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The fathers of infants born to adolescent mothers: a comparison with non-parenting male peers and adolescent mothers

Stacy Dawn Thompson
Iowa State University

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**The fathers of infants born to adolescent mothers: A comparison with
non-parenting male peers and adolescent mothers.**

by

Stacy Dawn Thompson

**A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY**

Major: Human Development and Family Studies (Child Development)

Major Professor: Sedahlia Jasper Crase

Iowa State University

Ames, Iowa

1998

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INTRODUCTION

Adolescent pregnancy rates have remained steady in recent years but the actual number of adolescent mothers has risen (U.S. Bureau of the Census, 1997). In 1996, there were 505,513 births to adolescent girls aged 15 to 19 years (U. S. Bureau of the Census, 1997). Seventy-six percent of the adolescent births were non-marital (National Center for Health Statistics). The fathers of infants born to adolescent mothers are often neglected, while much focus has been placed on the mothers (Hanson, Morrison, & Ginsburg, 1989). As many as 63% of the fathers of infants born to adolescent mothers are over 20 years of age (Landry & Darroch, 1995). Two out of three of the fathers of infants born to adolescent mothers, 17 years and younger, are 20 years and older. "Given the seriousness of early childbearing for mothers and their children, it is surprising that researchers and practitioners have not expanded their focus to include the fathers of these children" (Hanson et al., 1989, p. 579). For those fathers who are involved with the baby after it is born, there is very little information about how this parenting role affects him.

Research on these fathers and their relationships with their infants is scarce, as much of the focus has been placed on mothers. Hardy and Duggan (1988) observed that "very little is known about teenage fathers of infants born to teenage mothers" (p. 919). Lamb (1985) described fathers as the "forgotten contributors to child development." Much can be gained from understanding the father and his role in adolescent parenthood because the father's presence seems to imply some

functional relevance to child development. A secure attachment to a father can help offset the social deficiencies and emotional disturbances that could result when an infant is insecurely attached to the mother. Fathers spend a greater proportion of their time involved in play (Parke & Tinsley, 1987) and their play styles are different than those of mothers. Fathers are rowdy and unpredictable in their play with their infants as mothers tend to hold, soothe, and talk to their infants. Additionally, those fathers that are highly involved in their child's care view their infants as more competent (Ninio & Rinott, 1988). This may help to explain why children of both sexes benefit intellectually and will achieve more in school when they have enjoyed a nurturing relationship with a highly involved father.

Elster and Lamb's (1986) book about adolescent fatherhood, most of the studies reviewed in the chapter about adolescent parental behavior focused on adolescent mothers rather than on adolescent fathers. However, the findings they reported indicated that the behavior of adolescent mothers and fathers not only may differ but may be influenced by different factors. Under favorable circumstances, the father's presence in the home indirectly may improve the quality of his children's lives by facilitating better maternal care. This is, in fact, parallel to findings on fathers in general that the effects of father's presence in the home indirectly influences the child via his effects on the mother (Lamb, 1981). Despite these findings very little is known about the impact of the parenting role on the young father.

There are normative transitions to fatherhood. These normative transitions include: 1) fatherhood is expected to occur during marriage, 2) fatherhood is expected to occur in early adulthood, and 3) fatherhood includes the expectation that the father will provide economic support for his offspring and be mature enough to participate with his partner in nurturing and caring for their child (Elster & Lamb, 1986). There are several ways in which the early timing of parenthood is likely to be more problematic than fatherhood for more traditional couples. First, fathers are expected to provide the physical necessities for their children. Second, since fatherhood normally presumes a relatively stable marital relationship, the fathers on which this study focuses already are heading away from normality. Finally, although the data are less clear-cut, it could be argued that adolescent fathers also are less ready psychologically to become parents than are non-adolescent parents (Elster & Lamb, 1986). Little is known about the father of infants born to adolescent mothers and how he may differ from his peers. In the last few years increased attention has been paid to the fathers of infants born to adolescent mothers; in one instance the fathers were referred to as predators (Klein, 1996). Pirog-Good (1995) found that fatherhood for white adolescent fathers was associated with low self-esteem, but not for black adolescent fathers. Over half of the fathers of infants born to adolescent mothers are 20 years and older. Due to a lack of emphasis in the current literature, this study focused on this population.

Statement of Purpose

The purpose of the present study was to investigate the social-emotional well-being of fathers of infants born to adolescent mothers. This was done by comparing fathers of infants born to adolescent mothers with non-parenting male peers and comparing the fathers with adolescent mothers. The variables used in the comparisons were: 1) self-esteem, 2) depression, 3) life satisfaction, 4) social support satisfaction, 5) parenting satisfaction and 6) other demographic variables, including whether the participant has parents or siblings who became parents during adolescence. A semi-structured interview was conducted following the participant's completion of the questionnaires. The father and mother groups also completed a perception of parenthood questionnaire. The measures chosen for this study were chosen to help to provide a better understanding of the microsystems and mesosystems that affect and influence the fathers of infants born to adolescent mothers.

LITERATURE REVIEW

“Adolescent pregnancy cannot be understood fully if it is viewed solely from the adolescent mother’s perspective. To understand the etiology of adolescent pregnancy, the individual responses of the male and female must be examined” (Redmond, 1985, p. 337). Much can be gained by understanding the male and his role in adolescent parenthood and how becoming a parent affects the father. The relationship the father has with the mother is important because of the impact the father has on his children directly and his impact on his child indirectly through his relationship with the mother (Lamb, 1981). The relationship that the father builds with his infant most likely impacts the father. The adolescent father’s attachment to the baby and the baby’s attachment to him should be noted because they both help to influence the infant’s social development. The adolescent’s father’s roles all too often are forgotten, but they should not be neglected because he represents half of the conception. His contribution to his child’s life can be significant. Regardless of whether he is held accountable or not, the adolescent father still remains largely invisible in the explorations of adolescent pregnancy (Chilman, 1979). Once the child is born, the father often drops even further from sight (Furstenberg & Talvitie, 1980). Few recent studies have investigated adolescent fathers and their relationships with their offspring. The last fifteen-year span of studies on the fathers of infants born to adolescent mothers does not provide an in-depth examination in which to understand the adolescent father’s relationship with his infant and his infant’s impact on him. The purpose of this literature review and research study is

to outline what is known about the father of infants born to adolescent mothers and his involvement with his infant and how becoming a father may impact him.

Theoretical Framework

Adolescent fatherhood can be understood by examining the relationships between the individual's characteristics, his environment, and his interactions within that environment. Bronfenbrenner's ecological model of human development is used to gain a better understanding of the phenomenon of fathering. Individuals are part of the total life system and cannot be considered apart from the environment that surrounds them (Bronfenbrenner, 1979). This model contains an individual level of analysis that focuses on personal characteristics and includes historical and background information. The other part of the model contains four components operating on the following levels: microsystem, mesosystem, exosystem, and macrosystem. The microsystem focuses on the patterns of activities, roles, and interpersonal relations experienced by the individual. The mesosystem includes the interrelated microsystems such as relationships among the family, school, and peer group. The exosystem level of analysis includes settings that do not include the individual but have an indirect impact on him whereas the macrosystem emphasizes the impact of the subculture and culture (Bronfenbrenner, 1979). All of these systems affect the adolescent either directly or indirectly.

The number of adolescent pregnancies that involve adolescent males is difficult to estimate because the age of the father is not included consistently on

birth registration forms (Robinson, 1982). In Oklahoma, the father's age is not present on about 50% of the birth certificates. Hardy and Duggan (1988) reported that in 1984 (the latest year for which statistics are available on the fathers' ages) approximately three percent of all live births in the United States were fathered by adolescents, defined as those under 20 years of age. Hardy and Duggan's (1988) study describes adolescent fathers and the fathers of babies born to urban adolescent mothers in Baltimore; the authors report that 232 of the adolescent fathers were young adolescents, under 14 years of age. In 1984, of 479,647 births in the United States, 89,464 were born to adolescent parents (Hardy & Duggan, 1988). The most recent data on the number of adolescent fathers in the United States is the Monthly Vital Statistics Report for 1987. That report states that there were 93 births to White fathers under the age of 15 years, 132 to Black fathers in that age group, and 231 births to fathers of all other races. In that same year, in the age group of 15-to 19-year-olds, 76,631 White males, 24,942 Black males, and 105,133 males of other races fathered infants (Monthly Vital Statistics Report, 1987).

The majority of research available about adolescent fathers and the fathers of infants born to adolescent mothers comes from four indirect sources: 1) adolescent maternal reports, 2) adolescent males in general, 3) adolescent males before they become fathers, and 4) studies of unwed men that include adolescent fathers in their samples (Robinson & Barret, 1987). The lack of data collected directly from and focusing on fathers may be because fewer unmarried fathers than

mothers have direct contact with human service organizations that work with the problem and that traditionally have provided the data pool (Leashore, 1979). It is difficult to provide an accurate description of the adolescent father because there simply is not information available about him.

The scientific study of adolescent fathers has trailed far behind that of mothers (Robinson & Barret, 1987). "Adolescent parenting" effectively refers almost exclusively to the mother (Robinson & Barret, 1982). When fathers are mentioned in the literature, they are commonly referred to as "putative," which implies qualities such as untrustworthiness and deviousness and indicates that they could be treated as such (Earls & Siegal, 1980). Also, the information obtained about the adolescent father often is obtained indirectly from discussions with the young mother with little regard to its accuracy. Earls and Siegal (1980) found it remarkable that in several papers written before 1980, there was no mention of the possible bias in the source of information or that it may be more desirable to interview the fathers directly. The authors concluded that there was very little direct information on adolescent fathers.

Characteristics of Fathers of Infants Born to Adolescent Mothers

Lamb, Elster, Peters, Kahn, and Tavaré (1986) studied the characteristics of adolescent mothers and their partners, finding that those fathers who married during pregnancy appeared to adjust better to parenthood and marriage than those who married before conception or did not marry at all. They studied three groups: 1) those couples who were married at the time of conception compared with those who got married at that time, 2) those who were married at conception compared with

those who got married between conception and delivery, and 3) those fathers who got married between conception and delivery compared with those who maintained a steady dating relationship but did not get married. Information was gathered utilizing semi-structured interviews and coding the responses using predetermined categories. The items coded included the fathers', mothers' and their parents' reactions to the pregnancy, the change in parents' relationships with their parents, father-of-baby's and mother-of-baby's history of drinking, smoking, and substance use; the fathers' and mothers' history of physical and sexual maltreatment; educational status; grade point average in the last year; academic and behavioral problems at school; employment status; religion; sources of emotional support; age at which sexual activity began; menarche; history of contraceptive use and judicial involvement; anxieties concerning parenthood; marital status and SES of parents; and history of family involvement in adolescent pregnancies (Lamb et al., 1986).

Their findings revealed that the fathers who married during pregnancy had fewer school-related and legal behavior problems than those fathers who were never married or those who were married before conception occurred. They also worked more hours per week and were more likely to be support persons during labor and delivery than were those fathers who were just dating the adolescent mother. Their results suggest that fathers who married after conception were more responsible and committed than the dating fathers. Those couples who married during pregnancy had a "better psychosocial situation than those who were married initially, but also better than those who decided to maintain a steady relationship

without formal commitment (marriage)" (p.495). Thus, those who married during pregnancy appeared better able to cope with stresses of parenthood and marriage.

Schwartz (1979) found that adolescent fathers frequently were school dropouts lacking steady employment. He also found that drug and alcohol use was a common pattern. Some fathers may have offered marriage and sought a permanent relationship with the mother, but many were involved sexually with several women simultaneously. In addition, Schwartz asserted that the only interest in the baby was as a proof of potency. However, this finding is disputed by other studies (Lamb, 1987; Robinson, 1988; Stack; & Westney, Cole, & Munford, 1986). Schwartz's findings appear to be somewhat outdated in comparison to the later data (Lamb, 1987; Robinson, 1988) on adolescent fathers.

Robinson (1988) reviewed several issues of adolescent fatherhood such as attitudes toward marriage and child-rearing, psychological variables that affect the adolescent father, and consequences of fatherhood from a number of articles. He described five commonly held myths about adolescent fathers. The first myth, the "Super Stud," states that he is worldly-wise and knows more about sex and sexuality than his peers. The "Don Juan" myth says that he sexually exploits unsuspecting and helpless adolescent females by taking advantage of them. Third is the "Macho Myth," which sees him as feeling psychologically inadequate, having no inner control, and unlike other adolescent males his age, having a psychological need to prove his masculinity. The "Mr. Cool" myth states that he usually has a fleeting, causal relationship with the young mother and has few emotions about the

pregnancy. Finally, the “Phantom Father” myth states that the teenage father is absent and rarely involved in the support and rearing of his children and leaves his partner and offspring to fend for themselves.

In contrast to these five myths, Robinson (1988) reviewed several studies showing that throughout the prematurely timed pregnancy, teenage fathers typically remain involved either physically or psychologically, and have intimate feelings toward both the mother and baby. Thus, research shows some truth in some of these portrayals of the adolescent father, but there is no current evidence to support any of these stereotypes. Teenage fathers are judged frequently and stereotyped by others, but rarely are portrayed accurately because very few data have been collected from direct interactions with them.

Role of Adolescent Fathers

In the last two decades, researchers have become aware of the important role played by fathers in the psychological lives of their children (Lamb, 1981). In 1974, Stack found that the majority of her sample of Black urban adolescent fathers were forced to live separately from their mates and their children by regulations governing payment of welfare and aid for children. She also found that fathers were proud of their children, often visiting their families on a regular basis and living with them for short intervals. Furthermore, her data suggested that fathers maintained an intricate relationship with their children within a highly permissive context.

Westney, Cole, and Munford (1986) studied a sample of 28 Black unmarried adolescent males, 15 to 18 years of age, who were prospective fathers of the

unborn children of pregnant adolescents and who were recruited from sources that included nurses in public schools, prenatal clinics visited by prospective adolescent fathers and their pregnant girlfriends, recreation centers, and through expectant fathers who identified their male friends also as expectant adolescent fathers. The research instrument was administered by a Black female maternal and child nursing specialist in a group education setting when the pregnant adolescent partners were either in their second or third trimester of pregnancy. The researchers used a questionnaire addressing their "readiness for fatherhood, antepartal behavioral interactions, and projected postpartal behaviors with their infants" (p. 904). Their findings indicated that the male adolescents who had sustained longer pre-pregnancy relationships both were more supportive of the mothers and planned more extensive child care roles. Consequently, if the male is included and involved in the relationship with the mother, there may be more involvement after the birth of the baby.

Stress, Self-Esteem, and Parenting Failure

Elster and Panzarine (1983) interviewed 20 prospective adolescent fathers, ages 17 to 18 years, 44 times each during the pregnancy and through the neonatal period. The subjects were referred by girls who were attending various high-risk obstetrical clinics. The researchers clarified the types of stresses to which adolescent fathers are subjected. The continual struggle to meet the economic needs of the family was reported as a major source of stress because this is one important way that fathers affect their children's development. Those adolescent

fathers who fail to support their partners may suffer a decline in self-esteem. Also, adolescent fathers may not be able to catch up with the educational achievement of their peers and may be economically strapped and unfulfilled in their employment roles. The likelihood of marital instability is increased because of the immaturity of the parents and the fact that the adolescent parents become parents before having adjusted adequately to their marriage. There is an increased likelihood that an insecure attachment relationship will develop between the adolescent father and his infant since emotional investment and sensitive responsiveness are the most important influences on the quality of infant-parent attachment. The stresses stated above leave the adolescent father preoccupied and thus unable to invest emotionally in or respond sensitively to his infant.

Elster and Panzarine (1983) concluded that many adolescent fathers are at risk for parenting failure. The fact that the girls who referred the adolescent males were attending high-risk obstetrical clinics could mean more stress for the adolescent father, and this should be taken into account when reviewing the results of this study.

Rivara, Sweeney, and Henderson (1985) studied 100 adolescent fathers and non-fathers between the ages of 14 and 19 years, with a mean age of 17.5 years. Nearly all subjects were Black and from families of low socioeconomic status. The fathers were identified through adolescent women attending the University of Tennessee Center for the Health Sciences Prenatal Clinic. The comparison group was formed from males seeking care at the same hospital's surgical, orthopedic,

and emergency room clinics. Both groups were paid 10 dollars for their participation. The framework used for the interview was adapted from the Health Belief Model described by Rosenstock (1966) to explain why people seek personal health services. The Moos Family Environment Scale (Moos & Moos, 1976) was used to measure family dynamics, and the Offer Self-Image Questionnaire (Offer & Howard, 1972) was used to assess certain aspects of the male adolescents' personality adjustment. They found more similarities than differences between the two groups. The one notable difference was that teenage fathers were significantly more likely to accept adolescent pregnancy in their families as a common occurrence and as minimally disruptive of their current or future lives. This sample of adolescent fathers apparently viewed adolescent fatherhood as a normative cultural experience that may account for the absence of anxiety or poor self-concept among the adolescent fathers in the sample. No information was provided about the male adolescent's relationship with his baby and the mother.

Lamb and Elster (1985) found essentially no differences among fathers of different ages (16.5 to 29.9 years) or their partners with respect to observed behavior, reported stress, social support, and dyadic quality. The sample was 86% White. Most subjects came from lower-middle-class and middle-class families. The adolescent mothers came from a demographic group of White, middle-class couples. Their sample consisted of 52 adolescent mothers who were observed for at least 40 minutes during one or two home visits with their six-month-old infants and their male partners. Thirty-one percent of the subjects were enrolled in a

comprehensive adolescent pregnancy and parenthood program, and the rest were recruited through the county-run Women, Infants, and Children program. During the observation, an observer used a behavior coding system developed by Spanier and Rovine (1983) and Belsky, Gilstrap, and Rovine (1984) and recorded the presence or absence of several behaviors of mother to infant, father to infant, and mother to father, and the infant's interaction to his or her parents. After each observation, parents completed several questionnaires independently of each other, as follows: 1) the Dyadic Adjustment Scale, which assesses the perceived quality of the relationship between the two parents (Spanier's, 1976); 2) a portion of Henderson, Duncan-Jones, Byrne, and Scott's (1980) Interview Schedule for Social Interaction, a measure of social support in which they focused on the availability and adequacy of each parent's attachment relationships; and 3) a version of the Life Experience Questionnaire (Sarason, Johnson, and Siegal, 1978) designed to assess the occurrence and stressfulness of recent life events.

Robinson and Barret (1987) reported that it is a very difficult transition for the teenager to become a father. The change of their roles, with the addition of the father role, can cause the adolescent to have difficulty in coping with those changes. The authors found that the adolescent fathers suffer psychological conflict over the simultaneous roles of adolescent and father. Also, they frequently have difficulty coping with the knowledge of the pregnancy and show signs of clinical depression and stress (Elster & Panzarine, 1983).

For Robinson and Barret's (1987) study, 20 adolescent males under age 18

whose partners were identified from three area high-risk prenatal clinics were interviewed from one to four times during the prenatal period and again at four to six weeks following delivery. The interviews, conducted by a research assistant trained in psychosocial nursing, were directed at exploring the particular stresses each subject was experiencing. Later, these stressors were graded for severity by the interviewer on a prescribed scale from 1 (low) to 3 (high). The level of severity was used to determine an average score per time interval for each stressor. They found that many of the concerns reported by adolescent fathers are similar to those experienced by older men who are experiencing additional stresses. The stressfulness of adolescent pregnancy was suggested by reports of somatic symptoms and psychiatric problems experienced by the adolescent prospective fathers. The study also revealed that the stressors changed in intensity throughout the pregnancy. For the present study, an example of a stressor is the crisis of the premarital pregnancy faced by the adolescent fathers, and this is usually viewed negatively by society. After marriage, problems may develop for the adolescent father arising from the marital relationship and the separation from his peer group. The adolescents who had expected the pregnancy to occur tended to have fewer concerns late in the pregnancy than did teens who had not anticipated conception. The stressors reported by the subjects were grouped into four categories: 1) vocational-educational concerns, 2) concerns about health of the mother and/or baby, 3) concerns about future parenthood, and 4) problems with relationships.

Elster and Panzarine (1983) also indicated that those who had expected the

pregnancy to occur tended to report less stress during the third trimester than did those who had not anticipated pregnancy. Consequently, they experience the impending birth as less of a crisis than do those where pregnancy is not expected. The authors concluded that many adolescents are unprepared emotionally to accept the consequences of having unprotected intercourse.

Hendricks (1980) found that Black, unmarried adolescent fathers from low socioeconomic backgrounds were concerned about financial responsibilities, parenting skills, education, employment, transportation, relationships with girlfriends, and facing life in general. In addition, acknowledging these concerns, it has been shown that adolescent fathers are no different psychologically from other adolescent males or from adult men who fathered babies with adolescent females (Robinson, 1988).

Males' Involvement in Pregnancy Outcome

Using a self-administered precoded questionnaire containing closed- and open-ended items, Redmond (1985) studied a sample of 74 unmarried males under the age of 21 who were in contact with five community agencies. The author questioned the males about the persons with whom the male would choose to discuss an unwanted pregnancy according to each of the outcomes of pregnancy: adoption, keeping the child, or abortion. She found that in all of these situations, the males were most likely to include the girlfriend and appeared to be more cooperative with the outcome of the pregnancy if they were accepting of the resolution or the decision-making steps. The fathers were more cooperative once

the decision had been made about the pregnancy outcome if they had been involved with the decision-making process. Adolescent fathers are more open and accepting than the adolescent mothers in their attitudes toward abortion. The males, who view abortion as an acceptable outcome rather than carrying the baby to term, may view this outcome as the least traumatic consequence of adolescent pregnancy because “it does not produce a child, occurs relatively quickly, and requires no long-term commitment to the relationship or subsequent child born into that relationship” (Redmond, 1985, p. 342).

Even if the male adolescent accepts the decision that the adolescent mother makes to keep the child, it does not necessarily mean that he is willing to participate in the care of the infant. Furthermore, Ryan and Sweeney (1980) found that the father’s ability to provide financial assistance was an important prerequisite to his cooperation in helping support the infant when the adolescent mother decided to keep the child. When the males were included in the decision process of whether or not to abort, they received emotional and social support from their girlfriends and professionals, but felt confused and neglected when they were not included in the decision (Redmond, 1985). In another context, Brooks-Gunn and Furstenberg (1986) pointed out that the support adolescent parents receive might be crucial to the way they parent directly or indirectly. They believe it is very important for all parties concerned that the father be included in the decision-making process of whether to abort or keep the baby, if the father shows a willingness to be involved and take part of the responsibility of the pregnancy. These responsibilities include

financial support, emotional support for the mother, and helping to care for the infant.

Fathers' Involvement With Their Infant

Robinson and Barret (1982) used self-report questionnaires to gather information from 26 adolescent expectant fathers regarding their relationship with their girlfriends and their families. The fathers, aged 16 to 21, and 85% of whom were Black, were identified through social agencies and the help of expectant mothers. The questionnaires, the State-Trait Anxiety Scale (Spielberger, Bersuch, & Lushene, 1968) and the Personal Attribute Inventory, a self-concept measure (Parish & Eads, 1977), were taken to the fathers by the adolescent mothers. The fathers were asked to complete them and return them in a stamped, preaddressed envelope. Most of the fathers perceived their relationships with their girlfriends and their girlfriends' families as rather positive. In addition, the majority of the fathers were highly motivated to participate in some way in the fathering experience. The authors did not study the involvement of the fathers with their infants.

The relationships between the father and the mother of his child and between the father and his family influence the amount of contact between the father and his child. Amato and Rezac (1994) found that the relationship between the father and the mother of his infant mediates the relationship between the father and child contact and child functioning. Moreover, an unstable mother and father bond seems to interfere with unmarried fathers' positive involvement with their children (Furstenberg & Harris, 1993). Conversely, a positive intrafamilial relationship

appears to support the greater involvement by fathers (Furstenberg, 1995). The father's quality of interactions with his infant is influenced by those other relationships in his life.

On that same note, Westney, Cole, and Munford (1986) mailed questionnaires to a sample of 28 Black unmarried male adolescents 15 to 18 years old who were living in an eastern metropolis. Most (96%) of the unwed fathers expressed the desire to give some degree of physical care to the baby, and most also wanted to interact with their baby socially. Three-fourths of them said they would like to be around enough to establish a father-infant bond. Furthermore, Elster, McAnarney, and Lamb (1983) found that the age of the father does not appear to have a significant impact on the early social experiences of infants.

Culture and race can be utilized to predict father involvement with his infant. While African American fathers rarely marry or cohabitate with the mother of their child, they are reported to maintain more involvement with their children over time than both Whites and Hispanics (Lerman, 1993; Marsiglio, 1987). The fact that a father does not live with his infant should not be presumed to preclude a relationship with his infant. Almost half of all fathers visit their children weekly, and almost 25% see their children daily (Lerman, 1993).

Father Involvement and Child's Name Choice

Furstenberg and Talvitie (1980), after interviewing 323 pregnant adolescents over a period of five years, found that the name chosen for the baby proves to be a good indicator of the father's interest and relationship with his offspring. The

authors found that with children who bore the father's name were more likely to receive financial support as well as more contact. During the course of the study, interviews also were obtained from the adolescent mothers of the infants, a sample of their classmates who did not experience a pregnancy during their teens, a small number of the fathers of the children, and the children themselves. Most of the data presented were drawn from the adolescent mothers. The last interview with the adolescent was done in the homes of the young mothers, and was administered by a small team of professionally trained fieldworkers and lasted over an hour. The interview contained both structured and unstructured tests. The children were interviewed while they were in kindergarten, and their interview was much briefer and consisted largely of structured tests.

Most of Furstenberg and Talvitie's findings were based on the material collected in the final interview. The sample was predominantly Black (91%), including only a small number (9%) of White adolescents. Their research also examined the amount of contact that adolescent fathers had with their infants and how the naming patterns affected paternal involvement in families where the adolescent couples never got married. They reported that from the many open-ended comments of adolescent mothers, it appears that the fathers frequently took an active part in the naming process, with slightly more than one-fifth of the women reporting that the father had participated in the naming. When children bore their father's name, they were much more likely to have regular contact with their fathers and to receive economic assistance from them. The boys who had both the father's

surname and given name experienced higher levels of interaction and aid than did children of both sexes who had their fathers' surname only.

Furstenberg and Talvitie also found that, although the same-named sons had significantly more contact with their fathers, they had less gratifying relationships with them. This result suggested that the fathers might have felt more obligated to have contact with their sons because they were named after their fathers. That sense of obligation may have complicated the relationship by reminding the father of his responsibility toward the child that the father felt he could not fulfill. The authors also discovered that children who were named after their fathers continued to have more regular interaction and to receive more financial support. Again, the father's relationship with his same-named son was not as gratifying as in families in which the child did not have the same name as the father; 38% of the same-named experienced some difficulty with their fathers, as compared to 14% of those who did not bear his name. This appeared to support the conjecture that naming patterns represented a deliberate effort to strengthen the tenuous bond between unmarried fathers and their children. The adolescent mothers might have felt that if they named their child after the father, the male adolescent might make a commitment to a relationship with the mother.

Knowledge of Child Development

Adolescents in general lack knowledge about child development; however, many adolescents do have the skills required to care for a young infant. Adolescent pregnancy often puts the father in a position in which he might learn to care for an

infant. Adolescent fathers and mothers have unrealistic expectations of their infant's capabilities, such as when babies should begin walking, talking, and toilet training (de Lissovoy, 1973). de Lissovoy visited 48 couples five times, of whom 46 were expecting a baby at the time of marriage. During the third visit, when the child was six to nine months of age, a test was given to examine the parents' knowledge of child development. On the fourth visit, when the child was 18 to 30 months of age, a child-rearing practices schedule, designed to measure only the dimensions of the mother's acceptance and control of her children, was administered. Due to the atypical sample consisting of all adolescent parents for de Lissovoy's study, his results should be reviewed with some skepticism. There was no comparison group of non-adolescent parents. The adolescents' knowledge of child development tended to be unrealistic, and their expectations for their children reflected impatience and intolerance, which frequently resulted in physical discipline for their children.

Rivara, Henderson, and Sweeney (1986) sampled two groups of males, each with 100 subjects; one was a group of teenage fathers under 20 years of age and the other a group of race- and age-matched peers who had not fathered children. The sample was composed primarily of urban Black adolescents and was not representative of all adolescent fathers (Rivara et al., 1986). Information about demographic background, attitude, knowledge about pregnancy and contraception, and family characteristics and dynamics was collected through interviews. The original interview format was based on an adaptation of the Health Belief Model,

which focused on the benefits of using contraceptives.

The follow-up interview among the fathers concentrated on actual changes in their lives due to the pregnancy and to the birth of the child, changes in the relationship with the teenage mother, and relationships of the fathers with their children. These changes were compared to changes in the lives of the non-father comparison group. The two groups of males were compared on their knowledge of child development, child health maintenance, and child disciplinary approaches using the Iowa Child Development test. Rivara et al. (1986) reported that fathers who felt positive about the pregnancy prenatally were much more likely to visit their child in the hospital than were fathers who felt neutral or negative. When the babies were nine months old, there was no difference between fathers and nonfathers on the knowledge of child development or child health maintenance. The fathers and nonfathers in their study had inadequate knowledge of child development and child health maintenance to care adequately for their child. However, when the infants were 18 months old, more nonfathers knew the normal development and normal diet of a newborn than did fathers. Adolescent fathers also have higher expectations of infants than is developmentally appropriate in comparisons of fathers and nonfathers. The adolescent fathers expected their infants to complete developmental tasks at an earlier age.

Role of Social Support

The fathers of infants born to adolescent mothers appear to have been misrepresented in the past. Previous studies have tended to ignore the family roles

of adolescent fathers because they rarely reside with the children or with the children's mother (Earls & Siegal, 1980). The agencies that deal with the adolescent mother need to involve the father in the program. When health care counseling is provided for the couple, the adolescent father's knowledge and feeling of involvement in the pregnancy is improved (Elster & Panzarine, 1983). It has been suggested that although unwed fathers are reluctant to identify themselves publicly, more of them will step forward once researchers and agencies in the helping professions begin to respond to their needs (Barret & Robinson, 1981).

In summary, it appears that the stereotype of the adolescent father is not necessarily true for all adolescent fathers. Some adolescent fathers may wish to participate in the pregnancy but may not be given the opportunity. Adolescent fathers have a higher sense of self-esteem when they are involved in the decision-making process of the pregnancy than when they are not involved. The research reveals that the fathers do not always abandon their female adolescent partners, and that they have been represented inaccurately. Once involved, many males are eager to become more competent and caring parents. Reaching out to adolescent fathers has a potential advantage for the total family system. Many of the studies summarized here have a sample that is predominantly Black, which may not be generalizable to the White or Hispanic adolescent parent population. Much more research needs to be done in this area to better understand the father.

Connolly (1978) summed it up well: "All eyes are on the unwed mother and her baby, while the other partner stands awkwardly in the background, too often

ignored or even forgotten completely” (p. 40).

Purpose of Study

The purpose of the present study was to compare two groups of males (fathers of infants born to adolescent mothers and non-fathering peers) and one group of adolescent mothers on the following: 1) self-esteem, 2) depression, 3) life satisfaction, 4) socio-economic status, and 5) other demographic information. The adolescent father and mother groups also completed a perception of parenthood questionnaire. One goal was to assess the relationship between measures of general life satisfaction, social support, depression, and self-esteem between fathers of infants born to adolescent mothers and their non-parenting peers. Another goal was to assess those above-mentioned measures and satisfaction with parenting between the fathers of infants born to adolescent mother and adolescent mothers.

METHODS

Participants

This study examined the fathers of infants born to adolescent mothers compared with non-parenting same-age male peers and adolescent mothers. The sample included 15 fathers, ages 17 to 31 years, their non-parenting male peers, ages 17 to 31 years, and 15 adolescent mothers, ages 14 to 20 years. (For the mothers, an adolescent was defined as an individual who is 18 years of age or younger at the time of her child's conception for the mothers). The distribution by race among the subjects was: 2 Native Americans, 1 Hispanic, and 12 Non-Hispanic Whites for the fathers group. For the adolescent mothers group, 2 were Native American and 13 were Non-Hispanic White females. Finally, for the non-parenting male peers' group, 1 was Native American, 1 was Hispanic, and 13 were Non-Hispanic White. Four of the fathers reported they had siblings who became parents during adolescence (at ages 15, 16, 17, and 19) and 11 reported that no siblings became parents during adolescence. Of the adolescent mothers, 2 had 1 sibling who became parents during adolescence and 1 of mothers had 2 siblings who became parents during adolescence (at ages 15 and 19) while 12 of the adolescent mothers did not have siblings who became parents during adolescence. For the non-parenting male peers, 3 had siblings who became parents while an adolescent (ages 17 and 18 years), while 12 had siblings who did not become parents during adolescence. Three of the fathers reported that the pregnancy had been planned, while 12 denied a planned pregnancy, compared to all of the

mothers who reported that the pregnancy was unplanned.

A criterion for inclusion in the study was that the father and adolescent mother participants have regular contact with their infant. There were twelve father-mother pairs based on the parentage of an infant. Each pair was matched for analysis. The infants of the fathers and mothers were between two and a half months and two years of age at the time of the interview. The participants were referred by the local health department of a small midwestern town, by two alternative programs at two different high schools for adolescent mothers, and by other adolescent fathers.

Procedures

After obtaining permission from the Iowa State University Human Subjects Review Committee and the local health department, the researcher contacted the fathers, mothers, and non-fathers in the health department, the alternative high schools for adolescent mothers, or at home, to set up a time for an interview. The participants were referred through a nutritionist, teachers, adolescent mothers, and a parent educator as well as from participants who participated in the study. At that time each participant was told his or her rights as a research participant. If he or she agreed to participate, then a time for testing was scheduled within the next week. Each participant was promised twenty dollars for participation in order to obtain and retain participants.

The researcher had the participant come to a public library or an office within the health department to participate. Both places allowed for privacy without

outside interruptions. During the first scheduled session, all participants were given an information form (see appendix A) describing the purpose of the study and were asked if they were still interested in participating in the study. No one refused to participate or dropped out at any time during the research process. Then all participants were asked to complete the demographic form (see appendix B), which inquired about their parents' education, occupation, and income level. In addition, the demographic form for the fathers and mothers requested information concerning interactions with his or her child by asking how often they performed certain activities such as feeding the baby. After completing the demographic form, the participant was given the questionnaire packet to complete. If the participant had difficulty comprehending the questions, then the researcher explained them. Only one subject needed some assistance. The researcher was available at all times to answer any questions the participants had while completing the forms and questionnaires.

After the participant completed the questionnaires, a semi-structured interview was conducted involving the researcher and each individual participant separately. The interview was semi-structured with the same set of questions being answered by all participants, except the questions were more futuristically oriented for the non-parenting peers. Interviews were open-ended in that participants were permitted to discuss any topic of their choice and were not discouraged if they changed the participant. All interviews were audiotaped. The researcher and the participant were always alone with the door closed during the interview portion; the

procedure was the same for all participants.

Participants were assured that their names would not be linked with any information on tape. The researcher began the interview by saying "It is important for me to record this interview. Would that be all right with you?" All of the participants gave their consent to be recorded. Although several participants appeared somewhat uncomfortable with the idea of being recorded, once the interview began it did not appear to affect their responses.

The total time each participant donated to the study ranged from 35 minutes to one hour. At the conclusion of the interview, each participant was thanked and presented with twenty dollars for their participation.

Instruments

The questionnaire packet included the following seven measures and the information form:

1) The Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) was designed to assess current frequency of depressive symptoms, and was the measure of depression in this study (see Appendix C). It focuses on depressed affect or mood, and was designed for use with cross-sectional samples (Shaver & Brennan, 1991). It is a 20-item scale representing the following six major components of symptomatology: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. Items are scored on a 0-3 scale, in which 0 is rarely or none of the time and 3 is most or all of the time. The

authors reported that split-half correlations were .85 for patient groups and .77 for normal groups. Coefficient α and Spearman-Brown coefficients were .90 or above for both normal and clinical participants (Radloff, 1977). The scale has been found to have positive correlations with the Beck Depression Inventory (.81) and the SDS (.90), two other depression measures (Radloff, 1977). In the present study, the reliability coefficient was .85 for the fathers of infants born to adolescent mothers, .87 for the non-parenting male peers, and .89 for the adolescent mothers. Although these were relatively high, small sample size may make the estimate of the reliability unstable.

2) Self-esteem was measured using the Rosenberg Self-Esteem Scale (RES) (Rosenberg, 1965), which is widely used in mental health research to assess self-esteem and is especially appropriate for adolescents (Pearlin & Radabaugh, 1976) (see Appendix D). It has 10 items and uses a four-point scale in which 1 is strongly agree and 4 is strongly disagree. Half of the items are reverse-coded in order to sum the 10 items to get one self-esteem score, with a higher score corresponding to higher self-esteem. Reliability has been established at .92 with a test-retest reliability coefficient of .85 (Wylie, 1961). In the present study, the reliability coefficient was .78 for the fathers of infants born to adolescent mothers, .67 for the non-parenting male peers, and .84 for the adolescent mothers.

3) The Questionnaire on Social Support (Crnic & Greenberg, 1990) is a social support questionnaire that includes 16 items involving support from three distinct ecological sources: a) community social support, b) friends social support

including neighbors and extended family, and c) intimate relations social support (Crnic & Greenberg, 1990) (see Appendix E). Each social support ecological source has two parts, one of which assesses the availability or quantity of support and one of which assesses the parent's perceived satisfaction with the support available. Each social support score for each ecological source (community, friends, and intimate relations) is added together to get the overall social support score. Responses are scored on a 5-point scale ranging from 1 = very bad to 5 = very good. The internal consistencies in a one-month period of data collection ($n=102$) using Cronbach's alpha were: community satisfaction = .50, friendship satisfaction = .65, and intimate satisfaction = .69. The reliabilities for the 18-month assessment ($n=70$) were as follows: Community = .53, Friendship = .64, and Intimate = .82 (Crnic & Greenberg, 1990). In the present study, the reliability coefficients for the fathers of infants born to adolescent mothers were: .54 for community satisfaction, .84 for friendship satisfaction, and .66 for intimate satisfaction. The reliability coefficients for the non-parenting male peers were: .85 for community satisfaction, .32 for friendship satisfaction, and .66 for intimate satisfaction. The reliability coefficients for the adolescent mothers were: .32 for community satisfaction, .60 for friendship satisfaction, and .87 for intimate satisfaction. The low small sample size may make the estimate of the reliability unstable.

4) The Satisfaction With Parenting Scale assesses the way a parent perceives and values parenting as a satisfying experience that gratifies his/her own

social and psychological needs (Crnic & Greenberg, 1990) (see Appendix F). The measure is divided into two subscales: 1) parental role satisfaction and 2) degree of pleasure with infant. Responses vary from 1 to 5, with 1 = very dissatisfied to 5 = very satisfied. Any written response is omitted if it cannot be fit into a scorable category (1 - 5). The value associated with the answer is the same as the number the participant circled. The numbers then are summed for one total score for each subscale. For one-month data collection of the two subscales, the internal consistencies (Cronbach's alphas) were: Role Satisfaction = .61 and Degree of Baby Pleasure = .48. Internal consistency at 18 months was: Role Satisfaction = .60 and Degree of Baby Pleasure = .79 (Crnic & Greenberg). In the present study, the reliability coefficients for the fathers of infants born to adolescent mothers were .83 for Role Satisfaction and .71 for Degree of Baby Pleasure. For the adolescent mothers the reliability coefficients were .74 for Role Satisfaction and .73 for Degree of Baby Pleasure. This scale was not administered to the non-parenting male peers.

5) The General Life Satisfaction is a single-item measure that assesses the parent's subjective appraisal of his or her current life situation (Crnic & Greenberg, 1990) (see Appendix G). This measure is intended to encompass the parent's perception on their total life situation (Crnic & Greenberg, 1990). The score for this item ranges from 1 to 5; those responses written in for the "other" space are omitted if they cannot be forced into 1 of the 5 other scoring categories.

6) The demographic forms were developed by the researcher (see Appendix

B). One form was designed for the fathers and the adolescent mothers groups and another form was designed for the non-parenting peer group. Both forms asked about the education, occupation, and income levels of the participants' parents. The forms differed in that the form for the fathers and the adolescent mothers' requested information about the amount of time spent with his or her infant, whether the pregnancy was planned or unplanned, and the mother or father's age at the time of the birth of their baby. The fathers of infants born to adolescent mothers and the non-parenting male peer participants were matched on age.

7) The semi-structured interview was conducted by the researcher with the participant. The topic areas were predetermined, but the interviewer was flexible in adapting questions to the adolescent's responses. Questions for fathers and adolescent mothers included:

- How do you think parenthood has changed you?
- What do you enjoy most about being a parent?
- What do you enjoy least about being a parent?
- If you could provide three suggestions to people who work with adolescent parents and parents-to-be, what advice would you give (Taylor, 1994)?
- What does fatherhood/motherhood mean to you?

Questions for non-parenting peers included:

- How do you think parenthood would change you?
- What would you enjoy most about parenting?

- What would you enjoy least about parenting?
- If you could provide three suggestions to people who work with adolescent parents and parents-to-be, what advice would you give (Taylor, 1994)?
- What does fatherhood mean to you?

Predicted Outcomes

After reviewing the literature, it was predicted that the fathers of infants born to adolescent mothers were more likely to have higher scores on the Center for Epidemiologic Studies Depression Scale (CES-D) and lower scores on the Rosenberg Self-Esteem Scale (RES), the Questionnaire Social Support, and the General Life Satisfaction measure than their non-parenting male peers.

Although this prediction was made with less confidence, it was predicted that fathers of infants born to adolescent mothers were more likely to have higher scores on the Center for Epidemiologic Studies Depression Scale (CES-D) and lower scores on the Rosenberg Self-Esteem Scale (RES), the Questionnaire Social Support, the General Life Satisfaction measure, and the Satisfaction with Parenting Scale than the adolescent mothers.

Research Design

Analyses of the self-report measures were performed after consultation with the statistical consultant. Multiple independent t-tests were performed comparing the fathers group with the non-parenting male peers group on: self-esteem, depression, social support satisfaction, and general life satisfaction. Likewise,

multiple paired t -tests were performed comparing the fathers group with the adolescent mothers group on the same variables with the addition of parenting satisfaction.

All interviews were audiotaped and analyzed qualitatively following Glaser and Strauss's grounded theory (Strauss & Corbin, 1990). A grounded theory is a qualitative research method, which derives inductively from the study of the phenomenon it represents. It begins with an area of study and then relevant data emerges. One begins with data and explores emerging topics, noting common trends, thus creating a theory from the data.

The researcher listened to the taped interviews following data collection and transcribed all information using exact words spoken by the participant. Words were transcribed according to the topic about which the participant was speaking. For example, if the interviewer asked "How has parenthood changed you?" and the participant replied, "made me more mature," the researcher transcribed the exact answers. Once all the interviews were transcribed, individual phrases were cut into strips for use by three independent coders who reviewed written transcripts for emerging themes. The coders then categorized the topics using the individual strips of paper until an acceptable level of agreement between the coders was reached.

The coders met on two separate occasions for a total of about 10 hours. Each question was sorted and categorized for all subjects before continuing to the next question. The responses to the questions were independently read with the

coders noting common themes. After the first reading, readers shared common themes, disregarding those that the three raters did not agree on. The newly discovered themes were then labeled and placed in corresponding envelopes.

RESULTS

This study examined the fathers of infants born to adolescent mothers compared with their same age non-parenting male peers and adolescent mothers. The sample included 15 fathers, their non-parenting male peers, and 15 adolescent mothers (see Table 1). Twelve of the fathers and mothers in the present study had a child together. Information about these pairs of parents are found in Table 2.

The data gathered from the demographic form fathers and mothers included how often they performed activities such as feeding their baby, changing their baby, playing with their baby, bathing their baby, and putting their baby to sleep. Figure 1 illustrates the fathers' reported involvement with his infant. The mothers reported that they performed all activities on a daily basis.

Table 1. Demographics of Study Sample^a

Variables	Range	Mean	Standard Deviation
Age of participants			
Fathers	17 to 31	21.73	3.37
Non-parenting peers	17 to 31	21.73	3.33
Adolescent mothers	14 to 20	17.40	1.54
Age at child's birth			
Fathers	17 to 30	20.60	3.31
Mothers	14 to 19	16.47	1.40
Number of years in school			
Fathers	9 to 14	11.33	1.50
Mothers	7 to 12	10.40	1.24
Peers	10 to 23	13.53	3.04

^an=45, 15 per group

Table 2. Demographics of Matched Pairs of Father of Infants Born to Adolescent Mothers and Adolescent Mothers

Pair	Age at child's birth		Race		Married	Living Together
	Father	Mother	Father	Mother		
1	21	17	Native Am	Native Am	No	Yes
2	21	16	White	White	No	Yes
3	17	17	Hispanic	White	No	No
4	20	16	White	White	Yes	Yes
5	19	15	White	White	No	No
6	18	16	White	White	Yes	Yes
7	20	14	Native Am	White	No	Yes
8	17	17	White	White	Yes	Yes
9	30	18	White	White	Yes	Yes
10	20	18	White	White	Yes	Yes
11	24	15	White	White	Yes	Yes
12	22	18	White	Native Am	No	No

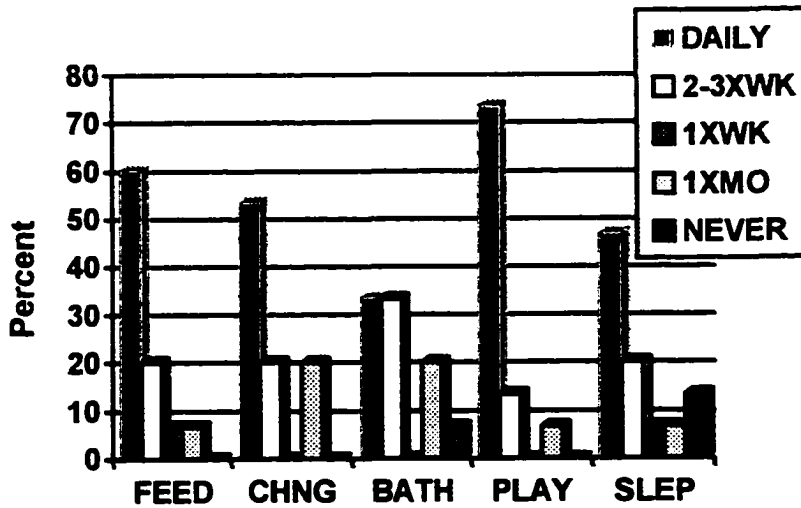


Figure 1. Fathers' Involvement

Quantitative Analyses

Table 3 lists the means for each of the groups for each of the measures. Independent *t*-tests were used to examine each of the means between the fathers and non-parenting male peers and paired *t*-tests were used to examine the means for the fathers and adolescent mothers who were not independent of each other. One-tailed *t*-tests were used to examine if differences exist between the fathers and the non-parenting male peers groups and the fathers and the adolescent mothers groups. Values at the .05 level of significance and below are reported. The results are described in the sections that follow.

Table 3. Means by Group for All Measures

Variable Measures	Fathers	Peers	Mothers
Center for Epidemiologic Studies			
Depression Scale	18.47	13.13	15.93
Rosenberg Self-Esteem Scale	30.40	33.47	30.33
Satisfaction with Parenting Scale	38.20	N/A	41.20
Parental Role Satisfaction	19.93	N/A	22.80
Degree of Pleasure with Infant	18.27	N/A	18.40
Questionnaire on Social Support	24.20	27.10	25.00
Community Social Support	8.67	9.47	8.87
Community Support	3.13	3.07	3.13
Community Satisfaction	5.53	6.40	5.73
Friend Social Support	23.33	27.60	23.53
Friend Support	10.73	13.67	10.93
Friend Satisfaction	12.60	13.93	12.60
Intimate Relations Social Support	10.07	10.80	10.73
Intimate Relations Support	4.00	4.07	4.07
Intimate Relations Satisfaction	6.07	6.73	6.67
General Life Satisfaction	3.20	4.20	4.07

Comparisons of Fathers and Non-Parenting Male Peers

The fathers and the non-parenting male peers were compared using independent one-tailed t -tests. The fathers differed significantly from the non-parenting peers on several of the measures. The fathers had significantly lower RES scores ($M = 30.40$, $SD = 4.78$) than their non-parenting male peers ($M = 33.47$, $SD = 3.50$), $t(30) = -2.00$, $p = .028$ (see Table 4). The fathers and non-parenting male peers did not differ significantly on the Center of Epidemiologic Depression Scale (CES-D).

The fathers and the non-parenting male peers differed significantly on the Questionnaire on Social Support. The two groups differed significantly on the Questionnaire on Social Support and on three of the subscales, the overall Social Support of Friends score, availability of Support of Friends, and the Satisfaction with Community. The fathers had significantly lower Questionnaire on Social Support scores ($M = 24.20$, $SD = 5.36$) than their non-parenting male peers ($M = 27.10$, $SD = 3.31$), $t(30) = -1.80$, $p = .042$. The fathers had significantly lower Social Support of Friends subscale scores ($M = 23.33$, $SD = 5.36$) than their non-parenting male peers ($M = 27.60$, $SD = 3.31$), $t(30) = -2.62$, $p = .007$. The fathers had significantly lower perceived availability of Social Support of Friends subscale scores ($M = 10.73$, $SD = 2.55$) than their non-parenting male peers ($M = 13.67$, $SD = 2.32$), $t(30) = -3.30$, $p = .0002$. The fathers ($M = 5.53$, $SD = 0.83$) had significantly lower scores on the satisfaction with Community Availability scale than their non-parenting male peers ($M = 6.40$, $SD = 1.35$), $t(30) = -2.11$, $p = .022$. For the subscales on

Community availability of Support, Intimacy availability of Support and Satisfaction, and Friend Satisfaction, there were no significant differences between the fathers and their non-parenting male peers.

The fathers and the non-parenting male peers differed significantly on the measure of General Life Satisfaction. The fathers had significantly lower scores ($M = 3.20$, $SD = 1.15$) than did the non-parenting male peers ($M = 4.20$, $SD = 0.87$), $t(30) = -2.70$, $p = .006$.

Table 4. Individual t-tests Comparing Fathers and Non-Parenting Male peers on All Measures

Variable Measures	Fathers (n = 15)		Peers (n = 15)		t-score
	Mean	SD	Mean	SD	
Center for Epidemiologic Studies Depression Scale	18.47	10.20	13.13	9.09	1.55
Rosenberg Self-Esteem Scale	30.40	3.09	33.47	2.32	-2.00*
Questionnaire on Social Support	24.20	5.36	27.07	3.06	-1.80*
Community Social Support	8.67	2.64	9.47	1.96	-0.94
Community Support	3.13	2.53	3.07	1.03	0.09
Community Satisfaction	5.53	0.83	6.40	1.35	-2.11*
Friend Social Support	23.33	5.37	27.60	3.31	-2.62**
Friend Support	10.73	2.55	13.67	2.32	-3.30**
Friend Satisfaction	12.60	3.18	13.93	1.67	-1.44
Intimate Relations Social Support	10.07	2.06	10.80	2.54	-0.78
Intimate Relations Satisfaction	6.07	1.75	6.73	1.16	-1.23
Intimate Relations Support	4.00	0.93	4.07	1.98	-0.12
General Life Satisfaction	3.20	1.15	4.20	0.86	-2.70**

* $p < .05$. ** $p < .01$.

Comparisons of Fathers and Adolescent Mothers

The fathers and the adolescent mothers were compared using paired one-tailed t -tests. The fathers and adolescent mothers did not differ significantly on the CES-D and the RES nor did they significantly differ on the Satisfaction with Parenting Scale or its two subscales nor the Questionnaire of Social support or any of its nine subscales. The fathers and the adolescent mothers differed significantly on General Life Satisfaction. The fathers had significantly lower General Life Satisfaction scores ($M = 3.08$, $SD = 1.08$) than did the adolescent mothers ($M = 4.00$, $SD = 0.74$), $t(30) = -2.93$, $p = .007$ (see Table 5).

Inter-Correlations Between Measures for Each Group

Correlations were run for each group individually to determine if there were any inter-correlations between the instruments utilized in the present study (see Tables 6, 7, & 8). The inter-correlations were run on the following measures: Center for Epidemiologic Studies Depression Scale (CES-D), Rosenberg Self-Esteem Scale (RES), the subscales of the Questionnaire on Social Support (QSS), including Community Support (CSUP), Community Satisfaction (CSAT), Friend Support (FSUP), Friend Satisfaction (FSAT), Intimate Relations Support (ISUP), and Intimate Relations Satisfaction (ISAT), the subscales of the Satisfaction with Parenting Scale (SWPS) including Degree of Pleasure with Infant (PLES) and Parental Role Satisfaction (SROLE) and finally, the General Life Satisfaction (GLS) measure.

Table 5. Paired t-tests Comparing Fathers and Adolescent Mothers on AllMeasures

Variable Measures	Fathers (n = 12)		Mothers (n = 12)		t-score
	Mean	SD	Mean	SD	
Center for Epidemiologic Studies Depression Scale	16.47	8.99	17.00	11.03	-0.17
Rosenberg Self-Esteem Scale	29.67	4.54	30.50	4.76	0.47
Satisfaction with Parenting Scale	38.17	6.75	41.42	4.52	-1.31
Parental Role Satisfaction	20.33	4.23	22.75	3.19	-1.64
Degree of Pleasure with Infant	17.83	3.04	18.33	2.19	-0.45
Questionnaire on Social Support	23.75	5.71	24.50	4.38	-0.36
Community Social Support	8.75	2.93	9.08	1.51	-0.35
Community Support	3.25	2.83	3.08	0.67	0.18
Community Satisfaction	5.50	0.91	6.00	1.28	-1.48
Friend Social Support	22.92	5.93	23.25	5.24	-0.16
Friend Support	10.75	2.83	10.75	3.22	0.00
Friend Satisfaction	12.17	3.38	12.50	2.61	-0.28
Intimate Relations Social Support	10.17	2.52	10.50	2.65	-0.31
Intimate Relations Support	4.08	0.80	4.08	0.80	0.00
Intimate Relations Satisfaction	6.08	1.78	6.42	1.98	-0.42
General Life Satisfaction	3.08	1.08	4.00	0.74	-2.93**

** p < .01.

Table 6. Inter-Correlations Between Measures for The Fathers

	CES-D	RES	CSUP	CSAT	FSUP	FSAT	ISUP	ISAT	PLES	SROLE	GLS
CES-D	1.000										
RES	-.442	1.000									
CSUP	.349	-.371	1.000								
CSAT	.002	.283	-.036	1.000							
FSUP	-.517*	.754**	-.315	.441	1.000						
FSAT	-.214	.627*	-.197	.733**	.753**	1.000					
ISUP	-.257	.420	.091	.648**	.242	.461	1.000				
ISAT	-.202	.466	-.050	.854**	.452	.762**	.881**	1.000			
PLES	-.117	.477	-.350	.714**	.470	.671**	.458	.623*	1.000		
SROLE	-.327	.508	.027	.672**	.444	.534**	.930**	.854**	.500	1.000	
GLS	-1.43	.519*	.064	.553*	.337	.592*	.673**	.669**	.526*	.584*	1.000

* p < .05. ** p < .01.

Table 7. Inter-Correlations Between Measures for The Adolescent Mothers

	CES-D	RES	CSUP	CSAT	FSUP	FSAT	ISUP	ISAT	PLES	SROLE	GLS
CES-D	1.000										
RES	-.747**	1.000									
CSUP	-.362	.247	1.000								
CSAT	-.121	.296	.128	1.000							
FSUP	-.541*	.590*	.409	-.058	1.000						
FSAT	-.388	.349	-.104	.032	.626*	1.000					
ISUP	-.091	-.006	-.578*	.219	.031	.357	1.000				
ISAT	-.301	.240	-.202	.427	.213	.479	.648**	1.000			
PLES	-.550*	.243	-.039	-.056	.292	.429	.335	.356	1.000		
SROLE	-.556*	.686**	-.193	.285	.435	.589*	.171	.432	.291	1.000	
GLS	-.094	.231	.137	.172	.270	.405	-.008	.570*	.204	.383	1.000

* p < .05. ** p < .01.

Table 8. Inter-Correlations Between Measures for The Non-Parenting Male Peers

	CES-D	RES	CSUP	CSAT	FSUP	FSAT	ISUP	ISAT	GLS
CES-D	1.000								
RES	-.554*	1.000							
CSUP	.029	.188	1.000						
CSAT	-.441	.184	.338	1.000					
FSUP	-.594*	.425	.219	.683**	1.000				
FSAT	-.476	.519*	.169	.298	.363	1.000			
ISUP	-.555*	-.159	.207	-.331	-.477	-.085	1.000		
ISAT	.105	-.037	.075	.209	-.274	.358	.256	1.000	
GLS	-.478	.251	-.096	.110	.250	.308	.243	.128	1.000

* p < .05. ** p < .01.

Qualitative Analyses

As the result of the qualitative analysis, 17 themes were discovered by the independent raters. Three independent sources coded the data collected from the interviews as is common with many other qualitative studies (e.g., Staub, Schwartz, Gallucci, & Peck, 1994). The constant-comparative method of analysis was employed to analyze the data (Staub et al., 1994). The constant-comparative method is an inductive data analysis approach in which the data are sorted without preconceived categories. Then the categories are developed through the process

of sorting and attempting to understand the data by the independent raters.

According to Staub et al. (1994), this strategy begins by placing “the first entry into the first category. The next segment is then compared to the one existing category and is judged to belong or to be a member of a second category. This process is repeated until all of the data are sorted” (p. 317).

The researcher and two raters, both of whom had Master of Science degrees in Child Development, independently read the strips of paper, noting common themes as they read them. Following the first reading, the raters shared common themes, disregarding all themes that the three raters did not agree on. At the conclusion of this process, the raters shared piles resulting in inter-rater agreement of 94.6%. This percentage was the number of agreements divided by the number of agreements and disagreements about themes the phrases fit into. It was agreed that 40 of the phrases did not belong with any of the themes. For example, one participant responded, “getting his (child’s) mom to change his (child’s) diapers” when asked what he enjoyed least about being a parent. This response was not common and no similar response was present in any of the other interviews. In this case the raters agreed that the response was neither common nor relevant to the research question. The newly discovered themes were then labeled and placed in corresponding envelopes. This method allows for organized availability of data for future questions or analysis (Bogdan & Biklen, 1982).

Descriptions of Participants

Following is a description of a) 12 pairs of fathers of infants born to adolescent mothers and adolescent mothers and matching non-parenting male peers; b) three unpaired fathers of infants born to adolescent mothers and matched non-parenting male peers; and c) non-paired adolescent mothers.

Pair number one: This pair were living together on their own but were not married. The mother was attending an alternative school for adolescent mothers. Her parents are divorced and were in their early 20s when their first child was born. The father had completed high school and was working part-time. His parents are currently married and his mother was 26 and his father was 32 when they had their first child. The matching peer was 21 years of age and worked in a bank. He had been engaged to be married.

Pair number two: This pair was living together with father's mother and were not married. The adolescent mother was attending an alternative school for adolescent mothers. Her father had died and her mother has not remarried. Her mother was 15 and her father was 16 when their first child was born. She reported that she had been sexually, physically, and emotionally abused. The father completed high school and did not work at all. The father's mother was 25 and his father was 23 at the time that their first child was born and are divorced. The matching peer was 22 years of age and works part-time.

Pair number three: This pair was not living together and she was not dating anyone else but he was dating other girls. The adolescent mother was attending an alternative school for adolescent mothers and lived with her father. Her parents are divorced. Her mother was 17 years old and her father was 25 years old at the time of their first child's birth. The father has only completed the 10th grade of school, was 18 years of age, and works full-time. His mother was 22 and his father was 21 at the time of the birth of their first child. The matching non-parenting male peer was 17 years of age and still in school.

Pair number four: This pair was married and lived with his father. The adolescent mother was attending an alternative school for adolescent mothers. Her mother was 21 and her father was 22 years old when their first child was born and are divorced. The father was 22 years, had only completed 10th grade of school, and was working full-time. His mother was 25 and his father was 28 years old when they had their first child and are divorced. He had a sibling who became a parent at the age of 16 years. The matching non-parenting male peer was 22 years of age and was working part-time.

Pair number five: This pair was not living together and were not dating each other exclusively. The adolescent mother was attending an alternative school for adolescent mothers. Her parents were divorced. Her mother was 24 and her father was 25 at the time of the birth of their first child. The father was 21 years of age, had only completed the 10th grade, and was working full-time. His mother was 23 and his father's age was unknown at the time of the birth of their first child and are

divorced. His sister had a baby at the age when she was 15 years old. The matching non-parenting male peer was 21 years old and had completed high school.

Pair number six: This pair was married and living on their own. The mother attended an alternative school for adolescent mothers and worked part-time. Her mother was 19 and her father was 20 years old when they had their first child and are divorced. The father was 20 years of age and had only completed ninth grade of school. He was working a full-time and a part-time job. His parents are divorced and he did not know how old they were at the time of their first child's birth. The father had a sibling who became a parent at the age of 15 years. The matching non-parenting male peer was 20 years and completed 15 years of school.

Pair number seven: The pair was living together but were not married. They reported being out with friends a great deal and may have lived with friends or parents. The adolescent mother was 14 years of age and was not attending school nor did she have a job. She had only completed the eighth grade. She reported being sexually and emotionally abused. Her parents were 18 years of age at the time of their first child's birth and were married. The father was 21 years and completed the 10th grade of school. He was not working. His parents were 21 years old at the time their first child was born and were married. The matching non-parenting peer was 21 years of age and had completed 14 years of school.

Pair number eight: This pair was married and living with her parents. The adolescent mother had completed the 11th grade. Both of her parents dropped out of school and then got their GEDs. Her mother was 16 and her father was 18 at the time their first child was born and are now divorced. The mother reported physical and emotional abuse. The father was 17, had completed 11th grade, and was working three jobs to support his wife and child. His mother was 17 and his father was 18 at the time of their first child's birth and were never married. He had one sibling who became a parent between the ages of 17 and 18. This father also reported that he had not wanted children before he became a father. He reported being emotionally and physically abused. The matching non-parenting peer was 18 years of age and had completed the 11th grade.

Pair number nine: This pair was married and living on their own. The mother was attending an alternative school for adolescent parents. Her mother was 17 and her father was 21 years old at the time of their first child's birth and had never married. She reported being sexually abused. The father was 31 years of age, completed 12 years of school, and was working full-time. His mother was 24 and his father was 26 years old at the time of the birth of their first child and are married. The matching non-parenting male peer was 31 years of age and had completed his Ph.D.

Pair number ten: This pair was married and living on their own. The mother had completed high school and was working full time. Her mother was 27 and her father was 29 years of age at the time of their first child's birth and are divorced.

The father was 22 years old, had completed high school, and was working full-time. His mother was 18 and his father was 20 years of age at the time of the birth of their first child and are married. The matching non-parenting peer was 22 years of age and had completed high school and was attending college. He was working full-time.

Pair number eleven: This pair was married and living on their own. The mother was attending an alternative school for adolescent mothers. Her parents were 18 years of age at the time their first child was born and are divorced. The mother reported being sexually, emotionally, and physically abused. The father was 25 years old, had completed high school, and worked full-time. His mother was 20 and his father's age was unknown at the time of the birth of their first child and are married. The father reported being physically abused. The matching non-parenting male peer was 25 years of age and had completed high school and 2 years of college.

Pair number twelve: This pair was dating other people. The mother was attending an alternative school for adolescent mothers and had a part-time job. Her parents were 23 years of age at the time that their first child was born and are divorced. She had two siblings that became parents at 19 years of age. The father was 23, only completed the 10th grade, and was working full-time. His mother was 18 and his father was 21 years old at the time their first child was born and are divorced. The matching non-parenting male peer was 23, completed high school, and was working full-time.

Non-paired father number one: He was 18 years of age and had completed high school. He and the mother of their child were separated though it was not clear whether they had been married. He did not know the ages of his parents at the time of their first child's birth. The matching non-parenting peer was 19 years of age, completed high school and was attending college, as well as working part-time. He reported being physically, sexually, and emotionally abused.

Non-paired father number two: He was 24 years of age and had completed high school and 2 years of college. He worked full-time and was fighting for custody of his daughter against his ex-girlfriend. His mother was 18 years of age and his father was 27 when their first child was born and they are divorced. He reported being emotionally abused by his ex-girlfriend. The matching non-parenting male peer was 24, had completed high school and had a full-time job.

Non-paired father number three: This father was 21 years old, had completed high school and 2 years of college, and was working full-time. His mother was 20 years old and his father's age was unknown at the time of the birth of their first child and are divorced. He reported being emotionally and physically abused. He wanted to get custody of his daughter because the mother did not let him see her daughter as often as he wanted. The matching non-parenting peer was 20 and had completed high school. He was working full-time.

Non-paired mother number one: This mother was 15 years of age and had completed the 10th grade. She was attending an alternative school for adolescent mothers. She also worked part-time. She had a sibling who became a parent at the

age of 19. Her mother was 25 at the time her first child was born. She reported that her father was not around and did not know his age. She reported being sexually abused.

Non-paired mother number two: This mother was 17 years of age and completed the 11th grade. She was attending an alternative school for adolescent mothers. She was engaged to be married but not to the father of her baby. Her mother was 20 and her father was 25 years old at the time of their first child's birth and are divorced. Her 15 year old sister was expecting a baby. She reported being sexually, emotionally, and physically abused.

Non-paired mother number three: This mother was 19 years old and finishing her last year of high school at an alternative school for adolescent mothers. She was divorcing the father of her baby. Her mother was 21 and her father was 22 years of age at the time of their first child's birth and are married.

Description of Themes

The questions are listed below with the themes discovered. Following each theme are examples purposely chosen from the data to illustrate the theme. Tables 9 through 12 summarize the themes relating to questions 1, 2, 3, and 5, and the number of times each theme occurred during interviews. Question 4, "If you could provide three suggestions to people who work with adolescent parents and parents-to-be, what advice would you give?" was omitted because the question had to be repeated at least once and clarified for every participant. Furthermore, the participants did not appear to be able to formulate answers to that question.

Question 1. How do you think that parenthood has changed you?

Answers to this question were clustered into the following categories:

1. Increased responsibility:

"It's made me more responsible about things in my life." (father)

"Well, its changed me pretty much I think. Taking on responsibility. Taking care of my kid and everything. Have to work everyday now." (father)

"It's a big responsibility." (peer)

2. Affects life negatively:

"I don't have as much free time as I used to." (father)

"Not good right now because I lead a pretty busy life and right now a child would be in the way." (peer)

3. Positive changes in personal characteristics:

"It's given me more control. It's taught me how to deal with aggression. Deal with anger." (father)

4. Increased maturity:

"I'm a lot more mature than I was before I had Courtney. My thought processes are more complete and more grown up than they were. I never noticed before I had her." (mother)

"I'm more mature than I was. I don't do things like I used to do, like go to parties and hanging out with my friends all the time." (mother)

5. Decreased negative social behaviors:

"I'm not in as much trouble as I used to be." (mother)

"I used to go out all the time, well not all the time, well you know, I used to go do some bad things when I was little er before I got pregnant." (mother)

6. Changes in priorities:

"Realize you know certain things are more important now than they were before you know." (father)

"I would probably completely quit in the education I would be pursuing cause I would probably have to start working a lot more." (peer)

This supports the results of the standard measures of the study that the three groups are different. The two categories of increased maturity and decreased negative social behavior were only mentioned by the mothers. The fathers and the non-parenting male peers groups mentioned change in priorities and positive changes in personal characteristics which were categories not mentioned by any of the mothers. Although the two themes of increased responsibility and increased maturity may appear similar but their content was quite different. Increased responsibility was child focused whereas increased maturity was self-focused after examination of the responses (see Table 9).

Table 9. Themes Relating to Question 1, How Parenthood Has Changed You

Themes	Number of Responses
Increased Responsibility	fathers=6, peers=6, mothers=0
Affects Life Negatively	fathers=4, peers=4, mothers=2
Positive Changes in Personal Char.	fathers=2, peers=1, mothers=0
Increased Maturity	fathers=0, peers=0, mothers=5
Decreased Negative Social Behaviors	fathers=0, peers=0, mothers=5
Changes in Priorities	fathers=2, peers=2, mothers=0

Question 2. What do you enjoy most about being a parent?

Answers to this question were clustered in the following categories (see Table 10):

1. Emotional attachment/closeness:

“You know its kind of special, it mean to me it is. I mean its my little girl. I care about her.” (father)

“Being close with my child, uh, showing love.” (peer)

2. Being with child/watching grow up:

“I get to see my kid grow up and get to play with him all the time, get to be around him.” (father)

“Being close with my child, uh, showing love. Providing for him, showing him love, expressing love.” (peer)

“Playing with them and watching them grow up.” (peer)

3. Caretaking:

"Um everything, like giving him baths and feeding him and putting him to bed and the attachment." (mother)

"I like talking to her. Caring for her. Giving her a bath and feeding her.
(mother)

"I guess just having someone else to care for." (peer)

Table 10. Themes Relating to Question 2, What You Enjoy Most About Being a Parent

Themes	Number of Responses
Emotional Attachment/Closeness	fathers=2, peers=4, mothers=1
Being With Child/Watching Grow Up	fathers=9, peers=3, mothers=2
Caretaking	fathers=0, peers=2, mothers=5

Question 3. What do you enjoy least about being a parent?

Answers to this question were clustered into the following categories:

1. Nothing (only the fathers and the adolescent mothers related this):

"Well, there's really nothing. I like it all, to tell you the truth. (father)

"There's not like anything that's you know awful. There's nothing really awful about being a parent". (mother)

2. Getting up in the middle of the night:

“Getting up with her in the middle of the night.” (mother)

“Gettin’ up at three in the morning.” (father)

“Getting up at four o’clock.” (peer).

3. Restriction:

“You don’t get to do as much ‘cause we can’t get anyone to baby-sit so she’s always around.” (father)

“Settling down. I’m not ready to have a relationship and have people depending more people depending on me.” (peer)

“How it tied me down like I said before I used to do what I wanted when I wanted. I didn’t have a curfew or anything. Now its like if I want to do something baby sitter you know get all that stuff ready so I guess just being tied down all at once.” (mother)

4. Discipline (only the non-parenting peers related this theme):

“Um probably, the punishment part or seeing like if they were to turn out, you know, not as a good child or something.” (peer)

“Problems. Discipline, mainly.” (peer)

For this question, the non-parenting male peers and the fathers were quite different in their responses. The non-parenting male peers are concerned with discipline issues whereas the most common response for the fathers was getting up in the night with their child. The non-parenting male peers appeared to be looking at the broader issues of parenting (see Table 11).

Table 11. Themes Relating to Question 3, What You Enjoy Least About Being a Parent

Themes	Number of Responses
Nothing	fathers=3, peers=0, mothers=5
Getting Up in Middle of Night	fathers=4, peers=2, mothers=2
Restriction	fathers=2, peers=3, mothers=4
Discipline	fathers=0, peers=5, mothers=0

Question 5. What does fatherhood/motherhood mean to you?

Answers to this question were clustered into the following categories:

1. Responsibility:

“Being responsible. You know to support your kid.” (father)

“Just being responsible for what I bring into the world.” (peer)

“Fatherhood’s a big responsibility. Taking care of your family, your kid.

Making sure they get everything they need.” (peer)

2. Raising a child:

“Trying to raise my son the best way I can.” (father)

“Basically being there for the kid and uh just taking care of him the best way you can.” (peer)

3. Provider and caretaker of child:

“The man is always supposed to provide for the family, you know, go out

there and work, have family, have food for them, and uh, clothes on their back and all that." (father)

"Being a responsible adult and always caring for your child and taking care of him so providing for him." (mother)

4. Positive "attribution":

"It's joy. I mean just getting to spend time with her. I would have never thought that in this world I'd be happy just relying on a little 18 month old girl." (father)

"It's the greatest thing to have them love you." (mother)

It is apparent that there are differences between the three groups after studying these responses. The majority of the non-parenting male peers responses fell into two categories, responsibility (7) and raising a child (5) while the adolescent mothers and the fathers had more variety in their responses (see Table 12).

Table 12. Themes Relating to Question 5, What Fatherhood/Motherhood Means to You

Themes	Number of Responses
Responsibility	fathers=2, peers=7, mothers=2
Raising a Child	fathers=2, peers=5, mothers=1
Provider and Caretaker of Child	fathers=2, peers=0, mothers=4
Positive Attribute	fathers=3, peers=2, mothers=3

DISCUSSION

The primary focus of the present study is to determine what effects, if any, parenthood may have on fathers of infants born to adolescent mothers as compared to his non-parenting male peers and adolescent mothers. This was investigated by using five standard measures and a brief semi-structured interview. The hypotheses and findings are discussed.

Quantitative Data

The quantitative results indicate that there are significant differences between the fathers and the two comparison groups. The fathers had significantly lower scores on the Rosenberg Self-Esteem Scale, the General Life Satisfaction measure, Questionnaire on Social Support, the Community Social Support subscale, the Support of Friends subscale, and the Friend Social Support subscale than the non-parenting male peers group. There were no significant differences between any of the groups on the Center for Epidemiologic Studies Depression Scale or the Questionnaire on Social Support Intimacy subscales. On the scales measuring self-esteem and general life satisfaction, the fathers of infants born to adolescent mothers scored significantly lower than the non-parenting male peers. On the subscales of Questionnaire on Social Support, the fathers also had significantly lower scores indicating that the fathers of infants born to adolescent mothers assess the availability of support from their friends as lower than their non-parenting male peers. In addition, the subscale of Friend's Social Support was also rated significantly lower by the fathers than by the non-parenting male peers.

Moreover, the fathers reported their satisfaction with community support as lower than their non-parenting male peers.

In the present study, it appears that the fathers are not as satisfied as the non-parenting male peers or the mothers with their life in general. The quantitative results of this study indicated that the fathers of infants born to adolescent mothers have lower general life satisfaction than both the adolescent mothers and the non-parenting male peers. This was indicated by the fathers' scores on the General Life Satisfaction measure which was significantly lower than both the mothers' and the non-parenting male peers' scores. There are several possible reasons for this finding. It is possible that the non-parenting male peers reported more general life satisfaction due to the fact that they have more freedom and fewer responsibilities than the fathers as indicated by their answers during the interviews. Also, since the fathers did not have the daily contact with their infants as compared to the mothers, they most likely do not get the as much positive interactions from being with their child, which may balance some of the more negative aspects of parenting (i.e., responsibility, restrictions, financial demands, etc.). This may account for the adolescent mothers' scores not being as low as the fathers' scores.

Moreover, the fathers may not be as satisfied with their lives in general because they do not have the friends and social support that they desired. This lack of support could contribute to their lower levels of General Life Satisfaction. The fathers could have lost friends due to their changing status from non-parent to parent or have not had good experiences in peer groups i.e., making and keeping

friends before the pregnancy. This is supported by Robinson and Barret's (1987) finding that it is a very difficult transition for the teenager to become a father due to the change in his roles. This may apply also to the fathers of infants born to adolescent mothers in the present study. If it is true that these fathers are much more like the adolescent fathers described in other studies than their male peers, then they may suffer psychological conflict over the simultaneous roles of "adolescent" and father, as found in Robinson and Barret's study. The fathers may not have as much in common with their male peers as they made the transition to parenthood, which could make the transition more difficult for them.

Additionally, the fathers had lower self-esteem scores than the non-parenting male peers group. Self-esteem was significantly lower for the fathers than for the non-parenting male peers. It is not determined by this study whether their self-esteem was low before the birth of the baby or after becoming a father. This, along with the lower general life satisfaction, may support the findings by Robinson and Barret (1987) that adolescent fathers have difficulty with the transition to parenthood. It is possible that their self-esteem was lower than their age-matched male peers before they became fathers. The self-esteem of their male peers could be higher because they view themselves as having, or they really do have more opportunities and more support than the fathers of infants born to adolescent mothers. Parenthood and the stresses that come with it, combined with a lack of social support, may be related to the fathers' reported lower levels of self-esteem. Elster and Panzarine (1983) found that adolescent fathers who fail to support their

partners may suffer a decline in self-esteem. This also could account for the lower self-esteem of the fathers in this study. The fathers and the adolescent mothers' self-esteem scores were not significantly different.

The fathers' scores on the perceived support of their friends were much lower than those of the non-parenting male peers. This is a subjective measure in which a low score indicates that the person is dissatisfied with the perceived amount of support and interaction with friends. Most of the fathers responded that they did not have friends when asked for references for other people who might have been interested in participating in the present study. The fathers may not have had friends with children and then were not able to have the "support" of their friends during a time that is usually stressful for people (parenting). They also did not appear to have friends without children. It's possible lost their friends after becoming a parent because they were not available to have the regular contact in order to maintain the friendship.

The fathers reported lower self-esteem and lower reported support and satisfaction of support of friends. The fathers could have sought out those younger adolescent females and had a child with them to enhance their feelings about themselves. Having a child could have made the father feel more important, as one father responded that he liked the attention that he got when he was out with the baby.

The fathers had significantly lower General Life Satisfaction than the mothers, indicating little satisfaction in his life situation. This was the only area

where there were significant differences between the mothers and the fathers. A possible reason for this difference is that the mothers have daily contact with their children while not every father did, thus, the fathers may feel the burden or responsibility of parenthood but do not get the same amount of positive feedback of social interactions with their children as the mothers. There are several conceivable reasons for this result. The fathers may not get as much contact or the kind of contact that they want with their children due to working schedules or a poor relationship with the mother of their child (she may only allow contact on her terms). This may account for the lower scores. Another possible reason is the stress of the parenting role without the support of friends or community to assist and support the father.

Stack's (1974) findings suggest that many fathers maintained a complex relationship with their children. The research suggests that the adolescent father wants to be involved with his infant but often is blocked from interaction because they often do not reside with the mother and their baby. All of the fathers for the present study were involved with the baby to some degree as a requirement for participation in the study. Since all of the fathers were involved in some way with their infants, but did not necessarily live with the mother and infant, these results may suggest that he does not have the amount or type of contact he would prefer. Often in order to see his child, he has to deal with the mother, which may affect his interactions with his child (Furstenberg & Harris, 1993). Westney, Cole, and Munford (1986) found that those adolescent fathers who sustained longer pre-

pregnancy relationships were both more supportive of the mothers and planned more extensive roles of caring for their child. Westney et al. (1986) do not provide information about the actual relationship between the adolescent father and his infant. This type of information was not collected in the present study but may have provided some insight into the impact of parenting on the fathers.

Another possible reason for the findings discussed above is the size of the sample. It was extremely difficult to find and get fifteen participants for each group to come and participate in the study. The results of the present study should be reviewed with some skepticism due to this atypical sample. There is potential for bias in the way the sample was drawn, in that it consisted of a convenience sample. Because this sample relied on participant volunteerism it may not be representative of larger populations. In addition, all participants were from two communities in north central Oklahoma; thus it might not be representative of larger populations. Those that were not willing to participate may have yielded different results.

Moreover, the analyses involved conducting twenty-nine t -tests which raises the issue that one or more significant findings are due to chance. However, of the thirteen t -tests that were run for the fathers and non-parenting male peers data, there were five significant differences. The overall pattern of results suggests that fathers' emotional well-being is lower than non-parenting male peers as evidenced by these findings. Given the small sample size, the fact that there are several significant differences at the .05 level lends some further confidence to these findings. All of the other t -tests revealed that the fathers' scores were lower than

the scores of the non-parenting male peers, though not significantly; so this suggests that when taken together these results provide a consistent overall picture that fathers are less well off than non-parenting male peers. In contrast, out of sixteen paired t -tests, there was only one significant difference between the fathers and the adolescent mothers. This could suggest that the one significant finding could occur by chance, but once again the fathers' scores were consistently lower than those of the adolescent mothers. Although there were several significant findings, the results should be reviewed with some caution. Future research should consider larger sample sizes when expanding the results of the present study.

The fathers of infants born to adolescent mothers and the adolescent mothers appear to be more alike than are the fathers and the non-parenting male peers. Lamb and Elster's (1985) findings agreed with the findings of the present study. Lamb and Elster found essentially no differences among fathers of different ages (16 and 29) and their partners when they studied stress, social support, and dyadic quality. On the other hand, Rivara, Sweeney, and Henderson (1985) found more similarities than differences between fathers and non-fathers. The present study found more differences between fathers and non-parenting male peers than fathers and adolescent mothers. One possible reason could be that the fathers of infants born to adolescent mothers are not as mature socially as their peers. Therefore, they choose girlfriends who are closer to their social maturity level or may be found attractive to those females that are much younger. The older males may feel a surge of control when they are with younger girls, which enhances their

sense of feeling important. The adolescent girls may look up to them and respect them as no one else has, which may increase their feelings of meaningfulness.

Qualitative Data

The results from the semi-structured interviews provide important information about parenting, both fatherhood and motherhood. The first interview question, "How do you think parenthood has changed you?" (or "How do you think parenthood would change you? for the non-parenting male peers), revealed four different responses from the fathers. Those answers were about increased responsibility; six of the fathers responded that they became more responsible. Lamb et al. (1986) found that the adolescent mothers who had married between conception and the birth of the baby had partners who worked more hours per week and were more responsible and more committed than dating fathers and those who married before conception. Two of the six fathers fit this description, in that the couples were married after conception but before the birth, with one father reporting that he works three jobs to support them. Of the others who responded in this way, one couple were still dating, another were no longer dating, another got married and then divorced, and the last are living together with his mother. The other responses to this question were: "affects him negatively personally" ($n=3$), "positive changes in personal characteristics" ($n=2$), and "changes priorities" ($n=3$).

The responses of the non-parenting group were similar to the fathers' responses. Six of the peers responded that parenthood would change them by increasing responsibility. The next common answer (four responses) was that

becoming a parent would affect them negatively personally. Other responses were changes in priorities ($n=2$), positive changes in personal characteristics ($n=1$), force them to grow up ($n=1$), and one participant predicting no change.

The mothers' responses were very different from the fathers. This could be because they have primary care of the child, so parenthood had more influence on their lives. Five of the mothers responded that becoming a parent made them more mature, with another five responding that it kept them out of trouble. Other responses not in these categories were responsibility ($n=2$), negatively affected them personally ($n=2$), and changed their view about having children ($n=1$). Overall the mothers' responses were more positive than those of the fathers or of the non-parenting male peers.

For the question, "What does fatherhood/motherhood mean to you?" the fathers responses were very diverse, in that the most common response ($n=3$) was that it is a positive attribution. It is possible that the fathers had not considered what it means to be a father. The adolescent mothers' responses also were diverse, with the most common response being that motherhood means being a provider and taking care of your child ($n=4$). In contrast, the non-parenting male peers had two primary responses for what fatherhood means to them: increased responsibility ($n=7$) and raising a child ($n=5$). It is possible that once he or she became a parent, that it was more difficult to decide exactly what motherhood/fatherhood meant to them or that they had never considered the concept. The non-parenting male peers could have made a conscious decision not to have children and therefore, have

given more thought to what it means to them. Moreover, since the response “increased responsibility” was a very common one, with almost half giving this response, then it may be viewed in a more negative light by them. Rivara, Sweeney, and Henderson (1985) reported that adolescent fathers were significantly more likely to accept adolescent pregnancy in their families as a common occurrence and as minimally disruptive of their current or future lives than their peers of the same age and race. This may account for the responses by the fathers of infants born to adolescent mothers having more responses. The fathers in this study may view fatherhood as a common occurrence that is not disruptive to their lives.

The responses to the question, “What do you enjoy most about being a parent?” (or “What do you think you’d enjoy most about being a parent?” for the non-parenting male peers), were limited to three themes: emotional attachment/closeness, being with child/watching grow up, and caretaking. The last response was stated only by the adolescent mothers and the non-parenting male peers. The response of being with child/watching grow up was stated by nine of the fathers. This supports the findings by Stack (1974), that the fathers of babies born to adolescent mothers in her study wished to maintain contact with their children and build a relationship with their children.

For the question, “What do you enjoy least about being a parent?” (or “What do you think you would enjoy least about being a parent?” for the non-parenting male peers), there were four themes: nothing, getting up in the middle of the night,

restriction, and discipline. Only the peers stated that discipline was what they would enjoy least about being a parent, with 33% of the peers reporting this answer. This appears to illustrate more thought in the parenting role especially since 1/5 of the fathers and 1/3 of the mothers reported “nothing” that they liked least about being a parent. It is possible that they either did not want to report negative feelings or really had not considered this part of parenting.

The fathers of infants born to adolescent mothers who participated in the present study appear to be similar to the adolescent fathers who have been studied previously. They appear to be significantly different than the non-parenting male peers and more like the adolescent mothers in the present study. Because this is a retrospective study, it cannot be determined if the fathers were more like the mothers before the birth of the baby or became more similar to them after becoming a parent. Parenting is a commonality between the fathers and the adolescent mothers in the present study, but it is speculated that the two were very similar before becoming parents.

CONCLUSION

The primary focus of this study was to determine the effects of becoming a parent on the fathers of infants born to adolescent mothers. In addition two comparison groups, non-parenting peers and adolescent mothers, were also studied. Five standard measures were used: The Center for Epidemiologic Studies Depression Scale (CES-D), Rosenberg's Self-Esteem (RES), Questionnaire on Social Support, Satisfaction with Parenting Scale, and the General Life Satisfaction. A semi-structured interview was also conducted.

This study focused on the fathers of infants born to adolescent mothers. An increasing number of adolescent mothers are giving birth to infants whose fathers are over 20 years old. U.S. Bureau of the Census (1997) findings reveal that 63% of the fathers of infants born to adolescent mothers are 20 years and older. Eighty percent of the sample in the present study were 20 years or older, so it was disproportionately higher than the national average. Even though most of these fathers are older, a great percentage of the mothers are not married and never will marry the fathers of their baby. This issue creates concerns throughout the nation as the welfare system and child support laws are changing. Also, this influences policies and programs for those who work with adolescent parents and the children of those parents and those who participate in the programs.

Major Issues

Finding fathers of infants born to adolescent mothers to participate in this study was very difficult. First, it was difficult to find a father who was involved with

his infant. This in itself is cause for concern and a sad discourse in terms of how it affects the children. Also, the fathers had to be convinced to come in to participate in the study and were more likely to come in when accompanied by the mother of his baby. Getting the mothers to participate increased the show rate of the father subjects to almost 100%.

Though the study was designed originally to study adolescent fathers, most of the fathers recruited were over 18 years of age. Thus the focus of the study shifted from adolescent fathers to fathers of infants born to adolescent mothers because the majority of the fathers were not adolescents. All of the fathers were older than the mothers and in most cases were at least 5 years older, with one father 11 years older. Various media sources have begun to refer to these fathers as predators.

Even though these fathers were not adolescents they were still a difficult population to access. The subjects first were offered five dollars for their participation, but were not agreeing to participate in the study. However, the subjects did participate when the amount was increased to twenty dollars.

Limitations of the Present Study

The fathers of infants born to adolescent mothers who participated in the present study were those who agreed to participate and made the effort to come in to participate. Those who were not willing to participate may have been very different than the ones in the study. The fathers who participated were probably more likely to have been involved with their infants, more family-oriented, and more

interested in caring and providing for their infants. For example, one mother who wanted to participate in the study but could not because her partner would not come in with her, finally reported that he was physically abusive toward her. Those fathers who did not participate may have been better off social emotionally because they did not have the stress and responsibility of parenthood; or they may have been less well off if parenthood was even more stressful to them than those that participated. Some of the adolescent mothers contacted related that the father of their baby had several other children. One mother stated, "he has two other children and does not really care for them but he cares for my child." It is possible that to many becoming a father of an infant born to an adolescent mother represents power and importance rather than the start of a family and responsibility.

Once the subjects were contacted, they were told what would be required of them during their participation and that they would be paid twenty dollars for their participation. Even this incentive did not get all subjects contacted to come in and participate. The mothers were allowed only if the father participated. The non-parenting male peers also were a convenience sample and were matched only on age. The comparison groups also were composed of a convenience sample.

Further Considerations

Several considerations need to be taken into account when trying to gather data from fathers of infants born to adolescent fathers. A few suggestions follow on how to gain access to more fathers. One suggestion that was extremely helpful in the present study was including the adolescent mothers in the study. The financial

incentive was also very helpful in getting the fathers to participate. The mothers found more of a need for the money, and therefore appeared to “push” the fathers of their babies to participate, though one father said that he badly needed the money for diapers even though working three jobs and that is why he chose to participate. Two of the mothers who were casually dating the fathers of their infants or had even stopped seeing the father had him come in with them so that they could get the twenty dollars for themselves. When the study was designed, it was thought that resources such as teachers, nurses, friends, etc. would be helpful in getting the fathers to participate. However, this was not the case in the present study as the adolescent mothers were the most helpful.

Adolescent fathers and the fathers of infants born to adolescent mothers were a very difficult population to access and induce to participate for the present study. There was no mention of the difficulty of accessing this population in any of the previous research.

Implications for Further Research

The implications for parents, researchers, and professionals who work with adolescent parents is how to support them in more beneficial ways in their interactions with their children. There is a great need for research about the father of the infants born to adolescent mothers and his relationship with his infant as well as how this interaction affects him. The father’s relationship with his infant may be enhanced with more involvement and understanding by the health care professionals and those professionals who deal with the adolescent mother. By

being more involved, the father may be able to form a better relationship with his infant by gaining a better understanding of the infant and getting to know his infant. Once the father has formed a relationship with his infant, he may remain involved with the infant unlike many of these fathers who sporadically see their infant. Also, with more knowledge of this relationship, professionals can better assist the father of infants born to adolescent mothers and promote an environment that would be conducive to his interactions with his child.

In the present study, 73% of the fathers stated that they played with their infants on a daily basis, which supports Lamb's (1981) findings that fathers are more likely to play with their infants when interacting. A study of the interaction with the infant through home observation or videotaping is suggested. This would result in a more in-depth view of this relationship. However, it was difficult to get the fathers to agree to participate in this less involved, less in-depth study that took about 45 minutes to 1 hour of the father's time. Videotaping and home observation would require an additional amount of time and commitment, which could make it even more difficult to get them to participate.

The problem of finding the fathers to participate in this study could lend some insight into the amount of participation and what the fathers' interactions consist of with their infants and the adolescent mother. Furstenberg and Harris (1993) found that a relationship with a biological father or a stepfather proved to have a positive impact on those children of adolescent mothers when they were adolescents. In a follow-up study of children in the Baltimore Study of adolescent mothers,

researchers found that those adolescent children with strong attachments to their fathers showed better educational, behavioral, and emotional functioning than adolescents with weak paternal bonds. The father can impact his children's lives by a positive involvement with them. This relationship can also affect the fathers, though little is known about this aspect of the relationship. The effects of early fatherhood on the emotional functioning of male adolescents and the older fathers who father the infants born to adolescent mothers deserves further attention. This will be especially needed as new welfare and child support laws are likely to demand an increase of fathers' involvement and participation in parenthood (Coley & Chase-Lansdale, 1998). Hopefully, these societal changes will create more positive, as well as more frequent, interactions between the fathers and their infants.

Adolescent parenthood has an adverse effect on educational and vocational achievement (Elster & Lamb, 1980). National studies clearly demonstrate that adolescent parents achieve less education than individuals who postpone childbearing until adulthood (Elster & Lamb, 1980) which is related to a lower earning potential over the course of a lifetime. Marital stability is also affected adversely by adolescent parenthood. Couples who marry during adolescence have a substantially higher divorce rate than do couples who marry at a later age, especially when there has been a premarital pregnancy (Elster & Lamb, 1980). This was apparent in the present study, as three (one couple and one father) subjects were in the process of a divorce or already had divorced. Also, the children are

placed in the middle, as one father was attempting to gain custody of his daughter because the mother would not let him see her as much as he wanted. Many of the subjects in the present study were not married, which often provides an unstable environment for the children.

Clinicians can play a major role in involving adolescent fathers in the lives of their infants and in helping these males to cope with the difficult situations in which they find themselves. The more information that is known about the fathers of those infants born to adolescent mothers, the more help can be extended to these young fathers. Also, if we know more about the older males who father these infants, then it may be possible to bring about prevention programs to delay premarital and the early timing of pregnancy and births to adolescent mothers. Like adolescent mothers, the adolescent and older males who father their children tend to be poor, often are continuing an intergenerational practice (many are from families who experienced adolescent childbearing and welfare receipt), often live in low-income communities, and have low educational achievement (Lerman, 1993). The findings of the present study showed that these males have lower self-esteem, lower general life satisfaction, and less perceived support of their friends than their non-parenting male peers. Noting these findings, programs aimed at increasing the self-esteem and social skills, as well as strengthening educational and vocational opportunities available to the fathers earlier in their lives, could provide a reason to postpone parenthood.

In today's society, more and more adolescents are having children,

comprising 58.9% of the U.S. birthrate in 1994 (U.S. Bureau of the Census, 1997). There is a need for more help and education for these high-risk parenting groups. The adolescent mothers are younger today and thus are starting from a poorer base of emotional and educational standing to help them with their children than those before them. There is a need to focus on the males as part of a solution to the problem. Most adolescent pregnancies continue to be unintended, and most (76%) of the births occur to unmarried parents (Moore, 1998). A prevention program beginning in grade school involving the child's parents would be the most successful for providing young children with more choices and opportunities to choose from and to strive toward. There are some states that have incorporated prevention programs in the school systems for middle school-aged students. Some schools have even targeted males in the system which is important as he represents part of the problem with premature pregnancy and childbearing.

APPENDIX A
INFORMATION FORMS

CONSENT FORM FOR FATHERS AND MOTHERS

The purpose of this study is to gain a better understanding of the father of infants born to adolescent mothers compared to the non-father.

I am a student at Iowa State University working on a Doctor of Philosophy degree in Human Development and Family Studies under the supervision of Dr. Sedahlia Crase. We are proposing research dealing with self-esteem, depression, general life satisfaction, and quality of social support factors.

The information you give while taking part in this study will be confidential. The information will not be shown to anyone except the people directly connected with the project, unless you give written permission to release the information. Your name will not appear on any records of the information that you will have given. The records will be identified by a code number. The use of this information is for education and for research publication, and you will not be personally identified in any way in presentations or publications that may come out of this study.

There are 4 questionnaires for you to fill out and a short interview which will take about half an hour. You will receive \$20 dollars after the session.

Your participation is voluntary and there is no penalty for refusal to participate and you are free to withdraw consent and participation at any time.

Please call if you have any questions or concerns regarding this research.

Sincerely,

Stacy D. Thompson, M.S.
Graduate Student
(405) 377-3285

Sedahlia Jasper Crase, Ph.D.
Major Professor
(515) 294-3040

CONSENT FORM FOR NON-FATHERS

The purpose of this study is to gain a better understanding of the adolescent father compared to the adolescent non-father.

I am a student at Iowa State University working on a Doctor of Philosophy degree in Human Development and Family Studies under the supervision of Dr. Sedahlia Crase. We are proposing research dealing with self-esteem, depression, general life satisfaction, parenting satisfaction and quality of social support factors.

The information you give when you take part in this study will be confidential. The information will not be shown to anyone except the people directly connected with the project, unless you give written permission to release the information. Your name will not appear on any records of the information that you have given. The records will be identified by a code number. The use of this information is for education and for research publication, and you will not be personally identified in any way in presentations or publications that may come out of this study.

There are 5 questionnaires for you to fill out and a short interview which will take about one hour. You will receive \$20 dollars after the session.

Your participation is voluntary and there is no penalty for refusal to participate and you are free to withdraw your consent and participation at any time.

Please call if you have any questions or concerns regarding this research.

Sincerely,

Stacy D. Thompson, M.S.
Graduate Student
(405) 377-3285

Sedahlia Jasper Crase, Ph.D.
Major Professor
(515) 294-3040

APPENDIX B
DEMOGRAPHIC FORMS

Date _____

Father Demographic Form

1. Age _____
2. Date of Birth ____-____-____
3. Race
 - a. African American
 - b. Native American
 - c. Asian American
 - d. Hispanic
 - e. non-hispanic white
4. Age at time of baby's birth _____
5. Number of years of school completed _____
6. Do you have a full-time _____ or part-time _____ job?
7. How many years of school have your parents completed?

Mother _____	Father _____
--------------	--------------
8. What is your parents' combined level of income?

a. Below 999	f. 30,000 to 39,999
b. 1,000 to 4,999	g. 40,000 to 49,999
c. 5,000 to 9,999	h. 50,000 to 69,999
d. 10,000 to 19,999	i. 70,000 and up.
e. 20,000 to 29,999	
9. Does your mother work full-time or part-time? _____
If so what is her occupation? _____
10. Does your father work full-time or part-time? _____
If so what is his occupation? _____
11. How often do you perform the following caretaking activities with your child?
 - A. Daily
 - B. 2-3 times per week
 - C. Once per week
 - D. Once per month
 - E. Never

_____	Feeding your baby
_____	Changing your baby
_____	Bathing your baby
_____	Playing with your baby
_____	Putting your baby to sleep
12. Was your infant's birth planned? _____
13. How old were your parents when they had their first child?

Mother _____	Father _____
--------------	--------------
14. Are your parents
 - A. _____ Married
 - B. _____ Divorced
 - C. _____ Separated
 - D. _____ Never Married
 - E. _____ Living Together (cohabitating)
15. Do you have siblings who became parents while they were adolescents
If so how old were they at the time of their first child's birth?

16. Have you ever been sexually abused? _____ Yes _____ No
17. Have you ever been emotionally abused? _____ Yes _____ No
18. Have you ever been physically abused? _____ Yes _____ No

Date _____

Adolescent Mother Demographic Form

1. Age _____
2. Date of Birth ____-____-____
3. Race
 - a. African American
 - b. Native American
 - c. Asian American
 - d. Hispanic
 - e. non-hispanic white
4. Age at time of baby's birth _____
5. Number of years of school completed _____
6. Do you have a full-time _____ or part-time _____ job?
7. How many years of school have your parents completed?

Mother _____ Father _____
8. What is your parents' combined level of income?

a. Below 999	f. 30,000 to 39,999
b. 1,000 to 4,999	g. 40,000 to 49,999
c. 5,000 to 9,999	h. 50,000 to 69,999
d. 10,000 to 19,999	i. 70,000 and up.
e. 20,000 to 29,999	
9. Does your mother work full-time or part-time? _____
If so what is her occupation? _____
10. Does your father work full-time or part-time? _____
If so what is his occupation? _____
11. How often do you perform the following caretaking activities with your child?
 - A. Daily
 - B. 2-3 times per week
 - C. Once per week
 - D. Once per month
 - E. Never

_____ Feeding your baby
 _____ Changing your baby
 _____ Bathing your baby
 _____ Playing with your baby
 _____ Putting your baby to sleep
12. Was your infant's birth planned? _____
13. How old were your parents when they had their first child?

Mother _____ Father _____
14. Are your parents
 - A. _____ Married
 - B. _____ Divorced
 - C. _____ Separated
 - D. _____ Never Married
 - E. _____ Living Together (cohabitating)
15. Do you have siblings who became parents while they were adolescents

 If so how old were they at the time of their first child's birth?

16. Have you ever been sexually abused? _____ Yes _____ No
17. Have you ever been emotionally abused? _____ Yes _____ No
18. Have you ever been physically abused? _____ Yes _____ No

Date _____

Non-parenting Peer Demographic Form

1. Age _____
2. Date of Birth ____-____-____
3. Race
 - a. African American
 - b. Native American
 - c. Asian American
 - d. Hispanic
 - e. non-hispanic white
4. Number of years of school completed _____
5. Do you have a full-time _____ or part-time _____ job?
6. How many years of school have your parents completed?
 Mother _____ Father _____
7. What is your parents' combined level of income?
 - a. Below 999
 - b. 1,000 to 4,999
 - c. 5,000 to 9,999
 - d. 10,000 to 19,999
 - e. 20,000 to 29,999
 - f. 30,000 to 39,999
 - g. 40,000 to 49,999
 - h. 50,000 to 69,999
 - I. 70,000 and up.
8. Does your mother work full-time or part-time? _____
 If so what is her occupation? _____
9. Does your father work full-time or part-time? _____
 If so what is his occupation? _____
10. Are your parents
 - A. _____ Married
 - B. _____ Divorced
 - C. _____ Separated
 - D. _____ Never Married
 - E. _____ Living Together (cohabitating)
11. How old were your parents when they had their first child?
 Mother _____ Father _____
12. Do you have siblings that became parents while they were adolescents
 If so how old were they at the time of their first child's birth?

13. Have you ever been sexually abused? _____ Yes _____ No
14. Have you ever been emotionally abused? _____ Yes _____ No
15. Have you ever been physically abused? _____ Yes _____ No

APPENDIX C

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CES-D)

CES-D Scale

Instructions for Questions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

- 0. Rarely or None of the Time (Less than 1 Day)
- 1. Some or a Little of the Time (1-2 Days)
- 2. Occasionally or a Moderate Amount of Time (3-4 Days)
- 3. Most or All of the Time (5-7 Days)

	Rarely (0)	Some (1-2)	Moderate (3-4)	Most (5-7)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt that I was just as good as other people.	0	1	2	3
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	0	1	2	3
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	0	1	2	3
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	0	1	2	3
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people dislike me.	0	1	2	3
20. I could not get "going."	0	1	2	3

APPENDIX D
ROSENBERG SELF-ESTEEM SCALE

Rosenberg Self-Esteem Scale

Please indicate the degree to which you agree or disagree with each of the following statements by choosing one of the answers listed below:

- 1. Strongly disagree**
- 2. Disagree**
- 3. Agree**
- 4. Strongly Agree**

- _____ 1. On the whole, I am satisfied with myself.
- _____ 2. At times I think I am no good at all.
- _____ 3. I feel that I have a number of good qualities.
- _____ 4. I am able to do things as well as most other people.
- _____ 5. I feel I do not have much to be proud of.
- _____ 6. I certainly feel useless at times.
- _____ 7. I feel that I am a person of worth, at least on an equal plane with others.
- _____ 8. I wish I could have more respect for myself.
- _____ 9. All in all, I am inclined to feel that I am a failure.
- _____ 10. I take a positive attitude toward myself.

APPENDIX E
SATISFACTION WITH PARENTING SCALE

Satisfaction with Parenting Scale (SWPS)

1. How many professional persons (nurses, doctors, social workers, etc.) could you talk to if you have a problem with your child?
 1. 0-1 person
 2. 2 people
 3. 3-4 people
 4. 5-8 people
 5. More than 8 people
 7. Other (please explain) _____

2. How satisfied are you with this situation?
 1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____

3. If sometime you were to have bad or angry feelings about your child, how many people could talk to about this?
 1. 0-1 person
 2. 2 people
 3. 3-4 people
 4. 5-6 people
 5. More than 6 people
 7. Other (please explain) _____

4. How satisfied are you with the availability of people like this?
 1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____

5. If you were to have a minor problem with your child, how many people (friends or family) could you talk to, whose advice you trust?

1. 0-1 person
 2. 2 people
 3. 3-4 people
 4. 5-6 people
 5. More than 6 people
 7. Other (please explain) _____
-

6. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

7. How do you feel about the chores that are part of childcare (feeding, bathing, and changing diapers, etc.)?

1. I really don't enjoy that part of having a child.
 2. I mostly don't enjoy those things, but sometimes I do.
 3. It's OK.
 4. I have mixed feelings-I enjoy some things and I don't enjoy others.
 5. I mostly enjoy those things, but sometimes I don't.
 6. I really enjoy those things-there's nothing I don't like.
 7. Other (please explain) _____
-

8. Sometimes fathers have doubts that they are doing the right things with their children. Do you ever have doubts?

1. Frequently
 2. Sometimes
 3. Hardly ever, seldom
 4. Never
 7. Other (please explain) _____
-

9. Many fathers have mixed feelings about their children. Do you find your child irritating?

1. Frequently
 2. Sometimes
 3. Hardly ever, seldom
 4. Never
 7. Other (please explain) _____
-

10. Have you every been sorry you had the child?

1. Frequently
 2. Sometimes
 3. Hardly ever, seldom
 4. Never
 7. Other (please explain) _____
-

11. How much of the child's care are you doing yourself?

1. Someone else does most of it.
 2. The work is shared equally.
 3. I get a good deal of help (I do about 60-75% myself).
 4. I get a little help (I do about 80-90% myself).
 5. I do everything myself (95-100%).
 7. Other (please explain) _____
-

12. How satisfied are you with the amount of childcare you are doing?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

13. How much of the housework and/or care of other children are doing yourself?

1. Someone else does most of it.

2. The work is shared equally.
 3. I get a good deal of help (I do about 60-75% myself).
 4. I get a little help (I do about 80-90% myself).
 5. I do everything myself (95-100%).
 7. Other (please explain) _____
-

14. How satisfied are you with this amount of household responsibility?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

15. How much time do you get for yourself each day? Do not count time working, sleeping, or in school.

1. None or less than 1/2 hour.
 2. Between 1/2 and 1 hour.
 3. 1 1/2 to 3 hours.
 4. 3 1/2 to 5 hours.
 5. More than 5 hours.
 7. Other (please explain) _____
-

16. How satisfied are you with the amount of time you get to yourself?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

17. About how much time were you away from your child in the past two weeks for social reasons (for example, going to movies or sporting events; visiting friends)?

1. None at all or less than 1 hour
 2. Between 1 and 3 hours
 3. 4 to 9 hours
 4. 10 to 25 hours
 7. Other (please explain) _____
-

18. How satisfied are you with the amount of time you were away?

1. Very dissatisfied (I wish things were very different)
2. Somewhat dissatisfied (I would like some changes)
3. Somewhat satisfied (OK for now; pretty good)
4. Very satisfied (I'm really pleased)
7. Other (please explain) _____

19. These days, what are your overall feelings toward your child?

APPENDIX F
QUESTIONNAIRE ON SOCIAL SUPPORT

Questionnaire on Social Support (QSS)

20. How involved are you in your neighborhood?

1. Not at all
 2. Somewhat
 3. Very involved
 7. Other (please explain) _____
-

21. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

22. Are there any organized groups that are a source of support for you?

1. None
 2. Some
 3. Many
 7. Other (please explain) _____
-

23. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

24. Think of a typical week. About how many times did you talk on the phone with your friends or family?

1. No talks
 2. 1 talk
 3. 2-3 talks
 4. 4-7 talks
 5. More than 7 talks
 7. Other (please explain) _____
-

25. How satisfied are you with this amount of phone visiting?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

26. In the last week, how many times have you visited your friends? _____

27. How satisfied are you with this amount of visiting?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

28. If you were to become upset or angry, would you have someone to talk honestly to, who is not involved? How many people?

1. No people
 2. 1 person
 3. 2 people
 4. 3-4 people
 5. More than 4 people
 7. Other (please explain) _____
-

29. How satisfied are you with this?

1. Very dissatisfied (I wish things were very different)
 2. Somewhat dissatisfied (I would like some changes)
 3. Somewhat satisfied (OK for now; pretty good)
 4. Very satisfied (I'm really pleased)
 7. Other (please explain) _____
-

30. When you are happy, is there someone you can share it with- someone who will be happy just because you are?

1. No
 2. Yes
 7. Other (please explain) _____
-

31. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different)
2. Somewhat dissatisfied (I would like some changes)

- 3. Somewhat satisfied (OK for now; pretty good)
 - 4. Very satisfied (I'm really pleased)
 - 7. Other (please explain) _____
-

32. Do you now have a relationship with a spouse or partner? do you expect it will continue for the years to come?

- 1. I don't have a relationship
 - 2. I don't expect the relationship to last
 - 3. I feel the relationship probably will last
 - 4. I feel the relationship definitely will last
 - 7. Other (please explain) _____
-

33. How satisfied are you with this situation?

- 1. Very dissatisfied (I wish things were very different)
 - 2. Somewhat dissatisfied (I would like some changes)
 - 3. Somewhat satisfied (OK for now; pretty good)
 - 4. Very satisfied (I'm really pleased)
 - 7. Other (please explain) _____
-

34. At present, do you have someone you can share your most private feelings with?

- 1. No
 - 2. Yes
 - 7. Other (please explain) _____
-

35. How satisfied are you with this situation?

- 1. Very dissatisfied (I wish things were very different)
 - 2. Somewhat dissatisfied (I would like some changes)
 - 3. Somewhat satisfied (OK for now; pretty good)
 - 4. Very satisfied (I'm really pleased)
 - 7. Other (please explain) _____
-

APPENDIX G
GENERAL LIFE SATISFACTION

General Life Satisfaction (GLS)

36. When you take everything into consideration -- your child, your adult life, etc.-- how would you describe your current life situation?

1. Things are very bad right now.
 2. Things are fairly bad right now.
 3. Things are OK - not bad and not good.
 4. Things are fairly good.
 5. Things are very good.
 7. Other (please explain) _____
-

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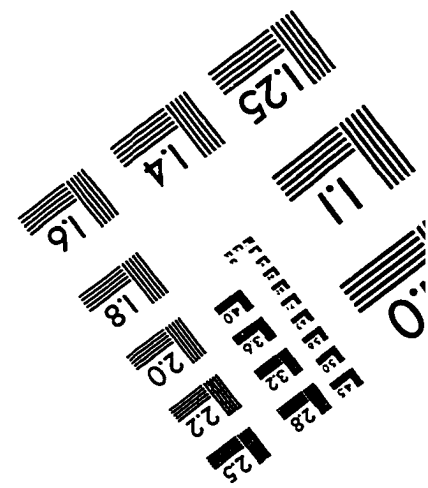
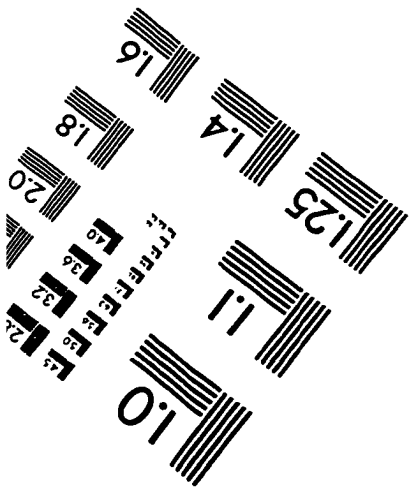
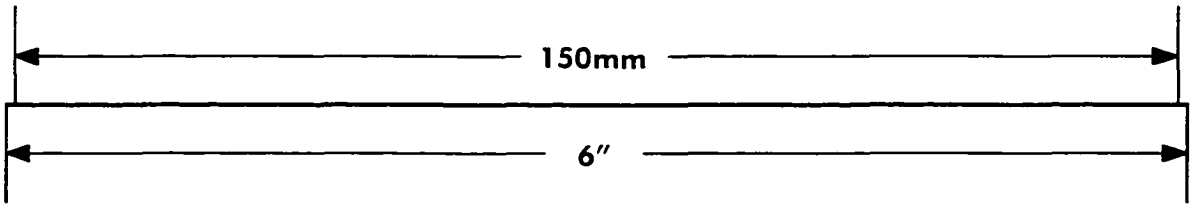
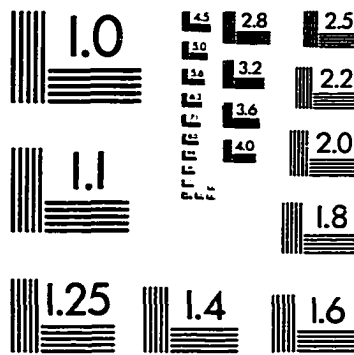
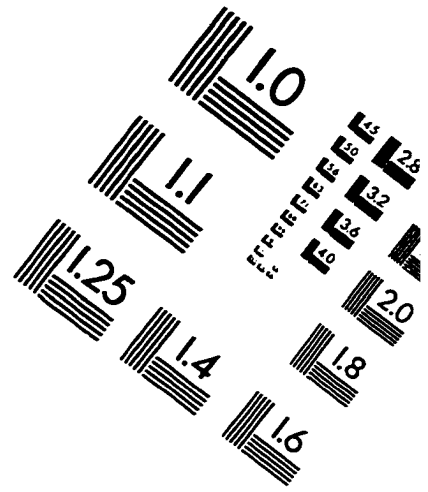
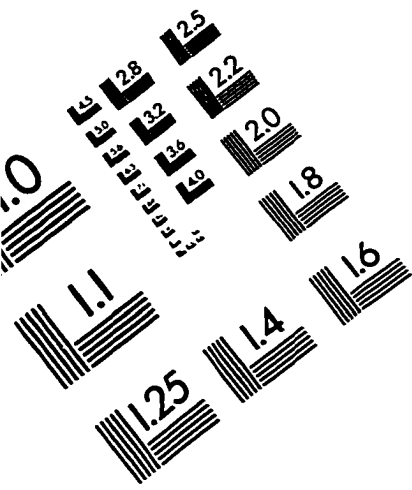
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IMAGE EVALUATION TEST TARGET (QA-3)



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