

**A comparative assessment of early adult life status of graduates of the North Carolina Adolescent Parenting Program.**

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**Abstract:**

**PROBLEM:** What is the comparative impact of a second pregnancy prevention program for teen mothers on those who graduate from the program compared with a sample of young mothers of similar age and social circumstances who did not participate in the program?

**METHODS:** Fifteen program graduates and 20 nonprogram cohorts were surveyed regarding a range of life domains.

**FINDINGS:** Data indicated that program graduates were on a more positive life course: greater primary responsibility for housing and utilities, greater higher education enrollment, more job stability, and greater focus on career goals.

**CONCLUSION:** The differences demonstrate the value of programs designed to assist teen mothers through the challenges of parenting and their own adolescent development. Teen mothers who received these resources became more capable, happier, and confident, which in turn will make them better parents and more empowered to pursue their own personal development.

**Keywords:** adolescent development | teen parenting | teen pregnancy | psychiatric nursing | adolescents | pregnancy prevention programs

**Article:**

Teen pregnancy often is framed as a condition of risk to the pregnant or parenting adolescent. In the past, studies on why teens become pregnant frequently concluded that teens became pregnant because they lacked hope or opportunity. This conclusion was often supported by the fact that many teen mothers are from disadvantaged backgrounds characterized by poverty and lack of educational achievement (Franklin, Corcoran, & Ayers-Lopez, 1997; Meadows-Oliver, Sadler, Swartz, & Ryan-Krause, 2007). But, an increasing number of studies are beginning to show that a life of unfulfilled experiences and limited opportunities is not inevitable for teen mothers (e.g.,

Oxford et al., 2005; SmithBattle, 2007a). Having a child as a teenager is not an end point in a young woman's life. It need not mark the end of the pursuit of having a career, getting an advanced educational degree, or achieving any number of life goals. While it is often the case that teen mothers are non-White, from economically disadvantaged backgrounds, behind in or not attending school, dependent on family and others for financial support, and not in a reliably supportive relationship with the baby's father, these are not insurmountable barriers.

Conclusions from earlier studies that suggested that teen parenthood was a primary factor for poor developmental outcomes among female adolescents (e.g., Hofferth & Hayes, 1987) also are coming into question. SmithBattle (2007a) and others (e.g., Furstenburg, 2003; Hotz, McElroy, & Sanders, 2005) argue that many of these studies failed to take into account the role that factors, such as living in poor neighborhoods, living with a single mother, having a mother with limited formal education, and dropping out of school, have had in affecting teen mothers' personal and social developments. Moreover, the stereotypes that portray unmarried pregnant teens as resigned to being poor, disinterested in getting education, and unmotivated to do much beyond being a teen mother do not match the facts. Most teen mothers do not choose to drop out of school, be in unstable/unhealthy relationships, or be unemployed or underemployed and dependent on the others for their care (Hellenga, Aber, & Rhodes, 2002; Oxford et al., 2005).

While some recent analyses (e.g., Fletcher & Wolfe, 2009) suggest that being a teen mother increases the risk of not completing high school, needing to rely on cash assistance while parenting, receiving less postsecondary education, and having slightly lower earnings potential compared with nonparenting female adolescents, there is also evidence that having a child may actually benefit disadvantaged teens. Female teens who become mothers tend to avoid risky behaviors such as delinquency activities, smoking, and drug use (e.g., Corcoran, Franklin, & Bennett, 2000; Herman, 2006; Hope, Wilder, & Watt, 2003; Shanok & Miller, 2005), and orient toward self-improvement such as focusing on school achievement, enrolling in school, and employment (e.g., Corcoran et al., 2000; Herman, 2006; Hotz et al., 2005; SmithBattle, 2007b). This would seem to indicate that rather than being a time of developmental breakdown, for at least a good proportion of female adolescents who become pregnant, the experience heightens their sense of responsibility and hastens their transition to maturity (Shanok & Miller, 2007).

SmithBattle (2007b) suggests that teen motherhood can provide what Rutter (1999) called a "turning point experience," a critical junction that provides a teen the motivation, opportunity, and connections "to reduce the effects of prior adversity" (p. 367). This can come in a variety of forms, including formal contact with support programs, decisions to leave past relationships and negative activities behind, and/or to pursue educational or career aspirations. Hotz et al. (2005) suggest that teenage mothers are much more adaptable over their life cycle than previous

discussions of the consequences of teenage childbearing have suggested—at least in terms of subsequent educational and economic attainment of teen mothers. For example, even if teen mothers are less likely to receive a high school diploma, they tend to offset this shortcoming by being more likely to obtain a general educational development (GED) test and, more importantly, by working more while they are not attending school. SmithBattle (2007b) found among a sample of 19 teen mothers (15–18 years of age) that mothering transformed the meaning of school and often reset the life course of these teens as they reevaluated their goals and priorities for the future and their prior academic (under) achievement. Whereas school success had been a low priority before pregnancy, the responsibility of caring for a child provided a compelling reason to reinvest in education as a pathway to future opportunities. Moreover, because the teens did not expect to rely on partners to support them, they developed aspirations to return to or remain in school, and avoid low-wage jobs. For some, their pregnancies contributed to the development “of a new identity and inspired new goals” (p. 365), pushing some to consider college for the first time.

Whether a teen mother achieves adaptive functioning appears to be dependent largely on how well she manages stress and the demands of motherhood.

No doubt, teen pregnancy introduces many stressors and barriers, but it also can attract needed attention and support that help less advantaged adolescents with achieving positive life outcomes. Programs that help parenting teens deal with the challenges of being both a teenager and a parent of a very young child are a positive developmental source for these young women.

### The North Carolina Adolescent Parenting Program (NCAPP)

The NCAPP is administered through the Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services. The program supports the positive development of teen parents by helping them become self-sufficient and better able to support themselves and their children. This is done through activities designed to help the teens (a) delay a subsequent pregnancy until beyond adolescence; (b) graduate from high school or pass the GED tests; (c) successfully transition to adulthood through achievements such as enrolling in postsecondary education, receiving vocational training, being employed at a livable wage, and living in safe and stable housing environment; and (d) increase the incidence of appropriate discipline, nurturing behavior, and assurance that the children are well cared for.

Approximately 30 agencies operate these programs across the state of North Carolina. Each program serves between 15 and 25 pregnant or parenting adolescents, 19 years and younger. Eligibility criteria for NCAPP program enrollment requires that teen participants (a) have Blue Medicaid eligibility, (b) be enrolled in high school or in a GED program within 90 days, (c) if parenting, have a one child under 3 years of age, and (d) be a voluntary participant. To remain in the program, the teens have to work toward a high school diploma or GED equivalency, avoid a subsequent pregnancy, and avoid juvenile or criminal charges for illegal offenses.

The major challenges of programs that work with teen mothers are to help young women develop effective parenting skills, complete high school, acquire job skills, build a positive self-image, avoid negative personal relationships, and delay having a second teen pregnancy. The aim of this study was to provide an assessment of the current life status of a sample of young women who became mothers as teenagers and participated in NCAPP compared with a cohort sample of young parents who also had been teen mothers. Because few studies have examined the “what is next” question, this exploratory study was developed to assess the life status of the participants of one teen parent program and compare their status with a group of similar young adult mothers who had not had the benefit of receiving programmatic support to help them navigate adolescence and teen motherhood.

## Method

### Data Collection Design

Survey interviews were conducted with two samples of young adults who were mothers as teens: (a) NCAPP graduates, and (b) a cohort sample similar in age and friends or acquaintances of the NCAPP graduates.

### Comparison Samples

The NCAPP graduate sample was recruited from all graduates (2004 to 2008) of the Greensboro YWCA's Adolescent Parenting Program. During this period of time, 27 women who were teen mothers graduated from the program. The decision to focus on graduates for the NCAPP sample was based on the presumption that graduation means that program participants will have received maximum exposure to the principles of the program and that the impact of the program would be strongest for the teen mothers following their graduation from the program. The average age of the teens at entry in the program was about 16. We were interested in assessing

the graduates' lives as young adults (over the age of 18) when they would be more likely to be partly or fully responsible for their own and their child(ren)'s welfare. Because the study was designed to address the status of the program graduates at one point in time—after graduating from the program—a comparison group (cohort sample) was included. The intent was to create a sample that was as much alike as the NCAPP sample as possible in terms of socioeconomic, racial, and other social factors. The cohort sample was recruited primarily from the social networks of the NCAPP graduates who were asked to identify peers who were mothers like themselves who were over the age of 18 and had had a child within 2 years of their own (teen birth) child. In a few cases, some of the cohort group made recommendations of others who were teen mothers with whom they were acquainted. All of the mothers invited to be in the cohort sample were recruited by staff members of the Greensboro YWCA. All of the cohort mothers contacted to participate completed the survey interviews. The interview and contact protocols were approved by the Institutional Review Board of the University of North Carolina at Greensboro.

#### Data Measures

The data reported here were obtained using the Young Female Parent Life Status Assessment Form developed for this study. The instrument included items relating to the respondent's personal data, education level, current and planned educational pursuits, age and gender of children, involvement with the child(ren)'s father(s), living situations in past 12 months, financial and household responsibilities, past (12 months) and present employment, income and other financial sources, daily activities, involvement with the community, religious attendance, medical help access for self and children, tobacco, drug and alcohol use (past 12 months), pregnancy and sexually transmitted disease prevention, future pregnancy plans, use of community services, sources of and reliance on social support, peer associations, concerns for self and child(ren), parenting beliefs and parenting behavior, self-esteem, and life satisfaction.

The parenting assessments were based on the adaptation of two scales: the Parenting Sense of Competence Scale (PSCS; Gibaud-Wallston & Wandersman, 1978) and the Parenting Opinions Questionnaire (POQ; Azar, Robinson, Hekimian, & Twentyman, 1984). The POQ is an 80-item inventory that examines levels of agreement with normative beliefs about parenting on five dimensions: Leaving Children Alone, Proper Behavior and Feelings, Support of/Affection to Parents, Child Self-Care, and Appropriate Punishment. Respondents are asked to indicate if they agree or disagree with each statement. The entire original scale was not used: items referring to children aged 6 or older were either revised to reflect a younger age or eliminated; a 36-item adapted scale was administered. The PSCS has two subscales: “Role of a Parent” (sense of responsibility, Application of experience, being a model parent) and “Parenting Capabilities”

(abilities to deal problems/issues, parenting skills). Items are rated on a 1 to 5 scale from “strongly disagree” to “strongly agree.” The inventory has been reported as having good reliability, with test–retest coefficients of .86 for Intensity and .88 for Problem scores (Robinson, Eyberg, & Ross, 1980) evidence of concurrent validity (Boggs, Eyberg, & Reynolds, 1990). The Student Life Satisfaction Scale (Huebner, 1991), a subset of the Multidimensional Students' Life Satisfaction Scale, was used to measure life satisfaction. The subscale has been reported to have acceptable reliability, .72 to .84 (Huebner & Gilman, 2002). Self-esteem was measured using the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965). Responses were rated on a 4-point “strongly disagree” to “strongly agree”. Good reliability (0.72–0.90) for the scale has been reported (Gray-Little, Williams, & Hancock, 1997; Robins, Hendin, & Trzesniewski, 2001). Because this study was exploratory and involved a small sample, no statistical comparisons were conducted.

### Data Collection Interviews

The Young Female Parent Life Status Assessment Form was administered by experienced staff members of the YWCA. None of the staff conducting the interviews had previous contact with any of the study participants. The interviews took between 1 and 1½ hr to complete. The participant mothers were given a \$25 Wal-Mart gift card for their participation.

## Results

### Sample Characteristics

Table 1 presents comparative data of selected sample characteristics. Examination of age, race/ethnicity, and marital status indicates the two groups were very similar. For education status, given that it was a requirement for NCAPP graduation, all 15 of the NCAPP respondents completed high school. By contrast, 40% of the cohort group had not completed high school. Sixty percent of the NCAPP sample was enrolled either in a community college or a 4-year college. An additional 20% (n= 3) indicated they were planning to take college courses. By comparison, only six (30%) of the cohort group reported being enrolled in a community or 4-year college, although an additional 10% (n= 2) did indicate they planned to enroll in the future.



	<i>n</i>	%	<i>n</i>	%
<b>Mother's age at birth of first child (years)</b>				
Average	17.8		17.0	
Youngest	14.8		15.5	
Oldest	19.9		18.2	
<b>Mother's age at birth of second child</b>				
Before age 19 years (teen motherhood)	2	22	0	—
After age 19 years	7	78	4	100
<b>Total number of children</b>				
1	11	55	11	73
2	7	35	3	20
3	2	10	0	—
4	0	—	1	08
Average	1.6		1.4	

1. GED, general educational development; NCAPP, North Carolina Adolescent Parenting Program.

Also shown in Table 1 is summary information regarding age of the mothers at birth of their first child, the number of mothers who gave birth a second time while still of teen age (19 years or younger), and the total number of children for the two groups. More than twice as many cohort mothers reported having more than one child; two had a second child as a teen mother.

Living Situation, Employment Status, and Sources of Financial Support

Table 2 presents a summary of findings relating to the respondents' living situations. The findings represent where the mothers and their children had lived in the 12 months prior to the data interview. The results show that a large majority (87%) of the NCAPP sample reported living either on their own or with a husband or boyfriend. By comparison, just over half (55%) of the cohort group reported these living arrangements. Only about a fourth (27%) of the NCAPP group lived with a family member, whereas almost two thirds (60%) of the cohort sample reported living with family in the past 12 months. The two groups were similar in their satisfaction levels with the place in which they were living or with the people with whom they were living. They also were similar in their mobility patterns over the past 12 months and in their plans to move within the next 6 months.+

**Table 2. Living Situation, Employment Status, and Sources of Financial Support**

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
	<i>n</i>	%	<i>n</i>	%
Living where				
Living with significant other in the past 12 months	11	55	13	87
Living with family in the past 12 months	12	60	9	27
Satisfaction with where they are living	Average = 3.80 <sup>a</sup>		Average = 3.73	
Satisfaction with who they are living with	Average = 4.55		Average = 4.53	
Moved one or more times in the past 12 months	10	50	7	47
Plans to move in the next 6 months	6	30	5	33
Housing				
Respondent primarily responsible for housing	5	25	11	73

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
	<i>n</i>	%	<i>n</i>	%
Respondent's family primarily responsible for housing	11	55	3	20
Respondent primarily responsible for utilities	4	20	10	67
Respondent's family primarily responsible for utilities	11	55	3	20
Employment				
Employed at time of interview	6	30	10	67
Employed at least some time in the past 12 months	13	65	12	80
Sources of financial support				
Self and significant others	10	50	9	60
Family	7	35	3	20
Public/community support	2	15	3	20
Not reported	1	5	—	—

a Measured on a 5-point scale—higher values indicate greater satisfaction.

Almost three fourths (73%) of NCAPP mothers reported paying for their housing and two thirds (67%) for their utilities. This contrasts with the considerably lower percentage (25% and 20%, respectively) among the cohort group. By contrast, parents and family were identified more often to be responsible for these payments among the cohort group.

Table 2 also presents a summary of findings relating to employment status and sources of financial support. In terms of current employment, two thirds (67%) of the NCAPP group

compared with about one third (30%) of the cohort group reported being employed. More of the NCAPP group (80%) reported being employed at least some of the time in the past 12 months in comparison with the cohort group (67%). Of the members of both groups that reported not being employed, three of five NCAPP and nine of 14 from the cohort sample indicated they were actively looking for employment. The main issue for both groups limiting their ability to get employment was the need to find affordable and acceptable child care.

The sources of financial support reported by the study participants are also presented in Table 2. With respect to identification of their primary source of financial support, the identified sources were quite similar. It should be noted that for both groups, primary financial support was likely from self or significant others and/or family, and not from the public or private community sources.

Table 3 presents data on the personal behaviors of the two groups. As the data indicate, proportionately far more members of the cohort group were likely to smoke (45% versus 13%) and drink alcohol (55% versus 13%). Peer associations show similar patterns except that a somewhat higher proportion of the cohort mothers (55%) reported having friends with police arrest records than did the NCAPP mothers (33%). Type of birth control and consistency of use were very similar between the two groups. In addition, plans to have/not have another child were very similar. The two groups differed with respect to religious service attendance. A large majority (85%) of the cohort group reported attending weekly religious services as compared with less than half (47%) of the NCAPP group. Two thirds of the NCAPP group had a driver's license compared with less than half (40%) of the cohort sample.

**Table 3. Personal Behaviors**

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
Currently smoke	9	45	2	13
Have smoked in the past 12 months	11	55	2	13
Currently drinks alcohol	8	40	2	13
Have drunk alcohol in the past 12 months	6	30	4	27
Delinquent peers				

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
Gang members	0	00	2	13
Arrested by police	11	55	5	33
Use marijuana	11	55	10	67
Use other drugs	2	10	1	07
Currently use birth control	18	90	13	87
Plans for another child				
No immediate plans	13	65	9	60
Am currently pregnant	3	15	1	07
Attend religious services more than once a month	17	85	7	47
Have a driver's license	8	40	10	67

NCAPP, North Carolina Adolescent Parenting Program.

#### Service Support History

Table 4 shows both groups reported similar involvement with helping agencies in the community: Medicaid, Women, Infants & Children, the Health Department, Day Care Subsidy, and Unemployment Benefits. However, greater percentages of NCAPP mothers compared with the cohort mothers reported use of food stamps (93% versus 65%), being involved with the Temporary Assistance for Needy Families/Work First program (33% versus 15%), and the Family Life Council (27% versus 5%) and YWCA parenting programs (40% versus 5%).

**Table 4. Service Support History**

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
	<i>n</i>	%	<i>n</i>	%
Medicaid	17	85	13	87
Food stamps	13	65	14	93
WIC	13	65	8	53
YWCA Greensboro parenting program	1	05	6	40
TANF/work first	3	15	5	33
Family support counseling	1	05	4	27
Health department	6	30	3	20
Day care subsidy	3	15	3	20
Unemployment benefits	2	10	2	13

TANF, Temporary Assistance for Needy Families; WIC, Women, Infants & Children.

#### Concerns for Self and Children

Table 5 presents a listing of activities that respondents were asked to rate the extent to which each may or may not be a concern. In general, the ratings of the items were similar for the two groups, with most items warranting at least some concern. One exception to this pattern was the respondents' perceived acceptance by family, which both groups felt was not a concern. In terms of differential levels of concern, the amount of time spent with their children and finding a better job were markedly different between the two groups. The greatest concerns for both groups involved advancing their education and preparing for a career.

**Table 5. Concerns for Self and Children**

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
	<i>n</i>	<i>M</i>	<i>n</i>	<i>M</i>
Preparing for a career	20	3.10	15	3.53
Advancing my education	20	3.10	15	3.27
Getting a job	20	2.50	15	2.53
Finding a better job	16	2.88	14	2.79
Keeping my current job	11	1.64	13	2.46
Finding a better place to live	20	2.70	15	3.07
My ability to be a good parent	20	1.95	15	2.13
Amount of time spent with your child(ren)	20	2.00	15	2.73
Finding affordable day care	20	1.95	15	2.73
Finding acceptable day care	20	2.20	15	2.53
Getting clothing/toys for your child(ren)	20	1.90	15	2.33
Having some time for just myself	20	2.20	15	2.40
Dating someone accepting you have children	20	1.95	15	2.20
Current relationship with child(ren)'s father	20	1.90	15	2.07
Staying in contact with my friends	20	1.60	15	2.07
Having someone I can talk to when things bother me	20	2.05	15	2.00

	Cohort moms ( <i>n</i> = 20)		NCAPP graduates ( <i>n</i> = 15)	
	<i>n</i>	<i>M</i>	<i>n</i>	<i>M</i>
Being accepted by my family	20	1.60	15	1.53

1. *Note:* Scores ranged from 1 to 4, with lower scores associated with less concern.

NCAPP, North Carolina Adolescent Parenting Program.

### Parenting Measures

Table 6 presents comparative means on two parenting measures. The scores for the two groups were very similar, indicating comparable parenting knowledge and actions. Of note, the low score of the Support of/Affection to Parents subscale suggests that both groups had unrealistic expectations of how and to what extent their children are responsible for providing them emotional support.

Table 6. Parenting Measures

	Cohort moms ( <i>n</i> = 20)	NCAPP graduates ( <i>n</i> = 15)
Sense of competence as a parent	Mean score	
Role of a parent (items reflect sense of responsibility, application of experience, being a model parent)	3.85	3.74
Parenting capabilities (items reflect abilities to deal problems/issues, parenting skills)	3.96	4.06
Parenting opinions (POQ)	Percent agreement	

	<b>Cohort moms (<i>n</i>= 20)</b>	<b>NCAPP graduates (<i>n</i>= 15)</b>
Leaving children alone (items represent when appropriate to leave a young child on his/her own)	97	96
Proper behavior and feelings (items represented the expected behavior of young children)	78	68
Support of/affection to parents (items represent how parents expect to show support/affection toward them)	62	51
Child self-care (items represent parental expectations of young children taking care of own needs)	94	85
Appropriate punishment (items represent parental expectations of appropriate disciplinary actions with young children)	95	92
Total score	88	82

1. Note: Higher scores are associated with more perceived competence. Higher levels of agreement indicate correspondence with normative beliefs.

NCAPP, North Carolina Adolescent Parenting Program; POQ, Parenting Opinions Questionnaire.

#### Life Satisfaction/Self Esteem

Table 7 presents comparative means on a measure of life satisfaction and self-esteem. The mean ratings were comparable for the two groups, indicating a relatively high level of life satisfaction and moderate to high self-esteem.

**Table 7. Life Satisfaction/Self-Esteem**

	<b>Cohort moms (n= 20)</b>	<b>NCAPP graduates (n= 15)</b>
Average score		
Student life satisfaction	23.5	22.7
Self-esteem	24.9	22.8

1. *Note:* Higher scores are associated with greater satisfaction. Maximum score = 35. Scores lower than 15 suggest low self-esteem.

NCAPP, North Carolina Adolescent Parenting Program.

#### Discussion

In general, the results of the comparison of NCAPP mothers with a cohort group of young adult mothers who also had a child as a teenager were consistent with other findings on adolescent motherhood that having a child is not an “end point” but more of a “turning point” in the life of a young adult (Hellenga et al., 2002; Oxford et al., 2005; SmithBattle, 2007a). Although the study only assessed a cross-sectional sample of mothers between the ages of 18 and 24, their developmental paths were largely showing an emphasis of being providers for their children and avoidance of behavior (e.g., drug and alcohol use, involvement with criminal or deviant friends) that might interfere with their capacity to take care of their children.

The results of the comparison of the two groups suggested that the NCAPP group was doing better in some aspects, particularly relating to living independently of family and being more responsible for their own self-care and the care of their children. This may be attributable to the self-reliance and independent living skill sets that were targeted by the program. It also may be that the program provided essential social and emotional support to the NCAPP mothers that fostered greater confidence to live on their own, away from their families. Though not assessed in the study, it is possible that the NCAPP sample had fewer family resources to turn to and this might explain the lower reliance on familial resources.

The difference in family support may also account for the variations in patterns of parenting responsibilities between the two groups. The NCAPP mothers reported higher levels of responsibility. This may be due to the fact that the NCAPP group relied less on family support

and had greater responsibility for caring for their children. This may also be why the cohort mother group reported a profile of lower concerns with respect to themselves and their child(ren). Because the cohort group was more likely to be staying at home and not working or attending school (which presumably gave them more time to be with their children), they had less concern about child care and other aspects of childrearing than the NCAPP sample. The concern for finding a better job among the cohort group may be related to the lower incidence of employment among this group.

The NCAPP focus on setting and attaining goals may explain this heightened sense of responsibility. From the perspective of empowerment philosophy that NCAPP graduates received while in the program, this group may have developed a greater sense of self-efficacy and recognized that their actions impact the health and well-being of themselves and their children. The cohort mother group reported a profile of lower concerns with respect to themselves and their child(ren). The cohort group may have been more inclined to believe that their decisions and actions had less impact on their future or that of their children. Because the cohort group was more likely to be staying at home and not working or attending school, their perceived responsibility may have been limited because they depended on others with whom they were living to take care of many of their needs. By contrast, the concern NCAPP mothers had about childrearing may have reflected a heightened awareness of the lack of contact time they were experiencing with their child(ren) which may make them more concerned about the quality and availability of quality child care.

The differences between the NCAPP teen moms and the cohort group suggest the importance of programs designed to assist teen mothers through the challenges of parenting and their own late adolescent development. While this study was not conducted to compare the effects of the specific goals or point of emphasis of the NCAPP, the findings between the groups suggest subtle and potentially significant differences that show an overall apparent pattern of benefit to the NCAPP sample. The implication of these differences is that the graduates of the program appear more prepared for adulthood and parenthood. The competing demands of young adulthood and new parenting present needs for resources which often extend beyond what is provided by traditional sources such as family, school, and social service agencies (Brosh, Weigel, & Evans, 2007; SmithBattle, 2007b; Wijnberg & Weinger, 1998). As such, it is important that teen mothers receive these resources so that they can become more capable, happier, and confident, which in turn will make them better parents and pursue activities for their own personal development.

## Study Limitations

The implications of the findings of this study need to be considered in the context of several limiting factors. The two comparison groups were not drawn from the same initial population pool. However, the comparability of the two samples on many of the variables, including their demographics, parenting behaviors, and self-esteem levels, suggests that the samples were similar in a number of ways. The NCAPP participants were young adults who had children as teenagers who originally met specific NCAPP program enrollment criteria. The cohort sample was recruited after the NCAPP group had graduated from their teen parenting program. While only a little more than half of NCAPP graduates were located and interviewed, the “participation” rate was actually quite good. It is extremely difficult to remain in touch with this population once they have graduated from the program. Participants who continue to live locally are relatively easy to track, but once youth graduate high school or obtain their GED and are transitioning to live away from their parents, their willingness to remain in contact is dependent on their need and desire to do so. Although it is possible that those who were located and participated were in some way different from those that were not found, the staff who knew the participants did not believe that their experiences and achievements while in the program were substantively different.

## Conclusions and Implications

There were many similarities between the two groups in terms of their views as parents, perceptions of parenting capabilities, self-esteem and life satisfaction, but as a group, the NCAPP sample's greater apparent self-reliance suggests that they have better personal resources with which to deal with the challenges of adulthood and parenting. This difference may seem subtle, but it actually could be quite profound. The fact that the NCAPP participants were more likely to be living independently of parents and other family and reported being largely responsible for themselves and their children indicates a level of personal development and maturity and perhaps greater capacity to deal with the stresses and challenges of raising children

## Implications for Psychiatric/Psychological Practice

The findings of this study indicate that the transition from being a teen mother to being a young adult mother carries significant burdens of trying to establish an independent life as a parent and as an adult. The burden is particularly impacted by the responsibilities of parenthood at an age when social and educational limitations can be particularly influential on self-development. Adolescence is normally a time for great personal exploration and when this process is impaired or delayed, it can have profound effects on social–emotional growth, development of self-reliance, and attachment to destructive dependencies (e.g., alcohol and drug use, tolerance of abusive relationships, reluctance to pursue personal development). Findings from this study suggest that, at least for adolescent mothers with nonclinical psychological issues, social and

emotional support for key personal developmental goals such as education and parental responsibility can mitigate some of the additional stress and empower adolescent mothers as parents and as individuals with significant personal agency and responsibility. Moreover, by obtaining skills and resources necessary to take control of their lives, teen mothers can increase healthy behaviors, eliminate risky behaviors, and better handle life's challenges. More research is needed in comparing the effectiveness of various methods of supporting and encouraging teen mothers to develop their self-efficacy across the range of choices and opportunities available to them. If the success of adolescent mothers depends on their ability to make healthy decisions, a greater understanding of how to teach good decision making and self-advocacy is also needed.

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