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I am submitting herewith a thesis written by Linda Elligan, Lois Lee, and Robbie Robertson entitled "A Study of Teenage Parenthood: AFDC Recipients in Hamilton County, Tennessee." I have examined the final copy of the thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Social Work.

Robert C. Bonovich
Major Professor

We have read this thesis
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FOREWORD

It has been my privilege to serve as chairperson of the faculty committee guiding the efforts of Linda Elligan, Lois Lee and Robbie Robertson. The committee is pleased to send forward this record of those efforts.

The profession of social work long ago declared its commitment to the products of scientific method as the primary knowledge base guiding its practice. This commitment includes the utilization of scientific knowledge generated by other disciplines as well as the generation of scientific knowledge derived from social work practice itself.

The students in this project examined the literature of a major problem of American society--teenage pregnancy--about which the profession of social work has been assigned major responsibility. The knowledge tools available for dealing with this problem are limited. Little systematic knowledge has been generated from the field itself. The students undertook the task of improving our understanding of teenage pregnancy from the perspective of the teenage mother. Although their study is limited by sample size, it is an effort to examine comprehensively the complex of variables and their interactions involved in the problem.

This thesis is the product of a sustained effort on the part of three students to be guided rigorously by the rules of scientific method in each phase of the process. This common product represents the synthesis of three unique,

though coordinated, enactments of the total process of science rather than the integration of delegated tasks. The efforts of each have produced, in combination, a synergistic effect to the credit of the students themselves, their committee, the College of Social Work and the University.

Robert C. Bonovich
Professor of Social Work

Nashville, Tennessee
November 22, 1986

A STUDY OF TEENAGE PARENTHOOD:
AFDC RECIPIENTS IN HAMILTON COUNTY, TENNESSEE

A Thesis

Presented for the

Master of Science Degree

The University of Tennessee, Knoxville

Linda Elligan

Lois Lee

Robbie Robertson

December 1986

DEDICATION

This thesis is dedicated to our families who gave us an endless amount of support, encouragement, and understanding during the lengthy and arduous process of bringing this work to fruition.

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The writers of this thesis would like to acknowledge Dr. Robert C. Bonovich, Chairperson of their thesis committee for his guidance, encouragement and direction and the thesis committee, Dr. Lou Beasley and Professor Anne Ford, for their assistance.

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Finally, the writers would like to acknowledge Jean Salling, William Leak, Phyllis Faulkner, and Marie Colson for going beyond the call of duty to help with the typing of the initial manuscript of this thesis.

ABSTRACT

The aim of this study was to better understand the needs of AFDC recipient single teenage mothers in their environment by determining (a) what tangible and intangible services these teenage mothers felt they needed, (b) their awareness of and use of community services, (c) the context in which they found social service delivery acceptable, and (d) their aspirations, both before and subsequent to pregnancy. Survey research in the form of an interview schedule was administered by individual interviewers to thirty-five AFDC recipients, who were randomly selected from a Tennessee Department of Human Services Computer Listing of teenage single mothers in the Chattanooga, Hamilton County, Tennessee, area. The interview schedule primarily consisted of closed-ended questions. A number of the questions allowed for amplification on an open-ended basis. The thirty-five subjects selected volunteered to participate in the study.

The results of this study revealed several strengths of the teenage mothers, including their extended family support system, friendship networks, continued attendance in school, knowledge of community resources, early use of prenatal care and continued utilization of health care resources for themselves and their children. The majority of the teenage mothers who used formal agency resources found the context of social service delivery acceptable and offered few suggestions for improvement. Most young mothers did not

perceive themselves as having a need if that need was being met. Seventy-seven percent of the teenage mothers identified family planning as the service they felt could be most beneficial to them in delaying or preventing another pregnancy.

Additional research should focus on teenage mothers' self-reports of their use of tangible and intangible services, availability and utilization of resources, context of service delivery acceptable to them and self-reports of their aspirations before and subsequent to pregnancy. In summary, there continues to be a need for expanded sex education classes in the school system and comprehensive social services programs related to teenage pregnancy and parenthood. Programs should be developed in the formal services network that support the contributions of the extended family members in meeting the needs of teenage parents and helping them delay or postpone early childbearing during the teenage years.

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CHAPTER I

INTRODUCTION

Purpose

The issue of teenage pregnancy and what to do about it has become a serious problem affecting all areas of society. In an adaptation from a paper presented on November 14, 1983, at the annual meeting of the American Health Association, Dryfoos (1984) reflected that:

> Race and socioeconomic status are major predictors of early, unintended childbearing: Unmarried black teenagers are five times more likely to give birth than are white adolescents and young mothers most often come from families that have low income and low educational achievement, and that live in urban poverty centers or rural areas (p. 193).

Teenage pregnancy is not new, but the devastating social and economic consequences associated with teenage pregnancy and teenage parenthood are new. It is only in recent years that half of all teen mothers are single parents who face almost certain poverty. Teen mothers are three times more likely to be single parents than women who delay childbearing until they are in their twenties (Pittman, 1985, p. 4). Seventy percent of children living in poverty are in households headed by single parents (Berz, 1986, p. 13).

Because teen mothers are less likely to marry than women who begin childbearing in their twenties and are less likely to complete high school or college, they are unable

to obtain jobs which would enable them to support themselves and their children and often end up dependent on welfare. Over half of AFDC recipients had their first child in adolescence (Pittman, 1985, p. 4). The resulting cost to society is great, both financially and in terms of lost productivity.

The problem of teenage pregnancy in the Chattanooga, Hamilton County, Tennessee area mirrors the problem as it is being experienced at the state and national levels. The rate of births to teens in Tennessee is higher than for the United States as a whole. In 1983, the live birth rate per thousand women aged fifteen through nineteen was 55.9 percent in Tennessee compared to 51.7 percent for the United States as a whole (Major, 1986, p. 1).

In 1983, 17,191 teenagers became pregnant in Tennessee while 1,189 teenagers became pregnant in Hamilton County. Forty-two percent of the teen pregnancies in Hamilton county in 1983 were to teens aged ten through seventeen (Pharis, 1985, p. 126).

Of the 718 births to teenage mothers in Hamilton County in 1983, 415 or fifty-eight percent were to single mothers. Of the 415 single parent births to teens in Hamilton county in 1983, 32 percent were to whites and 68 percent were to non-whites (Pharis, 1985, p. 127).

As evidenced by a recent study completed by the Metropolitan Council for Community Services in Chattanooga,

Tennessee, the community has become aware of the local problems surrounding teenage pregnancy (Pharis, 1985, pp. 126-128). However, comprehensive, integrated programs to foster delay of additional pregnancies and to enhance self-sufficiency for young mothers have not, as yet, been developed, and attempts have not been made to learn how the teenage mothers feel about teenage parenthood or what services they feel they need to help them become self-sufficient and prevent future pregnancies during adolescence.

Previous research has primarily focused upon the need for services for teenage parents based upon assessments by professionals rather than the perceptions of the teenagers who would be the consumers of the service. This study was based upon the desire to acquire a better understanding of the needs of teen mothers as they perceive them and the context in which delivery of needed services would be acceptable.

The three researchers involved in this project entered into it with three slightly divergent perceptions of its purpose. One author, Linda Elligan, felt that the purpose of this study was to better understand from teenage mothers in the Chattanooga, Hamilton County, Tennessee area what services they felt they needed to prevent future pregnancies and become productive. Lois Lee, another author, felt the purpose was to understand from teenagers in the Hamilton

County area how social services could be provided to them in a way that would help them prevent future teenage pregnancies and become self-sufficient or productive, while Robbie Robertson felt the purpose was to develop a greater understanding of the needs of teenage mothers in order to delay future pregnancies, to facilitate self-sufficiency, and to determine the context of service delivery found acceptable.

These individual perceptions were combined to formulate a general purpose of the study, which was to obtain a better understanding of the needs of teenage mothers in the Chattanooga, Hamilton County, Tennessee area by examination of (a) tangible and intangible services teenage mothers felt they needed to delay future pregnancies during adolescence, (b) use and awareness of community services, (c) the context in which social service delivery was found acceptable, and (d) aspirations before and subsequent to pregnancy. Tangible services were specified in this study as agency assistance, food, clothing and shelter, while intangible services were represented by advice, information, emotional support and counseling. Demographic information was obtained to provide a detailed description of the sample population in their environment.

Scope

The survey population consisted of thirty-five randomly selected Aid to Families with Dependent Children (AFDC)

recipient teenage mothers between the ages of thirteen through seventeen. These teenage mothers were residents of Chattanoga, Hamilton county, Tennessee, and were either pregnant with an anticipated delivery date on or before February 28, 1986, or already had one or more children.

Method

The method of research was survey research through face to face interviews. The sample population consisted of thirty-five individuals who were randomly selected from a population of 107, the total number of AFDC recipients in Hamilton County, Tennessee, who were between the ages of thirteen through seventeen. A Tennessee Department of Human Services computer listing of the names of all 107 individuals was obtained and the selection of thirty-five was based upon the use of a random selection table (Mueller and Schuessler, 1961, p. 482).

Participation of the sample group was voluntary. Upon the respondents' agreement to participate, interviews were scheduled at their convenience. The researchers were prepared to interview at the respondents' homes, the local Tennessee Department of Human Services or at neutral locations. Most of the interviews were conducted at the respondents' homes.

To preserve the confidentiality of the survey participants, a three by five index card was used to record the names and addresses of the thirty-five subjects. The

computer listing was then destroyed. The index card was clipped to a blank interview schedule. Upon completion of each interview, the index card was destroyed and the interview schedule was added to the pool of completed schedules with a sequence number inserted for data analysis. It was not possible for that number to be associated with any particular respondent.

The study was cross-sectional in that it was based on observations representing a single point in time. The study was descriptive in that it provided a verbal representation of the subjects' life situations during a particular stage.

CHAPTER II

REVIEW OF RELATED LITERATURE

Literature on the Problem

The problem of teenage pregnancy and single mother parenthood has been studied extensively by numerous researchers, writers, groups and those affiliated with the various helping professions. Teenage single parenthood has been explored from a variety of perspectives, including a collection of basic demographic information such as race, age, educational status, economic status, housing situations, emotional support systems and educational and economic future possibilities. The teenage single mother's knowledge of family planning techniques and sex education has also been examined. Information regarding the impact upon children born to teenage mothers has been explored in terms of the teenage single mother's receipt of adequate prenatal care and the medical and developmental problems the children have experienced at birth or shortly thereafter.

Other areas that have been reviewed include the teenage single mother's involvement with community services or agencies, involvement of the teenage father and the teenage single mother's ability to parent her child and to break the cycle of generational teenage pregnancy and parenthood. This review of the literature focused on the problem of teenage pregnancy and single mother parenthood with emphasis on

demographic information specific to teenage parents, programs designed to deal with the problems of teenage pregnancy and parenthood, and needs, aspirations and resource utilization of the teenage mothers.

Teenage pregnancy, as one author points out, has been around as long as there have been teenagers, but its pervasiveness in the country, the extent of its social cost and the urgent need to attack it are just beginning to be appreciated (Wallis, 1985, p. 79). "In the first half of this century, it was not uncommon for a couple to marry and have children well before they were out of their teenage years" (National Conference of State Legislatures [NCSL] , 1981, p. 1). Education, though limited, was completed for most people by then and society dictated that its youth assume the responsibility of family life (NCSL, 1981, p. 11).

Today, society does not expect its youth to assume the social, emotional and economic roles and responsibilities of parenthood until about early twenties (NCSL, 1981, p. 11). This expectation is conveyed in various ways such as stressing continued education and obtaining a career. While society currently discourages teenagers from assuming parental roles and obligations, it has failed to prepare its youth to effectively deal with the physical maturation of their bodies which allures them to become parents (NCSL, 1981, p. 1). Because of this discrepancy, teenagers have

continued to become parents but are not socially and economically prepared to be parents (NCSL, 1981, p. 1). As a result of teenagers not being prepared to effectively cope with their roles, a crisis situation has developed.

The crisis is multi-faceted: (a) increased number of infant deaths, (b) more child abuse and neglect and (c) more single parent families living below the poverty level. As a response to the multi-faceted crisis, many educational systems, civic and service oriented groups, public agencies, hospitals and other organizations have attempted to address the problem by dealing with it in various ways. Their shared goal is to prevent teenage pregnancies and its consequences.

Literature on Demographics

Race. A study conducted by Zelnik and Kanter in 1971 cited that four out of ten white and three out of four black females under the age of eighteen engaged in premarital sexual intercourse (Phipps-Yonas, 1980, p. 403). Another study by Zelnik and Kanter in 1978 showed that black teenagers were more likely than white teenagers to have sexual intercourse premaritally and a resulting pregnancy (Stevens, 1980, p. 47). This study also revealed that there are more white teenage mothers than black teenage mothers, but the birth rate is higher for blacks than whites (Stevens, 1980, p. 47).

About fifty percent of black females in the United States become pregnant by age twenty and the pregnancy rate

among those ages fifteen through nineteen is almost twice that of whites (Wallis, 1985, p. 79). According to Height, teenage parenthood is not new in the black community, but has existed since slavery when black women married early and had children soon thereafter (Height, 1985, p. 76).

While teenage pregnancy is a serious problem in black and low income families, it effects teenagers of all socioeconomic levels. Research conducted by the Alan Guttmacher Institute (AGI) in 1976 showed that:

> Adolescent sexual activity has been traditionally portrayed as principally affecting minorities and the poor; but recent evidence suggests that teenagers from higher income and non-minority groups are now beginning sexual intercourse at earlier ages (p. 9).

Age. Adolescents are becoming pregnant at an increasingly younger age. Most adolescent pregnancies now occur in girls fifteen through sixteen years of age with the number of those fourteen years of age and under slowly increasing. This alarming trend has lead researchers to predict that if these trends continue, almost half of today's fourteen-year-old girls will be pregnant by age twenty (Wallis, 1985, p. 79).

Marital Status. Research shows that there has been a decline in teenage marriages since the previous decade and indicates the rate is continuing to decline (AGI, 1981, p. 9). "The decline is partially attributable to the decreasing tendency of teens to marry in order to legitimate a premaritally conceived birth" (AGI, 1981, p. 9). Research

also shows that this decline is greater among blacks than whites (AGI, 1981, p. 9).

The majority of teenage marriages end in divorce. Marital stability seems to largely depend on the economic potential of the male who in most cases is not in a position to sufficiently support a family because of the lack of an education and sufficient job skills (Stevens, 1980, p. 50 and Phipps-Yonas, 1980, p. 414).

Education and Economic Status. Research by Card and Wise in 1978 showed that "early parenthood often shortens educational attainment for women and men, but this is greater for women than men" (Stevens, 1980, p. 47). A study conducted by Moore in 1978 showed that women who had their first child at age fifteen completed two years less school than women who were still childless at twenty-four (Stevens, 1980, p. 47). This study also indicated that white teenage mothers spent less time in school than black teenage mothers (Stevens, 1980, p. 47). The Alan Guttmacher Institute study (1976) revealed that:

> Eight out of 10 who first became mothers at age 17 or younger never completed high school. Even when the first birth occurs at age 18 or 19, the risk of dropping out of school before obtaining a high school diploma is 1.4 times greater. Nine in 10 of those whose first birth occurs at age 15 or younger never complete high school and more than 4 in 10 never get past the eighth grade (p. 5).

About half of all federal expenses provided to AFDC in 1975, 4.65 billion dollars, were absorbed by households in which the mothers gave birth to their first child as

adolescents (Magrab and Danielson-Murphy, 1979, p. 122). These figures indicate a high rate of teenage mothers on welfare. The Guttmacher (1976) study revealed similarities to Magrab and Danielson-Murphy, showing that "teenage mothers are less likely to work and more likely to be on welfare than mothers who gave birth in their 20s" (p. 26).

Dimensions. Adequate prenatal care is essential to teenage mothers. Even though their bodies are biologically ready to conceive by age fifteen, they are more prone to prenatal complications. "Girls under age 15 are even more prone to problems such as anemia, toxemia, prematurity, urinary tract infections, and others because of the short length of time between menarche and pregnancy" (Phipps-Yonas, 1980, p. 406). Schinke (1978) pointed out that in addition to the above symptoms, adolescent mothers have an increased potential of developing cervical cancer (Stewart, 1981, p. 447).

Babies of teenage mothers often end up with problems such as those associated with prematurity and low birth weight. Schinke (1978) indicated that children of adolescent mothers have a "higher risk of congenital defects, mental and physical handicaps, including epilepsy, cerebral palsy, blindness, deafness and retardation" (Stewart, 1981, p. 447). Studies also reveal that the infant mortality rate is higher for teenage mothers. "The younger the teenage

mother, the more likely that her baby will die" (AGI, 1976, p. 22).

Recent research studies tend to indicate that while a young mother may receive excellent prenatal care and deliver a healthy infant, "the subsequent health of her child may be severely jeopardized by early parenthood" (Baldwin and Cain, 1980, p. 34). It appears that there are deficits in the cognitive development of children, particularly male children, born to teenagers, but it is not felt that all of the effects result from the social and economic consequences of early childbearing (Baldwin and Cain, 1980, p. 34). Other adverse effects are believed to exist as a result of the family structure in which these children are reared since they are more likely to spend a part of their life in one-parent households (Baldwin and Cain, 1980, p. 34).

Literature on Programs That Deal With the Problem

Family planning services are perhaps the most prevalent of services offered to teenage single mothers for the purpose of preventing teenage pregnancy. A report completed by the Alan Guttmacher Institute (1981) showed that "the number of teenagers attending family planning clinics grew from 214,000 to 1.5 million between 1969 and 1978" (AGI, 1981, p. 41). The report further stated that family planning clinics have improved the quality and consistency of contraceptive use among teenagers and have been credited with preventing an estimated 689,000 unintended births, and

probably a higher number of abortions, among teens (AGI, 1981, p. 41). The Guttmacher (1981) report also showed that the younger teenage patients accounted for most of the increase and that between 1972 and 1978, the number of family planning clinic patients under seventeen years of age tripled (AGI, 1981, p. 43).

In spite of the increase of teenagers attending family planning clinics, there continues to be a problem. Information provided by the Nashville Consortium on Adolescent Pregnancy and Parenthood in 1980 showed that "4,000,000 teenagers are sexually active and only half receive contraceptive services." (Nashville Consortium on Adolescent Pregnancy and Parenthood [NCAPP], 1980, p. 1). The study by the Consortium also revealed that:

> Teenagers whose parents discuss sex with them do not become sexually active as early as those whose parents do not, and 90% of information on birth control and sexuality comes to teenagers from their peers (p. 1).

A study by Zelnik and Kanter (1979) revealed that "one-half of all initial premarital teenage pregnancies occur in the first six months of sexual activity" (p. 289). This study also revealed that "few teenagers failed to use contraceptives because they want to get pregnant. Most believe they are protected by their youth, infrequent sex or time of the month" (p. 289). Many teenagers also reported that they did not expect to have intercourse, believed using contraceptives was wrong and dangerous, did not know where

to obtain contraceptives or felt sex was not much fun when contraceptives were used (Zelnik and Kanter, 1979, p. 290).

A more recent study found adolescents to be unclear about the range of contraceptives available. Few were familiar with anything other than the pill and condoms and some had mistaken ideas about the pill, which may account for the non-use of contraceptives by American teenage girls (Wallis, 1985, p. 81).

The information obtained in the studies of teenagers' use of contraceptives reflects that society gives them a double message regarding sex. This message, as reported by Wallis (1985) is:

> If you're swept away by passion, then you didn't do anything wrong. But, if you went on a date after taking the pill or with a diaphragm, then you're bad and you were looking for sex and that's not permitted (p. 82).

The Guttmacher study revealed that the reasons many teenagers do not use family planning clinic services to obtain contraceptives is because they are concerned that their parents will find out, or they do not get around to utilizing the service (AGI, 1981, p. 41). From this information regarding availability and utilization of family planning services, one can conclude that even though family planning services are widely available, there is a problem between availability and the willingness or freedom on the part of many teenagers to seek and use these services.

Much of the literature regarding teenage pregnancies and parenthood is focused on the area of sex education. Most

Americans favor sex education being taught in the schools, but in the areas where sex education is being taught in the schools, the course content is so diluted that teenagers do not learn basic facts such as when pregnancy is most likely to occur (AGI, 1981, p. 37).

The Guttmacher (1981) report indicated that "8 out of 10 Americans believe that sex education should be taught in the schools and 7 out of 10 believe that such courses should include information about contraception" (p. 38). However, most teenagers and many parents do not believe that the responsibility for sex education should be left up to the schools alone, but should involve the parents (AGI, 1981, p. 38). One problem with sex education being taught in the schools is that only a few states mandate it as a part of the school curriculum. Other states leave the option to the school boards (AGI, 1981, p. 39). Tennessee's efforts to teach sex education in the schools resulted in the adoption of the family life strand of the health education curriculum in March 1986. The curriculum was designed for grades kindergarten through twelve, beginning with the 1986-1987 school year. The family life strand is not mandatory, but is being left to the local school boards for acceptance and implementation (Tennessee Department of Health and Environment, 1986).

Even though family planning clinic services have been made available to teenagers in most areas, and even though

sex education classes are gradually being added to the curriculum of many schools, teenage pregnancy and single mother parenthood continues to be a problem nationally, indicating that more services are needed. Many of the cities surveyed in the Guttmacher (1981) study reported having "small programs that provided basic services to teenage mothers" (p. 61). This report indicated that the "basic unmet need was infant day care" (p. 62). Other major needs included outreach services, support, foster care, legal assistance, psychological counseling and prevention of child abuse (p. 62).

The results of studies such as the Guttmacher studies point out the fact that "the U. S. leads nearly all other developed nations in its incidences of pregnancy among girls age 15 through 19" (Wallis, 1985, p. 80). The studies also indicate possible reasons and suggest courses of action necessary to lessen this trend, or to at least reduce the trend and better serve those who are already victims. Through federal legislation, grant money has been made available to groups interested in research projects dealing with the issue of teenage pregnancy and teenage parenthood.

Sources such as the Guttmacher Institute (1976) indicate that in order to effectively cope with the problems of teenage pregnancies and parenthood, programs or communities should offer:

1. realistic sex education;

2. an expanded network of preventive family planning programs;
3. adequate pregnancy counseling services;
4. equal availability and accessibility of legal abortions;
5. adequate prenatal, obstetrical and pediatric care;
6. educational, employment and social services;
7. coverage in national health insurance;
8. expansion of biomedical research (p. 55).

One major endeavor in this effort is a program called Adolescent Pregnancy Child Watch. This program is being conducted by the Children's Defense Fund, the National Council of Negro Women, the Association of Junior Leagues, the National Coalition of 100 Black Women and the March of Dimes. "This program is a two-phased volunteer project of information gathering and follow-up activities relative to particular communities" (Children's Defense Fund [CDF], 1984, p. 29). The purpose of this program is to "take informed action to prevent adolescent pregnancy and to better serve parenting teens and their babies" (CDF, 1984, p. 29). The organization has developed a manual to give step by step directions to groups starting a program. The program allows groups the freedom to design their program and focus on issues related to teenage pregnancy and single mother parenthood that are of particular concern to a community.

Another such program called Family Focus opened in Evanston, Illinois in 1976 and gradually extended to Chicago. Family Focus set out to close gaps in previously existing programs by extending already existing services available to teenage mothers and pregnant teenagers in larger communities to smaller communities. It also attempted to bridge the gap in communities where services already existed, so as to better coordinate them. The problem was that many services existed, but operated without relationshhip to one another (Nickel and Delany, 1984).

In setting up the Family Focus program, researchers surveyed existing programs and combined ideas and efforts that worked well. Nickel and Delany (1984) identified the following as significant in forming an effective program:

1. comprehensive review;
2. long-term support;
3. assertive outreach;
4. involvement of significant others;
5. high value on staff relationship with teens;
6. building opportunities;
7. prevention of unwanted pregnancy;
8. planning for the future (pp. 6-7).

Many successful programs also involve the sexually active teenage male. "These efforts are predicated on the belief that choosing and using contraceptives often is and

always should be the shared responsibility of both partners" (Nickel and Delany, 1984, p. 96).

Other communities are conducting programs that address the needs and concerns particular to that community such as the schoolbased Lee Adolescent Mothers Program (LAMP) in Lee County, Florida. This program was developed in 1972 and has continually grown since then. The program provides pregnancy and postnatal, schoolbased counseling and outreach services to residents in and near rural Fort Myers, Florida (DeRose, 1981, p. 337).

Other major metropolitan areas concerned by the growing need of teenage pregnancies and parenthood have set up schoolbased programs offering a variety of services to teenagers and teenage single mothers encompassing some of the above stated characteristics and others they perceive as particular to their community.

Literature on Self Reports of Needs, Aspirations and Resource Utilization

The literature on teenage pregnancy is extensive. However, it is weak in the area of needs of the teenage mother and extremely lacking in the areas of use and awareness of community resources, acceptable service delivery and aspirations of the teenage single mother. Available research has focused on needs by examining the emotional support system of the teenage single mother, her

ability to complete her education, child care resources and her financial support system.

Research conducted by Colletta and Lee (1983) states that:

> Although economic, social, interpersonal, and childrearing problems are not found only among adolescent mothers, there is additional strain generated by the immaturity of young mothers who are not adequately prepared to cope with the pressures resulting from accelerated role transition to adult responsibility and subsequent interrupted education and isolation from the peer group (p. 127).

Because of these circumstances, teenage mothers are often lonely and feel isolated from their friends. They also lack an active social life (Colletta and Lee, 1983, pp. 127-128). Research shows that relatives, friends, neighbors, a partner or spouse and institutions are potential sources of support for teenage mothers, but the family is the most common and preferred support system (Colletta and Lee, 1983, p. 129).

Research conducted by Maxwell showed that "social support mediates the strain of pregnancy and teenage motherhood and is associated with better mental health" (Barth and Schinke, 1984, p. 524). According to Fine and Pape, "teenage mothers, without support, may lack the interpersonal skills for initiating or maintaining affirmative social skills" (Barth and Schinke, 1984, p. 526).

Recognizing the paucity of research dealing with the support systems of teenage single mothers, Colletta and Lee (1983) conducted a study in the Baltimore area to obtain

information about the support systems of teenage mothers. Their study "focused on the relationship among sources, forms and amounts of support, and the adolescents' response to early motherhood" (Colletta and Lee, 1983, p. 130). Their population consisted of sixty-four black adolescent mothers. Twenty-five were enrolled in an infant-parent program, twenty-five were enrolled in regular high school and fourteen were dropouts. Results of Colletta and Lee's research showed a significant amount of support in the area of child care arrangements, living arrangements, help with housework, peer group support and assistance from individuals for the two groups still in school, although support was higher for the group in regular high school. The dropouts received significantly less support than the high school or infant-parent program group (Colletta and Lee, 1983, p. 133).

Another study conducted in 1984 by de Anda and Becerra compared differences and similarities between the support systems of forty white and eighty-two Hispanic adolescent mothers (English speaking and Spanish speaking) in California (de Anda and Becerra, 1984, p. 172). The purpose of this study was to determine who provided social support during the adolescent's pregnancy, who provided support at the time of the study, the type of support provided, and the types of problems the adolescent encountered in her support network (de Anda and Becerra, 1984, p. 173). De Anda and

Becerra found that the adolescents' mothers provided the greatest source of support in the white and Hispanic English speaking families, but the husbands or boyfriends provided the greatest source of support in the Hispanic Spanish speaking families. In Hispanic Spanish speaking families where there was no husband or boyfriend, the adolescent's mother provided the support. The types of support provided included living arrangements, child care arrangements and emotional support. The present study resembled the study conducted by de Anda and Becerra in that both studies looked at who provided support and the type of support that was provided.

Although the literature is extensive, it is lacking in research pertaining to the teenage single mother's self reports of her needs, use and perception of resources, acceptable service delivery, and aspirations. The focus of research has dealt with emotional support, financial support, continuing education, family planning and sex education. While this information is vital and basic to understanding the problems of teenage single mothers, it did not answer a number of questions of interest to the researchers of this study, especially in the area of the teenage single mother's perception of needs and needs meeting.

CHAPTER III

RESEARCH DESIGN

This survey research was conducted by face-to-face interviews to obtain information from teenage mothers who were recipients of AFDC, and who resided in the Chattanooga, Hamilton County, Tennessee area. The sample population consisted of teenage mothers between the ages of thirteen through seventeen years of age who had at least one child.

Through the use of a random selection table (Mueller and Schuessler, 1961, p. 442), the subjects were randomly selected from a computer listing, made available by the Tennessee Department of Human Services. This listing was of teenage mothers in Hamilton County, Tennessee who fell within the designated age range. After the initial random selection was completed, letters were sent to the identified teenage mothers explaining the purpose of the requested interview and asking for their participation in completing the study. A copy of the letter is included as Appendix C. When the teenage mothers responded, by phone, an appointment was scheduled at a time and place convenient to them. Most of the respondents were interviewed in their homes. Appointments were scheduled in the evenings and on weekends since most of the teenage mothers attended school. Prior to interviewing the respondents, the researchers obtained written consent for the interview from the minor teenage

mothers' parents or legal guardians. A copy of the consent form is included as Appendix B.

After the initial thirty-five letters were sent, substitutions for non-responses and negative responses were made by repeating the random selection process. Fifty-four additional selections were made due to refusals (7), letters returned undelivered (5), and non-responses (42). This amounted to a total of eighty-nine actual random selections. At that point, the computer listing was destroyed.

The information the researchers were interested in obtaining from the respondents included the (a) services both tangible and intangible the teenage mothers felt they needed to prevent additional pregnancies during adolescence; (b) use and awareness of community resources; (c) context in which social services delivery was found acceptable; and (d) aspirations before and subsequent to pregnancy. Demographic information was obtained to provide a better understanding of the teenage mothers in their environment. A copy of the survey instrument is included as Appendix A.

The survey instrument contained primarily closed-ended questions and included some questions which allowed for amplification on an open-ended basis. The interview format between the three members of the research team was standardized to insure reliability from interviewer to interviewer.

The study was cross-sectional (one time study) and descriptive to obtain an accurate portrayal of the characteristics and perceptions of the teenage mothers in their environment. Selltiz, Wrightsman and Cook (1976) state that descriptive studies "have as their purpose the accurate portrayal of the characteristics of a person, situation, or group" (p. 577). This study focused on the characteristics and perceptions of teenage AFDC recipient mothers in the Chattanooga, Hamilton County, Tennessee area between the ages of thirteen through seventeen.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

This study was predicated upon the desire to acquire a better understanding of the needs of AFDC recipient teenage mothers in Hamilton County, Tennessee and the context in which the delivery of social services would be acceptable to them. The major objectives of the study were: (a) to describe the characteristics of this particular population of adolescent mothers in order to obtain a clearer picture of Hamilton County, Tennessee, AFDC recipient teenage single mothers in their environment; (b) to determine what tangible and intangible services these teenage mothers felt they needed; (c) to determine these young mothers' awareness of and use of community services; (d) to develop a better understanding of the context in which these teenage mothers found social service delivery acceptable; and (e) to determine these teenagers' aspirations both before and subsequent to pregnancy.

Thirty-five respondents were included in this study. Data were obtained through the use of a structured interview format. The interviews were of one to one and one-half hours duration. Data collected from the thirty-five respondents were examined and analyzed and will be selectively presented under the following five categories which follow the objectives of the study: (a) Demographics; (b) Reports of

Tangible and Intangible Services; (c) Reports of Availability and Utilization of Resources; (d) Reports of the Context of Service Delivery Found Acceptable for Formal Resources; and (e) Reports of Aspirations Before and Since Pregnancy.

The data were analyzed and reported primarily through frequency distributions. A number of variables were subjected to cross-tabulation in preparation for multi-variate analysis. However, due to low row and column totals, multi-variate analysis was not pursued. The sample population of thirty-five consisted of twenty-five black and ten white teenage mothers. Analysis of the data focused on describing and comparing the teenage mothers and their perception of needs and service delivery. Subgroup comparisons were made with race being the major independent variable examined. Race as a factor with regard to teenage pregnancies continues to be of significance, both nationally and in the present study. Statistics reported by Pittman (1985) revealed that:

> Black teenagers account for 14% of the adolescent population, 28% of all adolescent births, and 47% of all births to unmarried teens. Adolescent pregnancy is a national problem but in the black community it is a crisis that threatens to cripple economic progress and lock generations into poverty. Eighty-five percent of black single mothers under age twenty-five live in poverty. Statistics suggest that only one in four will escape (p. 10).

Although marital and socioeconomic status are variables of importance to teenage pregnancy and childbearing, they were

not examined as major variables in this study because the sample population was a homogeneous group who shared the same marital and socioeconomic status. Each had been pregnant and had at least one child. This group of young mothers was also of similar age, as they were all teenagers between thirteen through seventeen years of age. The sample population was divided into two groups, thirteen through fifteen and sixteen through seventeen, and age was selectively examined as a variable. No significant variations were found in those analyses.

Demographics

Race. Of the thirty-five respondents who participated in the present study, 71 percent were black and 29 percent were white. The random selection of sample resulted in the absence of other ethnic groups.

The higher percentage of black teenage mothers as compared to whites in this study reflected patterns similar to national statistics. Nationally, black single mothers account for 47 percent of all births to teenage mothers (Pittman, 1985, p. 10). Black unmarried teenage mothers between the ages of fifteen and seventeen, when compared to their white counterparts, are two and one-half times more likely to give birth as single parents (Pittman, 1985, p. 6).

Age. At the time the interviews were conducted for the present study, the respondents ranged in age from thirteen

years, eleven months to seventeen years, eleven months with a mean age of 16.9 years. The ages of the respondents at the birth of their first child ranged from thirteen years, four months to seventeen years, ten months with a mean age of 15.8 years. The mean age of the black teenage mothers at the birth of their first child was 15.64 years while the mean age of white teenage mothers at the birth of their first child was 16.04 years; about five months difference. These findings on age mirror the national statistics where it is reported that most teenage pregnancies occur in girls fifteen through sixteen years of age (Wallis, 1985, p. 79).

Marital Status. All respondents were single at the time of the interviews. One respondent reported having been married at the time of birth of the first child, however, the marriage was dissolved subsequent to birth and at the time of the interviews. In 1982, 51.5 percent of all births to adolescents were to unmarried single mothers. Previous research indicated that the rate of teenage marriages entered into to legitimate a premaritally conceived birth had declined (AGI, 1981, p. 9), and that the majority of teenage marriages ended in divorce (Stevens, 1980, p. 50 and Phipps-Yonas, 1980, p. 414).

Education and Economic Status. These factors are considered critical to teen mothers as research has shown that teen parents are less likely to complete high school or go to college than women who delay childbearing until their

twenties; thus, teen parents are more likely to have low-paying jobs or be unemployed (Pittman, 1985, p. 4). At the time the interviews were conducted for this study, none of the respondents had graduated from high school; the mean highest grade completed was 9.7. Seventy-four percent, or almost three of four of the teen mothers were attending school. Twenty-six percent had quit school. Eighty-four percent, or more than four of five black teenage mothers were attending school, while 50 percent or one of two white teen mothers were attending school. Table 4.1 demonstrates the school status of teenage mothers by race. While the

Table 4.1
School Status of Teenage Mothers By Race
(N=35)

Status	Race	
	Black	White
Attending School	21 (84%)	5 (50%)
Not Attending School	4 (16%)	5 (50%)

* Percentages displayed in the tables in Chapter IV may not total 100 due to rounding.

differences in percentages of school attendance and school dropout between black and white teenage mothers who participated in this study were distinct, the significance cannot be statistically determined due to the size of the sample.

Respondents in this study were of the lower socioeconomic level due to the selection criterion that the sample population be AFDC recipients. None of the respondents were employed at the time the interviews were conducted for this study nor had any previously been employed.

Children of the Teenage Mothers. Of the thirty-five respondents, thirty-three had only one child and two reported two children. Two of the thirty-three respondents who had one child were expecting a second child at the time the interviews were conducted. Consequently, there were thirty-seven infants and toddlers in the study sample, ranging in age from one month to thirty months. The mean age of the first child at the time the interviews were conducted was 12.09 months.

Fifty-one percent of the children were males and 49 percent were females; 66 percent were black, 26 percent were white and 8 percent were biracial. The three biracial children included one white mother and black father; one black mother and white father; and one black mother and Asian father.

Attitude Toward Pregnancy and Prenatal Care. Thirty-four (97 percent) of the teenage mothers reported they did not plan to become pregnant. Only one teenager (3 percent) planned to become pregnant. Most of these young mothers experienced a combination of positive and negative

feelings when they learned of their pregnancy as shown in Table 4.2.

In this study, positive feelings referred to being happy about the pregnancy, while negative feelings referred to being unhappy or ashamed of being pregnant. Ambivalent feelings referred to having both positive and negative feelings about the pregnancy.

Table 4.2
Teenage Mothers' Initial Feelings
Regarding Pregnancy
(N=35)

Feelings	Number	Percentage
Primarily Positive	4	11
Primarily Negative	15	43
Ambivalent	16	46

Eighty percent of the respondents learned of the pregnancy during the first trimester; 40 percent during the second month and 40 percent during the third month. The remaining 20 percent learned of the pregnancy during the second trimester. Almost all the young mothers received some prenatal care. Fifty-seven percent began prenatal care during the first trimester of pregnancy and 37 percent began prenatal care during the second trimester. One teen mother, representing 3 percent of the sample population, waited until the seventh month to begin prenatal care, and one teen (3 percent) received no prenatal care. Once prenatal care

was begun, the majority (92 percent) of respondents reported regular visits to the doctor during pregnancy. The average time lapse between discovery of pregnancy and beginning of prenatal care was one month.

These statistics, compared with national research, are favorable. Nationally, seven out of ten teenage mothers under age fifteen receive no prenatal care during the first trimester of pregnancy. Furthermore, teens over fifteen years of age are twice as likely to receive no prenatal care during the first trimester of pregnancy (AGI, 1976, p. 38).

All the teenage mothers in this study reported being on an adequate diet during pregnancy. None reported being on a special or restricted diet.

Table 4.3 illustrates the teenage mothers' reported use of drugs, alcohol and/or tobacco during pregnancy. Vitamins were not considered drugs in this study.

Table 4.3
Teenage Mothers' Reported Use of Drugs, Alcohol and/or Tobacco During Pregnancy

Reported Use	Number	Percentage
Drugs (N=35)		
No Drug Use	33	94
Prescription Drugs Only	-	--
Non-prescription Illicit Drugs	2	6
Alcohol and/or Tobacco (N=35)		
Neither Alcohol Nor Tobacco	32	91
Alcohol and/or Tobacco	3	9

Medical research has established strong linkages between the use of drugs, alcohol and/or tobacco during pregnancy and damage to the unborn child. Street drugs such as cocaine, amphitamines and barbiturates are damaging to the unborn baby's health. Often babies of addicts are born addicted. Very little is known about the effects of most drugs on the fetus and even prescription drugs can be dangerous to the unborn child. Drinking alcohol can cause brain damage in the developing fetus. Alcohol, in any form, quickly crosses the placenta and reaches the unborn baby. Smoking during pregnancy is a risk as women who smoke tend to have more stillbirths or low birthweight infants (March of Dimes, 1981, p. 7).

Almost all the respondents in this study denied the use of drugs, alcohol or tobacco during pregnancy. Only two young mothers reported using illicit non-prescription drugs during pregnancy, and three reported using alcohol and/or tobacco. Of the three respondents who reported using alcohol and/or tobacco during pregnancy, one reported using alcohol only, one reported using tobacco only and one reported using both alcohol and tobacco. The respondent who reported the use of both alcohol and tobacco during pregnancy also reported the use of illicit non-prescription drugs. It is noteworthy that her child was born with multiple problems.

Over two-thirds of these teenage mothers reported problem-free pregnancies (68 percent). Thirty-two percent of

the respondents reported problems during pregnancy. Reported problems included excessive weight gain, high blood pressure, bleeding and spotting, excessive vomiting, anemia and an appendectomy.

Birth, Delivery and Postnatal Care. Sixty-nine percent, or over two-thirds, of the teenage mothers reported uneventful, problem-free deliveries. Thirty-one percent reported problems with delivery. Of the respondents who reported problems, 11 percent delivered Caesarean and 20 percent delivered naturally with complications such as breech birth, baby too large, and forceps delivery. One respondent reported delivery problems due to prematurity of infant, and one mother reported the umbilical cord was wrapped around the baby's neck.

Fifty-one percent of the teenage mothers in this sample who experienced problem-free pregnancies also experienced problem-free deliveries. There appeared to be no relationship in this study between the initiation of prenatal care and prenatal complication, delivery complications or whether the child was born on time. A relationship appeared to exist between the initiation of prenatal care and whether the child was born problem free, but the sample size prevented statistical determination of significance. Both the teen mother who received no prenatal care and the teen mother who received no prenatal care until

the third trimester of pregnancy had problem-free pregnancies, but their children were born with problems.

Seventy-one percent of the infants were born with no health problems. Twenty-nine percent, or more than one in four infants, were born with problems which included allergies, heart problems, and low birth weight. Table 4.4 summarizes the status of the infants' health at the time of birth.

Table 4.4
Status of Childrens' Health at Time of Birth
(N=37)

Health		Number	Percentage
Problem Free		26	71
Problems		11	29
Low Birth Weight	2		
Allergies	2		
Heart Problems	2		
Multiple Problems	5		

Reports of Tangible and Intangible Services

One of the areas of most concern to the researchers was the perceived tangible and intangible needs of teenage mothers and how they felt these needs were being met. The researchers approached this study hoping to get a full view of the needs of these young mothers but found a tendency in these teenagers to perceive no need for services when their needs were currently being met. From the frame of reference

of the researchers, a met need was still a need but from the young mothers' perception a need met equalled no need.

The researchers have honored the respondents' views of what their needs were and the results reported in this study reflect the respondents' views. The respondents were read a list of needs and asked if they had required these services during their pregnancy between the birth of their child and the time of the interview; at the time of the interview; or if they anticipated needing these services in the future. These questions were designed to provide a view of the respondents' perception of their needs and needs meeting in the past, at the present and in the future. Tables 4.6 and 4.7 summarizes responses to these questions. The respondents were also asked if their needs were met or unmet.

Physical Needs. In this study physical needs referred to transportation, housing, food and clothing. Ninety-four percent of the respondents felt their physical needs were being met now and 6 percent felt that these needs were unmet now and would remain unmet in the future. These unmet needs were housing and clothing. Eighty-six percent of the respondents expected their future physical needs to be met; and 8 percent did not know if their physical needs would continue to be met. The maintaining of present and future basic physical needs were of little concern to the respondents in that their needs were being met presently and would probably continue to be met in the future.

Family Planning. Eighty-six percent of the respondents said they had knowledge of pregnancy prevention methods prior to becoming pregnant. Almost three-fourths said they had positive feelings regarding the use of birth control; 9 percent had negative feelings; and 6 percent reported mixed feelings. Fourteen percent reported having no knowledge of birth control prior to becoming pregnant. Of those who knew about pregnancy prevention, 47 percent learned about birth control at home; 37 percent learned at school; 3 percent learned from peers; and 13 percent learned from other sources. Contrary to the report by the Nashville Consortium on Adolescent Pregnancy and Parenthood (1980) which stated that 90 percent of information on birth control and sexuality comes to teenagers from their peers (p. 1), only 3 percent of the respondents in this study reported learning of pregnancy prevention from peers.

Although 86 percent of the respondents were aware of birth control prior to pregnancy, 70 percent reported not using any method of birth control. These statistics are consistent in comparison to statistics provided by the Nashville consortium on Adolescent Pregnancy and Parenthood in 1980, which showed that four million teenagers are sexually active and only half receive contraceptive services (CAPP, 1980, p. 1).

Following the birth of the first child, 80 percent of the teenage mothers received family planning services. Table

4.5 illustrates the respondents' use of contraceptives following birth. Twenty-six percent reported no use of contraceptives and 11 percent reported infrequent use of contraceptives. Prior research has revealed that even though teenagers are knowledgeable about birth control they do not use it because of reasons such as not planning to have intercourse and beliefs about use of the pill being wrong (morally) and dangerous (Wallis, 1985, p. 81).

Table 4.5
Respondents' Use of Contraceptives Following Birth
(N=35)

Use of Contraceptives	Number	Percentage
Use no Contraceptives	9	26
Regular Use	22	63
Infrequent Use	4	11

When asked what services they thought would be most beneficial in helping them delay or prevent another teenage pregnancy, 77 percent of the respondents identified family planning as being the service they felt would be most helpful to them. Seventeen percent did not know what would be most helpful. One respondent thought getting a job would help most to delay or prevent another pregnancy and one thought getting married would help most.

Parenting Needs. In this study, parenting needs included parent training classes, babysitting and child care

services. Eighty-six percent of the respondents did not perceive the need for these services during pregnancy. Of the five respondents, representing 14 percent of the sample population, who felt they had parenting needs during pregnancy, three felt these needs were met and two felt that these needs were unmet. Forty-three percent of the respondents did not perceive parenting needs between birth of the child and the time of the interviews. Of the 57 percent who felt they had parenting needs between the birth of the child and the time of the interviews, 34 percent felt that their needs had been met and 23 percent felt their needs had not been met. At the time of the interviews, 46 percent of the teenage mothers did not perceive the need for parenting services. Of the 54 percent who felt they needed parenting services at the time of the interviews, 31 percent felt their needs were being met and 23 percent felt their needs were not being met. Regarding future needs, 49 percent of the respondents did not feel that they would ever have a need for parenting services, while 51 percent felt they would need such services in the future. Thirty-one percent felt their parenting needs would be met in the future, while 20 percent felt that they would not be met. Table 4.6 illustrates the respondents perception of parenting needs during pregnancy, between the birth of the child and the time of the interviews, at the time of the interviews and in the future.

Table 4.6
Respondents' Perception of Parenting Needs
(N=35)

Needs	Did Not Perceive Need	Needs Met	Needs Unmet
During Pregnancy	30 (86%)	3 (09%)	2 (06%)
Following birth of child	15 (43%)	12 (34%)	8 (23%)
Time of Interviews	16 (46%)	11 (31%)	8 (23%)
Future	17 (49%)	11 (31%)	7 (20%)

Emotional Needs. All the teenage mothers, except one, felt they had emotional needs such as the need for acceptance and emotional support and the need for advice and information during pregnancy. Sixty-six percent felt that these needs had been met and 31 percent felt their emotional needs had not been met during pregnancy. Respondents' perception of parenting needs did not change from the time of pregnancy to the time of the interviews. At the time of the interviews, 71 percent of teenage mothers felt that emotional needs were being met; 23 percent felt their emotional needs were not being met; and 6 percent did not perceive they had emotional needs. Forty-six percent felt that their emotional needs would continue to be met in the future; 37 percent felt their emotional needs would not be met in the future; 6 percent did not perceive they would have emotional needs in the future; and 11 percent did not know if their emotional needs would be met in the future. Table 4.7 illustrates the respondents' perception of

emotional needs during pregnancy, between the birth of the child and the time of the interviews, and in the future.

Table 4.7
Respondents' Perception of Emotional Needs
(N=35)

Needs	Did Not Perceive Need	Needs Met	Needs Unmet
During Pregnancy	1 (03%)	23 (66%)	11 (31%)
Following Birth of Child	1 (03%)	23 (66%)	11 (31%)
Time of Interviews	2 (06%)	25 (71%)	8 (23%)
Future	2 (06%)	16 (46%)	17 (48%)

It is significant to note that even though the majority of the respondents felt that their emotional needs were being met before and at the time of the interviews, there were a large percentage of respondents who reported uncertainty about future needs being met, (48 percent).

In the area of tangible and intangible services, the focus of this research was on the needs of the teenage single mothers as perceived by them. This included their physical needs, family planning, parenting needs and emotional needs. The majority of the respondents in this study felt their needs were being met and would continue to be met. Prior literature addresses tangible and intangible service needs, but very little information is available on the teenage single mothers self perception of needs.

Reports of Availability and Utilization of Resources (Formal and Informal)

Another area of interest to the researchers was the availability of formal and informal resources in the community and the utilization of these resources by the teen mothers. Formal resources included agency services available in the Chattanooga area. Informal resources included those resources found informally in the teenage mother's environment, such as family and friends, which provided support and enhanced her ability to cope with her role as a teenage single mother.

Questions about the availability and utilization of formal resources were asked to determine the teenage mother's knowledge of services available in the community and, also, to determine which of these services were utilized. A list of resources was read to the respondents who were asked to indicate if they had utilized the services and to specify if use occurred during pregnancy, between the birth of the child and the time the interviews were conducted, at the time the interviews were conducted, or if the service might be utilized in the future.

Questions about the availability and utilization of informal resources were asked to determine if the teenage mothers had emotional support systems, who comprised the emotional support systems and who provided the greatest amount of support to these teenagers before and since

pregnancy. Additional questions about informal resources were asked in order to learn more about the teenage mothers in their environment and included questions such as with whom they lived, the type and size of the housing in which they lived, their involvement in a friendship network, their involvement in their neighborhood and their involvement with the fathers of their child(ren).

Formal Resources

Health. All the respondents had utilized health resources. All were using health resources at the time of the interview and expected to use health resources in the future. Over one-half (52 percent) of the respondents received prenatal care at a public clinic; 34 percent received prenatal care from a hospital-based clinic; 11 percent from a private doctor; and one respondent, representing 3 percent of the sample population, received no prenatal care.

The teenage mothers' children received medical care primarily from public clinics. Twenty-six percent of the children received medical care from a hospital-based clinic; 69 percent from a public clinic; and 5 percent from a private practitioner. Ninety-seven percent of the respondents felt health resources in the Chattanooga, Hamilton County, Tennessee, area were readily available and easily accessible.

Public Assistance. All of the respondents had been and were, at the time of the interview, involved with the Tennessee Department of Human Services as they were receiving AFDC and medicaid. A great majority also received food stamps. The majority of respondents felt these resources were conveniently located as they were available in several different areas of the city.

Educational. Since most of the respondents were attending school (74 percent) and none had completed high school at the time of the interviews were conducted, it is not surprising that only three young mothers had utilized educational resources other than secondary schools. These three teens had utilized Adult Basic Education in an attempt to obtain a GED. One teen mother had dropped out of the GED program and two remained in the program at the time of the interviews.

Employment. None of the respondents had worked prior to the interviews and none had utilized the Department of Employment Security.

Transportation. Most of the respondents had utilized public transportation and found the mass transit system in the Chattanooga area to be adequate (86 percent). The majority of the young mothers felt they would probably use public transportation at some time in the future (86 percent). Although public transportation had been utilized at various times and in varying degrees by the respondents,

the majority of respondents used family transportation at the time the interviews were conducted.

This study shows that the respondents were aware of formal resources in the community and all had utilized health and public assistance services. Most of the respondents had utilized public transportation, at least occasionally. The majority of the young women were attending secondary schools and did not make use of other educational resources. None were employed at the time the interviews were conducted. The lack of employment can be partially explained by the fact that most of the teen mothers were still in school and those who were not were providing child care to their small child(ren).

Informal Resources

Family. The majority of the respondents received support from their extended families. At the time of the interviews, 86 percent of the teenage mothers lived with one or both parents. Sixty percent lived with their mother and 26 percent lived with both parents. Eight percent lived with maternal relatives and 6 percent lived with non-relatives. Table 4.8 illustrates the living arrangements of the teenage mothers who participated in this study. As shown in the illustration, 20 percent of black respondents lived in a two-parent household as compared with 40 percent of the white respondents. Sixty-four percent of the black

respondents and 50 percent of the white respondents lived in single parent households.

Table 4.8
Living Arrangements of Teenage Mothers
(N=35)

Type of Household	Black	White	Combined (Black & White)
Two-Parent	5 (20%)	4 (40%)	9 (26%)
Mother Only	16 (64%)	5 (50%)	21 (60%)
Maternal Relatives	3 (12%)	- --	3 (08%)
Foster Parents	- --	1 (10%)	1 (03%)
Boyfriend (Not Father of Child)	1 (04%)	- --	1 (03%)

The number of individuals in the household in addition to the teenage mother and child, and in two instances the teenage mother and two children, ranged from one to six with a mean number of 3.74. The mean number of individuals in the household, including respondents and their children, was 5.8. Only four individuals who were unrelated to the respondents lived in the households, representing 2 percent of the total number of individuals in the household. Stepfathers were considered related to the teenage mothers in this study. Ninety-eight percent of those living in the household were related. There were fifty-seven natural siblings to the respondents living in the household; the mean number of siblings was 1.62.

On the average, one person in each household was employed and 1.31 persons received benefits, not including the respondents and their children. Less than one individual in each household was a high school graduate and only one of four identified extended family members was a high school graduate. The respondents identified fifty-eight extended family members who were not living in the household, but were significant in their lives; the mean number of identified extended family members was 1.65.

The teenage mothers in this study relied heavily on their families for support, particularly their mothers. Mothers and other relatives were the persons most important in providing guidance and helping these young mothers make decisions during pregnancy, following the birth of their child(ren) and at the time the interviews were conducted. Reliance on mothers increased from 57 percent during pregnancy to 60 percent following birth to 66 percent at the time of this study. Sparling (1980) in a review of fifteen research studies found reports of teenagers relying heavily on their mothers for information (p. 54). Research by de Anda and Becerra (1984) examined the emotional support systems of white and Hispanic teenage mothers. This research revealed that the teenagers perceived their mothers to be the greatest source of emotional support to them (p. 173). Table 4.9 shows reports of those considered most important to the teenage mothers in providing guidance and helping

them make decisions. As illustrated in table 4.9 the respondents in this study received most help from their mothers. Over 80 percent of the young mothers in this study relied primarily on their mothers and other family members for guidance from pregnancy to the time of the interviews. This study revealed that 86 percent of the respondents' mothers were also teenagers at the birth of their first child.

Table 4.9
Teenage Mothers' Reports of Individuals
Considered Most Important In Providing Guidance
and Helping With Decision Making
(N=35)

Important Individuals	During Pregnancy	Following Birth	Current
Mother	20 (57%)	21 (60%)	23 (66%)
Other Relatives	8 (23%)	8 (23%)	6 (17%)
Boyfriend	2 (05%)	1 (03%)	1 (03%)
Friend	3 (09%)	2 (05%)	3 (08%)
Other	1 (03%)	2 (06%)	1 (03%)
No One	1 (03%)	1 (03%)	1 (03%)

Ninety-one percent of the respondents said they had received as much help from their families as they thought and hoped they would. Only two of the respondents, representing 6 percent of the sample population, had received less help from their families than they had anticipated. One teenage mother, representing 3 percent of the respondents, did not answer the question. When asked how

they perceived their relationship with their families at the time of the interview compared to their relationship with their families prior to pregnancy, sixty percent of the teenage mothers felt their relationship with their family had stayed the same; 14 percent felt their relationship with their family had improved; and 26 percent, or more than one in four, felt their relationship with their family had worsened since pregnancy. However, those who felt their relationship with their families had worsened subsequent to pregnancy continued to receive support and guidance from their families. The information gathered in this study indicated that the great majority of the families of these teenage mothers were financially and emotionally supportive to their daughters and grandchildren. These families provided the most significant link in the network of informal services available to these young mothers and their children.

Housing. Over one-half of the teenage mothers and their children lived in private housing. Table 4.10 shows the type of housing in which the respondents and their families lived. The number of people in each bedroom was the determining factor in assessing living conditions. If there were more than two people to a bedroom, the living conditions were considered crowded. If two people shared a bedroom, the living conditions were considered to be

average, and if less than two people occupied a bedroom, the living conditions were considered better than average.

Table 4.10
Type and Size of Housing In Which Respondents Lived
(N=35)

Type and Size of Housing	Number	Percentage
Private, Average or Better Size	15	43
Private, Crowded	5	14
Public, Average or Better Size	5	14
Public, Crowded	10	29

Table 4.11 illustrates the type of housing by race. Forty-eight percent of the black respondents lived in

Table 4.11
Type and Size of Housing
In Which Respondents Lived By Race
(N=35)

Type of Housing	Black	White
Private, Average or Better Size	9 (36%)	6 (60%)
Private, Crowded	3 (12%)	2 (20%)
Public, Average or Better Size	5 (20%)	- --
Public, Crowded	8 (32%)	2 (20%)

private housing as compared to 80 percent of the white respondents. The percentage of black and white teenage parents who lived in crowded conditions was comparable, even though more than one-half, or one of two, of the black

respondents lived in public housing as compared to one of five of their white counterparts.

The adequacy of housing in the Chattanooga area has been and remains a serious community issue (Pharis, 1985, p. 76). Subsidized housing is largely substandard and often crowded, while private housing is unaffordable for many poor and minority citizens. The age and socioeconomic status of the population that composed this study were the leading factors in exploring the type of housing in which they lived because these factors provided a picture of the housing situation in Chattanooga as it affected this vulnerable population.

Neighborhood. The teenage mothers were questioned regarding their relationship with neighbors and their involvement in their neighborhood. The respondents were asked if they got along with their neighbors and how long they had lived in their present neighborhood. These questions were designed to learn more about the teenagers within their present environment and to assist in assessing the teenage mother's level of community involvement. The average length of stay in the present neighborhood for both blacks and whites was 4.9 years, indicating that these young mothers, on the average, had moved infrequently and have had fairly stable living arrangements. Black teenage mothers had lived, on the average one year less in their neighborhood than white teenage mothers, 4.6 years as compared to 5.6

years. The mean number of moves in the last five years for both races was approximately one.

Sixty percent of the respondents perceived themselves to be involved in their neighborhood and 40 percent perceived themselves to be isolated in relationship to their neighborhood. Most of those who were involved reported getting along well with their neighbors. Seventy-two percent of black respondents considered themselves involved with their neighborhood in contrast to 40 percent of white respondents who felt involved. More than twice as many white respondents felt isolated as black respondents, 60 percent and 23 percent respectively. Neighborhoods and neighbors were more utilized as informal resources by black teenage mothers than by their white counterparts. In this study, involvement refers to two or more contacts with someone in the community per week and isolation refers to less than two contacts with someone in the community per week.

Most of the young mothers in this study resided in their respective neighborhoods for several years and had a good relationship with their neighbors. The study suggests that the teenage mother's informal support system was enhanced because of such involvement.

Friends. At the time of the interview, the teenage mothers were asked to identify two of their best friends and provide some information regarding them. Over two-thirds of the respondents were able to identify two friends (69

percent), while 22 percent identified only one friend. Three respondents, representing 9 percent of the sample population, did not identify even one friend, stating they had no friends. As shown in Table 4.12, the black teenage mothers identified fewer friends than their white

Table 4.12
Respondents' Identification of Friends
(N=35)

Friends	Black	White	Combined (Black & White)
Identified Two	16 (64%)	8 (80%)	24 (69%)
Identified One	6 (24%)	2 (20%)	8 (22%)
Identified None	3 (12%)	- --	3 (09%)

counterparts. The majority, 89 percent, of friends identified by both black and white respondents were also teenagers, indicating that these teenage mothers tended to choose friends near their age.

Table 4.13 summarizes some of the characteristics of the identified friends.

Seventy-one percent of the teenage friends were still in school or had graduated from high school. Only 20 percent of the black respondents' friends were school dropouts as compared to 38 percent of the white respondents' friends. This information seemed to indicate that not only did more black teenage mothers remain in school, but they also tended to choose friends who remain in school.

One of four identified teenage friends also had a child. One respondent, a black teenage mother with two children, had two teenage friends each of whom had two children. No other identified friends had more than one child. Information gathered in this study indicated that

Table 4.13
School Status, Age and Parental Status of Identified Friends

Identified Friends	Number	Percentage
School Status (N=56)		
Currently in School or High School Graduate	41	73
School Dropout	15	27
Age Status (N=56)		
Teenager	50	89
Non-Teenager	6	11
Parental Status of Teenage Friends (N=50)		
Teen With 1 Child	12	24
Teen With 2 Children	2	4
Teen With No Children	36	72

most of the teenage mothers had at least one friend who formed an important link in the informal network of resources. Friendships seemed to be important in preventing isolation and alienation of the teenage mothers.

Baby's Father and His Family. All of the respondents spoke openly and willingly about the baby's father. The fathers ranged in age from sixteen to twenty-five years. At the time of the interviews, the mean age of the fathers was

18.6 years. The mean age of the fathers of the black respondents' children was 18.5 years; the mean age of the fathers of the white respondents' children was 18.9 years. There was one Asian father who fathered a black respondent's child, one white father who fathered a black respondent's child and one black father who fathered a white respondent's child.

Most of the fathers (85 percent) lived with their families, 5 percent lived with friends and 9 percent lived alone. None of the fathers lived with the respondents or their children.

Employment status of fathers is displayed in Table 4.14. The Asian father is excluded from the computation of percentages. Approximately the same percentage of black and white fathers were employed and unemployed. Forty-four percent of the fathers were attending school at the time of the interviews, 46 percent black and 40 percent white.

Table 4.14
Employment Status of Fathers
(N=34)

Status	Black	White	Combined (Black & White)
Employed	5 (21%)	2 (20%)	7 (20%)
Unemployed	19 (79%)	8 (80%)	27 (80%)

The teenage mothers were questioned during the interview about the fathers' contact with them and their children and whether or not the fathers provided any assistance or support to them and the children. Table 4.15 illustrates the frequency of contact the teenage mothers had

Table 4.15
Frequency of Contact Fathers Had With Mothers and Children During Pregnancy, Following Birth, and At the Time of the Interviews
(N=35)

Frequency of Contact	With Mother		With Child	
	Prenatal	Postnatal-Current		Postnatal-Current
Regular	23 (66%)	21 (60%)-15 (43%)	20 (57%)-16 (45%)	
Occasional	4 (11%)	4 (11%)- 6 (17%)	4 (12%)- 3 (09%)	
Never	8 (23%)	10 (29%)-14 (40%)	11 (31%)-16 (46%)	

with the child's father during the pregnancy, following birth, and at the time of the interview. Sixty-six percent of the teenage mothers saw the father frequently during pregnancy; 60 percent saw him frequently following birth and 43 percent saw the father frequently at the time of the interviews. Contact with the fathers had decreased since the pregnancy; 40 percent of the fathers never saw the mother at the time of the interviews as compared to 23 percent who never saw the mother during the pregnancy. Fathers' contact with their children had also diminished since the birth of the child. Fifty-seven percent saw the child regularly

following birth, but only 45 percent saw the child regularly at the time of the interviews.

Prior to the birth of the child, almost two-thirds (66 percent) of the teenage mothers expected the fathers to help them support the child. Only 20 percent of those who expected support, received it. Forty-six percent of the teenage mothers expected support, but did not receive it for the child. Seventeen percent who did not expect assistance, received assistance from the child's father, and 17 percent expected no assistance and received none. Sixty percent of the fathers provided no assistance to the mother and the child; 20 percent provided financial assistance; and 20 percent provided financial and other assistance.

Nearly two out of three of the paternal families had contact with the child. Table 4.16 illustrates the type of

Table 4.16
Involvement of the Fathers' Family
With the Child By Race
(N=34)

Type of Involvement	Black	White	Combined (Black & White)
Contact Only	6 (25%)	3 (30%)	8 (26%)
Financial Assistance Only	1 (04%)	1 (10%)	2 (06%)
Contact & Financial Asst.	9 (38%)	3 (30%)	12 (34%)
No Involvement	8 (33%)	3 (30%)	12 (34%)

involvement these families, black and white, had with the children. The Asian male was excluded from the table. His

family had no involvement with the mother or the child. Sixty-three percent of the black paternal families had contact with the child; 60 percent of the white paternal families had contact with the child.

Although the majority of teenage mothers received no assistance from the baby's father, these fathers were available, at least as limited resources, for 40 percent of the respondents. It can be concluded from this research that both formal and informal resources were utilized, with the formal resource use impacting strongly on the teenage single mother. The formal resources which included health, public assistance, educational services and transportation services were available and were utilized. Some of the use was because of accessibility to these resources as they were conveniently located in the community. Informally, the family was the most relied upon resource with the mother being the person most relied on for help. The help provided included housing, guidance, decision making, and emotional support. Almost all of the respondents had friends quite similar to themselves in age and school status. Many of their friends were also mothers which indicates these young mothers tended to choose friends most like themselves. Friends were also a vital part of the teenage mothers' use of informal resources. Another use of the informal resources involved the father of the child and his relationship with the mother and the child. Information from the respondents

revealed that the fathers' involvement diminished from the time of the pregnancy to the time of the interviews, and that his contact with the child diminished from birth to the time of the interviews. This study revealed that the teenage mothers relied heavily on informal support systems, particularly their families which provided them with opportunities to meet their basic physiological needs, emotional needs, educational needs and the needs of their children.

Reports of the Context of Service Delivery Found Acceptable for Formal Resources

In this study, an attempt was made to learn from the sample population their perception of service delivery of formal resources. Realizing that no program for teenagers or teenage mothers, however elaborate or comprehensive, can succeed unless it is utilized, the researchers hoped to identify perceived barriers to effective service delivery of formal resources and to identify factors that led to increased satisfaction with service delivery.

The teenage mothers were asked about their level of satisfaction with the service they received from formal resource providers such as health agencies, public assistance agencies, educational agencies, employment agencies, and mass transit. The respondents were read a list of agencies in the Chattanooga, Hamilton County, Tennessee,

area and were first asked if they had ever had contact with the agencies. If they had obtained services from an agency, they were then asked if they were (a) very satisfied, (b) satisfied, or (c) unsatisfied with the service they received. If they were very satisfied with the agency and the service they received, they were asked to identify what caused them to feel a high level of satisfaction. If the respondents were satisfied with the service they received, they were asked what there was about the agency or the service that caused them to feel satisfied. They were then asked what could have been done differently to make them feel more satisfied. Those respondents who were dissatisfied with the agency or the service received were asked what caused the dissatisfaction. They were then asked what could have been done differently so that they would have been satisfied with the service and the agency.

The great majority of these young mothers expressed satisfaction with the formal services they received. All had used health and public financial aid agencies and most had used public transportation. Few had used the other formal resources.

Health. Only one respondent, representing 3 percent of the sample population, was dissatisfied with health services. She reported that her dissatisfaction was due to one agency staff person being rude to her on more than one occasion and treating her as though she were not meeting the

medical needs of her child. She felt service could be better provided by treating patients courteously and finding some way to prevent long waits to see the doctor. Those who were very satisfied with services and the health agencies perceived agency and staff as being competent, caring, friendly, and accessible. The respondents' suggestions for improved service delivery were few, and they involved, primarily, making it easier to see the doctor without a long wait and having someplace at the agency for their children to play while they waited.

Public Assistance. All of the respondents had received public assistance. Fifty-seven percent were satisfied with the services they received and 43 percent were dissatisfied. None were very satisfied. The primary barriers which prevented satisfaction and/or lessened satisfaction were as follows: (a) the fact of being on "welfare," in the teenagers' terminology, was seen as negative and stressful; (b) the impersonal atmosphere at the agency and the lack of warmth from the staff; (c) the necessity to give personal information and "tell your life history," in the teenagers' terminology, "before you can get your money;" and (d) dissatisfaction with the amount of monetary assistance received. Those respondents who were satisfied with services mentioned (a) branches of the agency being conveniently located to their homes; (b) the money they received; and

(c) the food stamps they received as reasons for their satisfaction.

Few of the teenagers made suggestions regarding how the agency could improve services. The suggestions made included hiring friendlier staff and using forms that were easier for them to understand and complete.

Educational. Public secondary schools were excluded from the survey. Adult Basic Education, Chattanooga Area Literacy Movement, Chattanooga State Community College and the University of Tennessee at Chattanooga were included. Due to the large number of teenagers who were attending school at the time of the interviews and the fact that none of the young mothers had completed high school, they had not utilized the identified educational resources with the exception of Adult Basic Education. Three respondents, representing 9 percent of the sample population, had used Adult Basic Education in an attempt to obtain a GED. Two of those who used that service were satisfied and one was dissatisfied. Dissatisfaction was due to the inconvenience of class scheduling. No suggestions were made for improvement of service.

Employment. None of the respondents had been employed prior to the interview and none had utilized employment resources.

Transportation. The majority of respondents had used public transportation and were satisfied with the service

they received. None were very satisfied. None were dissatisfied. No suggestions were made for improvement of service and no barriers to service delivery were identified.

The respondents were asked if it would have been helpful to them to have one contact person in one agency work with them and refer them to the services they needed, to help them sort out problems and to be there to advise and counsel them when they needed help. Twenty-six percent said one agency contact person, or case manager, would be helpful to them, 51 percent said this service would not be helpful and 23 percent said they did not know if this service would be helpful to them.

The majority of the respondents who used formal resources found the context of social service delivery acceptable. They offered few suggestions for improvement, and because of the level of satisfaction with services, few barriers to effective service delivery were identified except in the area of public assistance.

Reports of Aspirations Before and Since Pregnancy

The teenage mothers were questioned regarding their goals and expectations prior to pregnancy and their actual and ideal expectations for the future in the areas of education, geographic location, home life, employment, and their friendship network. Questions about ideals, as well as anticipated or real goals were asked. For example, the

respondents were asked what job or career they planned to have and what job or career they would have if they could have whatever they wanted with no restrictions. These questions were designed to give a view of the teenage parents orientation towards the future and to assess how their plans had been changed or modified since pregnancy. The respondents answers are displayed in Table 4.17.

Education. None of the sample population were high school graduates at the time of the interview, but 75 percent were attending school. Prior to pregnancy, all of the thirty-five respondents (100 percent) had planned to obtain at least the equivalent of a high school education; thirty-four (97 percent) had planned to complete high school and one (3 percent) had planned to obtain a GED. At the time of the interviews, thirty-four of the thirty-five respondents planned to obtain at least the equivalent of a high school education; twenty-eight (80 percent) planned to graduate from high school, three (9 percent) planned to obtain a GED and three (9 percent) planned to attend vocational school to learn a trade. Only one respondent (3 percent) did not plan to obtain the equivalent of a high school education. Prior to pregnancy, 43 percent had planned to complete college compared to 34 percent at the time of the interview. Fifty-four percent perceived college as ideal. The educational aspirations of these teenage mothers are similar to those found by Furstenberg (1976, p. 102).

Geographic Location. At the time of the interviews, all of the young mothers were residents of Hamilton County, Tennessee. Eighty-three percent planned to remain in the Hamilton County, Tennessee, area while 14 percent expected to relocate. As Table 4.17 indicates, these percentages differ from those prior to pregnancy, when 57 percent of the teenagers had planned to remain in the chattanooga area and 34 percent had planned to relocate, suggesting that these young mothers perceived themselves to be less mobile following pregnancy. Ideally, 46 percent would prefer living in the Hamilton County area and 46 percent would rather live elsewhere. Of the 46 percent who would ideally live elsewhere, only 14 percent expected to relocate in the future, which indicates a difference between actual and ideal expectations.

Home Life. The teenage mothers were questioned about their present and future living arrangements. They were asked what their plans were prior to pregnancy, what their present situation was and what they felt would be ideal living arrangements if they could live wherever they wanted.

As shown in Table 4.17, prior to pregnancy, 40 percent of the teenage mothers planned to eventually marry and live with their husbands; 17 percent planned to live with their mothers; 9 percent expected to live alone with their child; 20 percent had no plans; 11 percent had other plans, the majority of which were to have their own apartment, to share

Table 4.17
Expectations and Aspirations of Teenage Mothers
(N=35)

Expectation	Plans Before Pregnancy	Expectations For the Future	Perceived Ideal
Education			
Less Than High School	--	--	--
High School	19 (54%)	16 (46%)	9 (26%)
College	15 (43%)	12 (34%)	19 (54%)
GED	1 (03%)	3 (09%)	2 (06%)
Other	- --	3 (09%)	4 (11%)
Do Not Know	- --	1 (03%)	1 (03%)
Geographic Location			
Chattanooga Area	20 (57%)	29 (83%)	16 (46%)
Other Area	12 (34%)	5 (14%)	16 (46%)
Do Not Know	3 (09%)	1 (03%)	3 (09%)
Home Life			
Alone With Child	3 (09%)	15 (43%)	8 (23%)
With Child & Husband	14 (40%)	8 (23%)	13 (37%)
With Child & Boy-friend	1 (03%)	2 (06%)	4 (11%)
With Child & Mother	6 (17%)	4 (11%)	2 (06%)
With Child & Other Relatives	- --	1 (03%)	- --
Other	4 (11%)	- --	- --
Do Not Know	7 (20%)	5 (14%)	8 (23%)
Job, Career			
Nurse	9 (26%)	6 (17%)	9 (26%)
Teacher	5 (14%)	5 (14%)	5 (14%)
Military	4 (11%)	2 (06%)	2 (06%)
Computer	2 (06%)	2 (06%)	2 (06%)
Beautician	2 (06%)	2 (06%)	3 (09%)
Professional	3 (09%)	2 (06%)	2 (06%)
Other	5 (14%)	6 (17%)	6 (17%)
Do Not Know	5 (14%)	10 (29%)	6 (17%)
Network of Friendships			
Isolated	8 (23%)	9 (26%)	- --
Involved	27 (77%)	25 (71%)	33 (94%)
Do Not Know	- --	1 (03%)	2 (06%)

an apartment with a friend, and to join a branch of the military service; and one respondent, representing 3 percent, planned to live with a boyfriend.

At the time of the interviews, 86 percent of the sample population were living with their mothers or with both parents, but only 11 percent expected to remain living with parent(s). Forty-three percent of these teenage mothers expected to be living alone with their child or children in the future; only 23 percent expected to marry and live with a husband and child(ren).

If they could have ideal living arrangements, 37 percent of the respondents would marry and live with husbands and child(ren); 23 percent would live alone with their child(ren); 11 percent with a boyfriend and child(ren); and 23 percent do no know where they would live.

The teenagers' aspirations about their home life changed following pregnancy. Plans prior to pregnancy were different than expectations for the future at the time of the interview. For example, 40 percent of the young mothers had planned to eventually marry prior to pregnancy as compared to 23 percent who expected to eventually marry at the time of the interview. Only 9 percent expected to live alone with their child in the future, prior to pregnancy; but 43 percent expected to live alone with their child in the future, at the time of the interview. Perceived ideal living arrangements were different than the teenage mothers'

actual living arrangements and expectations for the future. For example, ideally, 37 percent would marry as compared to 23 percent who actually expected to eventually marry. Only 11 percent would ideally live with their parent(s), but 86 percent were living with one or both parents at the time of the interview.

Employment. The respondents were questioned about their aspirations for employment. They were asked about employment plans prior to pregnancy and actual expectations for future employment. They were also asked what kind of job they would have if they could have whatever they wanted.

Prior to pregnancy, 40 percent of the respondents aspired to become nurses or teachers. At the time of the interview, 31 percent expected to become nurses or teachers, while 40 percent felt the ideal career to be nursing or teaching. Those young mothers who aspired to become teachers were consistent in the answers they gave about their aspirations to teach. However, the percentage of young mothers who aspired to become nurses dropped from 26 percent prior to pregnancy to 17 percent at the time of the interview, even though 26 percent felt nursing to be the ideal career.

Eighty-six percent of the sample population had employment goals prior to pregnancy. This percentage dropped to 71 percent at the time the interviews were conducted,

when more than one of four of the teenage mothers did not know what their employment aspirations were.

Network of Friendships. The objective for including these questions was to determine the respondents' view of their network of friends and relationships before pregnancy, their network of friends and relationships at the time the interviews were conducted and their expectations regarding their friendship network in the future. This was assessed in terms of isolation and involvement and whether these were variations from before.

For the purpose of this study, isolation was defined as having less than two contacts per week with friends or neighbors outside the school setting. Being involved was defined as having two or more contacts per week with friends or neighbors outside the school setting.

Prior to pregnancy, 77 percent of the teenage mothers had been involved with a network of friends; 23 percent had been isolated. At the time of the interview, 51 percent were involved; 49 percent were isolated. More of the young mothers had become isolated since the birth of their child(ren), but they were optimistic regarding future involvement with friends. Seventy-one percent expected to be involved with a friendship network in the future and 26 percent expected to remain isolated. Ideally, 94 percent of the teenagers wanted to be involved, and two (6 percent) did not know what would be ideal.

The teenage mothers' self-reports of their aspirations revealed that young women in this study wanted to obtain at least the equivalent of a high school education. They wanted to eventually obtain good jobs and have a network of friends.

The respondents were asked one final question at the conclusion of the interview. The question was, "If you could go back and start over, would you have a baby so soon?" Without hesitation, 97 percent of the young teenage single mothers answered, "No."

CHAPTER V

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

This study was an attempt to understand more about teenage mothers and their environment from an empirical perspective. The primary interests of the researchers were to learn from the teenage mothers their perception of what tangible and intangible services they needed; their use and perception of community resources; the context of social service delivery they found acceptable; and their aspirations before and since pregnancy. Selected demographic factors such as race, age, marital status, education and economic status were collected to better understand the teenage mothers in their environment.

Much of the information obtained during this research resembled that of prior research found in the review of literature section. The study showed that much was being done in the Chattanooga, Hamilton County, Tennessee area, but much continued to be needed in better serving teenage single mothers.

The demographic data identified the primary characteristics of the sample group and their children. The racial makeup of this population compared with national statistics as presented in Chapter IV. Seventy-one percent of the respondents were black and 29 percent were white. The mean age of the respondents in this study was 16.9 years at

the time the interviews were conducted and 15.8 years at the birth of their first child. The characteristics of race and age were influenced by the population on which this study was based. That population consisted of AFDC recipients between the ages of thirteen through seventeen.

At the time of the interviews, none of the respondents had completed high school. Seventy-four percent, or almost three of four, of the young mothers were attending school. Eighty-four percent, or more than four of five, black teens were attending school, while 50 percent of the white teens were still in school. In Hamilton County, provisions have been made to assist teenage mothers in continuing their education. There is a school specifically for pregnant teenagers. Pregnant teens have the option of attending this school or remaining in public school. Day care is provided by a city operated day care center at no cost to the teenage mother, so she can attend school. This formal resource is probably one of the reasons so many of these young mothers remained in school. Another reason for their continued attendance in school was the amount of support they received from their extended families.

All the respondents were of the lower socioeconomic status due to the AFDC recipient selection criteria. Of the thirty-five respondents in this study, thirty-three had one child and two had two children at the time the interviews were conducted. Two of the respondents who had one child

were expecting their second child. There were thirty-seven infants and toddlers in this study, ranging in age from one month to thirty months. The mean age of the first child at the time the interviews were conducted was 12.09 months. Seventy-one percent of the infants in this study were born with no health problems.

The majority of the respondents, 57 percent, reported they began prenatal care during the first trimester of pregnancy. These findings contrasted with national statistics which indicated that most pregnant teens do not receive prenatal care during the first trimester of pregnancy. Most of the teenage mothers in this study had problem-free pregnancies and problem-free deliveries. Sixty-eight percent of the young mothers reported problem-free pregnancies and 69 percent reported uneventful, problem-free deliveries. Thirty-two percent of the respondents reported problems with pregnancy and 31 percent reported problems with delivery. The high degree of problem-free pregnancies and problem-free deliveries could be attributed to the quality of medical care received, once initiated, and the fact that medical facilities were accessible to the teenage mothers. In the Chattanooga area, branches of the local Health Department and Community Health Centers have been strategically located to better serve the citizens.

Respondents' reports of their perception of tangible and intangible needs revealed that the teenage mothers did not perceive themselves as having a need, if that need was being met. This perception can be attributed to the sample population studied, which was adolescent mothers. It is age appropriate for adolescents to have such an optimistic viewpoint. The majority of the respondents reported that their needs were being met and anticipated that their needs would continue to be met in the future. Questions regarding tangible and intangible needs focused on physical needs, parenting needs, emotional needs and family planning. The respondents reported that their physical and emotional needs were largely being met by family, which is consistent with the literature. Research shows that relatives, friends, neighbors, a partner or spouse and institutions are potential sources of support for teenage mothers, but the family is the most common and preferred support system (Colletta and Lee, 1983, p. 129). The degree of family support provided to young mothers in this study is also reflective of the importance of family and the high value placed on family life and family support by residents in the Hamilton County community.

Family planning services were considered important by the respondents in this study as 77 percent of them identified these services as being the most important to them in preventing another pregnancy. Although 86 percent of

the teenagers in this study were aware of birth control prior to pregnancy, 70 percent reported they did not use any form of birth control. At the time of the interviews, 26 percent reported they used no contraceptives, while another 11 percent reported infrequent use of contraceptives . The lack of consistent use of contraceptives leaves a large number of these young parents at risk of becoming pregnant again.

Respondents' reports of availability and accessibility of resources revealed a sizeable usage and dependence on both informal and formal resources. Informal resources included family, neighborhoods and friends. The formal resources which included health, public assistance, educational, employment and transportation services were largely utilized even though the attendance of secondary schools was excluded from the survey. Each of the respondents had utilized health and public assistance resources. The usage of formal resources can be attributed to the availability and accessibility of these services in the Chattanooga area. It can also be attributed to the strength of the informal networks of these young parents' extended families and their serving as information and referral sources to help these teen mothers take advantage of the formal resources offered in the community.

The context of acceptable service delivery revealed a satisfaction with most services, as reported by the

respondents. However, some of the respondents reported dissatisfaction with some services received at the Department of Human Services, which according to them were due to an impersonal atmosphere, stress and embarrassment associated with receiving public assistance and the bureaucratic system in general.

The reports of aspirations revealed that a majority of the respondents aspired to complete high school. Future career plans for most of the respondents changed after they had a child. However, their aspirations of completing high school and obtaining training for some type of career remained unchanged. This can attributed to the strong community support in relation to educational and vocational training opportunities as well as family encouragement.

Results of this study indicate that comprehensive social health services have been instrumental in improving some of the consequences associated with teenage pregnancy such as reducing school dropout rates among teenagers who are pregnant or already have a child, and in helping young mothers postpone the birth of a second child. Early pregnancy and parenthood puts exacerbating strain on teenage mothers in relation to the already normal conflictual stages of development associated with adolescence. Early pregnancy and parenthood truncates the developmental stage of the teenage mother and forces her into another developmental stage for which she is totally unprepared. This immediate

shift from one developmental stage to another is more drastic if the teenager is thirteen to fifteen years of age. In spite of adequate family resources teenagers are often unprepared for the restrictions and responsibilities imposed by parenthood. Therefore, more support services need to be provided to these teenage mothers to help them better adjust to their new roles and enhance their coping abilities.

This study showed the strengths of the extended family system and the level of dependency of teenage mothers on their families for support, both financially and emotionally. This information implies the necessity to involve the extended family in programs designed to assist teenage mothers since they are such an important aspect of the teenage mothers' lives.

This study also revealed several strengths on the part of the teenage mothers in the Chattanooga area. Availability and accessibility of medical services enabled these young parents to secure regular health care for their children. Availability of an alternative school enabled these teens to continue in school during pregnancy. Availability of day care services and extended family support enabled these young mothers to continue their education after the birth of the child. The study also revealed that after the birth of the first child, the young mothers received family planning services and most utilized these services in an effort to prevent a subsequent teenage pregnancy.

Sex education in the school system should be expanded to teach teenagers more about human development, human sexuality, the responsibilities of parenthood and how to avoid pregnancy during the adolescent years. This school year the Tennessee public schools implemented the family life curriculum in an effort to teach students about human development, human sexuality and appropriate behavior. The curriculum was developed by the Tennessee Board of Education and was designed for grades kindergarten through twelve. Implementation of the curriculum throughout the state was left to the local school boards in each cummunity. Although the curriculum was developed to teach sex education in a diluted format, it was intended to reach and educate students about teenage pregnancy with the objective of reducing the teenage pregnancy rate. The program was designed to teach students about human development and relationships. Instead of waiting until students reach adolescence to teach human behavior and human development, the program allows for gradual introduction of the various roles and relationships as students advance from one grade to another. The Chattanooga Public School System adopted the curriculum but the Hamilton County School System chose not to adopt the curriculum. It will take efforts such as teaching sex education to make a difference in the teenage pregnancy rate. The school system provides the best forum

for teaching sex education since the greatest access to the children is within the school system.

In addition to sex education, other comprehensive efforts continue to be needed. Earlier this year, the University of Tennessee College of Social Work, in conjunction with the Tennessee Department of Human Services, applied to the Department of Health and Human Services for a grant to implement a program designed to prevent additional teen pregnancies and provide comprehensive support services to teenage mothers and their extended families in the Hamilton County, Tennessee area. The researchers of this project assisted their major professor, Dr. Robert C. Bonovich, in formulating the grant proposal. Although the proposal has not been funded, it will take similar efforts and programs to make a difference in the teenage pregnancy rate. All teenagers will not be reached by initial sex education and preventative services, such as family planning and sex education, therefore, efforts to prevent second and subsequent pregnancies need to be developed and implemented.

This research was a beginning effort to learn more about the perceived needs of AFDC recipient teenage parents in Hamilton County. Additional research should focus on teenage mothers' reports of their use of tangible and intangible services, the availability and utilization of resources, the context of social service delivery found acceptable to teenagers and the impact of pregnancy and

childbearing on teenage mothers' goals and aspirations. This information would be vital in developing and implementing programs designed to serve teenage mothers and address their perceived needs.

This study revealed that the greatest source of support to the young mothers was their families, especially their mothers. In order to develop programs in the formal network that support contributions of maternal grandmothers in meeting the needs of their daughters and grandchildren, further research is required to determine the needs and concerns these women have regarding their teenage daughters, their grandchildren and their roles and responsibilities in the lives of both.

Further research is needed to evaluate the extent of extended family involvement in the lives of these young women and to determine how this involvement impacts both positively and negatively on these young women.

The teens in this study felt the need for family planning services to help them prevent additional pregnancies. Additional research is needed to evaluate the extent to which sex education decreases early sexual activity and/or increases the effective use of contraceptives. Research should also be conducted to determine how the availability of contraceptives to teens affects the rate of teenage pregnancy.

This research project studied the teenage mother and child in formal and informal resource contexts. Results of this study revealed that the young mothers relied heavily on both formal and informal resources, indicating the importance of both networks in meeting the needs of teenage parents. Too often, these networks exist in an adversative relationship and/or in competition with one another in influencing the teen mother's behavior. The significance of formal and informal resources in the lives of the young mothers seems to underscore the necessity that these two networks work together to meet the needs of adolescent parents and their children. Formal service providers should recognize and enhance the strengths of the teenage mothers' families and the intensive range of support and assistance they provide to teenage parents. While formal networks are important in providing the teen mothers with services their own families cannot provide, such as family assistance, health care and family planning services, it is the adolescents' families who usually serve as their main source of support. The teens' families, especially the mothers, have a great impact on how well and in what ways the teens will utilize the formal services offered. These extended families also provide emotional support, help with decision making and concrete services such as housing and utilities to these young mothers. Programs should be developed that

work with extended family members in meeting the needs of these teenage mothers.

The teens in this study indicated the need to learn more about contraceptive use and family planning in order to prevent additional pregnancies. Sex education and family life programs should be designed to help teens understand human sexuality within the larger context of family life. These curriculums should also cover topics such as premarital sex and contraception.

The community and its agencies should offer comprehensive services to teenage parents without unnecessary duplication of services. Agencies should work together and pool their resources. They should share information about the services they provide and their evaluation of those services. This information would help everyone involved to know what is working and what is not working in the provision of services to adolescents. Program planners and providers must also communicate and coordinate in order to provide the resources these teen parents need.

There is no single cause of the problems associated with teenage pregnancy and teenage parenthood and no single approach to the reduction of teenage pregnancy and the problems surrounding teenage parenthood. If given the opportunity for a new beginning, 97 percent of the teenagers in this study indicated they would not have a child at such a young age. Our mission should be to help those teenagers

who have not become pregnant to prevent pregnancy until they feel they are ready to have a child. For those teenagers who are already mothers, our mission must be to enable them to delay additional pregnancies during adolescence. How do we accomplish these worthy goals? Only by facing the problem, studying it and developing a better understanding of teenage pregnancy and parenthood, can we develop programs and create policies that effectively address the issues involved. Only by developing a better understanding of the needs of teenagers as they perceive them, can we develop programs they will utilize.

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APPENDIXES

APPENDIX A

SURVEY INSTRUMENT

PART I-A DEMOGRAPHICS

INTRODUCTION: "I would like to start by asking you some questions to help give me an idea about what your world is like. Will that be okay with you?"

ECO MAP

1. Family Household

   a) Record respondent's date of birth, race, sex, marital status.

   b) Record respondent's child(ren), sex, race, date of birth.

   c) Record all members in respondent's present household, their ages, sex, race, marital status (if they have ever been married), highest grade completed, and relationship to respondent. Ask if any siblings of child-bearing age have had any children and record if they have.

2. Extended Family

   a) Record family members not living with the respondent, including parent(s) (if separated, note), maternal and paternal grandparents, siblings, and any significant others as identified by the respondent. Record ages, sex, race, marital status, source of income, and highest grade completed.

   b) Record respondent's and her child(ren)'s relationship with extended family members.

3. Friends

   a) Record up to two (2) people whom the respondent names as her best friends. Ask what it is about them that makes them her friend and record in one or two words. Record friends' age, race, sex, school status (D=Dropout, C=Currently Attending, G=High School Graduate), and last grade completed. If they have children, record each child's race, sex, age and living arrangements, as follows:

      Code: M = Child lives with birth mother
            F = Child lives with father
            MGM= Child lives with maternal grandmother

PGM= Child lives with paternal grandmother
A = Child adopted
FC = Child in foster care
R = Other relative placement

4. Church/Religion

a) Record whether respondent is Protestant, Catholic, Jewish or other religion.

b) Record relationship respondent has to church/religion.

c) Record relationship other adults in household have with church/religion.

5. School

a) Record respondent's school status as follows:

Code: D = Dropout
C = Currently attending
G = High school graduate
GED= GED

b) Record highest grade completed.

c) If respondent does not attend school, record year quit and one or two word reason as to why respondent quit school.

d) Record whether respondent quit before pregnancy, as a result of pregnancy, or as an outcome of term.

6. Neighborhood

a) Record respondent's relationship with neighborhood and neighbors.

1) Ask respondent, "Do you consider your neighborhood safe or unsafe?" (Record)

2) Ask how respondent gets along with her neighbors and record.

3) Ask respondent, "How long have you lived in the present neighborhood?" (Record) Ex: 3Y P/N

7. Housing

a) Ask respondent, "How many times have you moved in the last five (5) years?" (Record)

b) Ask, "How many rooms in your apartment/house?" (Record)

c) Ask, "How would you describe your housing situation? Is it good, bad, or okay?" (Record)

d) Ask, "Do you have any problems with your current housing?" (List in one or two words)

e) Ask respondent, "If you could move, would you want to? Why?" (Record in one or two words)

f) Observe and record whether respondent lives in apartment or house and general condition of the home.

8. Work

a) Record if respondent or any member of household works.

9. Social Welfare - DHS/Health Care

Introduction: "What services do you get? What services do other family members receive? What current health care services are you/other members of the family receiving?"

a) Record services received by recipient.

b) Record services received by other members of household.

c) Record relationship between recipient and DHS.

d) Record relationship between other adult members of household and DHS.

e) Record where respondent and children receive medical care and relationship.

10. Recreation

a) Ask respondent, "What do you do for fun, how do you spend your spare time?" (List in two or three words)

b) Record relationship and number of recreational outlets as follows:

Code: M=Many recreational outlets (3 or more)

F=Few recreational outlets (1 or 2)
0=No recreational outlets

11. Transportation

Observation: Where home is vis a vis transportation

a) How do you get where you want/need to go? (Record)

b) Who takes you? Relationship?" (Record)

12. Father of Child(ren)

Introduction: "Would you mind if we talk about your child's father?" (Use separate circle for each child's father)

Observation: Level of openness in talking about father of children.

a) Write age or birthdate of father.

b) Marital status of father.

c) Identify child he fathered by respondent by drawing line from child to father.

d) Ask questions regarding father of child and record on interview schedule.

13. Any other relationship respondent can identify?

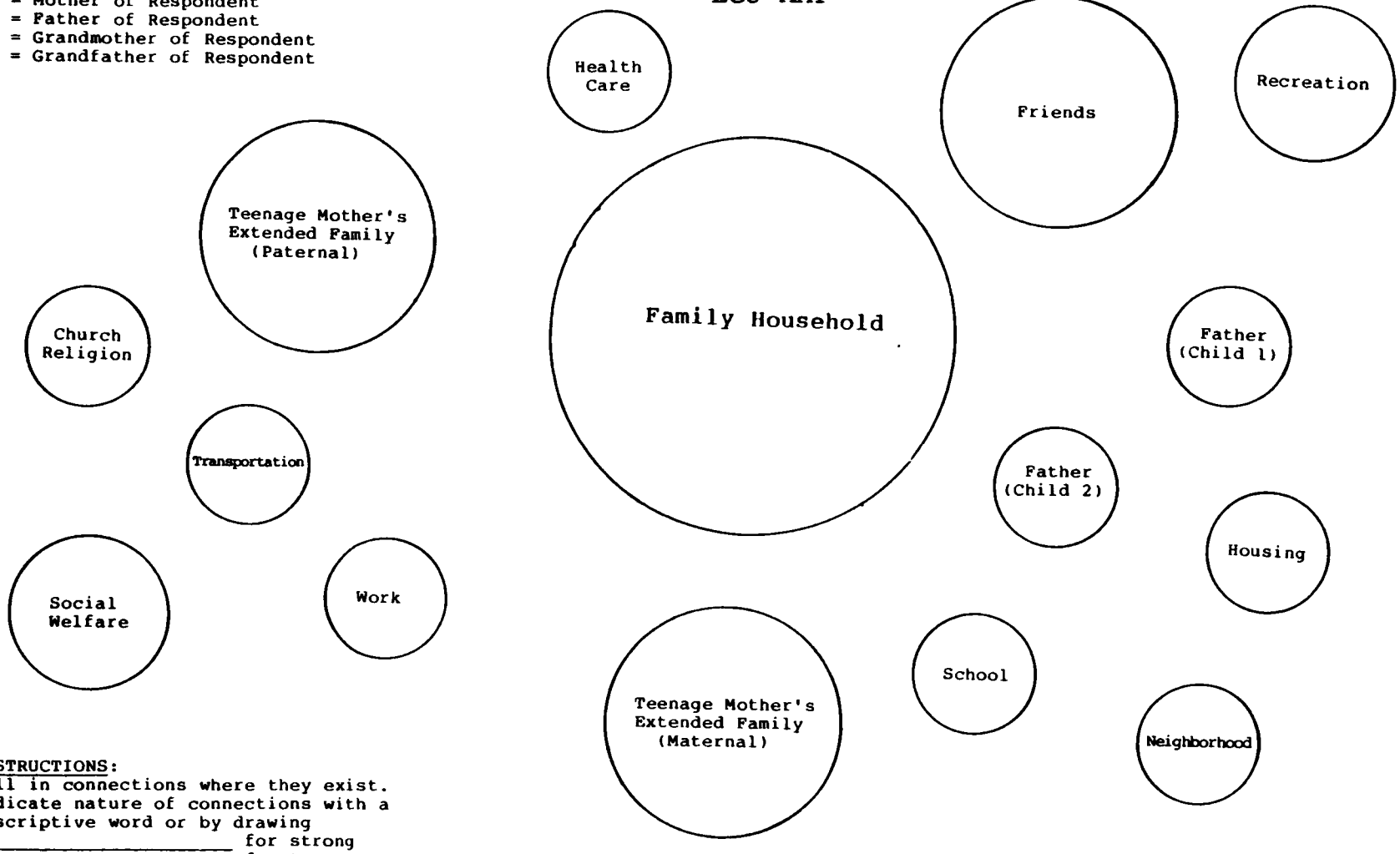
Introduction: "We have talked about a lot of areas that affect you and your family. Can you think of any we have left out?"

a) If so, record and record relationship.

b) If not, move to pregnancy specific information.

S = Teenage Mother/Respondent
M = Mother of Respondent
F = Father of Respondent
GM = Grandmother of Respondent
GF = Grandfather of Respondent

ECO-MAP



INSTRUCTIONS:
Fill in connections where they exist.
Indicate nature of connections with a descriptive word or by drawing

_____ for strong
---------- for tenuous
********** for stressful
-----/-----/-----/----- occasional contact
-----//-----//-----//-- no contact

Draw arrows along lines to signify flow of energy, resources ——→
Identify significant people. Fill in empty circles or add others as needed.

CHILD(REN)'S FATHER

1. How did you meet him? _____

_____

2. How long have you known him? _____

3. How long did you know him before you became pregnant?

_____

4. When you first told him you were pregnant, what was his response? _____

Does he admit that he is the father of your child(ren)?
___ Yes ___ No

5. Have you maintained contact with him? _____

6. Has he had contact with the baby? _____

7. Do you know if he has other children?
___ Yes ___ No ___ Do Not Know

If yes, do you know anything about them?

Ages	Sex	Race	Living Arrangements
____	____	____	_____
____	____	____	_____
____	____	____	_____

8. Where does he live and with whom? _____

_____

9. School status of father:

(a) ___ Currently attending school, in the ____ grade
(b) ___ Not attending school
  (i) ___ Graduated from high school
  (ii) ___ Dropped out before graduation
    Highest grade completed _____
(c) ___ School status unknown

10. Employment status of father: ___ Employed

11. Has he received any of the following services before or since the birth of the child?

	Yes	No	Do Not Know
Food Stamps	___	___	___
Tutoring	___	___	___
Counseling	___	___	___
Sex Education	___	___	___
Help with Legal Problems	___	___	___
Help Finding Housing	___	___	___
Help Finding Employment	___	___	___
Educational & Vocational	___	___	___
Parenting/Child Care Counseling	___	___	___

12. Have you continued contact with him? _____

13. Frequency of contact father has with mother and child(ren):

FREQUENCY OF CONTACT	MOTHER			CHILD	
	During Pregnancy	Following Birth	Now	Following Birth	Now
Everyday					
Several Times A Week					
Once A Week					
Twice A Month					
Less Than Once A Month					
Once Every Three Months					
Not At All					

14. Do you receive financial help from the child's father?

FINANCIAL HELP	Before Pregnancy	During Pregnancy	Following Birth	Now	Expect In Future
At Least Twice Month					
Once A Month					
Less Than Once Month					
Once Per Six Months					
One Time Only					
Not At All					

15. Did or do you now receive any help from the child's father in the following areas?

TYPE OF HELP	During Pregnancy		Following Birth		Currently	
	Yes	No	Yes	No	Yes	No
Medical Expenses						
Transportation						
Housing						
Food						
Clothes						
Diapers						
Furniture/Appliances						
Small Gifts						
Other						

16. Are you or the child(ren) involved at all with the father's family?

RELATIONSHIP OF FATHER'S FAMILY WITH CHILD AND MOTHER	Mother		Father		Grandmother		Grandfather		Other	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Sees Child Often										
Babysitting										
Financial Help										
Transportation										
Housing										
Food										
Clothes										
Diapers										
Furniture/Appliances										

17. Before your child was born, did you expect the father to help you support your child?

___ Yes ___ No ___ Do Not Know

18. Since your child's birth, has he helped you?

___ More than you expected
___ As much as you expected
___ Less than you expected

19. Has he ever had any trouble with the law? If so, explain: _____

_____

_____

_____

PART I-A PREGNANCY SPECIFIC INFORMATION

INTRODUCTION: Can we go back to your first pregnancy so I can get a good picture of what happened?

1. Were you planning to become pregnant?
___ Yes ___ No ___ Do Not Know

2. When you discovered you were pregnant, how far along were you? _____ Months

3. How did you feel when you learned you were pregnant? (Allow respondent to answer spontaneously and place her answer in one of the categories.)

___ Happy
___ Unhappy
___ Mixed Feelings
___ Scared
___ Worried
___ Ashamed
___ Do Not Know
___ Other

4. When you found out you were pregnant, what ran through your mind regarding what to do about the pregnancy? (If respondent needs prodding, ask her: "Did you just take it for granted that you were going to carry the baby to full term and deliver, or did you think about placing the baby for adoption, or maybe, not having the baby?")

___ Deliver & Keep the Baby
___ Adoption
___ Abortion
___ Other

5. Who was the first person you told about the pregnancy?

___ Boyfriend
___ Mother
___ Grandmother
___ Maternal Relatives
___ Friends
___ Siblings
___ Pastor
___ Other

6. Of all the people you talked to, who was most important in helping you make decisions regarding what to do?

DECISION MAKING	During Pregnancy	Following Birth of Child	Now
Boyfriend			
Mother			
Grandmother			
Siblings			
Maternal Relatives			
Friends			
Pastor			
Other			

7. Has your family helped you as much as you hoped/thought they would before the birth of your child(ren)?
___ Yes ___ No ___ Do Not Know

8. Since you first became pregnant, what would you say about your relationship with your family? Has it:

___ Improved ___ Stayed the Same ___ Worsened

PART I-B PREGNANCY SPECIFIC INFORMATION

INTRODUCTION: Now, I would like to ask you some questions about the pregnancy itself. (If more than one pregnancy, begin with the first pregnancy.)

1. Was the baby born ___ on time, ___ early, ___ late?

2. What type of delivery did you have?

___ Natural ___ Caudal/Epidural
___ Caesarean ___ Other

3. Were there any delivery complications?

___ Problem Free
___ Baby Too Big
___ Breech Birth
___ Premature
___ Caesarean Birth
___ Forceps Delivery
___ Other (Cord Around Neck)

4. Did you have any prenatal complications? (Read list to respondent and check all that apply.)

___ Anemia
___ Toxemia
___ Excess Weight Gain
___ Diabetes
___ Infectious Disease (German Measles)
___ Excess Vomiting
___ Bleeding or Spotting
___ High Blood Pressure
___ Frequent Headaches
___ Other (Specify) _____

5. During the pregnancy did you: (Read the list to respondent and check all that apply.)

Yes	No	
___	___	Have a Normal Diet?
___	___	Smoke?
___	___	Drink?
___	___	Take Prescription Drugs? If yes, specify: _____
___	___	Take Non-Prescription Drugs? If yes, specify: _____

6. How soon after you discovered you were pregnant did you start getting prenatal care? _____ (Date)

7. Where did you receive prenatal care?

___ Hospital Based Clinic
___ Public Clinic
___ Private Doctor
___ Did Not Receive Prenatal Care

8. How often did you go to the clinic/doctor during your pregnancy? _____

9. How would you rate the quality of prenatal care you received?

___ Excellent
___ Good
___ Average
___ Poor

10. Was the baby born with any problems or has he/she developed any problems since birth? (Ask as two questions: Was the baby born with any problems? Has the child developed any problems since birth?)

PROBLEMS	Born With	Developed Since Birth
Low Birth Weight		
Breathing		
PKU		
Heart		
Kidney		
Physical Deformities		
Mental Retardation		
Allergies		
Seeing		
Hearing		
Bowel		
Other (Specify)		

11. Where does your child receive medical care?

_____

12. How would you rate the quality of medical care your child receives?

___ Excellent ___ Average
___ Good ___ Poor

13. We have talked about your first pregnancy and I have a pretty good idea of what it was like for you. Was there any difference between your first pregnancy and your second or third?

_____

_____

II. MOTHER'S OBSERVATION AND PERCEPTION OF CHILD

(If more than one child, use separate form on each child.) This material adapted from Thomas and Chess Temperament Scale as contained in Child Psychopathology by Ollendick and Hersen, 1983, pp 46-47.

Please describe your child in terms of the following: (Answer separately for each child.)

1. Activity Level. How much did your child move about as a baby? (i.e., Did he/she mess up crib blankets a lot while sleeping?)

   a. Little
   b. Lot
   c. Hardly Any

2. Rhythmicity. Did your child feed, have bowel movements or sleep at predictable times?

   a. Yes
   b. No
   c. Mostly Yes
   d. Mostly No

3. Adaptability. How did child act when something new occured? (When unexpected company arrived or when you moved?)

   a. Irritable
   b. Upset
   c. Unfazed
   d. Warmed Up Quickly
   e. Warmed Up Slowly

4. Approach Withdrawal. How did the baby react to introductions of new people or surroundings?

   a. Little Reaction
   b. Mildly Upset
   c. Moderately Upset

5. Threshold Level. Was your child sensitive to loud noises (i.e., telephone, siren), foods, texture of clothing, heat or cold?

   a. Intense
   b. Unfazed
   c. Unpredictable

6. Quality of Mood. Describe your child's mood:

   a. Happy
   b. Sad
   c. Content
   d. Varied

7. Distractibility. Was your child easily distracted? (If someone came into the room or if there was a loud noise, did he/she stop doing what he/she was doing to check things out?)

   a. Easily Distracted
   b. Gradually Noticed
   c. Totally Ignored

8. Persistence and Attention Span.

   (i) How long did your child normally play with a certain activity or toy?

   a. Long Time b. Short Time

   (ii) If he/she dropped a toy, did he/she lose interest or persist in trying to pick it up?

   a. Lost Interest b. Persistent

III. USE/PERCEPTION OF BIRTH CONTROL

INTRODUCTION: "We have talked about the baby, about you and your family, about the baby's father. Now, there is one other thing that is important for us to know about, and that is family planning. May I ask you a few personal questions about family planning and taking precautions?"

1. Before your first pregnancy, did you know anything about pregnancy prevention or birth control?
___ Yes ___ No

If yes, where did you learn about birth control or contraceptives?

_____

2. How did you feel about it? _____

_____

3. What did you do about it? Did you use any method of birth control?

___ None
___ Pill
___ IUD
___ Condom
___ Withdrawal
___ Other

If you did not use any method of birth control, why did you choose not to use any birth control?

_____

_____

4. After your first pregnancy, did you receive family planning services?
___ Yes ___ No

5. Did you use any method of birth control after the birth of your first child?

___ None
___ Pill
___ IUD
___ Condom
___ Withdrawal
___ Other

6. How often do you use contraceptives?

___ Regularly
___ Most of Time
___ Sometimes
___ Never

7. What kind of contraception do you use?

___ None
___ Condom
___ Pill
___ IUD
___ Withdrawal
___ Other

IV. NEEDS AND NEEDS MEETING

A. USE OF AGENCY SERVICES

INTRODUCTION: "Now, I would like to get an idea of what services you have received, what agencies you have used, and how you feel about the agencies and the services you have received."

"You have answered some of these questions before when we were talking about your family and your surroundings, but I want to put them together in a list, so I will call out the agency's name and you tell me if you have ever used them in the past or are using them now." (Record answers on Agencies Chart.)

1. List for contact with agency.

2. Record when the contact was made.

3. What was thought of the service received? Were the respondent's needs met by the agency?

   Code: +2 = Very satisfied with service/agency
   High level of needs meeting
   +1 = Satisfactory in needs meeting
   +0 = Unsatisfactory, needs not met

4. If respondent was dissatisfied with the service received, ask what caused dissatisfaction and record in one or two words. Example: "Too far," "Wait too long," "Unfriendly staff."

5. If respondent was very satisfied with the service received, ask what caused the high level of satisfaction. Record in one or two words.

6. What services might be needed in the future? Ask, "Do you think you might need the services of this agency in the future?"

+2 = High Needs Meeting
+1 = Satisfactory
+0 = Unsatisfactory

AGENCIES	Anytime Now or Ever	During Pregnancy	Between Birth of Child(ren) and Now	Now	In the Future
Erlanger Medical Center					
T. C. Thompson's Childrens Hospital					
East Ridge Hospital					
Health Clinic					
Birth Defects Center					
Hamilton County Health Department					
Siskin Rehabilitation Center					
Family & Children's Services					
Department of Employment Security (Unemployment Office)					
Team Evaluation					
Legal Aid					
Tennessee Dept. of Mental Health					
Juvenile Court					
Adult Basic Education (GED)					
Chattanooga Area Literacy Movement					
Chattanooga State Community College					
University of Chattanooga					

B. NEEDS

INTRODUCTION: "We have named a lot of places you might or might not have used. Now, I'm going to ask you to identify the needs you might have had, or have now, or might have in the future, and whether you have had these needs met. (Record answers on Range of Needs/Resources Chart.)

Key: + Needed and Received
- Needed But Not Received
= Did Not Need

Ask: (1) Did you need _____ (List a need). Record.

(2) If respondent answers "yes," ask if she received _____.

(3) If respondent says the need was met, ask her who provided the service and record. Example: "Who gave you advice and information?"

(4) Ask respondent how she feels about the way her need was met. Was she very satisfied, satisfied, or unsatisfied? Record.

Key: +2 = Very Satisfied/High Needs Meeting
+1 = Satisfied
+0 = Not Satisfied

(a) If respondent was very satisfied, ask her what caused her to feel very satisfied. Record in one or two words.

(b) If respondent was not satisfied with how the need was met, ask (1) What caused her to be dissatisfied and (2) What could have been done differently that would have met her needs satisfactorily. Record in one or two words.

C. If you could have any of the services we have talked about available to you, or if you could have any other service you feel you might need, what do you think would be most beneficial to you in helping you delay or prevent another pregnancy?

_____

_____

_____

D. Would it have been helpful to you to have one contact person in one agency to work with you, to refer you to the services you need, to help you sort out your problems, to follow-up with you and be there to counsel with you and advise you when you needed help?

___ Yes ___ No ___Do Not Know

If yes, how important would such a service be to you?

___ Very Important
___ Important
___ Not Important

+ = Needed and Received
- = Needed But Not Received
= = Did Not Need

+2 = High Needs Meeting
+1 = Satisfactory
+0 = Unsatisfactory

RANGE OF NEEDS/RESOURCES	During Pregnancy	Between Birth of Child(ren) and Now	Now	In the Future
Acceptance & Emotional Support				
Advice & Information				
Babysitting/Child Care				
Loan of Money				
Transportation				
Food				
Clothes				
Place to Stay				
Counseling				
Family Planning Services/ Birth Control				
Parent Training Classes				
Medical Care				
Help With Legal Problems				
Help Finding Employment				
Subsidized Housing				
Recreation				

V. EXPECTATIONS/ASPIRATIONS

1. School

2. Housing

3. Home Life

4. Job/Career (List Specific Job)

5. Friendship Group

Objective Is To Determine:

a. The respondent's view of network of friends/relationships in terms of isolation or being involved with friends.

(i) Before pregnancy
(ii) Actual friendship patterns now
(iii) Expectations for the future

b. Note if this is a variation from before pregnancy.

EXPECTATIONS	Plans Before Pregnancy	Where You Are Now	Expectations Now For The Future	If You Could Do Whatever You Wanted (Ideal)
SCHOOL Less Than High School				
Complete High School				
2 Years College				
4 Years College				
Graduate Level				
Trade School				
GED				
HOUSING Chattanooga Area				
Other (Specify)				
HOME LIFE Alone With Child				
With Husband				
With Boyfriend				
With Mother				
Other Relatives				
Do Not Know				
Other (Specify)				
JOB/CAREER (Specify)				
NETWORK OF FRIENDSHIPS Before Pregnancy				
Actual Patterns Now				
Future Expectations				
If Isolated, Anticipate Future Isolation				
Is This a Variation From Before				

VI. SELF PERCEPTION

A. 1. My baby is: _____

2. My baby is: _____

3. My baby is: _____

4. My baby is: _____

5. My baby is: _____

B. 1. My baby will grow up to be: _____

2. My baby will grow up to be: _____

3. My baby will grow up to be: _____

4. My baby will grow up to be: _____

5. My baby will grow up to be: _____

C. 1. I am: _____

2. I am: _____

3. I am: _____

4. I am: _____

5. I am: _____

D. 1. In 5 years, I will be: _____

2. In 5 years, I will be: _____

3. In 5 years, I will be: _____

4. In 5 years, I will be: _____

5. In 5 years, I will be: _____

E. 1. I wish that I: _____

2. I wish that I: _____

3. I wish that I: _____

4. I wish that I: _____

5. I wish that I: _____

F. If you could start over, would you have a child so soon? ___ Yes ___ No ___ Do Not Know

APPENDIX B

CONSENT TO INTERVIEW

CONSENT TO INTERVIEW

I. We are asking your daughter to participate in a research project being conducted by three University of Tennessee graduate students who are working under the supervision of Dr. Robert C. Bonovich of the UT Nashville School of Social Work on a thesis regarding Teenage Parenthood as part of earning their graduate degree of Master of Science of Social Work (MSSW).

We are asking your daughter to voluntarily participate in an interview of approximately one hour duration in which we will ask her questions regarding her needs revolving around her pregnancy and being a teenage parent and the resources which have been of benefit to her or could be of benefit to her and her baby.

The goal of this study is to help the Hamilton County community be more responsive to the needs of teenage parents by learning from teenage mothers what their needs are and how these needs are being met and have been met in the past.

Your daughter has been randomly selected for participation in this study and her participation is strictly voluntary. At any time during the interview, your daughter may discontinue the interview. There is no penalty for refusal to participate.

The information your daughter gives will not be connected to her in any way either at the Tennessee Department of Human Services or within the study itself. Her anonymity will be protected. The consent statement will be filed in a locked file unavailable to anyone except Dr. Robert C. Bonovich.

If you have any questions regarding this research project or your daughter's participation in the project, you may contact Dr. Robert C. Bonovich at the University of Tennessee School of Social Work Nashville Branch, Box 90440, Nashville, TN 37209 or by telephone at (615) 329-1212.

II. This is to verify that I have read the above information and any questions I have regarding the project or my daughter's participation have been explained to my satisfaction.

I give my consent to have my daughter interviewed as part of this research project.

_____
Name

_____
Relationship to Interviewee

_____
Date

APPENDIX C

LETTER OF INITIAL CONTACT

1733 Jeanaga Trail
Chattanooga, Tennessee 37406
March 19, 1986

Dear _____:

I am a student at the University of Tennessee and I also work for the Tennessee Department of Human Services. When I graduate, I plan to work with teenage mothers. To prepare for this, I am doing a study that involves teenage mothers. I will use this information from the study to start a group to help teenage parents. In order to complete my study I need your help.

I would like to meet with you and talk to you regarding teenage motherhood. What you tell me will be kept strictly confidential.

This is strictly voluntary but I really need your help. My study of teenage mothers has been approved by my teachers at the University of Tennessee and the Tennessee Department of Human Services. The Tennessee Department of Human Services has agreed on the information remaining confidential so it will not be put in your case record.

Please contact me at 755-3121 between 8:30 a.m. - 5:00 p.m., so we can arrange for an appointment at a time and place convenient for you.

Sincerely,

Linda Elligan

VITAE

Linda Hines Elligan was born and raised in Chattanooga, Tennessee, and continues to reside there with her husband and son.

She obtained a Bachelor of Arts Degree in Sociology-Social Welfare from the University of Tennessee at Chattanooga in 1973. In the fall of that year, she obtained employment with the Tennessee Department of Human Services as a counselor. After advancing through the various counselor levels, she became a supervisor in 1980, holding positions in both child protective services and foster care. In 1986, she received a Master of Science Degree in Social Work from the University of Tennessee, College of Social Work, Nashville Branch.

She is a member of the National Association of Social Workers and other professional and civic organizations.

Lois Jones Lee was born in Nashville, Tennessee. She attended public school in that city, graduating from Pearl Senior High School in 1966. She received a Bachelor of Science Degree in Sociology from Tennessee State University in 1971. In 1977, she received a Master of Education Degree in Community Counseling from the University of Tennessee at Chattanooga. In 1986, she received a Master of Science

Degree in Social Work from the University of Tennessee, College of Social Work, Nashville Branch.

For the past fourteen years, Mrs. Lee has been employed with the Tennessee Department of Mental Health/Mental Retardation in various job capacities, including Unit Social Worker, Assistant Program Director of an Alcohol and Drug Unit, Acting Program Director of an Alcohol and Drug Unit, and is presently in the capacity of a psychiatric Social Worker.

She is a member of the National Association of Social Workers. Mrs. Lee will resume employment with the Tennessee Department of Mental Health/Mental Retardation after graduation.

Robbie Robertson has been employed with the Tennessee Department of Human Services since 1981. In 1985, she became a supervisor of the Department's Parenting and Placement, Adoption, Recruitment, Foster Home Finders and Therapeutic Foster Care Units. She has also worked as a psychiatric technician at Valley Psychiatric Hospital on a part-time basis. She holds an undergraduate degree in Human Services Management from the University of Tennessee at Chattanooga.

In 1986, she received a Master of Science Degree in Social Work from the University of Tennessee, College of Social Work, Nashville Branch.