date there are no self-efficacy scales developed for pregnant teens. Therefore, it was decided to use a general self-efficacy scale that could apply to individuals that were either pregnant or parenting.

The *General Self-Efficacy Scale* (GSE; Schwarzer & Jerusalem, 1995) is a 10-item psychometric scale that consists of statements such as: *I can always manage to solve difficult problems if I try hard enough; if someone opposes me, I can find the means and ways to get what I want; I am certain that I can accomplish my goals.* In the original scale, participants rate their level of agreement with these statements on a 4-point Likert Scale (Appendix D) however, unfortunately (in error) in this study the scale was created in the online format as a 5-point Likert scale. This created a neutral category in the scale, and affects the ability to compare this study's



results with previous studies using the GSE, which will be discussed in Chapter 4. The GSE scale was originally developed in 1981 (in German) and has since been translated into a number of languages and used in hundreds of studies with hundreds of thousands of participants (Schwarzer & Jerusalem, 1995). The scale is meant to assess an individual's sense of personal agency (the belief that one's actions are responsible for successful outcomes). Perceived self-efficacy reflects an optimistic self-belief that one can succeed in navigating difficult tasks, or cope with adversity in various domains of human functioning (Schwarzer & Jerusalem, 1995).

**Population.** The scale was designed for the general adult population, including adolescents, and exclusion criteria for use with individuals under the age of 12 years.

**Reliability.** The scale is described as unidimensional; in samples from 23 nations, Cronbach's alphas ranged from .76 to .90, with the majority (and North American populations) ranging in the high .80 range (Schwarzer & Jerusalem, 1995).

**Validity.** Criterion-related validity was established through numerous correlational studies that reported positive coefficients with favorable emotions, dispositional optimism, and work satisfaction (Schwarzer & Jerusalem, 1995). Similarly, scores on the GSE were found to be negatively correlated with symptoms of depression, anxiety, stress and burnout (Schwarzer & Jerusalem, 1995).

**Permissions.** This scale has been presented by the authors for open use. For example, in a PDF document linked to the author's homepage, the following statement is made, "[w]e hereby grant you permission to use and reproduce the General Self-Efficacy Scale for your study, given that appropriate recognition of the source of the scale is made in the write-up of your study" (Schwarzer, 2009).

**The Brief Resilience Scale (BRS).** The *Brief Resilience Scale* (BRS; Smith et al., 2008) was selected for this study because it defines resilience in a manner that was most consistent with

the operational definition used in the development of this study (the ability to bounce back from adversity), whereas other resilience instruments tend to assess different factors such as protective factors, coping styles, external resources and personal characteristics. The BRS consists of six items and is scored using a 5 point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree and takes only minutes to complete (Appendix E). Items include both positive and negative statements such as “[i]t does not take me long to recover from a stressful event” and “[i]t is hard for me to snap back when something bad happens” (Smith et al., 2008, p. 195-196). Also, this scale was selected because it mirrored the characteristics of the general self-efficacy scale used in the present research as it looks at resilience in a broader and more generalized way that could pertain to a number of different populations and characteristics.

**Reliability.** Reliability for this scale is very good, with internal consistency reported as having a Chronbach’s alpha ranging from 0.80-0.91. The test-retest reliability was reported to be  $r = 0.69$  at one month and  $r = 0.62$  at three months.

**Validity.** Convergent validity was described using correlations between the BRS and personal characteristics, social relations, coping behaviours and health outcomes. The BRS demonstrated a significant positive correlation ( $p < .01$ ) with resilience measures, optimism, purpose in life, social support, active coping and positive reframing. Further, the BRS was negatively correlated with pessimism, negative relational interactions, behavioural disengagement, denial and self-blame ( $p < .01$ ).

**Permissions.** The primary author for this scale was emailed requesting permission for use, and for special permission to reproduce the BRS online through LimeSurvey.com. Permission was granted, and the author also sent a formatted version of the scale as it had been presented in previous studies.

**Societal Attitudes Salience Survey for Youth (SASSY).** The SASSY (Appendix F) is a 26-item Likert scale that was created for this study in an attempt to understand the participant's level of agreement with negative societal attitudes concerning the fate of pregnant and parenting teens as well as their children. It was posited that the level of internalization of these attitudes could affect the perceived self-efficacy and level of resilience in teen mothers. For the purposes of this research, disagreement with negative societal beliefs concerning teen parents as measured by the SASSY is also referred to as rebellion and/or defiance against negative societal messages, as it indicates that these young women question the validity on long-standing attitudes in the general public about teen mothers. The statements in the scale were all derived from peer-reviewed literature that had explored deficits on pregnant and parenting teens. Respondents were given a list of negative statements about teen mothers and their children and asked to rate how much they agreed with the statement using a Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. Examples of items include statements such as: *teen mothers have poor decision-making skills; teen moms rarely complete high school; teen mothers are less responsive to their infant's needs.* The scoring was in the format of a total score (where all items were reverse scored), ranging from 26 to 182; an increased score indicated increased rebellion against negative societal attitudes. Broad categories, or concepts that had been identified in the creation of the survey were not used separately for data analysis.

**Reliability.** Reliability in psychological testing speaks to whether the test will give consistent results. Preliminary psychometrics for this scale were obtained through feedback from 12 graduate students enrolled in a master's program (Appendix G). Internal consistency refers to how well the test items relate to one another (Cozby, 2004). Preliminary findings on how well the items related to one another contributed to the creation of scale concepts for the survey. Concept development was determined based on a minimum of 70% inter-rater agreement on the

grouping of items that belong together (ex: at least 75% of raters agreed that item #3: “teen moms achieve lower education attainment than their peers” and item #11: “teen moms rarely complete high school” as well as two other items belonged together in a category about education or academic achievement). Six broad concepts were identified: maturity concerns (77.5% inter-rater agreement), education/academic concerns (75%), health concerns (84%), economic and financial concerns (92%), child outcome concerns (80%), and concerns regarding parenting skills/mother-child interactions (88%). Upon completion of the study, a reliability analysis was conducted using SPSS that reported a Chronbach’s alpha of 0.97, which indicated high reliability.

**Validity.** Three types of validity have to be established in the development of a survey: construct validity, content-related validity and criterion-related validity (Cozby, 2004). Construct validity is determined by comparing the scale to other scales that are meant to measure the same construct. There were limitations to gathering construct validity evidence for this survey, as there were no other similar scales or constructs related to the level of agreement with the societal attitude statements in this scale to date. However, the number of items was changed from 36 to 26 after receiving feedback from the 12 graduate students on individual item content and clarity in order to increase face validity. Feedback included suggestions such as “this item could easily fit into a few of the different categories or concepts”, and “this item has strange wording, it seems ambiguous”, or “one of the other items said the same thing”. The second type of validity (content-related) has been established because the statements in the scale were all derived from peer-reviewed literature on pregnant and parenting teens and are thus backed by previous research. Finally, criterion-related validity refers to the ability of a test to predict someone’s performance on something (Cozby, 2004). In order to determine if the scores on this scale were related to the criteria being measured (self-efficacy and resiliency) the data required analysis, which is presented in Chapter 4.

## **Data Analysis**

The GSE and BRS questionnaires were scored and interpreted according to scoring instructions, with each yielding a total score. The BRS required reverse-scoring on some of the items to get a total score. The data was screened for outliers, and reviewed to assure that it met the necessary parameters for the statistics analysis. Incomplete surveys that did not yield enough data to be useful were removed. The purpose of the statistical analysis was to determine the nature of any relationships between the societal attitudes scale (SASSY) and scores on self-efficacy (GSE) and resiliency (BRS) measures. Because the purpose of this study was to investigate relationships between different constructs, Pearson Correlations were done using SPSS software.

For example, to determine whether there was a relationship between societal attitudes and self-efficacy to answer the first research question “is there a relationship between pregnant or parenting teen’s views concerning negative societal attitudes and her self-efficacy score?”, the total score of each participant’s SASSY survey was correlated with her total score on the GSE.

The second research question “is there a relationship between pregnant and parenting teens’ levels of disagreement with societal attitudes and her resilience score?” was answered by exploring the relationship between total societal attitudes (SASSY) scores and resilience (BRS) scores. Both the strength and direction of correlations between the scales will be reported and discussed in the following chapter.

Finally two of the questions from the demographic questionnaire were correlated with SASSY, GSE and BRS total scores. One question was regarding educational aspirations; the second question of interest from the demographic questionnaire was “How ‘rebellious’ would you describe yourself to be against the stereotypes that exist about teen moms and their children?” which was scored using a 5-point Likert scale ranging from “not at all rebellious” to

“very rebellious”. These questions were selected to enhance the present research.

## Chapter Four: Results

### Introduction

A vast amount of literature has demonstrated the importance of both self-efficacy and resilience in fostering the development of skilled parenting, and positive outcomes. However, a great deal of research into pregnant and parenting teens has stemmed from deficit-based approaches to understanding, which may serve to reinforce negative societal beliefs concerning teen parents. This study was formulated to investigate the relationship between acceptance or rejection of deficit-based messages and negative societal messages on teen mothers, and the participants' levels of self-efficacy and resilience. Findings from this study could serve to promote the use of strength-based approaches to working with this population, in order to circumvent potentially damaging beliefs that may be internalized by teen mothers.

The purpose of this study was to determine whether there is a relationship between pregnant and parenting teen mother's levels of perceived self-efficacy and resilience and the extent to which they rebel against negative societal views concerning adolescent parenting. These investigations were investigated using the *General Self-Efficacy* scale (GSE; Schwarzer & Jerusalem, 1995) [Appendix D], the *Brief Resilience Scale* (BRS; Smith et al., 2008) [Appendix E] and the *Societal Attitudes Salience Survey for Youth* (SASSY: an instrument designed to determine participant's level of agreement [or disagreement] with negative societal attitudes concerning the fate of pregnant and parenting teens and their children) [Appendix F]. Some questions from the demographic questionnaire (Appendix C) were also compared to participants' scores on the scales to explore additional findings. For example, participants were asked about their educational aspirations in order to determine whether there was a relationship between long-term educational goals and the participants' SASSY, self-efficacy and resilience scores. This was included due to the demonstrated importance of education in mediating positive outcomes

for teen mothers and their children (Carey et al., 1998; Haleman, 2004; Furstenberg et al.1987). As further rationale for exploring educational aspirations, strength-based research concerned with this population frequently asserts the importance of understanding the characteristics of teen mothers that are successful in attaining higher education (e.g. Carey et al., 1998). Finally, the demographic questionnaire also contained an item that was included in data analysis to be used as a validity check for the SASSY. This item read: “[h]ow ‘rebellious’ would you describe yourself to be against the stereotypes that exist about teen moms and their children?”

The researcher postulated that the participant’s level of disagreement with negative societal beliefs concerning adolescent parents would be directly correlated with increases in both self-efficacy and resilience. The researcher also hypothesized that increased scores on each of the scales (GSE, BRS and SASSY) would likely correlate with increased educational aspirations. The researcher felt that if these relationships were demonstrated, the information could be used to discuss implications for strength-based interventions that might serve to increase levels of perceived self-efficacy and/or resilience in pregnant and parenting teens, and that this may, in turn provide more evidence of characteristics that mediate positive outcomes for this population.

### **Rejection of Stereotypes and Self-Efficacy**

**The first research question asked was:** *is there a relationship between the extent to which pregnant and parenting teens disagree with negative societal views about teen parenting and their global levels of perceived self-efficacy?*

As seen in Table 3, the results of this study indicate a significant relationship of  $r=.62$  ( $p<0.01$ ) between the participant’s level of disagreement with negative societal views about teen parenting (as indicated by their scores on the SASSY), and their level of perceived self-efficacy (as indicated by their scores on the GSE). One of the issues with reporting on significance in correlational results is that “just because a test statistic is significant doesn’t mean the effect it



measures is meaningful or important” (Field, 2005 p. 32). The proposed solution to this concern is to measure the size of the effect; effect size is commonly measured using Cohen’s *d*, or Pearson’s correlation coefficient *r* as reported in Table 3 below, where 0 would indicate no effect, and 1.00 a perfect effect (Field, 2005). According to Cohen,  $r=.10$  would indicate a small effect, where the effect is thought to only explain 1% of the variance;  $r=.30$  would indicate a medium effect that accounts for 9% of the total variance;  $r=.50$  would indicate a large effect, accounting for 25% of the variance (Field, 2005). To find how much of the variance is accounted for, the Pearson’s correlation coefficient needs to be squared. Therefore, in addition to reporting on the significance of the relationship between disagreement with negative societal statements about teen moms and perceived self efficacy, it can also be reported that a significant and meaningful relationship was found between scores on the SASSY and the GSE, with  $r=.62$  indicating a large effect size that accounts for 38% of the variance and significant to the ( $p<0.01$ ) level.

Table 3

*Correlation Matrix*

	GSE	BRS	SASSY	Rebellious	Educ. Aspirations
GSE		.81**	.62**	.62**	.68**
BRS			.69**	.52**	.59**
SASSY				.24	.40*
Rebellious					.44**
Educ. Aspirations					

Note: \* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

The results indicated that the teen moms in this study who strongly disagreed with negative societal attitudes surrounding teen parenting (as determined by their scores on the SASSY) had higher levels of generalized self-efficacy. Conversely, according to these findings, it also appeared that teen moms who agreed with negative societal views concerning teen parenting had a lower level of perceived general self-efficacy.

The mean score of participants in this study on the GSE was 39.98 with a standard deviation of 7.16 (see Table 4). However, due to an error that added a neutral category, these mean scores cannot be interpreted as being high, average or low in comparison to the mean scores of participants from other studies. The mean score for resilience with the participants in this study was 20.51 with a standard deviation of 6.47. One of the limitations of this scale was that it had not yet been used enough to determine what score or cut-off would describe high vs. low resilience. However, in the next chapter, the implications of what these scores tell us will be discussed further.

Table 4

*Descriptive Statistics for GSE, BRS and SASSY*

	N	Mean	Minimum	Maximum	Std. Deviation
GSE (Self-efficacy)	39	39.97	22.00	50.00	7.16
BRS (Resilience)	39	20.51	8.00	30.00	6.47
SASSY (disagreement with societal attitudes)	39	137.33	46.00	179.00	32.86

### **Rejection of Stereotypes and Resilience**

The second research question investigated in this study was: *what is the relationship between the extent to which pregnant and parenting teens disagree with negative societal views*

*about teen parenting and their levels of resiliency?*

Table 3 also indicates that a significant relationship of  $r=.69$  ( $p<0.01$ ) was discovered between the participant's level of disagreement with negative societal views about teen parenting (as indicated by their scores on the SASSY), and resilience score (as indicated by their scores on the BRS). This means that the magnitude of the relationship between these two variables is meaningful, as there was a large effect size, (over  $r= .50$ ) which accounts for 48% of the variance.

These findings would indicate that teen moms that participated in this study who disagreed with negative societal attitudes surrounding teen parenting had a greater ability to bounce back from adversity as indicated by their answers on the BRS. Conversely, according to these findings, the pattern of results would suggest that that teen moms who agreed with negative societal views concerning teen parenting had a lower resilience scores, and as such, had a decreased ability to bounce back from stress and adversity.

### **Other Trends and Findings**

***Educational Aspirations.*** Educational aspirations were measured using the following scoring procedure, where High school or GED = 1, College Diploma or Vocational Diploma = 2, University Diploma [Bachelors' degree, or BA equivalent] = 3, Graduate Studies [Master's Degree, or MA equivalent] =4 and Post-Graduate Studies [Doctoral studies, or PhD] = 5. As anticipated, there was a positive correlation between overall scores on the SASSY, GSE and BRS and level of aspiration for attaining higher education (Table 3).

The significant relationship  $r=0.39$  ( $p<0.05$ ) (medium effect size; accounts for 15% of the variance) between educational aspiration level and SASSY suggests that the pregnant and parenting teens who demonstrated higher levels of disagreement with negative societal attitudes concerning the fate of pregnant and parenting teens and their children also had a higher level of

aspirations for the education they wished to achieve. Conversely, the participants that had a higher level of agreement with the negative societal statements portrayed in the SASSY were less ambitious about their educational pursuits.

The significant relationship between the participants' educational aspiration level and their score on the resilience scale [ $r=0.59$  ( $p<0.01$ )] (large effect size; accounts for 34% of the variance) indicates that there is a positive correlation between resilience and setting educational goals for the pregnant and parenting teens that participated in this study. In opposition, the participants with lower resilience scores, also showed lower levels of educational aspiration. Similarly, the results of this study indicated a significant [ $r=0.68$  ( $p<0.01$ )] (large effect size; accounts for 46% of variance) relationship between the participants' educational aspiration level and their generalized self-efficacy score. This relationship suggests that the pregnant and parenting teens in this study that had higher levels of generalized self-efficacy were more likely to aspire for attaining higher education, whereas participants with lower self-efficacy scores were less inclined to pursue higher education. The link between self-efficacy and educational aspirations was striking in this study, and suggests the value of efforts to increase self-efficacy in this population in order to facilitate the probability of better educational outcomes.

***Rebellion against stereotypes.*** The correlation matrix (Table 3) also demonstrates an unexpected finding occurred when *Question 9* from the demographic questionnaire (“*How ‘rebellious’ would you describe yourself to be against the stereotypes that exist about teen moms and their children?*”) was compared to the overall SASSY score. This question had been added with the intention of providing an additional validity check on the SASSY scale. The author discovered that there was not a significant relationship  $r=0.24$  ( $p<0.13$ ) between the participants' score on the SASSY and their self-evaluation on the question.

Although it is difficult to capture construct validity with the use of a single question, it was concerning that there was a weak and non-significant relationship between the answer to the question about how rebellious teen moms believed themselves to be against negative stereotypes concerning teen moms and their scores on the SASSY. One possible explanation for the weak correlation could be that the participants were unaware of the types of negative societal statements that they would be responding to prior to completing the SASSY, and as such, could not determine the magnitude of their agreement or disagreement with the “negative stereotypes”. Another possible explanation for this finding could be that the word “rebellious” did not fit with the participants’ view of self. Further, the term “rebellious” might not have been an accurate word to capture the participant’s level of agreement (or disagreement) with negative societal attitudes concerning the fate of pregnant and parenting teens as well as their children that was being measured by the SASSY. This could mean that the SASSY was not measuring “rebellion against stereotypes” at all. This will be discussed in greater detail in the next chapter.

A related and unanticipated finding was that there was a significant relationship between the question, “[h]ow ‘rebellious’ would you describe yourself to be against the stereotypes that exist about teen moms and their children?” and the participants total general self-efficacy scores  $r=0.61$  ( $p<0.01$ ), which is a large effect size; accounts for 37% of the variance. Similarly, a significant relationship was demonstrated between the question: *how “rebellious” would you describe yourself to be against the stereotypes that exist about teen moms and their children?* and the participants resilience scores  $r=0.52$  ( $p<0.01$ ); this represents a large effect size and accounts for 27% of the variance. These correlations were interesting, but the underlying reason for self-reported “rebellion” being related to self-efficacy and resilience is not understood at this point, and would need further exploration in future research.

### **Summary of Results**

There was a significant and important relationship between increased rebellion against negative societal attitudes about teen moms and increased self-efficacy in participants as measured by the GSE. This indicates that teen moms who disagree with suggestions that they are doomed to fail both as a parent and in life seemed to have a higher level of self-efficacy.

There was also a meaningful and significant relationship between the participant's level of disagreement with negative societal views about teen parenting (as indicated by their scores on the SASSY), and resilience score (as indicated by their scores on the BRS).

There was a significant correlation between educational aspiration level and the extent to which participants disagreed with negative statements about the fate of teen mothers and their children. There was also a meaningful and significant relationship between participants' educational aspiration levels and their scores in resilience scale and in self-efficacy.

Finally, while meaningful and significant correlations were found between participants' scores on the question *how "rebellious" would you describe yourself to be against the stereotypes that exist about teen moms and their children?* and their scores on the self-efficacy and resilience scales, there was a non-significant result when the answers on this question were correlated with SASSY scores, which was surprising, because the question had been added to measure validity for the SASSY scale by showing that it was measuring rebellion against negative societal attitudes.

A number of interesting findings arose from the analysis of the data in this study; in the next section these findings will be discussed further and compared with other research. Following the discussion and then finally the implications of these findings and recommendations for future research will be discussed.

## **Chapter Five: Discussion**

### **Introduction**

In this chapter there will be discussion about how present findings can be understood in light of previous research with regards to self-efficacy in teen moms, resilience in teen moms, rebellion against negative societal attitudes and education aspirations, followed by implications for future research, for program development and for counsellors and educators, which includes the implications for both teen mothers and their children associated with this research.

### **Self-Efficacy in Teen Moms**

Self-efficacy is an important construct in the exploration of factors that facilitate best outcomes for teen moms and their children. Given the difficulties that are encountered by teen mothers in their attempts to rear children and support a household, motivation to sustain efforts in spite of facing obstacles would serve to increase the likelihood of attaining long-term goals. General self-efficacy can also translate into parental self-efficacy, and as described earlier, when mothers feel competent in their parenting role, they tend to parent in a manner that promotes optimal outcomes for their children (Raver & Leadbeater, 1999; Teti & Gelfand, 1991). A strong sense of efficacy is also said to facilitate cognitive processes such as decision-making and has been linked with heightened performance and academic achievement (Scholz et al., 2002).

The current research found that there was a large effect size, and a significant positive correlation between scores on the self-efficacy scale and the SASSY, indicating that the teen moms who disagreed with negative societal attitudes surrounding teen parenting had higher levels of generalized self-efficacy. Conversely, these findings also imply that teen moms who agreed with negative societal views concerning teen parenting had a lower level of perceived general self-efficacy.

Self-efficacy theory suggests that when adolescents believe they can achieve desired

outcomes, they have more incentive to undertake difficult activities and to persevere over challenges or failures by expending greater effort when met with aversive experiences (Bandura, 1982; Bandura & Cervone, 1983; Caprara et al., 2010). In the present study, disagreement with statements such as: *“teen moms rarely complete high school”*; *“teen moms have less knowledge about child development”*; *“teen mothers are less responsive to their infant’s needs”* and *“teen moms are an economic drain on society”* was related to increased general self-efficacy for adolescent mothers.

Self-efficacy theory suggests that it would be extremely helpful for teen moms in their attempts to navigate the challenges of rearing a child and striving for positive outcomes based on findings that self-efficacious individuals tend to perform more challenging tasks, set higher personal and professional goals and to remain dedicated to them (Bandura & Cervone, 1983). The present research supported this point through investigation of the relationship between self-efficacy and educational aspirations.

The present findings indicated that increased educational aspirations were also significantly correlated with increased self-efficacy with this sample. Previous research has found that highly self-efficacious people tend to invest more effort and persist longer than those with low self-efficacy; that individuals with heightened self-efficacy tend to remain committed to achieving their goals (Scholz et al., 2002). Based on their higher self-efficacy, the teen moms in this research who indicated intentions to achieve higher education may also be more likely to follow-through on doing so, which is likely to enhance overall quality of life for themselves and their children.

In contrast, previous research has shown that people with low self-efficacy have been shown to be more likely to experience depression, anxiety, and helplessness; also experience low self-esteem and pessimistic beliefs about their personal growth and accomplishments (Scholz et



al., 2002). The present study found a significant correlation between agreement with negative societal messages concerning teen mothers and decreased self-efficacy.

Resilience was also investigated in this study with the recognition that these two constructs are interrelated: a strong sense of perceived self-efficacy has been identified as a salient characteristic in resilient individuals (e.g. Benzie & Mychasiuk, 2009).

### **Resilience in Teen Moms**

Resilience, the ability to bounce back, or recover from stress is viewed as a process of successful adaptation to difficult or challenging life experiences through the use of mental, emotional and behavioural flexibility to adjust to external demands (Smith, et al., 2008; VandenBos, 2007). Highly resilient individuals are said to move beyond the ability cope in the face of adversity, towards thriving in spite of the number of obstacles or risk factors they face (Leipold & Werner, 2009). Preliminary findings in investigations of resilience in teen moms described resilience against adversity with this population as a process that is cultivated and enhanced over time (Carey et al., 1998).

The development of this study, and the SASSY came from the identification of rebellion (labeled “rebellion/responsibility”) as a unique form of resilience in teen mothers as described by Carey and colleagues following a study on resilient teen mothers (1998). The authors noted that some resilient and successful teen mothers demonstrated increased efforts to succeed as a defiant response to negative societal attitudes, while less resilient teen mothers were more likely to give up prematurely by dropping out of school and becoming dependant on society when faced with the same negative societal opinions (Carey et al., 1998).

This study did indeed support Carey et al.’s (1998) work, in that there was a significant relationship and large effect between the level of disagreement with negative societal views about teen parenting and increases in resilience scores. This suggests that teen moms who disagreed

with negative societal attitudes and statements surrounding teen parenting also experienced a greater level of resilience.

In an effort to better understand these results, it is important to understand why increased levels of disagreement with negative societal attitudes on the SASSY might be related to increases in both self-efficacy and in resilience. The relationship between increased self-efficacy and increased disagreement with negative societal attitudes could be understood using self-efficacy theory (Bandura & Cervone, 1983; Bandura 1989). Self-efficacy beliefs are partially formulated based on external appraisal, but they are also built upon an individual's appraisal of her own past performance. Therefore, if an individual with low self-efficacy were exposed to negative societal messages about herself, she would be more susceptible to believe these messages. If teen mothers have a high level of self-efficacy, they would be more likely to reject statements that they do not believe are true about them using memories of previous successes in overcoming difficulties as evidence to dismiss negative societal beliefs.

The link between increased disagreement with negative societal attitudes and resilience is less straight-forward, and the following is speculative. In describing resilient teen mothers, Carey et al. (1998) described a domain of resilience called "rebellion/responsibility". Resilient teen mothers may reject these statements as a way of rebelling against negative beliefs set forward by society, adapting an attitude where they question everything, and do not easily accept the beliefs of those they perceive as "authority" to always be true. Based on some of the current understandings in resilience theory, it could also be that resilient teen mothers would not allow these negative beliefs or attitudes determine their ability to succeed in meeting personal or educational goals. Highly resilient teen mothers might respond with increased effort in order to demonstrate that they believe they can overcome the obstacles they will encounter, even if they believe there might be some truth to the statements that they will face difficult challenges.

A secondary investigation compared overall scores in resilience to educational aspirations. A significant positive relationship was found between educational aspirations and resilience, which further supported the work by Haleman (2004) and Carey et al. (1998) that suggested an association between defiance towards negative societal beliefs concerning teen mothers, resilience, and aspirations to attain a higher education.

In the exploratory study on resilience using the BRS by Smith et al. (2008), the demographics in two of their samples were similar to those of participants in this study (young and primarily female undergraduate students) with mean ages of 20.4 and 19.8, respectively. An interesting finding from the present research was that the mean scores of participants in this study were only slightly lower than those reported for the young female undergraduate students previously mentioned. This similarity between resilience scores in parenting and non-parenting young women supports the notion that contrary to common belief, teen mothers may not be operating at a deficit in terms of individual characteristics in comparison with their non-parenting peers. Further research needs to be done to examine this comparison of resilience between teens who are parenting, and those who are not.

Unfortunately, the BRS has not yet been used enough for “high resilience” and “low resilience” ranges to be determined, nor do the authors suggest such groupings would be helpful. What can be understood from the use of this scale is the way in which resilience is related to other constructs and factors for mediating best outcomes. According to the data from Smith et al., (2008), an increase in scores on the BRS for the participants in this study would suggest that they would have increased levels of protective factors such as optimism, positive affect, purpose in life, social support, active coping and positive reframing. Further, increased BRS scores are also negatively correlated with pessimism, alexithymia, negative interactions, behavioral disengagement, denial, self-blame, perceived stress, anxiety, depression, negative affect, and

physical symptoms (Smith et al., 2008). To add to this knowledge, the present study also found that the scale was significantly and positively correlated with general self-efficacy, as well as heightened educational aspirations for pregnant and parenting teens. Therefore, teen moms who reject negative societal attitudes are more likely to have positive outcomes associated with resilience, higher education goals and self-efficacy to follow through on their plans.

### **Rebellion Against Societal Attitudes**

A surprising and unanticipated finding came from the non-significant correlation between the question *“how ‘rebellious’ would you describe yourself to be against the stereotypes that exist about teen moms and their children?”* as compared to results on the SASSY. This result was unexpected, as the question had been added to the demographic questionnaire as a further validity check that the SASSY was measuring levels of rebellion against negative societal messages.

A number of possible explanations may explain these findings. First, there might have been a relationship between these two items, but the effect might not have been large enough to detect with the limited number of participants ( $n=39$ ). It could also have been as a result of the order in which the instruments were administered; because this question had been answered before the teen moms had an opportunity to read through the list of negative statements, they may not have realized how rebellious or defiant they felt in response to seeing deficit-based messages about poverty, lack of education, poor health, parenting skills and child outcomes. The word “rebellious” might also have been problematic, because of the possibility of this construct not having the same definition for the participant as intended by researcher.

There is also a possibility that the non-significant results may indicate that self-reported rebellion and disagreement with negative societal attitudes are actually different concepts, even though they both have strong positive relationships with self-efficacy and resilience. For future

research, more investigation may need to go into understanding how teens perceive whether negative societal attitudes are what the teens interpret as rebellion, as the non-significant relationship between these items presented a limitation for understanding whether the SASSY was measuring rebellion/defiance against societal attitudes, or just non-rebellious disagreement.

### **Limitations**

One of the limitations in this study was that the data collected for this research came from a convenience sample, as respondents were selected based on both convenience and availability. As such, results can not be generalized to all pregnant and parenting teens in North America (Creswell, 2003). The study is also cross-sectional (collected at one point in time) and will not be able to assess the development of self-efficacy or resilience over time (Creswell, 2003). A unique concern with internet surveys is that there is no way to be certain about the self-reported characteristics of the individuals completing the surveys (Cozby, 2004). Another limitation is that the data is being collected through the use of self-administered questionnaires, and may not be entirely accurate due to response bias. Both the accuracy of self-report assessment and the possibility of respondent's answering questions in a manner that they believe would be considered socially desirable are confounds that may skew the results (Cozby, 2004).

To address this concern, validity checks were performed to ensure that the participants attempted to answer the questions accurately (incomplete surveys that did not provide enough data to be included in analysis were excluded and reported). A final challenge with the use of internet surveys is that there is no researcher available to answer questions, or clarify ambiguities for the participants (Cozby, 2004). To reduce this concern, care was taken to select and construct surveys that seemed relatively simple to complete, with clear wording and instructions.

The number of participants was not as high as the researcher had hoped, but due to problems with recruiting and a limited timeframe, the study completed prior to achieving an

optimal number of participants. Inadequate sample sizes limit the statistical power of the results, making it difficult to determine the level of significance of the relationships between variables (Cozby, 2004).

Further, to the author's knowledge, no research has ever been conducted to determine the relationship between a teen mother's level of disagreement with societal attitudes and her perceived self-efficacy or resiliency scores. As such it was not possible to access any established assessment tools that would assist in determining the teen mother's level of disagreement with specific societal attitudes, nor was it possible to compare other measures with the survey designed for this study in order to obtain construct or criterion-related validity. This limitation was addressed through the development of a survey for this study called the "Societal Attitudes Saliency Survey for Youth" (SASSY), which was described in chapter three. As mentioned previously, the non-significant relationship between scores on the SASSY and the question "*how 'rebellious' would you describe yourself to be against the stereotypes that exist about teen moms and their children?*" also presented concern.

Another limitation of this study is that the correlation between the participants rejection of negative societal attitudes (SASSY score) and self-efficacy or resilience scores could not determine direction because correlation does not imply causation; as such, it is unknown whether rejection of negative societal beliefs concerning teen moms led to an increase in self-efficacy or resilience, or whether heightened levels of perceived self-efficacy and resilience led to rejection or disagreement with negative societal statements concerning teen moms and their children. Further research exploring self-efficacy and resilience scores in response to programs that encourage the rejection of common negative societal beliefs concerning teen moms through the presentation of strength-based findings might serve to shed light on this issue.

### **Summary and Implications for Future Research**

As stated earlier, a great deal of the previous literature concerning pregnant and parenting teens could be categorized as deficit-based; research on this population has often focused on the unique risks and adversities faced by these young women. These studies (e.g. Drummond et al., 2007; Hurlbut, Jambunathan & Butler, 1997; Unger & Wandersman, 1988) often reinforced the probability of poor outcomes for this population, such as poverty, a lack of education as well as deficits in maturity, mental and physical health. Deficit-based orientations to understanding this population have led to efforts at helping through the creation of programs designed to circumvent some of the damage that would ensue for teen mothers and their children without outside intervention (Unger & Wandersman, 1988). One problem with the use of this orientation is that a number of these programs have traditionally been designed by professionals based on their own interpretations of what teen moms need, as opposed to approaches that use collaboration and demonstrate a recognition that teen moms are capable of verbalizing their own greatest needs. A second problem with deficit approaches to helping is that the participants may be viewed as students, who are in need of guidance from someone who is better educated, or more experienced. This has the potential of undermining the benefits of fostering an environment that allows for the creation of peer support and the exchanging of knowledge among participants. Finally, in the creation of a program or curriculum that seeks to minimize risk, negative expectations regarding teen parents and their offspring could be reinforced. For example, by reiterating previous deficit-based findings in current literature, professionals may unknowingly contribute to the continuation of problem-focused work with this population, which ultimately spreads to the general public in the form of program objectives, literature and media.

Previous research suggested that negative stereotypes about teen moms were also being perpetuated by a general failure to report on positive outcomes in this population, and that more

efforts should be made to understand factors that mediate “best outcomes” (e.g. Griffin, 1998). The current research was particularly inspired by some findings from the study on teen mothers by Carey and colleagues (1998) that explained a form of resilience that they called “rebellion/responsibility”. This quality was described as “uniquely adolescent in nature” because for the resilient teen mothers that were interviewed, the desire to assert their individual differences and test boundaries by increasing their efforts in response to other’s negative views of teen parents fit with normal adolescent development (Carey et al., 1998 p. 355). Further, these teens demonstrated a belief that their own actions could create a change in the world, and in response to the general beliefs that teens are irresponsible, these young women set out to prove they could succeed.

Similarly, Haleman (2004) described rebellion as a motivating factor for a group of young single mothers enrolled in graduate level education while still in receipt of social assistance, and noted that a common characteristic found in the participants was that these young women were determined to attain an education to propel themselves towards greater financial stability, and as a means of changing existing stereotypes. This “uniquely adolescent” concept was also demonstrated in the belief that by being a living example that was in direct opposition to stereotypes, these young women could change existing the way teen mothers are understood (Carey et al., 1998; Haleman, 2004). In accordance with this concept, the author postulated that rebellion against negative messages (as indicated by scores on the SASSY) could serve to preserve a brighter outlook for the future in pregnant and parenting teens in spite of the negative messages they frequently encounter. This study sought to investigate some of these factors, and to report them by looking at the relationship between self-efficacy, resilience and rebellion against negative societal beliefs concerning teen mothers.



The findings from this study indicated clear and significant correlations demonstrating that teen moms who disagreed with negative societal attitudes surrounding teen parenting had higher resilience scores and higher levels of perceived self-efficacy. Conversely, according to these findings, it would appear that teen moms who agreed with negative societal views concerning teen parenting had a lower resilience scores and lower levels of perceived self-efficacy. This suggests that, as the author postulated, teens that accept or believe the “worst outcome” messages might not fare as well as peers that reject these beliefs.

The concern is that if young mothers with a low sense of efficacy are told they will not be able to succeed in attaining an education, or in successfully parenting a child, they may be more susceptible to limiting their achievement expectancies and quitting prematurely. This is a critical area of research given the messages that teen moms face in their day-to day lives. For example, as one teen mom from an ethnographic interview by Carey said:

Two teachers, I’ll never forget them, told me, ‘you shouldn’t be in high school. You should go and get your GED, because high school is not the type of place for you to be pregnant and have a child in’ ... ..And that’s why a lot of girls quit. Because they believe that attitude” (1998 p. 356).

This quote spoke directly to the heart of the researcher of this present study, as it directly mirrored her own experience. Hearing from strangers, or acquaintances opinions that she probably had a baby on purpose with an agenda to live on welfare and sit around collecting hard earned taxpayers’ money had been hurtful, but resolved her to try harder, and ultimately those opinions hadn’t mattered. However, to hear from trusted counsellors and educators that high school, college or even university was a mistake because (for the sake of the children), a mother should be at home with them was crushing, and wrong. Leaving school means minimum wage employment either full-time, or taking on more than one part-time job just to survive. That does

not provide additional time with a small child, but has them off to various childcare providers and babysitters, with a sporadic schedule in comparison to childcare during school hours.

This quote inspired this entire research project, as a direct result of reflecting on the sad reality that although her own response to these statements from educators had been to double all efforts and to work harder to succeed, not all of her peers had been so fortunate. Some of them followed direction from trusted adults and left school. This begs the question: *what is it that helps some teen moms thrive in spite of the negative messages they hear?*

This study was preliminary in nature; as such there was not a large number of participants, which limits generalizability, however, even with a small sample ( $n = 39$ ) there were several significant results in this research, indicating that these are valuable concepts to explore further. At a later time, additional research may be done outside of North America, and across cultures in order to determine if the societal attitudes are similar to those faced by the teen moms in this study, and whether the teens response to those attitudes would be related to her perceived level of self-efficacy or resilience. Future research could also consider whether rebellion against negative societal attitudes plays a role in the way that teen fathers approach the challenges associated with parenthood, or whether their self-efficacy and resilience scores are impacted by an attitude of defiance against societal messages that suggest they are incapable of succeeding as a result of parenting a child at a young age.

### **Implications for Programs to Support Teen Moms**

Benzies & Mychasiuk, (2009) made an excellent point about advances in resilience theory when they asserted that although previous approaches to understanding family resilience focused on risk factors, these approaches were insufficient because current understandings of resilience recognize that resilience does not develop through the evasion of risk factors and adverse events, but through the strengthening of pre-existing protective factors and strengths. Similarly, it would

appear that programs aimed at supporting pregnant and parenting teens may also need to make this shift, away from focusing on risk factors and towards encouragement, and the cultivation of strengths, resilience and self-efficacy. The research is clear: efforts to increase perceived self-efficacy and resilience in teen moms would likely promote best outcomes for these young women and their children (e.g. Carey et al., 1998; Griffin, 1998; Elder et al., 1995; Raver & Leadbeater, 1999; Teti & Gelfand, 1991 ).

The present study confirmed the importance of resilience and self-efficacy in relation to teen mother's educational aspirations. There was also a demonstrated relationship between the rejection of negative societal messages and deficit-based warnings and increased resilience, self-efficacy and educational aspirations. Further, programs that allow teen moms to share with one another the strengths, skills, and wisdom they attain in their natural capacity for growth may circumvent some of the potential damage caused by deficit-based literature and societal messages that undermine self-efficacy and beliefs surrounding competence. The present study compiled some strength-based and encouraging findings about pregnant and parenting teens; there is likely more to be found. Appendix J, which was proposed as an "Infosheet" to be shared with participants in this study, as well as a summary of key points from this research are an example of some of the under-communicated messages teen moms may benefit from hearing.

Another possible avenue for utilizing this research would be to use a collaborative and strength-based approach to building a program that would allow "successful" teen mothers that have managed to thrive in the face of adversity a chance to interact with, and share stories with other pregnant and parenting teens. Seeing examples of the challenges that other young women overcame might serve to cultivate determination to succeed in pregnant and parenting teens. The data from the present research indicates that in the creation of programs for teen moms, it might be helpful to include components to increase self-efficacy, to increase resilience and to increase

the rejection of negative societal attitudes, as they are all highly related to one another, and to increased education aspirations.

### **Implications for Counsellors and Educators**

Perhaps one of the greatest lessons that counsellors and educators can take from this study is the ability to reframe the problem when it comes to teenage parenting. Deficit-based literature has documented time and time again that there are countless struggles and obstacles for teen moms to face; however, this has not resolved the occurrence of teen pregnancy. Teenage parenting happens, and when it does, strength-based approaches to helping can send a new message: *there are many teen moms that can and do succeed as parents, and in life*. Counsellors and Educators may also need to learn themselves about counteracting any negative messages they may believe and perpetuate, and ensure they don't maintain the stereotypes. Exposing young moms to positive messages may provide the encouragement they need to believe in themselves.

Promoting self-efficacy in teen moms would provide major benefits to their children as well. Research has demonstrated that self-efficacy plays an important role in the development of skilled parenting (Raver & Leadbeater, 1999; Teti & Gelfand, 1991). Self-efficacy has also been associated with parental strengths; when mothers feel more competent in their parenting role, they tend to parent in a manner that promotes optimal outcomes for their children (Raver & Leadbeater, 1999). Maternal thought is also impacted by self-efficacy, with low efficacy and depression or dysphoria being related. Self-efficacy also contributes to a mother's perception of "goodness of fit" with infants of varying temperaments (Teti & Gelfand, 1991).

Increased resilience in the primary caregiver can also mediate *family resiliency*, a family's ability to successfully respond to adversity and emerge from these experiences feeling strengthened, competent and resourceful (Benzies & Mychasiuk, 2009). Strength-based approaches to understanding family resilience have emerged based on findings that indicate that

resilience develops through a family's use of protective factors while coping with adversity (Benzies & Mychasiuk, 2009). Previous approaches to understanding family resilience focused on risk factors, but this was described as insufficient because resilience does not develop through evasion of risk factors and adverse events, but through the strengthening of pre-existing protective factors and strengths (Benzies & Mychasiuk, 2009).

As stated in Chapter 2, *the Resiliency Model of Family Stress, Adjustment, and Adaptation* (McCubbin & Patterson, 1983) emphasizes positive attributes that are particularly important in times of stress or crisis such as family bonding, flexibility, strength, and problem-solving abilities (McCubbin & Patterson, 1983). Like individual resilience, family resiliency is not static, but a process that varies over time (Benzies & Mychasiuk, 2009). Again, the link between resilience and self-efficacy is made clear in the realization that when individuals within the family system have a strong sense of self-efficacy combined with an internal locus of control, and are skilled at regulating their emotions, displaying effective coping skills and have completed some form of post-secondary training, the family unit is strengthened considerably (Benzies & Mychasiuk, 2009). The findings from the present study support the relationship between self-efficacy and a desire to attain greater education with individual resilience, but these constructs have also been related to family resilience in previous literature.

Understanding that previous research (Haleman, 2004) has shown that higher education promotes positive outcomes for both teen mothers and their children, the present study also looked at education aspirations in relation to self-efficacy, resilience and the rejection of societal attitudes. Differences in educational motivation and performance have been reported as critical factors in relation to educational attainment; young mothers who had high academic aspirations were much more successful at attaining their academic goals than peers who had low aspirations (Furstenberg et al., 1987). The importance of education for this population was well described in

a study that asked teen mothers about their own perceptions about the significance of post-secondary education, these young women understood that education was instrumental for attaining good wages, it was personally transformative, and it was described by them as a means of modeling advantageous outcomes for their children (Haleman, 2004). Research also supports that higher education can make a substantial difference in a woman's lifetime income (Haleman, 2004), and increased income opens up opportunities for both teen mothers and their children, in a number of ways.

Based on the combination of both previous research and the present study, there seems to be some credit to the idea that teen moms who actively rebel against, or reject negative societal messages about them to be true are more likely to fare better, have greater resilience, self-efficacy and motivation to achieve academically. While more research is needed to better understand what it is that propels some young moms to try harder when faced with negativity, stereotypes and the obstacles associated with rearing a child while attaining an education, it appears that collaborative approaches to helping that recognize and cultivate the unique strengths these young women have could serve them well. At the very least, if they are empowered by being asked to help with the development of support programs, it appears they would be more likely to attend.

The current research adds to previous strength-based research and offers a great deal of value for professionals that work with teen mothers because it challenges some deficit-based assumptions and practices, and highlights the importance of changing existing beliefs surrounding the fate of teen mother and their children. It appears that not all teen mothers are doomed to failure, and some actually thrive in spite of the challenges they face. The creation of strength-based literature on teen mothers may send a new and inspirational message to pregnant and parenting teens, as well as the teachers and counsellors who are working with them.

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## Appendix A

## Recruitment Poster

**Young Mothers to Be and Teen Mom Research Study**

We are interested in learning more about teen mothers' beliefs about how society views them.

We are also interested in learning about their unique strengths and coping skills.

We are seeking pregnant or parenting teens to fill out a confidential survey that takes approximately 15 minutes to complete.

**If you are:**

A female between the ages of 16-20

Currently pregnant and planning on parenting your child or

Currently parenting a child of your own

Please sign up for the **Online Research Study/ Prize Draw** by going to

<http://kristen.limequery.com/17849/lang-en>

**Got 15 minutes?**

**Fill out a brief survey for your chance to**

**WIN 1 of 3 Pre-paid Visa Cards (\$50 value each!)**

*This research is being conducted by Kristen Berube and supervised by Debbie Clelland, for more information, questions or concerns, please use the contact information below:*

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## Appendix B

## Informed Consent Form



**Informed Consent for Research Study Participation**

**A Study Investigating Adolescent Mothers' Beliefs and Strengths**

Faculty Advisor: Debbie Clelland, M.A., Ph.D., R.C.C. Core Faculty member, Adler School of Professional Psychology. Phone: (604) 699-3570.

Student-Investigator: Kristen Berube., M.A. Candidate, Adler School of Professional Psychology. Phone: (604) 592-5414. E-mail: kberube@my.adler.edu. Kristen Berube is undertaking this study for her Master's thesis.

Purpose of the study: The purpose of this study is to investigate the relationship between your views on negative societal perceptions about parenting teens and how that might relate to self-efficacy (your general feelings about how capable you feel in succeeding at difficult challenges) and resilience (the ability to bounce back from stress).

- I understand, proceed to next section.
- I do not understand, please explain what this means.

Procedure: As a participant, you will be asked to complete an online survey which can be accessed at any time, from any computer that will take approximately 15 minutes to complete. . The confidential findings from all of the research participants will be summarized. These findings will then be published in a completed thesis document. Additionally, these findings may be presented at a conference or published in a scholarly journal. If you would like to obtain a copy of the complete thesis document or a brief summary of the findings, please request this from Kristen Berube via e-mail or telephone. The requested document will be e-mailed to you.

- I understand, proceed to next section.
- I do not understand, please explain what this means.

Confidentiality: All personal identifiable information resulting from this research will remain confidential. All of the research material (i.e. the surveys you will complete) will be identified only by a research code number. This coding system ensures your confidentiality when the responses are being summarized. Due to the nature of the online survey, the student-researcher, Kristen Berube, will not be able to link any individual questionnaires to participant names. All raw data will be kept on a password-protected external hard drive for ten years after the completed thesis has been published, stored in a locked filing cabinet. The student researcher would like to request your permission to use your test scores in both this study, and potentially in

future research without having to seek further consent at a later time. After those ten years, this data will be destroyed.

- I understand, proceed to next section.
- I do not understand, please explain what this means.

**Risks and Benefits:** Certain questions in the surveys will ask you to think about past or current experiences. Inherent in this is a minimal risk of experiencing some degree of stress. If any stress or discomfort is experienced as a result of participating in this study, participants are invited to contact the researcher about their concerns so that they may be addressed appropriately. Kristen Berube can be contacted at [kberube@my.adler.edu](mailto:kberube@my.adler.edu) or (604) 592-5414. If the content of these surveys causes you any distress, please contact a counsellor or mental health professional in your community by using one of the following sources: The BC Association of Clinical Counsellors <http://bc-counsellors.org/> or the Canadian Counselling and Psychotherapy Association (CCPA) <http://www.ccacc.ca/en/>. For American participants, you can find a nearby therapist through the American Psychotherapy Association (APA) Website at: <http://www.americanpsychotherapy.com/services/therapist>.

Another way to access support would be to seek out support groups for young moms in your area of residence.

In terms of benefits, it is also possible that participants may experience a certain degree of increased insight about their own strengths and capacities in dealing with the demands of parenting while striving for goals.

- I understand, proceed to next section.
- I do not understand, please explain what this means.

**Contact:** If you have any questions or would like further information about this study, you may contact Kristen Berube - (604) 592-5414 or [kberube@my.adler.edu](mailto:kberube@my.adler.edu), or her research advisor, Dr. Debbie Clelland – (604) 699-3570 or [dclelland@adler.edu](mailto:dclelland@adler.edu).

If you have any questions or concerns about your treatment as a research participant, you may contact the Adler Ethics Board, by phone at (604) 482-5510 or by e-mail at [vaninfo@adler.edu](mailto:vaninfo@adler.edu).

- I understand, proceed to next section.
- I do not understand, please explain what this means.

**Inclusion Criteria:** Please note that by giving your consent to participate in this study, you are indicating that the following five statements are true of you:

- You are a female between the ages of 16 and 20
- You have access to a computer, internet and e-mail
- You are currently pregnant and planning to parent your child as a primary caregiver OR you are currently the primary caregiver of a child of your own

**Consent:** I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time.

I have read this consent form. By indicating YES directly below, I am indicating my consent to participate in this study. By indicating NO directly below, I am indicating that I do not want to participate in this study (please note, if you would like to take time to think about this decision, you may return to this website at a later time to continue):

I have read this consent form and would like to participate in this study:

- Yes
- No

Appendix C

Demographic Questionnaire

Thank you for participating in this research study! Please tell us a bit about yourself:

1) Your current age in years (check appropriate box)

- 16
- 17
- 18
- 19
- 20

2) Are you currently (check appropriate box)

- Pregnant with first child
- Pregnant with second child
- Pregnant with third child
- Parenting a child of your own

3) Anticipated Due Date (if pregnant) or Child’s Birth Date (dd/mmm/yyyy):

4) Your age at the time of your first child’s birth

5) Are you currently enrolled in school?

6) If yes, what grade?

7) Are you (or will you be) the primary caregiver and guardian of your child? (Check appropriate response).

- Yes
- No

8) What level of education do you plan on attaining when you are completely finished your education? (check most accurate response)

- High school or GED
- College Diploma or Vocational Diploma
- University Diploma (such as a Bachelors’ degree, or BA equivalent)
- Graduate Studies (such as a Mater’s Degree, or MA equivalent)
- Post-Graduate Studies (Doctoral studies, or PhD equivalent)

9) How “rebellious” would you describe yourself to be against the stereotypes that exist about teen

moms and their children? (Circle your answer).

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at all Rebellious</b>		<b>Neutral</b>		<b>Very Rebellious</b>



Appendix D  
The General Self-Efficacy Scale (GSE) [Adapted]

Response Format:

1 = Not at all true    2 = Hardly true    3=Neutral    4 = Moderately true    5 = Exactly true

- 1) I can always manage to solve difficult problems if I try hard enough.  
1                    2                    3                    4                    5
- 2) If someone opposes me, I can find the means and ways to get what I want.  
1                    2                    3                    4                    5
- 3) I am certain that I can accomplish my goals.  
1                    2                    3                    4                    5
- 4) I am confident that I could deal efficiently with unexpected events.  
1                    2                    3                    4                    5
- 5) Thanks to my resourcefulness, I can handle unforeseen situations.  
1                    2                    3                    4                    5
- 6) I can solve most problems if I invest the necessary effort.  
1                    2                    3                    4                    5
- 7) I can remain calm when facing difficulties because I can rely on my coping abilities.  
1                    2                    3                    4                    5
- 8) When I am confronted with a problem, I can find several solutions.  
1                    2                    3                    4                    5
- 9) If I am in trouble, I can think of a good solution.  
1                    2                    3                    4                    5
- 10) I can handle whatever comes my way.  
1                    2                    3                    4                    5

## Appendix E

## The Brief Resilience Scale (BRS)

Please indicate the extent to which you agree with each of the following statements by using the following scale:

1 = strongly disagree	2 = disagree	3 = neutral	4 = agree	5 = strongly agree.
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1) I tend to bounce back quickly after hard times.

1                      2                      3                      4                      5

2) I have a hard time making it through stressful events.

1                      2                      3                      4                      5

3) It does not take me long to recover from a stressful event.

1                      2                      3                      4                      5

4) It is hard for me to snap back when something bad happens.

1                      2                      3                      4                      5

5) I usually come through difficult times with little trouble.

1                      2                      3                      4                      5

6) I tend to take a long time to get over set-backs in my life.

1                      2                      3                      4                      5

Appendix F

Societal Attitudes Salience Survey for Youth (SASSY)

Instructions: Below is a list of some common negative assumptions that society may have about teen mothers and their children. Please circle the response that indicates how true YOU

BELIEVE THESE STATEMENTS ARE using the following scale:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Strongly Disagree</b>			<b>Neutral</b>			<b>Strongly Agree</b>

- 1) Teen moms are not developmentally capable of dealing with the demands of parenting.  
 1      2      3      4      5      6      7
- 2) Teen moms often live in poverty for the rest of their lives.  
 1      2      3      4      5      6      7
- 3) Teen moms usually don't succeed in getting a good education.  
 1      2      3      4      5      6      7
- 4) Teen moms face higher levels of depression than women who rear children later in life.  
 1      2      3      4      5      6      7
- 5) Teen mothers experience more health problems or complications related to childbearing.  
 1      2      3      4      5      6      7
- 6) Teen moms express less positive emotions towards their infants.  
 1      2      3      4      5      6      7
- 7) Teen moms are an economic burden because they live off of social assistance for most of their lives.  
 1      2      3      4      5      6      7
- 8) Teen moms face higher levels of stress than women who rear children later in life.  
 1      2      3      4      5      6      7
- 9) Infants belonging to teen moms are less healthy than those belonging to older women.  
 1      2      3      4      5      6      7

<b>1</b>	<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>6</b>		<b>7</b>
<b>Strongly Disagree</b>				<b>Neutral</b>							<b>Strongly Agree</b>

- 10) Teen mothers have poor decision-making skills.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 11) Teen moms rarely complete high school.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 12) Teen moms have less knowledge about child development.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 13) Teen mothers are less responsive to their infant’s needs.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 14) Teen moms are more likely to fail in school than their peers.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 15) Children belonging to teen moms are less successful academically than their peers.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 16) Teen moms are more irritable toward their children than women who have children later in life.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 17) Teen mothers are less likely to follow nutritional guidelines during pregnancy.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 18) Children belonging to teen moms have lower I.Q.’s even into adulthood.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 19) Young mothers are not able to succeed in attaining university level degrees.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 20) Teen moms are an economic drain on society.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---
- 21) The children of teen mothers do not fare well in life.  

1	2	3	4	5	6	7
---	---	---	---	---	---	---

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Strongly Disagree</b>			<b>Neutral</b>			<b>Strongly Agree</b>

22) Teen moms are more likely to use corporal punishment (hitting, spanking) as a form of discipline.

1      2      3      4      5      6      7

23) Teen mothers are less likely to have quality prenatal care.

1      2      3      4      5      6      7

24) Teen moms have unrealistic beliefs about parenting.

1      2      3      4      5      6      7

25) Teen moms have less verbal interactions with their infants.

1      2      3      4      5      6      7

26) Teen mothers are less capable of providing adequate housing.

1      2      3      4      5      6      7

## Appendix G

## Categories and Concepts for the Societal Attitudes Salience Survey for Youth (SASSY)

**Broad Category #1: Parenting Skills/ Mother-Child Interactions**

- #5 *Teen moms interact more negatively with their infants.*
- #9 *Teen moms express less positive emotions towards their infants.*
- #20 *Teen mothers are less responsive to their infant's needs.*
- #23 *Teen moms are more irritable toward their children than women who have children later in life.*
- #31 *Teen moms are more likely to use corporal punishment (hitting, spanking) as a form of discipline.*
- #35 *Teen moms have less verbal interactions with their infants.*

**Broad Category #2: Academic or Educational Implications**

- #3 *Teen moms achieve lower educational attainment.*
- #17 *Teen moms rarely complete high school.*
- #21 *Teen moms are more likely to be school failures than their peers.*
- #28 *Young mothers are not able to succeed in attaining university level degrees.*

**Broad Category #3: Maturity and Development Concerns**

- #1 *Teen moms are not developmentally capable of dealing with the demands of parenting.*
- #16 *Adolescent mothers have poor decision-making skills.*
- #18 *Teen moms have less knowledge about child development.*
- #34 *Teen moms have unrealistic expectations for their infants.*

**Broad Category #4: Health (Mental and Physical)**

- #4 *Teen moms face higher levels of depression than women who rear children later in life.*
- #6 *Teen mothers experience more health problems or complications related to childbearing.*
- #8 *Teen moms face higher levels of stress than women who rear children later in life.*
- #24 *Teen mothers are less likely to follow nutritional guidelines throughout pregnancy.*
- #25 *Teen mothers are less health conscious during pregnancy.*
- #33 *Teen mothers are less likely to have quality prenatal care.*

**Broad Category #5: Economic/Financial Implications**

- #2 *Teen moms are more likely to live below the poverty level for the rest of their lives.*
- #12 *Teen moms are an economic burden because will live off of social*

*assistance.*

- #19 *If teen moms do return to work, they are more likely to hold non-skilled, lower-paying jobs than women that raise children later in life.*
- #29 *Teen moms are an economic drain on society.*
- #36 *Teen mothers are less capable of providing adequate housing.*

### **Broad Category #6: Child Outcomes**

- #14 *Infants belonging to teen moms are less healthy than those belonging to older women.*
- #22 *Children belonging to teen moms are less successful academically.*
- #27 *Children belonging to teen moms have lower I.Q.'s even into adulthood.*
- #30 *The children of teen mothers do not fare well in life.*

### **Low Inter-Rater Agreement- Items removed**

- #7 *Children of teen moms are more likely to have lasting deficits in achievement throughout life.*
- #10 *Teen mothers and their children are often abandoned by the father of the child.*
- #11 *Children of teen moms more likely to experience abuse, especially physical abuse.*
- #13 *Teen moms usually have repeat pregnancies sooner.*
- #15 *Teen moms are more harsh toward their children than women who have children later in life.*
- #19 *If teen moms do return to work, they are more likely to hold non-skilled, lower-paying jobs than women that raise children later in life.*
- #26 *Teen moms are emotionally unstable.*
- #32 *Teen moms are more likely to experience instability in their relationships.*

## Appendix H

### Simplified Informed Consent Form

#### **Simplified Informed Consent for Research Study Participation**

#### **A Study Investigating Adolescent Mothers' Beliefs and Strengths**

What is Informed Consent? Before you participate in research, we need to make sure that you understand the reason the research is being done, and any possible risks or benefits you might face by participating so that you can give your permission. We also want to make sure that you are doing this by choice, and that no one has forced you to participate.

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Faculty Advisor: The faculty advisor (Debbie Clelland) is one of the instructors at the Adler School of Professional psychology, and she is overseeing this research. If you have any concerns about this research you may contact her at (604) 699-3570 or [dclelland@adler.edu](mailto:dclelland@adler.edu).

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Student-Investigator: Kristen Berube is a student that is using this research to complete her thesis at the Adler School of Professional Psychology. You can contact her if you have any concerns as well at (604) 592-5414 or [kberube@my.adler.edu](mailto:kberube@my.adler.edu).

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Purpose of the study: The purpose of this study is to look at the relationship between your views on negative societal messages that might exist about parenting teens and how that might relate to how you feel about yourself. We are looking at two topics, self-efficacy (your general feelings about how capable you feel in succeeding at difficult challenges) and resilience (your feelings about your ability to bounce back from stress).

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Procedure: As a participant (someone that has agreed to answer the questionnaires that Kristen has put together), you will be asked to complete an online survey which can be accessed at any time, from any computer that will take approximately 15 minutes to complete. The confidential findings from all of the research participants will be summarized at the end of the study. These findings will then be published in a completed thesis document. These findings may be presented at a conference or published in a scholarly journal. If you would like a copy of the complete thesis document or a brief summary of the findings, please request this from Kristen Berube via e-mail or telephone. The requested document will be e-mailed to you when it is ready.

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now



Confidentiality: All personal identifiable information resulting from this research will remain confidential. All of the research material (like the surveys you will complete) will be identified by a research code number. This coding system ensures your confidentiality when the responses are being summarized. Due to the nature of the online survey, even the student-researcher, Kristen Berube, will not be able to link your questionnaires to your name. When you give contact information for the draw, it will be delivered separately, and will not be linked to your responses on the surveys in any way. All raw data (the answers that were selected by each of the participants) will be kept on a password-protected external hard drive for ten years after the completed thesis has been published, stored in a locked filing cabinet. The student researcher would like to request your permission to use your test scores in both this study, and potentially in future research without having to seek further consent at a later time. After those ten years, this data will be destroyed.

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

### Risks and Benefits:

#### *Risks*

Certain questions in the surveys will ask you to think about past or current experiences that you have encountered since you became pregnant there is small risk that you might feel some stress when you think about this.

If the content of these surveys causes you any distress, please contact a counsellor or mental health professional in your community by using one of the following sources: The BC Association of Clinical Counsellors <http://bc-counsellors.org/> or the Canadian Counselling and Psychotherapy Association (CCPA) <http://www.ccacc.ca/en/>. For American participants, you can find a nearby therapist through the American Psychotherapy Association (APA) Website at: <http://www.americanpsychotherapy.com/services/therapist>

Another way to access support would be to seek out support groups for young moms in your area of residence.

If any stress or discomfort is experienced as a result of participating in this study, participants are invited to contact to the researcher about their concerns so that they may be addressed appropriately. Kristen Berube can be contacted at [kberube@my.adler.edu](mailto:kberube@my.adler.edu) or (604) 592-5414.

#### *Benefits*

In terms of benefits, it is also possible that you may experience some increased insight about your own strengths and abilities in dealing with the demands of parenting while striving for goals.

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Contact: If you have any questions or would like further information about this study, you may contact Kristen Berube - (604) 592-5414 or [kberube@my.adler.edu](mailto:kberube@my.adler.edu), or her research advisor, Dr. Debbie Clelland – (604) 699-3570 or [dclelland@adler.edu](mailto:dclelland@adler.edu).

If you have any questions or concerns or complaints about your treatment as a research participant, you may contact the Adler Ethics Board, by phone at (604) 482-5510 or by e-mail at [vaninfo@adler.edu](mailto:vaninfo@adler.edu).

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

Inclusion Criteria: Please note that by giving your consent to participate in this study, you are indicating that the following five statements are true of you:

- You are a female between the ages of 16 and 20
  - You have access to a computer, internet and e-mail
  - You are currently pregnant and planning to parent your child as a primary caregiver OR you are currently the primary caregiver of a child of your own
- 
- I understand this section now, return to consent form
  - I still don't understand but would like to enter the draw now

Consent: I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time.

I have read this consent form. By indicating YES directly below, I am indicating my consent to participate in this study. By indicating NO directly below, I am indicating that I do not want to participate in this study (please note, if you would like to take time to think about this decision, you may return to this website at a later time to continue):

- I understand this section now, return to consent form
- I still don't understand but would like to enter the draw now

## Appendix I

## Sample Script for Contacting Organizations Via Telephone

*Hello,*

*My name is Kristen Berube and I am a graduate student at the Adler School of Professional Psychology in Vancouver, BC. As part of Master's program, I am conducting online research that is aimed at better understanding some of the unique strengths and coping skills of pregnant and parenting teen mothers. This topic is important to me because I was a teen mother myself, and I think it important to learn more about attitudes or characteristics that might help teen moms as they strive for success.*

*I am hoping to find programs and organizations that serve the this population and am curious about whether your facility would allow me to advertise for research participants by posting recruitment posters at your site. I have received approval to conduct this research from the Research Ethics Board at the Adler School of Professional Psychology, and if there are any formal procedures or guidelines in place at your facility I would be pleased to apply for permission to recruit participants in a manner that suits your policies.*

## Appendix J

**Infosheet: The Stuff You Never Hear: Some Facts About How Teen Mom's Have Succeeded and the Ways they ROCK!**

*(You might want to print this. It's kept secret in our society!)*

**The following is a summary of research that has been done looking into the strengths of teen moms:**

- Contrary to common belief, many adolescent mothers eventually complete their education after experiencing a delay (Furstenberg, Brooks-Gunn & Morgan, 1987)
- “a substantial majority completed high school, found regular employment and, even if they had at some point been on welfare, eventually managed to escape dependence on public assistance” (Furstenberg et al., 1987 p.142).
- Many young mothers consider education to be critical for attaining good wages, for attaining personal transformation, and for positive role-modeling for their children (Haleman, 2004).
- The relationship between education and earning potential is well established; higher education can make a substantial difference in a woman's lifetime income... a woman with a high school education can expect to earn \$500,000 over her lifetime, whereas a woman with five or more years of college can expect to earn \$955,000 (Haleman, 2004).
- Young mothers who had high academic aspirations and who had been doing well in school as they transitioned into parenting have been found to be more successful at attaining their academic goals than peers (Furstenberg et al., 1987).
- In a study of low-income adolescent mothers, the teen mothers goals for 5 and 10 years later were no different than those of other young women. They reported that they were striving for financial security, marriage, educational attainments, a better life, and a good career, they also reported they had more reason to be motivated (Theriot, Pecoraro, & Ross-Reynolds, 1991).
- Some research into adolescent parenting suggests that becoming a mother might serve to assist young women in making a transition into adulthood and greater maturity (Theriot et al., 1991).
- One interesting trend reported in literature on adolescent mothers was that a number of young women reported a profound sense of transformation and acceptance of the responsibility of parenting during pregnancy (Carey Ratliff, & Lyle, 1998).
- While describing their perceptions of womanhood, some teen mothers emphasize the necessity of maturity and responsibility; others stated that becoming a mother served as a primary motivation to strive for self-improvement (Theriot et al., 1991).
- When adolescents believe they can achieve desired outcomes, they have more incentive to undertake difficult activities and to overcome challenges (Caprara, Gerbino, Paciello, Di Giunta, & Pastorelli, 2010).