

## **Psychological Correlates of Teenage Motherhood**

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*The social and economic consequences of adolescent motherhood are known, yet the psychological associates are largely unstudied. Clinical studies point to distressing reactions to adolescent pregnancy, and do not reflect changes in social attitudes about teenage parenting. In this study, adolescent mothers (n = 62), pregnant teenagers (n = 63), and non-pregnant and nonparenting (n = 60) adolescents enrolled in public high schools completed measures of socioeconomic status, depression, anxiety, loneliness, self-esteem, and social supports. Findings suggest that adolescent mothers and pregnant teenagers are less distressed by their situation than was once thought. Social supports and socioeconomic status predicted psychological well-being better than parenting status. Expanded school programs for teenage mothers and renewed efforts to enhance young mothers' social and socioeconomic resources are called recommended.*

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## INTRODUCTION

Teenage motherhood has social, educational, and economic disadvantages for parent and child (Card and Wise, 1978; Moore *et al.*, 1979; Presser, 1980). Few data exist on the psychological correlates of teenage pregnancy or motherhood. The lack of recent findings about rates of depression, anxiety, and other psychological conditions leaves professionals without needed information for case and program planning. That teenage motherhood is increasingly more common (National Center for Health Statistics, 1982) suggests the need for more information on its psychological implications. Available research on teenage mothers, although dated, offers some perspective on psychological correlates of adolescent motherhood and is reviewed.

Conclusions that pregnant and parenting adolescents suffer major psychological distress arise from studies predating the current tolerance for sexual activity by adolescent and unmarried women and for single parenting. One often cited report finds a high suicide rate among pregnant adolescents (Gabrielson *et al.*, 1970); its data were collected in 1963-1964, a time when young mothers were commonly sent away from home under a veil of secrecy and shame. A second study with data collected during the mid-1960s found that 30% of all unwed, and often teenage, mothers showed impaired mental health based on Langner's Psychiatric Symptom Screening (Sauber and Corrigan, 1970). As reviewed by Chilman (1981) and Quay (1981), many other studies on teenage parenthood also draw on a 1960s data base.

Because of recent social change, these studies bear reexamination and replication. Certainly, "out-of-wedlock" pregnancy and parenting do not arouse the stigmatizing of past decades and no longer mandate the cloistering of pregnant or parenting adolescents. Early reports on the psychological consequences of adolescent pregnancy focused on young White mothers who probably suffered more disapprobation than young Black mothers. Mores have changed for both groups, and the rate and acceptance of outside-of-marriage sexual activity and conception are rising (Lincoln, 1981). Community-based services for adolescent parents are also expanding as evidence of adolescent mothers' increase in liberty; the latter were more often in school, unmarried, and in the labor force in 1979 than 1968 (Mott and Maxwell, 1981). Such changes imply that adolescents' reactions to motherhood may also have changed, an argument that current research is unable to confirm or refute.

Other earlier efforts sought to identify psychological correlates of becoming a teenage mother. Most findings came from case studies and extrapolations of reports on characteristics of small samples of youth who became pregnant. These reports are also dated and lack control groups of

teenagers who were not pregnant or parents (e.g., Gabrielson *et al.*, 1970; LaBarre, 1968; Osofsky *et al.*, 1968). The premise of these early investigations was, in keeping with the era of study, that teenage mothers share similar and deleterious psychological traits (Gilchrist and Schinke, 1983). Many traits were nominated, with most coming from the psychodynamic framework (McKenry *et al.*, 1979). Among the traits purportedly possessed by teenage mothers were weak ego strength (Babikian and Goldman, 1971; Miller, 1973), self-devaluation (Kaplan *et al.*, 1979), low self-worth (Faigel, 1967), low ability to make plans (Rains, 1971), overdependence (Heiman and Levitt, 1960; Loesch and Greenberg, 1962), a proclivity toward using denial (Rader *et al.*, 1978), risk taking (Miller, 1973), external locus of control (Connolly, 1975; Meyerowitz and Malev, 1973), masochism (Rader *et al.*, 1978), and anomie (Goode, 1961; Roberts, 1966). These studies imply that unfortunate traits carry over to parenthood and relentlessly plague adolescent mothers. Since these early psychological profiles of youth who get pregnant have not been good predictors of early childbearing (Chilman, 1981), the assumption that adolescent mothers continue to share common personality traits deserves to be greeted with skepticism.

Although society's decreasing stigmatization of adolescent parenthood may mitigate some social causes of psychological distress, other pertinent social stressors may continue to cause difficulty for teenage mothers (Barth and Schinke, *in press*). Teenage mothers are often single (Card and Wise, 1978; McCarthy and Menkin, 1979) and usually poor (Hofferth and Moore, 1979). Since single-parent women have higher rates of anxiety and depression than any other marital status group (Radloff and Rae, 1979), and since poverty also contributes to distress (Belle, 1982), teenage mothers may be especially vulnerable to psychological problems.

A study of teenage mothers in the Woodlawn area of Chicago confirms the impact of social characteristics on psychological welfare; this well-designed cross-sectional and longitudinal investigation shows that poor and minority teenage mothers are beleaguered by emotional difficulties even after their children are school aged (Brown *et al.*, 1981). Teenage mothers' high levels of distress at the time their first children entered school were undiminished when the children were entering tenth grade. Daughters of these young parents also suffered long-lasting difficulties (Kellam *et al.*, 1982). The causes of this filial distress are not certain, but possible contributors include the debilitating influence of welfare status (Ensminger, 1979) and teenage mothers' high likelihood of raising their children without the support of another adult.

Other evidence also suggests that social supports and socioeconomic status mediate the stress of adolescent motherhood (Barrera, 1981; Furstenberg and Crawford, 1978; Garbarino, 1977; Grow, 1979; Zitner and

Miller, 1980). Social supports are the principal source of much needed social, informational, and material aids for adolescent mothers (Becerra and Giovannoni, 1980; Cannon-Bonventre and Kahn, 1979; Nuttall, 1979). Although social supports apparently contribute to positive mental health, the influence of social supports on mental health has not been fully understood or confirmed (Thoits, 1982). Research on socioeconomic contributors to mental health makes that relationship distinct—the poor and uneducated suffer more than their share of mental disorders (Dohrenwend and Dohrenwend, 1974; Kessler and Cleary, 1980). As much or more than pregnancy or parenthood, social and economic factors may determine psychological well-being.

Teenage pregnancy and motherhood may have a direct effect on females' social supports. Social supports may increase for parenting adolescents around the time of birth. Several research reports and many anecdotal discussions note that the initial conflicts pregnancy may cause between youth and their families may give way to an acceptance and welcoming of the new family member (Furstenberg and Crawford, 1978; Fine and Pape, 1982; Presser, 1980). Although the idea that teenage mothers get pregnant to gain attention and support from their families is rarely correct, rejecting this notion does not preclude initially positive effects of pregnancy and the birth on a family's closeness (Stack, 1974). Since people from Nonwhite cultures show greater reliance on extended kin networks, this may be especially true for minority youth and their families. Long-term levels of support are less certain.

## HYPOTHESES

To better understand the psychological correlates of teenage parenting and pregnancy and the possible mediating effects of social support and socioeconomic status, measures of well-being, social support, and socioeconomic status were given to pregnant and parenting adolescents in school-aged parent programs and to a comparison group of nonpregnant and nonparenting adolescent women.

The study tested the following hypotheses:

1. Teenage mothers, more than pregnant teenagers or nonpregnant and nonparenting teenagers, will suffer psychological distress and impairment.
2. Parenting adolescents, more than nonpregnant and nonparenting adolescents or pregnant adolescents, will have social support.
3. Social supports will mediate distress for adolescent mothers, pregnant adolescents, and nonpregnant and nonparenting adolescents.

4. Pregnant teenagers, more than comparison and parenting youth, will have conflict with parents.
5. Socioeconomic status will mediate distress for all groups.

## METHOD

### Subjects

Study participants were 185 young women from three school-aged parent programs and the alternative public high schools in which these programs were set. The schools were in urban, suburban, and semirural areas in or around a major northwestern metropolitan area. Nonpregnant or nonparenting participants were enrolled in the reentry program of the alternatives school, which provided dropout-prone youth with additional support to obtain their diplomas. The sample was comprised of pregnant ( $n = 62$ ) and parenting ( $n = 63$ ) adolescents, and a comparison group of female adolescents who were neither pregnant nor parents ( $n = 60$ ). Pregnant, parenting, and comparison participants were recruited in their classes through announcements by teachers and the authors. Flyers were posted in classrooms and sent to students who were absent during class announcements. Remuneration of five dollars was given for completing the battery of self-report measures.

Students' ages ranged from 11 to 21 years ( $M = 16.76$ ,  $SD = 1.27$ ). The unusual range of ages for high school students is attributable to the inclusion of pregnant students without regard for age in the school-aged parent programs and delayed graduation for some mothers who took time off for child rearing. By race, 49% of the young women were Black, 36.8% were White, 5.6% were Native American, 7% were Asian, 4% were Hispanic, and 5% declined to identify their ethnicity. Students were typically single (88.3%) and living with their parent(s) (64.4%). The remainder of students lived with the baby's paternal grandparent(s) (18.4%), with their husband or the father of their baby (9.3%), or alone with their child (7.7%). For those reporting annual income of their family or residence, more than one half (51%) of the households earned less than \$8000.

About one-half of the parenting students attended school three or more times per week, and the other half attended once or twice per week. Pregnant and comparison students had more typical attendance, with the former group absent somewhat more often. Attendance rates (high, medium, low) differed by group,  $\chi^2 = 10.12$ ,  $p < 0.05$ . No differences were found between the three groups on the basis of race. Not unexpectedly, groups differed in marital status, with 16.8% of mothers and 14.5% of pregnant young women married; none of their childless non-

pregnant peers were married. An age difference was also found; the parent group was older ( $M = 17.3$ ,  $SD = 1.4$ ) than both pregnant ( $M = 16.6$ ,  $SD = 1.0$ ) and comparison ( $M = 16.4$ ,  $SD = 1.2$ ) groups,  $F(2, 185) = 14.7$ ,  $p < 0.001$ .

### Measures

Five measures of well-being were completed by all subjects.

*Contentment.* Adapted from Pearlin and Schooler's (1978) major study on stress and coping, three questions asked students to compare their current life satisfaction to that of peers, last year and next year, and one question asked for an overall rating of current satisfaction. The scores were summed to arrive at an overall contentment score. The alpha coefficient of reliability is 0.72.

*Rosenberg Self-Esteem Scale.* Widely used in mental health research (e.g., Pearlin and Radabaugh, 1976) and especially apt for adolescents, this scale (Rosenberg, 1965) has test-retest reliability of  $r = 0.85$  (Silber and Tippett, 1965) and strong convergence with other self-esteem measures (Crandall, 1973). Rosenberg (1965) reports scale characteristics of  $M = 1.89$  and  $SD = 1.4$  for adolescents.

*Pearlin Mastery Scale.* Developed for a national study of stress and coping (Pearlin and Schooler, 1978), this measure assesses the subject's sense of control over, and responsibility for, events. The alpha coefficient for this scale is reported as 0.81.

*State-Trait Anxiety Inventory (STAI).* The STAI A-state scale asks respondents to rate 20 statements (e.g., "I am tense," "I feel nervous") on a 4-point scale ranging from (1) Not at all, to (4) Very much so. The mean, normative STAI score reported for female high school students is 37.57 ( $SD = 11.76$ ); previous studies report STAI alpha coefficients ranging from 0.83 to 0.92 (Spielberger *et al.*, 1970).

*Beck Depression Inventory (BDI).* This measure indicates moderate depression when the score is 12 or above for youth (Beck *et al.*, 1979). Each of the 21 symptoms or cognitions characteristic of depression is rated on a 0 to 3 scale. A recent review by Hammen (1981) found the BDI the most satisfactory self-report of depression. Teri (1982) reports a mean BDI score of 8.8 ( $SD = 7.2$ ) for female adolescents.

### Social Supports

Four measures assessed subjects' social supports, and a fifth estimated socioeconomic status.

*Revised University of California—Los Angeles Loneliness Scale: Short Form (UCLA).* This 4-item measure of loneliness is taken from the longer inventory, has an alpha coefficient of 0.75, and adequately predicts self-labeled loneliness (Russell *et al.*, 1980). The loneliness scale has high test-retest reliability and convergence with measures of social relationships including numbers of close friends and time alone each day.

*Social Support Inventory (SSI)* This scale is identical to Habif and Lahey's (1980) measure of social support, with the originally dichotomous response options expanded to a 4-point Likert scale. The original inventory demonstrated acceptable validity in measuring the mediation of life stress and depression by social support. Questions include "I talk my worries over with someone else" and "My relationships are steady and close." In this study, the alpha coefficient is 0.73.

*Network Strength.* This scale taps social support network strength by combining two common measures of social supports—frequency of contact with network members, and nomination of support network members who could be asked for help with minor or major problems. The alpha coefficient on this scale is 0.67.

*Conflict with Parents.* A single item asked students to identify the frequency of conflict with parents ranging from (1) daily, to (5) less than once in two weeks. High scores show less conflict.

*Socioeconomic Status (SES).* The product of annual yearly income and mothers' education was used to estimate socioeconomic status. Subjects reported income for the household in which they lived and education of their mothers regardless of residence.

## RESULTS

Differences between parenting, pregnant, and comparison groups on the self-report measures were assessed with multivariate and univariate analyses. To reduce spurious significance due to chance from testing multiple hypotheses (Leary and Altmaier, 1980; Strahan, 1982), multivariate tests of significance were separately run for measures of psychological well-being and social support. Univariate analyses of variance were then performed for each variable controlling for age regardless of the significance of the multivariate test. This procedure is compatible with Strahan's (1982) dictum that stepdown ANOVAs should be performed without regard for the significance of the MANOVA when the investigator has specific a priori predictions. Because of controversy about performing ANOVAs when MANOVAs are not significant (cf. Leary and Altmaier, 1980), significant univariate tests should be viewed cautiously when overall MANOVAs or MANCOVAs are nonsignificant.

Because of differences in the amount of time students were available for testing, not every student was able to complete all measures; thus, the degrees of freedom for the multivariate statistics were less than for the univariate statistics. Chi-square analyses of the demographic data on students who did and did not take all tests yield no significant differences.

*Age.* Initial between-group differences in age suggested analysis of possible relationships between age, mental health, social support, and SES. Preliminary analyses indicate a significant correlation,  $r(185) = 0.16, p < 0.05$ , between age and a composite mental health score created by summing the standard mental health score for each of the five mental health measures (Cronbach's alpha for the summary score is 0.76). Although the correlation between age and mental health is evident, an ANOVA of mental health by three age groups of roughly equivalent size (younger than 17, 17 or 18, older than 18) and parenting status shows no differences for age, group, or age by group interaction. Despite these inconsistent findings, and in respect to the possible influence of age on mental health, subsequent analyses of mental health measures employ age as the covariate.

*Well-Being.* MANCOVAs on measures of well-being revealed no main effects of group,  $F(5, 139) = 1.29, p < 0.35$ . Univariate analyses (reported below and shown in Table I) performed on each of the five well-being measures yielded significant group effects on two of five measures: contentment,  $F(2, 186) = 6.90, p < 0.001$ , and Rosenberg self-esteem,  $F(2, 184) = 7.35, p < 0.001$ . The Pearlin Mastery Scale and Beck Depression Inventory showed no between-group differences, while the STAI only suggests between-group differences,  $F(2, 164) = 2.96, p < 0.10$ .

Tests of differences between the scores of the three subsamples and normal scores for high school-aged females on the BDI and STAI show no significant differences between any group and the norms reported by Teri (1982) and Spielberger *et al.* (1970). Pregnant participants did have marginally higher depression scores, however,  $z = 1.60, p < 0.06$ . On the Rosenberg, significant differences ( $p < 0.05$ ) were found between all three groups and the norms reported in Rosenberg (1965). Comparison group members reported higher self-esteem while pregnant and parenting members reported lower self-esteem.

Pregnant adolescents reported higher overall contentment scores ( $M = 15.44$ ) that either parenting ( $M = 13.99$ ) or comparison ( $M = 13.03$ ) groups; parenting and comparison groups did not differ. On the Rosenberg measure, comparisons reported lowest self-esteem ( $M = 2.27$ ) and differed from both parenting ( $M = 1.49$ ) and pregnant ( $M = 1.46$ ) peers, who did not differ from each other. Comparison group members tended to be the most anxious, according to the STAI, followed by parents and expectant mothers. MANCOVAs by group and race and controlling for age indicate



no overall effect and no main effects of group or race or of group by race interaction.

*Social Supports.* Multiple analysis of covariance on the four social support measures revealed only a tendency toward main effects of group,  $F(4, 141) = 1.74, p < 0.08$ . Race effects were pronounced,  $F(4, 141) = 4.47, p < 0.001$ , with Black more than White participants receiving more social supports, although group by race interactions were not significant. The univariate analyses shown in Table I indicate significant across-group differences on two of the four social support measures—Network Strength and Conflict with Parents. The measure of Network Strength distinguished between parenting status groups,  $F(2, 144) = 3.21, p < 0.05$ , showing that pregnant adolescents perceive themselves as having the broadest and most helpful networks; adolescent parents perceive their support networks as significantly more restricted. Neither racial differences nor group by race interactions showed significance for network strength. ANCOVAs on the Conflict with Parents measure showed that this single-item question differentiated between teenage mothers, pregnant teens, and nonpregnant and parenting teens,  $F(2, 158) = 3.32, p < 0.05$ . Comparisons had more conflict with parents than parenting and pregnant adolescents; differences in conflict by race were not evident. On the UCLA loneliness inventory, comparison group adolescents reported more loneliness than parenting or

**Table I.** ANCOVA of Mental Health and Social Supports by Parenting Status and Controlling for Age

	Parents ( <i>n</i> = 62)		Pregnants ( <i>n</i> = 63)		Comparisons ( <i>n</i> = 60)	
	M	SD	M	SD	M	SD
<b>Mental Health<sup>a</sup></b>						
Contentment	13.99	4.69	15.44	4.14	13.03	4.08 <sup>c</sup>
Rosenberg	1.49	1.52	1.46	1.47	2.27	1.58 <sup>c,d</sup>
Pearlin	20.27	2.95	20.12	3.27	19.70	3.43
STAI	38.41	11.04	38.10	11.07	39.41	10.19
BDI	9.70	9.99	10.20	6.94	8.81	8.76
<b>Social Support<sup>b</sup></b>						
UCLA	10.49	2.36	11.27	2.22	9.86	2.20 <sup>c</sup>
Social Support	1.15	0.86	1.03	0.72	0.91	0.80 <sup>d</sup>
Network Strength	39.11	8.61	43.03	10.09	40.95	8.38
Conflict with Parents	3.95	1.36	3.75	1.49	3.10	1.57 <sup>c,d</sup>

<sup>a</sup>For the Contentment and Pearlin, high scores are positive; for the other mental health measures, low scores are positive.

<sup>b</sup>All social support scores have been coded so that high scores are positive.

<sup>c</sup> $p < 0.01$  between pregnant and comparisons.

<sup>d</sup> $p < 0.01$  between parents and comparisons.

pregnant adolescents,  $F(1, 137) = 9.04, p < 0.001$ . As measured by the Social Support Inventory, adolescents with children perceived the closeness and supportiveness of significant others differently than did comparisons,  $F(2, 185) = 6.12, p < 0.01$ .

Correlations between measures of social support and mental health (see Table II) reveal the differing strengths of association between social supports and mental health across groups. As indicated by the correlation between the summary score of social support measures and mental health, teenage mothers' overall levels of social support are most strongly associated with mental health; the relationship is not as strong for pregnant and nonpregnant/nonparenting teenagers. For adolescent parents, social contact, available help, and minimal conflict with parents are highly associated with well-being. The mental health of pregnant teenagers has a strong link with the closeness of friendships, while other teenage women indicate that their low conflict with parents is most highly associated with higher well-being.

*Social Support and SES Effects on Mental Health.* MANCOVAs of mental health by group, controlling first for social support and age and then for SES and age, tested possible intervening effects on mental health. Controlling for social support and age, between-group differences in mental health were significant,  $F(5, 159) = 1.95, p < 0.05$ . ANCOVAs controlling for social support and age for each mental health variable showed between-group differences only for the Rosenberg Self-Esteem Scale,  $F(2, 174) = 6.87, p < 0.001$ . Nonpregnant and nonparenting adolescents had the lowest reported self-esteem; pregnant adolescents reported the highest.

Controlling for SES and age, MANCOVAs for mental health by group were also significant,  $F(5, 159) = 1.91, p < 0.05$ . ANCOVAs for each variable controlling for SES and age showed differences on three of the five mental health variables. The Contentment measure,  $F(2, 177) = 3.64, p < 0.05$ , indicated nonpregnant and nonparenting adolescents are

**Table II.** Correlations Between Social Support and Mental Health<sup>a</sup>

	Overall ( <i>n</i> = 185)	Parents ( <i>n</i> = 62)	Pregnants ( <i>n</i> = 63)	Comparisons ( <i>n</i> = 60)
UCLA	0.15 <sup>b</sup>	0.45 <sup>d</sup>	0.07	-0.06
Social Support Inventory (SSI)	0.08	0.05	0.33 <sup>c</sup>	-0.25 <sup>b</sup>
Network Strength (NS)	0.24 <sup>c</sup>	0.31 <sup>b</sup>	0.25 <sup>b</sup>	0.15
Conflict with Parents (CP)	0.19 <sup>c</sup>	0.39 <sup>d</sup>	-0.19	0.38 <sup>d</sup>
Summary (UCLA + SSI + NS + CP)	0.17 <sup>b</sup>	0.30 <sup>c</sup>	0.12	0.06

<sup>a</sup>Positive correlations indicate more social support and better mental health.

<sup>b</sup> $p < 0.05$ .

<sup>c</sup> $p < 0.01$ .

<sup>d</sup> $p < 0.001$ .

**Table III.** Regression of Background Factors and Group Membership on Mental Health ( $n = 156$ )

	<i>B</i>	<i>F</i>	Multiple <i>R</i> <sup>2</sup>	Overall <i>F</i>
Social Support (SS)	1.24	32.78 <sup>b</sup>	0.44	32.78 <sup>b</sup>
SES	1.15	4.01 <sup>a</sup>	0.47	18.38 <sup>b</sup>
SS × SES	-.02	1.83	0.48	12.94 <sup>b</sup>
Age	0.74	0.55	0.49	9.81 <sup>b</sup>
Race	-2.48	0.44	0.49	7.83 <sup>b</sup>
Parenting Status	-2.38	0.16	0.49	6.60 <sup>b</sup>
Constant	-87.211			

<sup>a</sup> $p < 0.05$ .<sup>b</sup> $p < 0.001$ .

happiest, followed by pregnant, and then parenting, adolescents. Self-esteem, as measured by the Rosenberg scale, continued to differentiate between groups,  $F(2, 150) = 6.79$ ,  $p < 0.002$ . Nonpregnant or parenting teens reported lowest self-esteem; pregnant teens reported the highest. The STAI also indicated group differences,  $F(2, 179) = 3.02$ ,  $p < 0.005$ . Nonpregnant or parenting teens had the most anxiety; pregnant adolescents had the least anxiety.

*Overall Predictors of Mental Health.* To ascertain the relative contributions of the study variables on mental health for the sample of pregnant, parenting, and nonpregnant/nonparenting teenagers, the full set of predictors was entered into a multiple regression equation with the summary mental health score as the dependent variable. Testing for the effects of group membership above and beyond other background variables, age, social supports, socioeconomic status, race, and social supports × SES were first entered into the regression equation, and then parenting status was added. The results in Table III indicate the important contribution of social support and socioeconomic status and the insignificant contribution of parenting status to mental health. These results confirm the earlier reported findings that group membership alone did not predict mental health; age was modestly associated with well-being; and social supports and socioeconomic status explain much of the variance in distress.

## DISCUSSION

These findings challenge several common conceptions of adolescent pregnancy. The results indicate that teenage pregnancy and motherhood (at least in the first year) are not in and of themselves as psychologically incapacitating as often thought. Contextual factors predict well-being more

powerfully than parenting status; the three groups differ on measures of well-being only when the contributions of age, SES, and social supports are held constant. Still, the confluence of often inauspicious contextual factors makes the teenage mother's life difficult and may lead to depression levels that are marginally higher than the norm.

The results, although not unequivocal, fail to demonstrate that adolescent pregnancy is a time of optimism and elevated well-being (cf. Paffenberger and McCabe, 1966). Lower than normal self-esteem and a tendency toward higher depression than normal suggest some ill effects of pregnancy, even though anxiety scores are within the measures' norms. Although pregnant teenagers compare their current contentment favorably with others, with their last year, and with the year to come, social desirability may influence and inflate their scores somewhat. Adolescent pregnancy has drawbacks and advantages, and these findings may reflect that mixture. The results do not show race as contributing background variable, in counterpoint to the too common notion that Black teenage mothers have an easier time than White adolescent mothers because of the tradition of early childbearing in Black cultures. Taken together, these findings do not clearly support hypothesis 1—teenage mothers suffer the most psychological distress. Rather, poor and isolated adolescents seem most psychologically impaired.

Hypotheses 2 and 3—social supports would be highest for parents and would mediate distress for all groups—are also only partially confirmed. Adolescent parents and pregnant adolescents both reported more social support than the comparison group, although pregnant adolescents had the highest levels of support. Overall, social support does mediate distress, although the effects are most pronounced for parents. This is in keeping with Aneshensel and Stone's (1982) finding of an interaction effect between stress and social support in mediating mental well-being. Teenage parents are likely to be under the most stress and, therefore, in the most need of social support.

Although the single-item measure Conflict with Parents cannot assure robust findings, the data do not support the fourth hypothesis of especially high conflict between pregnant adolescents and parents. Since pregnancy and parenting are experiences with which the parents of teenage mothers are familiar, these shared events may help reduce the importance of other misunderstanding that apparently lead to high conflict ratings by the comparison group. Study findings also confirm several expectations. Black youth have more social support than White youth, and young parents report both needing more social support and receiving more social support than do pregnant minors or the comparison group. Fortunately, since social supports buffer distress, adolescent mothers do not seem to have extraordinary conflict with network members.

Socioeconomic status does, as predicted in hypothesis 5, have a major influence on adolescents' welfare. Since the transition to parenthood is known to be taxing (Wandersman *et al.*, 1980), the finding that adolescent parents have diminished mental health after controlling for SES and social supports is not surprising. The likelihood that social supports will drop and expenses will rise as infants become toddlers and then small children suggests that the buffering of social support and SES may be shortlived. The abridged economic futures of adolescent parents and increasingly penurious service policies also threaten the future well-being of young parents and their infants (Roosa *et al.*, 1982). Brown *et al.*'s (1981) finding of adolescent mothers' mental health problems well after becoming parents are consistent with these data.

These results should be interpreted with appreciation of differences between this study sample and previously studied populations of adolescent parents. First, these young women all live in the community and are enrolled at least part-time in school. This fact quickly distinguishes this study's population from studies describing adolescent mothers in residential care, in public health clinics, or at home. Even though many subjects were only nominally in school activities, they had enough contact to hear about the testing dates and enough mobility and opportunity to respond to staff recruitment efforts. This suggests that pregnant and parenting subjects may have more social contact, prenatal care, and formal and informal counseling (Rogeness *et al.*, 1981) and may, therefore, have higher absolute levels of well-being than teenage mothers not in school programs.

Second, since they were drawn from alternative schools, subjects were atypical of other high school students, and may represent a more troubled comparison group than would a mainstream high school sample. In contrast, pregnant and parenting mothers may look less troubled. The scores of comparison group members on the standardized measures of well-being do not support a conclusion that this group is highly disturbed. The depression and anxiety levels of the nonpregnant and nonparenting sample were undistinguishable from populations of high school students, and only their self-esteem levels were higher. While such comparisons across sample groups merit caution, they hint that the subsample of nonpregnant and nonparenting participants are not exceptional. Third, the children of these teenage mothers were almost all younger than 2-years-old and few mothers had more than one child. The financial, familial, and personal costs of parenting had just begun. In sum, although the relationship between mental health and social factors seems representative, these results describe a school-aged parent program population and inferences to other teenage parent subpopulations should be made with care.

The findings underscore the importance of services for adolescent mothers to maintain family and social supports and promote economic

gain. Our findings on the salutary effects of social supports on mental health extend Furstenberg's (1980) findings of a similar relationship between social supports and economic and educational advancement. In combination, these findings argue against the continuation of policies that encourage teenage mothers to leave home to become eligible to receive full benefits in their own names and that discourage infants' fathers from acknowledging paternity and providing supports to mothers (Cartoof, 1982). These results instead encourage programs that foster family involvement with teenage mothers. The expansion of school-aged parent programs and the financial wherewithal to provide better outreach for adolescent mothers and pregnant teenagers and their families are badly needed.

Changes have occurred in the rates and consequences of adolescent pregnancy. The severe psychological reaction to adolescent pregnancy, once characterized by high suicide rates, may have given way to improved conditions associated with more visibility and less stigma, more choice about pregnancy outcomes, and community-based school-aged parent programs. Although these improvements are noteworthy, the risks to the long-term well-being of teenage parents seem equally important. With adequate social and material support, new teenage parents and pregnant adolescents may maintain optimism and may avoid debilitating psychological consequences.

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