

5-12-2000

# Rural Pregnant and/or Parenting Teenagers and Their Informal Support Systems

Rhonda Burns  
*Augsburg College*

Follow this and additional works at: <https://idun.augsburg.edu/etd>



Part of the [Social Work Commons](#)

---

## Recommended Citation

Burns, Rhonda, "Rural Pregnant and/or Parenting Teenagers and Their Informal Support Systems" (2000). *Theses and Graduate Projects*. 155.

<https://idun.augsburg.edu/etd/155>

This Open Access Thesis is brought to you for free and open access by Idun. It has been accepted for inclusion in Theses and Graduate Projects by an authorized administrator of Idun. For more information, please contact [bloomber@augburg.edu](mailto:bloomber@augburg.edu).

AUGSBURG COLLEGE LIBRARY

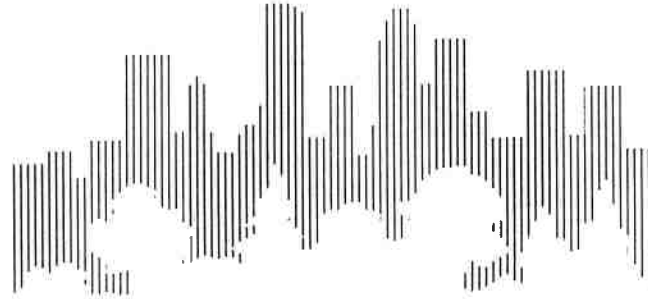


3 0510 02088 0458

---

**AUGSBURG**

---



---

**C • O • L • L • E • G • E**

---

**MASTERS IN SOCIAL WORK  
THESIS**

**Rhonda Burns**

**MSW  
Thesis**

**Rural Pregnant and/or Parenting Teenagers  
and Their Informal Support Systems**

Thesis  
Burns

2000

RURAL PREGNANT AND/OR PARENTING TEENAGERS AND THEIR INFORMAL  
SUPPORT SYSTEMS: WHAT TYPES OF SUPPORT DO THEY PROVIDE?

Rhonda Burns

Submitted in partial fulfillment of  
the requirements for the degree of  
Masters of Social Work

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

2000

MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL


This is to certify that the Master's Thesis of :

Rhonda Burns

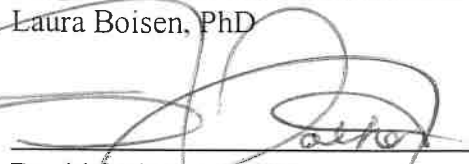
has been approved by the Examining Committee for the thesis requirement for  
the Master of Social Work Degree.

Date of Oral Presentation: May 12, 2000

Thesis Committee:

  
Maryann Syers, PhD

  
Laura Boisen, PhD

  
David Sather, LICSW

## Acknowledgments

I would like to thank my husband, Mike, for supporting me through the completion of my thesis and Master of Social Work Degree. I would not have made it without your love, encouragement, reinforcements, dry shoulder, and open ear.

I would like to thank my mother and father-in-law, Jack and Sandy, for their continuous support and encouragement. Your love and kind words will not be forgotten.

I would like to thank Maryann Syers for her “pickiness” and expectations. You pushed me to challenge myself and realize I had what it took during those times of overwhelmingness. Thanks for all your encouragement and reinforcements.

## ABSTRACT

### Rural Pregnant and/or Parenting Teenagers and Their Informal Support Systems: What Types of Support Do They Provide?

Rhonda Burns

05/12/2000

Pregnant and/or parenting teenagers are influenced by education level, socioeconomic status and social support systems. Numerous studies of urban pregnant and/or parenting teenagers have examined the formal support systems and their efficacy. Few researchers have examined rural pregnant and/or parenting teenagers and their informal support systems. This quantitative study surveyed 37 pregnant and/or parenting teenagers receiving case management services through Kandiyohi County Family Services, resulting in 7 respondents. The research questions included:

1. What are the perceptions and of rural Kandiyohi County pregnant and/or parenting teenagers regarding their informal support systems?
2. What are their interpretations of the support being offered?
3. Do both supportive and/or conflictual relationships occur within each individual support system?

Perceptions and interpretations of their relationships with their identified informal support systems, including family, friends, school or work contacts, and other were identified.

Adaptation to parenting is effected positively and negatively by the types of support systems surrounding the teenagers, availability of support systems, and the amount of support provided.

## Table of Contents

I. Introduction .....	1
A. Statement of the problem/objective .....	1
B. Research Question .....	2
II. Review of the Literature .....	4
A. Literature Components .....	4
1. Scope of the Problem.....	4
2. Factors Influencing Teenage Pregnancy/Parenting.....	7
3. Education .....	8
4. Socioeconomic .....	11
5. Social supports .....	15
6. Kandiyohi County Formal Supports Systems .....	19
B. Gaps in the Literature .....	21
C. Conclusion of Literature .....	22
III. Theoretical Framework.....	24
A. Life Cycle Theory.....	24
B. Erik Erickson’s Stages of Development.....	24
IV. Methodology.....	28
A. Research Question .....	28
B. Research Design .....	28
C. Definitions .....	30
D. Study Population .....	30
E. Data Collection Instrument.....	31
F. Strengths/Limitations of Instrument.....	31
G. Data Analysis Procedure .....	34
V. Findings.....	36
A. Demographics.....	36
B. Informal Supports Identified.....	36
VI. Discussion.....	44
A. Implications for Future Research.....	47
B. Conclusion.....	48
VII. References.....	51
IV. Appendices.....	56

## Graphs

1.1 Informal Support Systems Identified - Overall Percentage Provided.....	37
2.1 Support Identified In Friends - Percent Provided.....	38
3.1 Support Identified In Family - Percentage Provided.....	40
4.1 Support Identified In Work/School Contacts - Percentage Provided.....	41
5.1 Support Identified In Relatives - Percentage Provided.....	42



## Figures

Figure 1.1 Percent of Sexually Active Teens.....	6
Figure 2.2 Age of Initiating Intercourse.....	6
Figure 2.1 School Ratings By Teachers.....	10
Figure 3.1 Dollars and Sense.....	14
Figure 3.2 How Much Money Are You Making In A Year?.....	15
Figure 3.3 Birth Control Costs.....	15

## CHAPTER ONE

### Introduction

Teenage pregnancy continues to be a controversial issue in today's society. Teenagers are presented with numerous biological and emotional changes during adolescence. Teenagers who have the additional adjustment of parenting and parenthood are in need of numerous support systems, both formal support systems and informal support systems. Without these, the teenagers and their children will be alone to cope with the numerous changes life will bring their way.

Pregnant and/or parenting teenagers are impacted by socioeconomic class, education level, and social support systems. The following literature review discusses in detail the challenges presented by each specific area, the benefits of having support in these areas, the negative effects of not having support in these areas, and how pregnant and/or parenting teenagers cope and adjust to their new lifestyle.

It is important to take into consideration how the support systems available are perceived and interpreted by the pregnant and/or parenting teenagers. If the teenagers perceive the support system as negative, unhelpful, critical, and/or judgmental, they will be less likely to access the support system available. The pregnant and/or parenting teenagers' interpretation of the offered support systems highly affects the success or failure of that particular support system. This creates a cyclical pattern of not only negatively affecting the support system, but also the pregnant and/or parenting teenager

and their child/ren.

Rural pregnant and/or parenting teenagers do not have the availability of formal resources compared to the pregnant and/or parenting teenagers who live in an urban community. Teenage pregnancy and/or parenting takes on many different meanings and levels of acceptance depending on the size of the rural community. Dependency may fall more on informal support systems in rural settings.

This research represents the perceptions and interpretations' pregnant and/or parenting teenagers of rural Kandiyohi County possess regarding their informal support systems. By utilizing their perceptions about their informal support systems, professionals involved with the teenagers will be able to format formal resources to assist in better meeting the needs of the pregnant and/or parenting teenager and their child/ren.

#### Research Question

Much of the research completed concerning pregnant and/or parenting teenagers involves teenagers from urban communities. There is little research on rural pregnant and/or parenting teenagers, the resources available to them and their perceptions of the support available. It is the individual's perception of the support, not the actual supportive interchanges, which influence mental health outcomes (Unger & Wandersman, 1985). Teenage pregnancy and parenting have been around as long as teenagers have been around. McAnarney & Hendee (1989) reported that the pervasiveness of teenage pregnancy and parenting in the United States, the social costs and urgent need to attack the problem was just beginning to be widely appreciated. This continues to be an area in

need of more resources and more support, resulting in healthier teenagers and their children.

Given this context, this study addressed the following three research questions:

1. What are the perceptions of rural Kandiyohi County pregnant and/or parenting teenagers regarding their informal support systems?
2. What are their interpretations of the support being offered?
3. Do both supportive and/or conflictual relationships occur within each individual support system?

## CHAPTER TWO

### Review of the Literature

Society must begin shedding the negative stereotypes attached to teenage pregnancy and parenting in an effort to continue the teenagers' education and receive the services they need to succeed. In an effort to understand the complex problems associated with teenage pregnancy and parenting, society sometimes simplifies the explanations and proposed solutions. "Pregnancy and parenthood are highly valued in the American society" (Scott-Jones, 1993, p. K1). Pregnancy and parenthood become problematic only because of the timing in the life course, particularly during adolescence. In the United States, teenagers are given conflictual messages about sexual activity. The media associates sex as exciting and a mark of adulthood versus societal values that imply unmarried girls should decline in participation (McAnarney & Hendee, 1989). Stengel and Wells (1985) found that in the course of one year, the average viewer sees more than 9,000 scenes of suggested sexual intercourse or innuendo on prime-time television. The messages teenagers receive increases their vulnerability to the adverse consequences of their sexual behavior.

### Scope of the Problem

Approximately one million adolescents become pregnant in the United States every year, resulting in more than 410,000 live deliveries to school-aged mothers (Troutman and Cutrona, 1990; DiConsiglio, 1996; Stengel & Wells, 1985; Wingert, 1998; McAnarney &

Hendee, 1989; Lanning, 1996; Laskas, 1996). One-half of the pregnancies are unplanned and often unwanted; eight out of 10 teenage pregnancies are unintended (Contraception Counts, 1999). Each day in Minnesota in 1996, 22 teenagers between the ages of 10 and 19 years became pregnant; fifteen of the 22 pregnancies resulted in live births (MOAPPP, 1997). Minnesota's teenage pregnancy rate ranks 48th nationally with 64 per 1,000 pregnancies between the ages of 15 and 19 (Contraception Counts, 1999). In 1996, 147 teenagers under the age of 15 became pregnant resulting in 81 births; 2,879 15 to 17-year-olds became pregnant, resulting in 1,938 births; 4,961 18 to 19-year-olds became pregnant, resulting in 3,475 births. This totals 7,841 pregnancies and 5,413 births to teenagers ranging in ages from 15 to 19 years old (MOAPPP, 1997). "If present trends continue, researchers estimate, fully 40% of today's 14-year-old girls will be pregnant at least once before the age of 20" (Stengel & Wells, 1985, p. 79). The age of teenagers' becoming sexually active continues to be younger and younger with 32% of 9th grade males and 24% of 9th grade females and 64% of 12th grade males and 55% of 12th grade females report being sexually active in Minnesota. The average age of initiating sexual intercourse for these teenagers included 13 years old for the 9th grade male, 13.5 years old for the 9th grade females and 15.5 years old for the 12th grade males and 15.6 years old for the 12th grade females (Figure 1.1, Figure 1.2).

Figure 1.1 Percent of Sexually Active Teens

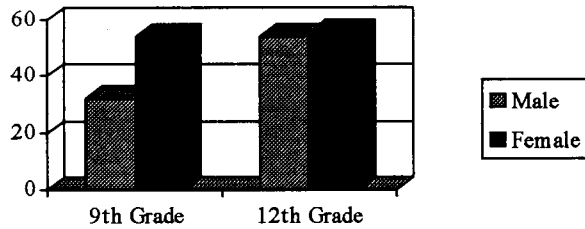
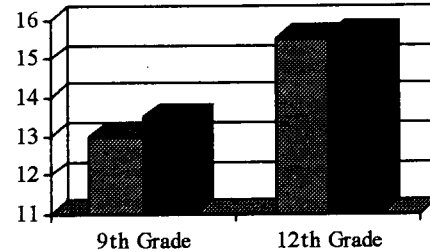


Figure 1.2 Age of Initiating Intercourse



Teenage mothers account for 20% of annual births in the country; ages 10-14 years comprise the fastest growing group of parents (Lowenthal & Lowenthal, 1997).

Dellmann-Jenkins, Sattler and Richardson (1993) found that the vast majority of teenage mothers (97%) keep their babies and choose to face the challenges of early child rearing.

The increasing likelihood that pregnant teens will carry to term reflects society's greater acceptance of unwed motherhood (Kaufmann, 1998; McAnarney & Hendee, 1989).

The following are statistics which demonstrate the scope of teenage pregnancy in today's society. Teenage mothers gave birth to 13% of babies born in 1995, accounting for one-third of the unwed mothers (Tomal, 1999; Lowenthal & Lowenthal, 1997).

“Every minute of every day, nearly two teenage girls in the United States become pregnant, that's 114 an hour, 2,740 a day” (Laskas, 1996, p. 67). Current trends show that the majority of pregnant and/or parenting teenagers will not marry and will live in poverty (McAnarney & Hendee, 1989; Lowenthal & Lowenthal, 1997). Guyer, Strobino, Ventura, and Singh (1995) report 67.1 live births per 1,000 women aged 15 - 44, the marriage rate of 15 - 17 year olds being 31 per 1,000. In 1996, 800,000 pregnancies occurred in women aged 15 - 19, 38% under age 17 (Contraceptive Technology Update,

1999; Jet, 1995).

Teenage pregnancy continues to be a concern, imposing lasting hardships on both the parent and the child. Slightly less than ½ of all births in Minnesota occur outside of the seven county metro areas (Eisenberg, 1997). The United States teenage pregnancy rate, although decreasing steadily since 1991 (Stevens-Simon & Kaplan, 1998; US Department of Health and Human Services, 1997; Wingert, 1998 ), is still one of the highest among industrialized nations (Tomal, 1999; Kaufmann, Spitz, Strauss, Morris, Santelli, Koonin, & Marks, 1998; Wingert, 1998; US Department of Health and Human Services, 1997; Lowenthal & Lowenthal, 1997; Rodriguez & Mora, 1995).

#### FACTORS INFLUENCING TEENAGE PREGNANCY AND/OR PARENTING

Many issues factor into how teenagers adapt to normal stages of development. Unplanned pregnancies project a myriad of personal, family and social consequences. Teenage pregnancy is an additional issue which throws the adolescent off life's natural developmental course. Deviations from the normative life patterns may set individuals apart from their peers, generating psychological, economic, and social consequences which factor into the rest of their life (McLaughlin & Micklin, 1983; Lowenthal & Lowenthal, 1997). Becoming a mother too soon accelerates the already difficult adolescent role and puts the adolescent mother out of sync with her life script.

Factors which influence teenage pregnancy and affect the teens' adaptation to their new role include social supports, the availability of the supports, the type of support, and how much support is provided (Thompson, 1986; Caldwell, Antonucci, & Jackson, 1998),



income supports, comprehensive school and health programs and remaining unmarried (Barth & Schinke, 1984). The following section will look at several factors which influence pregnant and parenting teenagers, including education, socioeconomic status, and informal social supports of family of origin and friends.

### Education

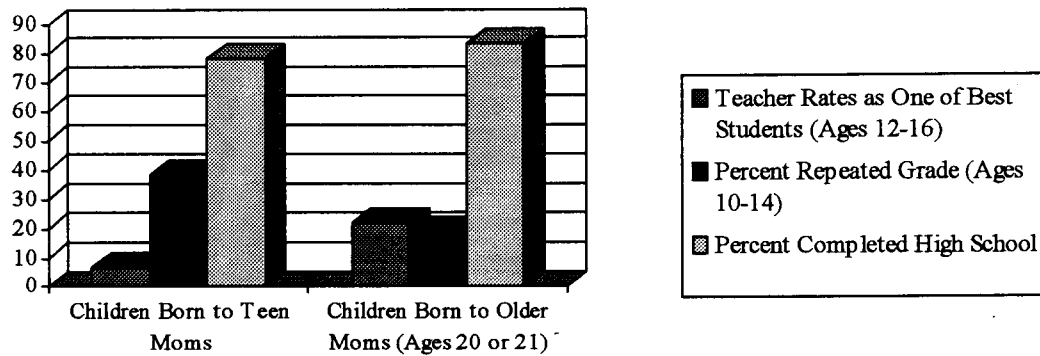
Society puts high expectations on boys and girls to complete more education than in the past. Marriage and childbearing are often delayed into the end years of reproduction. At the same time, girls are ready to have children biologically at earlier ages and society expects them to wait until they are much older to become adults (Scott-Jones, 1993). Teenage parents rarely catch up in the areas of education, occupation, or social advances of their non-parenting peers. Hao and Binton (1997), Laskas (1996), Stengel & Wells (1985), Rodriguez & Moore, (1995), and Unger and Wandersman (1985) find that most young mothers have decreased levels of education. Correlations between family, education, and socioeconomic status and unplanned teenage pregnancy exists. Research has shown that adolescent parenthood can result in negative health, social and economic consequences for both the teenage mother and her child (Barnett, Skatrud, Guild, Loda, & Klerman, 1997; Hogan, Huo, & Parish, 1990; Lowenthal & Lowenthal, 1997; Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP, 1999). One 1994 study of 64 teenage mothers at the Alfred I. DuPont Institute Children's Hospital in Wilmington, Delaware found that before becoming pregnant, one-third of all the girls tested an alarming two or more years below grade level in language and reading

(Laskas, 1996). Along with this, the parenting teenagers possessed inaccurate perceptions of their babies' development. In the case of pregnant and/or parenting teenagers, education is often terminated prematurely (McLaughlin & Micklin, 1983). Completing one's education supplies opportunities to choose more rewarding alternatives. Thompson (1986) reports the more education, the higher the overall well-being.

Thirty-two percent of teenage mothers attain their high school diploma/GED by the time they reach 30 years of age versus 50% of those mothers who delay childbearing until age 20 or older. In correlation, Maynard (1996) reports that 40% of all teenage mothers who drop out of high school obtain a GED certificate by age 30. The Alan Guttmacher Institute (1997) finds that in regards to educational attainment and achievement, dropping out rather than having a baby appears to be the key factor in separating adolescent mothers behind their peers. In other words, teenage pregnancy does not necessarily cause high a school drop out.

There are also consequences for children born to teenage parents. These children perform worse in school than those of older parents. A study by MOAPPP (1999) found that 7 percent of the children born to teenage mothers were rated as one of the best students versus 22 percent of the children born to older mothers; thirty-eight percent of children born to teenage mothers repeated a grade versus 19 percent of children born to older mothers; seventy-eight percent of children born to teenage mothers completed high school versus 83 percent of children born to older mothers (Figure 2.1).

Figure 2.1 School Ratings By Teachers



They are 50% more likely to repeat a grade, perform significantly worse on developmental tasks and more likely to drop out of school than those children born to mothers who wait until later in life for childbearing (Hurlbut, Culp, Jambunathan, & Butler, 1997; Stengel & Wells, 1985; Council of State Government, 1999; Maynard, 1996; Staples, 1999; Rodriguez & Moore, 1995). This may be attributed to the lack of education in regards to child development and the teenage parent lacking the cognitive skills themselves to make healthy decisions without support systems intact (Nath, Borkowski, Whitman, & Schellenback, 1991; Barth & Schenke, 1984). A lack of education not only can negatively influence the pregnant and/or parenting teenager, but also negatively affect the child. Only one in five females under the age of 15 years receives prenatal care during their first three months of the pregnancy. Inadequate medical attention and poor diet result in an increased risk for anemia and prematurity (Stengel & Wells, 1985). Young pregnant teenagers frequently are unable to plan constructively for themselves or their expected babies (Hurlbut, Culp, Jambunathan, & Butler, 1997; Young, Berkman, & Rehr, 1975).

Education has a major influence on a teenager's future socioeconomic status. With less education, a person has lower job security, lower financial security, less knowledge of resources and fewer supports which all contribute to weaker coping skills (Thompson, 1986; AGI, 1997). Also with less education, pregnant and/or parenting teenagers are less likely to find stable employment and are more likely to rely on public assistance (Rodriguez & Moore, 1995).

### Socioeconomic

A person's socioeconomic status is both affected by many aspects of one's life and also influences many aspects of one's life. Increased poverty has direct negative influences on the pregnant and/or parenting teenager and the child. Becoming a teenage parent may put limits on one's ability to achieve economic potential, as well as have an influence on the social environment. Research has shown that adolescent parenthood can result in negative health, social and economic consequences for both the teenage mother and her child (Barnett, Skatrud, Guild, Loda, & Klerman, 1997; Hogan, Huo, & Parish, 1990; Lowenthal & Lowenthal, 1997; Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP], 1999). The United States Department of Health and Human Services (1997) found adverse consequences for both the mother and child including increased risk of poverty, which has negative influences on their social environment. Laskas (1996) and the Council of State Government (1999) found that more than one-half of all teenage families live in poverty; women who had babies as teenagers make up one-half of the welfare caseload. Fifteen percent of all women between

the ages of 15 to 44 years in the United States live in poverty; seventeen percent of these women do not have private health insurance or Medicaid. In Minnesota, 12% of 15-44 year olds live in poverty, 11% of these women have no private health insurance or Medicaid (Contraception Counts, 1999). In 1995, Hicks reported that 53% of mothers who received AFDC were adolescents at the birth of their first child and 69% of the teenage births were paid for by Medicaid or other government resources. Babies who are born to teenage mothers are more likely to live in poverty, have poor educational outcomes, lower cognitive ability test scores, become incarcerated and teenage parents themselves (Hicks, 1995; Maynard, 1996; MOAPPP, 1999).

Teenage parents are disproportionately concentrated in poor communities due to teenagers living in communities with increased rates of poverty, welfare use, and single mother households. Women with below average academic skills coming from families with below poverty incomes are about five times more likely to become teenage mothers than those with solid skills and above average family incomes (Tomal, 1999; Gould, Herrehan, Pham, Bera, & Brindis, 1998). Sixty percent of teenagers who become pregnant live in poverty at the time of birth (Weatherley, 1997; MOAPPP, 1999). This seems to represent the cycle of poverty and teenage pregnancy, tying in lack of education, low cognitive skills, and low income/poverty. Teenage pregnancy and/or parenting exacerbates the problems of poverty and family stability.

When teenagers live in an area or community with a large population of children and poverty, they may not have the same goals and aspirations as middle/upper class and see no way out. "For young girls trapped in poverty, life offers few opportunities apart

from getting pregnant; pregnancy becomes one of the few accessible means of fulfillment” (Stengel & Wells, 1985, p.81). Many women with the above characteristics present in their life see having a child as the only alternative to a meaningful life (Gordon, 1996; Stevens-Simon & Lowry, 1995). Many children living in poverty are headed by a single female household which increases the acceptance and desire for a teenager to have her own baby. Pregnant and/or parenting teenagers living in poverty are more likely to be financially responsible for themselves and their baby and may be without the support of her family. It is extremely expensive to raise a child, factoring in most teenage mothers who are working receive a minimum wage salary versus the cost of birth control (Figure 3.1, Figure 3.2, Figure 3.3).

Figure 3.1 DOLLARS AND SENSE

Can you afford a baby - - even for ONE year?

	Basic Stuff	Nicer Stuff
diapers	\$550	\$800
baby formula	\$400	\$500
baby care products (bottles, wipes, lotion)	\$75	\$150
baby food	\$200	\$300
baby clothes and shoes	\$75 (second hand)	\$350
furniture (crib, high chair, car seat, stroller)	\$250	\$450
medical expenses (delivery, hospital, doctor, baby's check-ups)	\$4000	\$7500
child care (full time)	\$8320	\$14,300
your own apartment	\$4800 (one bedroom)	\$7200 (two bedrooms)
plus utilities	\$600	\$600
your other expenses (food, clothes, transportation)	\$2400	\$4200
<b>Total cost for your baby's first year*</b>	<b>\$22,020</b>	<b>\$36,850</b>

\* Costs have been estimated based on current prices at Twin Cities' retail and second-hand stores, hospitals, child care providers, and apartment placement services.  
[www.cyfc.umn.edu/MOAPPP/dollars.htm](http://www.cyfc.umn.edu/MOAPPP/dollars.htm)

Figure 3.2 HOW MUCH MONEY ARE YOU MAKING IN A YEAR?

	full time (40 hours per week)	part time (20 hours per week)
Minimum wage job:\$5.00/hr (like McDonald's, Target clerk)	\$10,400	\$5200
"Liveable wage" job:\$8.00/hr (like bank clerk, day care worker)	\$16,640	\$8320

[www.cyfc.edu/MOAPPP/dollars.htm](http://www.cyfc.edu/MOAPPP/dollars.htm)

Figure 3.3 BIRTH CONTROL COSTS\*\*

Abstinence	free
Box of 12 condoms	\$6.00
Contraceptive foam	\$12.00
Diaphragm and jelly	\$15.00
One year of birth control pills	\$100.00
One year of Depro-Provera	\$160.00
Norplant (effective for 5 years)	\$485.00

\*\* Costs based on current prices as Twin Cities' drugstores and teen clinics.

[www.cyfc.umn.edu/MOAPPP/dollars.htm](http://www.cyfc.umn.edu/MOAPPP/dollars.htm)

### Social Supports

Current social conditions generally make it difficult to become a responsible adult for those transitioning into adulthood. The mass media bombard adolescents with sexual stimuli and sexual themes in all genres (Scott-Jones, 1993). Adolescents have limited resources for positive role models in regards to adult sexual behavior and lack clear standards for what is considered sexually mature and responsible individuals. Stevenson,



Maton, and Teti (1999) found that young women often turned to informal support systems to assist with coping with the challenges of adolescent pregnancy and parenthood.

Social support systems include both formal and informal systems. Informal social supports include many different groups, including family of origin, friends, relatives, and work and/or school contacts. Formal support systems include Medicaid, education classes and support groups, to name a few. Family of origin and friends are most commonly identified sources of support throughout research on teenage pregnancy and/or parenting.

Adolescence is a time of growth physically and emotionally, a time of self discovery and the development of their own standards, self-esteem and values. Adolescents need the maximum amount of support and guidance from their family and friends. Many pregnant and/or parenting teenagers feel isolated socially because it is difficult to find friends who share parenting experiences (Lowenthal & Lowenthal, 1997; deAnda & Becerra, 1984). Winter (1997) found that psychologists who study adolescents have shown that between ages 11 and 16, girls who have become physically and emotionally hardy lose their self confidence and their self-esteem crumbles. Preparing for the future is a difficult task (Thompson, 1986; Nath et al., 1991; AGI, 1997). Informal social support may reduce the negative effects of stress in teenagers. Unger and Wandersmann (1985) found that mothers are more responsible and affectionate toward their children when support is available. There is much evidence that support interventions can help young mothers become more effective in coping with their transition to parenthood. The extent to which teenage mothers are at risk for biological and psychological problems and infants are at risk for developmental delays are dependent

upon the degree of social support, both formal and informal, received by the young pregnant and/or parenting adolescent (Nath et al., 1991; Perrin & McDermott, 1997; Barthe & Schinke, 1984).

Family plays a major role in the adjustment to parenthood for the pregnant and/or parenting teenager. Families of origin are the most significant refuge for teenage mothers, with most young parents having extensive contact with their families (Barthe & Schinke, 1984; Nath et al., 1991; Wingert, 1998). A teenager living in a stable environment may be able to rely on familial support in caring for the baby if she does become pregnant (Thompson, 1986; Tomal, 1999). Rodriguez & Moore (1995) found in their study of 341 pregnant and/or parenting teenagers, ages 11 to 19, that 58% of the teenagers lived in single parent households. Seventy percent of the teenagers rated their relationships with their mothers as "excellent" or "good." Forty-five percent gave similar ratings to their relationship with their father. Thirty-four percent would "always" or "usually" consult with their mothers, 13% would prefer to confer with their fathers. Sixty-eight percent indicated their parents were supportive of their pregnancy.

Conflict is also present amongst the pregnant and/or parenting teenager and her family of origin. Too much family contact, as perceived by the pregnant and/or parenting teenager, may also become detrimental with the family. It is common for conflict to be present during normal adolescent stages of development (Richardson, Barbour, & Bubenzer, 1991; Barthe & Schinke, 1984; Kellam, Adams, Brown, & Ensminger, 1982; Caldwell, Antonucci, & Jackson, 1998). Relationship strains stemming from influences of family life-span development, adjustment of parent and grandparent roles, and integrating

the teen father with family activities and decision making may increase the already high stress level. It is very important to minimize conflict between the teenage mothers and their family of origin since most teenage mothers and their children live at home during preschool years (Barth & Schinke, 1984; Dellman-Jenkins, Satler, & Richardson, 1993). There is potential for the adolescent to perceive both support and interference from family members. Too much contact may also result in teenage mothers risking loss of authority with their children.

The pregnant and/or parenting teenager has to cope with the typical stages of development, along with the tasks of motherhood. This is an example of the life span perspective, the accelerated role transition which places the teenager out of sync with other transitions along the life course (Nath, et al., 1991; Richardson, Barbour & Bubenzer, 1991; Lowenthal & Lowenthal, 1997; Hurlbut, Culp, Jambunathan, & Butler, 1997). "If positive parenting is enhanced by a strong sense of self and a secure identity, adolescents would appear to be at a disadvantage precisely because of their position of the life course" (Nath, Barbour, & Bubenzer, 1991, p. 416). This places the teenager in a stressful position due to decreased chances for success at essential tasks including school completion, job placement, and identity development. Reliance on their parents enables the adolescent to return to school, graduate, and receive financial support, enabling the teenager to successfully complete these essential tasks (Thompson, 1986; Barth & Schinke, 1984). Kellam, Adams, Brown, and Ensminger (1982) report most teenagers lived with their parents during the pregnancy and two/three of the teenagers were in school.

Family and peer support appear to be independent of each other, providing different types of support to the pregnant and/or parenting teenager. This may be due to the importance of peer relationships in adolescent development. Peer support was identified by Richardson, Barbour, and Bubenzer (1991) primarily as emotional support and an outlet for socializing. Teenage parents become less involved with extracurricular activities and socializing due to their responsibility for their child. Peer relationships may, and many times are, weakened by this (Richardson, Barbour, & Bubenzer, 1991; Nath et al., 1991).

#### Kandiyohi County

In 1995, two teenagers under the age of 15 became pregnant, resulting in one live birth; twenty-one teenagers between the ages of 15 and 17 became pregnant, resulting in 20 live births; forty-two teenagers between the ages of 18 and 19 became pregnant, resulting in 37 live births (MOAPPP, 1995). This resulted in 57 live births to teenagers between the ages of 15 and 19 years. From 1993 to 1995, twenty-seven 15-17 year olds gave birth and seventy-one 18-19 year olds gave birth.

There are numerous formal resources available serving minor parents in Kandiyohi County. The Kandiyohi County Teen Pregnancy Prevention Coalition (See Appendix 1) has formulated a brochure with the available resources (See Appendix 2-3). The Kandiyohi County Teen Pregnancy Prevention Coalition educates young people on the consequences of sexual activity, unprotected sex, and early childbearing. The Coalition tries to increase parents' knowledge and understanding of the challenges teenagers face

every day of their lives, including sexuality, sexual responsibility, increase community awareness of the impact teenage pregnancy has on the individual, the child, and the community. The Coalition provides educational materials, including pamphlets, books, curriculum, and public speaking regarding teenage pregnancy and the effects on the entire community.

Formal support systems include the Area Learning Center, Birth Partners, Child Care Resources and Referral, Community Teen Moms (CTM), Crisis Pregnancy Center, Expanded Food and Nutrition Education Program (EFNEP), Helping Us Grow (HUG), Kandiyohi County Family Services (financial assistance/child support and social services), Kandiyohi County Public Health Nursing Services, MinnesotaCare, New Beginnings, Planned Parenthood, SEARCH, Transitional Housing, and Women, Infants and Children (WIC).

Several formal resources are available for pregnant and/or parenting teenagers in Kandiyohi County. Medical Assistance (Medicaid) is available for those who meet the income guidelines. As of April 30, 1994, 45% of all families receiving AFDC (Aid to Families of Dependant Children) began with a teenager giving birth. Minnesota spent \$116,211 per month on Kandiyohi County AFDC, food stamps and medical assistance for families that began with teenage pregnancy (MOAPPP, 1995). PET is prepared childbirth classes specifically designated to meet the needs of pregnant teenagers and their partners. PET assists with understanding the physical and emotional changes that occur during pregnancy, how to take care of themselves during the pregnancy, how to prepare for labor and delivery, the legal and social rights and responsibilities of a pregnancy, the services

and resources available, and doula services, if desired (See Appendix 4). CTM is a program in collaboration with Lutheran Social Services, Kandiyohi County Family Services and Community Health Services, designated to assist young mothers with developing effective parenting and independent living skills. CTM assists the mother (and the partner) with developing parenting skills, learning how to locate, get hired, and secure employment, explore education options, clarifying legal rights and responsibilities, identifying community programs that fit the young mothers' personal needs and interests, understanding better who you are, where you come from and where you want to go, discussing and providing information regarding AIDS, safe sex, and other sexuality issues, developing basic living skills, self esteem issues, and making friends who are experiencing similar situations (See Appendix 5).

While there are many formal resources in place, there is little information on informal support systems, supportive and/or conflictual. This researcher focused on the identified informal support systems from the pregnant and/or parenting teenagers' perspective. It is critical that the pregnant and/or parenting teenagers are able to express the positive and conflictual aspects of their informal support systems in order to better the formal support systems' components, as well as giving an idea of what types of support are being offered amongst their identified informal support systems.

### Gaps in Literature

Much of the research focuses on the positive aspects of social supports. Negative aspects of social networks have not been systematically examined, and negative influences

reported have been secondary rather than primary interest. Most research has been conducted in urban settings, with little research in rural communities. Urban and rural youth have similar rates of high risk behavior known to influence adolescent pregnancy and early childbearing (Barnett, Skatrud, Guild, Loda, and Klerman, 1997). This has been disproportionately represented in the research, primarily focusing on urban communities as the “area of need.” There is little to no research compiled which focuses on the father’s perspective of support systems, with minimal mention of the father in the existing research.

### Conclusion of Literature

There are many factors to consider when evaluating a pregnant and/or parenting teenager’s future. Limited education and occupational achievement and increased occurrence of medical complications related to pregnancy and delivery increased the potential for child abuse and increased rates of emotional and psychological instability (deAnda & Becerra, 1984; Dellmann, Jenkins, Sattler & Richardson, 1993). Informal support systems play a major role in how the teenager moves through her own developmental stages, as well as her adaptation to the new role of “mother.” Effective informal support systems provide appropriate modeling of parenting skills which enhance the adolescent mother’s cognitive readiness (Unger & Wandersman, 1985). The more extensive the support systems are, both formal and informal, the better prepared cognitively for the parenting role due to broader experiences with and exposure to relevant information about parenting. Ideally, there should be a match between the

mother's needs, the child's needs and the ability of the provider of support to perceive and deliver desirable resources (Unger & Wandersman, 1985).

Along with the provision of formal support systems and the focus to improve the systems, informal support systems have not received the necessary attention to ensure the development of the teenager and their child/ren. The support provided may have positive or negative impacts, depending on how the teenage mother sees the sources of support as similar to herself (Nath et al., 1991). A deeper examination of the external influences on adolescents who become involved in a pregnancy is required to fully comprehend and effectively respond to the complexity of teenage pregnancy.

In conclusion, "As concerned citizens, we have a responsibility to advocate for increased quality services to help pregnant adolescents, teenage parents, and their young children to fulfill their potential" (Lowenthal & Lowenthal, 1997, p. 36). Teenage pregnancy imposes lasting hardships on two generations: the parent and the child (Stengel & Wells, 1985; MOAPPP, 1999). It is critical to understand the connections between issues of poverty, low educational achievement, socioeconomic status and the impact these have on the adolescent parent. Informal support systems have an impact on both the pregnant and/or parenting teenager and their child/ren's future success. Informal support systems provide supports which effect the pregnant and/or parenting teenagers' socioeconomic status, level of educational attainment and the availability of intangible supports, including emotional support and encouragement. Understanding of these connections provides insight when seeking better ways to support pregnant and/or parenting teenagers (MOAPPP, 1999).



## CHAPTER THREE

### Theoretical Framework

The theoretical framework selected to be utilized in the study of pregnant and/or parenting teenagers' perceptions of their informal social supports includes the Course Perspective and Erik Erikson's Eight Stages of Development with a focus on Stage 5 - Identity versus role confusion.

Adolescence is a time of experimental behavior in an attempt to establish an identity. The cognitive development of the teenager may not permit them to fully comprehend the consequences of their behavior. Life course perspective is defined by McLaughlin and Micklin (1983) as an "individual's adaptation to the new social role generated by a major life event and is affected by the timing and sequence of the event" (p. 47). Deviations from the normative patterns may place individuals apart from their peers, generating psychological, economic, and social consequences which factor into the rest of their life. Mastering the developmental tasks of adolescence is difficult enough. Adding becoming a parent at the same time is especially demanding (Lowenthal & Lowenthal, 1997). Psychological changes during adolescence include identity establishment, the sense of individualities, separating psychologically from their parents, operational thinking, and future planning (McAnarney & Hendee, 1989). Becoming a mother too soon accelerates the already difficult adolescent role and puts the adolescent mother out of sync with her life script. The inability to think ahead is problematic in regards to the teenagers' judgement of sexual behavior and the context of pregnancy prevention through abstinence

and contraception. The infrequency and spontaneous nature of early sexual activity increase the risk of pregnancy due to the problem of lack of effective contraception (McAnarney & Hendee, 1989).

The life course perspective builds on Erik Erikson's Eight Stages of Development. Erikson proposed a theory of psychological development comprising eight stages with the key component being the development of the ego, or a sense of oneself. His theory focuses on how personalities evolve throughout life as a result of the interaction between biologically based maturation and demands of society (Hurlbut, Culp, Jambunathan, & Butler, 1997; Zastrow & Kirst-Ashman, 1991). There is an emphasis on the role of social environment in the development of one's personality. Erikson's theory proposes that the society within which one lives may make some psychic demands at each stage of development, calling these demands crises. During each of these stages, one must be able to adjust to the conflicts involved in the crises.

Erikson's fifth stage of identity versus role confusion directly applies to teenage pregnancy and/or parenting in relation with their life course. Adolescence is the beginning of the transition between childhood and adulthood. Adolescents begin examining their various roles including the child, the student, the sibling, sports star, academic, etc. These perceived roles are integrated into their perceptions of self - their identity. Hurlbut, Culp, Jambunathan, and Butler (1997) state adolescence is a period of struggles to gain positive self-identity, stabilize self-concept, and enhance self-esteem. When roles are not able to be integrated and the adolescent has difficulty coping with their roles, she suffers from role confusion. The most important task of an adolescent is to develop a sense of "who I am."

Adolescents often experiment with roles that represent their future identity, including dating and developing intimate relationships, religious beliefs, taking certain academic courses to test career interests, as well as identifying interests and hobbies. Erikson (1995) uses the term 'psychosocial moratorium' to describe the period of free experimentation before the final sense of identity is formed. This moratorium ideally would allow the teenager to freely experiment with values, beliefs, and roles in order to develop and maximize their personal strengths.

It is important to develop and achieve identity in order to be prepared to make major decisions related to careers, relationships, living situations, and leisure time activities. In order to resolve identity crisis, adolescents need an opportunity to feel they are persons of worth (Hurlbut, Culp, Jambunathan, & Butler, 1997). For this to happen, one must ask questions about whom one is, what one wants out of life and what kind of person they want to be. Without these answers, one may become depressed, anxious, indecisive, and unfulfilled (Zastrow & Kirst-Ashman, 1991; McLaughlin & Micklin, 1983; Unger & Wandersman, 1985).

With the already complex issue of forming an identity, teenage pregnancy and/or parenthood prematurely forecloses the process of identity formation, resulting in an ego characterized by feeling controlled by external forces and events (Brooks-Gunn & Chase-Lansdale, 1995; McLaughlin & Micklin, 1983). Often teenagers are too immature to properly nurture their children, self absorption which is typical of adolescence, makes it difficult to distinguish their child's needs from their own (Lowenthal & Lowenthal, 1997). This results in unrealistic expectations of their children. Without the freedom to explore

the question of 'who am I' and having to tend to a baby, who is in stage one - basic trust versus basic mistrust - conflict and lack of self identity is inevitable.

The life course perspective and Erikson's Eight Stages of Development help people to understand teenage pregnancy and/or parenting and the teenager's ability to define and utilize social supports surrounding them. If a teenager has not been able to explore and examine who she is, she may not be able to access the support systems and may have skewed ideas or definitions of the supports they do receive. By interviewing pregnant and/or parenting teenagers on their views and opinions of their support systems, what type of supports they are receiving, including both positive and negative interactions, a better understanding of how the pregnant and/or parenting teenager interprets the availability of the informal support systems may be obtained. The perceptions held by the pregnant and/or parenting teenager regarding their informal support systems has an effect on how the teenager will utilize the informal supports available. Their perceptions are influenced by their emotional and cognitive development. Utilizing a Social Support Inventory by Barth and Schinke (1984) allows the researcher to measure and assess perceptions of both supportive and interference derived from family and peers. This not only will help professionals understand the pregnant and/or parenting teenager's placement in her life cycle, but will also help in identifying the teenager's needs and allowing professionals to expand services being provided to meet the teenager's identified needs and continue assisting the teenager to develop her identity and meet the needs of her child.

## CHAPTER FOUR

The following chapter will describe the methodology utilized in this research project. This includes restating the research questions, the research design utilized, the definitions utilized within the study, the study population, the data collection instrument, the strengths and limitations of the instrument utilized, the data analysis procedures, and the protection procedures of the participants in the study.

### Research Question

This study addressed the following three research questions:

1. What are the perceptions of rural Kandiyohi County pregnant and/or parenting teenagers regarding their informal support systems?
2. What are their interpretations of the support being offered?
3. Do both supportive and/or conflictual relationships occur within each individual support system?

### Research Design

The research utilized a survey. By using a survey, a larger sample size may be obtained. The researcher asked for the pregnant and/or parenting teenagers' perceptions of their social support systems. The literature has shown that both supportive and conflictual relationships exist between identified support systems. The majority of the literature focuses on urban settings, with little research within rural communities.

From this researcher's experience with urban versus rural communities, there seems to be more resources available to urban teenagers. MOAPPP (1997) also finds that services and programs for pregnant and/or parenting teenagers are not as common in Greater Minnesota. When researching formal support systems, literature documented more formal options for those living in the city. Professionals assisting pregnant and/or parenting teenagers face different challenges and advantages than service providers in the metro area (MOAPPP, 1997). This may lead one to believe that rural teenagers rely more on informal support systems to meet both their needs and the needs of their children. Within Kandiyohi County, there are only four formal support systems offered. These include a pre-education class for pregnant teenagers (and their significant others), post-education for parenting teenagers, a pregnant and/or parenting teenage support group, and county assistance. However, county assistance is not identified as a "social support" system that will be included in the survey. The focus is on informal support systems, including friends, family, relatives, work or school contacts, and other.

If the pregnant and/or parenting teenager does not feel as though she is being listened to or her needs are not being addressed, she will not utilize the resource (Nath, Borkowski, Whitman, & Schellenbach, 1991). Surveying their interpretations enables them to express their needs and the relationships which are and are not offering support. The survey also allows the professionals involved to see how the pregnant and/or parenting teenager views her informal support systems, possibly assisting in improving the support systems to better meet the needs of the pregnant and/or parenting teenager, as well as the children's needs.

## Definitions

There are numerous variables which need to be defined in order to increase understanding of what is being measured. In this study, *teenagers* are females ranging in age from 12 to 19 years who have already had a baby and are currently raising the child, are pregnant, or both. *Social* support consists of a multidimensional collection of resources available to an individual through social ties or groups (Perrin & McDermott, 1997). This includes friends, family, relatives, work or social contacts and other. *Supportive relationships* include the characteristics of being able to talk about problems/concerns, assisting with transportation, money, and/or day care, assisting with parenting skills and offering advice, and sharing good times. *Conflictual relationships* include those in which there may be unwelcome advice, disagreement in child rearing, arguing about choices/decisions, role confusion/conflict (e.g., what the new mother's role is versus what is the new grandmother's role), and being excluded/isolated.

## Study Population

The study population included 37 pregnant and/or parenting teenagers living within Kandiyohi County who are receiving formal assistance from Kandiyohi County Family Services. The teenagers range in age from 12 to 19 years. The teenagers' ethnicity included Hispanic, African American, and Caucasian.

Thirty-seven pregnant and/or parenting teenagers received the survey. This researcher has been working with the Kandiyohi County Family Services social worker who directly works with all pregnant and/or parenting teenagers living in Kandiyohi

County. The surveys were provided to Kandiyohi County Family Services with appropriate postage and the social worker addressed the surveys and sent them out. The survey was administered once; there were no reminders sent out or a second survey. By the surveys being provided to the Kandiyohi County social worker, anonymity was guaranteed to the participants. The completed surveys came directly to this researcher, guaranteeing confidentiality of their responses from the county social worker. The teenagers had the choice to accept or decline in participating in the survey, having the choice of filling it out and return it or throw it away (Appendix 6). The mailed survey had a three-week time frame for completion.

#### Data Collection Instrument

A survey instrument which has been used in the past when interviewing pregnant and/or parenting teenagers in urban cities was utilized. The survey is titled "Social Support Inventory" (Appendix 7 - 8), by Barth and Schinke (1984). By utilizing this survey, the researcher was able to develop a broad interpretation of how these pregnant and/or parenting teenagers view their social support systems, the positive and negative aspects of each, and what can be done in the future to better these support systems and further meet the needs of pregnant and/or parenting teenagers and their children.

#### Strengths/Limitations of Instrument

Numerous limitations may be considered in this survey. The physical survey presents limitations in the wording of the identified areas of support, particularly the



wording of the conflictual aspects of support. Barth & Schinke (1984) uses the word “argue” with considering the conflictual aspects of finances and discipline. “Argue” is a very strong word which implies verbal conflict between two or more people. There may be conflict surrounding finances and discipline; however, arguing may not be present. The conflict may include disagreement or difference of opinion without verbal arguments.

The age of the respondents’ children also affect the responses and identification of the types of support provided, both positive and conflictual. Six of the seven respondents’ children were  $\leq$  one year of age, one respondent was pregnant at the time of survey completion. During the early years of life, particularly  $\leq$  one year, there is little discipline present. The baby’s primary needs fall under nurture and basic survival needs (food, clothing, shelter). Due to the respondents’ young age of their children, an accurate perception of issues surrounding discipline are not present.

The limitations are dependent on the stability of the pregnant and/or parenting teenager, both developmentally and emotionally, at the time of survey completion. Random error could be a possibility due to what is going on at that given moment. When discussing support systems, for example, with a teenager who just had an argument/disagreement with her mother, she may base her answer on the argument and what she is feeling at that moment and not objectively look at the support offered by her mother as a whole. This would apply to any of the support systems identified by the teenagers.

Reliability may be a concern in regards to whether the participants would answer similarly each time the survey was administered more than once. To increase the reliability

of this survey, the results were compared to other research conducted on the same issue but in urban cities. Because it is not a possibility for this survey to be administered over time, comparison will be with past research. This may bring up another issue, rural versus urban social support systems - the similarities and differences between urban and rural pregnant and/or parenting teenagers' perceptions.

Construct validity applies to this research. Construct validity is based on the way a measure relates to other variables within a system of theoretical relationships. This applies in that the study looks at the support systems (measure) and how these systems relate to other variables within some systems (the pregnant and/or parenting teenager's perception). The results from the survey may measure congruent validity, which would correspond with other studies of urban pregnant and/or parenting teenagers, or discriminant validity, which would not correspond with the results of the urban pregnant and/or parenting teenagers.

The levels of measurement of the variables are nominal. Nominal measure is a level of measure describing a variable whose different attributes are only different, having only the characteristics of exhaustiveness and mutually exclusiveness. By including "other" in the choices for identified social support systems, the variables become exhaustive. The variables are discrete, not increasing steadily in tiny fractions but jumping from category to category. In surveying the pregnant and/or parenting teenagers, categories examined included friends, family, relatives, work or social contacts, and other. In this survey, there is not any ranking involved, only looking at the way the pregnant and/or parenting teenager interprets their social support systems, having supportive,

conflictual or both characteristics.

### Data Analysis Procedure

The data analysis procedure included exploring the identified support systems of pregnant and/or parenting teenagers, the similarities in the support received and the differences, as well as comparison with past research on urban pregnant and/or parenting teenagers. This will enable professionals to look at the social support systems identified by the surveyed pregnant and/or parenting teenagers, how the identified support systems are beneficial and influential as well as areas in need of improvement to better meet the needs of the teenagers and their children.

Due to the response rate being 19%, this researcher was unable to draw any significant conclusions from the raw data. Univariate analysis was utilized. Univariate analysis is the “examination of the distribution of cases on only one variable at a time” (Rubin & Babbie, 1997, p. 467). Univariate analysis offers a description of the units being analyzed, allowing descriptive inferences about the larger population, in this study, pregnant and/or parenting teenagers living in rural communities. Bivariate analysis was not an option due to the low response rate. This researcher was not able to correlate any findings to the demographic information presented by the respondents; nor was this researcher able to correlate the influence and effect of the pregnant and/or parenting teenagers’ socioeconomic status, education and/or social supports had on them. This researcher intended to look at each identified support system and the types of support offered by that particular support system. A comparison would have been done on whom

the teenagers had identified as their support systems, identifying commonalities and differences among the support systems, as well as looking at which support systems offer positive support versus conflictual support, or both. Within this bivariate analysis, exploration into what types of support was being provided within each identified support system would also be included.

Reliability is questioned in regards to whether the respondents would answer the same if they were surveyed again at a different time. What the pregnant and/or parenting teenager was experiencing that particular day at that particular moment is a factor in how they answered the surveys (Random error). This may also have had an influence on the response rate and if the surveys had been sent out again at a later time, the response rate may have varied.

## CHAPTER FIVE

### Findings

#### Demographics

Of the 37 surveys administered, seven were returned. Five of the respondents were 18 years old, one respondent was 17 years old and one respondent was 16 years old (mean age: 17.6 years old). All six of the respondents have one child, one is currently pregnant. The five 18-year-old respondents were 17-years-old at the time of her baby's birth; the 17-year-old respondent was 16 years old at the time of her baby's birth and the pregnant teenager is 16 years old (mean age at birth: 16.8). Four of the respondents live with their parents; three of the respondents live with the baby's father. Two of the respondents have completed high school; one of the respondents is working toward her GED; three of the respondents are currently seniors in high school; one respondent is in 8th grade. Five of the respondents income status is in the \$0 - \$5,0000 a year range; one of the respondents income level is in the \$5,0001 - \$10,000 a year range; one of the respondents income status is in the \$10,001 - \$15,0000 a year range.

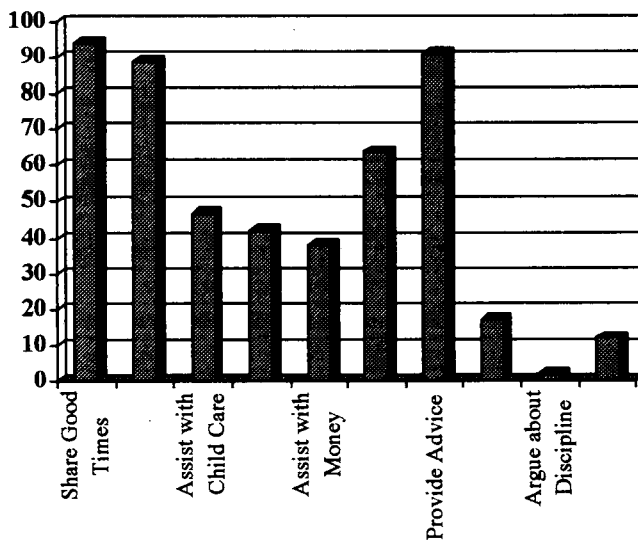
#### Informal Support Systems Identified

The areas of support identified on the survey included friends, family, work or school contacts, relatives and other. The respondents were to place an "X" in the space provided to indicate the type of support, both supportive and conflictual, the identified

informal support person provides to the pregnant and/or parenting teenager.

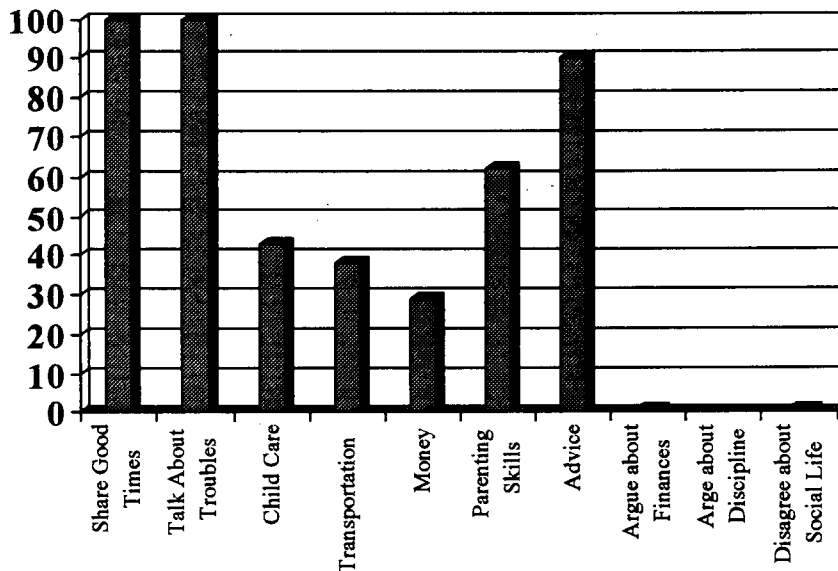
The total number of identified informal support systems was 66 persons. Of these 66 informal support systems, 94% provided sharing good times, 89% talked about troubles, 47% assist with child care, 42% assist with transportation, 38% assist with money/finances, 64% provide parenting skills, and 91% provide advice, 17% argue about finances, 2% argue about discipline, and 12% disagree about the pregnant and/or parenting teenagers' social life. The mean number of identified informal support systems includes: 3 friends, 2.1 family members, 1.7 work/school contacts, 2.4 relatives, and 0.1 baby's fathers. The informal support system most frequently identified (mode) was friends; the most frequently identified type of support provided includes sharing good times (94%), 64 informal support systems provided out of 66 total.

### 1.1 Informal Support Systems Identified - Overall Percentage Provided



Twenty-one friends were identified as informal support networks. Of these 21 friends, the positive support provided included: 21 provide sharing good times (100%); 21 provide talking about troubles (100%); 9 assist with child care (43%); 8 assist with transportation (38%); 6 assist with money/finances (29%); 13 provide parenting skills (62%); 19 provide advice (90%). The conflictual support identified as present in the friends' relationships includes: 2 argue about finances (10%); zero argue about discipline (0%); 3 disagrees about the pregnant and/or parenting teenager's social life (14%) (Graph 2.1).

2.1 Support Identified in Friends - Percentage Provided



One of the respondents did not identify any friends, stating “when you are young and you have a baby you lose a lot of your friends and family because they think you want to be a

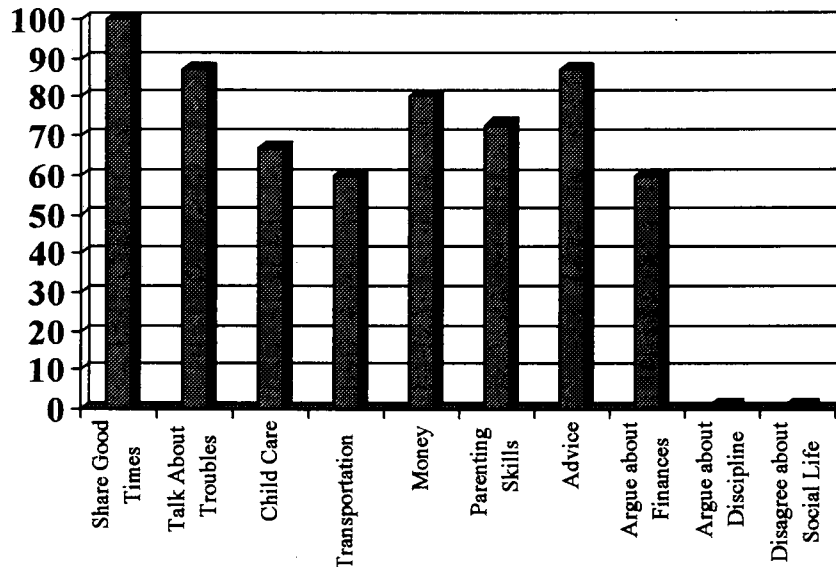
grown up and you don't need help.”

In looking at the identified informal support provided by friends, the seven respondents identified intangible support as the primary support provided. Intangible support included sharing good times (100%), talking about troubles (100%) and providing advice (90%). Friends were identified as providing little tangible support, including providing child care (43%), assisting with money/finances (29%) and providing transportation (38%). The seven respondents also identified little to no conflictual support being provided by friends. Although no conclusions to the general population can be drawn, these seven respondents relied on their friends primarily for intangible support, identifying minimal tangible supports provided.

Fifteen family members were identified as informal support systems. Of these 15 family members, the positive support provided includes: 15 provide sharing good times (100%); 13 provide talking about troubles (87%); 10 provide child care assistance (67%); 9 assist with transportation (60%); 12 assist with money/finances (80%); 11 provide parenting skills (73%); 13 provide advice (87%). The conflictual support identified as present in the family relationships includes: 9 argue about finances (60%); one argues about discipline (7%); four disagree about their social life (27%) (Graph 3.1).



### 3.1 Support Identified in Family - Percentage Provided

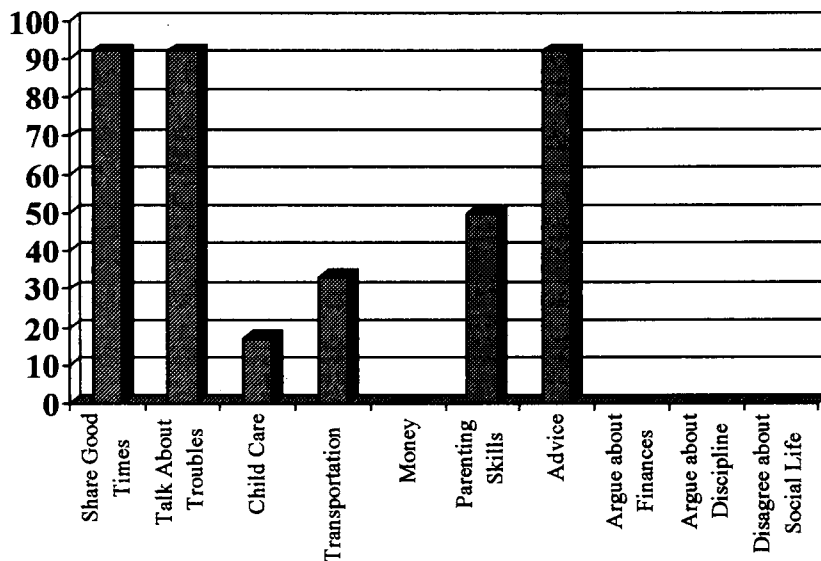


The seven respondents identified family members, which includes immediate family, as providing both tangible and intangible types of support, although the intangible types of support remain higher in occurrence than tangible. The intangible supports identified as provided by family members include sharing good times (100%), talking about troubles (87%) and offering advice (87%). Along with the intangible supports provided, the tangible supports identified included assisting with child care (67%), providing transportation (60%), assisting with money/finances (80%), and offering parenting skills (73%). Family members were also identified as including conflictual components of support, primarily arguing about finances (60%). This is congruent with the literature in that pregnant and/or parenting teenagers' rely heavily on their family of origin for financial support during the first years of the baby's life (Barthe & Schinke,

1984; Nath et al., 1991; Wingert, 1998).

Twelve work/school contacts were identified as informal support systems. Of these 12 work/school contacts, the positive support provided includes: 11 provide sharing good times (92%); 11 provide talking about troubles (92%); 2 provide child care assistance (16%); 4 assist with transportation (33%); zero assist with money/finances; 6 provide parenting skills (50%); 11 provide advice (92%). The conflictual support identified as present in the work/school contacts includes: zero argue about finances; zero argue about discipline; zero disagree about the pregnant and/or parenting teenagers' social life (Graph 4.1).

#### 4.1 Support Identified in Work/School Contacts - Percentage Provided

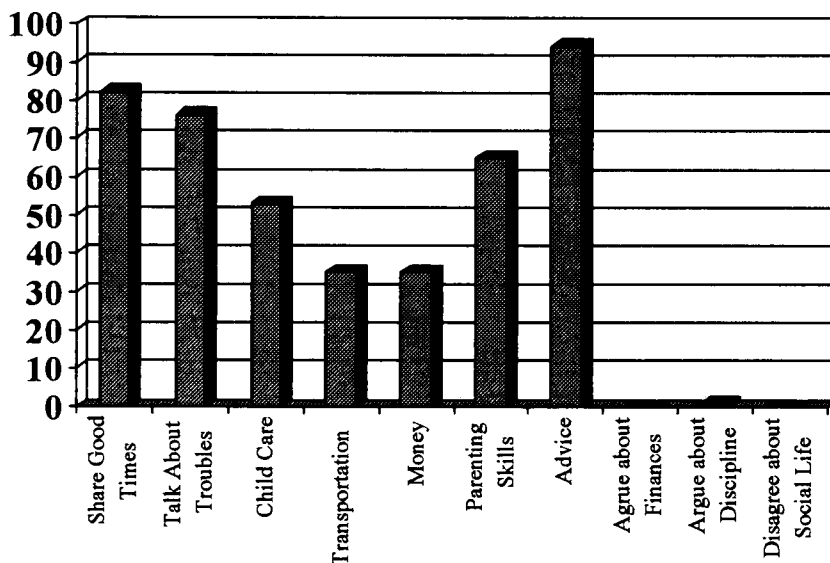


The seven respondents identified work/school contacts as primarily providing

intangible support, including sharing good time (92%), talking about troubles (92%) and providing advice (92%). The intangible supports identified as present within the pregnant and/or parenting teenagers' work/school contacts is similar to the types of support provided by friends, primarily containing intangible types of support with little to no conflictual aspects of support.

Seventeen relatives were identified as informal support systems. Of these 17 relatives, the positive support provided includes: 14 provide sharing good times (82%); 13 provide talking about troubles (76%); 9 provide child care assistance (53%); 6 assist with transportation (35%); 6 assist with money/finances (35%); 11 provide parenting skills (65%); 16 provide advice (94%). The conflictual support identified as present in the relative relationships includes: zero argue about finances; one argues about discipline (6%); zero disagree about their social life (Graph 5.1).

### 5.1 Support Identified in Relatives - Percentage Provided



The seven respondents identified relatives as providing both tangible and intangible aspects of support, with little conflictual aspects of support. The intangible support identified included sharing good times (82%), talking about troubles (76%), assisting with parenting skills (53%), and providing advice (94%). The tangible supports identified included assisting with child care (53%), providing transportation (35%) and assisting with money/finances (35%). Again, little to no conflictual aspects of support were identified within the relatives providing support.

One person, the baby's father was identified as an informal support system. The support identified as being provided by this father included all of the positive support components and all of the conflictual support components with the exception of arguing about discipline.

## CHAPTER SIX

### Discussion

Due to the low response rate, this researcher was unable to draw any meaningful conclusions from the raw data. However, several interesting trends were found within the seven respondents. Pregnant and/or parenting teenagers have the difficulty of having to deal with finding their own identity (Erikson's Fifth Stage of Development) while also adjusting to their new role of "parent." The pregnant and/or parenting teenager may not be able to verbalize their wishes to their informal support systems that they do need help and assistance and do not necessarily want to be an adult. Whether the pregnancy was planned or unplanned, teenagers continue to face conflicts within their developmental stages, both their own developmental stages and their baby's.

Several trends seemed to be continuous throughout the returned surveys including which informal support systems provide positive and conflictual components of support and which informal support systems provide only positive components of support. Friends, family, work/school contacts, relatives and the baby's father provided primarily all of the identified positive support aspects. The identified positive support being offered included sharing good times, talking about troubles, assisting with child care, assisting with transportation, money/finances, parenting skills, and advice. The differences in what types of support provided were indicated in the conflictual support being offered. Friends, family and the baby's father presented with conflictual components of the support being offered; work/school contacts and relatives were not identified as support systems containing conflictual components of support. Although we cannot draw any meaningful

conclusions from the present study, this researcher's findings support the findings in the literature that different identified support systems take on different purposes and roles, particularly in regards to how the teenager views the identified support systems involvement and commitment.

The seven respondents identified little conflictual components of support provided along the board of identified informal support systems. This may be attributed to the young age of the respondents' children; six of the seven respondents' baby's were one year old, one of the respondents pregnant at the time of survey completion. Discipline is an aspect of child rearing which does not usually present until a few years of age. Arguing about discipline was not identified in any areas of conflictual support, correlating the baby's young ages ( $\leq 1$  year) and the lack of discipline present during this young age. This researcher would be interested to see if the respondents would answer the same if their children were older in age.

The young age of the respondents' babies also interacts with the low identification of arguing about finances. The needs of young babies are primarily nurturing, with little physical needs/wants beyond food, clothing and shelter. Once the children are older, they will begin expressing their own needs/wants, which will affect finances. Money is needed to provide tangible objects. The ability of the parents to meet the needs/wants of their children will depend on the parents' financial stability.

Family, friends and the baby's father were the identified informal support systems which included conflictual components of support in this study. Conflictual components of identified family as informal support systems is congruent with the literature. The

literature reminds us that “Too much family contact, as perceived by the pregnant and/or parenting teenager, may also be detrimental with the family” (Richardson, Barbour & Bubenzer, 1991; Barthe & Schinke, 1984; Kellam, Adams, Brown, & Ensminger, 1982; Caldwell, Antonucci, & Jackson, 1998). The positive components of support provided by family members is also congruent with the literature. Family plays a major role in the adjustment to parenthood for the pregnant and/or parenting teenager. Families of origin are the most significant refuge for teenage mothers, with most young parents having extensive contact with their families (Barthe & Schinke, 1984; Nath et al., 1991; Wingert, 1998).

The literature identifies family and peer support to be independent of each other, providing different types of support to the pregnant and/or parenting teenager. Peer support was identified by Richardson, Barbour, and Bubenzer (1991) primarily as emotional support and an outlet for socializing. The literature suggests that pregnant and/or parenting teenagers rely on familial support in caring for the baby and assisting the pregnant and/or parenting teenagers with financial assistance (Thompson, 1986; Tomal, 1999). Teenage parents become less involved with extracurricular activities and socializing due to their responsibility for their child. Peer relationships may, and many times are, weakened by this (Richardson, Barbour, & Bubenzer, 1991; Nath et al., 1991).

This is not congruent with the information provided by the respondents. Friends and family both contained similar positive and conflictual aspects of support provided. More extensive research is needed by this researcher to conclude in agreement or disagreement with what the literature states. There was not enough information regarding

socioeconomic status in this researcher's surveys in relation to the literature.

### Implications for Future Research

Numerous implications for future research were drawn by this researcher following this research topic and approach utilized. This researcher chose to utilize a quantitative study in hopes to receive a large sample size, resulting in the ability to generalize the findings to the larger population. There are two other methodology options which may be more beneficial with future research.

Due to the low response rate of only seven respondents out of 37 surveyed, this researcher finds utilizing a qualitative study may have been more beneficial. In utilizing a quantitative study, the pregnant and/or parenting teenagers would have been interviewed and a more in depth, detailed analysis of their identified informal support systems may have been obtained. The interviews would include the use of open-ended questions and the researcher would be able to identify in detail the deviations from the normative life patterns and if these deviations set the pregnant and/or parenting teenagers apart from their peers. From this detailed data, themes, supportive and conflictual, could have been identified and analyzed in regards to effectiveness and appropriateness.

Another option would be to broaden the county's being surveyed. This researcher chose to look specifically at one county due to its size in comparison to the surrounding rural counties. With time permitting, it would be beneficial to administer surveys over a region of the state composed of rural communities. Not only would this increase the sample size, but also increase the reliability and validity, allowing a more accurate and



realistic generalization and hypothesizing to the broader population.

In utilizing either of the above methodologies, there are some similarities which could be possible outcomes of quantitative studies or qualitative studies with an increased number of counties included. The researcher could obtain whether there is a relationship between the pregnant and/or parenting teenagers' demographic information and the informal supports systems' supportive components (e.g., is there a correlation between age/socioeconomic status/school status/living status and who is identified as an informal support system; are correlations between age/socioeconomic status/school status/living status present and what types of support are being offered by each identified informal support system).

### Conclusion

Numerous factors may have contributed to the low response rate. The pregnant and/or parenting teenagers are dealing with numerous life changes and experiences, both positive and conflictual. If the surveys would be distributed more than once, the results may vary depending on the situations the pregnant and/or parenting teenager is experiencing at that particular time. Because of the low response rate, this reasearcher was unable to draw any meaningful conclusions from the raw data.

The response rate of the survey brings many questions to mind for this researcher. Pregnant and/or parenting teenagers, and their child/ren, are a vulnerable population who has potential to "slip through the cracks" due to the lack of informal resources. How many of the 37 pregnant and/or parenting teenagers surveyed lack adequate informal

resources in their life? Informal support systems offer support, guidance and direction at times when the pregnant and/or parenting teenager is feeling lost or out of control.

Without informal support systems, the pregnant and/or parenting teenager goes through their life cycle changes and developmental stages alone, without guidance and without support. Pregnant and/or parenting teenagers also have the added stress of taking care of their baby's needs and having to put their needs aside. Often the pregnant and/or parenting teenager is struggling with their own identity and confuses the roles of who is the child, who is the parent, who is the adult and are lacking the knowledge and understanding of appropriate developmental stages of both themselves and their child/ren.

As reported in the literature, often teenagers are too immature to properly nurture their children, self absorption which is typical of adolescence, makes it difficult to distinguish their child's needs from their own (Lowenthal & Lowenthal, 1997). With this in mind, it is critical that the pregnant and/or parenting teenagers are provided with the adequate and appropriate informal support systems to assist them during the already difficult transition into adolescence and the transition into parenting.

Education, occupational achievement, socioeconomic status and support systems play a primary role in the pregnant and/or teenagers' ability to access and utilize the informal support systems available. How they interpret the available support systems, both formal and informal, determine whether the pregnant and/or parenting teenager will access and utilize those resources. Effective informal support systems provide appropriate modeling of parenting skills which enhance the adolescent mother's cognitive readiness (Unger & Wandersman, 1985).

It is critical to understand the connections between issues of poverty, low educational achievement, socioeconomic status and the impact these have on the adolescent parent. Understanding these connections provides insight to those involved with the pregnant and/or parenting adolescent, both formal and informal support systems, resulting in better meeting the needs of both the teenager and the child.

## References

Alan Guttmacher Institute [AGI]. (1999). Contraception Counts: Minnesota Information. [On-line]. Available: [http://www.agi-usa.org/state\\_facts/minnesota.html](http://www.agi-usa.org/state_facts/minnesota.html).

Alan Guttmacher Institute [AGI]. (1997). Risks and realities of early childbearing world wide. [On-line]. Available: <http://www.agi-usu.org/home.html>.

Barnett, T., Skatrud, J., Guild, P., Loda, F. & Klerman, L. (1997). Rural adolescent pregnancy: a view from the south. Family Planning Perspectives, 29, 256-261.

Barth, R., Schinke, S. (1984). Enhancing the social supports of teenage mothers. Social Casework: The Journal of Contemporary Social Work, 11, 523-531.

Brooks-Gunn, J., Case-Lansdale, P. (1995). Adolescent parenthood and parenting: Development in context. In M.H. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and Social Conditions of Parenting*. Hillsdale, NJ: Erlbaum.

Caldwell, C., Antonucci, T. & Jackson, J. (1998). Supportive/conflictual relations and depressive symptomatology: teenage mother and grandmother perspectives. Family Relations, 47, 395-402.

deAnda, D., Becerra, R. (1984). Support networks for adolescent mothers. Social Casework: The Journal of Contemporary Social Work, 3, 172-181.

Dellmann-Jenkins, M., Sattler, S., and Richardson, R. (1993). Adolescent parenting: A positive, intergenerational approach. Families in Society: The Journal of Contemporary Human Sciences, 12, 590-601.

DiConsiglio, J. (1996). Teen pregnancy: Who's to blame?. Scholastic Update, 128, 10-12.

Eisenberg, M. (1997). Meeting the needs of teen parents in greater Minnesota. MOAPPP MONITOR, Spring 1997. [On-line]. Available: <http://www.cyfc.umn.edu/MOAPPP/gretater.htm>.

Erikson, E. *Childhood and society*. New York: Norton, 1950.

Erikson, E. (1959) The problem of ego identity. Psychological Issues, 1, 101-164.

Gould, J., Herreken, B., Pham, T., Bera, S. & Brandis, C. (1998). Small-area analysis: targeting high-risk areas for adolescent pregnancy prevention programs. Family Planning Perspectives, 30, 173-176.

Gordon, C. (1996). Adolescent decision making: a broadly based theory and its application to the prevention of early pregnancy. Adolescence, 31, 561-585.

Guyer, B., Strobino, D., Ventura, S. & Singh, G. (1995). Annual summary of vital statistics - 1994. Pediatrics, 96, 1029-1040.

Hao, L., Brinton, M. (1997). Productive activities and support systems of single mothers. American Journal of Sociology, 102, 1305-1344.

Hicks, C. (1999). Expenditures and investments: teen pregnancy in selected states. Spectrum: The Journal of State Government, 72, 16.

Hogan, D., Huo, L. & Parish, W. (1990). Race, kin networks, and assistance to mother-headed families. Social Forces, 68, 797-812.

Hurlbut, N., Culp, A., Janbunathan, S., and Butler, P. (1997). Adolescent mothers' self-esteem and role identity and their relationship to parenting skills knowledge. Adolescence, 32, 639-675.

Jet. (1999, May 17). 95, 48.

Kaluger, G., Kaluger, M. (1984). Human development: the span of life. (3rd ed.). St. Louis: Times Mirror/Nosby.

Kaufmann, R., Spitz, A., Strauss, L., Morris, L., Santelli, J., Koonin, L. & Marks, J. (1998). The decline in the US teen pregnancy rates, 1990-1995. Pediatrics, 102, 1141-1147.

Kellam, S., Adams, R., Brown, C. & Ensminger, M. (1982). The long term evolution of the family structure of teenage and older mothers. Journal of Marriage and Family Therapy, 8, 539-554.

Laskas, J. (1996). Someone to love. Good Housekeeping, 223, 67-74.

Lowenthal, B., Lowenthal, R. (1997). Teenage parenting: Challenges, interventions, and programs. Childhood Education, 74, 29-32.

Maynard, R. (1996). Kids having kids: a robin hood foundation special report on the costs of adolescent childbearing. New York: The Robin Hood Foundation.

McAnarney, E., Hendee, W. (1989). Adolescent pregnancy and its consequences. The Journal of the American Medical Association, 262, 74-78.

McLaughlin, S., Micklin, M. (1983). The timing of the first birth and changes in personal efficacy. Journal of Marriage and the Family, 45, 47-55.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). Dollars and sense: Can you afford a baby -- even for one year?. [On-line]. Available: <http://www.cyfc.umn.edu/MOAPPP/dollars.htm>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). Facts about welfare and teen pregnancy in Minnesota: 1994 and 1997. [On-line]. Available: <http://www.cyfc.umn.edu/moapp/afdc.htm>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). Kandihoyi County Adolescent Sexual Health Report, 1995. [On-line]. Available: <http://www.cyfc.umn.edu/moapp/kandihoy.htm>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). Minnesota State Adolescent Sexual Health Report. [On-line]. Available: <http://www.cyfc.umn.edu/MOAPPP/minnesot.htm>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). The facts: pregnancy, poverty, school, and employment. [On-line]. Available: <http://moapp@juno.com>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). The national campaign to prevent teen pregnancy. [On-line]. Available: <http://www.teenpregnancy.org/teen/stats.html>.

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting [MOAPPP]. (1999). Support services for parenting teens. MOAPPP Monitor, Spring 1997. [On-line]. Available: <http://www.cyfc.umn.edu/moapp/supprt.htm>.

Moving teenage parents into self sufficiency. (1999). Spectrum: The Journal of State Government, 72, 8-11.

Nath, P., Borkowski, J., Whitman, T. & Schellenbach, C. (1991). Understanding adolescent parenting: the dimensions and functions of social support. Family Relations, 40, 411-420.

Passino, A., Whitman, T., Borkowski, J., Schellenbach, C., Maxwell, S., Keogh, D., Rellinger, E. (1993). Personal adjustment during pregnancy and adolescent parenting.

Adolescence, 28, 97-123.

Perrin, K., McDermott, R. (1997). Instruments to measure social supports and related constructs in pregnant adolescents: A review. Adolescence, 32, 533-558.

Revisiting 'The Baby Trap'. (1999). People Weekly, 52, 54-63.

Richardson, R., Barbour, N. & Bubenzer, D. (1991). Bittersweet connections: informal social networks as sources of support and interference for adolescent mothers. Family Relations, 40, 430-434.

Rodriguez, C., Moore, N. (1995). Perceptions of pregnant/parenting teens: reframing issues for an integrated approach to pregnancy problems. Adolescence, 30, 685-707.

Rubin, A., Babbie, E. (1997). Research methods for social work. (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing.

Scott-Jones, D. (1993). Adolescent childbearing: whose problem? What can we do? Phi Delta Kappan, 75, K1-K12.

Staples, G. (1999). Teenage pregnancy exacts a high price from all of us. Knight-Ridder/Tribune News Science, k7938.

Stengel, R., Wells, C. (1985). Children having children; teen pregnancies are corroding America's social fabric. Time, 126, 78-86.

Stevens-Simon, C., Kaplan, D. (1998). Teen childbearing trends: which trade turned when and why? Pediatrics, 102, 1205-1206.

Stevens-Simon, C. & Lowry, R. (1995). Teenage childbearing: an adaptive strategy for the socioeconomically disadvantaged or a strategy for adapting to socioeconomic disadvantage? Archives of Pediatrics and Adolescent Medicine, 149, 912-915.

Stevenson, W., Maton, K., and Teti, D. (1999). Social support, relationship quality, and well-being among pregnant adolescents. The Association for Professionals in Services for Adolescents, 109-121.

Teenage pregnancy rates continue to decline. (1999, July). Contraceptive Technology Update, 20, 81.

Thompson, M. (1986). The influence of supportive relations on the psychological

well-being of teenage mothers. University of North Carolina Press, 1007-1024.

Tomal, A. (1999). Determinants of teenage birth rates as an unpooled sample: age matters for socioeconomic predictors. American Journal of Economics and Sociology, 58, 57.

Troutman, B., Cutrona, C. (1990). Nonpsychotic postpartum depression among adolescent mothers. Journal of Abnormal Psychology, 99, 69-78.

Unger, D., Wandersman, L. (1985). Social support and adolescent mothers: action research contributions to theory and applications. Journal of Social Issues, 41, 29-45.

U.S. Department of Health and Human Services. (1997). State-specific birth rates for teenagers - United States, 1990-1996. Morbidity and Mortality Weekly Report, 46, 837-842.

Weatheley, R. (1997). Teenage pregnancy, professional agendas, and problem definitions. Journal of Sociology and Social Welfare, 14, 5-35.

Wingert, P. (1998). The battle over falling birthrates. Newsweek, 131, 40.

Winter, M. (1997). Teenage girls in jeopardy. Human Ecology Forum, 25, 12-16.

Young, A., Berkman, B. & Rehr, H. (1975). Parental influence on pregnant adolescents. Social Work, 387-391.

Zastrow, C., Kirst-Ashman, K. (1991). Understanding Human Behavior and the Social Environment. (2nd ed.). Chicago: Nelson-Hall.





**For more information on the  
Kandiyohi County Teen  
Pregnancy Prevention  
Coalition, contact the  
coordinator at  
(320) 231-7852.**

**Kandiyohi County Teen Pregnancy  
Prevention Coalition  
1900 N.E. Hwy 294 Suite 2090  
Willmar, MN 56201 (320) 231-7852**



*Helping all people  
understand the effects  
of early childbearing.*

**Kandiyohi County Teen Pregnancy  
Prevention Coalition  
1900 N.E. Hwy 294 Suite 2090  
Willmar, MN 56201**



Kandiyohi County Teen Pregnancy Prevention Coalition  
1900 N.E. Hwy 294 Suite 2090  
Willmar, MN 56201 (320)231-7852

### **Resources Serving Minor Parents**

**Kandiyohi County Teen Pregnancy Prevention Coalition:** Educate young people as to the consequences of sexual activity and early childbearing on their lives, increase parent's knowledge and understanding of the issues teens face regarding sexual activity and sexual responsibility, and increase community awareness of the impact of teen pregnancy on the entire community. Provide educational materials, pamphlets, books, curriculum, and public speaking.

**Area Learning Centers:** Alternative High School program for pregnant or parenting adolescents, no age limit.

**Birth Partners:** Provides doula services (professional labor support)

**Child Care Resources and Referral:** Provide assistance in locating child care that best meets individual family needs.

**Community Teen Moms (CTM):** Support groups designed to help Kandiyohi County teens who are expecting a child, or have a child, develop effective parenting and independent living skills

**Crisis Pregnancy Center:** Provide free pregnancy test, STD and AIDS information, one on one lay counseling, free maternity and baby clothes, if needed.

**Expanded Food and Nutrition Education Program (EFNEP):** Nutrition education program focuses on young families and children, offered free in the home with some financial restrictions.

**Helping Us Grow (HUG):** A home visiting program for expecting and new parents to help them provide a good start for their children. Includes home visits by a Public Health Nurse and Family Health Mentor.

**Kandiyohi County Family Services (financial assistance/child support):** Provide financial assistance with medical, child care, food stamps, and cash assistance. Assist with establishing paternity and child support.

**Kandiyohi County Family Services (social services):** Provide social services that will assist the pregnant and/or minor parent to establish a plan for herself and child to ensure their safety and well-being. Will also help a pregnant and/or minor parent access and utilize available community resources.

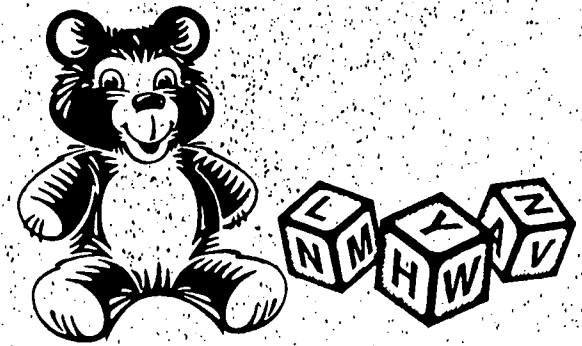
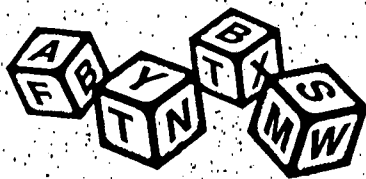
**Kandiyohi County Public Health Nursing Services:** Home visits for high risk pregnancies. Maternal/Child Health Programs, nursing visits, prenatal and postpartum visits.

**MinnesotaCare:** State funded health care program for people who live in Minnesota and do not have health insurance.

**New Beginnings:** A home for single, pregnant women.

**Planned Parenthood:** Family planning services, emergency contraception, STD and HIV testing for men and women, pregnancy testing and sexual health information.

PET is a comprehensive community-based prenatal education program developed through a collaboration of a number of community agencies. This program is made possible through a grant from the PACT 4 Families Collaborative.



*P.E.T.*

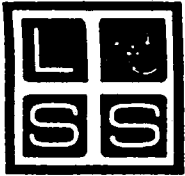
*Pregnancy  
Education  
for  
Teens*

Steps teens can take to prepare for the birth of their child.

**“Community Teen Moms”  
is a joint program of:**

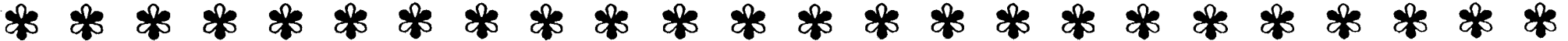
- \* Kandiyohi County Family Services
- \* Kandiyohi County Community Health
- \* Lutheran Social Service

Funding for this project has come from Kandiyohi County United Way, Local services organizations, and foundation support.



CTM  
Lutheran Social Service of MN  
333 Litchfield Ave. SW  
Willmar, MN 56201

# Community Teen Moms





Please fill out both sides of the survey

Age: \_\_\_\_\_  
Number of children: \_\_\_\_\_  
Age when first child born: \_\_\_\_\_

School Status:  
\_\_\_\_\_ Currently in school, Grade: \_\_\_\_\_  
\_\_\_\_\_ Not currently in school  
\_\_\_\_\_ Graduated from high school  
\_\_\_\_\_ Other: \_\_\_\_\_

Living Status:  
\_\_\_\_\_ With parents  
\_\_\_\_\_ In own apartment/house  
\_\_\_\_\_ With baby's father  
\_\_\_\_\_ With baby's father's parents  
\_\_\_\_\_ Other: \_\_\_\_\_

Income Status:  
\_\_\_\_\_ \$0 - \$5,000 a year  
\_\_\_\_\_ \$5,001 - \$10,000 a year  
\_\_\_\_\_ \$10,001 - \$15,000 a year  
\_\_\_\_\_ \$15,001 - \$20,000 a year  
\_\_\_\_\_ \$20,001 and above



Write the first names of support people in the blanks on the left side. Put an X in the spaces for the types of support they give you.

TYPES OF SUPPORT

SUPPORT PEOPLE	Share Good Times	Talk About Troubles	Child Care	Transportation	Money	Parent Skills	Advice	Argue About Finances	Argue About Discipline	Disagree About Social Life
<b>Friends</b>										
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Family</b>										
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Work or School Contacts</b>										
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Relatives</b>										
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Other</b>										
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

