UNMARRIED ADOLESCENT MOTHERHOOD IN ST. JOHN'S NEWFOUNDLAND: AN ASSESSMENT PROFILE

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Abstract

The number of adolescent mothers who keep their babies and remain single has increased dramatically in recent years. Research indicates that these young females may encounter significant difficulties with education, employment, finances, housing, physical well-being, emotional well-being, and child care arrangements, depending on the community in which they live and on the level of support they receive. This exploratory/descriptive survey describes and examines the life situation, personal problems, and personal characteristics of unmarried mothers in St. John's who were between the ages of 16 and 19 years old at the birth of their first child.

Interviews were completed with 40 young women who fit the above criteria and who were identified from the Social Work records of a hospital with a large obstetrical ward. A survey utilizing a structured interview was conducted in a face-to-face format in the mother's place of residence.

Results indicate that problems do exist for many of these mothers, both in terms of practical problems: finances, baby-sitting, and education, and emotional problems: arguments and conflict, relationships, loneliness,

affect, and self-concept. The adolescent mother is often uneducated, dependent on social assistance, lonely, possesses a flat or negative affect, and has a marginal self-concept. Assistance is needed in the areas of education, employment, child care, and emotional support.

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Chapter 1

Introduction

In both Canada and the United States, much recent attention has been focused on the rapidly increasing percentage of unmarried adolescent childbearers in the population. Although the numbers of live births to those aged 15-19 is declining (as is the total birth rate for all ages), the percentage of births occurring out of wedlock is increasing (Chilman, 1980; Krishnamoni & Jain, 1983; MacDonnell, 1981; MacKay & Austin, 1983).

In Canada, for example, 1977 statistics indicate that there were 35,971 live births to those aged 15 to 19 years; 46.7% of these mothers were single at the time of the delivery. By 1985, live births had dropped to 22,090 in this age group, but the percentage of these that were to unmarried mothers was 71.1%. The percentage of unmarried adolescent mothers has increased significantly during this time period (see Table 1).

Newfoundland statistics identify a similar pattern of increasing out-of-wedlock births. Table 2 illustrates a declining birth rate in the general population of Newfoundland, but shows a rapidly increasing

Table 1

Live Births by Marital Status,

15-19 yrs, Canada(1), 1977-1985

YEAR	SINGLE BIRTHS	MARRIED(2) BIRTHS	TOTAL(3) BIRTHS	SINGLE (%) OF TOTAL
1977	16800	18766	35971	46.7
1978	16806	16549	33703	49.9
1979	16671	14640	31649	52.7
1980	17188	13542	31000	55.4
1981	17217	11626	29062	59.2
1982	17880	10256	28262	63.3
1983	15516	8743	25382	65.1
1984	16065	7452	23637	68.0
1985	15698	6363	22090	71.1

(1) Excluding Nfld. as age of mother not reported

(2) 'Ever-married': includes a small number of divorced or widowed mothers

(3) Includes those births where marital status not stated

Source: Statistics Canada. (1979-1986). Vital Statistics: Births & Deaths, Volume 1 (Cat. 84-204) Annual.

Table 2

Live Births by Marital Status,

All ages, Newfoundland

YEAR	SINGLE BIRTHS	MARRIED BIRTHS	TOTAL BIRTHS	SINGLE (%) OF TOTAL
1973	1345	10561	11906	11.3
1974	1187	9049	10236	11.6
1975	1417	8749	10166	13.9
1976	1490	8953	10443	14.3
1977	1439	8970	10409	13.8
1978	1340	8185	9525	14.1
1979	1484	8097	9581	15.5
1980	1464	7868	9332	15.7
1981	1730	7390	9120	19.0
1982	1799	7374	9173	19.6

Source: Department of Health, Government of Newfoundland & Labrador, Report on the Births, Marriages and Deaths, 1982.

out-of-wedlock rate from 1,345 live births in 1973 to 1,799 in 1982. The rate of out-of-wedlock births per 1000 increased from 113 to 196 in the decade to 1982.

At the time of this writing, age-specific data are not readily available for this period in Newfoundland with the exception of the year 1982. The Newfoundland Department of Health compiled statistics for 1982 that indicate that out of approximately 1,401 live births to females aged 15 to 19 years, roughly 69% occurred out of wedlock. (Only 24 births occurred to those under 15 years of age in 1982; of these, 21 were not married.) (Department of Health, Government of Newfoundland and Labrador, 1984). While age-related trends are difficult to identify, it is important to know the needs and to understand the situation in which these 69% are living. The Department of Education Student Pregnancy Committee (1987) did present statistics that indicate that the pregnancy rate per 100 of the school female population aged 13 to 17 was 1.1% in 1982-83; 1.3% in 1983-84; 2.0% in 1984-85; and 1.1% in 1985-86.

Estimates suggest that between 80 and 90% of Canadian teenagers who carry their pregnancy to term keep their babies (MacDonnell, 1981; Orton & Rosenblatt, 1981; Sacks, MacDonald, Schlesinger & Lambert, 1982; Schlesinger, 1984). With the majority of these women remaining unmarried, the

unwed adolescent mother and her child are becoming a common family unit in our society. Schlesinger (1984) reported that between 23,464 - 26,397 family units consisting of the unmarried mother and her child were formed in the year 1981. Projected over five years, Schlesinger estimated that between 112,000 - 125,000 unmarried adolescent mothers would head families by 1986.

The United States statistics mirror those of Canada and Newfoundland; one-fifth of all births each year are to teenagers; upwards to 95% keep their babies and approximately 70% remain unmarried (Alan Guttmacher Institute, 1976; Black & DeBlassie, 1985; Resnick, 1984; Zelnik & Kantner, 1980).

The difficulties that these young, unmarried mothers may encounter have long raised concerns about both the mother and her child. Are these mothers able to complete their education (Chilman, 1980; Furstenberg, 1976; Moore, Hofferth, Caldwell & Waite, 1979; Sauber & Rubinstein, 1965)? Can they obtain satisfactory employment (Card & Wise, 1978; MacDonnell, 1981; MacKay & Austin, 1983; Moore et al., 1979)? Are they able to provide adequate housing for themselves and their child (Clapp & Raab, 1978; MacDonnell, 1981; MacKay & Austin, 1983; Sauber & Rubinstein, 1965; Schlesinger, 1984)? Are they lonely (Black & DeBlassie,1985;

Cannon-Bonventre & Kahn, 1979; Colletta, Hadler & Gregg, 1981; Juhasz, 1974; MacDonnell, 1981)? Do they have adequate sources of emotional support (Baldwin & Cain, 1980; Bybee, 1980; Clapp & Raab, 1978; Furstenberg & Crawford, 1978; Grow, 1979; MacKay & Austin, 1983; Pozsonyi, 1978; Presser, 1980; Sacks et al., 1982)? What do they identify as being problems (MacDonnell, 1981; MacKay & Austin; 1983; Sacks et al., 1982)? Are they emotionally and physically well (Baldwin & Cain, 1980; Black & DeBlassie, 1985; Juhasz, 1974; MacDonnell, 1981; Sacks et al., 1982)?

It is the intent of this study to explore these questions with a population of unmarried adolescent mothers in St.John's, Newfoundland. The main purpose of the study is to describe and examine the life situation, personal problems, and personal characteristics of these young mothers.

The resulting profile will identify the main areas of concern for these mothers and inform professionals in their assessment, counseling and social support actions. In addition, the findings will be considered from the point of view of program planning and policy direction.

Chapter 2

Literature Review

Some researchers have noted the danger of generalizing specific research findings to all populations of adolescent mothers. The young mother's adjustment may depend on the personal and professional support networks she encounters in the community in which she resides (Furstenberg, 1976; Phipps-Yonas, 1980; Presser, 1980). The limitations are obvious when attempting to generalize findings from a study conducted in central New York city with social service recipients to a Canadian family service agency serving suburban middle-class clients; consequently each region should identify the needs and problems of their resident adolescent mothers (Grow, 1979; MacDonnell, 1981). Consistent with this position, the intention of this study is not to produce results that would necessarily be generalized to all of Newfoundland or to all of Canada. This study describes and examines the life situation, personal problems, and personal characteristics of a population of unmarried mothers in St. John's who were between the ages of 16 and 19 at the birth of their first child. The situational and need dimensions explored in this study, however, may be

informed by the methods, designs, procedures and findings of other investigations.

Once thought of as a deviant minority, unmarried mothers have been found to come from all socioeconomic classes, all religions, all races and all regions (Black & DeBlassie, 1985; Chilman, 1980; Juhasz, 1974; Phipps-Yonas, 1980; Rains, 1971; Resnick, 1984). The age of first sexual intercourse is diminishing to a current mean of between 16 to 16.4 years old (Black & DeBlassie, 1984; Sacks et al., 1982; Zelnik & Kantner, 1980) and contraception, although increasingly available, is still used sporadically, misguidedly, or not at all in this age group (Blum & Resnick, 1982; MacDonnell, 1981; Orton & Rosenblatt, 1981; Phipps-Yonas, 1980; Toumishey, 1978; Zelnik & Kantner, 1979).

Rains (1971) asserts in her sociological account that there is no evidence to suggest that unwed mothers have any special psychological characteristics or "pathology" that sets them apart from adolescents who have not become pregnant. She maintains that pregnancy out of wedlock is merely an "incidental product of the way sexual activity is <u>normally</u> organized among unmarried girls in this society" (p.4). Consistent with the position that these young unmarried women exhibit normative sexual and personal

characteristics, Resnick (1984) states: "A perspective that views unwed adolescent mothers as socially deviant does not suit the reality of adolescents' lives and behaviors at this time" (p.8). Situational difficulties, however, have been identified for the young mothers in areas such as education, employment, finances, housing, and child care arrangements (Furstenberg, 1976; MacDonnell, 1981; MacKay & Austin, 1983; Pozsonyi, 1973; Sacks et al., 1982). Other concerns have been identified in the area of physical well-being including the risks of toxemia, uterine dysfunction, prematurity, low birth weight and prenatal mortality, especially if adequate nutrition and health care are lacking (Phipps-Yonas, 1980). Finally, the young mother's emotional well-being is of concern as she is often lonely, isolated and without sufficient social supports (Black & DeBlassie, 1985; Cannon-Bonventre & Kahn, 1979; Colletta et al., 1981). These are the areas of focus for this study.

Economic Difficulties

Education.

Early unwed parenthood has long been associated with low grade attainment at school. Sauber and Rubinstein (1965) reported in their study of a stratified probability sample

of 364 unwed mothers in New York city, that barely one-half of them returned to school after their baby was born. Of those who did, another one-third dropped out before graduation. Furstenberg (1976) found in his five year Baltimore study of a nonrandom sample of 323 predominantly black adolescent mothers that only 49% had completed high school at the time of the five year follow-up compared to 89% of their classmates. In Newfoundland, only 33.2% of students who left school due to a pregnancy returned and completed the 1982-83 year. This number rose to 44.3% in 1983-84 (Department of Education Student Pregnancy Commmittee, 1987). Phipps-Yonas (1980) reports in her review article that 50% to 67% of female dropouts cite pregnancy as their reason for leaving school. In a 1984 study of student retention throughout the province of Newfoundland, 45% of the female dropouts interviewed reported that pregnancy was the major factor in their decision (Pope, 1984). For those adolescents who decide to marry, the chances of never completing school have been found to be even greater (Chilman, 1980; Furstenberg, 1976; Moore, Hofferth, Caldwell & Waite, 1979). A young woman who has a child but remains single is only half as likely to drop out as the adolescent who becomes both a mother and a wife (Moore et al. 1979). [Note: all of the studies cited in this literature review

refer to only those mothers who made the decision to keep their child because the researchers were attempting to determine what effect the responsibility of raising a child at such a young age has on the mother's life. Those who chose other alternatives to raising their child are not included in this study.]

Moore et al. (1979) examined the possibility that these young mothers finish their schooling at a later date. In their secondary analysis of the data from two longitudinal surveys, they found that while there was some progress made in later years by a minority, not even half of the mothers who gave birth at 17 or younger managed to acquire twelve years of education by age 35. This is consistent with the results of Card & Wise (1978) who analyzed data from a nationwide study with a sample of Americans who attended grades 9, 10, 11 and 12 in the spring of 1960. A stratified random sample of 375,000 students was selected with three follow-up studies completed at one, five and 11 years after the student's expected date of graduation. Card & Wise were able to compare respondents who became parents before their 20th birthday against a representative sample who did not become parents before age 20. Their findings showed a direct relationship between mother's age at the birth of her first child and amount of education: at the 11 year follow-up, the

mean educational achievement of mothers who were 17 or less at their first child's birth was grade 11, but those who delayed childbearing to after 25 had a mean of at least a few years of college. Because the study sample began their participation before they became parents, control data were available from this period. This enabled Card & Wise to control for correlates such as academic ability, racial and socioeconomic background and educational aspirations by contrasting matched samples of the above variables with age at first birth. Card & Wise found that even with the same level of academic ability, the same racial and socioeconomic background, and the same expectations, by age 29, only 49.9% of the women who became mothers younger than 17 had obtained diplomas, compared to 96% of those who delayed childbearing until their 20's. The evidence supports the conclusion that early motherhood is associated with serious differentials in educational achievement and that it is more than a temporary setback to formal education when compared to those who postpone motherhood.

Employment.

It is not surprising that a combination of a lack of education and the responsibilities of sole parenthood is associated with unemployment, narrow opportunities, low

income, low job security and low job retention (Card & Wise, 1978; MacKay & Austin, 1983; Moore et al.,1979). MacKay & Austin (1983) found that in their Ontario sample of 87 unwed mothers, the wages of those working would have to increase 52.8% to reach the poverty line level. Of those who can secure employment, many find that inadequate childcare and low levels of job satisfaction are obstacles to maintaining the job (Card & Wise, 1978; MacDonnell, 1981). Card & Wise (1978) in their analysis of the longitudinal study described above, reported that eleven years after high school, adolescent mothers had significantly more blue collar jobs ($p < .001$), significantly less income and were significantly less satisfied ($p < .05$) with their jobs than were their classmates.

Welfare Dependency.

Single adolescent mothers demonstrate a high level of dependency on government financial assistance. MacKay & Austin (1983) found that 85% of the 87 Ontario mothers they studied relied on social assistance for at least part of the first 18 months of their child's life. In her Nova Scotia study consisting of a comparison over 18 months of a population of 346 unmarried mothers and 326 married mothers, MacDonnell found that 67.4% of the unmarried mothers on

their own relied on social assistance at the eighteen month follow-up, compared to 46.1% of the unmarried mothers living with their families. In contrast, only 5.3% of the married mothers were in receipt of public assistance at 18 months after their child's birth. These figures suggest that reliance on public assistance for unmarried mothers is even higher if they are living independently of their families, and extremely higher when compared with married mothers. Pozsonyi (1973) reported that 43.1% of her Ontario sample of a cross section of 59 mothers who received services from the Family and Children's Service Association of London and Middlesex, Ontario, were dependent on assistance at 12 months. This declined to 30.6% by the time their child was 18 months old. Clapp & Raab (1978) in their study of 30 adolescent unmarried mothers who were clients of a Children's home in Ohio cited a 60% dependency rate on welfare (3 representative subsamples of 10 mothers each were devised so that the children were roughly 17 months old, 30 months old and 42 months old at the time of interview). A high level of dependency on social assistance is a common finding among adolescent mother studies.

Family Size.

Teenage pregnancy has also been associated with high subsequent fertility rates (Black & DeBlassie, 1985; Furstenberg, 1980; Schlesinger, 1984). Moore et al. (1979) found that women who were 15 or younger at their first birth have an average of three more children than women who were at least 24 when they became mothers. Women who were 16 or 17 at the time of their first child's birth have an average of 2.7 more children than those who delayed childbearing until at least age 24. It is apparent that the younger a female is when she has her first child, the more children she will likely have.

With the high cost of childrearing, adolescent mothers face many years of heavy economic demands. Their limited earning ability due, in part, to a low level of grade attainment makes poverty a likely outcome. The economic difficulties she faces will likely be compounded with each new arrival (Moore et al., 1979; Phipps-Yonas, 1980; Trussell & Menken, 1978). In addition, Trussell & Menken (1978) show findings to suggest that the younger the age of the mother at her first delivery, the greater proportion of "unwanted" children she has. In their analysis of the National Survey of Growth that studied 9,800 mothers between the ages of 15-44, they found that those black women who

were aged 15-17 at their first birth had 17% more children, and reported 59% more unwanted children than those who were 20-24 years of age. The whites who were 15-17 years of age at their first child's birth had 18% more children than those who were 20 -24, and reported 10.3% more unwanted children. The possibility of having a second unwanted child increases the younger the woman is at the birth of her first child.

Living Arrangements

Quality of Accommodation.

The quality of independent housing the young mother can provide for her child is generally found to be inadequate given her low income. MacDonnell's interviewers (1981) judged that 37.4% of the unmarried mothers had housing problems compared to 9.6% of the married mothers. At the eighteen month interview, 20.4% of the unmarried mothers who lived on their own lacked an adequate supply of hot water and 2.0% had no indoor plumbing. Of all the unmarried mothers, 7.7% were judged by the interviewers to be living in seriously substandard housing compared to 1.4% of the married mothers. MacKay & Austin (1983) found that one-half

of their respondents consistently expressed a need for either more suitable or more affordable housing during their 18 month follow-up. MacDonnell (1981), as well as Sauber & Rubinstein (1965) found high levels of mobility among the mothers who lived independently of their families. Schlesinger (1984) cites a study from Red Deer, Alberta that found that 60% of the 89 respondents surveyed had lived at their current address for six months or less. A continual search for more appropriate accommodations is often associated with residential instability.

Household Composition.

Presser (1980) and MacDonnell (1981) found that the most common living arrangement for the unmarried mother was to remain in her parents home (at least initially). In MacDonnell's study, 59.9% of the unmarried mothers lived with their family immediately following their child's birth. This number dropped to 43.0% at the eighteen month follow-up. Presser found 61% of her sample lived with their families for at least some time following the birth of their child. By the time of the third interview (3.5 - 5.5 years later), one-quarter still lived with their families.

Financial support, child care assistance, and emotional support are all forms of parental assistance that are

invaluable to the teen mother and her child (Baldwin & Cain, 1980; Furstenberg & Crawford, 1978; Presser, 1980). Both Baldwin & Cain (1980) and Furstenberg and Crawford (1978), found that those teen mothers and their babies who continue to live with the teen mother's family, do much better financially, emotionally and physically than those who live on their own. Furstenberg & Crawford (1978) found that "the assistance rendered by family members significantly alters the life chances of the young mother, enhancing her prospects of educational achievement and economic advancement" (p. 333). They found that the help is greatest when the young mother actually lives with her family; however, even those who lived apart but remained close still received valuable assistance from their families, especially with child care. Furstenberg (1980) concluded that "the extended family frequently assumes a paramount role in childrearing, enabling many young mothers to cope successfully with the stresses of early parenthood" (p. 65). Having a supportive extended family seems to mitigate much of the detrimental effects of teenage childbearing (Furstenberg, 1980; Furstenberg & Crawford, 1978; Presser, 1980; Young, Berkman & Rehr, 1975).

Physical Well-Being

Many studies have identified severe health risks for the teenage mother and her child such as anemia, toxemia, uterine dysfunction, prematurity, low birth weight and prenatal mortality (Phipps-Yonas, 1980). For women 15 or over, however, recent findings suggest that these risks are less due to physical immaturity, than to the lack of quality pre-natal care and nutrition (Baldwin & Cain, 1980; Phipps-Yonas, 1980). If adequate pre-natal care and nutrition are available to the teenager, then the risk of obstetrical difficulties is significantly reduced (Baldwin & Cain, 1980; Phipps-Yonas, 1980; Schlesinger, 1984). Unfortunately, it is often precisely this group who neglect both pre-natal and post-natal care due to insufficient knowledge of the risks or lack of availability of programs. Quality health care and nutrition is crucial both before and after delivery.

Health care programs in St. John's are available; it is a matter of convincing the young women of their importance. Unfortunately, the young women who really need the pre-natal counseling are often the ones who neglect to confirm their

condition until very late in their pregnancy, and poor nutrition and bad habits have already taken their toll.

Emotional Well-Being and Social Needs

Loneliness and Isolation.

Peplau and Perlman (1982) define loneliness as "an unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (p.4). The qualitative aspect of relationships are as important as their existence.

Sources of social support are derived from both family and friends (Morosan & Pearson, 1981). It is apparent that people may turn to different people for different things, and that people to whom you turn to discuss your feelings with (a confidante) may not be the same people that you would turn to for practical help or to have fun with. All, however, are important components of social support and are crucial to avoid the negative effects of loneliness and isolation (Fischer & Phillips, 1982). Loneliness has been associated with depression (Bradburn, 1969; Rook & Peplau, 1982). It has also been shown to have a moderate link with child neglect. Polansky (1985) identified a population (152)

of neglectful mothers, both black & white, and both urban & rural, and a matching control group of non-neglectful mothers (154) and found that the neglectful mothers were significantly more lonely than non-neglectful mothers ($P < .0001$). They also found urban women to be more lonely than rural; those with a lower income more than those with more income; Black more than White; and unmarried women more lonely than those with a partner.

Loneliness and isolation are often associated with unmarried adolescent motherhood. Cannon-Bonventre & Kahn (1979) interviewed 100 Boston teenage mothers who identified loneliness and isolation as the second biggest problem they faced next to insufficient income. The researchers concluded that the effects of isolation and loneliness were as pervasive as the effects of poverty. Few of the mothers had many friends to talk to or share child care arrangements with. They felt alone and without emotional support. The team of Colletta, Hadler and Gregg (1981) found that 45% of their sample of 64 adolescents reported isolation from former friends to be a major concern. Young mothers often feel cut off from previous friends who don't understand the responsibilities of raising a child, and they have little time or opportunity to make

new ones (Black & DeBlassie, 1985; Juhasz, 1974; MacDonnell, 1981). The evidence suggests that loneliness may lead to depression, which in turn may lead to child neglect. Both the mother and her child suffer.

Sources of Social Support.

The sources of support most identified by the mother are her girlfriends, her family (especially her mother), and the putative father. Sacks et al. (1982) in their study of 50 adolescent mothers and their children who received pediatric care from the Hospital for Sick Children Adolescent Clinic in Toronto, Ontario, found that most mothers reported at least two 'close' friends (defined as someone in their life that was particularly important to them, and to whom they felt close), one close family member, but no close professional relationships, suggesting an informal rather than a formal support network. Other studies (Grow, 1979; Furstenberg, 1976; MacKay & Austin, 1983; Pozsonyi, 1973) report similar results.

The Adolescent Father.

Putative father involvement with the unmarried teenage mother and her child is higher than is generally assumed,

although it appears to decline over time. Earls & Siegel (1980) cite several studies in their review of the research on adolescent fathers which indicated that about half of fathers maintain at least some degree of contact during their child's first two years. Parke, Power, and Fisher (1980) quote similar figures of approximately 50% in their review article. Presser (1980) stated that 67% of the mothers in her subsample of 69 unmarried mothers from a stratified random sample of 408 mothers in New York City reported at least some direct contact with the fathers of their child at the time of the interview (3.5 to 5.5 years after the birth of the child). These findings are consistent with Furstenberg's study in 1976 which found that the majority (63%) of fathers were still involved at the time of the five year follow-up, but that the frequency of the visits had declined over time. (See also Clapp & Raab, 1978; Pozsonyi, 1978). Earls & Siegel suggest that this decrease in contact over time or the noninvolvement from the beginning for some fathers, may be due to the failure of most services and agencies to acknowledge or attempt to engage these fathers, either before or after the birth (1980). Presser indicated that despite social contact, only 33% of the fathers in her sample contributed financially at the 3 1/2 to 5 1/2 year follow-up interview, and "few"

assisted in the care of their child (1980). Parke et al. cite a study that found that at 15 months after the birth of their child, 64% of their unmarried teenage mothers were receiving financial aid from the putative father (1980). (A much higher figure here is likely due to the time of interview in this study; the length of time since the birth of the child was between 2 and 4 years earlier than Presser's.) Despite the differing figures, it does appear that financial support is positively associated with contact, instead of being a substitute for it. Those fathers who pay child support are also more likely to have contact more often with their children than those who do not pay child support at all (Clapp & Raab, 1978; Presser, 1980).

Family Support.

Adolescent parents often rely heavily on their family for emotional support, especially their own mother, and few of the adolescent mothers (6.25% in Colletta et al.'s 1981 study) find conflict with parents to be a serious problem. Presser (1980) found that 65% of the unmarried mothers in her study reported that they felt very close to their mothers. Sacks et al. also found that the family was an important source of emotional support for the teen mothers; next to their girlfriends, the three most common sources of

emotional support identified by the young mothers were their mothers, brothers and sisters. The emotional support derived from the adolescent's mother may begin as early as the pregnancy and decision-making stage. In Toumishey's 1978 study of pregnant teenagers in Newfoundland, the teen's mother was identified as one of the two most significant individual's that offered major emotional support (the other was the putative father).

In addition to emotional and financial support, the extended family often provides an invaluable child care service (Furstenberg, 1977; Grow, 1979; Pozsonyi, 1973; Presser, 1980). For young women living with their families, the majority receive assistance from the maternal grandmother. For those who are on their own, however, 4 out of 5 adolescent mothers identify child care needs in the first 12 months increasing to 9 out of 10 by 18 months (MacKay & Austin, 1983). Fifty-nine percent of the mothers in Sauber & Corrigan's study (1970) cited lack of quality child care as a reason for unemployment. Without adequate child care assistance, the adolescent mother may find it difficult to continue her formal education, to find and retain employment, to socialize, and to relieve the loneliness of sole parenthood. Within this context, both her economic and emotional well-being are in jeopardy.

Parenting Skills.

Opinions vary on whether there is an association between child abuse (including physical and emotional neglect) and unmarried adolescent parenting (Kinard & Klerman, 1980). In their review article, Kinard & Klerman presented the results of a large scale study by the American Humane Association that concluded that teenage mothers did not appear to be overrepresented among abusing or neglectful families. Kinard & Klerman conclude that the hypothesized link between teenage parenting and child abuse may be confounded by other important variables such as poverty. Polansky's research (1985) on neglect and loneliness described above suggests that a profile of neglectful mothers may be overrepresented among the poor, unmarried, urban and lonely; a profile not unlike that of the adolescent mother. Results from research on the link between teenage parenting and child abuse is still widely discrepant, suggesting the need for further controlled study.

Self Concept and Affect.

An actual measure of the mother's self concept is rarely done in follow-up research on adolescent mothers. Rather, the self concept measure is usually used in studies

attempting to show a causal relationship between poor self concept and pregnant teenagers. Patten (1981) found that her voluntary sample of 37 single pregnant women aged 13-24 living in a maternity home had significantly lower net positive scores on the Tennessee Self Concept Scale than established norms for the population ($p < .001$), but admits that her results could reflect sample bias because of the small sample size and the unique setting. She also reviews related research showing similar results but does not expand on the sampling procedures. Patten does admit in her conclusion however that "neither psychological nor sociological explanations can be satisfactorily modified nor extended to explain adolescent pregnancy in general, or to determine the major factors which lead to such pregnancies" (pgs. 776-777). The theory that 'special emotional and behavioral' characteristics set pregnant teenagers apart from the general population and serve as causal factors of pregnancy has already been questioned by this author; however, from a social work perspective it could be argued that the effects from situational difficulties encountered by the adolescent mother such as poverty, limited occupational opportunities, low educational achievements, loneliness, welfare dependency, and instability might be

associated with negative feelings of self-worth. Fitts (1965), the author of the Tennessee Self Concept Scale states that positive experiences tend to enhance the self concept while stress or failure are associated with lower self esteem (Fitts; 1965).

One author did attempt to obtain a measure of the self concept of single mothers in general, albeit using all age groups and including divorced and widowed females. Newlands (1978) compared the self concept of a random group of single mothers with the self concept of a random group of married mothers in St. John's, Newfoundland. Her measure of self concept was obtained from the mother's responses to questions about the level of satisfaction they felt with the performance of their family roles. This was based on the premise that the self concept is affected by how well roles are carried out. The respondents concept of herself can therefore be inferred from her self rating of adequacy about what she does. Newlands concluded that the amount of financial, social and emotional deprivation associated with single female parenthood could lead to dissatisfaction with the completion of her roles which in turn could lead to a diminished self concept. Newland's results supported this premise; there were statistically significant differences between one and two parent families; the lone female parent

was significantly less satisfied with the performance of her family roles. This low self rating of satisfaction was interpreted by Newlands as indicative of dissatisfaction with the self concept. She drew the conclusion that single parents are less satisfied with their family roles, and by inference have a low opinion of themselves as adequate people.

Sacks et al. measured the affect of the adolescent women in their study and found that they had a generally positive outlook on life despite problems in several areas. These mothers may not be typical of other populations, however, as they were adolescents who sought both pre-natal and post-natal care from a multi-disciplinary clinic (Sacks et al., 1982). MacDonnell (1981) found that almost one-half (44.5%) of her Nova Scotia sample said they had "regrets" about how their life had turned out and "almost all" (actual number not reported) of the mothers indicated that they would not recommend the experience of single parenthood to a young woman.

Effect on The Child.

The direct effect of teenage parenthood on the child's emotional and cognitive development is unclear (Baldwin & Cain, 1980; MacKay & Austin, 1983; Sacks et al., 1982). It

is likely that some of the negative effects so often found do not result directly from the mother's age at birth, but are compounded by other associated factors such as economic situation, education, stability, supportive relationships, and family constellation. Baldwin & Cain (1980) cite several studies in their review article that show a significant relationship between a mother's young age at delivery and her child's lower cognitive development, but acknowledge that the difference may be "trivial in terms of later achievement" (p.37). Sacks et al. (1982) found that the children in their study (likely a more advantaged group) scored generally in the 'average' range with some in the superior category while others were borderline. It appears that the mother's age at the child's birth may not have a negative effect on her child's emotional and cognitive development <u>if</u> she is able to overcome the situational and emotional difficulties in her path.

There is an interrelationship between the emotional state of the mother and the well-being of her child. If the mother reports general satisfaction with her situation and has resolvable problems and a strong support network, it seems a positive parenting experience can occur and the child will not suffer (Baldwin & Cain, 1980; Furstenberg, 1976; Grow, 1980; Pozsonyi, 1973; Sacks et al., 1982). If

the mother's situation is one of poverty, loneliness, and instability, however, the negative effects will be passed on to her child. Adverse effects such as physical, emotional, and intellectual deficiencies, largely due to the social and economic correlates of early childbearing, can be observed long into the child's life (Baldwin & Cain, 1980).

Summary

The research examined in this literature review on adolescent mothers has indicated several areas where problems may exist for the unmarried adolescent mother. These findings are useful to inform subsequent studies and to identify situational and need dimensions relevant for exploration.

As already discussed, however, their generality to all adolescent mothers is limited as the location and sample of each study may significantly influence its outcomes. In the opinion of this author, assessment profiles are largely specific to the population studied. Consequently, the assessment profile of unmarried adolescent mothers must be relevant to the actual population it is intended to serve. This study will provide this profile and inform professionals in their assessment, counseling and social support actions.

Chapter 3

Method, Design & Procedures

The Study Sample

The target population was confined to the greater metropolitan area of the City of St. John's in the province of Newfoundland including the communities of Wedgewood Park, Mount Pearl, Petty Harbour, Kilbride, and The Goulds. As most women deliver their babies in a hospital (admittedly, some do not), a hospital seemed the most appropriate place to collect a sample. In St. John's, there are only two hospitals with obstetrical wards. Due to the sensitivity with regards to access of records because of patient confidentiality, the author only enlisted the cooperation of one hospital with which she had an affiliation; this hospital maintains a large obstetrical ward. Nonetheless, the patient population is not believed to differ significantly between them (comparative data are not available). Although the religious auspices of each hospital is different, the patients in this study are a clientele of mixed religious backgrounds as admission is

partially dependent on their physician's admitting privileges: the auspices of the study hospital is Protestant while the majority of the subjects (26 out of 40 or 65%) are Catholic; 13 are Protestant (32.5%); and 1 (2.5%) has no religious preference.

'Adolescent' and 'teenager' are used interchangeably in this study to refer to those age 16 to 19 years inclusive at their first child's birth. This age group did not disqualify any potential respondents as there were no deliveries by adolescents, within the studies boundaries, that were under the age of 16 years old between September 1, 1985 and January 31, 1987. There were, however, a few (actual number unavailable) under the age of 16 who lived outside the boundary of Greater Metropolitan St. John's.[1] Only those mothers who made the decision to keep their child and for whom this was a first live birth were included in the sample. The experience of motherhood was therefore a new experience for these women; however, four of the mothers have had a second child since.

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[1]While the population was conceptualized as 15-19 years inclusive, the sample obtained includes respondents from 16-19 years only.

The term 'unmarried' was defined for the purposes of this study as never married. It was recognized that this might include some women living common-law, but as McDonnell (1981) points out, the instability of these relationships at this age might mean that their problems would be similar to the "never-married". In addition, omitting them from the population might have excluded relevant respondents as the reality is that some women say they are living common-law but in fact are not. In this study population, the researcher is aware of at least one respondent who indicated a common-law relationship at the birth of her child but who was single at the time of the interview. It is impossible to determine how many others would have been falsely excluded. As the study hospital also includes common-law unions in the single, never-married category, it would have been difficult to even try to distinguish between the two in several cases. (The study results show that four women who were living common-law at the time of the interview stated that they were in this relationship at the birth of their child.)

Divorced or widowed mothers were not included as it was felt that their problems, while often similar, may be viewed as resulting from different circumstances and judged more favorably by the community. This criterion of never married

refers to the mother's status at the birth of her first child; however, four have married since.

The hospital referred to in this study has a policy that all unmarried mothers are referred to the social work department. The obstetrical social worker has kept a record of all referrals. Her records include all mothers who were unmarried and all mothers 19 years of age or under at the time of delivery. It is these referrals from which the study sample was drawn.

As interviews were completed in July, August & September of 1987, a review of the referrals from September 1, 1985 to January 31, 1987 meant that the babies of these mothers ranged from 6 to 24 months of age. This was a desirable age group as it excludes the honeymoon adjustment period and doesn't exceed the infancy stage usually defined as ending between 18 and 24 months of age (Lefrancois, 1973; Newman & Newman, 1978).

In total, 189 unmarried adolescents delivered at the specified hospital during the period from September 1, 1985 to January 31, 1987. Of these, 111 resided outside the study boundaries of Greater Metropolitan St. John's. Of the remaining 78, 9 mothers placed their babies for adoption and 2 babies were stillborn. This left 67 possibilities, 3 of which the birth in question was a second birth. The

remaining 64 mothers fit the study criteria and comprised the target population.

The procedure for contacting potential respondents and obtaining their consent went as follows: a letter from the Director of the Social Work Department was mailed on July 21, 1987 explaining the purpose of the study and asking for the mother's permission to identify her to the researcher. The letter advised the mothers that they would be contacted by telephone in about a week's time by someone from the Social Work Department, or, if they wished, they could return the enclosed self-addressed stamped envelope if the indicated telephone number was incorrect (see appendix A). Although the majority of the numbers turned out to be incorrect, only four respondents returned this form.

The Social Work Assistant from the study hospital was hired by this researcher to follow up this letter with a telephone call to each potential respondent. Locating these women proved to be a difficult task. Many of the numbers were either out of service or incorrect. When the assistant did find a mother, she filled out a respondent contact form indicating that she reminded the respondent of the purpose of the study and obtained their permission to allow this researcher to contact them (see appendix B).

On September 10, 1987, a second letter was mailed to the potential respondents that had not yet been contacted, again with a self-addressed stamped envelope, but this time asking the mothers to return the form regardless of their decision (see Appendix C). Only one response was obtained from this mailing. Most of the mothers had to be tracked down through relatives.

During the course of the interviews, it became apparent that some of the young mothers were hesitant to participate because they feared that the interviewer, introduced as a Social Worker, had connections with the Department of Social Services, either with the division of Child Welfare or the division of Social Assistance. They were concerned that this was a checkup on their living arrangements, income or parenting ability for the Department. Because of this, a letter was mailed to those that had refused to participate clearly stating the interviewer's status as a University student, and giving them a number to call if they would reconsider (see Appendix D). No one called and they were not contacted again.

Of the total population of 64 mothers, we were able to confirm through family members that 5 have moved away since the birth of their child (4 out of the province and 1 to Windsor, Nfld.) This left a population of 59 potential

respondents. Of the remaining 59, we were unable to locate 6, which left 53 possibilities, all of whom were contacted. Thirteen of these mothers refused to participate and the researcher completed 40 interviews. Completed interviews were therefore 40 out of a possible 59 or slightly more than 2/3 of the total population (67.8%).

Of the 40 mothers interviewed, only 16 were still residing at the address in the hospital records. Given this high mobility rate coupled with the fact that this was a follow-up study as much as two years later; the result that only six mothers could not be located is not unreasonable to expect. It is possible that these six mothers have also left the province.

This interviewer feels that every possible effort was made to contact the entire subject population and an attempt was made to correct any confusion or fear on the part of those who refused to participate. It should be noted that two mothers who originally consented to participate were subsequently either not allowed to, or persuaded not to, by their partners. A consent rate of 75.5% (40 of 53), considering the involvement of many of these young mothers with Social Workers in threatening positions of power over their financial or parenting status appears to be a realistic number.

The Survey Instruments

The main survey instrument was designed to be used in a face-to-face interview.[2] All interviews except one were conducted in the mother's place of residence. One woman met the researcher in a coffee shop as she said it was impossible to get any privacy in her home. The entire interview lasted approximately one hour; 45 minutes for the main instrument and approximately 15 minutes for the additional scale; however, a few interviews lasted as long as two hours. The main instrument elicited information from the adolescent mother with regard to life situation and personal problems based on the following areas: general demographic information; physical well-being; housing and living arrangements; sources of social support and social

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[2]While a survey instrument was used and while this instrument was structured, this author interprets that the study is basically an exploratory/descriptive survey in that: no hypotheses were proposed; the subjects were voluntary respondents who were not chosen randomly; some of the questions allowed for exploration of qualitative responses; and the net result is an assessment profile which gives some direction to clinicians but answers only the broadest of research questions: "What are the characteristics and situations of unmarried adolescent mothers in St. John's who have kept their child?"

participation; relationship with and support from the putative father; problems and needs; contraception; child care arrangements; and education opportunities (see appendix F). Response categories were mostly Likert-type. Most of the categories were informed by relevant research.

The "Problem Severity Scale" (questions 146-168) was developed by Sacks, MacDonald, Schlesinger and Lambert (1982) and reproduced with their permission (see Appendix G). Sacks et al. obtained a 'problem severity score', by adding the responses of whether the stated problem (19 in total) was: very serious; serious; moderate; mild; or not a problem (coded 5, 4, 3, 2, and 1). With the theoretical range being between 95 (severe problems in almost every area) to 19 (absolutely no problems); Sacks mean was 34 (their actual range was 20 to 70). This study applies the "Problem Severity Scale" using only three response categories of: serious; moderate; or not a problem (coded 3, 2, and 1), as it was discovered that the larger range of potential responses was confusing for the respondents during the pretest. One additional item was added (number 167), to determine if opportunity for sexual expression was a problem.

Indicators of social participation and sources of support were measured by the existence of different

relationships among both family and friends (i.e. did the mother feel that she had people she could talk to about her feelings, that she could turn to for help, and that she could have fun with). Relationships with professionals were determined by the likelihood the mothers would turn to them for understanding and support (see questions 107-122). Opportunities to make new friends, dating practices, and frequency of social activities were included to measure social participation (Bybee, 1980; Bradburn, 1969; Pozsonyi, 1973).

'Personal characteristics' were operationalized using two standardized instruments to measure affect and self concept. The Bradburn Scale of Psychological Well-Being measures affect (Bradburn, 1969). Bradburn's research suggests that there are two scales of psychological well-being which are independent of each other; positive and negative affect. The instrument consists of 10 items describing five positive feelings (questions 169, 171, 173, 175, 177) and five negative feelings (questions 170, 172, 174, 176, 178). These 'feeling states' were derived from a pilot study that attempted to operationalize emotional reactions of normal individuals to the stresses and strains of everyday life (Bradburn, 1969). The sum of positive

feelings [coded with the same categories used by Sacks et al. (1982): often (3), sometimes (2), rarely (1), never (0)] minus the sum of the negative feelings indicate the Affect Balance Scale -- the individual's current level of well-being. Bradburn was able to show a high level of association between the well-being score and self-reports of happiness. In a nation-wide reliability test with a sample from the ten largest metropolitan areas in the United States, Bradburn showed a retest score of .80, with all individual items except one being over .90. Bradburn tested his final instrument on several different types of populations, including studies on marital satisfaction. He was able to show a high level of association between the positive and negative affect and the positive satisfactions and tensions in a marriage. The scale was also used successfully in Sacks et al. study of the adolescent mother in Ontario (1982). With a theoretical range of -15 to +15, Sacks mean was +3.98. Sacks et al. concluded that this result indicated a group of people that had more positive feelings than they had negative feelings and that their outlook on life was reasonably positive.

A second standardized instrument, The Tennessee Self Concept Scale, was developed by William H. Fitts in 1965.

The scale consists of 100 self descriptive items that enable the respondent to portray his perception of himself. It is a self administered scale that takes approximately 15 minutes to complete. It is appropriate for respondents aged 12 or higher and having at least a grade six reading level. A total of 14 different scores can be derived from the 100 items. According to Fitts (1965), the Total Positive Score is the single most important score. "It reflects the overall level of self esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves" (pg. 2). A standardized group of a sample of 626 people from all over the United States, both Black & White, from ages 12 to 68, and of both sexes, representing all social, economic, and intellectual levels was used to develop normative scores. The mean for the Total Positive Score is 345.57. Fitts found the test-retest reliability data for this score to be .92.

The survey instruments were pretested in four interviews with unmarried mothers outside the subject pool

and minor changes in wording and construction to improve comprehensibility were adjusted as needed.

The Data Analysis

In order to describe the affect, self-concept, personal problems, and life situation of the adolescent mothers interviewed, frequency distributions and simple percentages are presented in a descriptive manner with the aid of tables.

Inferential statistics were used to explore the associations between specific variables with special focus on three areas: (1) the number of problems or problem severity score; (2) the level of psychological well-being; and (3) the self concept score. Specific types of statistical tests are indicated in the text.

A comprehensive codebook was developed for the questionnaire to provide a computer readable data base. These data were then manipulated in consultation with an experienced analyst using the computer program: The Statistical Package For The Social Sciences (SPSS).

The resulting analysis clearly describes the situation and needs of the study population including their general demographics, their living arrangements, their economic

characteristics, their physical well-being, their emotional well-being, their sources of support, their self-concept, and their child care arrangements.

Chapter 4

Results

Demographic Information

Age.

The mothers ranged in age from 16 to 19 years at the time of their child's birth. The mean age was 17.8. There were no 15 year old respondents in this study population; however, as noted earlier, there were mothers under the age of 16 residing in rural areas outside of the study boundaries at the time of the sample collection. The literature suggests that a small percentage of mothers are under the age of 16: McDonnell (1981) found only 5.7% of the mothers in her Nova Scotia random sample were under 16 years of age at the time of their child's birth. Sacks et al. (1982) found that the mean age of the mothers in their Ontario study was 17.4 years at the time of their child's birth, with 76% being either 16, 17, or 18 years old.

By the time of the interview, the mothers ranged in age from 17 to 20 years old with a mean age of 19.2. The children's age ranged from 6 to 24 months with a mean age of 14.4 months.

One mother in the study population had twins and four mother's have had a second child since the birth that qualified them to be included in this study. The second children ranged in age from one to nine months at the time of the interview. They were spaced 16 months, 15, 13, and 11 months from their older siblings.

There are 21 male children (52.5%) and 20 female children (47.5%) in the study population (n=41 because of the twins). The four second children are comprised of two males and two females. This even distribution of the sexes supports an argument against the likelihood of any serious sample bias: Statistics Canada indicates that in 1985, 51.6% of the newborns in Newfoundland were male and 48.4% were females (Statistics Canada, November 1986).

Marital Status.

All of the mothers were, by definition, unmarried at the time of their child's birth. At the time of the interview, five were in common-law relationships: four with the father of their child and one with someone she knew prior to her child's birth. Only four mothers have married since the birth of their child: three to the baby's father and one to someone she met during her pregnancy. There was no evidence of urgency in getting married: they married at 2

months, 6 months, 17, and 23 months after their child's birth. Thirty-one mothers (77.5%) were single at the time of the interview, and nine mothers (22.5%) were either in a common-law or legal marriage at the time of the interview (see Table 3).

Table 3

Current Marital Status

Marital Status	n	cf	p	cp
Single	31	31	77.5	77.5
Common-law	5	36	12.5	90.0
Married	4	40	10.0	100.0

The 36 unmarried mothers were asked if they have plans for marriage during the next year and if so, is it a formal engagement (as opposed to just hoped to): only 4 of the 36 unmarried mothers indicated they have plans, but none reported any formal arrangements (i.e. an official engagement). The mother's willingness to express their

perceptions that are not congruent with traditional expectations gives the author confidence in the validity of the interview results. These responses may indicate the lack of concern with negative stigma or social unacceptability.

Religion.

Although the religious auspices of the study hospital is Protestant, the majority of the subjects, 26 out of 40 (or 65%) are Catholic; 13 are Protestant (32.5%); and 1 (2.5%) has no religious preference. There is an overrepresentation in this study group of Catholics as Statistics Canada (July, 1983) indicates that based on the 1981 Census, the population of St. John's consists of 51.2% Catholic, 45.8% Protestant, 2.3% no preference and .7% of other denominations.

The mothers were asked to rate how important religion was in their life: 4 of 40 or 10% indicated that religion is very important; 19 or 47.5% said it is 'important', and 17 or 42.5% felt that religion is not important in their lives.

Racial Origin.

Only 1 of the 40 respondents is not Caucasian. She is Metis. Statistics Canada does not comment on racial origin,

but indicates that 91.5% of the population of St. John's is of British origin (Statistics Canada, July 1983).

Family Background.

Forty per cent of the mothers have between one and three siblings, and 60% have four or more siblings. There is nothing of particular significance with birth position; 37.5% are one of the eldest; 25% are near the middle; and 37.5% are one of the youngest in their family.

Most of the respondents were born and raised in the city of St. John's: 31 or 77.5% were born in the city; eight or 20% were born elsewhere in Newfoundland, and only one was born outside the province.

Only one mother was not raised until age 13 by a natural parent (she had a mixed experience with five years in foster care), and 31 of 40 (77.5%) came from homes with two parents. After age thirteen, the number who lived with both parents dropped to 24 (60%). These results suggest a fairly stable childhood, with family dissolution occurring only during the teenage years. The number from broken homes due to divorce, separation, or death is 16 of 40 or 40%. This may be somewhat high as Statistics Canada (September, 1987a) indicates that of 111,435 Newfoundland families with children at home: 15,825 were lone-parent families (14.2%).

Living Arrangements

Household Composition.

Fifteen of the mothers were still living in their parental home at the time of the interview. Sixteen were living apart from their parents (however, only twelve were living alone with their children; two lived with a younger sister, one lived with a brother, and one lived with a girlfriend). Nine of the mothers lived with a spouse (four with a husband & five with a boyfriend, see Table 4.)

It should be noted that two of the mothers were not living with their children at the time of the interview: one of the married respondents (the one not married to the putative father) had her child removed by the Department of Social Services for protection and placed with the unmarried mother's own mother. This grandmother lived very near and the teen mother estimated that she spent at least five hours a day with her child. She is attempting to regain custody of her child. The second adolescent that did not have her child with her had only recently moved out of her parents home. She indicated that she felt the need to be independent and felt "smothered" in her parent's home. In addition, she did not get along with her stepfather. Her mother did not want her to take her child with her as she felt she was too

Table 4

Living Arrangements

Type of Arrangement	n	cf	p	cp
With parents	15	15	37.5	37.5
With partners	9	24	22.5	60.0
Independent	16	40	40.0	100.0

young (17 at the time of the interview, and 16 when the child was born). This adolescent indicated that she had arrived at an agreement with the grandmother to leave her child with her until she turns 19. (Both of these respondents were kept in the subject pool as both provided maternal care for their child for at least six months and were still regularly involved with their child.)

The mothers who still lived with their parents were asked how satisfied they are with this arrangement. Eight or 53% reported being "very satisfied" and seven or 47% are "satisfied" living in their parents' home.

Of the 25 mothers that had left their parents home, 9 left before they became pregnant, and 16 left after their pregnancy. Of these same 25, 16 (64%) indicated their move was a planned move towards independence; but 9 (36%) reported difficulties in the home to be a major reason in their decision to move. These reasons varied, but were mostly because they didn't get along with one of their parents. One of the young mothers complained of a serious sexual abuse experience with her stepfather. Not one of the mothers indicated being kicked out against her will due to her pregnancy or being forced to leave. (Four of the nine left before they became pregnant; five after.) None of the reported reasons were because of a parental concern of stigma, nor anger due to the out-of-wedlock pregnancy. Only one mother was ostracized from her family due to her pregnancy (she had left home prior to becoming pregnant and by the time of the interview was arriving at some resolution with her parents). This researcher was impressed at the assistance and support the vast majority of the young mothers received from their families.

Quality of Accommodation.

Of the 25 mothers not living with their parents, 21 lived in apartments (the majority were basement apartments), 3 lived in rented townhouses, and 1 owned her own single dwelling home (she was married).

Seven of the mothers had moved three or more times since their child's birth; seven had moved twice, seven had moved once and four were still in the same accommodation they were in when they arrived home with their babies. The moves were mostly due to difficultly in finding appropriate accommodation. Of a list of reasons why people may be unsatisfied with their living arrangement, the amount of living space was cited by more than 22.5% of the mothers as unsatisfactory. The cost, location, bathroom facilities, and physical condition of the premises were each cited by 10% of the mothers as unsatisfactory. This interviewer would not judge any of the homes to be severely substandard, however several were in poor physical condition, without adequate windows for light and air circulation, and fairly cramped. The very basic amenities such as heat, water and electricity were usually of at least minimal adequacy. Seven of the mothers had no telephone. Of the total population of 40, 13 very much wanted to move to find a better accommodation or location, 5 not much, and 22 not at all.

Economic Characteristics

Education.

Twenty-nine (72.5%) of the respondents did not have a high school diploma or its equivalent at the time of the interview and three had less than grade eight. Five of the mothers had grade twelve or equivalency diplomas. Four had, or were near completion of trade school diplomas: one in hairdressing, two secretarial diplomas and one dental assistant. One mother was a professional nurse and one other mother was attending university. Of the 29 without a high school diploma, only four were currently working towards it. Another 13 indicated they hoped to return to school at a later date; 10 said they would definitely not return to school; and 11 did not know whether they would return or not.

Of those who definitely did not intend to return to school (34.5%), the reasons varied; however, the two most popular reasons were that they felt the double responsibility of both mother and student would be too demanding, and that there was no one available to baby-sit for them during the days. [Regrettably, the reasons for not returning to school were only completed by a portion of those who should have, as the question should have been

worded for those 'who are not attending now'; instead, it was worded for those who had no future plans to attend and some who didn't know about whether they planned to return did not answer the question, but some did. The interviewer did not realize this problem until after the interviews were completed. It is possible that several of these may never actually attend and as a result the interviewer did not get a good measure of the problems preventing them from doing so, either now or in the future.]

In summary, formal educational achievement is extremely low among these mothers when one considers that 72.5% do not even have the equivalent of a high school diploma and there exists only a slight possibility that some might improve their situation, unless some affirmative action takes place.

Employment.

Thirty-one of the 40 respondents (77.5%) were unemployed at the time of the interview. Of the nine employed (two had not actually started their jobs yet); eight were in jobs of the clerical, sales and service groups, and one was a nurse. Only four of these were permanent jobs; that is five were temporary (of which at least two were government sponsored employment opportunities). During the past year, 27 of the mothers had

not worked. Three had worked 12 or less weeks; 6 had worked between 12 and 26 weeks; and 4 had worked between 41 to 52 weeks.

The two most popular reasons for being unemployed were the desire to remain at home and be a full time mother (20%); and the fact that job skills and training were not sufficient (20%). Other reasons were: that no job was available (12.5%); no baby-sitter available (10%); and attendance in formal education as a full-time student (7.5%).

Income and Social Assistance.

Twenty-nine of the 40 respondents or 72.5% were receiving Social Assistance at the time of the interview. For 26 (65%) of these mothers, it was their main source of income. When asked if they had received Social Assistance at any time since their child was born, 82.5% said yes. Only seven mothers have not received Social Assistance at all. When asked, however, if their parents had ever received social assistance, 50% or 20 young women said no. It could be argued that a completely new group of welfare recipients has been created: 39.3% of the mothers who had relied on Social Assistance came from families who had never received this type of government aid.

Three of the mothers had no income at all and both they and their child were dependent on her parents. Of those who had an income from other than Social Assistance, two of the mothers main source of income was Unemployment Insurance; three were dependent on the fathers of their children; two on their present spouses (not the putative fathers); one on a student loan; and only three relied on employment income for their main source of finances (see table 5).

Table 5

Main Source of Income

Type	n	cf	p	cp
Social Assistance	26	26	65.0	65.0
UIC	2	28	5.0	70.0
Student Loan	1	29	2.5	72.5
Parents	3	32	7.5	80.0
Putative Father	3	35	7.5	87.5
Partner (other than P.F.)	2	37	5.0	92.5
Employment Income	3	40	7.5	100.0

Physical Well-Being

Pre-natal Care & Delivery.

Thirty-five of the 40 mothers visited their Physicians ten or more times during their pregnancy. Three estimated they saw their physician between 6 and 10 times, and only two saw their physician five or less times during their pregnancy.

Pre-natal education experiences, however, were differently distributed. Only 9 of the mothers attended regularly; 8 attended a few of the classes and 23 or 57.5% never attended any classes. The most common reasons "why not" was because they "just didn't bother", and that they felt that the classes "weren't necessary." Only one mother reported that she was unaware of their existence. While the message has been received about the importance of care from a physician during pregnancy, the message about the value of pre-natal classes has not been internalized. Most of the mothers felt that they were getting enough care from their physicians.

Twenty-six of the mothers reported no complications during their pregnancy. Ten of the young mothers had "moderate" complications such as toxemia, high blood pressure, bleeding, and one developed pregnant diabetes.

Four of the mothers had what they classified as "severe" complications: one miscarried a twin and bled frequently during her pregnancy; one had an extremely difficult pregnancy with high blood pressure and toxemia and delivered twins in an emergency Cesarean section at 27 weeks gestation; one hemorrhaged twice during her pregnancy, was constantly toxic, and had complications with her kidneys; and one young woman developed kidney stones, bladder infections, and was hospitalized frequently.[3]

The majority of the children were full term. Thirty five or 87.5% of the pregnancies were 37 weeks or more. Two terms were between 34-37 weeks; two between 28-24; and one at 27 weeks (the premature twins).[4] Statistics Canada indicates that in 1985, 94% of Canadian babies were born at 37 weeks gestation or more (November, 1986).

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[3]The interviewer had to rely only on the mother's account, memory, and knowledge of her medical complications. None of the respondent's charts nor physicians were consulted, and these accounts are written only as reported by the mother. The interviewer recognizes that medical personnel may differ in their diagnosis of the above complications as severe, moderate or other.

[4]For the purposes of reporting these study results, the twins have been treated as one unit and account for only one of the forty babies. They were only differentiated as individuals when gender was reported.

Nine of the 40 babies (22.5%) were delivered by Caesarian section. This may be slightly high as statistics show that in the 1984-85 hospital fiscal year, 18.7% of Canadian births in hospitals were delivered by Caesarian section. In Newfoundland, this number is 15.9% (Statistics Canada, September, 1987b). Five babies were delivered with the aid of forceps (two under general anesthesia); two mothers had epidural anesthesia; and two mother's had difficult deliveries due to the umbilical cord being wrapped around the baby's neck. Twenty-two or 52.5% had uneventful deliveries.

Thirty-one (77.5%) of the mothers had support during their labor. Three (7.5%) had planned Caesarians and therefore had no labor. Only six (15%) young women went through the labor process alone. Of those who had support, 14 (45.2%) had their own mother with them, 9 (29%) had the putative father with them, 3 (9.7%) had girlfriends, and 5 (16.1%) had other relatives (mostly sisters).

Post-natal Maternal & Child Health.

Thirty-five or 87.5% of the babies weighed 2500 grams or over at their birth (approx. 5.5 lbs.) and 5 or 12.5% were born below 2500 grams. This is higher than the general population as hospital statistics show that 5.23% of

Canadian babies are born under 2500 grams and 4.93% of Newfoundland babies weigh less than 2500 grams (Statistics Canada, September 1987b).

Nine (22.5%) of the children had complications at birth requiring neonatal nurseries: three had trouble keeping food down; two had lung and breathing problems: one experienced a seizure almost immediately after birth; one had an unusually high temperature; one had a cystic kidney removed; and the premature twins had multiple problems requiring a six month hospital stay.

None of the mothers had serious complications after the delivery; five had lengthened hospital stays, however, due to uterine infections, infected stitches, and elevated temperatures.

The mothers were asked about the level of medical difficulty they had in caring for their infants during the first six months. Twenty-three of the mothers reported no unusual problems. Three had what they considered severe or very severe problems: the twins required shunt operations; one child has a mild case of Cerebral Palsy and was colic for about four months; and one had severe colic for three and a half months straight. Fourteen considered their difficulties to be moderate, mostly consisting of bouts with

colic, constant ear infections, constant colds, sleeping disorders, and respiratory problems.

Nine mothers indicated continued problems after seven months: the twins; the child with Cerebral Palsy; one developed pneumonia; one had a hernia; one had continued sleeping difficulties; a couple with constant ear infections and one with a benign lump removed from her back.

Immunizations were reported as being up to date in thirty-nine of the 40 babies, and the one that was late was within nine weeks of schedule.

Seventeen of the babies had never had to be rushed to the hospital emergency. Nineteen had gone once or twice; three had 3 to 4 trips; and one (the twins) were rushed more than 5 times to the emergency. The interviewer judged the reasons for 19 of the baby's emergency visit to be fairly normative, but in three cases the emergency incidents might be considered moderate and perhaps preventable with more knowledgeable care.

Contraception

Thirty-three or 82.5% of the respondents were not using any contraception at the time of conception. Thirty-seven of the young women (92.5%) admitted that this was an unplanned

pregnancy, yet only seven took any steps to prevent it. Of those who did not want to become pregnant, 81% did nothing to prevent it.

Reasons for not using birth control varied, with the most common reasons being that sexual intercourse was not planned (n=11); the fact that they did not feel that pregnancy would actually happen to them (the not me expectation, n=10); and that they were afraid or embarrassed to approach their family Doctor (n=4, see Table 6).

As with McDonnell (1981), this interviewer discovered that the term "birth control" was synonymous with the 'pill' to most of these women. When asked what method of birth control they were using now, many attempted to answer in terms of what type of pill they were using. One respondent replied that she wasn't using any birth control and then later on in the conversation she spoke about using a condom. When questioned about the conflicting answers, the respondent explained that she thought that I only meant the pill when I used the term "birth control". It was also noted that three mothers indicated that they did not use birth control because they were told to "take a break from the pill" by their Doctor. In addition, two said that they

Table 6

Reasons For Not Using Birth Control

Reason	N	(%)
Didn't expect or plan to have sexual intercourse	11	34.4
Didn't think pregnancy would happen to her	10	31.3
No reason; just didn't bother	2	6.5
Didn't believe that pregnancy was a possibility for her	4	12.5
Embarrassed or afraid to approach Doctor	4	12.5
Didn't believe birth control was safe	3	9.7
Complications and/or taking a break from the pill	3	9.7
Wanted to get pregnant	3	9.7
Didn't believe using birth control was morally right	2	6.5
Other reasons (partner objected; was planning to but got pregnant too soon; and couldn't afford the pill)	3	9.7

Note: This question was only applicable to the 33 woman who were not using birth control at the time of conception. The numbers do not total 33 as some gave more than one reason why they were not using contraception. The percentage reflects the percentage of these 33 who listed this as a reason. The percentages therefore cannot be summed.

didn't use birth control because they were "allergic" to the pill which the author came to interpret as side effects. Also, the three who were embarrassed to approach their family Doctor obviously didn't select other methods that are much easier to obtain and don't need a prescription. Perhaps the campaign to promote the pill has cast aside consideration for other methods which may be more convenient and more comfortable for this age group.

Of the seven young women who were using contraception during the time they became pregnant, six were using the birth control pill and one was using a condom. Only one of the pill users reported taking it always on schedule; three said they took it mostly on schedule; and two admitted to using the pill irregularly. The one who used a condom said she used them "most of the time".

Current contraceptive use is much higher as 60% or 24 of the 40 woman were using birth control at the time of the interview. Sixteen or 40% were not using any form of birth control. Of these, 3 were currently pregnant, which leaves 13 vulnerable for another pregnancy. Not one, however, was planning a pregnancy during the next year. Abortion was not a popular means of managing an unwanted pregnancy; three of the women indicated that they have had an abortion. With so

few abortions being reported, no sub-analysis of possible correlates (i.e. religion) was feasible.

The mothers were asked how many more children they wanted: 21 wanted one more; 5 wanted two more; and 2 wanted three or more. Twelve did not want another child; however, four of them already had two. The majority of these women appear to have normative expectations of two children families: the 1981 Census shows that the average number of children per family in Newfoundland is 1.7 (Statistics Canada, September 1987a).

Emotional Well-Being

Life Experience.

Seventeen (42.5%) of the young mothers come from homes where at least one adult was always fully employed. Fourteen (35%) came from homes where the main breadwinner was seasonally or periodically employed, and nine (22.5%) came from homes of chronic unemployment. There may be a overrepresentation in the study population from unemployed backgrounds: Statistics Canada indicates that the unemployment rate in Newfoundland for the month of September 1987 was 15.3 (Statistics Canada, October 1987).

The young women were asked to rate their parents marital happiness. Twenty-four (60%) reported that in their opinion, their parents were happily married. Six (15%) indicated that their parents were unhappily married, but stayed together anyways. One said that her parents periodically separated and reunited, and eight indicated that their parents divorced. (This question was not applicable to one respondent as her mother was also an unmarried mother and never married.)

The mothers were asked about parental conflicts: 31 (77.5%) indicated that their parents had occasional verbal disagreements. Five (12.5%) admitted that they witnessed family violence: two reported periodic expressions of physical violence between their parents; and three witnessed frequent and intense physical conflicts. (This question was not answered by three mothers as their fathers left when they were too young to have any recollection.)

Four of the young women (10%) reported that they were physically abused as a child by a parent. Three of them rated the abuse as severe and one rated it as moderate. Interestingly, only one of the mothers who reported violence between her parents indicated that she too was a victim.

One young mother reported that she was sexually abused by her step father. The abuse was progressive to the point

of sexual intercourse occurring over many years. This person left home and subsequently became pregnant.

Sources of Social Support.

Twenty-one (52.5%) of the mothers had one or two family members that they could talk to about their feelings; five reported 3 or 4 members available, and five reported 5 or more. Nine or 22.5%, however, felt that they had no relatives that they could talk to about their feelings (see Table 7).

Table 7

Availability of People To Turn To
(Presented as Percentages)

	None	1-2	3+	Total
Family members to talk to about their feelings	22.5	52.5	25.0	100.0
Family members to turn to for practical help	2.5	30.0	67.5	100.0
Friends to talk to about feelings	10.0	47.5	42.5	100.0
Friends to turn to for practical help	17.5	35.0	47.5	100.0
People available to get together with and have fun	2.5	12.5	85.0	100.0

When asked about the number of family members they could turn to for practical help, (i.e. to baby-sit or run an errand); only one mother indicated that she had no one. Thirty per cent or 12 mothers indicated one or two; 12 indicated 3 or 4; and 15 indicated 5 or more.

Four of the mothers (10%) did not have a friend that they could talk to about their feelings. Nineteen or 47.5% had one or two; 13 or 32.5% had 3 or 4; and 4 or 10% had 5 or more friends that they can talk to about their feelings. Seven (17.5%) did not have a friend that they could turn to for practical help (meaning three mothers felt that they could talk to someone about their feelings but would not ask that person to run an errand for them). Fourteen (35%) had one or two friends that they could turn to for help; nine had 3 or 4; and ten had 5 or more.

Only one mother did not have anyone that she could get together with to have fun. Five had one or two people; 18 had three or four; and 16 had 5 or more.

Nineteen (47.5%) of the mothers went out socially with friends at least once a week. Six (15%) got out once every two weeks; and 15 (37.5%) got out about once every four weeks or more. This high number of mothers able to get out shows the amount of support the young mother has and the number who have baby-sitters in their families.

Ten (32.3%) of the mothers had steady relationships with a male. Three (9.7%) indicated that they dated frequently, nine (29%) occasionally, and nine (29%) never dated. (This question was not applicable to the nine who lived with partners.)

Nineteen (47.5%) had friends before the birth of their child whom they were no longer close to. The reasons varied from "just drifted away but unsure why" (15%); to "nothing in common" (10%); to "just too busy" (10%). Only two mothers (5%) indicated that they were not close to a friend because of the shock at the pregnancy and/or the decision to keep the child and 33 (82.5%) of the women have had the opportunity to make new friends since the birth of their child. This may also be indicative of the relative weakness of stigma in the community against these young mothers.

A list of people was shown to the young mothers and they were asked the likelihood that they would turn to each person for advise, encouragement, understanding and support (i.e. someone they felt really cared). Their own mother was the most frequent person these young woman turned to for emotional support; followed by a female friend; a sister; and the putative father (see Table 8).

Table 8
People Most Often Turned To For Emotional Support

Person	Mostly	Seldom	Never	N/A
Mother	75.0	10.0	10.0	5.0
A female friend (not a U.M.)	60.0	20.0	20.0	0.0
Sister	57.5	15.0	12.5	15.0
A female friend who is an unmarried mother	50.0	12.5	32.5	5.0
The child's father	47.5	12.5	40.0	0.0
A male friend (not P.F.)	30.0	22.5	47.5	0.0
Brother	27.5	32.5	30.5	10.0
Father	27.5	22.5	40.0	10.0
Another relative	22.5	17.5	20.0	40.0
Husband or C.L.	22.5	0.0	0.0	77.5
A Public Health Nurse	7.5	15.5	20.0	57.5
A Social Worker	5.0	7.5	72.5	15.0
A clergy person	5.0	7.5	82.5	5.0
An employer	0.0	2.5	20.0	77.5
A teacher	5.0	5.5	5.5	85.0
Other	5.0	0.0	0.0	95.0

Note: The category of not applicable means that they do not have that person presently in their life; i.e. two (5%) of the adolescent's mothers were deceased and 57.5% (23) did not have a Public Health Nurse.

Eighty-five percent of the adolescents could turn to their mother; (75% mostly, 10% seldom) and only 10% felt that their mother was not there emotionally for them.

Eighty percent had a girl friend to turn to (60% mostly, 20% seldom) and 20% never. The young mother's sister was also a valuable source of emotional support: 72.5% could

turn to her and only 12.5% said they would never. Sixty percent felt that they could turn to the father of their babies for emotional support; but 40% said they would never turn to these men.

Among the professionals, the one most mentioned was a Public Health Nurse. Twenty-three percent (7.5% mostly and 15.5% seldom) felt that they could turn to a Public Health Nurse. Although Social Workers were far more frequent in these young woman's lives, only 12.5% felt they would turn to them. Most of these woman indicated that their Social Worker was their social assistance worker and that "only money was discussed". The mothers did not see them in any additional helping role. Perhaps a sad commentary on the public image of Social Workers; however, the fact that 12.5% did say they could turn to their social worker for emotional support is a base to work from.

Consideration of Other Alternatives.

Seven young women indicated that they had considered the alternative of abortion when they first found out they were pregnant. Seven also considered the alternative of adoption, and four considered placement with a relative or friend. The remainder, as high as 33 (82.5%) did not

consider any alternatives to keeping their child. They were "determined to keep" right from the beginning.

Satisfaction With The Decision To Keep.

Two (5%) of the young women admitted that they sometimes question their decision to keep their child (i.e. that it was the right decision) and one woman (2.5%) said she rarely did. These responses indicate the honesty that some of these women were able to express. Thirty-seven (92.5%), of the young mothers, however, never considered that their decision to keep their child may not have been the right one.

The Adolescent Father.

Twenty-two (55%) of the adolescent mothers knew the putative father for more than one year before they became pregnant. Ten (25%) knew him between 6 to 12 months, and eight indicated they knew the P.F. between 1 to 6 months.

Only two of the father's were not told of the pregnancy. One was never told of the child's existence and one was told only after the child's birth. Of the 38 who were told, 25 (65.8%) agreed with the mother's decision to carry her pregnancy to term; 2 (5.3%) did not agree; 4

(10.5%) were ambivalent; and 7 (18.4%) did not express an opinion.

Two of the fathers "broke off" with the mothers during the pregnancy and lost contact. This left 36 of the fathers who were in contact with the mother at the time of their child's birth.

Of the 36 fathers who were aware at the actual time of the birth, 28 agreed with the mother's decision to keep her child, 5 never expressed an opinion, and 3 were ambivalent.

Seven of the fathers presently live with their child and his/her mother of which four are in a common-law relationship and three are married. Eight are still dating the mothers of their child; 14 occasionally have contact with them; and 10 never see the child or his/her mother. Fifteen fathers (38.5%) are regularly involved with their child, but 29 (74.4%) are still maintaining at least some kind of contact (even if only a letter once a month). Of the fathers associated with this study, 25.6% who were aware of their child's birth have no contact at all with their children. (The one father who is unaware of his child's existence was excluded from all of these questions.)

Of those not living with their child, their participation in decision-making is minimal, even though they may visit. Only 5 of the mothers indicated that the

father was always involved in decisions regarding his child; 6 said sometimes; and 21 said never. The most typical type of decisions for the father to be involved in is the child's name, and birthday and holiday celebrations. Only six of the fathers who were not living with their child were involved in any other type of child care decisions.

Twelve of 32 (37.5%) of the fathers contributed financial support or material goods on behalf of their child. (This excludes the one father who is unaware of his child and the seven who are living with their child, as it was considered as given that they were supporting their child. If we include these seven, of a possible 39, 19 were contributing to the support of their child or 48.7%.) Of the twelve not living with their child, seven contributed under $100 a month (or its equivalent in kind); 4 contributed between $100 & $200 per month; and 1 contributed over $200 or its equivalent a month. In total, 48.7% of the 39 fathers aware of their child's birth were making some contribution.

Of the above 32, (again excluding the eight living with their child, and the one unaware of his child), only 5 were unemployed; 13 were employed regularly; 7 were employed irregularly; and 7 of the mothers were unsure what the putative father's employment status was. Twenty of the

fathers had known income, yet only 12 gave any financial aid in support of their child.

The mothers were asked to rate how concerned they felt the fathers were about their children: 19 (48.7%) were felt to be very concerned; 10 (25.7%) answered somewhat concerned; and 10 (25.7%) felt that the father was not concerned at all about his child.

Identified Problems.

The mothers were shown a list of problems and asked to indicate how serious each of the problems had been for them during the past six months (see Table 9). (As indicated earlier, this list was obtained from Sacks et al. (1982) study of the adolescent mother in Ontario.)

By far the most serious problem was getting enough money to meet expenses: cited by 67.5% of the mothers. Getting free time for themselves was listed by 65%; and arguments with family; loneliness; finding baby-sitters; and continuing their schooling presented problems for 40% of the mothers. These results are similar to the results obtained by Sacks et al. (1982); however, comparison is difficult due to revised categories and dimensions for measurement used in this study (for a summary of their results, see appendix H).

Table 9

Problem Scale (Adapted from Sacks et al. with permission.)

Problems (Ranked)	Moderate to Serious Problem	Not a Problem
Getting enough money to meet expenses	67.5	32.5
Getting free time for yourself	65.0	45.0
Arguments with your family	40.0	60.0
Loneliness	40.0	60.0
Finding baby-sitters	40.0	60.0
Continuing your schooling	40.0	60.0
Arguments with boyfriend or husband	37.5	62.5
Arguments regarding childrearing	37.5	62.5
Finding work	37.5	62.5
Inadequate housing	35.0	65.0
Controlling your child's behavior	27.5	72.5
Your child's behavior	25.0	75.0
Finding a close male friend	22.5	77.5
Arguments with friends	20.0	80.0
Providing for child's material needs	20.0	80.0
Your child's health	20.0	80.0
Opportunity for sexual expression	17.5	82.5
Finding adequate day-care	10.0	90.0
Your health	7.5	92.5
Finding a close female friend	5.0	95.0

A problem score was devised by giving a serious problem a code of 3; a moderate problem a code of 2; and not a problem a code of 1 and computing the sum. The theoretical range is 20 to 60 in this study and the actual range is 21 to 40, with a mean of 27.65. Sacks et al. had a theoretical range of 19 to 95 (they used a 5 point scale: very serious, serious, moderate, mild and not a problem) with a actual range of 20 to 70 and a mean of 34.

Affect.

The Bradburn Scale of Psychological Well-Being was administered to determine whether these women had a negative affect or outlook on life or a positive affect. The mothers varied widely on this scale with the range being from -9 to +11 (the theoretical range is from -15 to +15). The sum of negative feelings is subtracted from the sum of the positive feelings to determine the individual's affect. With the group in this study, the mean result was +1.175; on the positive side, but fairly flat. Sacks et al. (1982) also used this scale to obtain a mean of +3.98; significantly higher than the group in this study ($p < .05$). Sacks et al. interpreted their result to indicate that these women had a fairly positive outlook on life. This sample is not quite so "joyful", but at least they are on the positive side.

Thirteen or 32.5% had, however, a negative score. (In Sacks et al. only 10% had a negative score.)

Self Concept.

The Tennessee Self Concept Scale was also used in this study. This is a self-administered test that took about 15 minutes for these young women to complete. One of the respondents is blind, and with her permission, the researcher read the questions to her and she responded verbally. Her score did not differ significantly from the rest of the respondents and was very close to the population norms, and is therefore included in the analysis.

The "total positive score" is a summation of 9 separate scores and is considered the single most important measure of a person's self concept (Fitts, 1965). The population mean is 345.57 while the mean for this study sample was 332.35; a 13 point difference was observed, however the difference was not found to be statistically significant.

Child Care Arrangements.

Thirty-five (87.5%) of the mothers had primary responsibility for the care of their child. As previously mentioned, two of the children were being wholly cared for by their grandmother, and three of the mothers indicated

that they shared responsibility for the care of the child with their mother (meaning that the grandmother spent a lot of time with the routine care of the child). One of these mothers indicated that the child called his grandmother 'mother', and referred to her by her first name. This appeared to be the exception, however, as the vast majority assumed sole responsibility for their child (87.5%). The amount of help and support received by their families, however, was actually considerable. Even when the mother did not live with her family, she was usually living very close by and was still very much a part of her family of origin's daily lives.

For those who required day-care, which is 15 of the 40, (only those employed or going to school full time), 7 used their own mother, 4 used another relative (usually a sister), 2 used a private baby-sitter, 1 used a friend, and 1 used the putative father. Eleven of 15 (73.3%) relied on relatives for their day-care, and all of them were at least "satisfied" with this arrangement. It is difficult to determine, however, how many of the remaining 25 mothers would be employed or attending school if they had a satisfactory day-care arrangement like these mothers. Almost thirteen per cent previously indicated that lack of day-care was the reason for their unemployment. In addition, 16%

indicated that they couldn't find a job and 25.8% indicated that their job skills were lacking. Presumably, if these young women obtain jobs or enter training schools, day care will then become an issue.

Baby-sitting for evenings and outings (as opposed to daily child care), however, was an immediate problem for 39.5% of these mothers. When asked if they had difficulties finding baby-sitters, 21.1% replied often and 18.4% replied sometimes, for a combined total of 39.5% (the term "rarely" was used in the survey; however, most mothers felt "sometimes" was a more appropriate term.) [5] This result is consistent with a similar item in the problem scale: 40% said finding baby-sitters was a moderate to serious problem for them.

Of those who did not have a problem with baby-sitters, almost all indicated that their mother and/or family baby-sat for them whenever they wanted.

A general question was asked about whether the mothers felt that lack of child care arrangements (meant to be both day-care and casual baby-sitting arrangements) prevented

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[5]The investigator therefore came to interpret the middle value as "sometimes".

them from doing anything; 18 of the women felt that they did: 7 felt that they were prevented from finishing school; 5 felt that they were prevented from finishing work; 14 felt that they were prevented from socializing; and 13 from having private personal time (some respondents indicated more than one area; hence the total does not add up to 18). As noted previously, the higher figures are associated with baby-sitting arrangements in the evening rather than day-care, indicating that this was a more immediate problem for these mothers.

Advice and Comments

At the end of the interview, the adolescents were asked to rate their overall experience as a mother. Thirty-one (77.5%) said that they felt that their experience of motherhood was "very rewarding" and 9 (22.5%) felt that it was "rewarding". Their advice to adolescents who find themselves pregnant is not so optimistic, however: while 10 of the mothers would advise the teens to definitely keep their child; three warned the teens to at least strongly consider adoption as an alternative; 11 of the mothers warned that they should not attempt to raise the child

themselves and that they really needed support; and 14 of the mothers gave other qualified cautions, examples of which are listed in Table 10.

Table 10

Examples of 'Other' Advice to Pregnant Teenagers

1. "Keep your child as long as you are willing to give your child everything, otherwise don't bother. I see young mothers that are so immature and it worries me."

2. "Make sure you really want a child before you go ahead and have it, otherwise you'll take your spite out on him."

3. "Try to get your life together first. Know what you are getting into. It's tough."

4. "You've got to give up your life to have a baby. It's hard."

5. "Don't get pregnant unless you really want a child. Be careful when thinking about your decisions."

6. "Don't get pregnant a second time! One is enough!"

7. "Don't let anyone pressure you, make your own decision."

8. "Stay in school if at all possible."

9. "Depends on the girl: some can handle it; some can't."

10. "If your're between the ages of 14 & 17, you should either have an abortion or give it up for adoption, otherwise it'll be a baby raising a baby and that's not right."

11. "It's a lot of responsibility. You'd better be prepared."

Following are some examples of advice from mothers indicating the need for support:

"There is a lot of work to raising children. Having support really helps."

"It's hard, especially if you don't have your boyfriend for support."

"You need support, a good financial situation, and baby-sitters to have a baby."

"If your parents are there for you, go for it. If you don't have help however, it will be very difficult."

"Don't try to live on your own. Make sure your parents are there for you if you are going to keep."

"It depends on your home situation; if you have a supportive situation, it's okay."

"You're better off to stay with your parents if you get along with them."

Examples of advice from those recommending a strong consideration for adoption:

"If I had to go through it again, I don't think I would have kept her because there is so much else I could have done with my life."

"If you want to go to school or make something out of your life, you might as well give it up for adoption"

The advice demonstrates the maturity of the group as well as the honesty and directness of some. Following are some of the positive comments:

"It [single motherhood] has made me a stronger person because I only had myself to rely on. I have no regrets whatsoever."

"Don't give up. You can do it on your own if you really try."

"It's a good experience, but you have to go through some tough stages."

"It's tough, but if you put your mind to it, it's worth it."

Others continued their words of caution in the comments section:

"If you are under the age of 18, try to get your life together before you take on someone else's."

"I don't regret having my daughter, but if I had to do it again knowing what I know now, I'd have her at a later age."

This last comment, in the author's opinion, sums up the feelings of most of the young mothers in this study: that they wouldn't give their child up for anything because they

have really grown to love them, but, if the clocks could be turned back, they would have delayed the timing of the birth a few years until their own life was more settled. Many of them never realized both how rewarding and demanding motherhood could be.

Associations Between Variables

Inferential statistics were used to explore the relationships between certain variables. Because of the presence of ordinal data, the Mann-Whitney U test was used to compare ranks. This nonparametric test is especially useful because of the small sample size and the moderately skewed distributions (Norusis, 1983).

The Chi-square test was used to compare observed frequencies with expected frequencies to determine if the differences were due to chance or not. The Chi-square test was used when nominal data existed (Byrkit, 1972).[6]

Results show that the problem score was not significantly related ($p < .05$) by marital status; however,

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[6]Much appreciation and thanks goes to Sharon Tiller for her expertise with the SPSS program, her statistical knowledge, and her helpful consultation.

significance was approached: the mean rank for the single mothers was 22.05 and for those with partners it was 15.17. A significant relationship may be established in a more controlled study and should be explored in future studies. Neither the self concept score nor the affect score (the measure of psychological well-being) were significantly affected by marital status or by religious preference.

There was not a significant difference between those who lived with parents or partners and those living alone in regards to their problem score or their affect score. There was a significant difference ($p < .05$) between the self concept scores of those living with their parents or partners as opposed to those living alone at the time of the interview: 17.94 vs. 24.34. Initially, it appears that those living alone have significantly higher self concept scores then those living with either their parents or partners; however, when we compare the mean ranks of those either common-law or legally married versus those single, the married respondents have a higher self concept mean rank than those who are single: 19.82 vs. 22.83. Therefore, further analysis was done to determine if there is a significant difference between those living with parents and those living with partners. The results show that there is a significance difference ($p < .05$) between these two groups;

those living with partners have a significantly higher self concept mean rank than those living with parents: 19.72 as opposed to 12.03. It appears then, in the final analysis that those who are still living with their parents have lower self concept scores than those living independently or those living with a partner.

The problem score, the affect score, and the self concept score were not significantly associated with the mother's experience of support during labor. Likewise, none of these scores were significantly associated with the mother's experience of a broken home versus being raised by two parents. In addition, the self concept score was not significantly influenced by the mother's rating of her parent's marital happiness, nor their level of conflict.

The problem score and the affect score were not associated with the mother's feelings that they had relatives to turn to for emotional support. The self concept scores, however, were significantly different ($p < .05$): those mothers who did not report any relatives available to turn to for emotional support had significantly lower self concept scores than those who indicated that they had relatives to turn to for emotional support. Interestingly, the presence of relatives to turn to for emotional support was not significantly correlated with living arrangement.

Even those who did not actually live with their parents still received valuable emotional support from them.

The affect score and the self concept score were not significantly related to the mother's dating activities.

The self concept score is, however, significantly associated ($p < .05$) with their education level. Those mothers who had a high school diploma or higher had significantly higher self concept scores than those without a high school diploma or its equivalent.

Self concept was not influenced by whether the mothers came from families that relied on social assistance, nor whether the mothers were presently receiving social assistance. However, the affect scores of those receiving social assistance were significantly lower ($p < .05$) than those not receiving social assistance.

The affect scores were not significantly influenced by the difficulty in getting sitters, nor by whether the mothers were employed or not. The self concept scores were not significantly influenced by those who were employed or not, nor by a life experience which included coming from families where unemployment was a problem.

Religious preference was not associated with differences in the use of contraception.

Living with parents was not significantly associated with how frequent the mothers were able to get out to socialize.

A significant correlation was not found between problem score and age, nor between problem score and affect score.

It should be noted that although they were not significant, many of the statistical tests indicated relationships in the expected direction (or at least supported by the literature). For example, even though the problem score was not significantly affected by living arrangements, those who lived with parents or partners had a lower mean rank than those who lived alone: 18.73 as opposed to 23.16. And those who had no support during labor (indicating aloneness) had a higher problem score mean rank than those with support during labor: 18.48 as opposed to 21.67. The affect score mean rank was also lower among those who went through labor alone: 13.58 as opposed to 20.05. In a more controlled study, these might achieve statistical significance and therefore warrant further study. Other results, although not statistically significant, but supported by the literature, included: those who were employed had a higher affect score mean rank than those unemployed: 23.11 as opposed to 19.74. Those who had difficulties finding a baby-sitter had a lower affect score

than those who did not have difficulties: 17.93 as opposed to 20.52. And those who had no relatives to turn to for emotional support had a higher problem score mean rank than those who could turn to relatives for emotional support: 23.78 as opposed to 19.55. A larger sample size and a more controlled study may confirm significant relationships among these variables.

An unexpected result, while not statistically significant was that those who indicated that they never dated had a higher self concept mean rank than those who did: 19.56 as opposed to 14.55. A review of the actual cases, however, gives the impression that these women did not dislike males, nor were they turned off by their experience; simply that they were no longer going with the putative father and had yet to establish a relationship with a new male friend.

This study's mean on the affect balance score was found to be significantly different ($p < .05$) than Sacks et al.'s mean (1982). The means of +3.98, ($n = 50$; Sacks et al.) and +1.175 ($n = 40$; this study) are statistically different.

This study's mean on the self concept test, 332.35, is not significantly different from the population mean of 345.57 even though there is a 13 point difference. If, however, the population norm is a true measure of

centrality, one would expect 20 of the mother's scores in this study to fall above the population norm, and 20 to fall below. What is actually the case, however, is that 26 scores fall below the mean and 14 fall above the mean. While we can't conclude that these observed differences are significant, this would be something to explore in a more controlled and larger study.

In summary, the self concept score was significantly associated ($p < .05$) with living arrangement; was different based on whether or not the mothers had relatives to turn to for emotional support; and was associated with their educational achievements. The affect score (measure of psychological well-being) was significantly associated ($p < .05$) with dependence on social assistance.

Chapter 5

Discussion

A Profile of the Unmarried Adolescent Mother in St. John's

In this study, the unmarried adolescent mother can be described on a number of dimensions.[7] The adolescent mother in St. John's is on average 17 years old at her first child's birth. By the age of 19, most are still unmarried; the few that did marry often married the putative father. In Newfoundland, these mothers are Protestant or Catholic, with the majority being the latter. It could be argued that this overrepresentation of Catholics may be indicative of their Church's stand on abortion. MacDonnell (1981) also found a greater Catholic representation in her Nova Scotia sample

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[7]Other studies that may be used to compare and contrast these findings in St. John's are integrated throughout the discussion for purposes of analysis. The author believes, though, that the generalizability of the St. John's results is limited and that assessment profile studies, while useful for comparison purposes, need not be widely generalizable. If any generalizations are supportable beyond St. John's, even in a modest fashion, it would be only to the island of Newfoundland.

and felt that probably fewer abortions meant more pregnancies are brought to term in this religious denomination. Just over half of the mothers report religion as being at least important in their lives with the remaining reporting that religion is not important.

The unmarried adolescent mother in St. John's is Caucasian and was usually born in the city. Three-quarters of them were raised by two parents until the age of 13, however, forty per cent experienced family breakups by the end of their teenage years.

The living arrangements of the unmarried adolescent mother in St. John's varies. Approximately two-fifths live with their families, two-fifths live independently and one-fifth currently live with spouses. The majority of those who leave home do so because of a planned move towards independence. None, in this study, could be described as being forced to leave because of anger or stigma due to the out-of-wedlock pregnancy. These adolescent mothers mostly live in basement apartments and have usually moved at least once within a year to find appropriate accommodations; some have moved as many as three times in eighteen months. The amount of space, the cost, the location, the bathroom facilities, and the physical conditions of the premises are unsatisfactory to one in ten of these mothers.

Almost three-quarters of the mothers do not have a high school diploma or its equivalent. Only a very small minority are currently trying to correct this; the double responsibility of both mother and student and the lack of daily baby-sitters prevent them from continuing. A review of Moore's et al.'s data (1979) & Card & Wise's data (1978), illustrates that this is more than a temporary setback to their education; most will never obtain their high school diploma.

The majority of the mothers are unemployed. Those few that are employed are often in temporary jobs in the clerical, sales and service groups. The desire to remain home with their children accounts for one aspect of unemployment; the lack of sufficient job skills and training is the main reason given for unemployment problems.

Almost three-quarters of the mothers depend on Social Assistance as a source of income. More than eighty per cent have collected this assistance for at least some time since their child was born. One must consider also that one-half had a history of their families needing Social Assistance. Only a very small minority rely on their own employment income.

The majority of the mothers obtained frequent medical care from their physicians during their pregnancy but only a

minority attended pre-natal education classes. Many didn't believe the classes were really necessary and many expressed that "they couldn't be bothered to attend". One in ten had what they would classify as severe complications of pregnancy and approximately one in four had moderate complications.

These adolescent mothers are more likely, to a small degree, to have a premature baby than the general population of women who give birth. It should be recognized, however, that the majority of their babies are born at term. In addition, the adolescent mother is more likely to have a baby that weighs less than 2500 grams than in the general population of mothers who give birth. Once again, though, the majority still weigh 2500 grams or more at birth.[8]

The adolescent mother is also more likely than the general population of women who give birth to deliver by Caesarian Section; one in five mothers in this study had this operation. Of those who delivered "naturally", the

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[8]The reader is advised that prematurity is often defined in the literature as a combination of the number of weeks of completed gestation and the baby's birthweight. A baby under 2500 grams is considered premature. A baby born between 20 and 36 weeks is also considered premature, but at 37 weeks or more, they are not considered premature unless their birth weight is under 2500 grams (Lauersen, 1983).

majority received support from their mother, the putative father or a sister during the labor and delivery.

Most of the babies are healthy at birth and continue to be so. The unmarried adolescent mother is conscientious about her child's immunization schedule but a few may be prone to hospital emergency visits that would be perhaps preventable with more knowledgeable or careful care.

The vast majority of these pregnancies were unplanned. Four out of five, however, did not use any form of contraception. Most of the mothers didn't expect to have sexual intercourse or didn't think pregnancy would actually happen to them. The majority of the mothers think the term 'birth control' is synonymous with the 'pill' and they rarely use any other method of contraception. Only three out of five currently use contraception which leaves many vulnerable for another pregnancy, given that the majority have male friends. The majority of adolescent mothers in St. John's want only one more child; however almost one in five are currently pregnant again or already have had another child.

One in five of the mothers come from homes of chronic unemployment; however, the majority feel that their parents were happily married and only a minority report expressions of physical violence between their parents. Ten per cent of

the mothers were physically abused as a child and only one in forty acknowledged having experienced sexual abuse.

Three quarters of the mothers feel that they have at least one relative to talk to about their feelings and almost all have relatives that they can turn to for practical help. The feeling of having relatives available to turn to for emotional support is not dependent on living arrangement. The majority of the mothers also have friends available to turn to for emotional support and for practical help. Nearly half of the mothers are able to get out socially at least once a week -- mostly due to the availability of relatives to baby-sit.

Only one in twenty of these mothers had friends prior to their child's birth whom they were no longer close to due to their out-of-wedlock pregnancies. Rarely do any of these mothers express any stigma due to their status as an unmarried adolescent mother. Three-quarters of them have steady relationships with males or date occasionally.

The person that these mothers most often turn to for emotional support is their own mother; followed by a female friend who in not an unmarried mother; a sister; a female friend who is an unmarried mother and the putative father. Professional people are at the bottom of the list for these women to turn to, but the most frequently mentioned is a

public health nurse with the social worker being the second choice.

Most of these women made the decision to keep their child right at the beginning of their pregnancy, and few considered other alternatives.

More than half of the mothers knew the putative father for at least a year prior to becoming pregnant. Just over one third are still romantically involved with the putative father. Three-quarters of the fathers have at least some contact with their children, even if only in the form of a letter once a month. Few fathers are involved in decisions regarding their child's care. Approximately half of the fathers contribute at least some financial or material help in kind, on behalf of their child. Given the lack of precise information on the father's income, it is difficult to comment on the significance of this number. Almost half of the mothers felt that the fathers are very concerned about their children and only one quarter feel that the fathers are not concerned about their child.

Problems do exist for many of these mothers, both in terms of practical problems: money, baby-sitters, & schooling, and emotional problems: arguments and conflict, relationships, & loneliness. By far the most serious

problems are perceived as getting enough money to meet expenses and finding free time for themselves.

The unmarried adolescent mother in St. John's has a fairly flat affect and related outlook on life. Also, the affect scores are significantly lower among those who rely on Social Assistance for their income.

The adolescent mother also has a marginal self concept with over sixty per cent of them being below the population norms. The self concept is significantly lower among those with no relatives to turn to for emotional support; those without a high school diploma or its equivalent; and among those who are still living with their parents. This latter group may have had lower self concepts than the rest of the group to begin with and therefore may be less likely to establish a residence of their own. Perhaps, however, their low self concept is a result of having to rely so much on their parents for help; feelings about not being able to make the grade on their own. This should be explored further.

The majority of the mothers have primary responsibility for the routine care of their child; however, the number that receive valuable assistance from their families is substantial. Even those mothers who do not live with their families usually live very close and rely on their families

for support, especially with child care. As a result, only two in five have difficulties finding baby-sitters. This assistance from families is not considered unusual in Newfoundland as it is widely believed that "family ties are probably stronger in St. John's than in most North American cities" (House, 1983, p.113). As so few of the mothers are presently attending school or working, daily child care arrangements are yet to be a major problem for many of these mothers. Presumably, this may become an issue in a few years as more enter paid employment or formal education.

Approximately three-quarters of the mothers find the experience of motherhood to be very rewarding, however almost all have strong words of caution to teenagers to seriously consider the implications of having a child at such a young age. The general theme among these mothers is that while they love their child more than anything, they would have delayed the timing of their birth until their own life was more settled.

Implications for Professionals

In the most general sense, it is hoped that the profile and observations given above assist professionals in their "psychosocial" assessments of the adolescent mother.

Following are some specific recommendations for professionals.

Assessment.

During the assessment, focus should be placed on those areas that were identified as high ranked problem areas by the respondents in this study: finances, baby-sitting arrangements, education, arguments and conflict, relationships, and loneliness. Professionals should be concerned when they are aware of a poor financial situation, little education and an inadequate support system. These factors should be identified and assistance should be offered to prevent serious problems later on.

Assessment of the pregnant individual should also involve where at all possible the families of the pregnant adolescent, especially the adolescent's mother. These adolescents rely heavily on their own families for emotional and practical help; therefore, an assessment of the family strengths and ability to help is necessary. In addition, the putative father should be included in the assessment as he is usually involved in the adolescent mother's life and can be an important source of both emotional support and financial assistance.

There is some evidence to suggest that among the mothers in this study, there is an overrepresentation from homes where the marriage dissolves during the mother's teenage years, and among those from homes where unemployment is a problem. Professionals, especially school social workers should be alerted to the possibility of a unwanted pregnancy for those teens that are experiencing family dissolution or parental unemployment. While this author does not believe that anything "pathological" is happening among these young women, perhaps the energies of her parents are being diverted to the unemployment crisis or the marriage crisis instead of being alert to the adolescent experiences and needs of their daughter.

Counseling.

Individual counseling is needed for some mothers, especially for those who express some ambivalence about their decision to keep their child: those with negative affect scores; high problem scores; and low self concept scores. It is apparent that many of these women need much more than financial assistance - social workers are required to provide counseling where needed.

Some counseling and education of the family may be in order. The putative father should also be included in the

ongoing counseling. Earls & Siegel (1980) suggest that if an attempt is not made to engage these fathers, then we can hardly wonder why they do not become involved. The counselor should help to mobilize whatever resources and support these fathers might offer. This author recommends a separate study to explore the questions: 1. What support can be reasonably expected from the putative father? and 2. How can we facilitate achieving this active support?

Practical assistance to those who have chosen to keep their children is definitely needed. Finding a place to live, continuing their education, finding day-care, learning how to budget, and child care knowledge are needed.

Policy and Program Development.

A close scrutiny should be made of all policies to ensure that adolescents that choose to stay with their families are not penalized. For example, a mother under the age of 18 may not apply for Social Assistance in her own right if she is living with her parents. The family head has to qualify with the adolescent mother and the grandchild as dependents. Many of the parents of these adolescents are barely making ends meet on their own and the extra expense of a grandchild cannot be met even though they do not fall within the designated eligibility requirements for Social

Assistance. The author had several parents and adolescents indicate that the teenager and her child would have to move out on their own for the sole reason of being able to qualify for social assistance. If the adolescent is not emotionally ready for this move, she and her infant could be at risk. The Department of Social Services indicates that they do have exceptions to this rule and that under special circumstances some adolescents under the age of eighteen can be assisted in their own right while still in their parents home. The policy regarding special circumstances appears to be informal, however, and several of the respondents and their families in this study indicated to the interviewer that different offices and different financial assistance workers interpreted these circumstances differently.[9]

It is also apparent that these young mothers often have a fairly flat affect and related outlook on life, especially those who rely on social assistance. This apparent relationship between Social Assistance and emotional well-being accentuates the importance of a proper education

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[9]The author confirmed the Department policy in a telephone interview with a financial assistance intake worker in the Department of Social Services. The comments about the end results and interpretation of this policy are observations by the respondents and their families only.

to lessen the need for Social Assistance. In addition, self concept is especially low for those with no relatives to turn to for emotional support and for those without at least a high school diploma. Again we observe an important relationship between education and a sense of well-being. A lack of education is associated with a lower self concept and affect among these adolescent mothers. It can lead to unrewarding and low paying employment, a life of poverty, and hopelessness. It appears that education is one of the most important areas in which these mothers need help. It has been shown that unless some affirmative action takes place, these young woman may never catch up with their classmates and few will get beyond the level they were at when they became pregnant (Card & Wise, 1978; Moore et al., 1979). Education grants or loans should be provided to adolescent mothers who are willing to return to school. This must go hand in hand with affordable and reliable day-care which includes infant care. If the adolescent mother has to wait until her child is three years old to be eligible for day-care, it is likely that too much time has passed for her to still be motivated to attend high school.

Consideration should also be given for the provision of a special education program for adolescents mothers that has

on-site day-care such as Terra: The Association For Assistance To Unwed Mothers in Edmonton, Alberta. Not only are the mothers able to finish their high school, they do so in an understanding and accepting environment that realizes the pressures and problems of being a mother, a student, and a teenager. Child care education is included in the curriculum and breast feeding, which may help promote mother infant bonding, is achievable because of the on-site child care facilities. Peer group support is also available and social activities and the presence of other mothers helps to relieve loneliness and isolation.

Social workers may facilitate the development of community self help groups. Mothers can exchange child care knowledge, discuss mutual problems, provide social-emotional support and methods of coping, offer advice, and set up cooperative baby-sitting. Through peer support, these groups could reduce loneliness and bolster self confidence. The recreational, social, and educational aspects of a group such as this would be expected to promote the overall emotional well-being of the adolescent mothers.

Results in Context.

While the results do not, in a direct sense, suggest preventative education, family life education, or

contraception education, they must be considered within the context of social programs. As the vast majority of these pregnancies are unplanned, prevention is the place for concerned professionals to begin. Prevention means sexuality education including contraception education. If the average age for sexual intercourse is approximately 16 years old, then education must start far below this age. Contraceptive education should include information on various types of methods, including how and where to obtain them. Birth control devices such as the condom and contraceptive foam may be more realistic for this age group as they can be obtained simply and cheaply. It is important to inform adolescents that the Planned Parenthood Association of St. John's is available for confidential sexuality and contraception counseling.

A comprehensive sexuality program or Family Life Education Program must be taught in the schools at a very young age to help children to understand about their sexual selves. Learning to be responsible and comfortable with their sexual feelings, sexual expressions, and intimacy, could take away much of the mystery and confusion that surrounds sex today, and may reduce the number of unwanted pregnancies. The major reasons for not using birth control among the respondents in this study were because of reasons

of embarrassment at discussing the subject with their Doctor and because they did not think that pregnancy would actually happen to them. These responses indicate that much work is still to be done in Family Life Education. Adolescents should be taught that it is okay to say "no" to sex until they feel emotionally ready and have taken steps towards responsible contraception. Family Life Education should be ongoing, frequent and consist of progressive levels. Accounts from experienced teenagers would probably increase the impact of education. This study identified a number of key areas to consider in education:

- the general topics of sexuality and intimacy;
- contraception methods other than the "pill";
- the attitude that "I won't get pregnant, it only happens to others";
- the impact an early pregnancy has on education, employment, and life opportunities;
- the demands of single adolescent motherhood;
- potential sources of informal and formal support systems;
- medical information such as nutrition, delivery, etc.

It should be noted that although difficulties existed for many of these mothers, the interviewer was impressed

with several of the adolescents who were coping very successfully as mature and responsible parents. These mothers should be commended for their success stories of being able to take an unplanned pregnancy and persevere to create a happy and healthy environment for their children. It is apparent that with a combination of adequate support and determination, these adolescents and their children can lead happy and successful lives. Both Social Workers and adolescent mothers have a good deal to learn regarding positive and effective coping responses. This would be an interesting study in itself.

Method, Design & Procedural Limitations

This study was based on a sample from only one of the two hospitals in St. John's and may not be representative of adolescent mothers who deliver at other hospitals. As it is an urban sample, it may be only modestly generalizable to the population of adolescent mothers outside of St. John's. The results of an assessment profile study such as this could not be interpreted as being representative of adolescent mothers in the rest of Canada.

This study focused on several problems as they relate to the needs and situations of unmarried adolescent mothers.

It is important to understand, however, that their peers, other adolescents who are not pregnant, may suffer from many of the same problems, especially if they are forced at a young age into independent living. While understanding that some of the concerns identified for the teen mother are not unique and may well be shared by other teenagers, the intent of this research study was to focus on these problems as they relate to the needs and situations of the unmarried adolescent mother in St. John's, Newfoundland. Comparisons with other adolescents, i.e. those who are not pregnant, is not feasible and was not intended.

The face-to-face interview format was especially helpful in this study as it allowed the researcher to obtain a richer understanding for the situations of these mothers and gave the mothers the opportunity to clarify their responses at length. The last few open-ended questions brought forth significant rich material. The closed questions, based on empirical findings to date, allowed for the collection of a good deal of comparative information.

As this was an ex post facto study, the potential subjects were not interviewed at the time of delivery to enlist their cooperation with the study. If the interviewer had been able to see each of them at that time and obtain their consent for a follow-up study a year after delivery,

perhaps the refusal rate may have been lower and those who were unable to be contacted would have been easier to find as they could have alerted the interviewer to their moves or correct addresses.

The survey was fairly lengthy but it went very smoothly during the actual interviews as the single researcher became very familiar with the material. In retrospect, there are several questions in the survey that could use rewording:

- The responses in question 18: How many brothers and/or sisters do you have?, should have each variable as only one number because having one sibling is different than having three siblings, yet this is presently indistinguishable.
- The list of reasons for not using birth control should be expanded to include: - too embarrassed or afraid to approach family Doctor.
- For questions 187 to 195, the instructions should read: "If you are not attending school <u>now</u>, why not?"
- Question 211: What was your income last month from all sources? should be clarified to include money for rent that may be paid directly from the Department of Social Services. As it reads now, there is a built in error in estimating the mother's income, as some mothers must pay rent out of the income they reported, but some do not.

- Question 215: How many hours do you spend just playing and having fun with your child? is more appropriate for children of at least the toddler stage. Many mothers had difficulties with this answer in that playing with an infant is hard to define.
- Questions 218 to 224 should be answered by all mothers to assess the degree of satisfaction with their child care arrangements, not just the ones who reported dissatisfaction in the previous question.
- The middle value of question 225 should read sometimes, not rarely.
- Questions 226 to 231 should be combined to read: Are you prevented from doing any of the following because of lack of child care arrangements? and then each should be listed with the responses often, sometimes or never.

Given the exploratory nature of this study and its major goal of providing an assessment profile, it is limited in that some sub-analysis, which may be worthy of study in future studies, were not examined in detail. Among these include: a more detailed analysis of those respondents that were married at the time of the interview; and an analysis of those that had a second child or were pregnant again at the time of the interview.

Summary

As anticipated, this exploratory/descriptive survey has identified the life situation, personal problems, and personal characteristics of the unmarried adolescent mother in St. John's. This profile will aid professionals in their assessment, counseling and social support actions. If the current trend to remain single for a number of years continues, this group of adolescent mothers will soon become a prevalent group in Canadian Society. Now is the time to address their problems and ensure a better future for these mothers and their offspring. Social work responsibilities in this area include:

- preventative education;
- adolescent counseling;
- counseling pregnant adolescents;
- counseling putative fathers;
- parenting skills education;
- social-emotional support;
- post-delivery support, advocacy, and counseling;
- facilitating instrumental support and social assistance;
- improving and developing policies and programs.

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Appendix A

Initial Contact Letter

July 21, 1987

Subject's Name
Address

Dear

I am contacting you on behalf of Sheila Richler, a professional Social Worker, who is completing graduate studies at Memorial University. Sheila has been working in the Social Work Department at the _____ Hospital and is doing a study to find out more about the experiences of young unmarried mothers.

Your name and address were selected scientifically from the list of referrals to our department. Your medical chart was not consulted. Sheila has developed an interview which will allow you to discuss your feelings and experiences of motherhood including your life experience, your living arrangements, education and employment opportunities, child care arrangements, and your personal problems. She will be writing a research report with the information she collects for the purpose of understanding the situation and problems of young mothers.

Sheila needs your help to complete her research which will provide information to enable us to help other mothers in your same situation. A worker from our department will contact you in about a week to obtain your permission to arrange for an interview.

If it is not possible to contact you by phone at _____ which is in our records, then please return the attached form in the enclosed self-addressed stamped envelope indicating how you can be reached.

Thank you for your anticipated cooperation.

Sincerely,

_____, M.S.W.
Director,
Social Work Department

Appendix A (continued)

Enclosed Response Form

I, _____ agree to participate in your study
[name]
and can be reached at _____.
[telephone number]

_____(Signature)

Appendix B

Respondent Contact Record

Respondent's Name:_____

Date of Contact:_____
Time of Contact:_____

Hi. I'm _____ of the _____ Hospital. Did you receive a letter from _____, the Director of our Social Work Department regarding a study being conducted by Sheila Richler?

If yes.. May I remind you of the purpose of the study:

> **The purpose of this study is to understand the life situation, personal problems, and personal characteristics of young mothers in St. John's including life experience, living arrangements, education and employment opportunities, child care arrangements, social supports, and emotional and physical well-being.**

Consent:
Do you agree to participate and allow Ms. Sheila Richler to call you to arrange for an interview?
Yes_____ No_____

Signed:_____
Contacting worker

[If respondent has not received the letter, please read it over the phone and then ask them if they agree to participate. If respondent no longer lives there, please attempt to obtain their new phone number or address and locate them there.]

THANK YOU!

Appendix C

Follow-up letter

September 10. 1987

Name
Address
City
Postal Code

Dear

Since our letter of July 21, 1987, we have been unable to contact you by telephone in reference to Sheila Richler's study about young mothers.

We are making a special request to you to consider helping Sheila to complete her project. Each of you will make a difference. The interview will take less than an hour and can be completed at your convenience in your own home or anywhere else you desire.

Your answers will be completely confidential and your identity will not be revealed. This study is being conducted for a university thesis. The interviewer has no connection with the Department of Social Services, nor will they have access to any of your individual answers.

Please help Sheila to finish this project and obtain the required number of interviews. Thirty young women have already participated, but she needs your help also. Return the self-addressed stamped envelope indicating whether or not you will assist her, or phone the undersigned at 778-6470. If you do not wish to participate, please let us know so that we don't continue to try to contact you.

Sincerely,

_____,
_____Hospital

Enclosure: Response Form

Appendix D

Letter to Refusals

September 15, 1987

Name
Address
City
Postal Code

Dear

Attached please find a letter I am forwarding to you on behalf of Sheila Richler, the university student who is conducting the study I have spoken to you about.

Sincerely

_____,
_____Hospital

Appendix D (continued)

September 15, 1987

Dear Mothers,

I have been informed that some of you have refused to participate in my study on young mothers in St. John's. While I recognize that this is your right to do so, I have discovered during the course of my interviews that some mothers have been confused about the nature of my study. I am a university student at Memorial trying to complete a graduate thesis. I have no connection whatsoever with the Department of Social Services and they will not have access to any of your individual answers. All your responses will be strictly confidential and your identity will not be revealed.

Thirty-one mothers have already completed the interview and most of them indicated that they enjoyed the experience. Many said that they felt good about having contributed to something that can help other mothers. Several commented that the questionnaire was simpler than they expected requiring only yes and no answers or short responses.

I am making a special request to you to consider helping me to complete my project. Each of you will make a difference. The interview will take less than an hour and can be completed at your convenience in your own home or anywhere else you desire.

If you will reconsider assisting me, please call me at 722-8961, day or evening. I would really appreciate your help and those future mothers that benefit from my findings will also be very grateful to you.

Sincerely,

Sheila Richler
University Student

Appendix E

Survey Consent Form

I, _____ have been advised that the purpose of this study is to understand the life situation, personal problems, and personal characteristics of young mothers in St. John's including life experience, living arrangements, education and employment opportunities, child care arrangements, social supports, and emotional and physical well-being. I understand that Sheila Richler will be writing a research report with the results of the study and that the data will be summarized such that I will remain anonymous. I also understand that I consent to participate in this study of my own free will and that I can discontinue my involvement at any time. I understand that I can ask for a summary of the results of the study upon completion.

I understand that Sheila Richler is a professional Social Worker who is completing graduate studies at Memorial University and that this study is being conducted under the supervision of Dr. Dennis Kimberley, Associate Professor, School of Social Work, M.U.N.

Signed: _____

Date: _____

Appendix F

Adolescent Mother Survey

Date: _____

___001) Interview No:_____

___002) Card No:_____

A. Demographic Information

First, I would like to ask you some general questions about yourself and where you live.

___003) What was your age at your last birthday? _____

___004) What is your first child's age in months? _____

___005) What is your second child's age in months?_____ (9)

___006) Is your first child 1. male; or 2. female?

___007) Is your second child 1. male; or 2. female? (9)

___008) What is your current marital status?

1) Single (never married) ___Skip to question 013

2) Married

3) Separated

4) Divorced

5) Common-law for 12 or more consecutive months

6) Common-law for less than 12 consecutive months

7) Widowed

___009) If married, how soon after [name's] birth did you get married? (in months) _____ (9)

___010) Did you marry:

1) The father of your child?

2) Someone you knew prior to your child's birth?

3) Someone you met after your child's birth?

4) Other; Specify:_____ (9)

___011) If you are in a "common-law" relationship, is it with:

1) The father of your child?

2) Someone you knew prior to your child's birth?

3) Someone you met after your child's birth?

4) Other; Specify:_____ (9)

___012) If separated, divorced, or widowed, for how long were you married? (in months) _____ (9)

___013) Do you have plans to marry one of the following during the next year?

1) The father of your child?

2) Someone you knew prior to your child's birth?

3) Someone you met after your child's birth?

4) Other: Specify:_____ (9)

5) No plans for marriage

___014) If you do have plans for marriage, is it:

1) A Formal engagement or

2) An Informal engagement (9)

___015) What is your religious preference?

1) None

2) Catholic

3) Jewish

4) Protestant; Specify:

a) Anglican e) Pentecostal

b) Salvation Army f) Mormon

c) United Church g) Baptist

d) Presbyterian

5) Other Specify:_____

___016) How important is religion in your life?

1) Very important 3) Not important

2) Important

___017) What is your racial origin?

1) Caucasian 3) Oriental

2) Black 4) Other: Specify:_____

___018) How many brothers and/or sisters do you have?

1) None 3) 4 or more

2) 1-3

___019) What is your birth position in the family?

1) One of the eldest 3) One of the youngest

2) Near the middle 4) Only child

___020) Where were you born?

1) St. John's

2) Somewhere else in Nfld

3) Somewhere else in Canada

4) USA

5) Other: Specify:_____

___021) Between the ages of 0-13, were you raised by at least one natural parent?

1) Yes 2) No

3) Other arrangement; specify:_____

___022) If yes, was it primarily

1) Your mother;

2) Your father;

3) Both parents together?

4) Other arrangement; Specify:_____ (9)

___023) If no, were you raised

1) By adoptive parents;

2) By a relative; Specify;_____

3) By a neighbor or family friend;

4) In foster care;

5) In a group home?

6) Other arrangement; Specify:_____ (9)

___024) After age 13, were you raised by at least one natural parent?

1) Yes 2) No

3) Other arrangement; Specify:_____

___025) If yes, was it primarily

1) Your mother;

2) Your father;

3) Both parents together?

4) Other arrangement; Specify:_____ (9)

___026) If no, were you raised

1) By adoptive parents;

2) By a relative; Specify;_____

3) By a neighbor or family friend;

4) In foster care;

5) In a group home?

6) Other arrangement; Specify;_____ (9)

Note:_____

_____

B. Living Arrangements

Now, I'd like to ask you some questions about your living arrangements.

___027) Are you and your child living with your parents?

1) Yes

2) No

___028) If yes, rate your level of satisfaction living with your parents:

1) Very satisfied

2) Satisfied

3) Not satisfied (9)

[Skip to question 034]

___029) If you are not living with your parents, did you leave home;

1) before you became pregnant; or

2) after you became pregnant? (9)

Note:_____(specify age)

___030) Did you leave home;

1) as a result of a planned move towards independence

2) because of difficulties in the home? Explain:

_____

3) Other reason; explain:_____(9)

___031) If you are not living with your parents, are you and your child living alone (i.e. just the two of you)?

1) Yes

2) No; Specify whom you are living with:_____

_____(9)

___032) If you are not living with your parents, what kind of dwelling do you and your child live in?

1) Home (own)

2) Home (rent)

3) Apartment

4) Boarding room

5) Boarding flat

6) Other: Specify:_____ (9)

___033) If you are not living with your parents, how many times have you moved since [child's name] birth?

1) None

2) Once

3) Twice

4) Three or more times

(9)

Some of the following may be reasons why people are not satisfied with their living arrangements. Please indicate how acceptable each of the following are for you:

		Very Acceptable		Not Acceptable
___034)	Privacy	1	2	3
___035)	Cost	1	2	3
___036)	Location	1	2	3
___037)	Living Space	1	2	3
___038)	Neighborhood	1	2	3
___039)	Bathroom Facilities	1	2	3

Please Explain:_____

___040) Heat 1 2 3

Please Explain:_____

___041) Water 1 2 3

Please Explain:_____

___042) Electricity 1 2 3

Please Explain:_____

___043) Physical condition of premises 1 2 3

Please Explain:_____

___044) Other 1 2 3

Please Explain:_____

___045) Do you presently wish to move?

1) Very much

2) Not much

3) Not at all ___Skip to question 047

___046) If there is anything preventing you from moving, which one of the following reasons most applies?

1) Finances

2) Lack of a suitable alternative

3) Concern for being alone

4) Parents wishes

5) Other: Specify:_____

6) Nothing is preventing me from moving

C. <u>Physical Well-Being</u>

Now I'd like to ask you some questions about your health and your child's health.

___047) How often did you visit your Doctor during your pregnancy?

1) never 3) 6-10 times

2) 1-5 times 4) over 10 times

___048) Did you attend any pre-natal classes during your pregnancy?

1) often 2) sometimes 3) never

___049) If not, why?

1) I was unaware of their existence

2) I didn't think I would feel comfortable among the married couples

3) I didn't think they were necessary

4) I just didn't bother

5) Other reason; Specify:_____ (9)

___050) What was the term of your pregnancy?

1) 37 weeks or over

2) Between 34-37 weeks

3) Between 28-34 weeks

4) Under 28 weeks

___051) Were there any complications in your pregnancy?

1) Severe

2) Moderate

3) None

Explain:_____

___052) Were there any complications of the labor or delivery?

1) Severe

2) Moderate

3) None

Explain_____

___053) Did you have any support during labor?

1) Yes 2) No

___054) If yes, who was with you?

1) Your mother;

2) The father of your child;

3) Your boyfriend (not the father);

4) A girlfriend

5) Another relative? Specify:_____

6) Other; Specify:_____(9)

___055) Did you have any support during delivery?

1) Yes 2) No

___056) If yes, who was with you?

1) Your mother;

2) The father of your child;

3) Your boyfriend (not the father);

4) A girlfriend

5) Another relative? Specify:_____

6) Other; Specify:_____(9)

___057) What was your child's birth weight?

1) 2500 gms. or over (approx. 5.5 lbs.)

2) Under 2500 gms. Specify:_____

3) Don't know

___058) Did your child have any medical problems at or immediately following birth?

1) Yes Explain:_____

2) No

___059) Did you have any medical complications after delivery?

1) Yes Explain:_____

2) No

___060) During the first six months, what was the level of difficulty that you had with your baby due to exceptional problems with a) colic b) feeding c) sleeping d) constant colds or flu e) skin rashes or f) other_____?

1) No difficulty 2) Moderate difficulty

3) Severe difficulty 4) Very severe difficulty

Explain:_____

___061) After your child was seven months old, what was the level of medical difficulties you have had to deal with?

1) No difficulty 2) Moderate difficulty

3) Severe difficulty 4) Very severe difficulty

Explain:_____

___062) Which of the following immunizations has your child had: a) the 2 month vaccine for Diphtheria, Tetanus, Polio & Pertussis; b) the 4 month booster for the same; c) the 6 month booster; d) the 12 month vaccine for Measles, Mumps and Rubella; and e) the 18 month booster for Diphtheria, Tetanus, Polio & Pertussis.

[Interviewer to rate the level of immunizations according to age appropriate requirements]:

1) Maintained (i.e. on schedule)

2) Not maintained

3) None

___063) Have you ever had to take [child's name] to the hospital emergency?

1) Never
2) Once or twice
3) 3 or 4 times
4) More than 5 times

___064) If so, for what reasons?

_____

_____

[Interviewer to rate level of difficulties]:

1) Normal difficulties

2) Moderate difficulties

3) Excessive and numerous difficulties (9)

D. Birth Control

Now I would like to ask you some questions about birth control.

___065) Were you and your partner using birth control (contraceptives) during the time you became pregnant?

1) Yes

2) No Skip to question 069

3) Don't know Skip to question 069

___066) If so, what method of contraception were you using?

1) Withdrawal
2) Rhythm method
3) Condom
4) Diaphragm
5) Foam
6) IUD (coil,loop)
7) Birth Control pill
8) Combination of 2 or more; Specify:_____(9)

___067) If you were using the birth control pill, did you take it:

1) Always on schedule;
2) Mostly on schedule;
3) Irregularly
(9)

___068) If you were using other methods, how regularly did you use it?

1) Always 2) Usually 3) Seldom (9)

Women have stated various reasons for not using birth control. If you were not using birth control, to what degree did the following reasons apply to you at the time of conception?

		Yes	No	
___069)	I didn't know where to get it	1	2	(9)
___070)	I didn't expect or plan to have sexual intercourse	1	2	(9)
___071)	My partner objected	1	2	(9)
___072)	I didn't believe that I could get pregnant	1	2	(9)
___073)	I forgot	1	2	(9)
___074)	I didn't believe using birth control was morally right	1	2	(9)
___077)	I didn't believe birth control was safe	1	2	(9)
___078)	I didn't think it (pregnancy) would happen to me	1	2	(9)
___079)	I wanted to get pregnant	1	2	(9)
___080)	Other; Specify:_____	1	2	(9)

___081) Are you using birth control now?

1) Yes 2) No - Skip to question 085

___082) If so, what method?

1) Withdrawal
2) Rhythm method
3) Condom
4) Diaphragm
5) Foam
6) IUD (coil,loop)
7) Birth Control pill
8) Combination of 2 or more Specify:_____
(9)

___083) If you are using the birth control pill, do you take it;

1) Always on schedule;
2) Mostly on schedule;
3) Irregularly?
(9)

___084) If you are using other methods, how regularly do you use this contraception?

1) Always
2) Usually
3) Seldom
(9)

___085) Have you undergone a tubal ligation?

1) Yes 2) No

___086) Have you ever had an abortion?

1) Yes 2) No

Note:_____

___087) Are you pregnant now?

1) Yes

2) No

3) Don't know (9)

___088) Do you plan to try to get pregnant soon? (i.e. within the next six months)

1) Yes 2) No 3) Unsure (9)

___089) How many more children do you want?

1) 1

2) 2

3) 3

4) 4 or more

5) None

E. Life Experience

Now, I'd like to ask you some questions about your family situation when you were growing up and about some of your experiences. Some of the questions may seem very personal but remember that your answers will be completely confidential and your identity will not be revealed.

___090) In the household in which you were raised was the main "breadwinner" usually

1) Always employed;

2) Periodically or seasonally employed;

3) Chronically unemployed?

Note:_____

___091) Were your parents or caretakers;

1) Happily married:

2) Unhappily married (but stayed together);

3) Periodically separated (and reunited);

4) Separated on a long term basis;

5) Divorced?

Note:_____

___092) Did your parents or caretakers have:

1) No conflict;

2) Occasional verbal disagreements;

3) Periodic physical arguments;

4) Frequent and intense physical conflicts?

___093) Some people have told me about experiencing physical abuse as a child. Have you?

If yes, explain what and who you mean:

_____

_____

[Interviewer to rate abuse]:

1) High 2) Medium 3) Low 4) None

___094) If yes, do you recall the abuse as:

1) Moderate 2) Severe 3) Very severe (9)

___095) Did you ever experience sexual abuse?

If yes, explain what and who you mean:

_____

_____ (9)

___096) If yes, do you define your experience of sexual abuse as:

1) Not damaging (emotionally);

2) Moderately damaging;

3) Severely damaging? (9)

F. Sources of Social Support and Social Interaction

Now I would like to ask you some questions about your current friends, family and social activities.

___097) How many family members and relatives do you feel that you can talk to about your feelings?

1) None 3) 3-4

2) 1-2 4) 5 or more

___098) How many family members and relatives do you feel that you can turn to for practical help?

1) None 3) 3-4

2) 1-2 4) 5 or more

___099) How many friends do you feel that you can talk to about your feelings?

1) None 3) 3-4

2) 1-2 4) 5 or more

___100) How many friends do you feel that you can turn to for practical help? (i.e. to baby-sit or run an errand)

1) None 3) 3-4

2) 1-2 4) 5 or more

___101) How many people can you get together with just to have a good time and have fun?

1) None 3) 3-4

2) 1-2 4) 5 or more

___102) How frequently do you go out just to have fun?

1) At least once a week

2) Once every two weeks

3) Once every three weeks

4) Once every four weeks or more (9)

___103) If not currently married or living common-law, how often do you date a male friend?

1) Steady relationship with one person

2) Frequently

3) Occasionally

4) Never (9)

___104) Did you have friends prior to [name's] birth whom you are no longer close to?

1) Yes 2) No

___105) If yes, why? [Code A,B,C,& D]

_____ (9)

___106) Since [child's name] birth, have you had the opportunity to make any new friends?

1) Yes 2) No

Please look at the following list. Rate the likelihood that you would turn to each person for advice, encouragement, understanding or support (i.e. someone you feel really cares).

		Mostly	Seldom	Never	
___107)	Your mother	1	2	3	9
___108)	Your father	1	2	3	9
___109)	Your sister	1	2	3	9
___110)	Your brother	1	2	3	9
___111)	Another relative Specify:_____	1	2	3	9
___112)	Your husband(C.L.)	1	2	3	9
___113)	Your child's father (who is not your husband or C.L.)	1	2	3	9
___114)	A male friend (other than your child's father)	1	2	3	9
___115)	A female friend (not a unmarried mother)	1	2	3	9
___116)	A female friend who is also a unmarried mother	1	2	3	9
___117)	A social worker	1	2	3	9
___118)	A clergy person	1	2	3	9
___119)	Your employer	1	2	3	9
___120)	Your teacher	1	2	3	9
___121)	A Public Health Nurse	1	2	3	9
___122)	Other: Specify:_____	1	2	3	9

Did you consider any of the following alternatives to keeping your baby?

		Yes	No
___123)	Abortion	1	2
___124)	Adoption	1	2
___125)	Temporary foster care	1	2
___126)	Placing your child with a relative or friend	1	2
___127)	Other alternative; Specify:_____	1	2

___128) Do you ever question your decision to keep your child?

1) Often
2) Sometimes
3) Rarely
4) Never

G. <u>The Baby's Father</u>

Now I would like to ask you some questions about the father of your child.

___129) How long did you and the father of your child know each other before you became pregnant?

1) One month or less
2) Between 1 to 6 months
3) Between 6-12 months
4) More than 12 months

___130) Was he aware of your pregnancy?

1) Yes 2) No 3) Don't know

(If #2 or 3, skip to question 146)

___131) If he was aware, did he agree with your decision to carry your pregnancy to term?

1) Yes 3) Don't know

2) No 4) He was ambivalent (9)

___132) Was he aware of the birth of this child?

1) Yes

2) No Skip to question 146

3) Don't know Skip to question 146 (9)

___133) If he was aware, did he agree with your decision to keep your child?

1) Yes 3) Don't know

2) No 4) He was ambivalent (9)

___134) If he did not agree with your decision to keep your child, what did he want you to do?

1) Place the child for adoption

2) Place the child in temporary foster care

3) Place the child with a relative or friend

4) He wanted to take the child himself

5) Other; Specify:_____(9)

___135) What best describes your relationship with him now?

1) We are living together

2) We are still dating

3) We occasionally have contact

4) We never have contact

5) Other Specify:_____ (9)

___136) If not living with you, how often does he visit?

1) Once a week
2) Once every two weeks
3) Once every three weeks
4) Once every four weeks
5) Once every five weeks
6) Never (9)

___137) If not living with you, how often does he phone?

1) Once a week
2) Once every two weeks
3) Once every three weeks
4) Once every four weeks
5) Once every five weeks
6) Never (9)

___138) If he lives more than 100 miles away, how often does he communicate with you? (including phone calls, visits and letters)

1) Once a week
2) Once every two weeks
3) Once every three weeks
4) Once every four weeks
5) Once every five weeks
6) Never (9)

___139) If he has contact, has the frequency of his contact changed over time? (i.e since the birth of this child)

1) Increased 3) Decreased

2) About the same (9)

___140) Has he been involved in any decisions regarding his child's care? (If not married or living C/L)

1) Always 2) Sometimes 3) Never (9)

___141) If yes, specify which decisions (i.e. naming, Christening, baby-sitters, celebrations, etc): [Code A,B,C & D]

_____

_____(9)

___142) Does he contribute support, financial or material goods, on behalf of you or his child?

1) Regularly 3) Never

2) Irregularly (9)

___143) If so, estimate the money value of his contributions:

1) Under $100.00 per month

2) Between $101.00 and $200.00 per month

3) Over $200.00 per month (9)

___144) Is he employed?

1) Irregularly 2) Regularly 3) Unknown (9)

___145) In your estimation, how concerned is the natural father about his child?

1) Very concerned

2) Somewhat concerned

3) Not concerned (9)

H. Identified Problems

Following is a list that mothers have frequently identified as being problems. Please indicate whether these problems were Serious, Moderate, or Not a Problem for You **during the past six months.**

		Serious Problem	Moderate Problem	Not a Problem
___146)	Your child's health	3	2	1
___147)	Arguments with friends	3	2	1
___148)	Getting enough money to meet expenses	3	2	1
___149)	Arguments regarding childrearing	3	2	1
___150)	Getting free time for yourself	3	2	1
___151)	Finding a close male friend	3	2	1
___152)	Inadequate housing	3	2	1
___153)	Finding adequate day-care	3	2	1
___156)	Arguments with your family	3	2	1
___157)	Finding work	3	2	1
___158)	Controlling your child's behavior	3	2	1
___159)	Loneliness	3	2	1
___160)	Finding a close female friend	3	2	1
___161)	Finding baby-sitters	3	2	1
___162)	Arguments with boyfriend/ husband	3	2	1
___163)	Providing for the material needs of your child	3	2	1
___164)	Continuing your schooling	3	2	1
___165)	Your health	3	2	1
___166)	Your child's behavior	3	2	1
___167)	Normal opportunity for sexual expression	3	2	1
___168)	Cumulative score=[ ]	( )	( )	( )

I. Emotional Well-Being

Below is a list of common feelings. During the past two weeks, how often have you felt:

		Often	Some-times	Rarely	Never
___169)	Particularly excited or interested in something?	3	2	1	0
___170)	So restless that you could not sit long in a chair?	3	2	1	0
___171)	Proud because someone complimented you on something you had done?	3	2	1	0
___172)	Very lonely or remote from other people?	3	2	1	0
___173)	Pleased about having accomplished something?	3	2	1	0
___174)	Bored?	3	2	1	0
___175)	On top of the world?	3	2	1	0
___176)	Depressed or very unhappy?	3	2	1	0
___177)	That things were going your way?	3	2	1	0
___178)	Upset because someone criticized you?	3	2	1	0

___179) PAS Score =_____
___180) NAS Score =_____
___181) ABS Score =_____

J. Education and Employment

___182) What is the highest level you have completed in school?

1) Grade school only (1-8)

2) Partial high school

3) Grade Equivalence Diploma

4) Regular High School Diploma

5) Partial college or university

6) College or university graduate

___183) Are you attending school now? (or did you until June?)

1) Yes 2) No

___184) Are you attending:

1) Full-time 3) Correspondence

2) Part-time (9)

___185) If you are not attending school now, have you tried to get involved in formal education since the birth of your child?

1) Yes 2) No (9)

Note:_____

___186) Do you have future plans to return to school?

1) Yes 2) No 3) Don't know (9)

If you have no plans to return to school, which of the following reasons apply?

		Yes	No	
___187)	Completed desired level	1	2	(9)
___188)	Never liked school anyways	1	2	(9)
___189)	No one is available to baby-sit	1	2	(9)
___190)	Would feel different than others	1	2	(9)
___191)	Have been away from school too long	1	2	(9)
___192)	Feel dual role of both mother and student would be too much	1	2	(9)
___193)	No night courses available are suitable to me	1	2	(9)
___194)	Other Specify:_____	1	2	(9)

___195) If employed, which occupation group do you presently belong to?

1) Clerical (bookkeeping, typist, secretary)

2) Sales

3) Service

4) Construction

5) Managerial & Administrative

6) Professional

7) Self-employed

8) Other:_____ (9)

___196) If you are unemployed, for what reason?

1) Full-time student

2) No desire to work outside of the home, i.e prefer to be a full time mother

3) No job available, i.e. have actively searched

4) No one available to take care of child

5) Job skills or training are not sufficient

6) Social assistance is enough to meet needs

7) Other Specify:_____

(9)

___197) If employed, is it:

1) Part time irregular/seasonal

2) Part time permanent

3) Full time seasonal

4) Full time permanent (9)

___198) If you are employed, how satisfied are you with your present job?

1) Very satisfied 3) Not satisfied

2) Satisfied (9)

___199) During the past year, how many weeks were you employed?

1) none 3) 13 to 26 5) 41 to 52 weeks

2) 12 or less 4) 27 to 40 (9)

Note:_____

What are the main sources of your income? (assuming family allowance as a given):[in rank order up to 3]

___200) Employment income 1 2 3 (9)

___201) Social assistance 1 2 3 (9)

___202) UIC 1 2 3 (9)

___203) Assistance from parents 1 2 3 (9)

___204) Assistance from baby's father 1 2 3 (9)

___205) Assistance from husband or boyfriend (who is not baby's F) 1 2 3 (9)

___206) Student loan or training allowance 1 2 3 (9)

___207) Other Specify:_____ 1 2 3 (9)

___208) Have you received social assistance at any time since [child's name] was born?

1) Yes 2) No

___209) If yes, for how many months?

1) Under 6 months

2) 6-12 months

3) Over 12 months (9)

___210) When you were growing up, did your parents ever receive social assistance?

1) Yes 2) No 3) Don't know

___211) What was your income last month <u>from all sources</u>?
[before taxes]:_____.

___212) Do you feel your income is adequate to meet your needs?

1) Very adequate 2) Adequate 3) Not Adequate (9)

K. <u>Child Care Arrangements</u>

Finally, I'd like to ask you some questions about your child care arrangements.

___213) Who has <u>primary</u> responsibility for the care of your child?

1) Yourself
2) Your mother
3) Another relative Specify:_____
4) A friend
5) The baby's father
6) Shared responsibility Specify:_____
7) Other Specify:_____

___214) For how many of your child's waking hours do you spend with him/her?

1) Less than 4
2) 4 - 6
3) 7 - 9
4) 10 +

___215) Of these, how many hours do you spend <u>just</u> playing and having fun with your child?

_____

___216) What kind of daily child care arrangements do you use?

1) Private baby-sitter

2) Friend

3) Your mother

4) Other relative Specify:_____

5) Day care center

6) Other Specify:_____(9)

___217) How satisfied are you with this child care arrangement?

1) Very satisfied 3) Not satisfied

2) Satisfied (9)

If unsatisfied, what is unsatisfactory about your arrangement?

		Very Unsatisfactory	Moderately Unsatisfactory	Not Unsatisfactory	
___218)	Cost	1	2	3	(9)
___219)	Reliability	1	2	3	(9)
___220)	Quality of care	1	2	3	(9)
___221)	Accessibility	1	2	3	(9)
___224)	Other:_____	1	2	3	(9)

___225) Do you have difficulties finding a baby-sitter in the evenings when you want to do something?

1) Often

2) Rarely

3) Never Note:_____

___226) Are you prevented from doing anything because of lack of child care arrangements?

1) Often

2) Rarely

3) Never

If yes, which of the following are you prevented from doing?

		Yes	No	
___227)	Finishing school	1	2	(9)
___228)	Working	1	2	(9)
___229)	Socializing	1	2	(9)
___230)	Having private, personal time	1	2	(9)
___231)	Other	1	2	(9)

Explain:_____

___232) Just a few last questions....we've focused on a lot of problems and unmet needs you've had as a young mother, but in general, how would you rate your overall experience as a mother?

1) Very rewarding

2) Rewarding

3) Not rewarding

___233) Knowing what you know now, what advice would you give to a young woman who finds herself pregnant?

1) Get an abortion

2) Place the child for adoption

3) Keep the child

4) Don't attempt to raise the child alone

5) Other "Qualified" Caution: Explain:_____

_____

_____(9)

___234) Are there any additional positive comments about having had a child out of wedlock and keeping him/her that you would like to add? [Code A-F]

_____

_____

_____(9)

___235) Are there any additional problems or concerns about having had a child out of wedlock and keeping him/her that you would like to add? [Code A-F]

_____

_____

_____(9)

The End of part one! Now please take a few minutes to fill in this scale [hand respondent the Tennessee Self Concept Scale].

Thank you for participating in this study!

Appendix G

Copyright Releases

I, NORMAN M. BRADBURN, being the copyright holder of the material described below:

Scale of Psychological Well-being

do hereby permit the inclusion of the described material in the thesis/report entitled:

UNMARRIED ADOLESCENT MOTHERHOOD IN ST. JOHN'S, NEWFOUNDLAND: AN ASSESSMENT PROFILE

written by SHEILA M. RICHLER and submitted in partial filfillment of the requirements for the degree of MASTER OF SOCIAL WORK at Memorial University of Newfoundland.

I further permit the National Library of Canada to microfilm this thesis, including the material to which I retain copyright, and to lend or sell copies of the film.

DATE: ~~16~~ 6/2/87

SIGNATURE: Norman M Bradburn

Appendix G (continued)

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Problem Severity Scale

do hereby permit the inclusion of the described material in the thesis/ report entitled:

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DATE: May 13, '87

SIGNATURE: Grant Macdonald

Appendix G (continued)

Normally, the author would be expected to reproduce the Tennessee Self Concept Scale in this appendix. However, in this instance, permission was not granted to reproduce it. Copies of the scale and the user's manual may be obtained for a fee from:

Western Psychological Services

Publishers and Distributors

12031 Wilshire Boulevard

Los Angeles, California

90025

1-800-222-2670

In addition, Fitts did publish research that relates to the use of his scale such as:

Fitts, W.H., & Hamner, W.T. (1969). The self concept and delinquency. Nashville: Nashville Mental Health Centre.

Appendix H

Sacks, MacDonald, Schlesinger & Lambert's (1982)

Problem Scale Results

Problem area	Moderate to Serious Problem	Little or no Problem
Getting enough money to meet expenses	48.0	52.0
Arguments with boyfriend or husband	37.5	62.5
Arguments with your family	26.0	74.0
Arguments regarding childrearing	26.0	74.0
Finding work	24.0	76.0
Getting free time for yourself	24.0	76.0
Loneliness	24.0	76.0
Finding baby-sitters	22.0	78.0
Inadequate housing	20.0	80.0
Your health	18.0	82.0
Finding adequate day-care	16.0	84.0
Continuing your schooling	14.0	86.0
Finding a close male friend	12.0	88.0
Controlling your child's behavior	12.0	88.0
Arguments with friends	12.0	88.0
Providing for child's material needs	10.0	90.0
Finding a close female friend	10.0	90.0
Your child's health	8.0	92.0
Your child's behavior	6.0	94.0

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Appendix I

Human Subjects Review Committee Approval

1987 07 21

Ms. Sheila Richler
141 Highland Drive
St. John's, NF
A1A 3C6

Dear Ms. Richler:

The Human Subjects Review Committee has approved your study: Unmarried Adolescent Motherhood in St. John's, Newfoundland: An Assessment Profile.

Please note that, should you make any major changes in your proposed study, you will be expected to re-submit your proposal to the Committee for further review.

Sincerely yours,

Dr. D.A. Albers
Acting Chair
Human Subjects Review Committee

DAA/lde
cc Dr. M. MacLeod, Office of Research
Dr. M.D. Kimberley, Chair
Graduate Studies Committee
Human Subjects Review Committee