

Article 72

Examining Appropriate Parenting Among Adolescent Mothers

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The purpose of this study is to determine the extent to which parental skills, family roles, physical punishment, appropriate expectations, and empathy predict parental success for adolescent mothers enrolled in a parenting class. Stepwise multiple regression analyses reveal the best predictors of effective parenting for adolescent mothers. Practical implications for the helping profession are revealed in the findings.

Parenting continues to play a vital role in the personal and interpersonal development of adolescent mothers. Current statistics indicate that the teenage pregnancy population in the United States is rapidly increasing. Effective parenting and healthy intrapersonal involvement for teenage mothers are major concerns for communities and society. Issues relating to inadequate parenting most often stem from the increased likelihood of parents being ill prepared or overwhelmed. Teenage pregnancy is an educational and sociological concern that may hinder successful employment outcomes and may contribute to the neglectful care of children.

Many personal and interpersonal factors related to parenthood may have an impact on adolescent mothers. Younger mothers are more depressed (Watson, Roberts, & Saunders, 2012), and may experience increased levels of stress (Ruttan, Laboucane-Benson, & Munro, 2012). Interpersonal involvement such as social stress is the strongest predictor of positive parenting (Oyserman, Bybee, Mowbray, & MacFarlane, 2002). Limited or negative social stressors may contribute towards unemployment, decreased income, unstable housing, and poor health (Wiley, Warren, & Montanelli, 2002).

The level of education for mothers and the contribution of family/friends may affect parenting. Adolescent mothers with lower academic aspirations, increased risk taking behaviors, and parents who have a lower education have a higher likelihood of living with a parent (Koball, 2007). In addition, mothers with less education are more likely to seek the support of others (Oyserman et al., 2002) to enhance emotional and physical nurture (Yuenyong, O'Brien, & Jirapeet, 2012).

External supportive family members, teachers, and peers can also provide avenues of protective structures towards healthy parenting. The grandparent-granddaughter relationship for adolescent mothers can be a positive support towards healthy

development (Maposa & SmithBattle, 2008). Adolescent mothers who receive positive teacher-student and peer support are more likely to experience positive learning environments (Kalil & Ziol-Guest, 2007), and are more empowered towards eliminating negative or risky social involvement that may hinder healthy development (Duncan, 2007).

Despite the identified protective factors (e.g., positive relationships), there is an increased need to explore negative, conflictual relationships between adolescent mothers and their caregivers, and between the child's mother and father. Grandmothers and maternal caregivers are less likely to provide support and motivation to adolescent mothers who display academic underachievement and behavioral difficulties (Meade, Kershaw, & Ickovics, 2008). Limited support may also come from the child's father, as research has demonstrated that the child's father is more likely to support the child's mother at the relational level prior to conception. For example, if the relationship was conflicted between the child's father and mother before birth, there is a higher likelihood that without appropriate resources and increased education, the relationship may continue to experience unhealthy communication. Thus, the occurrence of physical aggression before and during pregnancy increases the likelihood of continued aggression after the birth of the child (Moore & Florsheim, 2008).

Empathy is defined as the ability to understand and respond appropriately to the cognitive state of others (Ward, Cody, Schaal, & Hojat, 2012). Empathy may be related to the increased abuse and neglect of children by those who lack the ability to appropriately understand ages and stages of child development. For example, mothers who experienced child trauma, community violence, and a strict parenting environment had an increased risk of continuing the abuse of others (Valentino, Nuttall, Comas, Borkowski, & Akai, 2012). Such past trauma and the result of inflexible parenting styles for caregivers may increase depression, ultimately impacting children. Children of mothers who experience depression and are detached from others are more likely to inhibit expressions of emotional feelings (Dix, Meunier, Lusk, & Perfect, 2012). Alternatively, children who have positive and healthy attachments to parents may experience greater cohesion and communication (Kovar & Salsberry, 2012), and an increased trust of others (Luster, Bates, Fitzgerald, Vandenbelt, & Key, 2000).

Expectations are defined as the anticipation of the behavior most likely to actually occur (Finn, 1972). Expectations may be associated with impaired parental self regulation towards ages and stages of social-emotional development. Mothers with poorer health are more likely to incorporate lower expectations of their children (Wiley et al., 2002). Thus, unhealthy parental expectations through low self regulation may contribute towards physical child abuse (Kim-Spoon, Haskett, Longo, & Nice, 2012).

Reversed Parent-Child Roles

Parents with undefined or unclear roles may harbor excessive control within their relationships (Lawrence-Webb, Littlefield, & Okundaye, 2004). Excessive control from reversed parent-child roles may contribute to various problems for children and adolescents (e.g., teenage pregnancy, lack of appropriate boundaries, substance use, and runaway). Reversed parent-child roles may occur as a result of a specific ordeal. Role

shifts from “parent” to “best friend” may be the result of divorce or the result of various hardships (Arditti, 1999).

The purpose of this study is to determine the extent to which parental skills, family roles, physical punishment, appropriate expectations, and empathy predict parental success for adolescent mothers enrolled in a parenting class. Stepwise multiple regression analyses reveal the best predictors of effective parenting for adolescent mothers. Practical implications for the helping profession are revealed in the findings.

Method

Participants

This study consisted of 140 mothers who identified having at least one child in their custody. Completed data were obtained for each participant. An information sheet attached to the questionnaires detailed that (a) their participation was voluntary, (b) they were free to decline or withdraw participation without penalty, and (c) their responses would be anonymous. Once completed, the participants returned the questionnaire to the investigator.

Demographics revealed age, racial/ethnic background, residency, and educational level. The questionnaire was completed by 140 mothers. They were between the ages of 16-19 years of age. The majority of respondents were Caucasian-American (51%), 47% were Hispanic-American, and 2% were African-American. Of the respondents, 88 students lived with relatives, four lived alone, and eight lived with partners. All participants attended an alternative school (2% freshmen, 33% sophomores, 27% juniors, and 38% seniors).

Measures

The Adult-Adolescent Parenting Inventory (Form A) assessed healthy parenting skills. The scale is composed of 40 items (e.g., “Good children always obey their parents”). The respondents indicated on a five-point Likert scale (1=strongly agree, 5=strongly disagree) the extent to which each item accurately describes their parental belief. The internal consistency for the scale was .92. The four scales within the Adult-Adolescent Parenting Inventory are:

Inappropriate Expectations of Children. To assess inappropriate expectations, a six-item scale was utilized. Participants identified the level of agreement to statements such as “Because I said so! is the only reason parents need to give.” Thus, a higher score represented less stringent expectations. Internal consistency was .89.

Parental Lack of Empathy. To measure parental lack of empathy, an eight-item scale was generated from single-item questions. For each item, the respondents indicated their level of empathy in parenting (e.g., “Sometimes spanking is the only thing that will work.”). The summed items were internally consistent (.91). Higher scores represented increased empathy.

Strong Belief in the Use of Corporal Punishment. A ten-item scale measured the rejection of physical punishment. Participants rated the degree of use of physical punishment (e.g., “A good spanking lets children know parents mean business.”). The Cronbach’s alpha for the scale was .87. Higher scores represented the decreased use of physical punishment.

Reversing Parent Child Roles. Eight survey items were utilized to measure respondents' agreement to appropriate family roles (e.g., "Children who are one year old should be able to stay away from things that could harm them."). A high reliability value indicated .92. Higher scores represented increased appropriate family roles.

Results

The data were analyzed with Pearson product-moment correlations and a single one-step regression. The regression examined the association between the dependent variable (reversed parent-child roles), and the three independent variables (inappropriate expectations of children, parental lack of empathy, strong belief in the use of corporal punishment).

The Beta values from the regression identified the unique association between each independent variable (e.g., lack of empathy) and the dependent variable (e.g., reversed parent-child roles), controlling for the other two independent variables (e.g., inappropriate expectations of children, and the belief of the use of corporal punishment). The correlation matrix shows a positive correlation between inappropriate expectations of children and parental lack of empathy ($r = .40, p < .001$), indicating that as inappropriate expectations of children increases in value, so does parental lack of empathy. In addition, inappropriate expectations of children was positively associated with the strong belief of the use of corporal punishment ($r = .57, p < .001$), and reversed parent-child roles ($r = .36, p < .001$). Parental lack of empathy is positively associated with reversed parent-child roles ($r = .25, p < .01$). Corporal punishment was positively associated with reversed parent-child roles ($r = .27, p < .01$).

A single one-step regression was analyzed. The results reveal, collectively, inappropriate expectations of children and parental lack of empathy are the best predictors of reversed parent-child roles. Collectively, the independent variables accounted for 50% of the variance (r^2 adjusted = .48). The beta values indicated that inappropriate expectation of children ($B = 37, p < .001$), and parental lack of empathy ($B = .42, p < .001$) were unique predictors. Although corporal punishment contributed to the collective variance, it did not emerge as a unique predictor of reversed parent-child roles.

Discussion and Implications for Practice

The results of this study lend support that the reversal of parent-child roles can have severe consequences for young mothers. As Lawrence-Webb et al. (2004) identified, unclear roles may contribute to excessive control within relationships. The role of young mothers can be unclear in parenting as many struggle with intrapersonal growth and healthy interpersonal relationships. Young mothers who reside with their parents may face difficulty with the continued task of receiving nurturance and instruction from their mothers and the new task of providing nurture and instruction to their developing child. Of the three factors, corporal punishment was not uniquely related to parent-child roles. Both inappropriate expectations of children and parental lack of empathy made unique contributions to parent-child roles. Thus, the results demonstrate the importance of intrapersonal and interpersonal factors in young mothers' parenting characteristics.

This study highlights the personal and social aspects related to positive parenting practices and potential barriers to healthy parenting. There is an increased need to strengthen protective elements that enable mothers and caregivers to eliminate risk factors that may contribute to child abuse and neglect. Mothers and caregivers who feel socially and emotionally connected to their core family and external family members may feel more supportive and may demonstrate proactive coping strategies.

Mothers who have higher levels of internal support and esteem may be more likely to view their parental involvement and expectations as healthy. For example, healthy parenting may consist of being open to receiving instruction by attending parenting classes to eliminate problem behaviors and provide positive child reinforcement. This information is particularly important for counselors and intervention specialists to assess parenting competencies and explore the need for community-based and/or home-based parenting services. Counselor and child specialists may provide a family needs assessment by evaluating areas such as parental locus of control, parent satisfaction with each child, and educational knowledge of ages and stages of child development. In addition, providing counseling and intensive case management for families who are considered high-risk (e.g., past and current parental abuse) may provide the resources towards empowerment and healthy long-term involvement.

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