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## Comparing Attitudes and Perceptions of Adolescent Mothers With Older Mothers

Lindsey Nicole Landry

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Comparing Attitudes and Perceptions of Adolescent Mothers With Older Mothers

by

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Undergraduate honors thesis under the direction of

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Submitted to the LSU Roger Hadfield Ogden Honors College in partial fulfillment of  
the Upper Division Honors Program.

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### **Abstract**

The focus of the present study was to compare parenting attitudes between women who had their first child before age 20 and women who had their first child after age 19. Participants were recruited from LSU classes in Social Work, Child and Family Studies, and Psychology. From there, a snowball sampling method was used to increase the number of participants. Data were collected in the form of a questionnaire from 12 adolescent mothers and 15 older mothers. I analyzed the possible differences in three areas: the mother's attachment with her own mother, parental stress level, and parenting behaviors and attitudes of mothers. The results indicated that there is a difference in parenting characteristics between adolescent mothers and older mothers. The results of this study have low power because of the small sample size. Mothers under the age of 20 at the birth of their first child demonstrated lower levels of warmth, higher levels of reliance on physical punishment, more inappropriate developmental expectations, higher levels of role reversal, more anxiety about being abandoned, more parental distress, more parent-child dysfunctional interactions, and more defensive responding to survey questions. There was not a significant difference between adolescent and older mothers for two of the 11 variables: comfortable with closeness and ability to depend on others

### **Introduction**

About 18% of females in the U.S. under the age of 20 will have a child, which may result in negative outcomes for the mother, the child, her family, and society (Perper & Manlove, 2009). Adolescence consists of difficult social pressures, but those difficulties are amplified in the lives of adolescent mothers. Adolescent bodies are still developing physically through puberty, and the adolescent brain is still developing cognitively as they learn to think more logically and consistently (Beers & Hollo, 2009). Adolescent pregnancy is associated with mental health problems and psychosocial complications for the mother. Results of one study revealed that depressed adolescent mothers had worse physical and mental health conditions, negative family and peer relations, lower educational status, weaker social skills, and more aggressive and delinquent behaviors compared with older mothers (Prodromidis, Abrams, Field, Scafidi, & Rahdert, 1994).

Not only does adolescent pregnancy have risk factors for the mother, but the children of teen mothers also face certain risks. Studies have found various short-term and long-term effects for children of adolescent mothers. The child begins to face consequences even before they are born because adolescent parents are less likely to receive any prenatal care (Miller, Berger, Meckstroth, Kisker, & Keating, 2003). In addition, children of adolescent mothers tend to experience developmental problems, academic difficulties, and mental health issues (Klein, 2005). Furthermore, children of adolescent mothers are at a higher risk of becoming adolescent mothers themselves, which creates a cycle of early pregnancies within families and communities (Klein, 2005). Infants of adolescent mothers compared with older mothers had similar physical health measures at birth, but the children of the adolescents faced higher infant mortality rates and more incidents of hospitalization due to serious illness (Jutte et al., 2010). Shaw, Lawlor, and



Najman (2006) found that 14-year old children of adolescent mothers in Australia have similar psychological states compared to children of adult mothers, but they have lower reading ability.

### **Objectives**

Objectives of the present study were the following: 1) compare the attitudes and perceptions about parenting between adolescent mothers and older mothers; 2) identify correlations among the mother's age at the birth of her first child and parenting characteristics.

I predicted that mothers under the age of 20 at the birth of their first child would demonstrate a lower level of warmth, a higher level of reliance on physical punishment, more inappropriate developmental expectations, a higher level of role reversal, more anxiety about being abandoned, less comfortableness being close to others, a lower ability to depend on others, more parental distress, more parent-child dysfunctional interactions, and more defensive responding to survey questions.

### **Assumptions**

Assumptions that were made in the design and implementation of this study were

1. An adolescent is an individual under the age of 20.
2. The sample size ( $n = 27$ ) was adequate to estimate differences between adolescent mothers and older mothers.
3. The participants were representative of the desired population (e.g., female, mothers with children under the age of 12).
4. The scores from the Parental Stress Index Short Form (PSI/SF) were both a reliable and valid measure of parental stress.
5. The scores from the Adult Attachment Working Model (AAWM) were both a reliable and valid measure of adolescent and adult attachment attitudes.

6. The scores from the Adolescent Adult Parenting Inventory (AAPI) were both a reliable and valid measure of the parental risk of child abuse.
7. The mother herself completed the survey.
8. Participants understood all instructions and provided honest responses to questions.

### **Limitations**

The limitations of the present study were

1. The population sample was disproportionately representative of white people.
2. The population sample was disproportionately representative of mothers who had their first child after the age of 19.
3. The results of this study can only apply to Americans.
4. Marital status and ethnic heritage were not controlled for because of the small sample size.
5. The results of this study have low power because of the small sample size.

## Review of Literature

### Adolescent Mothers

Adolescence is defined as the life stage that begins with the onset of puberty, and ends whenever adult status is reached (Arnett, 2013). There is not a concrete age for when adolescence ends, but many researchers use age 18 as the marker for the end of adolescence and the beginning of emerging adulthood (Arnett, 2013). Most adolescents move out of their parents' home at about age 18 and begin to take on the duties of an adult. Adolescence is a time of great change. There are changes in the parent-child relationship, friendships, and intimate and sexual relationships. Risk taking behavior also peaks in adolescence (Arnett, 2013). Adolescents face the challenges of social acceptance, self-acceptance, and peer pressure, which cause stress and can lead to internalizing and externalizing behaviors (Arnett, 2013). These characteristics are unique to the adolescence life stage, so adolescent mothers face different challenges than adult mothers.

**Mental health and psychosocial issues.** Pregnancy and motherhood, in conjunction with the typical adolescent psychosocial stressors, can lead an adolescent to experience depressive symptoms. Prodromidis et al. (1994) conducted research to determine which psychosocial stressors were most predictive of depression in American adolescent mothers. They measured the severity of depression of each adolescent mother with the Beck Depression Inventory and each individual's level of psychosocial functioning with the Problem Oriented Screening Instrument for Teenagers (POSIT). The POSIT focused on the psychosocial areas that are considered most relevant in adolescent lives: substance use/abuse, physical health, mental health, family relations, peer relations, educational status, vocational status, social skills, leisure and recreation, and aggressive behavior/delinquency (Prodromidis et al., 1994). The total scores on the POSIT for

the depressed mothers were significantly higher than the total scores for non-depressed mothers, indicating higher psychosocial pressures for the depressed adolescent mothers. The results of the POSIT revealed that depressed adolescent mothers had worse physical and mental health conditions, negative family and peer relations, lower educational status, weaker social skills, and more aggressive and delinquent behaviors (Prodromidis et al., 1994). The authors suggested that adolescent mothers need extra assistance in improving these areas of psychosocial functioning in order to prevent “pile-up” that can lead to depression.

The most common mental health issue that pregnant and parenting adolescents face is depression. Studies have found that about 50% of adolescent mothers have depressive symptoms (Cox et al., 2008). One study found that prenatal and postnatal adolescents have higher rates of depression than adult mothers, and that the adolescents were more consistently depressed (Lanzi, Bert, & Jacobs, 2009). Depressed adolescent mothers had high rates of previous mental health issues such as suicidal tendencies (Cox et al., 2008). It is difficult to determine the directionality between depression and teen pregnancy because of the correlational nature of the research. The evidence of one study showed that depressed adolescent mothers were already distressed before becoming a parent (Mollborn & Morningstar, 2009). If this is true, providing more mental health support to adolescents could help reduce the number of adolescent pregnancies. Even though depression is common among adolescent mothers, Cox et al. (2008) found that high levels of social support could combat depressive symptoms.

Cooley and Unger (1991) investigated ways family support can alleviate some of the stress faced by adolescent mothers. The two types of family support that Cooley and Unger focused on were male partner support and grandmother support. They found that adolescent mothers were more likely to graduate from high school and be employed if the mothers lived

with parents (Cooley & Unger, 1991). This type of family support can alleviate housing and financial stress. Additionally, grandmothers are able to assist in child-care. Male partner support for the teenage mothers tended to lead to a better sense of overall life satisfaction, but male partner support typically did not relieve financial concerns (Cooley & Unger, 1991). This type of family and partner support system can reduce the amount of psychosocial stressors by providing positive relations, opportunities to continue education, and more leisure time for the mother. Ultimately, reducing the amount of psychosocial stress will lead to overall better mental health and decreased depressive symptoms for the adolescent mother.

### **Challenges of Children Who Have Adolescent Mothers**

**Short term effects.** The children of adolescent mothers are at risk even before birth because adolescent parents are less likely to receive prenatal care (Miller et al., 2003). The at-risk group of children face cognitive development issues, behavioral issues, and some physical health concerns.

The first three years of life consists of rapid cognitive development in healthy children, but children of adolescent mothers show declines in cognitive development instead of rapid improvement (Culp, Appelbaum, Osofsky, & Levy, 1988). Culp et al. (1988) conducted research to determine the differences in infant health measures between children of adolescents and children of older mothers. They compared the APGAR scores of adolescent and non-adolescent infants both at one minute and at five minutes, as well as birth weight and gestational age. They found no significant infant health differences between the two groups (Culp et al., 1988). An additional study also found that the infants of adolescents and the infants of older mothers have similar birth measures, but health issues were more evident at the end of the child's first year (Jutte et al., 2010). They found that children of adolescent mothers faced higher mortality rates

and more incidents of hospitalization due to serious illness (Jutte et al., 2010). Because adolescent mothers are more likely to give birth to pre-term and low birth weight babies, this group is even more predisposed to physical health problems than full-term babies of adolescent mothers (Shaw et al., 2006).

Borba and Valentini (2015) conducted one of the most recent research studies that focused on developmental outcomes for children of adolescent mothers. They wanted to determine if there were differences in motor and cognitive development between infants of Brazilian adolescent mothers (15-19 years) and children of Brazilian adult mothers (25-39 years). The researchers evaluated the infants' motor and cognitive skills three times over a six-month period. The Alberta Infant Motor Scale (AIMS) was used to measure the infants' motor development in prone, supine, sitting, and standing positions (Piper & Darrah, 1994). Cognitive development was measured using the Bayley Scale of Infant Development II, which evaluated the infants' responses to the environment, as well as their sensory, mnemonic, language, and early communication skills (Bayley, 1993). The results showed that young maternal age alone did not negatively relate to child cognitive and motor development. The infants of adolescent mothers did have other risk factors such as lower family income, shorter breastfeeding time, and lower parent education levels than did the infants of adult mothers (Borba & Valentini, 2015).

**Long term effects.** Few studies have the resources to focus on the long-term outcomes of children born to adolescent mothers. Previous studies demonstrated that these children face long-term risks of educational under-achievement, juvenile crime, substance misuse, and mental health problems (Shaw et al., 2006). In their literature review, Beers and Hollo (2009) discussed research that found that children of adolescent mothers face more academic difficulties, behavior problems, substance abuse, and early sexual activity.

Shaw et al. (2006) conducted research to identify the psychological, behavioral, and health outcomes in 14-year old children of adolescent mothers. The researchers conducted separate interviews with the mothers and the 14-year old children, as well as completed a physical examination of each child. Cognitive function was assessed using Raven's Standard Progressive Matrices (Raven, Raven, & Court, 1998) and the Wide Range Achievements Test version 3 (WRAT3; Wilkinson, 1993). The Raven's scores were similar between children born to adolescents under 18 and children born to those over 18, which indicates similar psychological states. However, the WRAT scores were lower for children who were born to adolescent mothers (under 18), indicating that these children had poorer reading ability, compared to children born to mothers over 18. Additionally, the children of the adolescent mothers had below average school performance and were more likely to repeat a year in school. Children of adolescent mothers were more likely to have smoked, consumed alcohol, and been in contact with the criminal justice system. Although none of the child health problems were directly associated with maternal age, the socioeconomic disadvantaged children and children of depressed mothers had negative health outcomes at 14 years, including asthma, bedwetting, and two or more hospital admissions since birth (Shaw et al., 2006).

Low cognitive ability is the developmental factor most directly related to maternal age, and cognitive ability is related to the amount of stimulation that a child receives early in life. Studies have found that adolescent mothers vocalize less and demonstrate inappropriate stimulation with their children, which could be a key factor in less than optimal cognitive development outcomes (Cox et al., 2008).

**Children with depressed adolescent mothers.** Over 50% of adolescent mothers demonstrate depressive symptoms (Cox et al., 2008). Because a majority of adolescent mothers

demonstrate depressive symptoms, it is important to understand the parenting practices and subsequent child development of depressed mothers. Belsky's model of the influences on parenting demonstrates the multiply-determined nature of parenting (Belsky, 1984). According to Belsky's model, the components that affect parenting include the parent's developmental history, their psychological resources, their marital relationship, social network, work, and the child's characteristics, all of which influence child development. Of all of these components, the most influential one is the parent's psychological resources because it directly and indirectly influences parenting. Belsky (1984) states that optimal child functioning will occur whenever the parent has healthy psychological resources. At the time Belsky's article was published, the most studied unhealthy psychological resource was depression. Belsky's model indicated that children of depressed mothers would not develop optimally because the parent's psychological resources are not fully intact. According to Belsky, healthy child development is achieved by "attentive, warm, stimulating, responsive, and nonrestrictive caregiving" (Belsky, 1984, p. 86). Research has found that depressed mothers display opposite behaviors such as low levels of warmth, sensitivity, and non-contingency-based responses towards their child (Lanzi et al., 2009). Therefore, children of depressed mothers experience more cognitive, emotional, and physical problems (Prodromidis et al., 1994).

Pelaez, Field, Pickens, and Hart (2008) conducted a research study to determine which parenting styles are more frequently used by depressed adolescent mothers. They observed the parent-child interactions while the mother and child participated in a structured cleanup task. Researchers found that depressed adolescent mothers were classified as having authoritarian or disengaged parenting, which are undesirable parenting styles, a greater percentage of the time than the non-depressed adolescent mothers (Pelaez, Field, Pickens, & Hart, 2008). Cox et al.



(2008) found that depressed adolescent mothers were likely to have a low sense of ability to care for their children. Beers and Hollo (2009) also mentioned that depressed mothers tend to have lower self-perceived caretaking abilities.

### **Positive Outcomes of Children With Adolescent Mothers**

Belsky's model demonstrates how family stress and support affects parenting directly and indirectly, and it affects child outcomes indirectly (Belsky, 1984). Cooley and Unger (1991) studied the ways that partner support and grandmother support can affect child development. The children in their study received more cognitive stimulation whenever a father was present and participated in active play with the child than when he was absent. Grandmothers who provided childcare increased the cognitive stimulation for the child; however, too much childcare in the grandmother's home was associated with negative child outcomes. Children who received increased cognitive support from both the father and grandmother had higher achievement scores and lower rates of behavioral issues than children who did not have cognitive support from their fathers and grandmothers (Cooley & Unger, 1991). The children who had family support from both their father and their grandmother ultimately had more positive child outcomes than children who did not have this family support.

### **Adolescent Pregnancy: The Big Picture**

Although grandmother and partner support have shown better developmental outcomes for the child, adolescent motherhood affects the entire family system in a multitude of ways. Beers and Hollo (2009) studied how adolescent pregnancy impacts the whole family. Many times, adolescent mothers live with their mothers, especially if the adolescent mother is a younger adolescent (Cooley & Unger, 1991). Beers and Hollo (2009) found that having an adolescent mother and a new baby in the home could create additional stress on the mother of the

adolescent. This stress affects the adolescent's mother's parenting of all of her children, and the mother of the adolescent mother will have fewer resources to devote to her non-childbearing children. Some research shows that mothers of adolescent mothers view their non-childbearing children as having a brighter future and offer those children more positive attention (Beers & Hollo, 2009). Alternatively, some non-childbearing children receive less affection from their mothers and become more at-risk of teen pregnancy. They also found the younger sisters to be directly affected by their older sister's adolescent pregnancies. Specifically, younger sisters of teen mothers were found to engage in earlier sexual activity, have more pessimistic attitudes, and increased behavior issues. Beers and Hollo (2009) also found that younger siblings had a "two-fold or greater risk of becoming adolescent mothers themselves" (p. 225). However, they found there are some protective factors for the younger sisters, such as increased education about practicing safe sex and exposure to the hardships of teen mothers. Families with adolescent mothers in the home may be able to avoid negative impacts on family members if they are educated about the risks for the adolescent mother, her mother, and her sisters.

**The generational cycle of adolescent pregnancies.** Research shows that there is a continuing pattern of adolescent pregnancies within families. In one study, 56% of the adolescent mothers in the cohort were born to teen or prior teen moms themselves (Jutte et al., 2010). In the same cohort, among the teen mothers receiving income assistance, 44% were born to teen or prior teen mothers. These statistics indicate how often the adverse educational, health, and psychosocial effects of adolescent parenting are passed down from generation to generation. Even though the rate of adolescent pregnancies has decreased in recent years, the offspring of teen mothers make up a large share of people suffering negative outcomes, which continues into future generations (Jutte et al., 2010). This means that the mental and developmental problems

associated with adolescent parenting have the potential to be continuously passed down within these families. The research cited above supports the argument that resources should be available not only to the adolescent mother, but also to the at-risk groups including siblings and children of adolescent mothers.

**Successful programs for adolescent mothers.** There are many programs available for adolescent mothers that provide education and support in order for the adolescent to achieve better outcomes for herself and for her child. These programs are typically school-based, home-based, community-based, or medical setting-based (Beers & Hollo, 2009). The National Campaign To Prevent Teen Pregnancy (Klerman, 2004) published a review of literature evaluating teen parenting programs that are aimed at preventing additional teen pregnancies. Although there was not one most successful program, Klerman identified four focus areas of successful programs. These programs established close relationships with the teens, had more advanced staff training, focused on family planning, and encouraged the teen mothers to return to school.

In 2013, Asheer, Berger, Meckstroth, Kisher, and Keating evaluated two new programs that were intended to delay rapid repeat pregnancy in adolescent mothers. The first program was AIM 4 Teen Moms and the second was Teen Options to Prevent Pregnancy (T.O.P.P.). Researchers collected qualitative data on each program's design, staff training, and successes and challenges, as well as the experiences of the teen mothers themselves. AIM 4 Teen Moms is a 12-week program that focuses on positive career and family planning, and T.O.P.P. is an 18-month program that helps the adolescent mothers utilize existing pregnancy prevention services (Asheer et al., 2013). The analysis of the two programs focused on recruitment and retention, barriers to participation, participants' needs, and staff needs. Both programs faced similar

challenges and offered valuable guidelines for developing future programs. In regards to recruitment and retention, the researchers found that it is important to establish partnerships, referral mechanisms, and maintain engagement with program participants and supporters. The two most common barriers to participation for both programs were access to transportation and childcare. The programs under study overcame these barriers by providing in-home services, transportation to group workshops, and childcare. Evaluations of both programs stressed that the staff needs ample training, continued support, and individualized feedback. Additionally, the researchers discussed how programs for teen moms need to recognize the larger-scale issues facing the participants. Teen moms of the two programs had troubles with substance abuse, depression, low socioeconomic status, violence, conflict, and poor nutrition. The researchers suggested that catering to the broader issues faced by teen moms through support and referrals to other programs could greatly improve the lives of adolescent mothers.

### **Limitations of the Current Literature**

One limitation of all the research on adolescent mothers is controlling for other factors such as socioeconomic status. Although the negative outcomes of adolescent pregnancy are evident in many research studies, it is not clear which adverse outcomes are directly related to maternal age and which are related to preexisting characteristics. Another limitation is the difficulty in determining the directionality of many factors. For example, mental health issues can lead to adolescent pregnancy and pregnancy can lead to mental health issues. Although research has found support from grandmothers and partners to be beneficial for the child, this study is now over 20 years old and may be outdated (Cooley & Unger, 1991).

Shaw et al. (2005) were one of the few researchers that focused on the long-term health outcomes of the children of adolescent mothers. This is probably because longitudinal studies

require much more time, resources, and money than cross-sectional studies. They completed a longitudinal study to determine the outcomes of adolescent children at age 14. One limitation to this study was that almost 30% of the children who began the study did not complete the evaluation through age 14. The children who did not complete the study were more likely to be in a lower socioeconomic class. Retaining participants throughout the duration of a longitudinal study makes it particularly difficult to discover the long-term developmental outcomes for the children of adolescent mothers.

A few areas that were not addressed in the literature include adult attachment classifications, child maltreatment, and parental stress. I was interested in finding if there is a correlation between adult attachment classification and maternal age. I did not find any research that looked at the adult attachment classification of adolescent mothers compared with older mothers. I suspected that I would find more research pertaining to child abuse and neglect, but Beers and Hollo (2009) were the only researchers that discussed adolescent mothers and child maltreatment; their literature review was inconclusive on this topic. There are research studies on the physical and cognitive development of children of adolescent mothers, but I did not find as much research on the emotional development of children of adolescent mothers compared to other mothers.

The mother's attachment attitudes, attitudes toward child maltreatment, and parenting stress can all have an influence on the child's development (Belsky, 1984). In one study, maternal attachment predicted child attachment classifications 75% of the time (Fonagy, Steele, & Steele, 1991). Child maltreatment has shown to be a risk for future psychiatric disorders. In addition, researchers have found that victims of childhood physical abuse display more antisocial and impulsive behaviors compared to adults who were not victims of abuse (Cohen, Brown, &

Smailes, 2001). Stress in the parenting system during a child's first three years of life has an impact on the child's emotional development and the developing parent-child relationship (Abidin, 1995).

Because maternal attachment attitudes, child maltreatment, and parenting stress all have an influence on child development, it is important to study which groups of parents are more at-risk for insecure attachments, child maltreatment, and high levels of stress related to parenting. For the present research study, I will examine the possible correlations among maternal age, maternal attachment attitudes, maternal risk for child maltreatment, and maternal level of parenting stress.

## **Method**

### **Participant Characteristics**

Participants for the study were required to be a mother with at least one child under the age of 12. Mothers of all ages, ethnic heritages, and marital status were eligible for the study. The participants ranged in age from 20 years old to 44 years old. The participant ages at the birth of their first child ranged from 16 years old to 29 years old. Ten of the participants were single and never married. Nine of the participants were in their first marriage. Two of the participants were divorced. Four participants were living with a partner, but were not legally married. One participant was widowed, and one participant was engaged. Twenty of the participants were white; six of the participants were African American, and one participant was Latina Brazilian. The adolescent mothers and older mothers were not analyzed in regards to the demographic characteristics because the demographic data was not representative of each category.

### **Sampling Procedures**

Participants were recruited primarily from LSU courses, and a snowball sampling method was used to recruit additional participants. Potential participants gave the researcher their email address. The potential participants were contacted via email. There was an incentive that each participant would be entered into a drawing for one 25-dollar gift card drawing. The gift card was mailed to the recipient's address. If they were still interested in participating in the study, the mothers provided the researcher with their mailing address. The mothers were able to give the researcher email addresses for other mothers that were interested in the study.

Data were collected through the completion of a self-report survey mailed to the mothers. The mothers volunteered to participate in the research study, and each provided the researcher with her mailing address. The researcher mailed a survey booklet to 40 potential participants,

which included the survey consisting of four questionnaires, a consent form, and a stamped envelope for return. The mothers were asked to complete the survey within three days of receiving it. The mothers mailed the completed survey booklet back to the researcher. The researcher received 27 completed surveys, 67.5% response rate.

Twenty-seven female mothers, currently aged 20 to 44 years, completed a paper survey. The mothers have children aged 0 to 12 years. The mothers who completed the survey had their first child in the age range of 16 to 29 years. The mothers who had their first child before age 20 were classified as adolescent mothers, and those who had their first child at age 20 and older are classified as older mothers. The children were not directly involved in the study.

**Study approval.** The Institutional Review Board of the Louisiana State University Office of Research and Economic Development approved the study. The general findings of the present study are used only to satisfy the requirements of the LSU Ogden Honors College Thesis. No names or identifying information are included in the final thesis paper and presentation. Information about individual mothers and children will not be available, except to the researcher who will keep the information confidential.

### **Measures of Constructs**

The participants completed one self-report survey that included four questionnaires. The research instruments are summarized in the following section.

**Demographics.** The demographics questionnaire included maternal age at the birth of first child, current maternal age, current ages of all children, marital status, and ethnic heritage. The answer options for marital status included single, never married; first marriage; remarried; divorced; living together, not legally married; widowed; separated; and other. The answer



options for ethnic heritage included African-American, American Indian or Alaska Native, Asian, Hispanic, Native Hawaiian or other Pacific Islander, White, and other.

**Adult attachment.** The Adult Attachment Working Model (AAWM) Scale was designed to measure adult attachment dimensions (Collins & Read, 1990). The 18-item questionnaire measures three dimensions that underlie attachment: an individual's comfort with closeness, her ability to depend on others, and her anxiety about being abandoned. Each dimension is measured by six questionnaire items. The three dimensions make up an individual's adult attachment style. Securely attached adults are comfortable with closeness, are able to depend on others, and are not anxious about being abandoned. Avoidantly attached adults are uncomfortable with closeness, not able to depend on others, and are not worried about being abandoned. Anxiously attached adults are comfortable with closeness, are moderately able to depend on others, but are very anxious about being abandoned (Collins & Read, 1990).

**Parental attitudes about adult-child relationships.** The Adult/Adolescent Parenting Inventory (AAPI; Bavolek, 1984) was designed to measure four adult attitudes towards children that are predictive of potentially harsh or abusive behavior: the adult's absence of expressed empathy toward children's needs, the inappropriateness of their developmental expectations, their reliance on physical punishment, and the extent to which the child is held responsible for the happiness or internal emotional state of the adult. Thirty-two items were used to measure the four variables: low warmth (9 items), inappropriate developmental expectations (6 items), role reversal (8 items), and reliance on rash punishment (9 items).

**Parenting stress.** The Parenting Stress Index/Short Form (PSI/SF) was developed to quickly measure the level of stress in the parent-child system (Abidin, 1995). The PSI/SF measures three subscales including parental distress, parent-child dysfunction, and perceptions of

having a difficult child. It includes 36 items, 12 items per subscale. The PSI/SF also measures the level of defensive responding. Defensive responding refers to the level at which the parent is unable to acknowledge the frustrations and pressures of parenting (Abidin, 1995). Parental distress includes an impaired sense of parenting competence, restrictions placed on other roles, and lack of social support. High scores in the parent-child dysfunctional interaction subscale indicate that the parent-child relationship is either threatened or was never established. The difficult child subscale measures the extent to which the mother perceives that the child's behavior is difficult to manage. High scores on the difficult child subscale indicate parental difficulty in managing the child's behavior, particularly setting limits and gaining the child's cooperation (Abidin, 1995).

## Results

### Data Analysis Plan

Data were analyzed and graphic interpretations were generated by STATA. Statistical significance was denoted by a  $p$ -value  $\leq 0.05$ . Univariate, bivariate, and multivariate analyses were conducted on the following variables: mother's age at the birth of her first child, inappropriate developmental expectations, role reversal, rash punishment, low level of warmth, anxiety about being abandoned, comfort depending on others, ability to be close to others, level of defensive responding, parental distress, parent-child dysfunctional interactions, and perceptions of having a difficult child. The means and standard deviations of each variable were calculated for the group of adolescent mothers ( $n=12$ ) and the group of older mothers ( $n=15$ ) (Table 1). Two-sample  $t$ -tests with equal variances were conducted on each variable. A factor analysis of all parental characteristic variables was generated, as well as a linear regression of factor 1, named "maternal dysfunction," as a function of maternal age (Figure 1). A correlation table of all variables was generated in order to see the degree to which parental characteristics were correlated (Table 3).

**Univariate Analyses.** As seen in Table 1, the means and standard deviations were calculated for two groups, adolescent mothers ( $n=12$ ) and older mothers ( $n=15$ ). The adolescent mothers group represents mothers who had her first child before the age of 20. The older mothers group represents adult mothers who had her first child after the age of 19. The variables were divided among attitudes, attachment dimensions, and parental stress. The attitudes construct included the following variables: low warmth, reliance on physical punishment, inappropriate developmental expectations, and role reversal. The attachment dimensions construct included the following variables: anxious about being abandoned, comfortable with closeness, and ability to

depend on others. The parental stress construct included the following variables: parental distress, parent-child dysfunctional interaction, perceptions of having a difficult child, and defensive responding. The adolescent mothers had a higher mean for low warmth, reliance on physical punishment, inappropriate developmental expectations, anxious about being abandoned, comfortable with closeness, parental distress, parent-child dysfunctional interaction, difficult child, and defensive responding. The ability to depend on others variable was the only variable for which older mothers had the higher mean.

**Bivariate Analysis.** A two-group *t*-test was conducted to determine the statistical significance of the difference between the means of adolescent mothers and the means of older mothers in regards to each parental characteristic. The *t*-statistic and *p*-value for each variable are shown in Table 1. The mean differences between adolescent mothers and older mothers did not reach significance for two of the attachment variables, comfortable with closeness and ability to depend on others. Adolescent mothers were shown to rely more on rash punishment, have more inappropriate developmental expectations, have a higher level of role reversal, and be more anxious about being abandoned compared to older mothers. Adolescent mothers demonstrated lower levels of warmth, higher levels of parental distress, and higher levels of defensive responding compared to older mothers. Adolescent mothers also had more parent-child dysfunctional interactions than older mothers, and adolescent mothers perceived that their child is difficult more often than older mothers.

Because of the small sample size, it was more difficult to show a statistically significant difference between the means of the two groups. The results of the bivariate analysis indicate that there is no statistical difference between adolescent mothers and older mothers for a majority of the attachment attitudes. There was a significant difference between adolescent mothers and

older mothers for all four of the attitude variables. The greatest difference between adolescent mothers and older mothers was seen in the four parental stress variables. Because there was a statistically significant *t*-value for nine out of the 11 parental characteristics, the null hypothesis that adolescent mothers and older mothers demonstrate the same parental characteristics can be rejected. Adolescent mother and older mother populations do not seem to demonstrate the same parental characteristics.

Table 1  
*Two Group T-Tests for Parental Characteristics By Mothers' Age at Birth of Her First Child (N=27)*

Variable	Adolescent Mothers ( <i>n</i> = 12)		Older Mothers ( <i>n</i> = 15)		<i>t</i> (26)	<i>p</i> -value
	$\bar{x}$	<i>SD</i>	$\bar{x}$	<i>SD</i>		
<b>Attitudes</b>						
low warmth <sup>a</sup>	19.25	3.47	15.53	2.77	3.10	0.0024
reliance on physical punishment <sup>a</sup>	20.67	4.23	17.6	3.72	2.00	0.0280
inappropriate expectations <sup>a</sup>	12.25	3.31	9.87	1.60	2.46	0.0105
role reversal <sup>a</sup>	18.75	2.86	15.80	3.43	2.39	0.0124
<b>Attachment Dimensions</b>						
anxious about being abandoned <sup>b</sup>	14.08	2.27	11.67	2.82	2.41	0.0119
comfortable with closeness <sup>b</sup>	15.92	1.31	15.60	1.50	0.58	0.2852
ability to depend on others <sup>b</sup>	16.42	1.98	18.27	3.43	-1.66	0.9450
<b>Parental Stress</b>						
parental distress <sup>c</sup>	31.33	6.17	25.6	5.74	2.49	0.0098
dysfunctional interaction <sup>c</sup>	24.25	7.17	16.33	3.99	3.64	0.0006
difficult child <sup>c</sup>	31.17	7.17	21.4	5.87	3.90	0.0003
defensive responding <sup>c</sup>	20.33	3.47	15.87	3.56	3.27	0.0016

*Note.* Adolescent mothers < 20 years of age at the birth of her first child

*Note.* Older mothers > 19 years of age at the birth of her first child

<sup>a</sup> Adult/Adolescent Parenting Inventory (Bavolek, 1985)

<sup>b</sup> Adult Attachment Working Model (Collins & Read, 1990)

<sup>c</sup> Parenting Stress Index – Short Form (Abidin, 1995)

**Multivariate Analyses.** Table 2 shows the results of an exploratory factor analysis of the parental characteristic variables, using an unrotated principle component analysis. The analysis yielded three factors, explaining 73% of the total variance. The variables loading on factor 1 included low warmth, inappropriate developmental expectations, role reversal, anxious about being abandoned, ability to depend on others (negative), parental distress, parent-child dysfunctional interaction, difficult child, and defensive responding. Reliance on physical punishment loaded on factor 2, and comfortable with closeness loaded on factor 3. Because nine of the variables loaded on factor 1, it was determined that factor 1 represented an underlying characteristic of those nine variables. I named this underlying characteristic, “maternal dysfunction.”

Table 2  
*Factor Loadings For Parental Characteristics (N=27)*

Variable	Factor 1: maternal dysfunction	Factor 2: physical punishment	Factor 3: closeness	Uniqueness
low warmth	<b>0.8363</b>	0.1991	-0.0683	0.2563
dysfunctional interaction	<b>0.8084</b>	0.4610	-0.0892	0.1260
defensive responding	<b>0.7623</b>	-0.2118	0.4745	0.1488
parental distress	<b>0.7352</b>	-0.2527	0.4584	0.1855
difficult child	<b>0.7188</b>	0.4437	0.2213	0.2375
inappropriate expectations	<b>0.7022</b>	0.0162	-0.3320	0.3964
ability to depend on others	<b>-0.6837</b>	0.5083	0.3025	0.1826
role reversal	<b>0.5778</b>	-0.2175	-0.0006	0.6188
anxious about being abandoned	<b>0.5438</b>	-0.5096	0.1655	0.4172
reliance on physical punishment	0.5865	<b>0.6188</b>	-0.3592	0.1442
comfortable with closeness	-0.2613	0.5159	<b>0.6415</b>	0.2541
Eigenvalue	4.9936	1.7724	1.2665	
% of Total Variance	0.4540	0.1611	0.1151	
Total Variance			<b>0.7302</b>	

Figure 1 illustrates the linear regression of maternal dysfunction as a function of maternal age at the birth of her first child. The scatter plot demonstrates that as the age of the mother at the birth of her first child increases, the level of maternal dysfunction decreases.

Figure 1

*Linear Regression of Maternal Dysfunction on Mother's Age at Birth of First Child (N=27)*

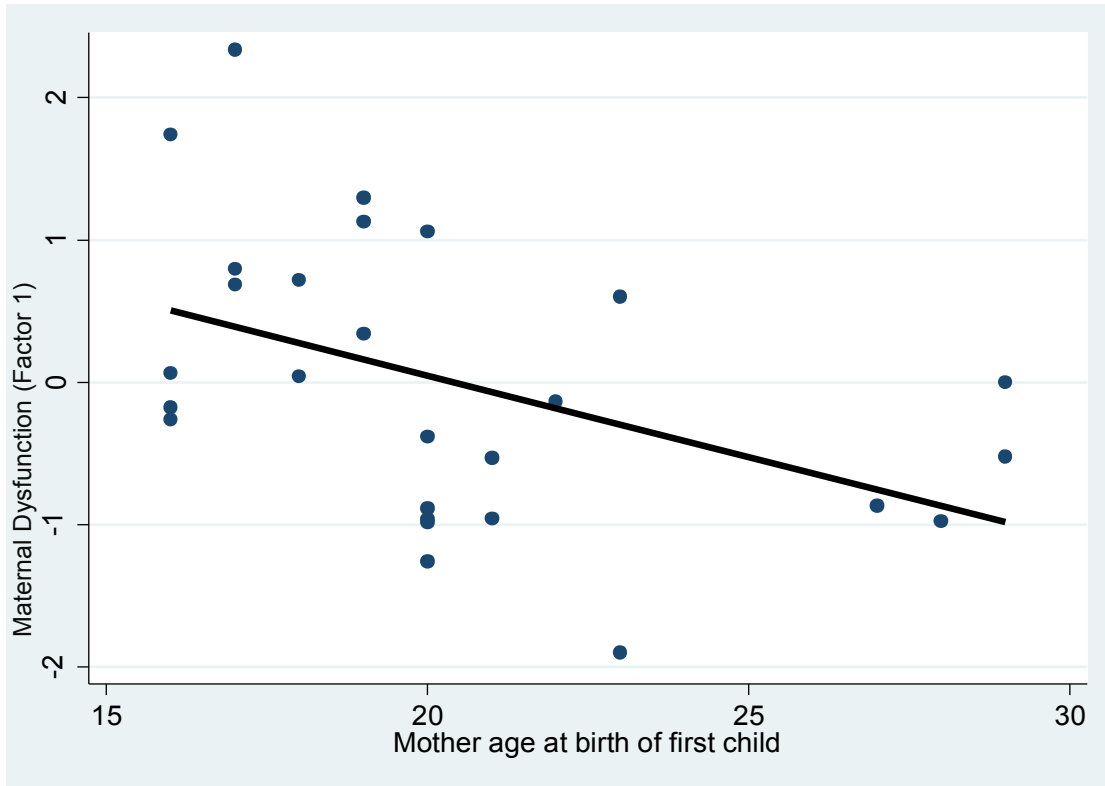


Table 3 includes the correlations among the mother's age at the birth of her first child, inappropriate developmental expectations, role reversal, reliance on rash punishment, low warmth, anxious about being abandoned, ability to depend on others, comfortable with closeness, defensive responding, parental distress, parent-child dysfunctional interactions, and difficult child. Low level of warmth was positively correlated with inappropriate developmental expectations, role reversal, defensive responding, parental distress, and difficult child. Statistically significant correlations between mother's age and parental characteristics were seen

in five of the variables. Mother's age at the birth of her first child was negatively correlated with role reversal, low warmth, anxious about being abandoned, parent-child dysfunctional interactions, and difficult child.

The correlation matrix also displays correlations between the parenting characteristics. Parent-child dysfunctional interactions was positively correlated with inappropriate developmental expectations. Difficult child was positively correlated with rash punishment and defensive responding. Ability to depend on others was negatively correlated with anxiety about being abandoned, and comfortable with closeness was positively correlated with ability to depend on others. The correlational matrix demonstrated that many of the parental characteristics are correlated to other parental characteristics, particularly the low warmth variable.



Table 3  
*Correlations and Significance Levels Among Parental Characteristics (N=27)*

Variables	AB	IE	RR	RP	LW	AA
inappropriate developmental expectations (IE)	-0.3073 0.1190					
role reversal (RR)	-0.5232 0.0051	0.3340 0.0887				
reliance on rash punishment (RP)	-0.3530 0.0709	0.4722 0.0129	0.2368 0.2344			
low warmth (LW)	-0.4328 0.0242	0.5375 0.0038	0.5941 0.0011	0.6812 0.0001		
anxious about being abandoned (AA)	-0.3843 0.0478	0.3417 0.0811	0.4156 0.0311	-0.0074 0.9709	0.3481 0.0752	
ability to depend on others (DO)	0.1756 0.3809	-0.4640 0.0148	-0.4630 0.0150	-0.1719 0.3913	-0.4561 0.0168	-0.5530 0.0028
comfortable with closeness (CC)	-0.1274 0.5266	-0.2963 0.1334	-0.0571 0.7773	-0.0477 0.8133	-0.0821 0.6839	-0.1536 0.4444
defensive responding (DR)	-0.2060 0.3026	0.3708 0.0569	0.4175 0.0303	0.1648 0.4114	0.5388 0.0037	0.4255 0.0269
parental distress (PD)	-0.0827 0.6816	0.3992 0.0391	0.2960 0.1338	0.1320 0.5116	0.4953 0.0086	0.4589 0.0160
parent-child dysfunctional interactions (DI)	-0.4023 0.0375	0.5657 0.0021	0.2823 0.1537	0.7138 0.0000	0.6755 0.0001	0.1999 0.3175
difficult child (DC)	-0.4286 0.0257	0.3772 0.0524	0.1610 0.4225	0.5265 0.0048	0.5234 0.0051	0.2272 0.2544

*Note.* The mother’s age, in years, at the birth of her first child is represented by the variable labeled “AB.”

*Note.* The *p*-value is given under each correlation.

Table 3. (continued)  
*Correlations and Significance Levels Among Parental Characteristics (N=27)*

Variables	DO	CC	DR	PD	DI
comfortable with closeness (CC)	0.5900 0.0012				
defensive responding (DR)	-0.4541 0.0173	-0.1264 0.5300			
parental distress (PD)	-0.4622 0.0152	-0.1474 0.4632	0.8989 0.0000		
parent-child dysfunctional interactions (DI)	-0.3908 0.0439	-0.0846 0.6747	0.4502 0.0185	0.4397 0.0217	
difficult child (DC)	-0.2759 0.1637	0.0756 0.7079	0.5509 0.0029	0.4845 0.0104	0.8628 0.0000

*Note.* The mother’s age, in years, at the birth of her first child is represented by the variable labeled “AB.”

*Note.* The *p*-value is given under each correlation.

### Conclusion

I predicted that mothers under the age of 20 at the birth of her first child would demonstrate a lower level of warmth, a higher level of reliance on physical punishment, more inappropriate developmental expectations, a higher level of role reversal, more anxiety about being abandoned, less comfortableness being close to others, a lower ability to depend on others, more parental distress, more parent-child dysfunctional interactions, and more defensive responding to survey questions. A statistically significant difference in parenting characteristics between adolescent mothers and older mothers was found in nine of the 11 variables.

Adolescent mothers were more likely to show lower levels of warmth, higher levels of reliance on physical punishment, more inappropriate developmental expectations, and higher levels of role reversal. High areas in any of these four variables could put the mother at risk for child abuse (Collins & Read, 1990). Table 3 indicates that low warmth may be a predictor variable for many other negative parenting behaviors because of the multiple positive correlations between low warmth and negative parenting characteristics. The null hypothesis that adolescent mothers and older mothers have the same risk for child maltreatment can be rejected.

The largest difference of means ( $p < 0.001$ ) between adolescent mothers and older mothers was seen in parent-child dysfunctional interactions and perceptions of having a difficult child. Adolescent mothers were more likely to have more parent-child dysfunctional interactions and were more likely to believe that their children were difficult. Adolescent mothers were also more likely to report higher levels of parental distress. According to the PSI/SF manual, this could indicate that adolescent mothers have a tougher time in forming parent-child relationships, setting child limits, and gaining child cooperation (Abidin, 1995). As seen in Table 3, perceiving

that their child is difficult could also lead to a higher use of rash punishment. The null hypothesis that adolescent mothers and older mothers face the same levels of parental stress can be rejected.

There was not a statistically significant difference between adolescent mothers and older mothers for two of the three attachment dimensions. Adolescent mothers and older mothers had almost an identical average for being comfortable with closeness, and close means for their ability to depend on others. The data indicated that adolescent mothers were more likely to feel anxious about being abandoned than older mothers. Because the majority of the attachment dimension differences were statistically insignificant, the null hypothesis that adolescent mothers and older mothers share the same attachment attitudes can be accepted.

Overall, the results indicate that adolescent mothers are more likely to display higher levels of maternal dysfunction than older mothers. As seen in Table 3, mother's age at the birth of her first child was negatively correlated with role reversal, low warmth, anxious about being abandoned, parent-child dysfunctional interactions, and difficult child. As the mother's age at the birth of her first child increases, role reversal decreases, warmth and empathy towards her child increases, anxiety about being abandoned decreases, parent-child dysfunctional interactions decrease, and perceptions of having a difficult child decrease. Higher levels of maternal dysfunction can lead to negative developmental outcomes for the child (Belsky, 1984). Higher levels of maternal dysfunction in adolescent mothers are probably because of a multitude of factors that influence an adolescent's life. Adolescent social pressures can lead to increased mental health problems, with about half of adolescent mothers battling depressive symptoms (Cox et al., 2008).

Although there are limitations in research studies, it appears that young maternal age is related to some level of negative outcomes for American mothers, even when statistically

controlling for other factors. The cycle of early pregnancies within families and communities can lead to the health, educational, and behavioral issues continuing through generations, which negatively impacts society as a whole (Klein, 2005). Although the number of adolescent pregnancies has decreased, it remains a prevalent issue, and researchers suggest that it should receive continued attention (Perper & Manlove, 2009). Many successful programs have been implemented to help adolescent mothers achieve more positive outcomes, but the at-risk children of adolescent mothers are currently not receiving the support they need. Results of the current study indicate the need to educate adolescent mothers on the importance of showing her child warmth and empathy, the appropriate child development milestones, the appropriate roles for the mother and child, how to utilize punishment that is not harmful to the child, the importance of self-care, and ways to lower parental stress. Research on the differences between adolescent mothers and older mothers must continue in order to identify factors and help adolescent mothers overcome those factors that may lead to negative child outcomes.

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**Appendix A**

**Inappropriate Developmental Expectations**

*Survey Items For Inappropriate Developmental Expectations*

<b>statements</b>	<b>strongly disagree</b>	<b>disagree</b>	<b>agree</b>	<b>strongly agree</b>
1. Children should verbally express themselves before the age of one year	sd	d	a	sa
2. Parents should expect their children who are under three years to begin taking care of themselves	sd	d	a	sa
3. Parents should expect their children to feed themselves by twelve months	sd	d	a	sa
4. Parents should expect their children to grow physically at about the same rate	sd	d	a	sa
5. Children under three years should be expected to feed, bathe, and clothe themselves	sd	d	a	sa
6. Children five months of age ought to be capable of sensing what their parents expect	sd	d	a	sa

**Appendix B**

**Reliance on Rash Punishment**

*Survey Items For Reliance On Rash Punishment*

statements	strongly disagree	disagree	agree	strongly agree
1. Parents should teach their children right from wrong by sometimes using physical punishment	sd	d	a	sa
2. Children learn good behavior through the use of physical punishment	sd	d	a	sa
3. Children develop good strong characters through very strict discipline	sd	d	a	sa
4. Parents should slap their child when he or she does something wrong	sd	d	a	sa
5. Children should always be spanked when they misbehave	sd	d	a	sa
6. Parents have a responsibility to spank their children when they misbehave	sd	d	a	sa
7. Children should always "pay the price" for misbehaving	sd	d	a	sa
8. Children deserve more discipline than they get	sd	d	a	sa
9. Children are more likely to learn appropriate behavior when they are spanked for misbehaving	sd	d	a	sa

**Appendix C**

**Role Reversal**

*Survey Items For Role Reversal*

statements	strongly disagree	disagree	agree	strongly agree
1. Young children should comfort their mother when she is feeling blue	sd	d	a	sa
2. Children should be the main source of comfort and care for their parents	sd	d	a	sa
3. Young children should hug their mother when she is sad	sd	d	a	sa
4. A good child will comfort both of her parents after the parents have argued	sd	d	a	sa
5. Young children should be aware of ways to comfort their parents after a hard days work	sd	d	a	sa
6. Young children should be responsible for much of the happiness of parents	sd	d	a	sa
7. Young children should try to make their parents' life more pleasurable	sd	d	a	sa
8. Young children should comfort their father when he is upset	sd	d	a	sa

**Appendix D**

**Level of Warmth and Empathy**



*Survey Items For Level of Warmth and Empathy*

statements	strongly disagree	disagree	agree	strongly agree
1. Parents will spoil their children by picking them up and comforting them when they cry	sd	d	a	sa
2. Young children who feel secure often grow up expecting too much	sd	d	a	sa
3. Parents who are sensitive to their children's feelings and moods often spoil their children	sd	d	a	sa
4. Children whose needs are left unattended will often grow up to be more independent	sd	d	a	sa
5. Parents who encourage communication with their children only end up listening to their complaints	sd	d	a	sa
6. Children will quit crying faster if they are ignored	sd	d	a	sa
7. Children who are given too much love by their parents often grow up to be stubborn and spoiled	sd	d	a	sa
8. Children should be forced to respect parental authority	sd	d	a	sa
9. Young children who are hugged and kissed usually grow up to be sissies	sd	d	a	sa

**Appendix E**

**Comfortable With Closeness**

*Survey Items For Comfortable With Closeness*

statements	strongly disagree	disagree	agree	strongly agree
1. I do not often worry about someone getting to close to me	sd	d	a	sa
2. Often, love partners want me to be more intimate than I feel comfortable being	sd	d	a	sa
3. I am somewhat uncomfortable being close to others	sd	d	a	sa
4. I am nervous when anyone gets too close	sd	d	a	sa
5. I find it relatively easy to get close to others	sd	d	a	sa
6. I am comfortable having others depend on me	sd	d	a	sa

**Appendix F**

**Ability To Depend On Others**

*Survey Items For Ability To Depend On Others*

statements	strongly disagree	disagree	agree	strongly agree
1. I know that others will be there when I need them	sd	d	a	sa
2. I find it difficult to trust others completely	sd	d	a	sa
3. People are never there when you need them	sd	d	a	sa
4. I am not sure that I can always depend on others when I need them	sd	d	a	sa
5. I find it difficult to allow myself to depend on others	sd	d	a	sa
6. I am comfortable depending on others	sd	d	a	sa

**Appendix G**

**Anxiety About Being Abandoned**

*Survey Items For Anxiety About Being Abandoned*

statements	strongly disagree	disagree	agree	strongly agree
1. I want to merge completely with another person	sd	d	a	sa
2. I do not often worry about being abandoned	sd	d	a	sa
3. I often worry that my partner does not really love me	sd	d	a	sa
4. I find others are reluctant to get as close as I would like	sd	d	a	sa
5. I often worry my partner will not want to stay with me	sd	d	a	sa
6. My desire to merge sometimes scares people away	sd	d	a	sa

**Appendix H**

**Parental Distress**



*Survey Items For Parental Distress*

statements	strongly agree	agree	not sure	disagree	strongly disagree
1. I often have the feeling that I cannot handle things very well	sa	a	ns	d	sd
2. I find myself giving up more of my life to meet my children's needs than I ever expected	sa	a	ns	d	sd
3. I feel trapped by my responsibilities as a parent	sa	a	ns	d	sd
4. Since having this child, I have been unable to do new and different things	sa	a	ns	d	sd
5. Since having a child, I feel that I am almost never able to do things that I like to do	sa	a	ns	d	sd
6. I am unhappy with the last purchase of clothing that I made for myself	sa	a	ns	d	sd
7. There are quite a few things that bother me about my life	sa	a	ns	d	sd
8. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend)	sa	a	ns	d	sd
9. I feel alone and without friends	sa	a	ns	d	sd
10. When I go to a party, I usually expect not to enjoy myself	sa	a	ns	d	sd
11. I am not as interested in people as I used to be	sa	a	ns	d	sd
12. I don't enjoy things as I used to	sa	a	ns	d	sd

**Appendix I**

**Parent-Child Dysfunctional Interaction**

*Survey Items For Parent-Child Dysfunctional Interaction*

statements	strongly agree	agree	not sure	disagree	strongly disagree
1. My child rarely does things for me that make me feel good	sa	a	ns	d	sd
2. Most times I feel that my child does not like me and does not want to be close to me	sa	a	ns	d	sd
3. My child smiles at me much less than I expected	sa	a	ns	d	sd
4. When I do things for my child, I get the feeling that my efforts are not appreciated very much	sa	a	ns	d	sd
5. When playing, my child does not often giggle or laugh	sa	a	ns	d	sd
6. My child does not seem to learn as quickly as most children	sa	a	ns	d	sd
7. My child does not seem to smile as much as most children	sa	a	ns	d	sd
8. My child is not able to do as much as I expected	sa	a	ns	d	sd
9. It takes a long time and it is very hard for my child to get used to new things	sa	a	ns	d	sd
10. I expected to have closer and warmer feelings for my child than I do, and this bothers me	sa	a	ns	d	sd
11. Sometimes my child does things that bother me just to be mean	sa	a	ns	d	sd
12. I feel that I am: 1- not very good at being a parent 2- a person who has some trouble being a parent 3-an average parent 4- a better than average parent 5- a very good parent	1	2	3	4	5

**Appendix J**

**Difficult Child**

*Survey Items For Difficult Child*

statements	strongly agree	agree	not sure	disagree	strongly disagree
1. My child seems to cry or fuss more often than most children	sa	a	ns	d	sd
2. My child generally wakes up in a bad mood	sa	a	ns	d	sd
3. I feel that my child is very moody and easily upset	sa	a	ns	d	sd
4. My child does a few things which bother me a great deal	sa	a	ns	d	sd
5. My child reacts very strongly when something happens that my child doesn't like	sa	a	ns	d	sd
6. My child gets upset easily over the smallest thing	sa	a	ns	d	sd
7. My child's sleeping or eating schedule was much harder to establish than I expected	sa	a	ns	d	sd
8. There are some things that my child does that really bother me a lot	sa	a	ns	d	sd
9. My child turned out to be more of a problem than I expected	sa	a	ns	d	sd
10. My child makes more demands on me than most children	sa	a	ns	d	sd
11. I have found that getting my child to do something or stop doing something is: 1- much harder than I expected 2- somewhat harder than I expected 3- about as hard as I expected 4- somewhat easier than I expected 5- much easier than I expected	1	2	3	4	5
12. Think carefully and count the number of things which your child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.	10 +	8--9	6--7	4--5	1--3

**Appendix K**

**Human Subject Approval And Consent Form**

## Consent Form for the Study of Adolescent Mothers

1. Study Title: Study of Adolescent Mothers
2. Performance Site: Participants' homes
3. Investigators: The following investigators are available for questions about this study,  
M-F, 8:00 a. m. – 4:30 p. m.  
Lindsey N Landry  
Honors Student, Child and Family Studies  
Email: [lband63@lsu.edu](mailto:lband63@lsu.edu)  
Phone: 337-526-1963  
Dr. Sarah Pierce  
Associate Professor, Child Development  
Email: [pierce@lsu.edu](mailto:pierce@lsu.edu)  
Office: 225-578-1374
4. Purpose of the Study: The purpose is to examine possible attitudinal differences between adolescent mothers and older mothers.
5. Subject Inclusion: Women between the ages of 18 and 40 who have children aged 12 and under.
6. Number of subjects: 40
7. Study Procedures: The participants will spend approximately 30 minutes at home completing two questionnaires consisting of approximately 100 questions total. They will be provided with stamped, self-addressed envelopes to return the questionnaires.
8. Benefits: The results will hopefully help professionals better understand the correlation among mother's age, mother's social and emotional development, mother's parenting behaviors and attitudes, and parental stress. Completion of the study results in the potential to win a \$25.00 Visa gift card to be randomly drawn in a lottery.
9. Risks: There are no physical, psychological, academic, or professional risks to the children or the mothers. No information is of a sensitive or clinical nature. Some questions are negative in tone and may prompt some uncomfortable thoughts for the participant. The responses to the questionnaire will not affect the students' grades. Researchers will not be able to identify the participant who filled out each survey.
10. Right to Refuse: Subjects may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.
11. Privacy: The general findings of the study will be available to the participants when the project is completed. The results of this study will not be published, and will be used only to satisfy the requirements of LSU Ogden Honors College Thesis Studies. No names or identifying information will be included in the final thesis presentation and report. Information about individual mothers and children will not be available.

12. Support Services: If at anytime during this study you feel uncomfortable, anxious, or depressed, local support services are available to you. Please contact the following numbers if you would like to receive help. Local support services can be reached at the following numbers:

- a. Emergency: 911
- b. LSU Police: 225-578-3231
- c. Baton Rouge City Police: 225-389-2000
- d. East Baton Rouge Parish Sheriff's Office: 225-389-5000
- e. LSU Mental Health Services: 225-578-8774
- f. The Phone, 24 hour crisis line: 225-924-5781
- g. Rape Crisis Hotline: 225-383-7273
- h. Domestic Abuse Hotline: 888-411-1333

13. Signatures:

The study has been discussed with me and all of my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about my rights or other concerns, I can contact Dennis Landon, Institutional Review Board, (225) 578-8692, [irb@lsu.edu](mailto:irb@lsu.edu), [www.lsu.edu/irb](http://www.lsu.edu/irb). I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant's age at birth of first child: \_\_\_\_\_