

Survival Methods of Young Street Mothers

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ABSTRACT: In-depth interviews and attitude questionnaires were completed by 26 young street mothers to determine their survival methods. These young women are proud and devoted mothers who are living at a poverty level. They are feeling economic, social, health, relationships, and emotional stresses.

It is recommended that these young mothers be provided an array of services coordinated in a non-traditional manner.

Homeless adolescents are a troubled population. Girls portrayed an even more serious profile than boys did according to intake records from an agency serving street children in a mid-sized Western city. Girls were more apt than boys to have experienced sexual, physical and emotional abuse and girls more often expressed higher levels of depression and attempted suicide rates than did boys. A follow-up study of these street kids indicated that one-half of the girls were pregnant or parenting two years later (Ray, 1989).

Infants born to adolescents are likely to be fragile at birth and are likely to be at risk for neglect/maltreatment (Guttmacher Institute, 1974; Martin and Klaus, 1978). These girls and their babies experience an even higher risk, complicated by street life—drug use, inadequate nutrition, sexually transmitted diseases, and a lack of medical care (Perlman, 1980; Pennbridge, MacKenzie & Swofford, 1991).

Most of these young women choose to raise their child(ren) themselves. They often have no child care skills nor any realistic ideas of how they will survive (Deisher, Farrow, Hope, Litchfield, 1989). They live in poverty, with little support from extended family, with no way to make a living, and often without a home (Dail, 1990).

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These concerns prompted the need for this research. Statistics paint a bleak picture, but do not give details on how these vulnerable young women are surviving. Questions need answers, such as: How do these young women find financial and emotional support? What are their unmet needs? How might the system help meet their needs?

Literature Review

Problems of street children have been documented. Homeless adolescents often were from conflict-laden, violent, and/or dysfunctional families (Bass, 1992, Kurtz, Jarvis & Kurtz, 1991; National Network, 1989; Ray, 1989; Wilkinson, 1987). Many experienced physical abuse, neglect, and/or sexual abuse within their families (Bass, 1972; Kurtz, et al, 1991; Price, 1989;). Many of these adolescents had lengthy histories of contact with care and residential treatment programs (Morrisette & McIntyre, 1989; Price, 1989; Wilkinson, 1987). Disruptive school experiences of these youth reflected the disturbances of their families (Bass, 1992; Kurtz, et al, 1991; Moroz & Segal, 1990; Price, 1989; Ray, 1989). These adolescents frequently abused drugs and were involved in illegal activities (Kurtz, et. al, Price, 1989; Ray, 1989).

Although a subject of less research, the out-of-home teenage mother is portrayed as having even more serious problems. Girls, who were pregnant or mothers at the time of intake, indicated higher rates of being abused themselves, suicide attempts, depression, family conflict, and drug use than did non-mothering girls (Ray, 1989). Additionally, higher rates of medical problems, including poor nutrition, sexually transmitted diseases, have been reported. Out-of-home teen mothers suffer from poverty, hunger, inadequate education, insecurity, inadequate health care, the threat of violence and injury, and sexually transmitted diseases (Pennbridge, MacKenzie, and Swofford, 1991).

Results from a study on homeless mothers, 50% between the ages of 17 and 25, indicated that these mothers were under extreme stress. They faced the insurmountable problems of single parenting under difficult circumstances of poverty, lack of extended family support, lack of affordable child care and a lack of a home. They were socially isolated, alienated and unable to trust. Most felt they were good mothers, and had common concerns about their future (Dail, 1990).

Many girls who run to the streets are forced into prostitution or

live on “survival sex” (Perlman, 1980; Deisher et al., 1989). A study of teen-age out of home prostitutes indicates that most of these young mothers had relinquished their children, or the children were in foster care (Farrow, 1991). These young women had an increased frequency of obstetrical complications and had infants with higher rates of morbidity and mortality (Deisher et al, 1991).

A comprehensive program for these young mothers, including housing, education, financial assistance, job/vocational training, medical care, mental health counseling, day care, birth control, is suggested by researchers and writers (Conger, 1988; Dail, 1990; Farrow, 1991; Illinois Caucus on Teenage Pregnancy, 1986). A team approach of case management with active outreach is suggested as a means of staying connected with this group (Pennbridge, et al 1991). Existing policies, many of which cause gaps in services for young out-of-home teen mothers need to be changed (Dail, 1990; Farrow, 1991; Illinois Caucus on Teenage Pregnancy, 1986). Examples of such policies include: making services available to underage teens and the need for foster homes or supervised living situations for both mother and child.

Methodology

The Questionnaire

This project was designed to capture details using in-depth interviews. A 16-page questionnaire was designed asking questions regarding how these young women survive financially, their perceptions of their needs, the social support available, relationship with their own parents, relationship with the children’s fathers, their drug and alcohol usage, community services they utilize, and their hopes and worries for the future.

In addition to the open-ended questions, several instruments were administered, including:

The Hudson Generalized Contentment Scale—This 25-item scale measures the degree, severity, or magnitude of non-psychotic depression, examining the respondent’s feelings about behaviors, attitudes, and events associated with depression. A cutoff score of 30 indicates clinically significant problems.

The Provision of Social Relations Scale—This 15-item scale measures two dimensions of social support—family and peer support.

Kanner Daily Hassles Scale—57 items were selected from the long scale, especially items related to stress around financial, social, and personal issues.

Community Services Utilization Checklist—This instrument was designed to tap information regarding types of services used during the past six months.

Caregiver Satisfaction and Confidence Questionnaire—Eight items related to parenting satisfaction were included.

Sample

The sample consisted of an availability sample of 26 young women. To be eligible, the young women had to be pregnant or have one or more children, to have lived on the street, and to be 21 or younger. Young mothers were referred from social service agencies serving them. The young mothers received \$15 for participating in the study.

Description of the Mothers and Children

These young mothers ranged in age from 16 to 21, with a mean age of 18.8. They had lived on the street from 2 months to 6 years.

Sixteen of these young mothers were white, two were black, three Native American, and two were of mixed ethnic background. Twenty of the mothers had child(ren) who were from the same ethnic group as themselves.

The young mothers had completed, on an average 10.3 years of school, ranging from eighth grade to one year of college. Seventeen of the mothers were presently attending school; many attended the public school operated by the agency serving street children.

Fifteen of the women had one child, six were pregnant with their first baby, and one young woman was pregnant with her third child. The children were all age three or younger.

All but four of the interviewed women had custody of their child(ren). One mother relinquished her child for adoption, the child's father had custody of one child, paternal grandparents had custody of

TABLE 1
Number of Children

	Number	Percent
Pregnant with first child	6	23.1
One Child	15	57.7
Two Children	4	15.4
Three Children	1	3.8
Pregnant	12	46.2

one child, and one young woman's children were presently in foster care.

Fourteen mothers lived at a transitional home or apartments for young mothers. Other women stated that they lived alone, with friends, or with their parents. The transitional home is designed to provide a supportive supervised living situation for mothers under age 18 and their children. The less structured apartments provide homes for young mothers 18 and older, their children, and husbands, if married.

While most of the mothers were single, four were married currently, and two others were divorced or separated.

Attitudes Toward Motherhood

Motherhood caused changes for these young women. The items in the Caregiver Satisfaction and Confidence Scale indicated that these young were devoted to their child(ren). All mothers expressed positive feelings toward motherhood, such as enjoying their children, knowing their babies' likes and wants, and being glad that they had the baby now. Some young mothers were positive while others expressed concern about knowing how to care for their child and wanting to be a better mother. Approximately one-half of this group, however, responded affirmatively to the item, "upset over the responsibilities of being a mother."

Motherhood has caused these young women to "grow up." They had

TABLE 2
Attitudes Toward Motherhood

	Very Much		Moderately		Somewhat		Not at all	
	No.	%	No.	%	No.	%	No.	%
I know what my child likes and dislikes	17	89.5	2	10.5	0	0.0	0	0.0
I am uncertain about whether I can make the right decisions for my child	2	9.5	10	47.6	7	33.3	2	9.5
I am upset about having too many responsibilities as a mother	2	9.5	2	9.5	7	33.3	10	47.6
I would like to be a better mother than I am	6	31.6	2	10.5	9	47.4	2	10.5
I am glad I had this baby now	11	57.9	5	26.3	3	15.8	0	0
I don't know how to care for the child as well as I should	1	5.3	3	15.8	6	31.6	9	47.4
I know what the child wants most of the time	16	84.2	3	15.8	0	0.0	0	0.00
I enjoy being a mother	17	89.5	2	10.5	0	0.0	0.	0.0

to accept responsibility and become independent. It meant less freedom, and different activities, "instead of partying, I now change diapers."

The heavy responsibility of being a teenage mother of two with little support from her young husband was expressed: "It feels like I'm in prison. I can't go anywhere or do anything. The kids are always screaming. It would be easy to walk out the door and never come back."

Relationship with the Baby's Father

One-half of the young mothers had a current relationship with the baby's father. six of the mothers had married, two had already left the marriage. The pregnancy dealt the death blow to the relationship for many of these women, "He was gone the minute I told him about the pregnancy—claimed it wasn't his," stated one woman.

When the baby's father remained in the picture, there still were problems. Most of the fathers were young themselves, and sometimes had difficulty accepting responsibility. "I've grown, but he hasn't. I used to drink with him, now I don't drink, and he drinks alone." But, three women noted improvement in their relationships and seven women named the baby's father as someone that they could depend upon.

Relationships with Parents

Relationships with their own parents, especially their mothers, improved for many of the young women. Twenty-four of the 26 young women had contact with their mothers and 15 said that they could rely upon their parents. Mothers were often supportive—they babysat, gave advise on parenting, and helped out financially, often buying things for the baby. One young woman summed it up by saying "I talk to her now, we weren't speaking before. This is her first grandchild and she is very supportive . . ." There was arguing, fighting, and a lack of acceptance; however, as well as understanding and support.

Changes in the relationships with fathers were more mixed, some fathers found it hard to accept a grandchild, others were supportive. One young woman left home because her father was unable to accept her pregnancy. Several fathers had little or no contact with their

daughters for years due to divorce, and a new grandchild appeared to make no difference. Some of the young women, too, chose not to keep contact with their own fathers because of abusive relationships.

Social Support

There was a wide range of scores on the Provision of Social Support scale, from very little to very much peer and family support. On an average the young women showed moderate support, with the peer support being present more frequently than family support.

Family members were mentioned as supportive by 58%, friends by 74%, and partners by 26% of the young mothers as people who help with all the things they need to do. Agency assistance was acknowledged by 42% of the young mothers. Family members baby-sat for three out of four of these young mothers. Friends and family both are major sources of advice on baby care. All but one of the young women mentioned there was someone that they could depend upon. Sixty percent mentioned a family member, 84% noted a friend, and 28% said the child's father was someone they could depend upon

Finances

Public assistance was the main source of income. Parents helped out financially, too, for one-fourth of the young mothers. Only one woman, pregnant with her first baby, was trying to survive without public aid. She held a clerical position and received assistance from her parents. Six other women were working, most part time, but because of low wages they had to rely upon public assistance for their major support.

The money on which these young women survived was small—\$532 a month on an average. From this they paid \$241 rent on an average. These women most frequently felt financial stress around money to pay rent, buy baby items, such as diapers, clothes, formula, unexpected emergencies, and pay for other basic needs such as “food, toilet paper, gas, and clothes.”

Health

Health issues were a concern for these young mothers. The dangerous street life left some of these women with serious health problems. Almost 40% rated their own health as “fair” or “poor.” Three of these women had children with serious medical problems. One child required extensive surgery soon after birth. Three-fourths of these mothers were worried about their own or their baby’s health.

Drug and Alcohol Use

These women claimed a dramatic drop in drug and alcohol usage during and since their pregnancies. All but two curtailed drug and alcohol usage during pregnancy, and 17 of these women stated they were still non-users. Only two women expressed concerns over their present usage of alcohol and drugs. One woman was attending alcohol treatment for the fifth time.

Aspirations

The aspirations were mostly centered around wanting a “good life” for their child(ren)—one different from their own. “I don’t want my child to turn out like me,” said one young woman. Their aspirations for themselves consisted of finishing high school or completing job training for 25 of the women. These women wanted to become financially independent, to be off the welfare roles. Some wanted marriage in the future and some wanted more children.

Stress

These young women faced considerable stress. It’s difficult to be a mother at the age of 18, with a 10th grade education, no job, and a conflictual relationship with family. These concerns were echoed by the young women when asked to respond to the Kanner Hassles Scale: Thoughts of the future was the number one stress expressed by over 90% of the young mothers. Concerns about money was a daily hassle for 85% of the young mothers. Financial stresses, including

money for emergencies, clothing, recreation and housing, were frequently checked. Problems related to the many and never ending duties of being a mother were reflected in a high percentage of young women who felt that they had not enough personal energy (69%), not enough sleep (65%), trouble relaxing (73%), and too many things to do (54%). Three-fourths were worried about their own or their baby's health. Three-fourths of the young women expressed concerns over past decisions, felt conflicted on what to do, and had trouble making decisions. Stresses related to relationships, such as being lonely were mentioned by two-thirds of the women. Transportation was a serious problem for three out of four of the women.

Agency Contacts

These women stated that they had been involved with an average of 7.6 types of services from a list of 23 during the previous six months. In addition to financial and housing assistance, 24 out of the 26 young mothers were receiving supplemental food and well baby services. Emergency medical services were needed by half of the young women. While school may have been disrupted by their homelessness, three-fourths of the women were presently pursuing their education, many at public schools operated for street children. Ten women attended parenting classes.

Stigmas

Many of these young women felt they were treated differently because they were young and pregnant or mothering. They were subject to insensitive remarks and/or staring from family, strangers and people in the helping professions. People were hesitant to rent to them, or to hire them, especially if they were pregnant. One young woman requested, "Don't judge teen moms on welfare. There are a lot of mothers trying to make it—trying to go to school or to work. A lot of teen moms are bright and good moms to their babies."

Street Life

These young women did not hesitate to state they were better off now than when they were on the street. "It's no place to be. I learned to

TABLE 3
Types of Services Used in the Past Six Months

Service	Number	Percent
Financial assistance	25	96.2
Supplemental food	24	92.3
Well child medical	18	69.2
School	17	65.4
Housing	16	61.5
Emergency medical	12	46.2
Day care	9	34.6
Birth control	9	34.6
Legal	9	35.6
Volunteer programs	7	26.8
Recreation	6	23.1
Preschool	5	19.2
Job training	4	15.4
Drug treatment	4	15.4
Family counseling	3	11.5
Individual counseling	3	11.5
Women's services	3	11.5
Children's services	2	7.7
Minority services	2	7.7
Homemaker services	1	3.8
Handicapped services	0	0.0

take care of myself, to become independent, to not trust people, and to protect myself." "I learned to be tough and con people on the street," another said. One summed up her street experience, "I learned to survive, I know I can survive anything, now."

Depression

Depression was common with this group of young women. Sixteen of the 26 women scored in the depressed range on the Hudson Generalized Contentment Scale. Sixteen of the 25 items on the scale differ-

TABLE 4
Contentment Scale

Significant Items on the Generalized Contentment Scale	% Rarely & Little of the Time			
	Non Depressed N = 10		Depressed N = 16	
	No.	%	No.	%
I am restless and can't keep still	7	70.0	4	25.0
I have crying spells	10	100.00	9	56.3
I have a hard time getting started on things that I need to do	7	70.0	4	25.0
I do not sleep well at night	7	70.0	5	31.3
When things get tough, I feel there is always someone I can turn to	1	10.0	3	18.8
I feel the future looks bright for me	0	0.0	1	6.3
I feel downhearted	10	100.0	8	50.0
I feel that I am appreciated by others	0	0.0	5	31.3
I enjoy being active and busy	0	0.0	2	12.5
I feel it is easy for me to make deci- sions	1	10.0	6	37.5
I feel downtrodden	9	90.0	7	43.8
I am irritable	7	70.0	3	18.8
I get upset easily	9	90.0	4	25.0
I have a full life	0	0.0	3	18.5
I feel that people really care about me	0	0.0	4	25.1
I have a great deal of fun	0	0.0	7	43.0

Mann Whitney P = <.05

entiated between the depressed and non-depressed women. The depressed women had more emotional symptoms, such as crying spells, irritability, or being easily upset. The depression was evidenced by restlessness, sleep problems, and decision making problems. The non-depressed women were more apt to feel that people cared about them and were there in case of emergency.

The young mothers who were not depressed were apt to have fewer children, to have lived on the street for a shorter time, and to feel

TABLE 5
Differences Between Depressed and Non-Depressed Young Mothers

	Mean Non-Depressed		Mean Depressed	
*Number of children	1.0		1.5	
*Length of time on street	1.25 months		36.3 months	
Items on the Caregiver Satisfaction and Confidence Questionnaire				
	Non-Depressed Agreement		Depressed Agreement	
	No.	%	No.	%
***I am upset about having too many responsibilities as a mother	1	12.5	10	76.9
***I would like to be a better mother	6	75.0	11	100.0
Items from Provision of Social Relations Scale				
	Non-Depressed		Depressed	
	No.	%	No.	%
**People who know me think I'm good at what I do	8	80.0	9	56.2
***People who know me trust and respect me	10	100.0	12	75.0

*t-test P = <.5

**Mann Whitney P = <.05

***Mann Whitney P = <.10

more positive about parenting. They experienced more feelings of trust, respect and confidence from friends.

The depressed and non-depressed mothers did not differ in the community services they used. None of the stresses experienced by the young women reached statistical significance, possibly because of the small sample size. There, however, appeared to be trends. A higher percentage of the depressed women were not seeing enough people, having problems with a lover, feeling overloaded with family responsibilities, having problems with divorce or separation, smoking too much, and having regrets over past decisions.

Discussion

These young women are very proud and devoted mothers. They are nurturing and caring. Many have parental support, especially from their mothers, and most have friends that they can depend upon. Only about one-half of these young women have a relationship with the child's father, and in many cases, this is filled with conflict. They are living on welfare, at a poverty level, and are experiencing not having enough money to cover daily needs. Many are facing their child's or their own health problems. Most are receiving social services and other resources. But they are also feeling the stresses of trying to raise a child at such a young age, with limited income and support. They are experiencing a high level of stress, often related to economic, social, health, decisions, and personal concerns. Many are depressed, some seriously so.

The high number of young women who are depressed is, of course, not a surprising finding, substantiated by previous research (Ray, 1989; Pennbridge, et. al, 1991; Dail, 1990). Being 18, with a tenth-grade education, and having a baby is a hard life. Differences between depressed and non-depressed women suggest that the perception of support—that someone cares and is there in an emergency is an important factor. Higher rates of depression were also related to having more than one child, living a longer time on the street, having less positive attitudes toward parenting, and experiencing problems with divorce or separation.

The family support available to these young mothers is a pleasant finding. Becoming a parent is a maturing process for a young woman. One young woman reflects, "Since I'm a parent I respect more what my father tries to do and how hard it is to be a parent." In many

cases, the grandchild was considered to be very precious to the young woman's parents, making way for reconciliation.

Over half of the women in this sample were fortunate to be living in a supervised, subsidized, transitional living situation where they have some financial help as well as social support. Most of the young women interviewed, including those not presently living in the transitional living situations, were provided extensive services by the agency serving street children as well as other agencies in the city.

Implications for Service Delivery

Understanding the young mothers and the problems they face is important in designing programs to serve them. More in-depth interviews strongly support the need for a comprehensive package of services for these young mothers in order to empower them to best raise their child(ren) and improve their own situation. These women need a coordinated array of services, including: housing, financial aid, social, educational day care, mental health, medical, recreational, and emergency services. Case management is necessary to coordinate the multiple services and advocacy is often required to obtain services.

These young mothers are the failures of our social service system and traditional casework will frequently not be effective. Trust must first be established with these young women who have little reason to trust adults. Trust can be earned through the delivery of concrete services. Like all people without a permanent home, young mothers are mobile and difficult to track. They are not apt to keep appointments and going to an agency may be very difficult because of transportation or their own fears. Developing a program to serve them requires understanding their needs and responding creatively. Services should be voluntary, free, immediately accessible, and on-site.

Providing a supervised living situation with a wide array of services available at the home is an approach that appears to meet the needs of many of the young mothers who have been interviewed. These young mothers have the opportunity to have their child(ren) live with them, learn child care skills, attend school, and take advantage of other available services. Services are delivered in a casual, flexible, accepting, often on the spot, manner.

Services should be designed for differing levels of need. For example, there should be graduated levels of housing assistance available: emergency shelter, foster care for both mother and child, supervised

group living situations for the young and more vulnerable mother, and independent living situations with minimum supervision for the older, more capable young mother.

Policies regarding providing services to young mothers need to be reviewed and changed. Often these young mothers fall between the gaps for services, most frequently because of their age. Sometimes services are not available without parental signatures. Although young, these mothers must be considered emancipated. Often policies regarding renting, credit, and even employment are restrictive for these young mothers. Dealing with restrictive policies in social agencies and in the community is necessary in order to provide services to these young mothers. Letting the citizens of the community know about the plight of these young mothers, and encouraging them to assist is often a beginning point in making changes in policies.

These young mothers need to be empowered to become as independent as possible, with a safety net of services available when needed.

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