Summer 1984

A Comparison of Parenting Profiles of Adolescent Mothers

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A COMPARISON OF PARENTING PROFILES OF ADOLESCENT MOTHERS

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A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment
of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY
URBAN SERVICES

OLD DOMINION UNIVERSITY
July 1984

Approved By:

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ABSTRACT

A COMPARISON OF PARENTING PROFILES OF ADOLESCENT MOTHERS

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This study compared parenting profiles of adolescent mothers. The central question investigated in this study was stated as follows: How do parenting profiles of adolescent mothers who attended an alternative school compare with adolescent mothers who did not attend this school?

A quasi-experimental research method was used for this study. The nonequivalent control-group design was selected. The sample population consisted of forty subjects. The experimental group consisted of twenty volunteers who attended an alternative school for pregnant students and the control group consisted of twenty volunteers who attended the prenatal clinic at a general hospital. The treatment used for the experimental group was the parenting education course which is offered to students at the alternative school. The subjects in this study were between thirteen and nineteen years of age, nulliparas, and in the second trimester of pregnancy.

The Michigan Screening Profile of Parenting (MSPP) questionnaire was used to collect pretest and posttest data. This questionnaire measured (a) emotional needs met (ENM), (b) relationship with parents (RWP), (c) expectations of children (EOC), and coping (COP). This questionnaire is designed to provide a profile of perceptions in areas which are presumed to be critically important for positive parent-child interactions. Data collection began in November, 1983.

To test null hypothesis 1, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students and null hypothesis 2, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended a prenatal clinic at a general hospital, a two-tailed t test was conducted. To test null hypothesis 3, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students and adolescent mothers who did not attend the school, the two-way analysis of variance was conducted. The level of statistical significance was at .05. The three null hypotheses were retained. There were no statistically significant differences between the pretest and posttest parenting profiles of the experimental group or the control group and there were no statistically significant differences between the two groups' pretest and posttest parenting profiles.

The following conclusions were drawn from the findings: (1) The adolescents who attended the alternative school had parenting profiles that were not significantly different from the adolescents who did not attend this school; the majority (62.5 percent) of the sample (N = 40) had negative parenting profiles; (2) A difference was found in the experimental group's perceptions regarding their expectations of young children when compared to the control group; (3) The experimental group's perceptions of coping in crisis situations were more positive when comparing pretest and posttest scores on the COP cluster measure. The ENM, RWP, and EOC clusters were not significantly different; (4) The control group's perceptions on the four MSPP cluster measures were not significantly different when pretest and posttest scores were compared; (5) The control group had more subjects with positive perceptions on three clusters (ENM, RWP, and COP) when compared to the experimental group who had more subjects with positive perceptions on only one cluster measure (EOC).

ACKNOWLEDGEMENTS

I would like to convey my warmest personal thanks to a number of people who contributed their time and effort in assisting me in developing this dissertation. I am extremely grateful to the chairperson of my dissertation committee, Dr. Robert MacDonald, for his support and guidance throughout the development of this dissertation. Sincere gratitude is also extended to other members of this committee, Dr. Ronald Proctor, Dr. Stephen Tonelson, and Dr. Denny Wolfe.

I am greatly indebted to my family, my husband, Wayman and daughter, Davida, for their sustained support, encouragement, patience, and understanding. They were denied many hours in order that this endeavor could be accomplished and I am truly grateful. Appreciation is also extended to my many friends for their encouragement and support.

Finally, deepest appreciation is expressed to the forty young mothers who participated in this study and Mrs. Aretha Gayle for her time and expertise in the typing of this dissertation.

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Chapter 1

INTRODUCTION

Adolescent pregnancy is a contemporary problem that often is described as an epidemic, a tragedy, or a cause for alarm. All of these descriptions contain elements of truth. To the thousands of teenagers who give birth each year, to the young men who become fathers, to the grandparents who often are called upon for understanding and support, to teachers and health care providers who must counsel and provide assistance to pregnant adolescents, such judgemental expressions are of little help.

Approximately one million teenagers become pregnant each year.[1] Females nineteen years of age and younger make up an increasing percentage of this population. Approximately 60 percent of these pregnancies result in live births.[2] Nationally, almost one out of every five babies is born to a teenage mother. Twenty percent of births to teenagers are second or third births.[3] It has been noted that very young mothers (those who bear their first child at nineteen years or younger) are more than three times as likely to have three or more additional children in the next seven years than are comparable women between the ages of 20 and 24 years.[4]

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[1] Linda Barr and Catherine Monserrat, Working With Childbearing Adolescents (Albuquerque: New Futures, Inc., 1980), p. 9.

[2] Ibid.

[3] Ibid.

[4] Improving Family Planning Services For Teenagers. Rockville: U. S. Department of Health and Human Services, Bureau of Community Health Services, 1981, p. 4.

Norfolk, Virginia has been no exception to the problem of adolescent pregnancy. The Virginia Center for Health Statistics revealed that in 1982, there were 5,365 live births in Norfolk. Of this number, adolescents 19 years and under gave birth to 983 infants.[5] Norfolk has the highest birth rate for this population when compared to other cities in urban Tidewater.

There are many implications of adolescent pregnancy and parenthood. Although researchers do not always agree on specifics, adolescent pregnancy is considered to be high risk medically for both the mother and infant. The incidence of complications for both mother and infant increases as the age of the mother decreases; the incidence of complications also is higher for second or third children born to adolescents. Health risks for the babies born to teenage mothers include prematurity, low birthweight, and increased neonatal and infant mortality.

In addition to the serious threats that adolescent pregnancy poses to the health of the teenage mother, her child, and subsequent children, there are other potential social costs as well. Adolescent pregnancy is the leading cause for dropping out of school among females and it has been estimated that the suicide rate of teenage mothers exceeds that of the general population.[6] Finally, adolescent mothers contribute to increased welfare dependency and in many cases, carry the poverty of their own childhoods into another generation.

Another aspect of adolescent pregnancy that has been addressed is parenting implications. It has been noted that 90 to 95 percent of teenager

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[5]Virginia Department of Health, 1982 Vital Statistics Annual Report. (Richmond: Center for Health Statistics, Division of Vital Records and Health Statistics, 1982), p. 63.

[6]Improving Family Planning Services For Teenagers, p. 5.

choose to keep their children rather than to release them for adoption.[7] These young mothers often face parenting responsibilities for which they are many times ill prepared. Because of their lack of maturity, their lack of self confidence, and the difficult situations in which the early pregnancy often places them, it may be difficult for these mothers to demonstrate adequate parenting skills. Adolescent parents often have unrealistic expectations of their children and of themselves.[8] There is evidence which suggests that maternal age has been a significant factor in differentiating adequate and inadequate parenting, reporting that the latter group has demonstrated a high incidence of child neglect and abuse.[9] Studies, investigating the antecedents of child abuse, have concluded that a mother who is young, lacking in understanding and awareness of her infant and her relationship to the infant, should be considered at-risk for child abuse and neglect.[10] The correlation between maternal age and child abuse and neglect demonstrates the potential negative experiences that many children of adolescent mothers face.

This study compared parenting perceptions of two groups of adolescent mothers, while assessing the effects of instruction in parenting education upon the perceptions of the alternative school group. This assessment provides data which can be used to determine a need for further assessment

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[7] Ibid., p. 4.

[8] Alice S. Honig, "What We Need To Know To Help The Teenage Parent," Family Coordinator 27 (April 1978) : 113.

[9] Susan Phipps-Yonas, "Teenage Pregnancy and Motherhood: A Review of the Literature," American Journal of Orthopsychiatry 50 (July 1990) : 419.

[10] Donald Brunnquell, Leslie Crichton, and Byron Eageland, "Maternal Personality and Attitude In Disturbances of Child Rearing," American Journal of Orthopsychiatry 51 (October 1981) : 690.

and intervention for this study population relative to the area of parenting.

Statement of the Problem

The problem of this study is stated as follows: How do parenting profiles of adolescent mothers who attended an alternative school compare with adolescent mothers who did not attend this school?

Limitation

This study was limited to those adolescents who were enrolled in an alternative school for pregnant students and to pregnant adolescents who were attending a prenatal clinic at a general hospital in Norfolk, Virginia. The subjects were between 13 and 19 years of age, nulliparas, and in the second trimester of pregnancy. There were no limitations or restrictions to the sample with regard to race, marital, or socio-economic status.

Significance of Study

This study compared parenting profiles of adolescent mothers. The comparison was between adolescents who attended an alternative school for pregnant students and received instruction in parenting education and adolescents who did not attend this school. An assessment of these profiles provides data that can be utilized to evaluate the effectiveness of this educational program in developing positive parenting profiles.

This study is timely in that the evaluation of this data can determine whether the categorical placement of these adolescent mothers' parenting profiles are indicative of negative parent-child interactions. Negative

interactions have the potential for stimulating physical and/or emotional abuse of the child by the parent. Research studies on child abuse have noted an over-representation of teenage mothers in the group that abused their children.[11]

Definition of Terms

For the purpose of this study, the following definitions were used:

Adolescent mother: a female who gives birth to her first child during her teenage years (13-19 years of age).

Positive Parent-Child Interactions: a parent-child exchange that has the potential for promoting the physical, emotional, and social development of a child.

Negative Parent-Child Interaction: a parent-child exchange that has the potential for stimulating communication problems between them, physical and/or emotional abuse of the child by the parent, and behavior disorders in the child.

Parenting: childrearing capabilities and practices.

Nullipara: a pregnant female who has not given birth to a live infant.

Second Trimester: the second three month period of pregnancy.

Child Abuse: patterns of behavior by parents and/or caretakers that lead to a negative societal judgement on their childrearing capabilities or practices.[12]

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[11] Graham Rogeness, et al., "Comparison of Teen Parents In A Special School Program With Other Corresponding Students," Education 101 (Summer 1981) : 373.

[12] David R. Walters, Physical and Sexual Abuse of Children (Bloomington: Indiana University Press, 1975), p. 33.

Intrafamily Violence: injurious acts (physical or emotional) between members of a family.

Human Dysfunction: a maladaptive response to stressors.

Categorical Placement of Parenting Perceptions: the location of responses on the Michigan Screening Profile of Parenting (MSPP) questionnaire which classifies parenting perceptions under a positive or negative profile.

Emotional and Relationship System: the range of relationship between parents and children in the family system.[13]

Research Objectives

The research objectives of this study were as follows:

(1) To determine the categorical placement of parenting profiles of a selected sample of pregnant adolescents upon entrance into an alternative school for pregnant teens.

(2) To determine the categorical placement of parenting profiles of the selected sample of adolescent mothers after receiving parenting instructions and upon exit from the alternative school.

(3) To determine the categorical placement of parenting profiles of a selected sample of pregnant adolescents who are admitted to a prenatal clinic at a general hospital.

(4) To determine the categorical placement of parenting profiles of the selected sample of adolescent mothers after delivery of their infants.

(5) To compare the pre and post parenting profiles of the adolescents of the alternative school group with those of the hospital group.

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[13]Murray Bowen, Family Therapy In Clinical Practice (New York: Jason Aronson, 1978), p. 308.

Hypotheses

Testing of the following stated hypotheses provides additional data to the body of research relative to the topic of adolescent parents. There is a need for additional research in this area. The research findings of this study also can serve as a measure of the effectiveness of an alternative educational program in developing positive parenting perceptions in adolescent mothers. Determining the categorical placement of parenting perceptions provides data that can identify potential problems in child rearing of the study population. Early case finding of parents with problems with child rearing can have a positive impact on decreasing the incidence of child abuse.

The following hypotheses were tested in this study:

Ho_1: There will be no significant statistical difference between the pre and post parenting profiles of adolescent mothers who attended an alternative school for pregnant students.

Ho_2: There will be no significant statistical difference between the pre and post parenting profiles of adolescent mothers who attended a prenatal clinic at a general hospital.

Ho_3: There will be no significant statistical difference between the pre and post parenting profiles of adolescent mothers who attended an alternative school for pregnant students and adolescent mothers who did not attend this school.

Theoretical Framework

In the search for causes or explanations that will account for intrafamily violence, consideration must be given to the theories and/or conceptual frameworks that have been proposed. Much research has been conducted

on intrafamily violence expressed in the form of child abuse. It is believed that the findings contained in these conceptual frameworks also are applicable to the phenomenon in general. Theories such as the psychodynamic theory, the personality and character trait theory, the environmental stress theory, and the family systems theory enhance the understanding of this aspect of human interactions.

The psychodynamic theory proposes that violence results when there is a lack of mothering. The abusive individual was reared in a way that precluded the experience of being mothered and nurtured.[14] Another feature of this theory is that individuals who abuse were abused as children and they express their problems in the form of violence. The focus of the psychodynamic theory is on the primacy of the individual's internal psychology. All other factors are considered secondary. An important implication of the psychodynamic theory is that no matter how much environmental stress exists, the act of violence will not occur unless the psychological potential is present.[15]

The personality and character trait theory of abuse suggests that individuals who resort to abuse are immature, self-centered, and impulse ridden. However, attention is given to factors which underlie these traits.[16] This approach explains the manifestation of abusive tendencies by categorizing abusive individuals into four groups according to their psychological characteristics.[17] The first group is described as chronically hostile and aggressive;

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[14]Blair Justice and Rita Justice, The Abusing Family (New York: Human Sciences Press, 1976), pp. 38-39.

[15]Ibid., p. 40.

[16]Ibid., p. 41.

[17]Ibid.

the second group as rigid, compulsive, and lacking warmth and reasonableness in approaching situations; the third group as demonstrating a high degree of passivity, dependence, depression, unresponsiveness, and immaturity; and the fourth group as extremely frustrated, often manifesting the frustration as violence. While limitations have been noted with this theory, they are reduced when the personality factors are considered in a larger context of environmental factors.[18]

Another theory concerning the dynamics of violence is the environmental stress theory. This theory suggests that abuse is a multidimensional problem and place havy emphasis on stress as the cause.[19] Gil noted that if it were not for chance environmental factors, such as poverty, poor education, and occupational stress, there would be no abuse.[20] He suggested that economic stresses weaken one's self-control and leads to violence.[21] The theory does not attempt to explain why only some of the individuals who experience environmental stresses such as poverty become abusive and others do not.

The above mentioned theories approached the phenomenon of violence from differing viewpoints and limitations have been noted in each. Despite the limitations, these theories have identified many factors that contribute to violent behavior. It is apparent that what is needed is a theory which integrates these factors into a comprehensive framework. One such approach which could integrate these factors into a comprehensive theory would be a

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[18] Ibid., p. 42.

[19] Ibid., p. 44.

[20] Ibid.

[21] Ibid.

general systems theory approach; violence is viewed as a systematic product, rather than as a product of individual behavior pathology.[22]

Systems theory attempts to focus on the functional facts of relationships.[23] It focuses on WHAT happened, HOW it happened, WHEN and WHERE it happened, insofar as observations are based on FACT.[24] It carefully avoids man's automatic preoccupation with WHY it happened. This is one of the main differences between conventional and systems theory. Conventional theory places much emphasis on the WHY of human behavior.

Family systems theory is based on the theoretical framework of systems theory. Bowen noted that the family is a system in that a change in the functioning of one family member is automatically followed by a compensatory change in another family member.[25]

Family systems theory describes a family system as an "emotional" and "relationship" system. The term emotional refers to the force that motivates the system and the term relationship refers to the ways the force is expressed.[26] The type of emotional and relationship system which characterizes the abusing family is one of great intensity, force, and fusion (the "stucktogetherness" that has been found in dysfunctional families).[27] Either the spouses are bound tightly to one another, one parent is fused with the

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[22]Murray A. Straus, "A General Systems Theory Approach To A Theory Of Violence Between Family Members," Social Science Information 12 (June 1973) : 105.

[23]Murray Bowen, "Alcoholism As Viewed Through Family Systems Theory and Family Psychotherapy" (Paper presented at the annual meeting of the National Council of Alcoholism, Washington, DC, April, 1973), pp. 1-4.

[24]Ibid.

[25]Ibid., pp. 5-6.

[27]Justice and Justice, p. 61.

child, or the husband or wife is intensely tied to his or her family of origin. This fusion is healthy and necessary only when it exists between mother and infant. The fusion is imperative for the infant's survival. But in some families, the emotional and physical "stucktogetherness" continues far beyond infancy and sometimes throughout life. These people grow up seeking others with whom they can fuse or form a symbiotic relationship.[28]

Bowen describes these individuals as "undifferentiated." These individuals are undifferentiated in the sense of being fused into others who make up the nuclear or extended family; they do not have a separate self. The more undifferentiated the individual, the more likely problems will occur during stress. These problems can be expressed in three areas: marital conflict, dysfunction in a spouse, or projection of the problem to one or more children.[29] The projection of a problem to a child may be expressed as child abuse. There are two variables that govern the intensity of this process in the family. The first variable is the parent's degree of emotional isolation from the extended family or others important in the relationship; and the second variable has to do with the level of anxiety.[30] The children most often selected for the family projection process are those conceived and born during stress in the mother's life. Adolescent pregnancy and parenthood may represent one or both of these variables.

Summary

This chapter has presented the background for this study including the

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[28]Ibid., p. 61.

[29]Bowen, Family Therapy In Clinical Practice, p. 377.

[30]Ibid., p. 379.

research problem, limitations, significance of the study, definition of terms, research objectives, hypotheses, and the theoretical framework. The theoretical framework of family systems theory has been selected to guide this investigation of adolescent parenting. This theory is based on the premise that a change in the functioning of one family member is followed by a compensatory change in another family member. Therefore, a family system of negative interactions between parent and child can result in child abuse. In addition, the research suggests that adolescent parenthood may be a primary factor in some cases of child neglect and abuse.

Chapter 2

LITERATURE REVIEW

This chapter will present a review of the professional literature and published research related to adolescent pregnancy and parenthood. This review of related literature will address adolescent pregnancy, adolescent parenthood, and service programs for pregnant adolescents and adolescent mothers.

Adolescent Pregnancy

One of the most significant trends among adolescents of the past decade has been a substantial rise both in pregnancy and the rearing of children by teenage mothers. Despite the increased availability of contraceptives over the past decade, the Supreme Court's legalization of elective abortion in 1973, and the declining birth rate among older women, the number of teenagers who give birth annually has continued to rise.[31]

In the United States, more than one million fifteen to nineteen year olds become pregnant annually, one-tenth of all females in this age group. Of those under fifteen years of age, approximately 30,000 girls become pregnant each year.[32] In 1950, females under age twenty years bore 12 percent of all

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[31] Susan Phipps-Yonas, "Teenage Pregnancy And Motherhood: A Review of the Literature," Journal of Orthopsychiatry 50 (July 1980) : 403.

[32] D. Tracey Magid, Barbara Gross, and Bernard Shuman, "Preparing Pregnant Teenagers for Parenthood," Family Coordinator 28 (July 1979) : 359.

children and 20 percent of all first born. In 1978, this population of females bore 17 percent of all children and 31 percent of all first children.[33]

A number of research studies have attempted to identify the types of girls that become pregnant at an early age. Research data from projective instruments, self-report questionnaires, empirical personality tests, and structured and unstructured interviews, indicate that the adolescent who became pregnant was more likely to come from a home marked by poor familial relationships and to be somewhat socially isolated and untrusting.[34] School performance and achievement test scores have been noted to be below average for this population. This poor academic picture is coupled often with a history of difficulties and disinterest in school, as well as low educational and vocational aspirations.[35] It has been noted that low self-worth predisposes some girls toward acquiescence to unprotected sexual activity and consequent pregnancy.[36] Some other antecedents that have been identified by researchers are relative to socioeconomic and racial backgrounds. It has been suggested that adolescents from low socioeconomic backgrounds and minority group memberships are more likely to become pregnant.[37]

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[33]Kristin A. Moore, Sandra L. Hofferth, and Richard F. Wertheimer. "Teenage Childbearing: Consequences For Women, Families, and Government Welfare Expenditures, in Teenage Mothers and Their Offsprings, ed. Keith G. Scott, Tiffany Field, and Euan Robertson (New York: Grune and Stratton, 1981), p. 35.

[34]Phipps-Yonas, p. 408.

[35]Ibid.

[36]Calvin E. Zongker, "Self-Concept Difference Between Single and Married School-Age Mothers," Journal of Youth and Adolescence 9 (February 1980) : 176.

[37]Darlene Russ-Eft, Marlene Sprenger and Ann Beever, "Antecedents of Adolescent Parenthood and Consequences At Age 30," Family Coordinator 28 (April 1979) : 174-176.

Although, research regarding the antecedents of adolescent pregnancy has considered a broad range of antecedent variables, the overriding conclusion has been that there is no unique profile common to all pregnant adolescents. The research for a single explanatory factor is unrealistic. However, a combination of factors tends to increase the probability of pregnancy for many in this population.

Adolescent pregnancy has an impact on the later social and economic status of the teenage mother and her family. Previous research has documented associations between early motherhood and low educational attainment, low-level and low-paying employment and later poverty, higher subsequent fertility, and a high probability of marital instability and divorce among adolescent parents who marry.[38] Pregnancy tends to trigger a chain of events that undermine the social and economic well-being of the teenage mother and her family.

The most immediate consequence of the pregnant adolescent has been the termination of school attendance. Data indicated a mean of nine years of schooling for women who became mothers at age 15 and a mean of 10.5 years for those who became pregnant at 16 or 17 years.[39] Although some adolescents may return to school to complete their education, evidence points to a lower final level of educational attainment.

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[38]Moore, Hofferth, Wertheimer, p. 36.

[39]Kristin Moore, "Teenage Motherhood: Its Social and Economic Cost." Children Today 8 (May 1979) : 12-16.

Early child bearing has been predictive of low level employment. Furstenberg suggested that although young mothers report a preference for work, employment is low level and low paying because of limited education.[40] This negative employment outcome explains another common consequence for the adolescent mother, depending on welfare.[41] Moore reported that in 1975, more than half of the 9.4 billion dollars spent on Aid For Dependent Children went to women who had started their families before age 20.[42] These data indicate the negative impact of early childbearing on economic status.

Adolescent mothers tend to have more children older women. Data suggest that the younger a female is at her first pregnancy, the more children she will have and the closer spaced they will be.[43] This situation tends to decrease the adolescent mother's chances to adjust to her new role and it compounds her plight.

Marital instability has been identified also as a negative consequence of adolescent parenthood. The correlation between economic resources and marital stability supports this finding.[44] The problematic and often deteriorating economic situation of many adolescent parents predispose marital dissolution.

The consequences of adolescent pregnancy are interrelated. These consequences result from an interaction between a number of biological and

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[40]F. Furstenberg, Unplanned Parenthood: The Social Consequences of Teenage Pregnancy, (New York: Free Press, 1974), p. 56.

[41]Phipps-Yonas, p. 414.

[42]Kristin Moore, "Teenage Childbirth and Welfare Dependency," Family Planning Perspective 10 (April 1978) : 233-235.

[43]Phipps-Yonas, p. 415.

[44]Russ-Eft, Sprenger, and Beever, p. 178.

socio-environmental factors, many of which are amenable to intervention. As public awareness of the costs of adolescent childbearing has increased in the past decade, services have been developed to assist the young parent to better handle the economic and psychological demands of adolescent parenthood. Medical services providing health care to the mother and child, special educational programs permitting the young mother to remain in school during the transition to parenthood, vocational training and job placement, childcare services and family planning are a few of the social interventions that have been devised by public and private agencies to reduce the ill effects of early childbearing.

The Adolescent Parent

The proliferation of adolescent pregnancies and the rearing of children by single school-age mothers have occurred during the period of increased information about birth control, easily obtained contraceptives, and more liberated abortion laws. Research indicates that the number of one-parent families has been increasing seven times as fast as that of traditional two-parent families, with a growing population being represented by never-married teenagers.[45] Zongker noted that while becoming pregnant out of wedlock is usually an unintended result of sexual activity, keeping and rearing a baby involve deliberation within the context of other viable options, such as adoption or abortion.[46] Research concerning the plight of young unmarried

[45] Calvin Zongker E. "Self-Concept Differences Between Single and Married School-Age Mothers," Journal of Youth and Adolescence 9 (February 1980) : 176.

[46] Ibid.

mothers who kept their babies concluded that most subjects had many unmet needs. Over half did not finish high school or become self-supporting, and most lived in poor, crowded housing and had precarious economic situations. Almost all of those studied had complex personal and social problems, felt lonely and isolated from peers and experienced stress in self-identity and responsibility.[47]

Pregnant teenagers, whether single or married, have problems that are inherent in their youthfulness. Becoming a parent before one becomes an adult has its disadvantages for both mother and child. As parents, adolescents frequently lack a realistic understanding of the needs of infants and young children for nurturant developmental care.[48] The poor socio-psychological resources for parenting believed to exist in the adolescent parent may interfere with other aspects of their behavior. The development of reciprocal mother-infant relationship may be blocked by a lack of sensitivity to cues given by the infant.[49] Research in the area of mother-infant interaction has presented evidence for the infant's contribution to the interaction with the caregiver. It has been noted that subtle disorders of the infant might lead to interaction disturbances between the infant and the mother. If, in addition, the mother is inadequately prepared to care for her infant as a result of age, nutritional, financial, social support, or other inadequacies, the outcome might be an interactional system suffering from a lack of both infant and maternal resources.[50]

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[47]F. Furstenberg, "Birth Control Experiences Among Pregnant Adolescents: The Process of Unplanned Parenthood," Social Problem 19 (February 1971): 193-203.

[48]Honig, p. 113.

[49]Moore, Hofferth and Wertheimer, p. 251. [50]Ibid.

The adolescent mother's immaturity and educational level can limit her resources for promoting infant development. Research indicates that adolescent mothers demonstrate significantly less adaptive mothering behaviors.[51] Mothers under nineteen years of age have been noted to be less responsive toward their infants. The impact of maternal age on the physical, intellectual, and social development of infants has been documented. Comparative studies of infant development indicated that children of mothers nineteen years of age and under do not achieve the physical, intellectual, and social levels of infants of older women.[52] Roosa notes, however, that maternal age is not as predicive of infant development as socioeconomic status.[53] Mercer reported that when teenage mothers were compared to older women, their infants demonstrated significant advantages in physical, motor, and social development through four months of age. However, after a year, infants of older women were more advanced in social development than infants of teenagers.[54] These findings are indicative of the adolescent mother's need of a supportive network which will enhance the developmental potential of her infant. A supportive network would have a positive impact on the mother's developmental milestones as well.

The type of parent-child relationship that an adolescent mother experiences, influences her interpersonal relationships through adolescence and adulthood. The parent-child relationship provides opportunities for the

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[51]Ramona Mercer, "Assessing and Counseling Teenage Mothers During The Perinatal Period," Nursing Clinics of North America 18 (June 1983) : 293.

[52]M. Roosa, H. Fitzgerald, and N. Carson, "A Comparison of Teenage and Older Mothers: A Systems Analysis," Journal of Marriage Family 44 (February 1982) : 367.

[53]Ibid.

[54]Mercer, p. 293.

individual to learn patterns of behavior. Adolescent parenting may be made easier or more difficult by the type of interpersonal and communicative patterns that characterize the adolescent's relationship with parents. Adolescents who have grown up in highly punitive, erratic or indifferent family situations may have less self esteem and fewer internal resources to help them deal responsibly with parenting.[55] Negative parenting of the adolescent mother may be passed on as a legacy to her infant. Infants may be neglected or abused because of the negative parenting their parents received. Positive parenting requires caring for and giving to another person. These behaviors are learned from early childhood experiences of the parent. It is unlikely that a parent would demonstrate effective parenting skills, if a nurturing experience has been lacking. The literature notes that unresolved needs of parents may lead to unrealistic expectations of the child which, when combined with lack of knowledge of child care techniques, lack of knowledge of child development, and low frustration tolerance, can result in maltreatment of the child by the parent.[56]

Social stressors can exacerbate the risk of child abuse or neglect in potentially high risk parent-child relationships. The parents' youth, unemployment and limited communication with adult family members have been identified as some accompanying social stressors in child maltreatment situations.[57] The psychosocial risk to the child of the adolescent parent is

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[55]Honig, p. 115.

[56]F. G. Bolton, Ray H. Laner, and Sandra P. Kane, "Child Maltreatment Risk Among Adolescent Mothers: A Study of Reported Cases," American Journal Orthopsychiatry 50 (July 1980) : 492.

[57]Bolton, Laner, and Kane, p. 492.

considered high. It has been reported that the adolescent parent's isolation from peer groups and social support systems combines with the individual's low self-esteem to create a perception of the child as either the source or solution of the parent's problems.[58] Either of these perceptions by the parent may place the child at risk.

The incidence of child abuse and/or neglect warrants societal attention and indicates the need for intervention. Helfer and Kempe stated:

> "There are no strata of our society giving the problem of abuse and neglect the attention it demands. Violence is glorified rather than abhored on television; schools teach basket weaving rather than child and family development; over $120 billion are spent to defend against a threat from without while our familes, the core of our society, are being eroded with the cancer of abnormal rearing practices. Parenting practices in our society are likened to the great tree, standing erect, shielding us from the sun, only to fall one day from internal decay."[59]

Estimates of the incidence of child abuse and neglect vary enormously. It has been reported that between 5.4 and 8.1 million children are abused and/or neglected yearly.[60] These children have been subjected to various forms of maltreatment by their parents or caretakers.

When considering maternal age as a variable, adolescent parenthood has been a growing concern with the problem of child abuse and neglect. Evidence indicates that the proportion of mothers who gave birth as teen-

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[58]Bolton, Laner, and Kane, p. 492.

[59]Ray E. Helfer and Henry C. Kempe, ed. Child Abuse and Neglect (Cambridge: Ballinger Publishing, 1976), p. xviii.

[60]Bolton, Laner, and Kane, p. 490.

agers is higher in child abusing families than in the general population.[61] This finding suggests an association between adolescent parenting and child abuse. Kinard and Klerman concluded that the association between adolescent parenting and child abuse may not be causal, but may be due instead to the association of both phenomena with impoverished backgrounds and disturbed family life.[62] This association between adolescent parenting and child abuse, reinforces the need to prevent adolescent pregnancy and reduce the negative consequences of early childbearing.

The complexity of child rearing can be frustrating for parents in general and specifically for the adolescent parent. Adolescent parents often have highly unrealistic expectations of their infants in terms of achievement of developmental tasks. These young parents often expect that an infant will comply with "no-no" requests perfectly before a year of age and the parents may become very angry at infants who are "disobedient" to such commands.[63] Research of parental expectations of adolescent couples indicated that parents' lack of knowledge and experience and unrealistic expectations of child development were coupled with general disappointment in their lives and a poor economic situation. It was concluded that this phenomenon served to raise parents' irritability, lower the threshold of tolerance with children and make more probable the use of physical, sometimes cruel, punishment of children.[64]

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[61] E. Milling Kinard and Lorraine Klerman. "Teenage Parenting and Child Abuse: Are They Related?" American Journal Orthopsychiatry 50 (July 1980) : 487.

[62] Ibid., p. 487.

[63] Honig, p. 117.

[64] J. Del'Amore. "Child Abuse: Many Unanswered Questions," Sharing (Winter 1976) : 3-9.

In an attempt to prevent child abuse and neglect, various educational programs have been recommended to teach appropriate parenting skills, attitudes, and behaviors. These programs have been designed to meet the needs of selected target audiences, in this case, the adolescent parent. Such parenting education measures can provide effective information relevant to the task of child rearing. Insight into communciation styles and interactions is especially helpful to parents who are predisposed toward perpetrating abusive and/or neglectful acts toward children.[65]

Special Programs

Adolescent pregnancy and parenthood often initiate a cycle of failure to continue education, dependence on the welfare system, creation of unstable families and repeated pregnancies. Currently, there are numerous programs that have been developed to meet the special needs of pregnant adolescents. Programs and services for pregnant adolescents can have a variety of sponsorships. The priority commitment of a service program often is determined by the group which initiates the service. Traditionally, these services have been sponsored by the medical, educational, and lay community. Many of these programs have been expanded from their traditional medical and academic frameworks to include a variety of topics in the area of parenting education. These programs are located in facilities that range from simple hospital clinics, to combination clinic and counseling services, to

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[65]Peggy Smith. Adolescent Pregnancy - Perspectives For The Health Professional, ed. Peggy Smith and David M. Mumford (Boston: G. K. Hall and Co., 1980), p. 159.

alternative schools exclusively for pregnant students.[66] It has been noted that in our society, the institution that is best able to provide services to the pregnant adolescent and the adolescent mother is the educational system.[67] Continuing in school is a key element in breaking the negative cycle associated with adolescent pregnancy.

Hospital-based programs provide reinforcement of the maintenance of primary health care. These programs usually provide only short-term interventions by health care professionals. However, the need for hospital programs is documented in the literature. Pregnant adolescents, specifically the adolescent under nineteen years of age, are predisposed to greater medical risks than all other groups of pregnant females.[68] Hospital-based programs have been developed to be responsive to these risks. The general format for these programs includes a multidisciplinary approach provided by professionals from the medical and allied health professions. The objectives of these programs usually include health maintenance of the mother and infant, encouragement toward continuing educational and vocational activities, and enhanced motivation toward the mother's accepting and using effective contraception.[69] Information and counseling on nutrition, contraception, and medical aspects of childbearing and rearing help achieve the objectives of these programs.

School-based programs for pregnant adolescents have been implemented by educational systems, since pregnancy is the most often stated

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[66] Andrea Jolles, "Children Having Children - Pregnant Adolescents Need Special Education From Devoted Educators," Childbirth Educator (Summer 1982) : 46.

[67] Rogeness, et al., p. 373.

[68] Smith, p. 79.

[69] Ibid.

reason for the termination of formal schooling.[70] School-based programs serve a valuable function in fostering and facilitating continued education. However, many regular school settings do not provide curricular material and information that especially meet the pregnant adolescent's needs. Training in child growth and development, parenting skills and nutrition are examples of needed elements. It has been noted that due to parental and peer pressure and the inability of regular schools to integrate the services needed by pregnant adolescents, the development of special school options have been implemented.[71] These include homebound education, special school placement and night school instruction. Special counseling and guidance for the new problems and personal experiences of pregnant adolescents often is difficult to obtain in regular school settings.

Special school programs generally strive to provide early and consistent prenatal care, counseling services and continuing education. Research findings indicate that many of these programs have been able to demonstrate that participants in these programs receive earlier and more adequate prenatal care and have fewer complications and lower incidence of prematurity.[72] Special school programs enable the pregnant adolescent to continue her education, learn child care techniques and parenting, and obtain emotional support from peers and caring adults. This helps her to cope with the stress of caring for a child, enables her to work on the developmental tasks of adolescence, and enables her to learn healthy attitudes toward

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[70] Ibid., p. 282.

[71] Ibid.

[72] Marjorie Berg, Barbara Taylor, Laura Edwards, et al., "Prenatal Care For Pregnant Adolescents In A Public High School," Journal of School Health 49 (January 1979) : 32.

children.[73]

Because of the unique developmental phase of adolescence, the needs of pregnant adolescents are specific, and services must be adapted to fit their special needs. Therefore, the manner in which the services are provided and the providers of these services must reflect the needs of pregnant adolescents.[74]

Characteristics that have been identified as important for the success of such programs are as follow: (1) provide a peer group of similar girls, (2) provide role models of nurturance who help nurture the girls and show them how to nurture their own young, (3) provide role models of rule givers who gently discipline the girls when indicated and become role models of limit setting for their young, (4) provide structures to maintain and teach age and role appropriate skills, (5) provide educational and career facilities for future development of the adolescents, (6) provide adequate physical care for the adolescent and her baby, (7) provide services beyond the separation/individuation phase of the child.[75]

Many special school programs provide on-site nurseries. Nurseries not only provide day care for infants, thereby allowing many teenagers to return to school, but also generate a valuable first hand experience and introduction to the process of parenting and childrearing. These programs have implemented intervention strategies aimed at improving parenting skills

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[73]Rogeness, et al., p. 379.

[74]Barbara N. Adams. "Adolescent Health Care: Needs, Priorities and Services," Nursing Clinics of North America 18 (June 1983) : 239.

[75]Rogeness, et al., p. 373.

of adolescent mothers.[76] Badger advocates a group of instructional approach that is both child and mother centered and features demonstrations and positive feedback by the instructor as adolescent mothers interact with their infants.[77] This teaching technique assists in shaping adolescent attitudes and behavior relative to parenting. The use of reinforcers such as high school credit, free transporation, free toys, and photos of their infants positively influence class participation and indirectly tell a young mother that the program is important for her and her infant.[78]

Participant modeling is another approach that has been used to teach parenting skills to adolescent mothers. This approach consists of an audio-visual modeling strategy. The adolescent mothers serve as models for the behaviors depicted in films. The films deal with areas of parenting such as discipline, language development and the teaching learning process. Clarke reports that young mothers who have participated in such programs provided more positive feedback to their infants and incorporated more behaviors that fostered social growth than did mothers in a control group.[79] The adolescent mothers who participated in this program were less restrictive and punitive than control mothers who received no intervention.

Research findings suggest that adolescents who have participated in both regular school and special school programs while pregnant tend to continue their formal education and to control future pregnancies.[80] It has been

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[76]Earladeen Badger. "Effects of Parent Education Program On Teenage Mothers and Their Offspring," in Teenage Mothers and Their Offspring, ed. Keith G. Scott, Tiffany Field and Euan Robertson (New York: Grune and Stratton, 1981), p. 308.

[77]Ibid.

[78]Clarke, p. 305.

[79]Smith, p. 84.

[80]Rogeness, p. 379.

noted also that adolescent mothers in special programs have more realistic expectations of children and experience less stress in rearing their children.[81] The benefits of special school programs have been documented. These settings are ideal for meeting the needs of pregnant adolescents and adolescent parents. The development and implementation of comprehensive programs which include education, social, and medical services can have a positive impact on the developmental outcomes of young mothers and their infants.

Summary

A review of the literature notes some antecedents and negative consequences of adolescent pregnancy. These consequences have an impact upon the adolescent parent, the child, the family and society. Research data suggest that a female who is young, lacking in understanding and awareness of her infant and her relationship with the infant, is at risk for child abuse and neglect.

It has been noted that special programs have been developed and implemented to meet the special needs of pregnant adolescents and adolescent parents. The literature indicates programmatic success relative to the continuation of formal education, control of future pregnancies and decline in medical complications.

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[81] Ibid., p. 379.

Chapter 3

RESEARCH METHODOLOGY

This chapter describes the procedures used in collecting data. The purpose of the study was to compare the parenting profiles of adolescent mothers who attended an alternative school for pregnant students with adolescent mothers who did not attend this school. A description of the sample, the setting, the instrument, and the procedure will be presented.

A quasi-experimental research method was utilized for this study. The nonequivalent control-group design was selected. The rationale for the selection of this research design was the non-random assignment of subjects to the experimental and control groups.[82]

Random assignment of subjects to the experimental group was not feasible because of an intact group situation at the alternative school. Random assignment of subjects to the control group would have decreased the sample size due to the fluctuation in the number of pregnant adolescents admitted to the prenatal clinic at any given time. The control group was selected from a hospital setting as opposed to the alternative school because it was felt to be unethical to deny any student at the school the right to receive the health education instruction (treatment).

Sample Selection

The sample for this study were volunteers who attended an

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[82]Donald T. Campbell and Julian C. Stanley, Experimental and Quasi-Experimental Designs for Research (Chicago: Rand McNally and Co., 1963), p. 47.

alternative school for pregnant students and volunteers who attended the prenatal clinic at a general hospital in Norfolk, Virginia. The experimental group consisted of subjects who attended the alternative school. The control group consisted of subjects who attended the prenatal clinic. The subjects were between thirteen and nineteen years of age, nulliparas, and in the second trimester of pregnancy. The subjects who participated in this study were instructed to read and sign a consent form (Appendix A). For all subjects under 18 years of age, parents also were requested to sign a consent form (Appendix B).

Sample size was influenced by the high attrition rate at the alternative school and the number of pregnant adolescents who were admitted to the prenatal clinic. There were twenty subjects in both the experimental and control groups. A total of forty subjects participated in this study.

Setting

The settings that were used for this study included an alternative school for pregnant students and a general hospital's prenatal and post-partum clinics. Permission was granted from the Norfolk Public School System's Department of Research (Appendix G) and the administrator and director of nursing at the general hospital (Appendixes H and I).

Alternative School. This educational program is under the auspices of the Norfolk Public Schools' Continuing Education Program. This centralized school is a component of a comprehensive community approach designed to meet the increasing local problem of adolescent pregnancy. Students enrolled in this special program range from nine to twenty-one years of age. Their average participation in the program is two to nine months. This program is

designed especially for pregnant students; therefore it facilitates the return to school of drop out pregnant students.

This school provides academic courses, health education, child care, homemaking, and recreation for both the pregnant adolescent and the adolescent mother. The school's educational program provides three interrelated components: (a) courses leading to the completion of high school, (b) courses leading to vocational skill development and (c) courses and other activities leading to improved knowledge in health related areas and personal development.

Parenting education is emphasized and primarily presented in the health component core course (Appendix J). This course is divided into two sections and these sections are taught concurrently with new enrollees beginning in section one in this course. All of the students in this school are enrolled in this course.

Prenatal Clinic and Post-partum Clinic. This general hospital's obstetrical department provides health care to maternity patients of all ages. The prenatal clinic provides health care, health education and maternal monitoring. After delivery, clients are seen in the post-partum clinic for a six weeks post delivery examination. This clinic provides health care and health education.

Instrument

The instrument used in data collection was the Michigan Screening Profile of Parenting (MSPP) developed by Helfer, Hoffmeister, and Schneider (Appendix K). The MSPP is a questionnaire that is designed to provide a profile of perceptions in areas which are presumed to be critically important

for positive parent-child interactions.[83]

The MSPP is divided into four sections. Section A has a varying type of response category depending on the information that is being requested. Sections B, C, and D have a seven-point Likert-type response scale. The response range of the scale is strongly agree, moderately agree, slightly agree, neither agree nor disagree, slightly disagree, moderately disagree, and strongly disagree.

The MSPP yields four cluster measures which are generated from responses to the items in Section B. These measures are called: Emotional Needs Met (ENM), Relationship With Parents (RWP), Expectations of Children (EOC), and Coping (COP). The authors of the MSPP assigned scores for the cluster measures. These scores are divided into various categories. The ENM score is divided into three categories: Low scores (positive perception) - 1.00 - 2.49, High scores (negative perception) - 2.50 - 7.00, and Nonconvergent scores (inconsistent perception) - no score. RWP, EOC, and COP scores are divided into four categories: Low scores (positive perception) - 1.00 - 2.74, Middle scores (neither positive or negative perception) 2.75 - 5.24. High scores (negative perception) - 5.25 - 7.00, and Nonconvergent scores (inconsistent perception) - no score.

Emotional Needs Met is defined by Items 1, 9, 11, 14, 18, 23, 24, and 29 which reflect the type of relationship between the respondent and others which is learned during the early developmental years. A negative perception (scores from 2.50 - 7.00) indicates that the respondent feels unloved and not understood in present relationships as well as in childhood relationships. A

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[83]Ray E. Helfer, James A. Hoffmeister, and Carol Schneider, The Michigan Screening Profile of Parenting Manual (Boulder: Test Analysis and Development Corporation, 1978), p. 4.

positive perception (scores from 1.00 - 2.49) indicates an emotionally nurturing upbringing with a current feeling of being able to experience emotional support in personal relationships.[84]

Relationship With Parents is defined by Items 3, 6, and 28 which reflect feelings about love and affection between the respondent and parents, particularly the mother. A negative perception (scores from 5.25 - 7.00) indicates certain problems in getting along with, loving, and being close to parents. A positive perception (scores from 1.00 - 2.74) indicates feelings of closeness and warmth between the respondent and parents.[85]

Expectation of Children is defined by Items 7, 27, and 30 which reflect the respondent's feelings that very young children should be well behaved and sensitive to what their parents want from them. A negative perception (scores of 5.25 - 7.00) indicates unrealistic expectations for children before the ages of two years. A positive perception (scores from 1.00 - 2.74) indicates more realistic expectations for children of this age.[86]

Coping is defined by Items 13, 22, and 26 which reflect the respondent's feelings of being able or unable to cope with crises by handling the situations in appropriate ways. A negative perception (scores from 5.25 - 7.00) indicates an inability to cope in crisis situations. A positive perception (scores from 1.00 - 2.74) indicates an ability to cope in crisis situations.[87]

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[84]James K. Hoffmeister, Results of the Michigan Screening Profile of Parenting (Boulder: Test Analysis and Development Corporation, 1977), p. 9-11.

[85]Hoffmeister, p. 11.

[86]Ibid.

[87]Ibid.

The Emotional Needs Met and Relationship With Parents clusters elicit responses relative to early developmental experiences of the respondent. The identification of perceptions in these areas provides data that can have an impact on parenting skills which are learned from past experiences and these experiences can have a strong influence on future behavior. With reference to this study, the information gained from these clusters is not directly related to the content presented in the parenting education course which is offered at the alternative school. However, the parenting education course can serve as a corrective measure for early negative experiences of the adolescent mother. This corrective measure can have a positive impact of the parent-child interactions of the sample population.

The Cluster Analysis procedures developed by Tryon were used to identify cluster measures in the MSPP. Convergence Analysis was used to compute scores on the four cluster measures.[88]

The validity of the MSPP cluster measures is being established by concurrent validation studies.[89] The results indicate a sensitivity (ability to identify accurately parents with known problems in interacting with their children) of 83 percent and a specificity (ability to identify accurately parents with no apparent problems in interacting with their children) of 77 percent.[90] These results were derived from the analyses of responses to the ENM cluster, which has consistently provided the best degree of sensitivity and specificity.

The reliability of the MSPP cluster measures has been established by

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[88] Ibid., p. 12.

[89] Ibid., p. 2.

[90] Helfer, Hoffmeister, and Schneider, p. 9.

the test/retest method. The average difference in oblique factor coefficients across the four cluster analyses was .05.[91] Permission was granted, from the authors, to use the MSPP questionnaire for data collection (Appendix L).

Procedure

The following procedure was implemented to collect data for this study. The tool that will be used to collect data is the Michigan Screening Profile of Parenting (MSPP). This questionnaire is designed to provide information regarding how parents (or prospective parents) feel about (a) some of their childhood experiences, (b) how their children do or should interact with them, and (c) their current interactions with family members and friends.[92] This seventy-four item questionnaire can be self-administered in approximately twenty-five minutes.

Pretest and posttest parenting profiles for both groups were computed from the subjects' responses to items on the MSPP questionnaire. Subjects were requested to respond to the items in sections A, B, and D of the questionnaire for pretesting. Posttest data were derived from the subjects' responses to the items in sections A, B, and C of the questionnaire. Items in section D of the questionnaire are designed specifically for prospective parents and items in section C are designed specifically for parents. The questionnaire was read aloud by the researcher to the subjects (individually or in a group) by the researcher because of varied reading levels of the subjects. Parenting profile scores were computed by the authors of this instrument. The authors

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[91] Hoffmeister, p. 9.

[92] Helfer, Hoffmeister, and Schneider, p. 1.

have requested that the MSPP questionnaires be returned to them for scoring. Following the formulation of parenting profile scores, further analysis was conducted at the Social Sciences Research Laboratory at Norfolk State University. A two-tailed t test was conducted to test null hypotheses 1 and 2. The level of statistical significance was at the .05 level. The two-way analysis of variance was conducted to test null hypothesis 3. The level of statistical significance was at the .05 level. Data collection began in November, 1983.

Experimental Group (Alternative School Group)

The questionnaire was administered to volunteers in the experimental group during the first class of the health component core course at the alternative school. These data were used to determine pretest parenting profiles for this group. The questionnaire was readministered to this group upon the completion of the health component core course (treatment) at the alternative school and after their 6-weeks postnatal examination. These data were used to determine posttest parenting profiles for this group. Posttest data werecollected only from those subjects who have delivered live infants and completed the special curriculum designed for this school's student population. If posttest data were not collected during the last health education class, a home visit will be made to the subject.

Control Group (Hospital Group)

The questionnaire was administered to volunteers in the control group, during the first visit to the prenatal clinic. These data were used to determine pretest parenting profiles. The questionnaire was readministered

to this group, after they delivered their infants and returned to the postpartum clinic for their 6 weeks post-natal examination. These data were used to determine posttest parenting profiles. If circumstances prevented the read-ministering of the questionnaire at this time, means were carried out to collect the data at the time of the infant's six week examination or during a home visit to the subject. Posttest data were collected only from those subjects who delivered live infants.

Summary

This chapter has presented a discussion of the research methodology used for this study. A description and rationale for the research design was presented. A quasi-experimental research method was used. The nonequivalent control-group design was selected. The selection of this research design was due to the intact group situation at the alternative school and the non-random assignment of subjects to the experimental and control groups.

The procedure used for sample selection was presented also. The sample for this study consisted of forty volunteers. The experimental group consisted of twenty adolescents who attended an alternative school and the control group consisted of twenty adolescents who attended the prenatal clinic at a general hospital. The subjects were between thirteen and nineteen years of age, nulliparas, and in the second trimester of pregnancy.

The instrument used for data collection was the MSPP questionnaire. The validity and reliability of the instrument were noted. The procedure

used for data collection in this study was discussed and outlined.

Chapter 4

ANALYSIS OF DATA

The procedures used for data analysis are reported in this chapter. The sample population for this study consisted of two groups of adolescents. The experimental group consisted of volunteers who attended an alternative school for pregnant students. The control group consisted of volunteers who attended a prenatal clinic at a general hospital for obstetrical care. A description of the demographic and social data of the subjects and the subjects' scores on the Michigan Screening Profile of Parenting (MSPP) cluster measures and scan code will be presented. An analysis of the experimental and control groups' pretest and posttest profiles will be described. A description of the inferential statistics used to test the hypotheses will be presented.

A total of eighty MSPP questionnaires were completed (forty questionnaires for the experimental group and forty questionnaires for the control group) and forwarded to the Test Analysis and Development Corporation for scoring, as requested by the authors of the MSPP questionnaire. Convergence analysis was used to compute the scores on each of the four MSPP cluster measures. This procedure ensures that the scores are assigned to respondents on a cluster measure only if the responses to the various items making up the measure are reasonably consistent. This process is designed to minimize the effect on data of such factors as person-item interaction, carelessness, and misunderstanding.[93]

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[93]Helfer, Hoffmeister, and Schneider, p. 5.

Scores on the MSPP cluster measures range from 1.00 - 7.00. Low scores (1.00 - 2.49) on the Emotional Needs Met (ENM) cluster and low scores (1.00 - 2.74) on the Relationship With Parents (RWP), Expectation of Children (EOC), and Coping (COP) clusters are indicative of no apparent parent-child interaction problems. Middle scores (2.75 - 5.24) on the RWP, EOC, and COP clusters are indicative of neither positive nor negative perceptions with regard to parent-child interactions. There are no middle score for the ENM cluster. High scores (2.50 - 7.00) or nonconvergent scores on the ENM cluster and high scores (5.25 - 7.00) on the RWP, EOC, and COP clusters are indicative of potential parent-child interaction problems.

Demographic and social data noted the following characteristics for the sample population. One (2.5 percent) subject was thirteen years of age. Two (5 percent) of the subjects were fifteen years of age. Fourteen (35 percent) of the subjects were sixteen years of age. Nine (22.5 percent) of the subjects were seventeen years of age. Five (12.5 percent) of the subjects were eighteen years of age. Six (15 percent) of the subjects were nineteen years of age. The mean age for the sample was 16.7 years (Appendix M).

The subjects' financial situations were varied. Fourteen (35 percent) of the subjects were under the $6,000 income level. Five (12.5 percent) of the subjects were in the $6,000 - $10,000 income level. Four (10 percent) of the subjects were in the $10,000 - $15,000 income level. Four (10 percent) of the subjects were in the $15,000 - $20,000 income level. Two (5 percent) of the subjects were over the $20,000 income level and eleven (27.5 percent) of the subjects did not respond. The mean income for the sample population was between $6,000 - $10,000 (Appendix N).

The sample reported various educational levels. Eight (20 percent) of the subjects had completed the eighth grade. Twenty-two (55 percent) of the subjects had completed the tenth grade. Nine (22.5 percent) of the subjects had completed the twelfth grade and one (2.5 percent) subject had attended college. The mean grade completed by the sample was the tenth grade level. (Appendix O).

The sample reported receiving various types of punishment, as children, from their parents. Ten (25 percent) of the subjects received no punishment as a child. Thirteen (32.5 percent) of the subjects received physical punishment as a child. Six (15 percent) of the subjects received non-physical punishment as a child and eleven (27.5 percent) of the subjects received both physical and non-physical punishment as a child (Appendix P).

The subjects, in each group, received a score for the four MSPP cluster measures and a scan code score. The scores of the subjects on the Emotional Needs Met (ENM) cluster ranged from 0.00 to 6.83. A score of 0.00 indicated that the subject had inconsistent responses on this cluster. Inconsistent responses on this cluster are indicative of a negative parenting profile. A characteristic of persons known to be abusive is their inconsistent manner of describing situations leading up to and associated with the expression of unusual child rearing practices.[94] A score of 1.00 to 2.00 indicated that the subject had an emotionally nurturing upbringing with a current feeling of being able to experience emotional support in personal relationships. A score of 3.17 to 6.83 indicated that the subject felt unloved and not understood in present relationships as well as in childhood relationships.

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[94]Helfer and Kempe, Child Abuse and Neglect, p. 395.

The scores of the subjects on the Relationship With Parents (RWP) cluster ranged from 1.00 to 7.00. A score of 1.00 - 2.00 indicated that the subject had feelings of closeness and warmth between her parents and herself. A score of 3.00 to 5.00 indicated that the subject had neither positive nor negative feelings toward her parents. A score of 6.00 to 7.00 indicated that the subject had problems in getting along with, loving, and being close to her parents.

The scores of the subjects on the Expectation of Children (EOC) cluster ranged from 1.00 to 7.00. A score of 0.00 indicated that the subject had inconsistent responses with regard to her expectations of children before the age of two years. Inconsistent response are indicative of a negative cluster in the parenting profile. A score of 1.00 to 2.00 indicated that the subject had realistic expectations of children before the age of two years. A score of 3.00 to 5.00 indicated that the subject had neither positive nor negative expectations of children before the age of two years. A score of 5.50 to 7.00 indicated that the subject had unrealistic expectations of children before the age of two years.

The scores of the subjects on the Coping (COP) cluster ranged from 0.00 to 7.00. A score of 0.00 indicated that the subject had inconsistent responses with regard to coping in crisis situations. Inconsistent responses are indicative of a negative cluster in the parenting profile. A score of 1.00 to 2.00 indicated that the subject had feelings of being able to cope with crisis situations. A score of 3.50 to 5.00 indicated that the subject had neither feelings of being able nor unable to cope with crisis situations. A score of 5.50 to 7.00 indicated that the subject had feelings of being unable to cope with crisis situations.

For each subject, a MSPP scan code score was derived. The four digits of the scan code score represented the four cluster measures. A scan code score of one represented nonconvergent scores which indicated a negative parenting profile. A scan code score of two represented high scores which indicated a negative parenting profile. A scan code score of three represented middle scores which indicated an uncertain parenting profile and a scan code score of four represented low scores which indicated a positive parenting profile.

Experimental Group (Alternative School Group)

The pretest MSPP cluster measures and scan code scores indicated that fifteen (75 percent) of the subjects had negative parenting profiles. The scan code score of one or two was assigned to the ENM cluster. Five (25 percent) of the subjects had positive parenting profiles. The scan code score of four was assigned to the ENM cluster. There is no middle score for this cluster.

The posttest MSPP cluster measures and scan code scores indicated that fourteen (70 percent) of the subjects had negative parenting profiles and six (30 percent) of the subjects had positive parenting profiles. A comparison of the pretest and posttest raw scores for this group indicated that three (15 percent) of the subjects who had negative profiles at pretesting, had more positive perceptions at posttesting which were indicative of positive profiles. It was also noted that two (10 percent) of the subjects who had positive profiles at pretesting, had more negative perceptions at posttesting which were indicative of negative profiles. Fifteen (75 percent) of the subjects remained unchanged. Table 1 depicts the summary of the experimental

group's raw scores on the MSPP cluster measures and scan codes.

Further comparison of the experimental group's scores indicated the following relative to the MSPP cluster measures. These data are as follows:

Cluster I: Emotional Needs Met (ENM)

This cluster reflects the respondent's feelings relative to interpersonal relationships during early developmental years. Five (25 percent) of the subjects perceived themselves as having had positive interactions with their parents at pretesting, while posttest scores indicated that six (30 percent) of the subjects had positive perceptions of their interactions with their parents. Five (25 percent) of the subjects perceived themselves as unloved and not understood by their parents at pretesting, while ten (50 percent) of the subjects reported these perceptions at posttesting. Ten (50 percent) of the subjects had inconsistent responses at pretesting, while four (20 percent) of the subjects had inconsistent responses at posttesting. Inconsistent responses are considered as a non-convergent score, which also indicated that these subjects perceived themselves as unloved and not understood by their parents.

Cluster II: Relationship With Parents (RWP)

This cluster reflects the respondent's feelings regarding love and affection between self and her parents, particularly her mother. The scores on this cluster indicated that twelve (60 percent) of the subjects at pretesting perceived closeness and warmth between themselves and their parents, while posttest scores indicated the same percentage. Four (20 percent) of the subjects at pretesting had neither positive nor negative perceptions of their parents, while posttest scores indicated that seven (35 percent) of the

TABLE 1

Summary Table of Experimental Group's Raw Scores
On MSPP Cluster Measures and Scan Codes

(N = 20)

	PRETEST					POSTTEST				
Subject Number	MSPP* Scan Code	MSPP Cluster Measures ENM	RWP	EOC	COP	MSPP* Scan Code	MSPP Cluster Measures ENM	RWP	EOC	COP
001	1422	-0.00	1.00	7.00	7.00	4324	2.33	3.00	7.00	2.00
002	1424	-0.00	1.00	7.00	1.00	2423	5.25	1.00	7.00	5.00
003	4421	1.00	1.00	7.00	-0.00	1432	-0.00	1.00	4.00	7.00
004	1322	-0.00	5.00	6.00	6.00	2433	4.13	1.50	5.00	5.00
005	4323	1.57	3.50	7.00	3.50	1434	-0.00	2.00	3.00	2.00
006	1432	-0.00	2.00	4.00	7.00	2433	5.33	1.00	5.00	4.00
007	1423	-0.00	1.00	6.00	5.00	4433	1.50	1.00	4.00	5.00
008	2441	6.50	2.00	1.50	- 0.00	4332	1.83	4.00	5.00	5.50
009	2433	3.88	1.00	4.00	4.00	2434	3.75	1.00	3.00	2.00
010	2233	6.33	7.00	5.00	3.50	2232	6.50	7.00	3.00	6.00
011	1442	-0.00	1.00	1.00	7.00	1342	-0.00	3.00	2.00	7.00
012	1323	-0.00	3.00	7.00	4.00	2323	3.67	3.00	7.00	4.00
013	1423	-0.00	1.00	7.00	4.00	2423	4.43	2.00	6.00	3.00
014	2331	4.50	3.00	5.00	-0.00	2333	5.00	4.00	5.00	5.00
015	1221	-0.00	7.00	7.00	-0.00	2323	6.33	3.00	7.00	5.00
016	4441	1.75	1.00	2.00	0.00	4444	1.17	1.00	2.00	2.00
017	2233	3.17	6.00	3.50	3.50	2424	5.83	1.00	5.50	1.00
018	1222	-0.00	7.00	6.00	6.50	1334	-0.00	3.00	4.00	1.00
019	4424	1.00	1.00	7.00	1.00	4424	2.00	2.00	6.00	2.00
020	4423	1.57	1.00	6.00	5.00	4433	1.33	1.00	4.00	5.00

*MSPP Scan Code
1 = Nonconvergent Score - Parenting Problems Likely
2 = High Score - Parenting Problems Likely
3 = Middle Score - Parenting Problems Uncertain
4 = Low Score - Parenting Problems Unlikely

subjects had uncertain perceptions of their parents. Four (20 percent) of the subjects at pretesting perceived themselves as having had difficulty getting along with their parents and they did not feel close to their parents, while posttest scores indicated that one (5 percent) subject reported these perceptions. There were no non-convergent scores at pretesting or posttesting.

Cluster III: Expectations of Children (EOC)

This cluster reflects the respondent's feelings relative to very young children being well behaved and sensitive to their parents' expectations of them. The scores on this cluster indicated that three (15 percent) of the subjects at pretesting had realistic expectations of children before the age of two years, while posttest scores indicated that two (10 percent) of the subjects had realistic expectations of children before the age of two years. Five (25 percent) of the subjects at pretesting had neither realistic nor unrealistic perceptions regarding the expectations of children before the age of two years, while posttest scores indicated that eleven (55 percent) of the subjects reported these same perceptions. Twelve (60 percent) of the subjects at pretesting had unrealistic perceptions regarding the expectations of children before the age of two years, while posttest scores indicated that seven (35 percent) of the subjects reported these same perceptions. There were no non-convergent scores at pretesting or posttesting.

Cluster IV: Coping (COP)

This cluster reflects the respondent's feelings relative to coping appropriately with crisis situations. The scores on this cluster indicated that two

(10 percent) of the subjects at pretesting perceived themselves as being able to cope in crisis situations, while posttest scores indicated that seven (35 percent) of the subjects reported these same perceptions. Eight (40 percent) of the subjects at pretesting had uncertain perceptions regarding their ability to cope in crisis situations, while posttest scores indicated that nine (45 percent) of the subjects had uncertain perceptions regarding their ability to cope in crisis situations. Five (25 percent) of the subjects at pretesting perceived themselves as being unable to cope in crisis situations, while posttest scores indicated that four (20 percent) of the subjects reported these same perceptions of not being able to cope in crisis situations. Five (25 percent) of the subjects at pretesting had non-convergent scores, which also indicate the perception of not being able to cope in crisis situations, while posttest scores indicated no non-convergent scores. These data are depicted in Table 2.

To test null hypothesis 1, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students, the pretest and posttest ENM cluster means of the experimental group were compared by conducting a two-tailed t test. The t test did not reveal a statistically significant difference between the pretest and posttest means of the ENM cluster ($t = -1.19$, $p < .05$). Null hypothesis 1 was retained as a tenable hypothesis. T test analysis did not reveal statistically significant differences between the pretest and posttest means of the RWP cluster or EOC cluster. However, the pretest and posttest means of the COP cluster revealed a statistically significant difference ($t = -3.39$, $p > .05$). Table 3 depicts these data.

TABLE 2

Experimental Group's Scores
On MSPP Cluster Measures

(N = 20)

MSPP Cluster Measures	CLUSTER SCORES Low	Middle	High	Non-Convergent
ENM				
Pretest	25%	--*	25%	50%
Posttest	30	--*	50	20
RWP				
Pretest	60	20	20	0
Posttest	60	35	5	0
EOC				
Pretest	15	25	60	0
Posttest	10	55	35	0
COP				
Pretest	10	40	25	25
Posttest	35	45	20	0

*There are no middle scores on the ENM cluster measure.

TABLE 3

Means, Standard Deviations, Mean Differences and t Values Between The Pretest and Posttest MSPP Cluster Measure Scores For The Experimental Group

(N = 20)

MSPP Cluster Measures	Pretest $\bar{x}$	Pretest SD	Posttest $\bar{x}$	Posttest SD	Mean Difference	Standard Error	df	t Value
ENM	2.00	1.26	2.40	1.42	- .40	.37	19	-1.19
RWP	3.40	0.82	3.55	0.61	- .15	.17	19	-0.90
EOC	2.55	0.76	2.75	0.64	- .20	.14	19	-1.45
COP	2.35	0.99	3.15	0.75	- .80	.24	19	-3.39*

*p < .05

Control Group (Hospital Group)

The pretest MSPP cluster measures and scan code scores indicated that ten (50 percent) of the subjects had negative parenting profiles. The scan code score of one or two was assigned to the ENM cluster. Ten (50 percent) of the subjects had positive parenting profiles. The scan code score of four was assigned to the ENM cluster. There is no middle score for this cluster.

The posttest MSPP cluster measures and scan code scores indicated that eleven (55 percent) of the subjects had negative parenting profiles and nine (45 percent) of the subjects had positive profiles. A comparison of the pretest and posttest raw scores for this group indicated that one (5 percent) subject who had a positive profile at pretesting, had more negative perceptions at posttesting which were indicative of a negative profile. Nineteen (95 percent) of the subjects' pretest and posttest profiles remained unchanged. Table 4 depicts the summary of the control group's raw scores on the MSPP cluster measures and scan codes.

Further comparison of the control group's scores indicated the following relative to the MSPP cluster measures. These data are as follows:

Cluster I: Emotional Needs Met (ENM)

This cluster reflects the respondent's feelings relative to interpersonal relationships during early developmental years. Ten (50 percent) of the subjects perceived themselves as having had positive interactions with their parents at pretesting, while posttest scores indicated that nine (45 percent) of the subjects reported these same perceptions. Three (15 percent) of the subjects perceived themselves as unloved and not understood by their parents

TABLE 4

Summary Table of Control Group's Raw Scores
On MSPP Cluster Measures and Scan Codes

(N = 20)

	PRETEST					POSTTEST				
Subject Number	MSPP * Scan Code	MSPP Cluster Measures ENM	RWP	EOC	COP	MSPP* Scan Code	MSPP Cluster Measures ENM	RWP	EOC	COP
021	1422	-0.00	1.00	7.00	7.00	1424	-0.00	1.00	7.00	1.00
022	2322	6.00	3.00	7.00	7.00	2322	5.00	3.00	7.00	7.00
023	1422	-0.00	1.00	7.00	6.00	1423	-0.00	2.00	7.00	4.50
024	4423	1.00	1.00	7.00	4.50	4424	1.00	1.00	7.00	2.00
025	1431	-0.00	1.00	4.50	-0.00	2332	5.50	3.00	5.00	5.50
026	1422	-0.00	1.00	7.00	7.00	2422	6.83	1.00	7.00	6.50
027	4424	1.00	1.00	6.00	1.00	4423	2.00	2.00	5.50	3.00
028	4321	1.67	3.50	6.00	0.00	1423	-0.00	2.00	6.50	4.50
029	4424	1.00	1.00	7.00	1.00	4424	1.00	1.00	7.00	1.00
030	2443	4.50	2.00	1.00	4.50	1434	-0.00	1.00	4.50	1.00
031	1233	-0.00	7.00	5.00	4.00	2333	4.50	4.00	5.00	4.50
032	4433	1.00	1.00	3.00	5.00	4422	1.17	1.00	7.00	7.00
033	4422	2.00	1.00	6.00	6.00	4424	2.00	2.00	6.00	2.00
034	4424	1.00	1.00	6.50	1.50	4424	1.33	1.00	5.50	2.50
035	1424	-0.00	1.50	7.00	1.50	1423	-0.00	2.00	7.00	4.50
036	1421	-0.00	1.00	7.00	-0.00	1424	-0.00	1.00	7.00	1.00
037	2324	5.17	3.00	6.00	1.00	1332	-0.00	5.00	3.00	7.00
038	4424	1.00	1.00	7.00	1.00	4224	1.00	6.50	7.00	1.00
039	4424	1.00	1.00	7.00	1.00	4424	1.00	1.00	7.00	1.00
040	4424	1.00	1.00	7.00	1.00	4424	1.88	1.00	7.00	1.00

*MSPP Scan Code

1 = Nonconvergent Score - Parenting Problems Likely
2 = High Score - Parenting Problems Likely
3 = Middle Score - Parenting Problems Uncertain
4 = Low Score - Parenting Problems Unlikely

at pretesting, while four (20 percent) of the subjects reported these same perceptions at posttesting. Seven (35 percent) of the subjects had inconsistent responses at pretesting, while seven (35 percent) of the subjects inconsistently responded at posttesting. Inconsistent responses are considered as a non-convergent score, which also indicated that these subjects perceived themselves as unloved and not understood by their parents.

Cluster II: Relationship With Parents (RWP)

This cluster reflects the respondent's feelings regarding love and affection between self and her parents, particularly her mother. The scores on this cluster indicated that sixteen (80 percent) of the subjects at pretesting perceived closeness and warmth between themselves and their parents, while posttest scores indicated that fifteen (75 percent) of the subjects reported these same perceptions. Three (15 percent) of the subjects at pretesting had neither positive nor negative perceptions of their parents, while four (20 percent) of the subjects reported these same perceptions at posttesting. One (5 percent) subject at pretesting perceived that she had difficulty getting along with and loving her parents and did not feel close to them, while posttest scores indicated that one (5 percent) subject reported these same perceptions. There were no non-convergent scores at pretesting or posttesting for this cluster.

Cluster III: Expectation Of Children (EOC)

This cluster reflects the respondent's feelings relative to very young children being well behaved and sensitive to their parents' expectations of them. The scores on this cluster indicated that one (5 percent) subject at

pretesting had positive perceptions relative to realistic expectations of children before the age of two years, while posttest scores indicated that no subject reported these same perceptions. Three (15 percent) of the subjects at pretesting had neither realistic nor unrealistic perceptions regarding their expectation of children before the age of two years, while posttest scores indicated that four (20 percent) of the subjects reported these same perceptions. Sixteen (80 percent) of the subjects at pretesting had negative perceptions regarding realistic expectations of children before the age of two years, while posttest scores indicated the same percentage. There were no non-convergent scores at pretesting or posttesting for this cluster.

Cluster IV: Coping (COP)

This cluster reflects the respondent's feelings relative to coping appropriately with crisis situations. The scores on this cluster indicated that eight (40 percent) of the subjects at pretesting perceived themselves as being able to cope in crisis situations, while posttest scores indicated that ten (50 percent) of the subjects reported these same perceptions. Four (20 percent) of the subjects at pretesting reported uncertain perceptions regarding their ability to cope in crisis situations, while posttest scores indicated that five (25 percent) of the subjects reported these same perceptions. Five (25 percent) of the subjects at pretesting perceived themselves as being unable to cope in crisis situations, while posttest scores indicated that five (25 percent) of the subjects reported these same perceptions. Three (15 percent) of the subjects at pretesting had non-convergent scores, which indicated that these subjects also perceived themselves as being unable to cope in crisis situations. There were no non-convergent scores on this cluster at posttesting. These

data are depicted in Table 5.

TABLE 5

Control Group's Scores
On MSPP Cluster Measures
(N = 20)

MSPP CLUSTER MEASURES	CLUSTER SCORES Low	Middle	High	Non-Convergent
ENM				
Pretest	50%	--*	15%	35%
Posttest	45	--*	20	35
RWP				
Pretest	80	15	5	0
Posttest	75	20	5	0
EOC				
Pretest	5	15	80	0
Posttest	0	20	80	0
COP				
Pretest	40	20	25	15
Posttest	50	25	25	0

*There are no middle scores on the ENM cluster measure.

To test null hypothesis 2, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended a prenatal clinic at a general hospital, the pretest and posttest ENM cluster means of the control group were compared by conducting a two-tailed t test. The t test did not reveal a statistically significant difference between the pretest and posttest means of the ENM cluster ($t = .52$, $p < .05$). Null hypothesis 2 was retained as a tenable hypothesis. The t test analysis did not reveal statistically significant differences between the pretest and posttest means of the RWP, EOC, and COP clusters. Table 6 depicts these data.

Comparison Between Groups

The testing of null hypothesis 3, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students and adolescent mothers who did not attend this school, was accomplished by using the two-way analysis of variance as the test of significance. The type of program, experimental or control group status, and the pretest cluster scan code scores were tested as independent factors with the posttest scan code scores treated as the criterion variable.

The two-way analysis of variance did not reveal statistically significant differences between the groups on the ENM, RWP, or COP cluster measures. The absence of a significant difference on the ENM cluster ($F = .057$, $p < .05$) dictated that null hypothesis 3 be retained as a tenable hypothesis. However, there was a statistically significant difference on the EOC cluster ($F = 8.306$, $p > .05$). The program factor had a significant effect

TABLE 6

Means, Standard Deviations, Mean Differences and t Values
Between The Pretest and Posttest MSPP Cluster Measure

(N = 20)

MSPP Cluster Measures	Pretest $\bar{x}$	Pretest SD	Posttest $\bar{x}$	Posttest SD	Mean Difference	Standard Error	df	t Value
ENM	2.65	1.43	2.55	1.40	.10	.19	19	.52
RWP	3.75	0.55	3.70	0.57	.05	.14	19	.37
EOC	2.25	0.55	2.20	0.41	.05	.09	19	.57
COP	2.85	1.14	3.25	0.85	- .40	.28	19	-1.45

on this cluster.

A presentation of the two-way analysis of variance for each cluster measure is as follows:

Cluster I: Emotional Needs Met (ENM)

The additive effect of the type of program and the ENM pretest was significant ($F = 7.023$, $p > .05$). The independent effect of the type of program was not significant ($F = .057$, $p < .05$). The independent effect of ENM pretest was significant ($F = 10.422$, $p. > .05$). The interaction of program and ENM pretest was significant ($F = 3.380$, $p > .05$). These data are depicted in Table 7.

Cluster II: Relationship With Parents

The additive effect of program and RWP pretest was significant ($F = 3.227$, $p > .05$). The independent effect of program was not significant ($F = .007$, $p < .05$). The independent effect of RWP pretest was significant ($F = 4.472$, $p. > .05$). The interaction of program and RWP pretest was not significant ($F = .119$, $p. < .05$). These data are depicted in Table 8.

Cluster III: Expectations Of Children

The additive effect of program and EOC pretest was significant ($F = 14.390$, $p > .05$). The independnet effect of program was significant ($F = 8.306$, $p > .05$). The independent effect of EOC pretest was significant ($F = 13.114$, $p > .05$). The interaction of program and EOC pretest was not significant ($F = .549$, $p < .05$). These data are depicted in Table 9.

TABLE 7

Two-way Analysis of Variance of Emotional Needs Met (ENM) Cluster Measure Between Experimental and Control Groups

(N = 40)

Source Of Variation	SS	df	MS	F
Main Effects	21.118	3	7.039	7.023*
Program	.508	1	.508	.057
ENM Pretest	20.893	2	10.447	10.422*
Interaction	6.776	2	3.388	3.380*
Within	34.081	34	1.002	

*p $>$ .05

TABLE 8

Two-way Analysis of Variance of Relationship With Parents (RWP) Cluster Measure Between Experimental and Control Groups

(N = 40)

Source Of Variation	SS	df	MS	F
Main Effects	2.949	3	.983	3.227*
Program	.002	1	.002	.007
RWP Pretest	2.724	2	1.362	4.472*
Interaction	.072	2	.036	.119
Within	20.354	34	.305	

*p $>$ .05

TABLE 9

Two-way Analysis of Variance of Expectation of Children (EOC) Cluster Measure Between Experimental and Control Groups

(N = 40)

Source Of Variation	SS	df	MS	F
Main Effects	7.708	3	2.569	14.390*
Program	1.483	1	1.483	8.306*
EOC Pretest	4.683	2	2.342	13.114*
Interaction	.196	2	.098	.549
Within	6.071	34	.179	

*p $\geq$ .05

Cluster IV: Coping (COP)

The additive effect of program and COP pretest was not significant ($F = .672$, $p < .05$). The independent effect of program was not significant ($F = .003$, $p < .05$). The independent effect of COP pretest was not significant ($F = .848$, $p < .05$). The interaction of program and COP pretest was not significant ($F = .083$, $p < .05$). These data are depicted in Table 10.

TABLE 10

Two-way Analysis of Variance of Coping (COP) Cluster Measure Between Experimental and Control Groups

(N = 40)

Source Of Variation	SS	df	MS	F
Main Effects	1.877	4	.469	.672
Program	.002	1	.002	.003
COP Pretest	1.777	3	.592	.848
Interaction	.173	3	.058	.083
Within	22.350	32	.698	

Summary

This chapter has presented a discussion of the procedures used to conduct data analysis. A two-tailed t test was conducted to test null hypothesis 1, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students and null hypothesis 2, which predicated that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended a prenatal clinic at a general hospital. The level of statistical significance was at .05 level.

A two-way analysis of variance was conducted to test null hypothesis 3, which predicted that there would be no significant statistical difference between the pretest and posttest parenting profiles of adolescent mothers who attended an alternative school for pregnant students and adolescent mothers who did not attend this school. The level of statistical significance was at .05 level.

The data analysis indicated that the three null hypotheses be retained. There were no statistically significant differences between the pretest and posttest parenting profiles of the experimental group or the control group, and there were no statistically significant differences between the two groups' pretest and posttest parenting profiles.

Chapter 5

RESULTS

This chapter will present a discussion of the interpretation of data analysis. The findings will note whether the sample population reflects characteristics that have been identified in previous research regarding adolescent pregnancy and parenthood. Conclusions drawn from the findings of this study will have implications for both the alternative school and the general hospital. Caution will be taken in inferring that the findings reported are applicable to any population other than the one studied. Recommendations will be made relative to the stated implications.

The purpose of this study was to compare the parenting profiles of adolescent mothers who attended an alternative school for pregnant students and adolescent mothers who did not attend this school. The study also sought to determine the impact that the alternative school's parenting education course had on the students' perceptions of parenting.

Forty pregnant adolescents volunteered to participate in this study. Twenty subjects were students enrolled in an alternative school for pregnant students and twenty subjects were patients admitted to a prenatal clinic at a general hospital. The settings were located in Norfolk, Virginia. The sample was limited to subjects between the ages of thirteen and nineteen years old, nulliparas, and in the second trimester of pregnancy. Data collection began in November, 1983.

Summary of Findings

The findings of this study are summarized in terms of the Michigan Screening Profile of Parenting (MSPP) cluster measures. An interpretation of these findings relative to each cluster is presented.

Cluster I: Emotional Needs Met (ENM)

This cluster reflects the respondent's feelings relative to interpersonal relationships during early developmental years. Pretest data indicated that five (25 percent) of the subjects in the experimental group had positive perceptions regarding early childhood experiences and present relationships, as compared to ten (50 percent) of the subjects in the control group. Posttest data indicated that the experimental group's positive profiles increased by one (5 percent), while the control group's positive profiles decreased by one (5 percent). However, fifteen (75 percent) of the subjects in the experimental group and nineteen (95 percent) of the subjects in the control group maintained their original perceptions at posttesting. Twenty-five (62.5 percent) of the subjects in the sample had negative profiles at posttesting.

These findings suggest that the alternative school's parenting education course did not have a significant effect on the experimental group's perceptions on this cluster. These findings have significance in regard to research studies that have compared abusive parents with adolescent parents. It has been noted that abusive parents have unresolved dependency needs that may lead to an overdependence upon a child and unrealistic expectations of the child. The abusive parent's childhood environment, characterized by deprivation and rejection, is thought to generate unresolved dependency

needs.[95] It is further reported that isolation from peers and the lack of social support systems can create a parent-child relationship that is at high risk for dysfunction.[96]

The majority (62.5 percent) of this sample had negative perceptions of their past and present relationships. This finding suggests a need for family and peer support systems. Wise and Grossman reported that pregnant adolescents and adolescent mothers who were close to their families and friends expressed more positive feelings about their babies.[97]

Twenty-four (60 percent) of the subjects in the sample population maintained their original negative perceptions on this cluster at posttesting. This finding suggests that six months, the time frame of the study, was not a sufficient amount of time to correct feelings of past emotional deprivation. The likelihood that the reported perceptions learned during early childhood experiences of the sample, will be carried over to their own children dictates the need for further assessment of these young mothers. These subjects need to experience emotionally nurturing relationships for a substantial amount of time, in order that more positive perceptions are developed by them toward others.

Cluster II: Relationship With Parents (RWP)

This cluster reflects the respondent's feelings regarding love and affection between self and her parents, particularly her mother. Pretest data indicated that twelve (60 percent) of the subjects in the experimental group had

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[95] Bolton, Laner, and Kane, p. 461.

[96] Ibid.

[97] Susan Wise and Frances K. Grossman, "Adolescent Mothers And Their Infants: Psychological Factors In Early Attachment and Interaction" American Journal Orthopsychiatry 50 (July 1980) : 461.

positive perceptions in regard to their relationships with their parents, particularly the mother, as compared to sixteen (80 percent) of the subjects in the control group. The experimental group maintained the number of subjects with positive perceptions at posttesting, while the control group's posttest scores indicated that one (5 percent) subject who had positive perceptions at pretesting, had negative perceptions at posttesting. Three (15 percent) of the subjects in the experimental group with negative perception at pretesting, had neither positive nor negative perceptions at posttesting and one (5 percent) subject in both groups had negative perceptions at posttesting.

These findings suggest that the alternative school's parenting education course did not significantly effect the experimental group's perceptions of their relationships with their parents, particularly the mother. These findings suggest that the perceptions held by the subjects in this sample at pretesting were significant in determining how the subjects viewed their relationships with their parents at posttesting. The data also indicated that the majority (67.5 percent) of subjects in this sample had positive perceptions on this cluster at posttesting. This cluster had the highest percentage of positive perceptions when compared with the other MSPP clusters.

The literature has documented the importance of positive interactions between parents and pregnant adolescents. Difficult interactions between pregnant adolescents and their parents have been thought to lead to problems in feminine identification and ego structure. Wise and Grossman noted that feminine identity and ego structure are important developmental tasks of adolescent females.[98] This present study did not support previous research

[98]Ibid., p. 55.

findings that suggest that pregnant adolescents and adolescent mothers have unsatisfying, frustrating, and even enmeshed relationships with their mothers.[99]

The data reported on the RWP cluster suggest that the majority of the subjects' relationships with their mothers were positive. However, when this cluster is compared with the ENM cluster, it can be inferred that although the mother-daughter relationships were positive, interactions with other significant persons have been more negative. The difference between these two clusters may suggest that the subjects felt that their emotional needs were not met by their fathers or other significant persons.

Cluster III: Expectations of Children (EOC)

This cluster reflects the respondent's feelings relative to very young children being well behaved and sensitive to their parents' expectations of them. Pretest data indicated that three (15 percent) of the subjects in the experimental group had positive perceptions in regard to their expectations of children, as compared to one (5 percent) subject in the control group. Posttest data indicated that seven (35 percent) of the subjects in the experimental group had negative perceptions in regard to their expectations of children, as compared to sixteen (80 percent) of the subjects in the control group. These sixteen subjects in the control group maintained their original perceptions at posttesting. Twenty-three (57.5 percent) of the subjects in the sample had negative perceptions at posttesting.

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[99] Ibid., p. 455.

These findings suggest that, when comparing differences between the groups, the experimental group's perceptions regarding the expectations of children were significantly influenced by the alternative school's parenting education course. The experimental group's negative perceptions were decreased from 60 percent to 35 percent, while the control group's negative perceptions were maintained at 80 percent. However, the majority (57.5 percent) of this sample of adolescent mothers reported unrealistic expectations of children before the age of two years.

Previous research findings have suggested that adolescent parents often have unrealistic expectations of children in terms of achievement of developmental tasks. It also has been noted that this phenomenon serves to raise parents' irritability and make more probable the use of physical, sometimes cruel, punishment of the children by the parents.[100]

Unrealistic expectations about the developmental norms of children have been identified as a problematic area for the sample of adolescent mothers in this study. This finding supports previous research findings relative to this population of parents. There is a need for intervention to assist adolescent parents in developing a realistic understanding of the needs of infants and young children for nurturant developmental care.

The young mothers in this study are in need of extensive information in the area of child growth and development. Their reported unrealistic expectations of very young children; coupled with their reported histories of receiving physical punishment from their parents can serve as precipitating factors for child abuse. Thirteen (32.5) of the sample reported that they received

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[100]Honig, p. 117.

physical punishment as children. These individuals may demonstrate the same type of parenting that they received as children, therefore their infants will possibly receive physical punishment when they are unable to meet the unrealistic expectations of their mothers.

Cluster IV: Coping (COP)

This cluster reflects the respondent's feelings relative to coping appropriately with crisis situations. Pretest data indicated that two (10 percent) of the subjects in the experimental group had positive perceptions of coping in crisis situations, as compared to eight (40 percent) of the subjects in the control group. Posttest data indicated that four (20 percent) of the subjects in the experimental group had negative perceptions, as compared to five (25 percent) of the subjects in the control group. The experimental group's positive perceptions increased from two (10 percent) to seven (35 percent) and the control group's positive perceptions increased from eight (40 percent) to ten (50 percent) subjects.

These findings suggest that the alternative school's parenting education course did not have a significant effect on the experimental group's perceptions of coping in stressful situations. It has been documented in the literature that inadequate coping skills of parents can lead to parent-child interaction problems. A sense of personal control has been noted as lacking in many adolescent mothers.[101] The findings of this study support previous research regarding coping capabilities of adolescents.

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[101]Rogeness, et al., p. 378.

The sample population is basically ill prepared to cope with crisis situations. This identified characteristic of these young mothers indicates that they are likely to experience stress in raising their children. This finding suggests that these mothers may be at high risk for parenting problems. There is a need for intervention to assist these mothers in developing adequate coping skills, which can assist them in gaining more control over their personal situations. Personal control is an asset in most parent-child relationships.

Conclusion

The following conclusions are drawn from the findings of this study:

1. The adolescents who attended the alternative school had parenting profiles that were not significantly different from the adolescents who did not attend this school. The majority (62.5 percent) of the sample (N = 40) had negative parenting profiles.

2. A difference was found in the experimental group's perceptions regarding their expectations of young children when compared to the control group.

3. The experimental group's perceptions of coping in crisis situations were more positive, when comparing pretest and posttest scores on the COP cluster measure. The ENM, RWP, and EOC clusters were not significantly different.

4. The control group's perceptions on the four cluster measures were not significantly different when pretest and posttest scores were compared.

5. The control group had more subjects with positive perceptions on three cluster measures (ENM, RWP, and COP) when compared with the experimental group, which had more subjects with positive perceptions on

only one cluster measure (EOC).

Discussion and Implications

As reported in the literature review, adolescent pregnancy and parenthood can be a situational crisis for both mother and child. Adolescent parents have problems that are inherent in their youthfulness. Becoming a parent before one becomes an adult has it disadvantages, and these adolescents have been identified as a population at risk. There is a risk of parent-child interaction problems.

As noted by this study and previous research, young mothers have unrealistic expectations of their children, unmet emotional needs, and inadequate coping skills. An interaction between these variables can produce a dysfunctional family system, which can initiate a multi-generational process. Negative parent-child interactions that characterizes a family in one generation can be passed on to the next generation. This cycle must be interrupted if we are to have a society of well adjusted individuals.

There is documented association between early motherhood and low educational attainment, a high probability of marital instability and divorce among parents who marry, higher subsequent fertility, low-level and low-paying employment and later poverty. At a societal level, adolescent mothers are at an educational and socioeconomic disadvantage when compared with their peers. The implementation of special education programs for pregnant students enables the adolescent to continue her education. This intervention has the potential for producing positive outcomes relative to increasing educational attainment and decreasing the chance of welfare dependency for this

population of adolescents. The majority of the subjects in this study who attended the alternative school, returned to their home schools to continue their education. There were some subjects who were completing their requirements for graduation while attending the alternative school.

Much research has focused on the medical and social consequences of adolescent pregnancy and parenthood; however a limited number of studies have focused on the impact upon a child, whose mother is an adolescent. As parents, adolescents frequently lack a realistic understanding of the needs of infants and young children for nurturant developmental care. Adolescent parents often have unrealistic expectations of their infants. This finding was affirmed by this study. The sample population, as a whole, had unrealistic expectations of children before the age of two years. However, when comparing the two groups, the parenting education course at the alternative school had a statistically significant impact on the experimental group's perceptions relative to the expectations of children before the age of two years. This finding suggests that the control group may be at higher risk for parenting problems, including abuse and neglect.

The value of parenting education was documented in this study. Adolescent mothers who received parenting education tended to have more realistic expectations of their infants, when compared with a group of adolescent mothers who did not receive parenting education. This finding supports the benefits of the parenting education course to these adolescent mothers. This intervention can serve as an approach for primary prevention relative to child abuse. An understanding of an infant's developmental milestones can decrease the amount of stress which is associated with child rearing. By decreasing the

amount of stress, the mother is less likely to experience parent-child interaction problems.

There has been a proposed link between adolescent parenthood and child abuse. It has been noted that maternal age and the living conditions of poverty generate stressful experiences that may become precipitating factors of child abuse. Under these circumstances, even minor misbehavior and annoyances presented by a child may trigger negative parent-child interactions.

This study revealed that the reported incomes of the sample were at the lower socioeconomic level. The mean income level for the sample was between $6,000 - $10,000. This study further revealed that there was a limited number of subjects (42.5 percent), in the sample, who felt that they were capable of coping in crisis situations. The majority of subjects felt helpless and not in control of their lives. These findings support the need for familial and social support systems for these young mothers. Support is needed to assist these young mothers in developing constructive behaviors in regards to coping with crisis situations. The lack of internal resources, coupled with the crises associated with adolescent parenthood suggest the need for external resources. A support system can serve as a form of an external resource.

An ideal time to teach effective coping skills is during the crisis. Persons in crisis status are usually more amenable to interventive assistance if it is offered. Intervention is needed to prevent these adolescents from developing maladaptive coping behaviors, which can be demonstrated in the form of child abuse.

The literature also noted that inadequate mothering, on the part of the adolescent's mother, negatively impacts the adolescent's relationships with others, including her infant. Teenage mothers tend to experience unsatisfying

and frustrating relationships with their mothers. However, this finding was not supported by this study. The data revealed that 67.5 percent of the sample had positive perceptions of their relationship with their parents, particularly the mother. However, their perceptions were negative in regards to their relationships with others during their early developmental years.

Effective parenting is learned from early childhood experience of the parent. The type of parent-child relationship that an individual experiences, influences the type of parenting skills demonstrated by that person. This study revealed thht 60 percent of the subjects reported receiving physical punishment as a child. This finding may have influenced the subjects' perceptions of their early childhood experiences. The literature noted that adolescents who have grown up in punitive family situations may have less self esteem and fewer internal resources to help them deal responsibly with parenting. These adolescent parents are likely to use physical punishment on their children. This factor, combined with unresolved emotional needs, unrealistic expectations of children, lack of emotional support, and limited coping skills can be precipitating factors of a problematic parent-child relationship.

Recommendations

Based on the conclusions drawn from the findings of this study, the following recommendations are proposed.

(1) The alternative school's parenting education course should include more content on child growth and development. Child growth and development content should be integrated throughout the course relative to all aspects of parenting. Anticipatory guidance regarding developmental milestones also should be included. Content on child growth and development

can provide the needed foundation for meeting the needs of infants. This knowledge base also can provide a background for interpreting infant behavior.

(2) Parents of the adolescents who are enrolled in the alternative school should be encouraged to participate in the school's educational program. Informed parents can serve as a source of reinforcement of the content taught in the parenting course. Involved parents tend to be more supportive of their children. This recommendation is applicable for the husbands and/or fathers of the infants. It must be noted, however that the involvement of the adolescents' parents and the fathers of the children might be a difficult task. Much planning is needed if this task is to be accomplished. Out of class activities can be designed to disseminate parenting information to the significant others of the adolescent mothers. The knowledge gained by these significant others can have a positive impact on the infant's growth and development.

(3) A parenting support group should be developed to allow the adolescent parents opportunities to discuss their feelings concerning parenting and to explore alternatives. These sessions should be regularly scheduled and group oriented. A faculty person should serve as group leader and resource person. The group leader should maintain a climate within the group that facilitates communication and openness. The adolescents should be encouraged to discuss any area of parenting that concern them. Positive aspects of parenting should be reinforced and negative aspects should be corrected. This group process should be a learning experience that will enhance the adolescent mother's knowledge of parenting, while providing support when it is needed.

(4) The hospital should provide parenting education to all prenatal patients who are admitted to the prenatal clinic. The presentation of the content should be based on the needs and developmental levels of the clients. A focus of the parenting instruction should be on child growth and development and anticipatory guidance. The parents of adolescent clients and/or the husbands or fathers of the infants should be encouraged to participate in this program. A parenting support group also should be developed for this population. The rationales for these activities relative to the hospital population are the same as those stated for the alternative school population.

(5) A parenting education curriculum should be developed and used in both primary and secondary school settings in the city of Norfolk, Virginia. Content on child growth and development, parenting roles and responsibilities, positive and negative parental behaviors, anticipatory guidance regarding developmental tasks of the family, discipline and limit setting for different age groups, sensory and motor stimulation, coping techniques, and safety for all age groups are examples of needed elements in this curriculum. This intervention can serve as a source of primary prevention in the area of parenting. Primary prevention activities are directed to the promotion of a state of well-being. Parenthood is an extremely vital role in our society, yet it is undertaken with little or no preparation. The initiation of a parenting education curriculum for all students can promote optimal life conditions at the pre-onset stage of parenting problems. Primary prevention could reduce many social problems that have been associated with adolescent pregnancy and parenthood. This educational intervention could equip students with parenting skills, which can be used in later life or in the event of early parenthood.

(6) A referral program should be developed in both the alternative

school and hospital for parents who are having problems coping with parenting. The students and patients should be made aware of the existence of this program and/or other organizations in the city that can provide assistance to them in this area. An awareness of these programs can provide an additional source of information that can be used by these adolescent mothers. The referral programs can provide support in a crisis situation.

(7) A reassessment of the parenting profiles of the sample population is needed. Six months may have been an insufficient amount of time for the adolescents who were enrolled in the parenting education course to internalize the content presented to them.

Another factor, that may have had an impact on the effectiveness of this parenting education course, is relative to the teachers. The teachers who taught this course had been employed for less than a year and they had no previous experience in teaching this course. Although the content in the course was not unfamiliar to them; the factor of adjustment to the school environment and the students must be considered.

(8) It is recommended that further research (a) include a larger sample of adolescent mothers, comparing the parenting skills of subjects who attended different educational programs; (b) conduct a longitudinal study to assess the developmental progress of children born to adolescent mothers; (c) continue empirical testing to validate the predictive capabilities of the MSPP.

Summary

This chapter has presented a discussion and interpretation of data analysis. The findings of this study noted that the sample population reflected some of the characteristics that have been identified in previous research regarding adolescent mothers. The conclusions drawn from these findings indicated that the alternative school's population and the hospital's population had similar perceptions of parenting. The parenting perceptions of the majority (62.5 percent) of this sample were negative. This finding suggests that these adolescent mothers are in need of intervention, which can decrease the likelihood of parent-child interaction problems.

Recommendations have been made relative to the findings of this study. Care should be taken in inferring that the data reported was applicable to any population other than the adolescents studied.

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APPENDICES

APPENDIX A

Statement of Informed Consent

INFORMED CONSENT FORM

Number _____

I agree to participate in the research conducted by Willar F. White. The purpose of the research and the nature of my participation have been explained to me and I understand the explanation. I further understand that I may withdraw from the study at any time, without penalty.

I understand that I am free to withhold any answer to specific questions in the questionnaire submitted to me for this study. I understand that the answers to all questions will remain confidential with regard to my identity. Only a number will appear on the questionnaire and not my name.

I acknowledge that I have been informed that I can receive a copy of the results of this study upon request without charge.

_____
Signature of Volunteer

Date: _____

Age: _____

APPENDIX B

Statement of Informed Parental Consent

PARENTAL INFORMED CONSENT FORM

Number _____

I agree to allow my daughter to participate in the research conducted by Willar F. White. The purpose of the research and the nature of my daughter's participation have been explained to me and I understand the explanation. I further understand that my daughter may withdraw from the study at any time without penalty.

I understand that my daughter is free to withhold any answer to specific questions in the questionnaire submitted to her for this study. I understand that the answers to all questions will remain confidential with regard to my daughter's identity. Only a number will appear on the questionnaire and not my daughter's name. I acknowledge that I have been informed that I can receive a copy of the results of this study upon request without charge. I understand that if I have further questions, I may contact the researcher at 623-8973.

_____ _____

Signature of Parent/Guardian Date

APPENDIX C

Letter of Transmittal
Director of Research
Norfolk Public School System

NORFOLK STATE UNIVERSITY
2401 Corprew Avenue
Norfolk, Virginia 23504

August 3, 1982

Dr. Anna G. Dodson
Department of Research
Norfolk Public Schools
Room 707
School Administration Bldg.
Norfolk, VA 23510

Dear Dr. Dodson:

I am a Ph.D. Candidate in the Urban Services Program at Old Dominion University. I am interested in determining the effectiveness of the Coronado School for pregnant adolescents in developing positive parenting profiles in adolescent mothers. It is in my opinion, that this research is timely for this Urban area (Norfolk). I am requesting permission to conduct this research in this school setting.

Enclosed are three (3) copies of my research proposal, which has been accepted by my Ph.D. Committee Chairperson (Dr. Robert MacDonald). I would like to begin my data collection at the beginning of this School year (September 1982).

Thanking you in advance for cooperation and assistance in this matter. If you have any questions, please feel free to contact me at 623-9927.

Sincerely,

W. F. White

Willar F. White, R.N., M.S.N.
Assistant Professor of Nursing

APPENDIX D

Letter of Transmittal
Hospital Administrator
Norfolk Community Hospital

September 13, 1983

Mr. Phillip Brooks, Administrator
Norfolk Community Hospital
2539 Corprew Avenue
Norfolk, VA 23504

Dear Mr. Brooks:

Enclosed is a copy of my request for permission to utilize Norfolk Community Hospital as an institution to conduct my doctoral research. I would like to begin my data collection in October, 1983.

Thanking you in advance for your cooperation and assistance in this matter.

Sincerely,

Willar F. White, R.N., M.S.N.

WFW/g

Enclosure

APPENDIX E

Letter of Transmittal
Director of Nursing Service
Norfolk Community Hospital

401 W. 38th Street
Norfolk, VA 23508
February 16, 1983

Mrs. Dorothy Price, R.N.
Director of Nursing
Norfolk Community Hospital
2539 Corprew Avenue
Norfolk, VA 23504

Dear Mrs. Price:

This letter is a follow-up to our conversation on January 28, 1983. I am completing requirements for a Ph.D. in Urban Services at Old Dominion University and for my doctoral research, I am interested in determining parenting profiles of adolescent mothers. I have been given verbal permission by Mr. Brooks to conduct my research at Norfolk Community Hospital.

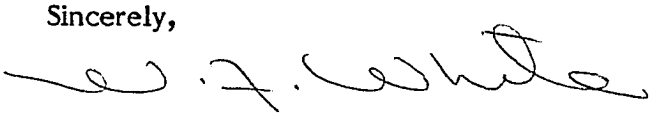
I would like to administer the Michigan Screening Profile of Parenting questionnaire to adolescent clients who are attending your facility for obstetrical care. I would like to administer this questionnaire to a select group of pregnant adolescents who are attending the pre-natal clinic and to readminister the questionnaire to the same population of clients after delivery, in the post partum clinic.

I am formally requesting your support and the cooperation of the nursing staff in assisting me with my research. I will need the assistance of the nursing staff in the pre-natal clinic in the identification of prospective clients.

The clients wili be selected on a voluntary basis and will be asked to sign a statement of informed consent. The human rights of clients will be protected. Enclosed is a copy of the Michigan Screening Profile of Parenting questionnaire and consent forms. I would like to begin my data collection in March, 1983.

Thanking you in advance for your cooperation and assistance in this matter. If there are any questions, please feel free to contact me at (804) 623-8973 or (804) 623-9927.

Sincerely,



Willar F. White, R.N., M.S.N.

WFW/g

Enclosures

APPENDIX F

Letter of Transmittal
President
Test Analysis and Development Corporation

401 W. 38th Street
Norfolk, VA 23508
February 2, 1983

Dr. James Hoffmeister, President
Test Analysis and Development Corp.
2400 Park Lane Drive
Boulder, Colorado 80301

Dear Dr. Hoffmeister:

This letter is a follow-up to our conversation regarding my using the Michigan Screening Parenting Profile (MSPP) as a data collection tool for my doctoral research. I am completing requirements for a Ph.D. in Urban Services at Old Dominion University, and I am interested in determining the parenting profiles of adolescent mothers.

I would like to take this opportunity to formally request your permission to use the MSPP for the above stated purpose. I would also like to request any recent update literature regarding this tool. Thanking you in advance for your time and consideration.

Sincerely,

W. F. White, R.N., M.S.N.

WFW/g

APPENDIX G

Permission Letter From Director of Research
Norfolk Public School System

NORFOLK PUBLIC SCHOOLS

August 6, 1982

Willar F. White
Assistant Professor of Nursing
Norfolk State University
2401 Corprew Avenue
Norfolk, VA 23504

Dear Ms. White:

Your request to conduct a study entitled "The Effectiveness of the Coronado School for Pregnant Adolescents in Developing Positive Parenting Profiles in Adolescent Mothers" is granted contingent upon the final approval of the building principal. You are reminded that students' names are not to be used in the study.

Please send a copy of your study to the Department of Research, Testing and Statistics. My best wishes to you in this endeavor.

Sincerely,

Anna G. Dodson

Anna G. Dodson, Ed. D.
Director
Research, Testing and Statistics

dna

cc: Dr. Shirley B. Wilson, Regional Assistant Superintendent
Ms. Greta I. Gustavson, Principal, Coronado School

SCHOOL ADMINISTRATION BUILDING, POST OFFICE BOX 1357, NORFOLK, VIRGINIA 23501

APPENDIX H

Permission Letter From Hospital Administrator
Norfolk Community Hospital

2539 CORPREW AVENUE, NORFOLK, VIRGINIA 23504 · (804) 628-1510

NORFOLK
COMMUNITY
HOSPITAL

OFFICE OF THE ADMINISTRATOR

October 24, 1983

Ms. Willar F. White, R.N., M.S.N.
401 West 38th Street
Norfolk, VA 23508

Dear Ms. White:

This is to acknowledge your letter and formally grant you permission to utilize Norfolk Community Hospital to conduct research in connection with your doctoral work at Old Dominion University. Also, I am providing a copy of this letter and the information you submitted with your letter to Mrs. Joan Parson who is the Head Nurse of our Prenatal Clinic.

Please let me know exactly when you would like to begin your research so that our staff can be fully informed.

If you have questions, please advise.

Sincerely,

Phillip D. Brooks
Administrator

PDB:cm

cc: Mrs. Joan Parson
Mrs. Dorothy Price

APPENDIX I

Permission Letter From Director of Nursing
Norfolk Community Hospital

2539 CORPREW AVENUE, NORFOLK, VIRGINIA 23504 · (804) 628-1400

NORFOLK
COMMUNITY
HOSPITAL

March 23, 1983

Mrs. Willar F. White
401 W. 38th Street
Norfolk, VA 23508

Dear Mrs. White:

I am in receipt of your letter and forms of February 16th, 1983 requesting permission to conduct a research project.

Please notify me of the exact timeframe desired for implementation of your project. Additionally, we will need a copy of the patient consent form for our files.

We look forward to assisting you in this educational endeavor.

Sincerely,

Dorothy J. Price RN

Dorothy J. Price, R.N.
Director of Nursing

DJP:st

APPENDIX J

Health Component Core Course

HEALTH COMPONENT CORE COURSE

CLASS A:

(Week 1)

I. Getting to know your strategies

II. Adoption

(Week 2)

III. Personal Hygiene
- A. Discomforts and changes during pregnancy
- B. Self-Breast
- C. Pelvic Exam
- D. Hand-outs
- E. Decision making

(Week 3)

IV. Anatomy and Physiology
- A. Fetal Development
- B. Male and Female

V. Contraception
- A. Methods and Effectiveness
- B. Contraindications
- C. Sexually Transmitted Disease
- D. Human Sexuality

VI. Prenatal Care
- A. Doctor's Visit
- B. Dental Care
- C. Nutrition
- D. Substance Abuse

VII. Labor and Delivery
- A. Mechanics of delivery
- B. Post-Partum

VIII. Parenthood
- A. Responsibilities
- B. Role of the Father

PARENTING COURSE

CLASS B:

I. Contraception

II. The Newborn (Normal)
- A. Replexes
- B. Bonding

III. Bathing the Baby

IV. Infant Nutrition
- A. Formula preparation
- B. Food Preparation

V. Development of the Infant
- A. Physical
- B. Emotional
- C. Social

VI. Toys of the Infant
- A. Safety Precautions
- B. Nursery Equipment

VII. Responsibilities of Parenthood
- A. Role of Father
- B. Other Family Members

VIII. Immunizations

IX. The Ill Infant

X. Thermometer reading

XI. Choosing a Day-Care Center
- A. Baby-sitters

XII. Toilet Training

XIII. Sex Education

APPENDIX K

Michigan Screening Profile of Parenting

MICHIGAN SCREENING PROFILE OF PARENTING (MSPP)

Name _____ Number _____ Location _____

SECTION A

PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.

1. Sex: 1-Male 2-Female — 1 2
2. Race: 1-Caucasion 2-Black 3-Spanish American 4-Other — 1 2 3 4
3. Marital Status: 1-married 2-divorced 3-separated 4-never married 5-widowed — 1 2 3 4 5
4. Were you separated from your mother before the age of 11 yrs.: 1-yes 2-no — 1 2
5. When you "got out of hand" as a child, how were you punished? 1-none 2-physical punishment 3-nonphysical punishment 4-both — 1 2 3 4
6. Education: Highest grade achieved: 1-8th 2-10th 3-12th 4-some college 5-completed college 6-college + — 1 2 3 4 5 6
7. Financial situation per year: 1-under $6,000 2-$6,000-$10,000 3-$10,001-$15,001 4-$15,001-$20,000 5-over $20,000 — 1 2 3 4 5
8. How many children do you have? — 0 1 2 3 4 5+
9. I was raised in a: 1-foster home 2-single parent home 3-double parent home — 1 2 3
10. Indicate your current health: 1-very healthy 2-healthy 3-so-so 4-ill 5-very ill — 1 2 3 4 5
11. Indicate your mate's current health: 1-very healthy 2-healthy 3-so-so 4-ill 5-very ill — 1 2 3 4 5

DURING THE PAST YEAR, HOW MANY TIMES:

12. did you quit your job without being fired? _____
13. did you move? _____
14. did you have contact with a social agency? _____
15. did you and your mate separate? _____
16. did you and your mate make up? _____
17. did you argue with your mate? 1-not at all 2-occasionally 3-fairly often 4-very often — 1 2 3 4

USE THE FOLLOWING RATING SCALE TO INDICATE YOUR DEGREE OF AGREEMENT OR DISAGREEMENT WITH EACH OF THE STATEMENTS BELOW. PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH YOUR FEELINGS ABOUT EACH STATEMENT.

1=Strongly Agree 2=Moderately Agree 3=Slightly Agree 4=Neither Agree Nor Disagree 5=Slightly Disagree 6=Moderately Disagree 7=Strongly Disagree

SECTION B

1. No one has ever really listened to me. — 1 2 3 4 5 6 7
2. My father and I have always gotten along well. — 1 2 3 4 5 6 7
3. The main thing that I remember from my childhood is the love and warm feelings my parents showed me. — 1 2 3 4 5 6 7
4. My life seems to have one crisis after another. — 1 2 3 4 5 6 7
5. Children should obey their parents without arguing. — 1 2 3 4 5 6 7
6. My mother and I have always gotten along well. — 1 2 3 4 5 6 7
7. Children need to be taught, before the age of 2, to respect and obey their parents. — 1 2 3 4 5 6 7
8. When I am very upset, my partner understands and tries to be helpful. — 1 2 3 4 5 6 7
9. I have never felt really loved. — 1 2 3 4 5 6 7
10. I feel like I don't have much control over things that affect me. — 1 2 3 4 5 6 7
11. I have often felt that my mother would (or would have) take over completely and run my life if I gave her half a chance. — 1 2 3 4 5 6 7
12. Children should obey their parents without asking why. — 1 2 3 4 5 6 7
13. I go through times when I feel helpless and unable to do the things I should. — 1 2 3 4 5 6 7
14. At least one of my parents wanted too much from me. — 1 2 3 4 5 6 7
15. I might like to work, but I feel children need their mother at home. — 1 2 3 4 5 6 7
16. When I am very upset, I have a good friend I can turn to for help. — 1 2 3 4 5 6 7
17. Nothing I do seems to really solve my problems. — 1 2 3 4 5 6 7
18. Although my mother tries (tried) to make helpful hints to me, it ends up sounding more like criticism. — 1 2 3 4 5 6 7
19. When I am very upset, I have some other person I can talk to who understands me and who tries to be helpful. — 1 2 3 4 5 6 7
20. Children need to know exactly what is expected of them, even though they are very young. — 1 2 3 4 5 6 7
21. I have always been very close to my father. — 1 2 3 4 5 6 7
22. When my baby cries, I often get the feeling I just can't stand it. — 1 2 3 4 5 6 7
23. When I was a child, my parents used severe physical punishment on me or at least one of my brothers or sisters. — 1 2 3 4 5 6 7
24. I am always being criticized by other people. — 1 2 3 4 5 6 7
25. When I am very upset, I can easily get someone to help me solve my problems. — 1 2 3 4 5 6 7
26. Sometimes I just feel like running away. — 1 2 3 4 5 6 7
27. It is extremely important for me to have my children behave well even when they are babies. — 1 2 3 4 5 6 7
28. I have always been very close to my mother. — 1 2 3 4 5 6 7
29. As a child, I often felt that no one paid much attention to what I wanted and needed. — 1 2 3 4 5 6 7
30. Children should know, even before the age of 2 years, what parents want them to do. — 1 2 3 4 5 6 7

OVER

1=Strongly Agree	2=Moderately Agree	3=Slightly Agree	4=Neither Agree Nor Disagree	5=Slightly Disagree	6=Moderately Disagree	7=Strongly Disagree

IF YOU DO NOT HAVE ANY CHILDREN, PLEASE SKIP TO SECTION D. IF YOU HAVE ONE OR MORE CHILDREN, PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU HAVE MORE THAN ONE CHILD, PLEASE ANSWER THEM IN TERMS OF THE CHILD YOU FEEL IS MOST DIFFICULT TO HANDLE.

SECTION C

MY CHILD:

1. has difficulty going to sleep. 1 2 3 4 5 6 7
2. does not respond to the things I do to take care of him (her). 1 2 3 4 5 6 7
3. has feeding or eating difficulties. 1 2 3 4 5 6 7
4. makes me feel like I am under a lot of stress. 1 2 3 4 5 6 7
5. makes a reasonable amount of demands upon me. 1 2 3 4 5 6 7
6. makes me so angry, I get afraid I may lose control and really hurt him (her). 1 2 3 4 5 6 7
7. is sicker than most children. 1 2 3 4 5 6 7

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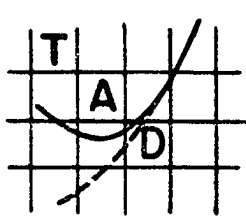
8. Nothing I do seems to satisfy my child. 1 2 3 4 5 6 7
9. Someone else takes care of my child most of the hours when he (she) is awake. 1 2 3 4 5 6 7
10. When my child misbehaves, I may simply ignore him (her). 1 2 3 4 5 6 7
11. I may ignore my child's disobedience for awhile; then I am apt to lose my temper and say something that I later regret. 1 2 3 4 5 6 7
12. I may severely punish my child if he (she) continues to disobey me. 1 2 3 4 5 6 7
13. My child has to push me pretty far before I will really punish him (her). 1 2 3 4 5 6 7
14. I may tolerate my child's misbehavior up to a point; then I am likely to punish him (her) more severely than I intended. 1 2 3 4 5 6 7
15. My child gets me to the point that I feel I have no other alternative than to severely punish him (her). 1 2 3 4 5 6 7
16. There is no way for me to get away from the demands of my child, even for a little while. 1 2 3 4 5 6 7
17. I feel guilty if I leave my child with a babysitter for more than a short time. 1 2 3 4 5 6 7
18. My child's birth weight was less than 5 pounds. 1-yes 2-no 1 2

PLEASE DO NOT ANSWER THESE QUESTIONS IF YOU HAVE CHILDREN. IF YOU DO NOT HAVE ANY CHILDREN, PLEASE ANSWER THE FOLLOWING QUESTIONS IN TERMS OF HOW YOU THINK YOU WOULD RESPOND IF YOU HAD A CHILD.

SECTION D

1. Someone else will take care of my child most of the hours he (she) is awake. 1 2 3 4 5 6 7
2. When my child misbehaves, I may simply ignore him (her). 1 2 3 4 5 6 7
3. I may ignore my child's misbehavior for awhile; then I am apt to lose my temper and say something that I will later regret. 1 2 3 4 5 6 7
4. I may severely punish my child if he (she) continues to disobey me. 1 2 3 4 5 6 7
5. My child will have to push me pretty far before I will really punish him (her). 1 2 3 4 5 6 7
6. I may tolerate my child's misbehavior up to a point; then I am likely to punish him (her) more severely than I intended. 1 2 3 4 5 6 7
7. My child may get me to the point that I will feel I have no other alternative than to severely punish him (her). 1 2 3 4 5 6 7
8. There will be no way for me to get away from the demands of my child, even for a little while. 1 2 3 4 5 6 7
9. I may feel guilty if I leave my child with a babysitter for more than a short time. 1 2 3 4 5 6 7



TEST ANALYSIS AND DEVELOPMENT CORPORATION

2400 Park Lake Drive Boulder, Colorado 80301

Phone (303) 666-8651

APPENDIX L

Permission Letter From President
Test Analysis and Development Corporation

TEST ANALYSIS AND DEVELOPMENT CORPORATION
2400 Park Lake Drive Boulder, Colorado 80301
Phone (303) 666-8651

April 13, 1983

Ms. Willar S. White
401 West 38th St.
Norfolk, Virginia 23508

Dear Ms. White:

Permission is hereby granted to use the Michigan Screening Profile of Parenting (MSPP) in your dissertation research, and to include a copy in your thesis when it is published.

Sincerely,

James K. Hoffmeister

James K. Hoffmeister, Ph.D.

JKH/mk

APPENDIX M

Percent of Respondents In Each Age Group

APPENDIX M

PERCENT OF RESPONDENTS IN EACH AGE GROUP IN BOTH GROUPS

(N = 40)

AGE GROUP	Experimental Group		Control Group	
	Number of Respondents	Percent	Number of Respondents	Percent
13 Years	1	5	0	0
14 Years	2	10	1	5
15 Years	2	10	0	0
16 Years	7	35	7	35
17 Years	6	30	3	15
18 Years	1	5	4	20
19 Years	1	5	5	25
TOTAL	20	100	20	100

APPENDIX N

Percent of Respondents In Each
Level of Income
In Both Groups

APPENDIX N

PERCENT OF RESPONDENTS IN EACH LEVEL
OF INCOME IN BOTH GROUPS

(N = 40)

INCOME LEVEL	Experimental Group		Control Group	
	Number of Respondents	Percent	Number of Respondents	Percent
Under $6,000	9	45	5	25
$6,001 - $10,000	1	5	4	20
$10,001 - $15,000	0	0	4	20
$15,001 - $20,000	4	20	0	0
Over $20,000	2	10	0	0
No Response	4	20	7	35
TOTAL	20	100	20	100

APPENDIX O

Percent of Respondents With
Various Levels of Education
In Both Groups

APPENDIX O

PERCENT OF RESPONDENTS WITH VARIOUS LEVELS OF EDUCATION IN BOTH GROUPS

(N = 40)

HIGHEST LEVEL COMPLETED	Experimental Group		Control Group	
	Number of Respondents	Percent	Number of Respondents	Percent
8th Grade	7	35	1	5
10th Grade	11	55	11	55
12th Grade	2	10	7	35
College--Not Completed			1	5
TOTAL	20	100	20	100

APPENDIX P

Percent of Respondents Who
Received Each Type of Punishment
As A Child In Both Groups

APPENDIX P

PERCENT OF RESPONDENTS WHO RECEIVED EACH TYPE OF PUNISHMENT AS A CHILD IN BOTH GROUPS

(N = 40)

TYPE OF PUNISHMENT	EXPERIMENTAL GROUP		CONTROL GROUP	
	Number of Respondents	Percent	Number of Respondents	Percent
None	5	25	5	25
Physical	6	30	7	35
Non-Physical	2	10	4	20
Both Physical and Non-Physical	7	35	4	20
TOTAL	20	100	20	100

APPENDIX Q

Permission Letter From Chairperson
Human Subjects Committee
Old Dominion University

OLD DOMINION UNIVERSITY

Darden School of Education
Department of Educational Curriculum and Instruction • (804) 440-3283 • Norfolk, VA 23508-8508

Jan. 26, 1984

Ms. Willar F. White
401 W. 38th St.
Norfolk, Va. 23505

Dear Ms. White:

Thank you for your patience. We have carefully reviewed your letter, project proposal, etc., and believe that you have made adequate safeguards for your subjects. Our only requirement is that you respond in writing as to the manner in which you propose to debrief your subjects.

Cordially,

Roger A. Johnson

Roger A. Johnson, Ph.D.
Chairperson, Human Subjects Committee

AUTOBIOGRAPHICAL STATEMENT

Willar F. White-Parson
Born: Norfolk, Virginia, November 11, 1945

Educational Background

Norfolk State University - 1968 - A.D. Nursing
Hampton Institute - 1974 - B.S. Nursing
Hampton Institute - 1976 - M.A. Guidance and Counseling
Hampton Institute - 1979 - M.S. Nursing

Publications

"Parenting Profiles Of Battered Women", Abstracts of Nursing Research in the South. Atlanta: Southern Regional Education Board, 1980.

Professional Experience

Public Health Nurse
Nursing Instructor
Assistant Professor of Nursing

Honors

Kappa Delta Pi Honor Society
Sigma Theta Tau Honor Society
Minority Fellow, Old Dominion University - 1983
Who's Who In American Nursing, 1984