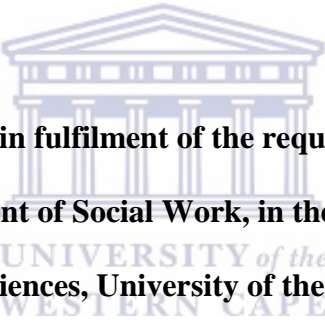


A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms

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Full Thesis submitted in fulfilment of the requirements for the degree MA (CFS) in the Department of Social Work, in the Faculty of Community and Health Sciences, University of the Western Cape.

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ABSTRACT

Teenage parenting is recognised as one of the greatest health and social problems in South Africa. Research in South Africa has shown that by the age of 18 years, more than 30% of teens have given birth at least once. Teen mothers may feel disempowered because they are ‘othered’ and consequently, may develop forms of resistance which in most cases may inhibit their ability to parent. Social support is therefore, an imperative intervention for successful teen parenting. Bronfenbrenner’s bio-ecological systems theory proposes that social support could be considered to reside within the microsystem of the model if the developing person is the teen mother. The aim of this study was to compare social support of different family forms and establish whether a relationship between single teen mothers’ parental efficacy and social support exists across the different family forms. This study used a quantitative methodology with a cross-sectional comparative correlation design. The sample consisted of N = 160 single teen mothers who reside with her family for a period of one year or is currently residing with her family or members thereof, in low socio-economic communities. The participants completed a self-report questionnaire that comprised of the Social Provisions Scale (SPS), and the Parenting Sense of Competence (PSOC) scale. Descriptive statistics and Pearson correlation were used to investigate the data. Outcomes of the study indicated that a significant positive relationship between social support and parental efficacy existed. These findings are important for planning and applying parenting programmes amongst single teen mothers and facilitating awareness regarding the importance of social support and family forms when considering parenting practices.

KEYWORDS

Adolescence

Teen parenting

Teen mothers

Parental Efficacy

Parental Confidence

Family Support

Family form

Home environment

Social support

Bio-ecological systems theory



DECLARATION

I declare that *A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms* is my own work, that it has not been previously submitted for any degree or examination, and that all sources have been acknowledged.

Samantha Linn Coert



June 2017

Signed:.....


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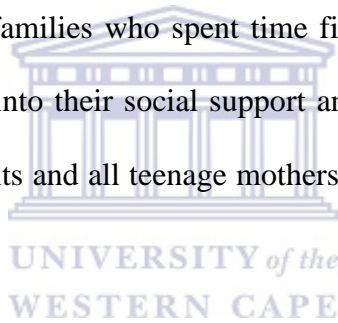
The completion of this study marks the end of an exciting and enlightening academic journey and I would like to acknowledge the many people who contributed along the way. First and foremost, I want to thank OUR HEAVENLY FATHER for my existence, I thank you in the name of Jesus for everything that I am, for everything that exists. To my remarkable sons, Juan Aiden and Jordan, thank you for your enduring words of encouragement, your willingness to make sacrifices, and your endless love that you have shown me. Secondly, I would like to thank my parents, Sharon and Edmund, for showing me the meaning of discipline and self – confidence, but most importantly for pushing me to achieve my personal aspirations. I sincerely anticipate, to be to my sons what you have been to me. My brother, Joshua, thank you for being such an inspiring role model and compassionate sibling, keeping my spirits up, and always bringing joy into my life. To my friends (i.e., Nicolene Hendricks, Shiron September, Sharon Rhode, Jacs, Sherideen Meyer and Sade Ramaipato), thank you for continuing supporting me, you ladies have become my sisters throughout, all the tears, frustrations and moments of absence, a sanity that was well managed by you ladies.

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Lastly, this research would not have been possible without the many single teen mothers and their families who spent time filling in the questionnaires and allowing me an insight into their social support and beliefs about their ability to parent. To my participants and all teenage mothers out there, I leave you with the following words:



Jeremiah 1:5 “Before I formed you in the womb I knew you. Before you were born I set you apart!”

Each one of us has a life plan. I know that at times, plans are rampant. The only plan that matters is the plan made for you by the One who formed you- the One who loves you, knows you and has set you apart to be HIS own. And it is a great plan!

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CHAPTER 1

INTRODUCTION

1.1 Background and Rationale

Parental efficacy acts as one of the most powerful predictors of future success, as it not only plays a part in the goals a person sets in parenting and which activities that person becomes involved in, but also influences the coping strategies the person will adopt under difficult circumstances (Young, 2011). According to Coleman and Karraker (2000), parental efficacy refers to the parent's expectations of competence in the role as parent. Teenage pregnancy is a universal phenomenon affecting both developed and developing countries (Mersal, Esmat & Khalil, 2013; Kyei, 2012), with approximately 16 million births to mothers aged 15–19 years, and two million to girls under the age of 15 years, annually (World Health Organization, 2014). Almost 95% of these births occur in low-and middle-income countries (World Health Organization, 2014). Morrell, Bhana and Shefer (2012) reported that a third of all women under the age of 20 years in South Africa have experienced a pregnancy. Furthermore, Branson, Ardington and Leibbrandt's (2013) study on teen mothers' educational attainment in South Africa, found, that the negative

association between early parenthood and educational attainment is more profound among coloured¹ South Africans as compared to black South Africans.

Little research demonstrates processes associated with competence as a teen parent. The National Youth Development Agency, indicated that over 45 000 female learners in South Africa fell pregnant in 2009; this led to teenage pregnancy representing one of the leading causes of school drop outs - after economic reasons (2011). Richter and Mlambo (2005) indicated, this phenomenon as having a major health concern for both mother and child across various communities. In addition, Tanga and Uys (1996), Rafferty, Griffin and Lodise (2011) as well as Mollborn and Dennis (2012) found that unmarried teenage mothers are more vulnerable than married ones, because in many cases the unmarried pregnant girls are rejected by their parents as they have added shame and an additional burden on the family. Findings of a report focusing on the needs of teenage parents suggested that these girls face various challenges related to stigma from peers, community members as well as their family, while the men who impregnated these girls, often deny responsibility (DoSD, 2012). Without the required support and restricted opportunities to complete their education, these teen mothers find themselves susceptible to a number of risks that may include malnutrition, poverty and the possibility of developing poor parental efficacy, which would all impact on her development as a teen mother.

¹ “In the South African context the term ‘coloured’ refers to a heterogeneous group of people who are of mixed decent. ‘Coloureds’ are also referred to ‘mixed-raced’”.

The interaction between parental efficacy beliefs, parenting and social support is likely to vary by environmental and family contexts (Furstenberg, Cook, Eccles, Elder & Sameroff, 1999). The process may be strongest in socially isolated and dangerous neighbourhoods. Under these circumstances, teen mothers are likely to be overwhelmed by the task at hand, but mothers with strong beliefs are most likely to make a positive difference in their children's lives through their promotive behaviour and positive example (Ardelt & Eccles, 2001). Many teen mothers have marital support asserts Mollborn (2007), while others essentially rely on their families of origin for resources. One such example of resources, include emotional support, which according to McDermott and Graham (2005), bolster parental efficacy. The forms in which social support can present itself may vary and the size of a social support system play a role in the quality of parenting, (Van Den Berg, 2012). Furthermore, Plumb (2011), identified social support as a contributing factor in counteracting the negative outcomes of stress and possibly parenting. One could suggest, that social support derives through the relationship and interaction between an individual, family, peer groups and other larger social systems. According to Amoateng, Richter, Makiwane and Rama (2004) families operate as a central form of social support to individuals, in addition to forming an intrinsic component of collective networks and ecologies. With a decreased support system, single teen mothers may find themselves be lowering their evaluation of the quality of their parenting, as they might lack exposure to what quality parenting entails.

The task of defining the family form becomes exceedingly complex in multi-cultural, multi-racial and in modernising societies such as South Africa (Amoateng et al., 2004). Amoateng et al., (2004) argued that there is a general consensus in

defining families and the forms in which they present, may include social groups that are related by blood (kinship), marriage, adoption, or affiliation; with close emotional attachment to each other that endure over time and go beyond a particular physical residence. This definition is appropriate in the South African context, owing to its inclusive character and resultant emphasis on non-nuclear family constellations and forms. Family forms provide an indication of the number of possible caregivers a child might have, as well as, the quality of a child's family life (Manning & Lamb, 2003). A synopsis of South African family forms include; nuclear families, extended families, child-headed households, single parent families and multi-generational families (Sherriff, Seedat & Suffla, 2013).

Single teen mothers and their children are two especially powerless groups in the public eye and their long haul life chances are interconnected. For good parenting to take place it is important to assist teen mothers. According Van Den Berg (2012), greater satisfaction with support networks may result in a greater sense of parental efficacy for teen mothers. Furthermore, support figures may influence teen mothers' perceptions of themselves as a competent parent, which in turn is a key contributor to nurturing child-rearing practices (2012).

When a parent is not only poor herself, but also has family who is poor, there are simply fewer resources and role models to draw on to cope with day-to-day challenges (Fram, 2003). Furthermore, generating new information or strategies for improving life circumstances, or for responding optimally to children's emerging needs may too become challenging. Former explorations by Beers and Hollo

(2009), has concentrated on outer assets that impacts the support systems that plays a role in the counteractive action on teen motherhood.

Michalos (2014) asserts, that social support from family plays a role in the facilitation of teen mother's parental efficacy across the sphere of her parenting role. Therefore, the purpose of this study is to compare social support of different family forms to assess whether a relationship between single teen mothers' parental efficacy and social support exists, across the different family forms.

1.2 Conceptual Framework

Of relevance of the proposed study is the relationship of structures in Bronfenbrenner's (1979, 1986a; 1986b; 2005) ecosystem that influence each other, but also has an effect on the teen mothers' parental efficacy. Thus, everything that exists in a system is part of a complex whole connected to everything else directly or indirectly (Visser, 2007). In this study the micro system will be examined, as it consists of family structure/forms, family functioning, and problems with family members, as well as enacted social support. The teen mothers' perceived social support resides within this system.

According to Bronfenbrenner, the social support system of the teen mother in the family does not specifically affect the developing child, however, social support does affect the family in various ways, which in turn, may affect the child. These influences include an improvement in maternal mental health (Balaji, Claussen, Smith, Visser, Morales & Perou, 2007) and the child's social-emotional development (Marshall, Noonan, McCartney, Marx, & Keefe, 2001). Teen mothers' life experiences, social relationships and the support they receive from

their social network all have an effect on their parenting skills (deGraaf, Onrust, Haverman & Janssens, 2009). Social support could be considered to reside within the microsystem of the model if the developing person is the teen mother. The effects of social support would then be considered to be proximal processes (Bronfenbrenner & Evans, 2000). These proximal processes involve exchanges between the teen mother and the people, objects and situations within her immediate environment. These exchanges can result in positive or negative outcomes (Bronfenbrenner & Evans, 2000). These systems are further explored in Chapter 2.

1.3 The Problem Statement

Teenage pregnancy rates are not only high in developing countries, it is also high in developed economies like the United Kingdom (Smith & Mills, 2012). About 16 million births to mothers aged 15-19 years, representing 11% of all births worldwide were reported in 2014 by the World Health Organization (2014). In South Africa: 39% of 15-19 year old girls have been pregnant at least once (National Research Council & Institute of Medicine of the National Academies (NRC-IOM, 2005), the majority of which were unplanned (Flanagan, Lince, Duraio de Menczes & Mdlopane, 2013; Ardington, Branson, Lam, Leibbrandt, Marteleto, Menendez, Mutevedzi & Ranchold, 2012) and increasing amongst historically classified Coloured females (Nelson, 2013).

One thousand one hundred and sixty-two women under the age of 19 were pregnant in different schools in Elsie's River, Macassar, Bishop Lavis, Hanover Park and Vanguard around the Western Cape during the first seven months of the year 2004 (Quma, 2006). Furthermore, Honikman, van Heyningen, Field, Baron and

Tomlinson (2012), report on Perinatal Mental Health Project indicated that 49% of teen mothers are pregnant again within 24 months. It is evident from existing literature that there is a lack of research examining the kind of support received by teen mothers, especially teens who are historically classified as Coloured (Nelson, 2012).

Living in a single-parent home or dividing economic resources following a separation can create both real and perceived economic hardships on families. Divorce typically produces significant declines in the standard of living in mother-headed homes, with life below the poverty line often the result (Jones & Jolly, 2003). Research suggests that teen mothers encounter significantly more challenges, but have fewer resources and less social support than adult mothers (Huang, Costeines, Ayala, & Kaufman, 2014). Lack of social support may exacerbate other problems typically encountered by teen mothers.

Role conflict and restriction, attenuated educational achievement, underemployment, school changes, unstable relationships with the child's father, difficulties due to dependence on their families, and physical health problems for themselves and their babies (Michalos, 2014). Low social support, parenting stress, and inadequate coping responses may lead to abusive parenting practices (Willan, 2013).

A potential crevice in the writing is the unexplored question of the relationship between social support from family and perceived parental efficacy as a prelude to teen mothers' successes. Are single teen mothers with absent parents less successful because of lower efficacies, or do parental support play a more significant role in

encouraging the growth of single teen mothers' parental efficacy? The current study aims to make a contribution to existing knowledge on teenage parenting and family functioning, by determining and comparing the relationship between parental efficacy and social support of single teen mothers in different family forms.

1.4 The Research Questions

In relation to literature and theoretical aspects in view of single teen mothers, the following research questions were devised:

- What is the prevalence of parental efficacy among single teen mothers?
- What social support do single teen mothers receive from their family?
- Is there a relationship between parental efficacy and social support of single teen mothers?
- Is there a significant difference in the relationship of parental efficacy and the support received from the different family forms of single teen mothers?



1.5 Aim and Objectives of the study

1.5.1 Aim of the study

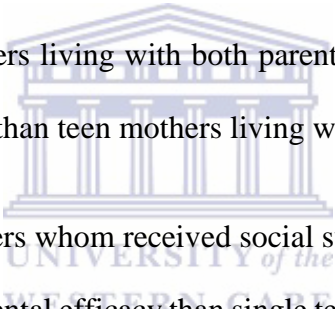
The objectives of the study were to:

- Determine prevalence of parental efficacy among single teen mothers.
- Ascertain the support single teen mothers receive from their family.

- Establish the association between parental efficacy and support of single teen mothers.
- Determine the significant difference in the relationship of parental efficacy and the support received from the different family forms of single teen mothers.

1.5.2 The Hypotheses

The hypotheses of the study were formulated on the basis of the aims and objectives of the study and was framed as followed:

- 
- Single teen mothers living with both parents would have a higher level of parental efficacy than teen mothers living with a single parent.
 - Single teen mothers whom received social support from their family would have a higher parental efficacy than single teen mothers who did not receive social support from their family.
 - Single teen mothers living with both parents would have a higher level of social support than single teen mothers living with a single parent.

1.6 The Research Methodology

In this study a quantitative methodological approach with a research design of (1) cross sectional (2) comparative and (3) correlational design was used. Cross-sectional studies are carried out at one time point and are usually conducted to estimate the prevalence of the outcome variable of interest for a given population (Levin, 2006). Comparative studies investigate the relationship of one variable to

another by examining the differences on the dependent variable between two groups of subjects (Field, 2009). A correlation design represents the strength of the relationship between the variables in question (Mukaka, 2012).

Furthermore, the comparative-correlation design was used to present the relationships between parental efficacy, social support and family forms of single teen mothers. The study offers statistical descriptions and inferences and attempts to disprove hypotheses for resultant relationships between the variables of the study (Bless, Higson-Smith & Kagee, 2006). A complete description of the research methodological procedure is found in Chapter 4.

1.7 The Significance of the Study

The study hoped to provide insight and broaden the understanding of single teen mothers' experiences that allowed for exploration of factors which assists in parenting. In South Africa, the term Coloureds (also known as Bruinmense or Kleurlinge) is an ethnic label for people of mixed ethnic origin (Brown, 2000). According to Nelson (2012), most research done has focused on races other than historically classified Coloureds, or all races as a whole, but not specifically the historically classified Coloured population. This study set out to determine the influence that social support, received from different family forms, has on single teen mothers' parental efficacy from within the Coloured population.

Thus this study, could be seen as an important piece of knowledge and a first within the Western Cape. Helping to identify and understand single teen mothers beliefs about her ability to parent, could better facilitate strategies that comprehend parenting. This could contribute to combating child neglect and malnutrition, but

ideally, to foster more resilient and positive parenting practices amongst our vulnerable single teen mothers and their children.

Findings from this study will inform interventions geared towards helping teen mothers to identify their level of parental efficacy: *Teenage mothers*, will be able to know their parenting level and psychological needs. They will also know how to overcome barriers and motivate themselves by understanding in depth their efficacy to parent. To *Families of teenage mothers*, knowing what risks and challenges their daughters' may encounter could thus, enable them to give positive interventions and support to their daughter's situation. To *Future Researchers*, the findings of the study will assist in relating other variables to the respondents and or different respondents to the same variables.

In the DoSD Annual Performance Plan 2013-2014, reference was made to developing strategic partnerships with the Department of Health (DoH) for the provision of services for teen mothers who are considered to be at risk and first time mothers (DoSD, 2013). In spite of this critical need to support teen mothers, resources and service delivery may be in place at a strategic level, but are less settled and functional on an operational level. Hence, the conclusions of this study may be useful to health professionals, service providers and policymakers who aid the fight against teenage pregnancy.

1.8 The Definition of Terms

Adolescence: the term 'adolescents' derives from the Latin verb adolescence, meaning 'to grow up' or 'to grow to adulthood', thus referring to a development

phase in the human life cycle that intervenes between childhood and adulthood (Gouws & Kruger, 1996).

Coloured: (also known as Bruinmense or Kleurlinge) is an ethnic label for people of mixed ethnic origin in South Africa (Brown, 2000).

Teen parenting: a person between the ages of 13 and 19 engaging in the activity of rearing a child (Practise Notes, 1995).

Teen mother: one of the challenges in understanding what a teen mother is that the definition of what constitutes a teen mother is not clear. The age ranges reported and the interchangeable use of terminology such as teen mother, adolescent mothers, young moms, make it difficult to compare and ultimately interpret findings. Maputle (2006) refers to a teenage mother as a young woman who has reached puberty with an age ranging between 13-19 years and who is pregnant. For the purpose of the study, teen mothers have been defined as having a pregnancy before the 18th birthday of the mother, as this was in congruence with the DoH data element for Deliveries in facility to women under 18 years.

Parental efficacy: Teti and Gelfand (1991) defined parental efficacy as ‘the degree to which parents perceive themselves as capable and effective in the parenting role’.

Parental confidence: often referred to as "parenting self-efficacy" and broadly defined as the level of a parent's belief about their ability to succeed in the parenting role, has been inconsistently linked with parental knowledge (Winter, Morawska & Sanders, 2012).

Family support: is a set of relationships and principles that strengthens the developmental journey with families. Family support helps each family construct a solid foundation from which to foster the growth of its members (Royce & Balk, 1995).

Family form: the structures, or forms, of the family vary as much as the definition itself. There is no single "true" family form. Therefore, family form could be two or more people who share goals and values, have long-term commitments to one another, and reside usually in the same dwelling place (Britannica, 2006).

Home environment: an environment offering affection and security and where supervision is available, closeness of schools, availability of playmates, cleanliness and adequacy of home to handle the number of people intended to live within the household (Kernerman, 2006).

Social support: is a “multidimensional construct that includes cognitions and functions as well as supporting-mobilizing and support-giving behaviours and the cognitive content of social support includes information leading to a person’s belief that he or she is (a) cared for and loved, (b) esteemed and valued and (c) belongs to a network of mutual obligation in which others can be counted on should the need arise”. (Ell, 1984)

Bio-ecological systems theory: a developmental theory that view human development from a person-in-environment context emphasizing that all growth and development occurs within the contexts of the bi-directional relationships in and between various levels of systems. For example, a child must be studied in the

context of the family system and the family needs to be understood within the broader community and societal culture and values (Bronfenbrenner, 1979).

1.9 A Structure of the Thesis Chapters

Chapter 1 is an introduction and refers briefly to the processes of parental efficacy of teen mothers. This chapter also provided the background for the study and sets the framework of the problem statements, aims, objectives, definitions, motivation and the significance for guiding the study.

Chapter 2: provides an overview of the theoretical underpinning applicable for this study are discussed and examined at this point. An understanding of single teen mothers' parental efficacy is provided through the emergence of self-efficacy theory, which is a construct of Social Cognitive Theory, proposed by Albert Bandura. It is imperative in the development in the improvement of inspiration and perceived competency that someone is able to complete a given task, such as parenting. In addition, the basis of which this study is set in, Bronfenbrenner's (1979, 1986a; 1986b; 2005) bio-ecological systems theory was used to demonstrate the relationship of structures in the ecosystem that influence each other and might also have an effect on the single teen mothers' parental efficacy.

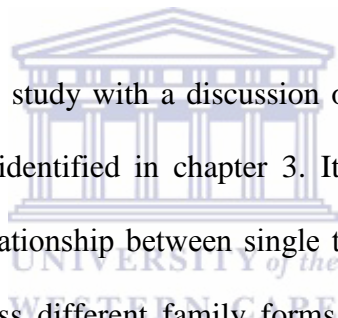
Chapter 3: Background information and further context for this study was done by reviewing collected works on the impact of single parenthood on teen mothers'. Furthermore, conceptualizing single teen mothers' parental efficacy as a predictor of parental functioning, to show how it relates to the maternal role and parental efficacy within the context of parent-child relationship. As majority of single teen

mothers' access their social support from their own family structure/forms, these forms of social support has been examined and discussed.

Chapter 4 principally focuses on the method of conducting the research. Attention is given to how the study was conducted based upon the aims and objectives of the study, hypothesis, sample characteristics, measuring instruments, data collection and analysis procedures, as well as the ethical considerations.

Chapter 5 is a presentation of the results in tables and graphs. Presented at this stage are the descriptive quantitative results analysed using the Statistical package (SPSS).

Chapter 6 concludes the study with a discussion of the main findings integrated with previous research identified in chapter 3. It further provides an inclusive understanding of the relationship between single teen mothers' parental efficacy and social support across different family forms. Limitations of the study are provided and concluded with recommendations for further study.



CHAPTER 2

THEORETICAL FRAMEWORK

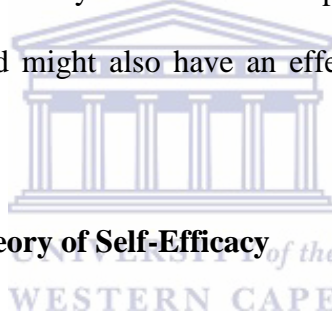
2.1 Introduction

When a teen becomes pregnant, the adjustment of pregnancy is added to the tasks in the transition of adolescence. A single teen mother may experience more difficulty than adult mothers, especially during the early-parenting period. In addition to age and or conditions, parenting is a challenge.

Teen mothers are confronted with multiple impediments to effective child rearing. The belief that a single teen mother holds of herself whether she will be able to perform parenting tasks successfully, has been shown to be a critical feature in parenting quality. Teen mothers who believed in their effectiveness (those whom have high efficacy beliefs) might see impediments as trials rather than barriers, and in doing so set goals for their child/children's development and internalises a positive outlook on future aspirations. Single teen mothers might be motivated to attempt behaviours that they feel confident in performing. When developing a strong sense of parental efficacy, single teen mothers can overcome challenges and also make recovery from setbacks more quickly.

This chapter specifically examines and explores the theoretical underpinnings of parental efficacy as a process that might help single teen mothers develop into competent parents. Parental efficacy itself is defined by one's belief in the

competency of performance in their role as a parent. The literature on parental efficacy emerges from self-efficacy theory, proposed by Albert Bandura. The current study was focused on single teen mothers' parental efficacy and the social support that they received from their family forms in relation to parenting beliefs. Thus it was the purpose of this chapter to provide first a theoretical understanding of self-efficacy as it was imperative in the development of motivation and perceived competency that someone is able to complete a given task. In the paragraph 2.3, an approach of the concept of parental efficacy is discussed. In paragraph 2.4, Bronfenbrenner's bio-ecological systems theory is used as a further theoretical point, of relevance to the study as the relationship of structures in the ecosystem influence each other and might also have an effect on the single teen mothers' parental efficacy.



2.2 Defining the Theory of Self-Efficacy

A number of researchers in the late 1970s, began to assess self-beliefs in a more task-specific way. Zimmerman (2000) indicated that one of the most important of these efforts focused on self-efficacy. Self-efficacy theory is commonly used as a way of exploring and measuring possible outcomes. Zimmerman (2000) further mentioned that self-efficacy and outcome expectations were both hypothesized to affect motivation, and that self-efficacy would play a larger role.

The diagram below, Figure 2.1 represents the differences between efficacy expectations and outcome expectations, (Bandura, 1977).

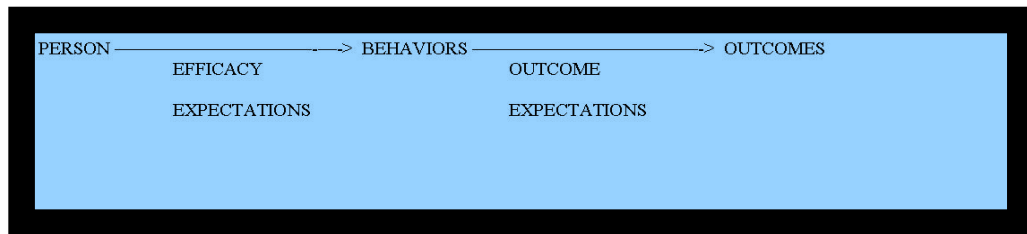


Figure 2.1 Diagrammatical Representation of the differences between efficacy expectations and outcome expectations.

Self-Efficacy was developed by Albert Bandura as part of a larger theory, the Social Learning Theory. Social Learning Theory emphasizes how cognitive, behavioural, personal, and environmental factors interact to determine motivation and behaviour (Crothers, Hughes & Morine, 2008). It further postulates that psychological procedures, whatever their format, function as ways of creating and strengthening expectations of personal effectiveness (Bandura & Adams, 1977).

Individuals do not simply respond to environmental influences, but rather they actively seek and interpret information (Nevid, 2009). In this view, people are self-organizing, proactive, self-regulating, and self-reflecting. They are contributors to their life circumstances not just products of them, asserts Bandura (2005).

Self-efficacy theory is commonly used as a way of exploring and measuring possible outcomes for young mothers and in identifying potential barriers towards the development of self-efficacy. Self-efficacy theory also describes efficacy as a potential indicator for initiation of behaviours, efforts put forth and the duration to which efforts are maintained despite resistance or obstacles (Bandura, 1977, 1982).

Components adding to the improvement and development of self-efficacy, in general, of young mothers are completing high school and engaging in goal setting behaviour (Romo & Nadeem, 2007; Scarborough, Lewis, & Kulkarni, 2010). Although limited research based on small samples demands further support of these assertions, self-efficacy research illustrates that there are likely to be specific factors that influences and contributes to the development of self-efficacy in single teen mothers.

2.2.1 What influences self-efficacy?

Bandura (1977) outlined in this social learning analysis, that self-efficacy is achieved through four types of influences: performance outcomes (performance accomplishments), vicarious experiences, verbal persuasion, and physiological feedback (emotional arousal). These components help teen mothers determine if they have the capability to accomplish specific tasks. Williams (2012, p. 455) note that “individuals with high levels of self-efficacy approach difficult tasks as challenges to master rather than as threats to be avoided”. Self-efficacy sources of information illustrated below (see Figure 2.2), indicates the four types of influences. The first influence is through *performance outcomes*, where a task is performed successfully (Van Den Berg, 2012). According to Bandura, performance attainments, are the most important source of self-efficacy. An individual’s ability to perform a given task, may be impacted by constructive and pessimistic encounters. The successful completion of a task results in competence that such tasks can be completed again (Bandura, 1977). Koehn (2002) pointed out that, for teen mothers, a case of this would be changing a diaper for the first time, thus

expanding the significance of pre-natal classes that show mothers' skills before they are encountering a live new born child. If an individual experience failure, self-efficacy is likely to be reduced. However, should these failures later be overcome by conviction, it could serve to increase self—motivated persistence when the situation is regarded as an achievable challenge asserts, Bandura (1977).

Self-efficacy sources of Information



Figure 2.2 Bandura (1977) Self-efficacy sources of Information

The remaining influences is largely dependent on the interactions with others. According to Bandura (1982), the *vicarious experience* of observing the performance of others involves observing or hearing about someone else completing the task. Giving Bandura's (1977) assertion, that a person can watch another perform and then compare his own competence with the other individual's competence. If a teen mother sees another teen mother similar to them succeed, it

can increase her self-efficacy. Single teen mothers may feel a sense of confidence that they may be able to complete a task. However, the opposite is also true; seeing a teen mother fail can lower self-efficacy. This is expanded on by the third level of influence, which is *verbal persuasion*.

According to Redmond (2010), self-efficacy is also influenced by encouragement and discouragement pertaining to an individual's performance or ability to perform, such as a mother telling her young daughter who is a teen mother: "You can do it, I believe in you." Using positive verbal persuasion largely leads individuals to put forth more effort which further contributes to a greater chance of success. Although verbal persuasion is likely to be a weaker source of self-efficacy beliefs than performance attainments, according to Redmond (2010), it is widely used because of its ease and it is readily available. This is principally applicable to teen mothers. Beers and Hollo (2009), described that if the support network offers the vicarious experience of performing the task, but then does not give verbal certification of viability (e.g., by questioning the young mothers' skills), teen mothers are likely to feel less competent.

The final source of influence is the *individual's own physiological status* to judge their own capability, strength, and vulnerability in being able to complete the task. People experience sensations from their body and how they perceive this emotional arousal influences their beliefs of efficacy (Bandura, 1977). According Teti, O'Connell and Reiner (1999), for typically aged mothers, being confident in the ability to parent is critical to enduring the challenges with which they are faced, which often take a great deal of energy and persistence. Although this source is the

least influential of the four, it is important to note that if one is more at ease with the task at hand, they will feel more capable and have higher beliefs of self-efficacy (Redmond, 2010). One's self-efficacy determines how much someone will persist. Individuals with limited self-competence are more likely to give up in the face of challenges or setbacks (Bandura, 1982). In contrast to self-efficacy, Bandura (1997) has noted that efficacy beliefs are a major base for parental practices.

2.3 The concept of Parental Efficacy

Constructing parental efficacy after the first child's birth is thought to be a critical step in the family development (De Montigny 2002). The meaning of parental efficacy has been associated with self-confidence, parental self-efficacy, or mastery. Moreover, a research instrument devised to measure parental sense of competence (PSOC, Gibaud-Wallston 1977) has been used to measure parental competence, parental self-efficacy and parental self-esteem (Hanson, Henggeler, Rodrigue, Burghen & Murphy, 1988; Johnston & Mash 1989), thus leading to difficulties in using and comparing results. It is understood that these terms are commonly used interchangeably. According to De Montigny and Lacharité (2005), the inconsistency between definitions of the concept and its use in research, strongly suggest that either the concept was not as mature as it seemed or there was confusion between two or more concepts. For the purpose of this study, however, the term parental efficacy was used.

Parental efficacy is defined as "the degree to which parents perceive themselves as capable and effective in the parenting role" (Teti & Gelfand, 1991). Coleman (2003) took a slightly different approach when defining parental efficacy and emphasized

confidence in parenting skills. While Teti and Gelfand (1991) focused on the parenting role, Coleman (2003) chose to narrow in on a parent's ability. According to Ardel and Eccles (2001), parental efficacy is defined as the parent's beliefs in his or her ability to influence the child and his or her environment to foster the child's development and success. Teti and Gelfand's (1991) definition of parental efficacy was used in this study.

2.3.1 Understanding the significance of Parental Efficacy

Parental efficacy has been found to be affected by close attachment figures and the regard they hold for that individual. Klaw, Rhodes and Fitzgerald (2003), indicated that the more positive the regard the support figure has for the parent, the more likely she is to have high self-efficacy. How support figures influences parents' efficacy affects their ability to perceive themselves as a competent parent (MacPhee, Fritz, & Miller-Heyl, 1996). In addition a noteworthy indication of the level of parenting quality was found to appear in parental efficacy (Raikes & Thompson, 2005). So, if it is possible for single teen mothers to comprehend the signs of quality parenting, then the possibilities for support to them prior to problem identification, opens up extensively.

According De Montigny and Lacharité (2005), perceptions of parental efficacy show complex, multidirectional relationships with multiple variables. As a result, the research focus should adopt a systemic viewpoint and take into account personal, relational and contextual factors. It has been determined that parental efficacy is a precursor to parenting outcomes. Coleman and Karraker (2000) as well as Jones and Prinz (2005) reported that parental efficacy is an important predictor

for a parent's positive behaviours while parenting. As a component of a parent's way of parenting, parental efficacy influences their ability to establish productive parenting structures or guidelines with their children (Ontai & Sano, 2008). Parents with a high level of knowledge regarding child development and effective parenting practices, score higher on measures of parenting efficacy than do those who have an inaccurate understanding of development and parenting skills. Similarly, parents who have more confidence in their parenting skills, score higher on measures of parenting efficacy than do those who express less confidence (Conrad, Gross, Fogg, & Ruchala, 1992).

According to Coleman (2003) parents with low parental efficacy seem to be less able to put parenting knowledge into action, become preoccupied with themselves, and experience high levels of emotional arousal in challenging parenting situations (Grusec, Hastings, & Mammon, 1994). When these behaviours become stressful or difficult to manage, parents with low parental efficacy feel less able to change and give up more quickly when their efforts to address their child's behaviour are met with resistance (Coleman & Karraker, 2000). Finally, parental efficacy is related to the extent to which parents educate themselves about their parenting concerns. As such, those who rate themselves high in parental efficacy are more aware of the resources that exist and how to access those resources in response to their concerns (Spath & Conroy, 1993).

For parents to enact positive practices in the home, a higher level of parental efficacy is needed (Coleman & Karraker, 2000). Bandura (1977) asserts, that parental efficacy is the result of an ongoing, transactional process involving parents,

their experiences, their behaviour, and the ways in which they interpret their experiences and behaviour. As parents gain insights with raising their children, their parental efficacy often increases (Weaver, Shaw, Dishion, & Wilson, 2008). Mash and Johnson (1983b) further indicated, that among parents of typically developing children, the age of the child correlated with the extent of parental efficacy. As such, parents of older children felt more efficacious than did parents of younger children. One can only imagine how difficult the task of parenting may be for a teen mother who herself is young. Added to this is the fact that being a single teen mother is stressful, and greater developmental maturity and non-maternal support can serve as protective factors against negative effects (Kramer & Lancaster, 2010).

Given that Bandura (1982) proposes that an individual's sense of self-efficacy operates to reduce perceptions of reactions to stress, it seems reasonable that the more a mother feels able to successfully handle the demands of new parenthood, she is less likely to experience stress. In addition, this success is more achievable when social support is present. Exchange of activity between social support and efficacy transpires effectively when a broad and comprehensive mechanism for understanding aspects of competence and environmental influences such as family, is integrated.

Bronfenbrenner's (1979, 1986a; 1986b; 2005) bio-ecological systems theory makes the exchange of activity between social support and efficacy transpire. Social support of single teen mothers is located within the bio-ecological system, namely the microsystem, where the family exist. Social support, measured in different ways, has been found to positively influence the mother's experience as a parent,

but also her efficacy (Leahy-Warren, McCarthy & Corcoran, 2011). Understanding single teen mothers' beliefs is valuable to grasping the impact of parental efficacy on children. However, it is helpful to examine the influence of social support on parental efficacy to comprehend parenting. The following section examines one such influence: social support. As Sheldon (2002) stated, research suggests the benefit of examining both personal attitudes as well as social support systems when trying to understand persuasions in parenting.

2.4 Understanding of the Social Support Systems of Single teen Mothers

There are numerous influences and experiences that shape a single teen mother. Important considerations are factors such as family, education, socioeconomic status, access to programs, agencies and support (Smith & Mills, 2012). The influence of support that parents receive can be titled as social support or personal support (Young, 2011). Though interchangeable, social support will be the term applied within this study. The forms in which social support can present itself may vary greatly. Cochran (1993) defined a social support system as those people directly associated with an individual. An example of those people can include family members, friends, co-workers and neighbours with whom the single teen mother interacts.

Eggebeen and Hogan (1990) suggested that kin, particularly the parents, are an extremely important source of support for single parents. In relation, Ell (1984: 136) defines social support as a “multidimensional construct that includes cognitions and functions as well as supporting-mobilizing and support-giving behaviours and the cognitive content of social support includes information leading to a person's

believing that he or she is (a) cared for and loved, (b) esteemed and valued and (c) belongs to a network of mutual obligation in which others can be counted on should the need arise”. It is this definition of social support systems that will be employed within this study. Furthermore, the size of one’s social support system may play a role in the quality of parenting, (Van Den Berg, 2012).

Additionally, multiple factors may affect a single teen mother’s social support. First, Cochran (1993) emphasized that personality characteristics influence the nature of a person’s system. Moreover, personality traits are wired in at birth (Hinde & Stevenson-Hinde, 1988). An individual’s personality characteristics may affect the size, quality, commitment, and diversity of a social system (1988). It is important to note, that these influences may impact the support systems of the single teen mothers in this current study. The presence of social support systems may have a deep influence on parental behaviours and attitudes according to Green, Furrer and McAllister (2007), but more specifically on single teen mothers’ parental efficacy.

Of relevance to the current study, the relationship of between the single teen mother and the type of family structures she has access to, will be focused on. Bronfenbrenner’s (1979, 1986a; 1986b; 2005) bio-ecological systems theory will be useful in highlighting the interactions between the single teen mother and the environment, as this theory focuses on systems and how the interrelationship between these systems influence each other, while also having an effect on the teen mothers’ parental efficacy. Hence, everything that exists in a system is part of a complex whole connected to everything else directly or indirectly (Visser, 2007).

2.4.1 Bio-ecological systems theory

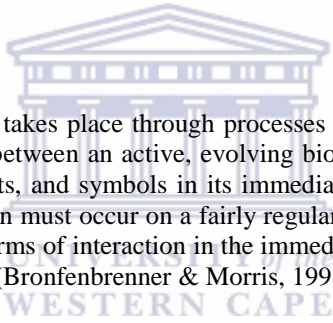
The Ecological models encompass an evolving body of theory and research concerned with the processes and conditions that govern the lifelong course of human development in the actual environments in which human beings live (Bronfenbrenner, 1994). Bronfenbrenner's ecological paradigm, first introduced in the 1970's (Bronfenbrenner 1977, 1979), represented a reaction to the restricted scope of most research being conducted by developmental psychologists, at the time. Bronfenbrenner focused on a scientific approach emphasizing the interrelationship of different processes and their contextual variation (Darling, 2007).

The importance of Bronfenbrenner's (1979) *The Ecology of Human Development* and his importance in the field of developmental science, are usually summarized in one of two related ways. Firstly, Bronfenbrenner is often credited with bringing consideration to contextual variation in human development and helping to move developmental psychology from "the science of the strange behaviour of children in strange situations with strange adults for the briefest possible periods of time to more "ecologically valid" studies of developing individuals in their natural environment" (1977, p. 513). Secondly, Bronfenbrenner's work is frequently summarized with a diagram of Ecological Theory. Although these are deemed important, Professor of Psychology, Nancy Darling (2007, p. 204), saw the core and promise of Bronfenbrenner's work within three domains:

First, the central force in the development is the active person: shaping environments, evoking responses from them, and reacting to them. Second, a fundamental premise of ecological system theory is its phenomenological nature: [I]f men define situations as real they are real in their consequences (Thomas & Thomas, 1929). Finally, because

different environments will have different affordances and will be responded to in different ways by different individuals, experienced and objectively defined environments will not be randomly distributed with regard to the developmental processes and the individuals one observes within them. Rather, one will find ecological niches in which distinct processes and outcomes will be observed (Darling, 2007, p. 204).

Bronfenbrenner referred to “process” as that which could explain the connection between some aspects of the context (for example, culture or social class) or some aspect of the individual (e.g., gender) as an outcome of interest (Tudge, Mokrova, Hatfield & Karnik, 2009). Proximal processes are featured in two central “propositions” that defines the theory of bio-ecological systems. The first states that:



[H]uman development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of *time*. Such enduring forms of interaction in the immediate environment are referred to as *proximal processes* (Bronfenbrenner & Morris, 1998, p. 996, italics in the original).

The nature of proximal processes, however, varies according to aspects of the individual and of the context—both spatial and temporal (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998). According Tudge et al., (2009) this is explained in the second of the two central propositions:

The form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the characteristics of the *developing person*; of the *environment*—both immediate and more remote—in which the processes are taking place; the nature of the *developmental outcomes* under consideration; and the social continuities and changes occurring over *time* through the life course and the historical period during which the person has lived (Bronfenbrenner & Morris, 1998, p. 996, italics in the original).

Bronfenbrenner stated that these two propositions “are theoretically interdependent and subject to empirical test (Bronfenbrenner, 1994). Even though Bronfenbrenner

acknowledge the relevance of biological and genetic aspects of the person, he devoted more attention, to the personal characteristics that individuals bring with them into any social situation (Bronfenbrenner, 1993; Bronfenbrenner & Morris, 1998). The person's environment, or context, involves four interrelated systems according Tudge et al., (2009).

2.5 Description of the systems

Association between components in the single teen mothers developing biology; her prompt family/community environment; the societal scene powers; and concoct of her advancement as a parent are important features to consider. The next section provides a detailed explanation of this theory's underpinnings by closely examining each system and the impact it has on the single teen mother. Figure 2.3 illustrates each system.

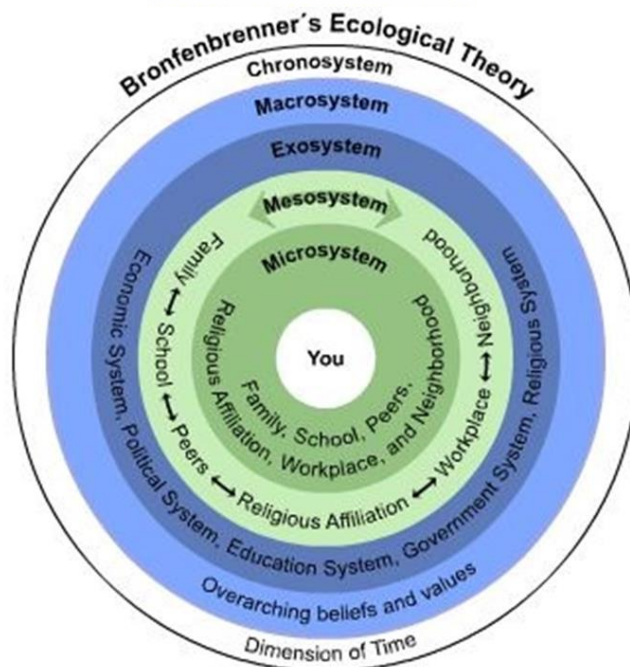


Figure 2.3 Bronfenbrenner's Bio-ecological Model of Development (Bronfenbrenner, 1977).

2.5.1 Microsystem

At the centre of this system is the person and structures with which the person has direct contact with, thus contributing to the renamed bio-ecological systems theory (Bronfenbrenner, 1994); in this case it is the teen mother. A microsystem is a pattern of activities, social roles, and interpersonal relations that is experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment (Bronfenbrenner, 1994). Structures in the microsystem includes family, school, neighbourhood, peer groups, and workplace. Vanier Institute of the Family (2004) defines family as any combination of two or more persons who are brought together over time by ties of mutual consent, birth and/or adoption who, together assume responsibilities for family functions. Proximal processes operates within the microsystem to produce and sustain development, however, their power to do so depends on the content and structure of the microsystem (Bronfenbrenner, 1994). At the microsystem level, bi-directional influences are strongest and have the greatest impact on the person (Ryan & Paquette, 2001).

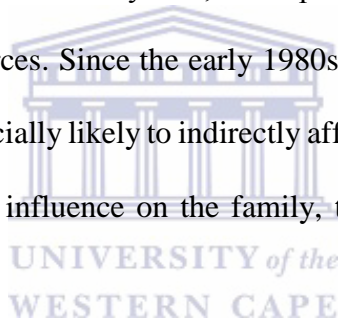
2.5.2 Mesosystem

The mesosystem comprises the linkages and processes taking place between two or more settings containing the developing person (Bronfenbrenner, 1994). An example of such a linkage is the relations between home and school, school and workplace. In other words, a mesosystem is a system of microsystem (Bronfenbrenner, 1994). An example in this domain is the work of Epstein (1983a,

1983b) on the developmental impact of two-way communication and participation in decision making by parents and teachers.

2.5.3 Exosystem

This system defines the larger social system in which the person does not function directly (Ryan & Paquette, 2001). The exosystem comprises the linkages and processes taking place between two or more settings, however one system does not contain the developing person, but events occur that indirectly influences processes within the immediate setting in which the developing person lives (Bronfenbrenner, 1994). An example of such a system, is a parent's workplace schedules or community-based resources. Since the early 1980s, research has focused on three exosystems that are especially likely to indirectly affect the development of children and youth through their influence on the family, the school, and the peer group (Bronfenbrenner, 1994).



2.5.4 Macrosystem

This system may be considered the outermost system in the person's environment. The macrosystem consist of the overarching pattern of micro-, meso-, and exosystems characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems (Bronfenbrenner, 1994). The effects of larger principles defined by the macrosystem have a spilling influence throughout the interactions of all other systems. This formulation points to the necessity of going beyond the simple labels of class and culture to identify more specific social and psychological

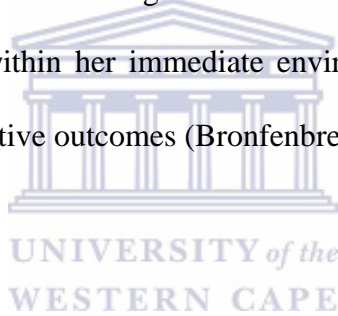
features at the macrosystem level that ultimately affect the particular conditions and processes occurring in the microsystem (see Bronfenbrenner 1986a, 1986b, 1988, 1989, 1993).

2.5.5 Chronosystem

A final systems parameter extends the environment into a third dimension. This system holds the aspect of time as it relates to a person's development (Ryan & Paquette, 2001). Traditionally in the study of human development, the passage of time was treated as synonymous with chronological age (Bronfenbrenner, 1994). However, since the early 1970s, an increasing number of investigators have employed research designs in which time appears not merely as an attribute of the growing human being, but also as a property of the surrounding environment not only over the life course but across historical time (Baltes & Schaie, 1973; Clausen, 1986; Elder, 1974; Elder, Modell & Parke, 1993). A chronosystem embraces change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives (Bronfenbrenner, 1994). Ryan and Paquette (2001, p. 17) provided the following example; "Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child".

In this study, the microsystem was the focus, as it consisted of family structure/forms, family functioning, problems with family members as well as enacted social support. The single teen mother's perceived social support resides within this system. According to Bronfenbrenner (1994), the social support system of the teen mother in the family does not specifically affect the developing child; the social

support or non-social-support affects the teen mother, which in turn affects her parenting abilities and or inabilities, which then in turn affects the child. These influences include an improvement in maternal mental health (Balaji et al., 2007) and effects the child's social-emotional development (Marshall et al. 2001). Teen mothers' life experiences, social relationships and the support they receive from their social network all have an effect on their parenting skills (deGraaf et al, 2009). Social support could be considered to reside within the microsystem of the model if the developing person is the teen mother. The effects of social support would then be considered to be proximal processes (Bronfenbrenner & Evans, 2000). These proximal processes involve exchanges between the teen mother and the people, objects and situations within her immediate environment. These exchanges can result in positive or negative outcomes (Bronfenbrenner & Evans, 2000).



2.6 Conclusion

As parental efficacy is an evaluative component of the self, it provided an indication of parental confidence and ability. How social support systems across different family forms affects the development of parental efficacy among single teen mothers was comprehended. These concepts were presented within the theoretical framework of (1) Social Cognitive Theory and (2) Bio-ecological Systems Theory. The next chapter explores the challenges which single teen mothers are confronted with. Single teen mothers parental functioning with a focus on parental efficacy will also be discussed. In conclusion, single teen mothers' social support systems across different family forms will also be discussed in relation to parental efficacy.

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

In this chapter the literature regarding teen parents is directed at gaining an understanding of the ever-changing landscape of parenting as a teen. In regard to teen parents, the differences between single and married teen mothers, as well as the challenges confronting single teen mothers are explored. Further insight on how challenges impacts on single teen mother's parental functioning will be explained. Parenting could be seen as a process of collaboration; where parents learn how to parent from their own parents; loved ones; siblings; extended family members; from the media and from personal experiences. These influences and experiences are either seen as positive or negative, helpful and or confusing by the single teen mother. In an effort to understand single teen mothers' parental efficacy; social support within the family is an important developmental context to reflect on. The parental efficacy and parental functioning of single teen mothers are combined to look at how single teen mothers parent.

3.2 Defining teen parents

Teen parents can be seen, as mothers and fathers younger than 18 years of age. While there are more teenage parents because there are more teenagers, some 16 million young women aged 15-19 give birth each year (United Nations Population Fund, 2013). First time teen parents are in the fog of two critical formative transitions; adulthood and parenting. Jacobs, Easterbrooks, and colleagues (2016),

detailed, that early parenting multiplies the normative stressors that adolescents experience. As a result, teen parents are more likely to be at higher risk of becoming school drop-outs, having limited workforce skills and an inability to support themselves and their children financially, as compared to their peers (Born, 2012; Perper, Peterson & Manlove, 2010). In regard to teen parents, more specifically mothers, research has shown that 50-80 percent of teen mothers have been victimized within the context of an intimate relationship, typically by their child's father (Liederman & Almo, 2001). The most consistent finding about young fathers are that their union and residential status with the mother of the child is often volatile, and their co-parenting efforts tend to cease within the first years following the birth of the child (Fagon & Lee, 2012; Scott, Manlove, Steward-Streng & Moore, 2012). Few researchers have followed young parents longitudinally to understand how relationship dynamics might change over time for these young couples (Raskin, Fosse, Fauth, Bumgarner & Easterbrooks, 2016). How does teenage parenthood influence the young men and young women who become parents at a young age?

3.3 Parenting as a teen

Teen parents often find themselves in situations where pressure from overarching societal beliefs; that teenagers are unable to adequately parent, may leave them questioning their own ability to parent (Born, 2012). Throughout childhood and teenage years we acquire fundamental abilities and critical thinking strategies that helps navigate and prepare us for both unforeseen and anticipated challenges during adulthood. For example, struggling to find ways to handle the irritability and

frustration that sometimes arise when caring for a new born baby. Feelings of anger and resentment can escalate from persistent stress and or depressive symptoms. As a result, ill-advisedly, teens who become parents, often have limited key life skills and other resources that are vital to the parenting process.

Research has found that teen parents are more likely to engage in harsh parenting practices, for example, yelling and spanking; more probable to hold inappropriate expectations for their infants and to be less empathic, less cognitively stimulating, and less sensitive in their interactions with them (Leadbeater & Way, 2001; Demers, Bernier, Tarabulsky & Provost, 2010; Kamp & Kelly, 2014). In a study with adolescent samples, black mothers have been found to be more controlling than Cuban mothers in their parenting behaviour, whereas Cuban mothers demonstrated more positive affect toward their children than black mothers (Field, Widameyer, Adler, & De Cubas, 1990). Furthermore, mothers reporting elevated levels of stress are likely to demonstrate positive affect toward their children (Ketterlinus, Lamb & Nitz, 1991).

In contrast, Spear (2001) found teens to be very optimistic about pregnancy, but seemed to separate pregnancy from child rearing. Teen mothers found parenting to be a positive experience, and found meaning in their lives through their pregnancy (Schrag & Schmidt-Tieszen, 2014). In addition, another study conducted by Graham and McDermott (2006 as cited in McDonald, Conrad, Fairtlough, Fletcher, Green, Moore & Lepps, 2008), established that although teen mothers felt that parenting was an opportunity rather than an obstacle, their ability to care for their infants was restricted by difficult circumstances, as well as the social stigma

surrounding teenage pregnancy. The question remains; Does the age of the teen mother influence parenting?

Teen parenting has been found to be qualitatively different from that of adults (Guner, 2008). When comparing teen mothers to adult mothers, data have shown that teen mothers are more detached, intrusive, and hostile towards their children than adult mothers (Chronis, Lahey, Pelham, Williams, Baumann, Kipp, Jones & Rathouz, 2007). Furthermore, researchers found that teen parenting has a higher likelihood of being less cognitively stimulating, less gentle, less vocal, less affectively positive (Edwards, Thullen, Isarowong, Shiu, Henson & Hans, 2012; Moore & Brooks-Gunn, 2002; Sibanda, & Mudhovozi, 2012), and more emotionally unstable (Clemmens, 2002; Morrell et al., 2012; Nelson, 2012) than older mothers. In addition, Pomerleau, Scuccimarri and Malcuit, (2003), suggests that teen mothers are less likely to engage in verbal interactions and less likely to respond appropriately to their children's signals when compared to adult mothers. However, physical interactions were less nurturing when compared to verbal interactions. This may suggest that lower levels of empathy on behalf of teen mothers, consequently could lead to lower levels of maternal responsiveness (Elster, McAnarney & Lamb, 1983). A positive finding reported by Moore and Brooks-Gunn (2002), suggests that teen mothers engaged in more parallel play with their children, unlike adult mothers. In sum, teen mothers appear to have difficulty engaging in appropriate parenting behaviours and are more likely to resort to punitive child rearing practices (Guner, 2008). A possible explanation for punitive child rearing practices, could be seen in the experimental studies which suggests that teen mothers, who were less confident in their ability to raise children, have

less desire to raise a child, and tend to have fewer parenting skills, especially with regards to developmental expectations of their children (Bomstein & Putnick, 2007).

When looking at teen fathers, level of education and employment status of the father influenced their parenting (Whitehead, 2008). Langa and Smith's (2012) study on teen fatherhood in South Africa, showed that teen fathers were emotionally invested in wanting to be caring and loving fathers. This group of teen fathers, felt that being a "good" father was about rectifying their absent fathers' mistakes as far as possible in their lived relationships with their children. Teen fathers like teen mothers also face many challenges, such as limited support from society, friends and family members (Chohan & Langa, 2011). In another study on teen fatherhood in South Africa in 2009, teen fathers indicated that they battled with being providers; teen fathers felt that they were not good enough as fathers because they did not have the money to support their children and had to rely on their parents (especially mothers) for their own and their children's financial support (Swartz & Bhana, 2009). Given these findings and the ever-changing landscape of teen parenting, it is not surprising that many teen mothers continue to function as single parents, with the minority of teen mothers being married.

3.4 Differences between single and married teen mothers

Marital rates among teen mothers are low, often resulting in multigenerational (grandmother-teen, mother-infant) households rather than traditional partner (mother-father) households (Oberlander, Houston, Miller Agostini & Black, 2010). If caregiving and financial resources are shared, then the prospect of marriage could

be seen as an important one for single teen mothers. However, Lichter, Graefe and Brown reported, that research does not adequately examine economic benefits or drawbacks of marriage among teen mothers (2003).

In some cases, unmarried mothers prefer to remain unmarried rather than marry an undesirable partner, one with low socioeconomic status and or a substance user. Likewise, teen mothers may be seen as poor marriage candidates among economically attractive men, as they already have a child (Lichter et al., 2003). On the other hand, teen mothers might become more focused on marriage and or the idea of attracting a marriage partner. They may find, that the developmental step of marriage increases the importance of completing high school as in preparation for their future financial well-being and employment.

Gillmore, Lee, Morrison and Lindhorst (2008), in their study on *marriage following adolescent parenthood: relationship to adult well-being*; reported that 66% of the teen mothers married at some point approximately 15 years postpartum, and that marriage was not associated with changing poverty status, psychological well-being, or educational attainment. Seiler (2002) perhaps offered an explanation for the Gillmore et al., (2008) finding that teen mothers who marry are at risk for low educational attainment, as increased role demands of being a spouse, running a household, and having more than one child impacts heavily on married teen mothers. Oberlander et al., (2010), findings on urban, low-income, African American teens reported a different outcome. The authors reported that married teen mothers were somewhat more likely to have attained a diploma and or completed schooling than unmarried mothers (Oberlander et al., 2010). This could

plausibly be linked to the support married teen mothers receive from their partners, which allow them to successfully further their education.

3.5 Parenting as a single teen mother

In South Africa, teenage single motherhood is so widespread that it has become a norm in society (Spicker, 2011). The World Health Population Awareness (2011) reported a steady increase in South African teen single mothers, this was more prevalent in poor communities.

Single parenthood which is also known as lone parent, sole parent and solo parent is a parent who cares for a child(ren) without the psychological, physical and sometimes financial assistance of the other parent (Witman, Borkowski & Keogh, 2001). It is essential to note that single parenthood may occur for a variety of reasons. Miller, Vandome and McBrewster (2010) provided a few possible scenarios such as becoming a single parent by choice, due to divorce, adoption, artificial insemination, surrogate motherhood, while others are the result of an unforeseeable occurrence, such as a death, child abuse, child neglect, or abandonment by biological parents.

Single parenthood has devastating consequences on the young South African mothers (Spicker, 2011), their family, community and nation (Chilman, 1980). According Sibanda and Mudhovozi, (2012) this shows that the teenagers engage in unprotected sex. Unprotected sex is linked to health risky behaviours, including substance abuse, teenage pregnancy, multiple sex-partners, Sexually Transmitted Infections and HIV and AIDS (Jonas, Crutzen, van den Borne, Sewpaul & Reddy, 2016). Of concern is the fact that South Africa is regarded as having the highest

prevalence of HIV infection in the world, with young women aged 15 to 19 having an HIV infection rate that is eight times higher than that of their male peers (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios & Onoya, 2014). Thus, efforts to reduce the number of new infections, may be less effective due to unprotected teenage sex.

3.6 Outcomes and effects of single teen mothers

When a baby is born to a single teen mother, there are several interrelated risk factors. What this means is that the likelihood that one or more unfortunate outcomes will occur is stronger. In addition, a published WHO journal paper reported that teenage mothers globally under the age of 15 years were four times more likely to die from pregnancy related causes than adult mothers (Glasier, Gülmezoglu, Schmid, Moreno & van Look, 2006). Behavioural outcomes for single teen mothers could include effective coping with stigma and with motherhood, continuation with education, income generation, having no or protected sex, and advocacy for rights. Added to this are possible environmental outcomes, which may include, increased support for continued education and increased care for the unmarried teen mother and her child by various environmental actors including parents, partners and community leaders (Leerlooijer, Bos, Ruiters, van Reeuwijk, Rijdsdijk, Nshakira, & Kok, 2013).

3.6.1 Stigma

Teen mothers are faced with particular obstacles and challenges, which other mothers may not be faced with. These challenges may be related to stigma from peers, community members as well as their own family members (Birkeland,

Thompson & Phares, 2005; Levandowski, Kalilani-Phiri, Kachale, Awah, Kangaude & Mhango, 2012). A study conducted in Manafwa district in Uganda, found that young unmarried mothers reported that parents and community members, as well as leaders, generally had a negative attitude towards unmarried teenage mothers (Mpetshwa, 2000). These attitudes are mainly influenced by deeply embedded cultural and religious moral beliefs regarding out-of-wedlock pregnancy and sex (Leerlooijer et al., 2013).

3.6.2 Social relations

Early pregnancy has the potential to disrupt social relations. A study conducted in Oakland and Richmond, California by Kaplan (1996) showed, that teen mothers believed that their own mothers were resentful towards them which contributed to higher levels of stress in teen mothers (Bunting & McAuley, 2004). Apart from the hostile relations that may develop between teen mothers and significant others, Parekh and De la Rey (1997) also found, that fathers of teen mothers were angered by their daughters' pregnancies, threatening to chase their teen daughters out of the house; blaming her own mother for the pregnancy. Greater amounts of conflict with parents, and more corrective parenting prior to becoming pregnant may also be experienced. Parents and older siblings of teen mothers must support the baby financially and also physically by helping to babysit the child if the teen mother decides to go back to school, this at times contributed to hostile and fragile family relations (Sibanda & Mudhovozi, 2012).

3.6.3 Poor marital outcomes

Although the benefits of marriage for teen parents have been strongly contested (Sigle-Rushton, 2005), many teen mothers and young fathers do eventually marry (Lichter & Graefe, 2007). Parenting teens can more easily choose to raise children either in single-parent households or in cohabiting households than make a long-term marital commitment, especially to a partner with few resources (Fagan et al., 2007). Edin, Kefalas and Reed (2004), found that low-income unmarried teen mothers have a high standard for the resources that should be in place before the couple marries. Hirschl, Altobelli and Rank (2003), asked whether there is evidence that marriage enhances well-being as observed in adult samples or if marriage for young mothers might be detrimental; given that the fathers of such babies may not be good marriage prospects (Lopoo & Carlson, 2008). When looking at data from the Fragile Families study, it was found that the male partners of young, single mothers were more likely than partners of older mothers to have histories of incarceration, substance abuse, and domestic violence and were less likely to hold jobs or attend school and was thus seen as poor prospects as husbands for these young, vulnerable mothers (Gillmore et al., 2008).

To assess the relevance of poor marital outcomes, it is important to establish whether the observed effects are casual. Dahl's (2010) study based on teen marriage and poverty, found that women who marry as teens or drop out of school may come from more disadvantaged backgrounds or possess other unobserved characteristics that would naturally lead to worse outcomes. For example, teen mothers who marry young, might have had a lower earning ability and educational

status, making it hard to draw a conclusion about the casual relationship between teenage marriage and poverty. Previous research points to numerous social, family, health, and financial outcomes that are strongly correlated with early teen marriage and low education. Kalmuss and Namerow (1994) reported, women who marry while in their teens are two-thirds more likely to divorce within 15 years of their wedding, and have more children earlier, compared with women who postpone marriage. In addition, a high divorce rate combined with low wages and a larger family size increases the number of children living in poverty and receiving state assistance (Jones & Jolly, 2003).

If marriage does not confer the presumed benefits for teen mothers and may actually be detrimental to their life chances, are marriage initiatives and policies misguided efforts? In terms of continuing the relationship with the biological father, less than half of teenage mothers in De Visser and Le Roux's (1996) study indicated to have some relationship with the fathers of their children. Mpetshwa (2000) pointed that relationships with partners did not materialise even though the partners' families supported the children.

3.6.4 Mental health

Teen mothers are at an increased risk of developing mental health problems such as depression and anxiety (Garber, Keiley & Martin, 2002). Depressive symptoms can negatively affect teen mothers' functioning at work and school, as well as the relationship with her child and others (Clemmens, 2003). Depression and or emotional distress affects approximately one out of four adult women according to Moses-Kolko and Ruth (2004). Therefore, one could expect of teen mothers to

experience depression at a higher rate as compared to other women. Clemmens' (2002) assembled a sample of 20 teenage mothers aged between 16 and 18 who reported feeling depressed since the birth of their babies. What is of noteworthy, is that none of the participants had a history of being treated for depression.

Additionally, a study done by Logsdon (2008) found that 47% of teen mothers experienced significant symptoms of depression at 4-6 weeks postpartum, and the depressive symptoms were still exhibited at 12 months postpartum. Van den Berg (2012) also mentioned, that maternal depression is related to the sense of self-efficacy a teen mother has when it comes to being able to cope with the challenges of teen motherhood.

When looking at transition to motherhood, participants in a study in Maseru reported feeling robbed of their adolescence, essentially giving up her identity (Lehana & Rhyn, 2003). Teen mothers are unable to fully develop a sense of self-identity because of their new role as a mother. Added to this is the physical changes, the ever changing shape of her body, which teen mothers also experience. Participants reported feeling scared with the sudden realisation of motherhood; when abandoned and rejected by partners and peers; whilst others indicated being overwhelmed with questioning and not understanding the experience of depression and what was happening to them (Clemmens, 2002). Sibanda and Mudhovozi (2012) reported, that teen mothers are often not emotionally ready to cope with parenthood and this lack of readiness is due to the fact that they often have reduced cognitive resources and may also carry over hostility transferred from fathers who have abandoned their responsibilities to their child (Whitman et al., 2001).

Pursuing this further, if the father remains present, there is often high relationships tension and dissatisfaction because of the lack of financial resources and or support and caring for the child which will be needed. Heath's (2012) research on parent-child relations; noted that there is an increase in conflict which may lead to breakups, leaving the mother to be a single parent or may even foster violence within the relationship.

3.6.5 Socioeconomic factors

The most commonly cited challenges for teenage mothers include, but are not limited to, socio-economic factors such as financial struggles and the reduced earning potential; education factors such as interrupted education and the subsequent school obligations for completing education (Garber et al., 2002)

A literature review conducted by Bissell (2000) found that women who became teenage mothers were more likely to be socio-economically disadvantaged later in life when compared to women who tend to delay childbearing. Teen mothers are often forced to become reliant on their family for financial assistance and ends up receiving welfare benefits (Bissel, 2000). A possible explanation for this could be, that if teen mothers are employed, they are more likely to work at low-income jobs, experience longer periods of unemployment, single parenthood and higher levels of poverty (Hobcraft & Kiernan, 2001).

The research is limited in that no studies have compared teen mothers from economically disadvantage backgrounds with teen mothers from more advantage backgrounds. Since many teenage mothers come from economically disadvantage backgrounds, there is an increased chance that they will be economically

disadvantage after they become young mothers, independent of becoming teenage mothers.

Resources available within a household- both economic and social, play a role in determining whether or not a young woman resumes her education following childbirth (Grant & Hallman, 2008). In a New Zealand study of teen mothers, Fergusson and Woodward (2000) found that when compared with non-pregnant peers, females who became pregnant before the age of 18 years are more likely to drop out of school and less likely to go back to school or receive formal occupational training. Thompson and Peebles-Wilkins, (1992) found, that even after social support was controlled for in their study of teen mothers, education continued to have a significant effect on the psychological health of teen mothers. These findings were similar to Thompson's (1986) study, which found that education level was positively correlated with psychological well-being in both African-American and Caucasian adolescent mothers. In the United States, Bradley, Cupples and Irvine (2002) compared teenage mothers whose children were between the ages of 9-15 months with nonparent peers in the United Kingdom and found statistical differences between the two groups. None of the teenage mothers were enrolled full time in school, and only one had attended college, as compared with 36% of the non-parenting peers who were enrolled full-time in school. Overall, 75% of the control group as compared with 53% of the mothers had attended further education or training.

Across Africa teenage pregnancy seems to lead to teenage mothers terminating schooling, but this is not the case for South Africa. According to Morrell et al.,

(2012) education delay rather than dropout occurs due to teenage pregnancy. Marteleto, Lam and Ranchhod (2008, p 352) support this argument "... in South Africa, unlike in most other African countries, girls commonly continue their education after giving birth." However, there is still the situation where only approximately one third of teenage mothers return to school in South Africa (Willan, 2013). There may be additional factors which may impact returning to school. According to Marteleto, et al., (2008) race and class also affect returning to school. Black African teenage mothers are more likely than Coloured girls to return to school. Marteleto et al., (2008), found that of the Black African women reported a pregnancy by the age of 17 years 60% were enrolled in school, whereas only 35% of coloured mothers were.

Role conflict between education and parenting demands was a common experience for teen mothers according to Beutel (2000). Chohan's (2010) study on young mothers identified education as an opportunity to excel and "prove themselves", as they used their right to an education as a platform to "rise above" others and prove their self-worth to themselves and the rest of society. Research has found that regardless of teen mothers' ambitions to engage in education and employment, their aspirations were generally dampened by mediating social and economic conditions (McDermott & Graham, 2005).

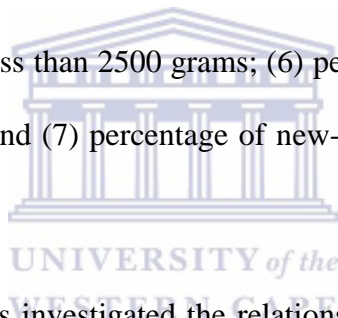
3.6.6 Children born to single teen mothers

Children of teen mothers have lower birth weights, have a higher rate of infant homicide, are often victims of child abuse and neglect, have academic and

behavioural problems in school, and are more likely to engage in crime (Hunt, 2003; Branson et al., 2013; Hoven, 2012; Willan, 2013).

Heath (2012), reported that children born to single teen mothers are likely to suffer health risks in comparison to those born to adults; and tend to be cognitively impaired, born underweight and or prematurely, which is detrimental to their health and may result in infant mortality.

Chen (2012) identified seven risk factors that influence infant mortality; (1) per capita income; (2) teenage pregnancy rate; (3) percentage of teen mothers who are smokers; (4) percentage of black teen mothers with age of 10-14; (5) percentage of new-borns who weigh less than 2500 grams; (6) percentage of black teen mothers with the age of 15-17; and (7) percentage of new-borns with gestation stage less than 37 weeks.



Markovitz and associates investigated the relationships between infant mortality, socioeconomic status, and maternal age in a large, retrospective study (Markovitz, Cook, Flick, & Leet, 2005). The researchers compared the risk of neonatal and infant mortality in a cohort of adolescent mothers 12 to 19 years of age in Missouri, compared with those 20 to 35 years of age. After adjusting for socioeconomic factors, they concluded that the risk of postnatal mortality, but not neonatal mortality, was significantly higher in infants born to adolescent mothers 17 years or younger, compared with infants born to mothers between 18 and 25 years of age. The infant mortality rate is an undeniably powerful indicator of the overall well-being in a population.

In addition, children of single teen mothers are likely to be missing a father figure, leaving them with fewer role models; which might also contribute to social problems, that ultimately impacts on poor relationship development. Heath (2012) investigated the social problem of substance abuse behaviours within the parent-child relations; findings suggested, that a lack of parental involvement and monitoring created pathways for children born to single teen mothers to engage in substance abuse behaviours. More alarming is the findings of Locke and Newcomb (2008) and Malone, McGue and Iacono (2010), who explored maternal substance use and its link to risky behaviour in offspring. A more recent study by De Genna, Goldschmidt, and Cornelius (2015) confirms previous study findings, that offspring whose mothers were chronic marijuana users were nearly 4 times as likely to engage in vaginal sex by age 14, than offspring whose mothers abstained from marijuana use. This link between maternal marijuana use and child sexual intercourse by age 14 is worrisome, because early adolescents who have intercourse are more likely to engage in risky sexual behaviours (Smith, 1997). The offspring of teen mothers are at greater risk of early pregnancy (Pogarsky, Thornberry & Lizotte, 2006; Barber, 2001).

Lastly, children born to single teen mothers may experience an impoverished literacy home environment. Research has shown that teen mothers provide fewer literacy experiences than do older mothers (Burgess, 2005). The costs of an impoverished literacy environment on early brain development and later child development, may manifest as a delay in oral language skills and later have a negative effect on early reading skills.

Rather than single teen parenting being viewed solely from a deficit perspective; this time period might also be considered a “window of opportunity” for personal growth and development (Bandura, 2006).

3.6.7 Parental Efficacy outcome

Teen mothers, like others in their age group, have aspirations and goals with regard to their future outcomes for family life and work situations. For many teen mothers, altering their aspirations and goals, due to an early pregnancy and additional responsibilities, becomes evident. Teen mothers’ aspirations to return to education and work and be economically independent have been documented in a few studies (Yardley, 2008; Hanna, 2001; Seamark & Lingus, 2004).

Klaw’s (2008) study, saw teen mothers envisioning themselves as married women; emphasizing the importance of financial success; and saw themselves in professional careers, graduating from school and being employed. Teen mothers also felt inspired by older female mentors who were able to achieve a professional career, despite having been a teen mother (Klaw, 2008).

Studies show that increased levels of parental efficacy results in more abled and capable mothers who are attuned to their infants and therefore, have a greater capacity to handle an infant’s more challenging behaviour (Leerkes & Crockenberg, 2002 as cited in Hsu & Sung, 2008). Izzo, Weiss, Shanahan and Rodriquez- Brown (2000) added, that a mother’s sense of efficacy in her role as a parent correlates with a mother’s strength in actively coping with the financial and emotional stressors attributed to this role.

Parental efficacy, is the ability to meet the needs of a child and is related to a variety of positive outcomes for parents and children (Young, 2011). Raikes and Thompson (2005) believed that parental efficacy appears to be a noteworthy indication of the level parenting quality. If it is possible to understand the signs of quality parenting of single teen mothers, then the options for support to them prior to problem identification open up considerably. As research has indicated, teen mothers may interact less positively with their children and have unrealistic expectations of child behaviour, which may increase the risk of abuse and neglect (Eamon, 2001; Terrt-Humen, Manlove & Moore, 2005).

A possible way to ease single teen mothers' vulnerability could be through the contribution of parental efficacy, in that, it is found to be positively associated with maternal adjustment (Leerkes & Burney, 2007), active maternal coping (Demers et al., 2010), and sensitive or competent maternal behaviour (Donovan, Leavitt & Taylor, 2005). Furthermore, parental efficacy is positively related to adaptive social emotional and cognitive child outcomes (Coleman & Karraker, 2003) and buffers mothers from the negative effects of infant temperamental reactivity on maternal sensitivity (Leerkes & Crockenberg, 2003). For example, one could argue, that when a single teen mothers' emotional needs are met, secure working models in how she views herself as lovable and worthy, contributes to a positive sense of self which in turn contributes to the development of a positive parental efficacy.

Consistent with this view, Leerkes and Crockenberg (2002) found that mothers whose own emotional needs had been met by their mothers in childhood had higher

parenting efficacy at 6 months postpartum. Additionally, mothers' efficacy was influenced most by how their own mothers treated them in childhood (2002).

Grasping the implications of low parental efficacy is of utmost importance. Coleman and Karraker (2000) highlighted that when a parent shows a low level of parental efficacy, many areas of life are affected. Not only is it the parent's life that is impacted, but their child's as well (Ontai & Sano, 2008). Similarly, Young (2011) adds, it is important to identify the impacts of low parental efficacy in order to adequately understand the need for research and programme evaluation in this aspect of social science. Not only is parental efficacy linked to stress, depression, and passive coping, it is also critically linked to the maternal processes involved in parenting (Young, 2011).

Studies reported on knowledge of infant development as positively related to efficacy (Bornstein, Hendricks, Hahn, Haynes, Painter & Tamis-LeMonda, 2003), however bearing in mind that not many teen mothers have acquired knowledge when faced with early childbearing and parenting, one can only speculate how this might impact the development of single teen mothers' parental efficacy.

Majority of the literature regarding parental efficacy is focused on adult mothers and their children, discussed as variations to delinquent behaviour and adolescent outcomes; parent intervention training to reduce risk behaviours among adolescents; promotive parenting strategies; parent-adolescent conflict between teenagers and parenting of high risk infants (Cutrona & Troutman, 1986; Teti et al., 1999; Coleman & Karraker, 2000; Ardel & Eccles, 2001; Weaver, et al., 2008; Young, 2011; Hoven, 2012). A step in the right direction has been noted through

the presence of social support. Social support has been identified as a correlate of parental efficacy (Young, 2011).

3.7 Social support constructs of single teen mothers

Teen mothers are managing the double role of an adolescent who is transitioning from childhood to adulthood, and that of motherhood (Guner, 2008). According Klaczynski (2000), teen mothers find themselves in the position of trying to manoeuvre maturational changes occurring within themselves in addition to managing the responsibilities of parenthood without the guarantee of social support. The support that parents receive can be titled as social support or personal support (Young, 2011), for the purpose of this study, the term social support will be utilised as quoted on page 26-27.

When teen parents are receiving parenting support, their children's social and emotional development is enhanced as the teen parents interact with their children in positive ways that promote development (Trivette & Dunst, 2005). It is through this, Young (2011) indicated, that knowledge and skills are learned and strengthened from quality social support networks. Supporting this view, Trivette and Dunst (2005) further asserted, that parents are able to aid their children's development to a greater degree through positive social networks as children are exposed to the influences their parent's support systems have on the home environment.

When a decreased support system is in place, parents may find themselves lowering their evaluation of the quality of their parenting when few sources of support are available to them (Cutrona, 1984). Parents may feel that they are on their own

without anyone to lend a hand or share responsibility (1984). Although many researchers have examined parental efficacy and social support as separate concepts, there have not been a large number of studies investigating the influence these two constructs have on each other (Young, 2011).

Although some teen mothers have marital support (Mollborn 2007), many rely on their families of origin for resources, including emotional support, that bolster their parental efficacy (McDermott & Graham, 2005). In a study by Bunting and McAuley (2004), teen mothers who have higher levels of social support such as family, have better mental health outcomes than those with less support and maternal support has been linked with an overall reduction in stress (Barth, Schinke & Maxwell, 1983). Similar findings was reported by McDonnell, Limber and Connor-Godbey's (2007) study, where teen mothers living with family have higher levels of social support, educational attainment, self-efficacy, and problem –solving abilities. Supports such as housing, child care, and parenting support are beneficial to a teen mother, especially within the first 24 months of their child's life, and can improve teen mothers' adjustment to parenting (Oberlander et al., 2009).

In addition, according Edwards et al., (2012), positive relationships with the child's father and a parental figure (e.g., the child's grandparent) are associated with lower rates of depression in teen mothers. Therefore, it is not surprisingly that the majority of teen mothers in the United States are single parents and rely heavily on support from their own mothers (Boonstra, 2002). Similarly, for Mexican-origin teen mothers, a key feature of the environment is support from their mother figure (Umaña-Taylor, Guimond, Updegraff & Jahromi, 2013). The support that teen

mothers receive from their mothers may contribute to their parental efficacy because this support could be interpreted as the family's belief in the teen's ability to parent her young child (2013).

While literature indicates social support as a protective factor for teen mothers and their children, there is evidence to suggest that teen mothers may have inadequate social support compared to adult mothers (Logsdon, Birkimer, Ratterman, Cahill, & Cahill, 2002). For example, Huang et al., (2014) noted that teen mothers have fewer friends in their social networks and are less likely to have the support of a partner compared to adult mothers. Added to this, are conflictual relationships with family members, particularly with their mothers, which is also associated with increased distress in teen mothers (Edwards et al., 2012). Thus, teen mothers may face a situation where too little support from her own parents may compromise her competence as a parent and emerging adult, but more intrusive support may also undermine her autonomy and effective rearing (Van Den Berg 2012). As a result, knowing the implications linked with mental health distress, it is essential that teen mothers' social support is increased.

Specific to parental efficacy, some researchers suggested that associations between social support and parenting behaviours are largely indirect by way of parental efficacy. For example, a study conducted with Mexico-origin adult mothers indicated that the association between social support and mothers' parenting behaviours was fully mediated by mothers' parental efficacy (Izzo et al., 2000). In a similar study conducted by MacPhee et al., (1996) with a diverse ethnic sample that included Latina adult mothers, parental efficacy mediated the association

between social support and parenting behaviours. According to Umaña et al., (2013) the above mentioned work is focused mostly on adult mothers, a few studies have demonstrated that social support is positively associated with teen mothers' parenting efficacy (East & Felice, 1996; Shapiro & Mangelsdorf, 1994).

Thompson (1986) identified five different sources of social support reported by teen mothers. This included maternal support, sister support, partner support, relative support, and friend support. However, in the same study, teen mothers who reported receiving support from other relatives, for example, uncles, aunts, cousins, etc., and sisters also reported more parenting difficulties and stress than those teens who did not receive support from relatives (Pietrowski, 2006). Therefore it is the intention of this study to inform readers on the social support from different family forms that may influence the development of single teen mothers' parental efficacy.

Furthermore, the benefits of social support are equivocal, and scholars have noted that individual and contextual factors must be considered to understand how social support informs adolescent mothers' outcomes (Hans & Thullen, 2009).

3.7.1 Types of Social Support

Social support is a multifaceted construct that can encompass emotional support; informational assistance; tangible or instrumental assistance, such as financial support (e.g., Gee & Rhodes, 2008), and social expectations (e.g., Mitchell & Trickett, 1980). It is a personal admission of the researcher, that support networks provides a sense of future orientation, as she was able to see that someone have done it already and have succeeded. The types and characteristics of the interactions between individuals may play a factor in the forming of social systems (Young,

2011). Hinde and Stevenson-Hinde (1998) indicated that the nature of an interaction relies on the type of relationship that encompasses the interaction.

Expectations and feelings of the individual have an influence over subsequent behaviours and interactions toward and with others (1998). Emotional support generally affects one's self-esteem and is provided through listening, providing affection and trust, and demonstrating concern (Pietrowski, 2006). At the point when a support network offers emotional backing, the span of the system matters regardless of whether it meets the parents' needs, asserts Unger and Powell (1980). Peers of single teen mothers, often remains a solid source of emotional support (Beers & Hollo, 2009), especially those who can offer a positive illustration of assisting the teen mother to achieve educational objectives (Klaw et al., 2003).

Abernethy (1973) proclaims, that firmly knit social networks have been absolutely corresponded with parental efficacy and the capacity to observe their own particular child's individual differences and child rearing needs. Informational support includes the giving of advice, suggestions, and information (Pietrowski, 2006). For example, this may involve help with routine undertakings such as childcare and child-rearing methods (Van Den Berg, 2012). For teen mothers, one could speculate that community support in the form of day hospitals and or baby clinics could serve as a support to teen mothers' level of competency. Hammond-Ratzlaff and Fulton (2001) added that home visits furnishes teen mothers with education regarding their child's advancement and have additionally been an avenue of support shown to build positive child-rearing practices.

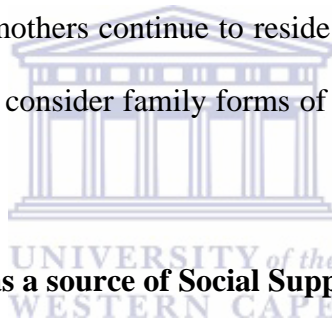
Appraisal support according Pietrowski (2006), is defined as providing feedback, social comparison, and validation. Finally, instrumental or material support includes the provision of money, time, or any other type of pragmatic or logistic assistance, mentions Pietrowski (2006). Lastly, according Van Den Berg (2012), social expectations provide parents with guidelines for what is or is not appropriate behaviour. McDonald et al., (2009) illustrated, that for teen mothers, this frequently includes testing the social dissatisfaction often perceived from others. McDonald et al., (2009) also found that social supports for teen mothers are related to their social and emotional maturity, including impulsivity and critical thinking.

Van Den Berg (2012) noted that the role of social support in teen mothers' lives is frequently inspected in connection to their sense of competence, or self-efficacy. A possible explanation for this could be that teen mothers lie outside what is viewed as typical parenthood, and along these lines frequently depend on two resources to which they have the most access: (1) the families of origin and (2) their own personal capacities (McDermott et al., 2005).

Ensor and Hughes (2010) emphasises, that emotional support and social expectations influences not only teen mothers' mental health and parental efficacy; they might also be implicated in another process that is important to a teen mothers' development and future orientation (Breen & McLean, 2010). Beers and Hollo (2009), further puts emphasis on the quality of the emotional support, by affirming that it may sway teen mothers' expectations for the future, as well as visions of themselves as having a productive future. Adding to this Oyserman and James

(2009) concluded that, social desires might influence teen mothers' ability to see what their expected future will be in terms of conceivable selves.

Many studies do not differentiate types of support or define support according to these criteria (Secco & Moffatt, 1994). Why this is important? Pietrowski (2006), indicated, this may lead to conflicting findings among studies as well as the inability to understand which types of support may be beneficial or detrimental depending on the problem the teen mother is experiencing or the developmental phase she is in. Further discussion on social support, will not differentiate between the types of support, rather the source of social support will be the focus. Given that the majority of single teen mothers continue to reside with their families after giving birth, it is only fitting to consider family forms of single teen mothers as a source of social support.



3.8 Family Forms as a source of Social Support

Firstly, the term 'family' has many different meanings which vary depending upon the context and use. The meaning of the term according to Jacobsen, Fursman, Bryant, Claridge and Jensen (2004), depends on whether it is being interpreted in a social, biological, cultural or statistical sense. Attempts to agree on a definition of family often become a values question.

For the purpose of this study, family form will be considered as two or more people who share goals and values, have long-term commitments to one another, and reside usually in the same dwelling place (Britannica, 2006). What is the ideal, normative-type of family? In recent decades, economic, social and demographic changes have affected family structure significantly. Family is still a dynamic unit of socialisation

that has not remained static; it is characterised by changing patterns of socialisation and interaction (Centre for Social Justice, 2010). New patterns of parenting, family formation, relationship dissolution and re-partnering has resulted in a growing diversity of family forms.

The family remains central in the lives of its members from birth to death, and provides psycho-emotional and economic support. (Grusec & Hastings, 2007). Social phenomena are also constructed and given meaning in the family environment, for example, the concept of marriage, the bearing and raising of children, religion, governance, authority, the value and importance of education, and the rule of the law (Centre for Social Justice, 2010). As a single teen mother this meaning in the family environment could be seen as a mechanism that could help her develop a positive parental efficacy with the support of her family.

A strong family usually has access to different kinds of resources, ranging from emotional and material to spiritual resources, which enable it to meet the needs of its members (Grusec & Hastings, 2007). Furthermore, it demonstrates commitment, whereby each member is appreciated, recognised and valued (Rigazio-Digilio, 1993). Another attribute of a strong family is the ability of members to share experiences, complement each other and spend time together (Woodward, Friesen, Raudino, Fergusson & Horwood, 2013). However, family dynamics have the potential to affect family relationships and parenting practices.

According to the family process paradigm (Cavanagh, 2008), changes in family status can change family roles and family functioning. Marriages are less permanent, there are more non-cohabiting partners and one-parent families and

two-parent ‘blended’ or ‘step’ families are becoming much more common. Below the researcher aims to provide insight to the most common types of family forms, especially the ones that she has come to know and experience throughout her own life.

3.8.1 The Situation of Families in the Western Cape

It should be noted, that given that there is no standard definition of ‘family’ and considering the multicultural nature of South African society, no single definition of ‘family’ can be comprehensive enough to cover all kinds of families in the country (White Paper on Families in South Africa, 2013). A number of unique circumstances affect the structure and situation of families. According Holborn and Eddy (2011) these include the history of apartheid, the migrant labour system, poverty and the HIV/AIDS pandemic. More than 96% of people in the Western Cape live in family groups (Amoateng & Makiwane, 2005).

A 2008 Department of Social Development report that was based on the analysis of data from the 2005 General Household Survey indicated the following; (1) types of families by racial group showed that Africans had the highest proportion of three-generation, absent-spouse, single parent, child-headed families, (2) Coloureds had the highest proportion of single parent (unmarried families) and married couple with adopted children, while among Indians the most common family type was the nuclear family, and (3) Whites had the highest proportion of elder-only and married couple-only families.

According the DSD Strategic Plan 2010-2015, the dominant family types in the Western Cape are nuclear and extended. The number of female-headed households

in the province has increased from 27.8% in 1996 to 33, 5% in 2007. Many families in the province lack the resources to provide adequately for their families. According to the Presidency's Development Indicators of 2008, in 2005, 10% of the population of the Western Cape had a per capita income of less than R250 per month and the percentage of families with no income increased from 5,9%, in 1996 to 12% in 2001 and 17,1% in 2007.

Growing up in the Western Cape and more specifically on the Cape Flats, observations has shown, that families have a huge burden of care; by its age specific dependency ratios for children. The dependency ratios for children in the age group 0-14 years per population group is 43, 5 % for Blacks; 42, 4% for Coloureds; 27, 5% for Indians and 21, 9% for Whites (Department of Social Development. *Strategic Plan 2010/11-2014/15*). Furthermore, the implication of this is that every 100 working Coloured persons (between the ages of 15-64) potentially support 42 children under the age of 15 (2010/11-2014/15).

The White Paper on Families in South Africa (2013) has indicated, that although South Africa is likely to achieve Millennium Development Goal 1 that is to eradicate extreme poverty and hunger; if these strategies continue at current levels, poverty and inequality continue to deter the family from playing its various roles in society and make it difficult for its members to meet their needs (Statistics South Africa, 2010c). The circumstances of teen mothers are worsened by the lack of support from partners who often fail to take responsibility for the pregnancy and child bearing stability. This is where families of single teen mothers can provide emotional support that can help prevent and reduce associated problems with family

breakdown, while also playing a crucial role in strengthening parental efficacy of single teen mothers.

3.8.2 Differentiating between Family Forms

3.8.2.1 *Never – Married, Mother-Headed, One parent*

Nzimande (2007) attributed that, a strong influence in the way that families form are non-marital childbearing. This type of family form is high in the country, particularly among Africans and Coloureds. More and more single parent families are emerging (Bower, 1991). According to Gibbs, Brunswick, Connor, Dembo, Larson, Reed and Solomon, (1998), this is especially true in the African American community as there is an overrepresentation in the African American community of father absence. As early as 1990, more than two thirds of births of African American children were to single mothers (Bianchi, 1995). In another study, Paschall, Ringwalt and Flewelling (2003) surveyed 175 mothers of 260 African American male adolescents ages 12-16. The survey looked at areas of parental monitoring, parental perceived control, communication, relationship, delinquent peers, father absence, and delinquent behaviour. The study reported that mothers reported a lower socioeconomic status in homes without a father present. Furthermore, a positive relationship between the effects of a lower socioeconomic status in father absent families and delinquent behaviour was indicated (Paschall et al., 2003).

The White Paper on Families in South Africa (2012) further supports this, by stipulating that, non-marital childbearing has been shown to have more negative implications for children's education, economic- and overall well-being. Lastly,

single parents have financial stressors that could see them work irregular hours, thus requiring their children to develop a certain amount of self-efficacy (Johnson, 2005). In addition, parents facing economic hardship also have been found to be more likely than others to act in punitive ways with their children (Hanson, McLanahan & Thomson, 1997). This could require single teen mothers to make decisions on their own and become self-sufficient with little guidance when confronted with difficult tasks as a first time parent.

3.8.2.2 *Nuclear-Two parent*

Nuclear- two parent families, are increasingly becoming the minority and more and more single parent families are emerging (Bowser, 1991). Holborn and Eddy (2011), for example, showed that ‘the proportion of families that were nuclear decreased from between 1996 and 2001, from 46% to 40%, while the proportion of extended families increased from 32% to 36% over the same period’. One could see this family group as consisting of parents with their biological or adoptive children only.

Single teen mothers’ perception of maternal support could be greater in nuclear-two parent families as accessibility of support for the parent is greater whereas, in single parent families, support might be limited and constrained (Bean, Bush, McKenry & Wilson, 2003). Greater support includes greater educational opportunities, better emotional and physical health, lower incidences of anti-social behaviour such as substance abuse, early sexual activity for girls and delinquency for boys (Wilkins, 2012). Conversely, teen mothers appear to perceive both parents as having an influence on their lives through social support (Caldwell, Antonucci,

Jackson, Wolford, & Osofsky, 1997). Roman (2011) asserted the belief that families in which two parents are present provides more stable environments for children and have higher levels of psychological well-being when compared to parents in other family forms (Acock & Demo, 1994).

3.8.2.3 *Extended family*

According to Stuart and Wells (1982), extended families are larger inclusive groups, trans-generational and related by kinship, common ancestry, adoption and marriage. Amoateng et al., (2004) indicated that the extended family system is predominant in Asian, African and Coloured communities. The Asian extended family is characteristic of joint families as associated with their culture, but the Coloured and African family maintained the extended family for various reasons including cultural preference, housing shortages and poverty (Amoateng et al., 2004). Donahue, Finch, Hack and Hummer (2004) state that extended families, for example, grandparents, aunts and uncles are like assets to parents, especially single-parents in assisting with tasks that may otherwise be neglected. However, extended families may have a negative impact on the mother's parenting behaviour and place further strain on already scarce resources (Donahue et al., 2004).

3.8.2.4 *Guardian- Skip generation family*

The White Paper on Families in South Africa (2012) defined skip-generation families, where grandparents live with, and are responsible to care for, their grandchildren as another type of family in the country. It was estimated that 7.6 % of all South African children lived in a skip-generation household in 2010 (Statistics South Africa, 2011a). Ten percent of American children live in a household in

which a grandparent is present (Smith & Drew, 2002). According to Nelson (2013), grandparents are often a source of alternative care, advice and support as not all teen mothers receive support from their family.

Toremann (2009) has described skip-generation families as “fragile” largely because the grandparents in the households often struggle with their own personal health, custodial matters, financial constraints and obligations as well as with the psychosocial and behavioural issues they face with their grandchildren. In support of this Mokone (2006), (in a study on “Challenges experienced by Grandparents raising grandchildren”) advocates that when grandparents assumes the role of substitute parents, they are presented with challenges when expected to parent effectively, whilst having to deal with the physical and psychological changes that accompany ageing. In addition, Pillay, (2010) said that the generation gap between grandchildren and grandparents is greater than that between children and parents, which poses further challenges for grandparents in respect of adequate parenting skills.

Mturi, Sekokotla, Nzimande, Xaba and Dungumaro, (2005), further found that skip-generation families in South Africa are mostly amongst Africans, and is largely attributed to the high prevalence of HIV and AIDS, but also possibly as a result of the fragmentation of African families through labour migration (Statistics South Africa, 2010b). Lastly, one could speculate a number of reasons as to why teen mothers may not be living at home. Remembering that teen mothers are adolescents and as Nelson (2013) declared; adolescents are headstrong and parents

may be forgiven if they find it hard to support a parenting daughter; it could be at this point in time that grandparents begin to play a more significant role.

3.9 Conclusion

Higher levels of parental efficacy were identified with elevated amounts of parental social support. However, literature that focuses specifically on single teen mothers and their parental efficacy was difficult to find. It is apparent, that a gap in literature exists when looking across different family forms. What is unclear, however, is whether there is a difference between the family forms and the social support that single teen mothers receives from these family forms. Therefore, this study sets out to investigate the following questions: (1) Is there a relationship between parental efficacy and social support of single teen mothers? (2) Is there a significant difference in the relationship of parental efficacy and the support received from the different family forms of single teen mothers? The next chapter provides a detailed explanation of the methodological approach and analyse of data for this present study.

CHAPTER 4

METHODOLOGY

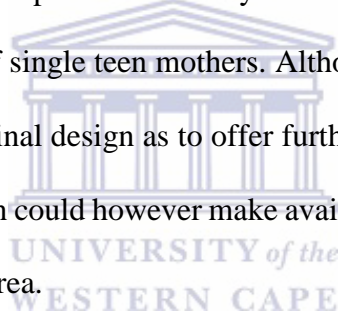
4.1 Introduction

The current chapter focuses on the methodology utilised in the present study. According to Babbie and Mouton (2001), methodology is concerned with how we come to know, but is much more practical in nature. Trochim (2006) further implied that methodology is focused on the specific ways the methods that one can use to try and understand one's world better. Thus a methodology, gives an outline of the research design, the procedure that was followed and the process of data collection and analysis. A description of the participants and their recruitment are presented. Additionally, this chapter presents the instruments used to collect the data and a review of their psychometric properties. The findings of the pilot study conducted before the main study is also offered herein. The fulfilment of the ethics requirements are taken into consideration during data collection process and are discussed accordingly.

4.1.1 Research Design

The current study used a quantitative methodological approach with a cross-sectional comparative study design. According to De Vos (2005), the quantitative approach's main aims are to objectively measure the social world, to test hypotheses and to predict and control human behaviour. Denzin and Lincoln (2000) further states that quantitative research tends to highlight the measurement and analysis of various cause and effect relationships between variables. It is also a method where

data is gathered in the form of numbers and are analysed using statistical measures according to Terre Blanche, Durrheim and Painter (2006). Cross sectional studies are often used to observe a sample at a specific point in time (Trochim, 2001). A non-experimental correlation-comparative design was used to determine the relationships between the variables, and to compare them between two groups. The correlation design examines the strength of relationship between variables (Asadoorian & Kantarelis, 2005). For this study the correlation design was necessary to determine if a relationship between parental efficacy and social support systems exist. Whereby, the comparative design was applicable to examining the differences in relation to parental efficacy and the support received from the different family forms of single teen mothers. Although the researcher would have advocated for a longitudinal design as to offer further validity for results obtained, the cross-sectional design could however make available the opportunity for further research in a particular area.



4.1.2 Sample

The study was conducted in 4 low socio economic communities across the Western Cape. Knott- Craig (2012) and de Clermont (2011) confirmed the following areas as low social economic communities; Mitchells Plain, Elsies River, Facticeon and Bishop Lavis. These areas were selected because of the high concentration of teenage pregnancy, low levels of skills and education, high levels of unemployment, poverty and substance abuse within them. The initial study sample was to be 300 single teen mothers. However due to the challenges of recruiting this number had to be adjusted to 160. Firstly, the stigma attached with teenage

pregnancy is very overwhelming and a problem within our Coloured communities, this created a constant barrier in trying to source possible participants. Secondly, when requiring parental consent from prospective participants parents, either the participant herself was not willing to involve her parent/parents in the study or the parent refused to give consent, as they wanted nothing to do with the concept of their daughters being a teen mother.

The study made use of a convenience sampling procedure, so as to ensure that subgroups within the broader community population would be adequately represented in the sample. The researcher sought the assistance of two community officers whom; firstly resides inside the focused communities yet secondly, work as volunteers at an NGO within the communities.

Due to unforeseen circumstances one of the NGO's has closed down. These challenges are further discussed in the pilot study. Community officers distributed information sheets to young women within these communities describing the study's goals and purpose, listed eligibility criteria, as well as contact information of the researcher. Eligibility criteria was set as: - (1) to be a single teen mother, (2) have given birth during the last 6 years (January 2009 - January 2015), (3) single mothers who were aged between 13-19 years when they had their first pregnancy, (4) single teen mothers should for a period of one year have resided with or is currently residing with family, caregiver or members thereof and (5) the child should be age 5 and younger. Because recruitment occurred at any place and yielded certain participants eligible, the current sample is considered a sample of convenience. In an attempt to attain an adequate sample size, participating single

teen mothers were asked to identify other single teen mothers' as potential participants, and those who meet the study criteria, would further in turn identify additional single teen mothers' and this was achieved through snowball sampling. According to Parahoo (2006) the study sample can lose some participants through non-participation resulting in the achieved sample. The lower the response rate in data collection the less representative the data becomes. To get a high response rate, the researcher had to provide written and verbal information to carefully introduce the study to the community officer and single teen mothers to be included in the study. The initial sample size for this study was proposed at 320, but due to sampling challenges the sampling size was adjusted to 160.

4.1.3 Research Instrument

The current study employed a written questionnaire. The questionnaire consisted of three sections including a family demographic questionnaire, a measure of social support and measure of parental efficacy. Participants completed the following questionnaires:

4.1.4 Family demographic questionnaire

This questionnaire developed especially for the present study, included questions about the age and gender of the participant as well as the ages of the children in the family. The family make-up (e.g., number of adults, education level, and employment) will be explored. Questions about family income, parental education levels, languages spoken and satisfaction with childcare will be included in this measure. Three questions asked about the participants' support systems directly

related to parenting. In order to measure social support and parental efficacy the following measures were utilized.

4.1.5 Social Support questionnaire

The Social Provisions Scale (SPS) was designed by Cutrona and Russell (1987) to examine the degree to which participants' social relationships provide various dimensions of social support. The Social Provisions Scale was chosen because it is based in theory, has good psychometric properties, contains simply worded questions, and is relatively brief. The instrument contains 24 items. The long form of the scale contained four questions for each of the six provisions (two positively worded and two negatively worded). The provisions are: Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance. Half of the items describe the presence of a type of support and the others describe the absence of a type of support. Responses range from 1 (strongly disagree) to 4 (strongly agree). A high score indicates a greater degree of perceived support. An example of an item is, *there are people I can depend on to help me if I really need it*. Total internal consistency reliability for the Social Provisions scales is excellent ($\alpha = .93$) with alpha coefficients for the total sample ranging from .59 (Opportunity for Nurturance) to .78 (Guidance) on the individual scales. Total scale alpha reliabilities are excellent when considered by caregiver race ($\alpha = .91$ to $.95$) and study site ($\alpha = .90$ to $.93$). Alpha coefficients were lower on Opportunity for Nurturance by caregiver race and study site and generally fell into the moderate range, while the majority of alpha coefficients on the other individual scales were

in the acceptable to good range. It would appear that the Social Provisions Scale is a reliable measure for the use with a low income, minority population.

4.1.6 Parental efficacy questionnaire

The Parenting Sense of Competence scale, consists of 17 questions regarding attitudes about being a parent and parenting (PSOC; Gibaud-Wallston & Wandersman, 1978). Designed to measure parents' satisfaction in regards to their parenting and beliefs held in their parenting role. Each item is rate on a 6 point Likert scale anchored by 1= “Strongly Disagree” and 6 = “Strongly Agree”. Nine (9) items (#s 2, 3, 4, 5, 8, 9, 12, 14, and 16) on the POSC are reversed coded. PSOC items are appropriately phrased for the parent completing the questionnaire (e.g., my mother/father was better prepared to be a good mother/father than I am.). Factor analysis had revealed two sub-scales within the entire measure: the skill-knowledge scale and value-comforting scale (Johnston & Mash, 1989). Gibaud-Wallston and Wandersman (1978) examined this measure with parents of infants and found good internal consistency for both scales (.70 and .82 respectively). The alphas for the full scale was .79. The two factors remained and were renamed “Efficacy” and “Satisfaction” (Ohan, Leung, & Johnston, 2000). Efficacy, the degree to which the parent feels capable, had an alpha of .76 and Satisfaction, an affective measure targeting feelings of frustration, anxiety and motivation, had an alpha of .75 (Johnston & Mash, 1989). Differences were found between mothers and fathers on the full scale score and on the Satisfaction scale but not on the Efficacy scale. There were no effects based on the age or sex of the child. This version is included in Appendix E.

4.2 Pilot study

A pilot study as an experimental, exploratory, test, preliminary, trial or try out investigation that sets out to assess the feasibility of the proposed study (Waite, 2002). Furthermore, a pilot study is designed to test the feasibility of methods and procedures for later use on a large scale or to search for possible effects and associations that may be worth following up in a subsequent larger study (Everitt, 2006). This pilot study was used to establish any challenges or limitations that might occur in the actual data collection design, thus allowing the researcher an interval to correct any errors before the main research took place.

The pilot study was conducted with 15% of the identified sample in order to test the data collection method, instrument and reliability of the proposed study. The participants whom formed part of the pilot study, was not included in the main sample of the study. After approval of the study by Senate for Higher Degrees Committee was delivered the relevant community workers was contacted. A meeting was held with the researcher, community workers and the NGO office managers to inform them of the study. Information sheets regarding the study as well as the questionnaire and consent forms for both parents and participants was explained and left with community workers. The researcher also explained the study criteria to the community workers. When a single teen mother was found to be eligible, consent would be obtained single high schooler mother and furthermore if the member was under age, parental assent was additionally looked for from a parent if the

community workers were able to find eligible participants, they would get consent from single teen mother and also if the participant was under age, parental consent was also sought from a parent. Community workers then arranged a date and time with participant and the researcher at the premises of the NGO's, where the community workers were based. As the questionnaire was self-administered, the researcher was there to avail herself should a participant need assistance and clarity. Completion of the questionnaire lasted on average 17 minutes.

4.2.1 Challenges identified during the pilot study

Not many challenges were experienced during the pilot phase of the study. Firstly, results of the pilot portrayed that changes to the instrument, the Parenting Sense of Competence Scale (Johnston & Mash 1989), were edited from; "I do not know what it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated" (Johnston & Mash 1989). This question was replaced with "*I do not know why it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated*";

"My (parent) was better prepared to be a good (parent) than I am" (Johnston & Mash 1989). This question was amended to read as "*My mother was better prepared to be a good mother than I am*";

"Considering how long I've been a (parent), I feel thoroughly familiar with this role" (Johnston & Mash 1989). This inquiry was revised to peruse as "*Considering how long I've been a mother, I feel thoroughly familiar with this role*";

“If being a (parent) of a child were only more interesting, I would be motivated to do a better job as a (parent)” (Johnston & Mash 1989). This question was modified to read as *“If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent”* and

“I honestly believe I have all the skills necessary to be a good (parent) to my child” (Johnston & Mash 1989). This demand was changed to read as *“I honestly believe I have all the skills necessary to be a good mother to my child”*, this was done in order to be more effective to the sample.

Secondly, due to the closing down of the NGO that was initially part of the recruitment process, the response rate for this study was extremely poor as the community workers sought other employment and ventures to substantiate their cost of living. To get a high response rate, the researcher provided written and verbal information to carefully introduce the study to the fieldworker and potential participants. Further, as mentioned above, the content validity of questions in the questionnaire was tested through discussion with the two community workers and single teen mothers within the pilot study. Thus the instrument was subsequently revised to make it clearer to fill in. Additionally, in response to the challenge of the NGO closing down, a social auxiliary student was employed and trained as a fieldworker to recruit single teen mothers within the stipulated communities.

4.3 Data Collection Procedure

The researcher approached a social auxiliary student to assume the role of fieldworker for the study. The student is experienced in data collection as well as lay counselling. She was able to help identify participants for the study. The

fieldworker was employed and trained accordingly to the questionnaire and consenting procedure. The fieldworker made initial contact with possible participants as she had good knowledge of the communities as well as an established relationship with teenagers as a result of her previous work activities within these communities. After the fieldworker had secured a participant, contact would be initiated with the researcher. The researcher met with the participants to explain the process and objectives of the study. The fieldworker would complete consenting and assist participants as needed to complete the questionnaire. The researcher and fieldworker met on a weekly basis to monitor the quality of the answers, response rate and ethical issues. There was no provision on the questionnaire for the participant's name. Despite the limitations of self-reported data, the method was consistent with the purpose of the study, keeping in mind the sensitivity that is attached to the study's theme, and the anonymity of the participants in the study enhanced the likelihood of honest answers without dreading that specific responses will be linked to them.

4.4 Data Analysis

According Chambliss and Schutt (2012) quantitative analysis is a statistical technique used to describe and analyse variation in quantitative measures and making an interpretation of the larger meaning of the data. Data was coded, cleaned and checked for errors. Analyses were conducted using IBM® SPSS® Statistics Version 23.0.0. Descriptive statistical analyses were conducted. Measures of central tendency and measures of dispersion were used to look at the data of each scale and subscale. Because the focus of this study is the relationship between quantitative

variables, Pearson's correlation coefficient was used to explore the extent of linear relationships among the variables, and to quantify the strength and direction of the relationship. Cronbach's alpha coefficients were computed to determine the internal consistency for each measure and relevant subscales. Pearson's coefficient was used to explore the relationship between the independent variable (family forms & social support) and the dependant variable (parental efficacy).

4.5 Ethics Statement

Researchers need to exercise care that the rights of individuals and institutions are safeguarded, ensuring the promotion of their welfare and protecting them from harm throughout the research process (Pilot & Hungler, 1999; Babbie & Mouton, 2001). Participants were thus treated with respect and dignity adhering to the following. The issues of confidentiality and dissemination of information was discussed with the participants and the respective parents before the questionnaires were administered. Both the fieldworker and researcher explained in detail the objectives of the research to all participants and parents, together with an information sheet (Annexure A & B) which described the aims and objectives of the study. Participants was taken through the consenting process with dignity and honesty once the participants and parents were comfortable with the study they were asked to sign a consent form (Annexure C & D) to agree to participate in the study; once they fully understood the purpose of the research. Participants and parents were made aware that participation in the study was not mandatory. All participants were free to withdraw from participating, should they feel the need to do so. They were informed that the confidentiality of information relating to each

subject will be respected and maintained (Sales & Folkman, 2000), and that should participants required any intervention in any way, the researcher would refer them for the necessary counselling.

4.6 Conclusion

In this chapter, the researcher discussed the methodology that was utilized in conducting the study. The research design reflects that a cross-sectional comparative design was used to achieve the aims and objectives of the study. Information regarding the sample, the research instrument, the data collection process and the data analysis of the study was included in this chapter. This chapter has outlined the research pilot study, the main study, and had documented changes made as a result of the pilot study. To ensure full protection of the participants with regard to confidentiality and anonymity throughout the process of data analysis and data collection, ethical procedures were practised and upheld. The following two chapters (5 & 6) provide the results of the study and the analysis thereof.

CHAPTER 5

RESULTS

5.1 Introduction

This chapter provides the results of the statistical analysis conducted for the study. The results are presented as (1) descriptive information about single teen mothers, and parental efficacy (2) the relationship between the variables, and (3) the comparison of the variables between the different family forms (groups). The Statistical Package for the Social Sciences 23 (SPSS) was used in all the statistical calculations.



The following is a guide to abbreviations used in the analysis of the data:

Abbreviation	Variable
SS	Social Support
PE	Parental Efficacy
GUIDE	Guidance
REASSWORTH	Reassurance of Worth
SOCINTEGR	Social Integration
ATTACH	Attachment
NURTURE	Opportunity for Nurturance
RELIABLE	Reliable Alliance

5.2 Overview

The following hypotheses evolved from the aims and objectives of the study in Chapter 1:

Hypothesis 1: Single teen mothers living with both parents will have a higher level of parental efficacy than teen mothers living with a single parent.

Hypothesis 2: Single teen mothers who receive social support from their family will have a higher parental efficacy than single teen mothers who does not receive social support from their family.

Hypothesis 3: Single teen mothers living with both parents will have a higher level of social support than single teen mothers living with a single parent.

5.3 Internal consistencies of measures

This study used two instruments used to measure the variables under study. These were the Social Provisions Scale as developed by Cutrona and Russell, (1987) and the Parenting Sense of Competence Scale (PSOC) as developed by Gibaud-Wallston and Wandersman, (1978). The Social Provisions Scale examines the degree to which participant's social relationships provide various dimensions of social support, whilst the Parenting Sense of Competence Scale (PSOC) is used to measure parents' satisfaction with parenting and their self-efficacy in the parenting role. A test reliability technique, known as Cronbach alpha is used to test the reliability of the instruments and provides a unique estimate of its reliability for a given test (Gliem & Glem, 2003). Table 5.1 illustrates the Cronbach alpha coefficients for social support and parental efficacy of single teen mothers.

Table 5.1: Internal consistencies of the measures

Instrument	n (items)	Alpha
Social Provisions Scale		
GUIDE	4	.78
REASSWORTH	4	.72
SOCINTEGR	4	.68
ATTACH	4	.75
NURTURE	4	.59
RELIABLE	4	.74
Parental Efficacy		
PSOC	17	.75

According to Anastasi (1982), Cronbach Alpha coefficients above .75 are deemed to be acceptable. The above indicated alphas show a good reliability of the instruments used to measure the variables.

The Social provisions scale (Cutrona and Russell, 1987) has been used with a variety of adult populations, from new mothers to elderly community residents, and has been used in intervention research (Mallinckrodt, 2000). In addition, this measure has been used with mothers of young children in the United States (Cutrona & Russell, 1987; Green et al., (2007); Lindsey, Browne, Thompson, Hawley, Graham, Weisbart, Harrington & Kotch, 2008), although primarily samples of Caucasian and/or African-American mothers. However, this measure

has been used with African American samples, including low-income mothers (Green et al., 2007); Lindsey, et al., 2008).

The PSOC (Gibaud-Wallston & Wandersman, 1978) items are appropriately phrased for the parent completing the questionnaire (e.g., my mother was better prepared to be a good mother than I am). Acceptable levels of internal consistency (range 0.75-0.88) have been reported for the PSOC in a number of studies including Johnston and Mash (1989).

5.4 A Description of Single Teen Mothers

Table 5.2 provides an overview of the demographic variables of single teen mothers in this study (n=160). Table 5.3 illustrates participants' (N=160) age at time of survey, age at birth of first child and number of children in household. Table 5.4 demonstrates the family form identified by single teen mothers and table 5.5 represents the childcare situation within the home. The demographics below in table 5.2 include information such as living arrangements, marital status of participants, race, home language, employment status and educational level.

Table 5.2: Demographic information of participants

Variables		n=160	%
Marital status	Married	4	2.5%
	Living together/not married	19	11.9%
	Single, do not live together and is not married	137	85.6%
Race	Coloured	158	98.8%
	Black/African	2	1.3%
Home language	Afrikaans	145	90.6%
	English	13	8.1%
	isiXhosa	2	1.3%
Living arrangements	One parent	65	40.6%
	Two parent	51	31.9%
	Extended (includes partner & partner's family)	25	15.6%
	Guardian-Skip generation	11	6.9%
	Alone	8	5.0%
Educational level	Primary Schooling	26	16.3%
	Secondary Schooling	113	70.6%
	Completed Grade 12 (Matric)	20	12.5%
	Tertiary Schooling	1	.6%
Employment status	Employed	38	23.8%
	Unemployed	122	76.3%

Firstly, all participants were females (n=160). The results in Table 5.2 show that majority of the participants were unmarried [137 (85.6%)]. Of the 160 participants 158 (98.8%) identified themselves as Coloured. Afrikaans was the dominant home language spoken [145 (90.6%)]. Majority of the participants indicated their living arrangements as staying with one parent [65 (40.6%)]. The highest level of education shown was Secondary Schooling [113 (70.6%)] with the majority of participants being unemployed [122 (76.3%)].

Table 5.3 presents an overview of the participants' (N=160) age at time of survey, age at birth of first child and number of children in household.

Characteristic SD	<i>n</i>	%¹	<i>M</i>
Age at time of survey			
15-20	103	64.4	19.8
21-26	54	33.7	
27-32	2	1.3	
33-38	1	.6	
Age at birth of first child			
13-16	83	51.9	16.4
17-19	77	48.1	
Number of children in the household			
1	30	18.8	2.75
2	47	29.4	
3	40	25.0	
4	27	16.9	
5	10	6.3	
6	4	2.5	
7	2	1.3	

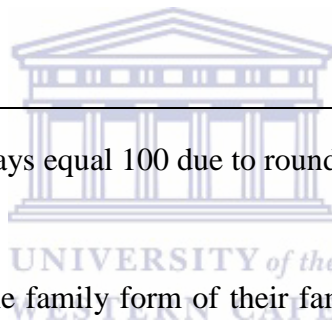
¹ Percentages do not always equal 100 due to rounding.

The majority of mothers [(n=52) 32.5%] were aged 17 years, when they had their first child. The youngest participant [(n=1) .6%] to have given birth was age 13 and the oldest was 19 years old [(n=2) 1.3%]. Most participants [(n=47) 29.4%] reported on average that 2 children resides within the household.

Table 5.4 describes the family form identified by single teen mothers

Characteristic	<i>n</i>	% ¹
Family form		
One parent	60	37.5
Two parent	60	37.5
Extended	37	23.1
Blended	1	.6
Other	2	1.3

¹ Percentages do not always equal 100 due to rounding



Participants described the family form of their families to come from both a one parent and two parent family, both representing n=60 (37.5%) respectively. The remaining 25% of the participants saw their family form as extended [n=37 (23.1%)], blended [n=1 (.6%)] or other [n=2 (1.3%)].

Table 5.5 represents the childcare situation within the home

Variables		n=160	%
Childcare situation in your home	I take care of the child/children full time	119	74.4%
	I do not take care of the child/children full time	41	25.6%
If NO, the children are in care (day care):	Fewer than 20 hours per week	4	2.5%
	20 hours per week or more	37	23.1%
Cared for by another adult in our home	Yes	112	70%
	No	48	30%
If YES, who cares for them	Aunt	7	4.3%
	Sister	17	10.6%
	Family friend	13	8.1%
	Father of the child	4	2.5%
	Foster mother	2	1.3%
	Child's grandmother	64	40%
	Nanny	3	1.9%
	Neighbour	2	1.3%

The results in table 5.5 shows that 119 participants, (74.38%) single teen mothers take care of their child/children on a full time basis full time. The remaining 41 participants (25.6%), child/children are in care (day care). In addition, alternative care was also provided by other adult (s) within the home [n=112 (70%)]. Single teen mothers' own mothers [64 (40%)] sought to care for the child/children, when she is unable to, a sister [17 (10.6%)], a family friend [13 (8.1%)], an aunt [7 (4.3%)], the father of the child [4 (2.5%)], a nanny [3 (1.9%)], a foster mother [2 (1.3%)] and or a neighbour [2 (1.3%)].

5.5 Descriptive statistics of the variables

Means (*M*) and Standard Deviation (*SD*) for the SS of single teen mothers are presented in Tables 5.6. Table 5.7 will display the means (*M*) and standard deviation (*SD*) for the subscales. The subscales are: attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance. Table 5.8 will present the means (*M*) and standard deviation (*SD*) for the PE of single teen mothers.

Table 5.6 represents the mean and standard deviation for each of the 24 SS items for the perceived Social Support for the total sample (N=160). A high score indicates a greater degree of perceived support.

Table 5.6: Means and SD of items for Single Teen Mother Social Support (n=160)

Item	<i>M</i>	<i>SD</i>
Social Support		
...I can depend on to help me if I really need it	2.59	1.08
...do not have close personal relationships with other people	2.64	0.92
...no one I can turn to for guidance in times of stress	2.53	0.98
...are people who depend on me for help	2.54	0.83
...are people who enjoy the same social activities I do	2.63	0.88
...people do not view me as competent	2.61	0.76
...feel responsible for the well-being of another person	2.73	0.85
...group of people who share my attitudes and beliefs	2.61	0.81
...other people respect my skills and abilities	2.72	0.83
...went wrong, no one would come to my assistance	2.63	0.89
...provide me with a sense of emotional security and well-being	2.54	0.91
...There is someone, I could talk to about important decisions in my life	2.74	1.03
...my competence and skills are recognized	2.32	0.87
...no one who shares my interests and concerns	2.58	0.92

...no one who really relies on me for their well-being	2.57	0.95
...could turn to for advice if I were having problems	2.81	0.99
...to have a strong emotional bond with at least one other person	2.96	0.84
...no one I can depend on for aid if I really need it	2.58	0.97
...no one I feel comfortable talking about problems with	2.65	1.00
...people who admire my talents and abilities	2.53	0.89
...lack a feeling of intimacy with other people	2.39	0.91
...no one who likes to do the things I do	2.47	0.91
...people I can count on in an emergency	2.74	1.01
...no one needs me to care for them	2.38	1.03

Responses were on a Likert scale of 1= Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree. A high score indicates a greater degree of perceived support.

Results in Table 5.6 indicate that the majority of the participants (N=160) 'agreed' ($M = 2.81, SD = 0.99$) that "*there is a trust worthy person they could turn to for advice if they were having problems*". Participants (N=160) similarly indicated that they agree ($M = 2.96, SD = 0.84$) "*...to have a strong emotional bond with at least one other person*", and "... participants (N = 160) further agreed ($M = 2.74, SD = 1.03$) *...there is someone, I could talk to about important decisions in my life*". Majority participants agreed that ($M = 2.73, SD = 0.85$) *... feel responsible for the*

well-being of another person. However, most participants appeared to disagree ($M = 2.32, SD = 0.87$) when asked...*my competence and skills are recognized.*

Table 5.7 represents the mean and standard deviation for the Social Provision Subscale: Attachment (Items 2R, 11, 17, and 21R), Social Integration (Items 5, 8, 14R, and 22R), Reassurance of Worth (Items 6R, 9R, 13, and 20), Reliable Alliance (Items 1, 10R, 18R, and 23), Guidance (Items 3R, 12, 16, and 19R) and Opportunity for Nurturance (4, 7, 15R, and 24R) for the total sample (N=160).

Table 5.7: Total Mean (M) and Standard Deviation (SD) scores for the Social Provision Subscales (N=160)

Variable Dev	Min	Max	Mean	Std
Attachment	1.00	4.00	2.61	0.64
Social Integration	1.00	4.00	2.54	0.72
Reassurance of Worth	1.00	4.00	2.37	0.68
Reliable Alliance	1.00	4.00	2.53	0.81
Guidance	1.00	4.00	2.59	0.79
Opportunity for Nurturance	1.00	4.00	2.57	0.76

Table 5.7 results suggest that the most perceived support across the total sample (N = 160) as Attachment ($M = 2.61, SD = 0.64$) as reported by single teen mothers. Conversely, single teen mothers indicated Reliable Alliance ($M = 2.53, SD = 0.81$) to be least supported.

This section of the study provides descriptive statistics which addresses one of the objectives which is to determine the prevalence of parental efficacy of the total sample. Means (M) and standard Deviations (SD) for PE of the total sample

(N=160) parental efficacy, are presented in Tables 5.8 in order to evaluate this objective.

Table 5.8 represents the means and standard deviations of 15 items for the Parental Efficacy for the total sample (N=160).

Table 5.8: Means and SD of items for Single Teen Mother Parental Efficacy (n=160)

Item	<i>M</i>	<i>SD</i>
Parental Efficacy		
... taking care of a child are easy to...	2.86	1.69
...could be rewarding. I am frustrated now while my child is at his/her present age	4.47	1.47
...wake up in the morning, feeling I have not accomplished a whole lot	2.75	1.40
...sometimes when I am supposed to be in control, I feel more like the one being manipulated	4.44	1.50
My mother was better prepared to be a good mother than I am	5.17	1.15
...model for a new mother to follow in order to learn what she would need to know in order to be a good parent	4.49	1.34
...parent is manageable, and my problems are easily solved	2.35	1.59
...not knowing whether you doing a good job or a bad one	4.94	1.29

Sometimes I feel like I am not getting anything done	4.65	1.46
...personal expectations for expertise in caring for my child in caring for my child	3.68	1.19
...find the answer to what is troubling my child, I am the one	4.09	1.14
...interests are in other areas, not being a parent	4.07	1.43
...I've been a mother, I feel thoroughly familiar with this role	3.59	1.26
...were only more interesting, I would be motivated to do a better job as a parent	4.43	1.43
...all the skills necessary to be a good mother to my child	3.64	1.29

Responses were on a Likert scale of 1= Strongly disagree, 2 = Somewhat disagree, 3 = Disagree, 4 = Agree., 5 = Somewhat agree, 6 = Strongly Agree. A high score indicates a greater degree of parental efficacy.

The Mean score results in Table 5.8 suggest that majority of the participants ($M = 2.86, SD = 1.69$) perceived themselves as confident when... *taking care of a child, are easy to solve once you know how your actions affect your child, an understanding I have acquired*. In addition participants somewhat disagreed ($M = 2.35, SD = 1.59$) to...*parent is manageable, and my problems are easily solved*. Yet, the scores suggest that the majority ($M = 4.09, SD = 1.14$) ...*find the answer to what is troubling my child, I am the one*.

5.6 Comparisons of groups

T-tests were conducted to determine if there were significant perceived differences between (1) parental efficacy and (2) social support received from the different family forms of single teen mothers.

Table 5.9 to Table 5.12 represents a comparison of the means scores for each scale and subscale for PE, SS and SS subscales (attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance) across different family form.

Table 5.9 Differences of Mean Scores for PE, SS and SS subscales within the family form: one parent (n=65).

	Mean	SD	SE	95% Confidence Interval of the Difference			
				Lower	Upper	Min	Max
PE	3.04	0.76	0.09	2.85	3.23	1.94	5.71
SS	2.56	0.67	0.84	2.39	2.73	1.17	3.88
GUIDE	2.53	0.81	0.10	2.33	2.74	1.00	4.00
REASSWORTH	2.31	0.73	0.91	2.12	2.49	1.00	4.00
SOCINTEGR	2.46	0.76	0.94	2.27	2.65	1.00	4.00
ATTACH	2.52	0.65	0.81	2.36	2.69	1.00	4.00
NURTURE	2.45	0.78	0.97	2.25	2.64	1.00	4.00
RELIABLE	2.39	0.83	0.10	2.18	2.59	1.00	4.00

Table 5.9 shows that single teen mothers residing with one parent ($M = 3.04$, $SE = 0.09$), gained greater levels of parental efficacy. On the subscales of SS, guide (M

= 2.53, $SE = 0.10$), and reliable ($M = 2.39$, $SE = 0.10$), reported greater levels in social support for single teen mothers residing with one parent.

Table 5.10 Differences of Mean Scores for PE, SS and SS subscales within the family form: two parent (n=51).

	Mean	SD	SE	95% Confidence Interval of the Difference			
				Lower	Upper	Min	Max
PE	3.07	0.57	0.08	2.91	3.23	2.24	4.53
SS	2.60	0.63	0.89	2.42	2.78	1.33	4.00
GUIDE	2.45	0.78	0.10	2.23	2.67	1.00	4.00
REASSWORTH	2.32	0.66	0.93	2.13	2.51	1.00	4.00
SOCINTEGR	2.50	0.68	0.95	2.31	2.70	1.00	3.75
ATTACH	2.62	0.63	0.88	2.44	2.80	1.25	4.00
NURTURE	2.58	0.80	0.11	2.36	2.81	1.00	4.00
RELIABLE	2.49	0.78	0.10	2.27	2.71	1.00	4.00

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Table 5.10 suggest that for single teen mothers residing with two parents, ($M = 3.07$, $SE = 0.08$), greater levels of parental efficacy was experienced. On the subscales of SS, guide ($M = 2.45$, $SE = 0.10$), reliable ($M = 2.49$, $SE = 0.10$), and nurture ($M = 2.58$, $SE = 0.11$) re-counted high levels in social support for single teen mothers residing with two parents.

Table 5.11 Differences of Mean Scores for PE, SS and SS subscales within the family form: extended family (n=25).

	Mean	SD	SE	95% Confidence Interval of the Difference			
				Lower	Upper	Min	Max
PE	3.21	0.66	0.13	2.94	3.49	2.00	5.24
SS	2.90	0.50	0.10	2.69	3.11	1.71	3.96
GUIDE	2.91	0.69	0.13	2.62	3.19	1.00	4.00
REASSWORTH	2.67	0.57	0.11	2.43	2.90	1.25	3.75
SOCINTEGR	2.79	0.57	0.11	2.55	3.02	1.50	4.00
ATTACH	2.77	0.57	0.11	2.53	3.00	1.25	4.00
NURTURE	2.82	0.55	0.11	2.59	3.04	1.50	4.00
RELIABLE	2.86	0.69	0.13	2.57	3.14	1.25	4.00

Table 5.11 was perceived as single teen mothers residing with extended family, ($M = 2.90$, $SE = 0.10$), SS informed greater levels of support. And in addition, the subscales of SS, reassworth ($M = 2.67$, $SE = 0.1$), socintegr ($M = 2.79$, $SE = 0.11$), attach ($M = 2.77$, $SE = 0.11$) and nurture ($M = 2.82$, $SE = 0.11$) displayed greater levels in social support for single teen mothers residing with extended family.

Table 5.12 Differences of Mean Scores for PE, SS and SS subscales within the family form: guardian-skip generation family (n=11).

	Mean	SD	SE	95% Confidence Interval of the Difference			
				Lower	Upper	Min	Max
				PE	2.81	0.52	0.15
SS	2.89	0.50	0.15	2.55	3.23	1.75	3.50
GUIDE	2.93	0.71	0.21	2.45	3.41	1.25	3.75
REASSWORTH	2.36	0.47	0.14	2.04	2.68	1.75	3.25
SOCINTEGR	2.79	0.63	0.19	2.37	3.21	1.50	3.50
ATTACH	2.81	0.48	0.14	2.49	3.14	1.75	3.50
NURTURE	2.86	0.59	0.17	2.46	3.26	1.50	3.25
RELIABLE	2.95	0.73	0.22	2.46	3.44	1.75	4.00

Table 5.12 suggest that for single teen mothers residing with guardian-skip generation families, are engaged more with reassurance of worth ($M = 2.36$, $SE = 0.14$) and attachment ($M = 2.81$, $SE = 0.14$) under the subscales of SS.

ANOVA Analysis

Below in Table 5.13 the output of the ANOVA analysis and whether a statistically significant difference between group means are presented.

Table 5.13

	Sum of Squares	df	Mean Square	F	Sig
Total Score for PARENTAL EFFICACY					
Between Groups	1.523	4	.381	.790	.534
Within Groups	74.252	154	.482		
Total	75.775	158			
Total Score for SOCIAL SUPPORT					
Between Groups	3.052	4	.763	1.848	.122
Within Groups	63.972	155	.413		
Total	67.023	159			
GUIDE					
Between Groups	5.120	4	1.280	2.087	.085
Within Groups	95.082	155	.613		
Total	100.203	159			
REASSWORTH					
Between Groups	2.572	4	.643	1.367	.248
Within Groups	72.926	155	.470		
Total	75.498	159			

SOCINTEGR						
	Between Groups	2.895	4	.724	1.391	.240
	Within Groups	80.667	155	.520		
	Total	83.562	159			
ATTACH						
	Between Groups	1.587	4	.397	.942	.441
	Within Groups	65.282	155	.421		
	Total	66.869	159			
NURTURE						
	Between Groups	3.699	4	.925	1.611	.174
	Within Groups	88.950	155	.574		
	Total	92.648	159			
RELIABLE						
	Between Groups	6.494	4	1.624	2.572	.040
	Within Groups	97.849	155	.631		
	Total	104.344	159			

One-way ANOVA for parental efficacy ($F(4, 154) = .790, p = .534$) and social support ($F(4, 155) = 1.848, p = .122$). The following ANOVA's represent the subscales of Social Support; guide ($F(4, 155) = 2.087, p = .085$), reassworth ($F(4, 155) = 1.367, p = .248$), socintegr ($F(4, 155) = 1.391, p = .240$), attach ($F(4, 155) = .942, p = .441$) and nurture ($F(4, 155) = 1.611, p = .174$). The p values reported are greater than α level .05, thus no statistically significant difference exists.

However, ANOVA for subscale reliable ($F(4, 155) = 2.572, p = .040$), this value is less than 0.05, concluding that a statistically significant difference does exist.

5.7 Determining associational aspects of the variables of the study

This section reports on the correlation scores for PE, SS and SS subscales; GUIDE, REASSWORTH, SOCINTEGR, ATTACH, NURTURE and RELIABLE. A Pearson product-moment correlation was computed to assess these differences.



Table 5.14 Correlation scores for PE and SS between different family forms			Correlations						
			Total Score for PARENTAL EFFICACY	Total Score for SOCIAL SUPPORT	GUIDE	REASSWORTH	SOCINTEGR	ATTACH	NURTURE
One parent									
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.636**	.596**	.577**	.610**	.596**	.597**	.485**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000
	N	64	64	64	64	64	64	64	64
Two parent									
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.598**	.504**	.571**	.546**	.508**	.576**	.582**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000
	N	51	51	51	51	51	51	51	51

Extended family									
Total Score for PARENTAL	Pearson Correlation	1	.730**	.539**	.756**	.679**	.651**	.666**	.550**
EFFICACY	Sig. (2-tailed)		,000	,005	,000	,000	,000	,000	,004
	N	25	25	25	25	25	25	25	25
Guardian-Skip generation									
Total Score for PARENTAL	Pearson Correlation	1	,392	,326	,461	,184	,496	,310	,435
EFFICACY	Sig. (2-tailed)		,233	,328	,154	,589	,121	,354	,181
	N	11	11	11	11	11	11	11	11

** . Correlation is significant at the 0.01 level (2-tailed)

The results in Table 5.14 show that there is a relationship between parental efficacy and social support ($r = .636^{**}$) within one parent ($n = 64$), this correlation coefficient is highly significant from zero ($P < 0.001$). When looking at the variable a bit further, there was also a positive correlation between parental efficacy across all subscales of social support; guide ($r = .596^{**}$), reassworth ($r = .577^{**}$), socintegr ($r = .610^{**}$), attach ($r = .596^{**}$), nurture ($r = .597^{**}$) and reliable ($r = .485^{**}$) within one parent ($n = 64$).

When computing for two parent ($n = 51$), a positive correlation was indicated for parental efficacy and social support ($r = .598^{**}$). Furthermore, the results also show that there is a positive relationship across all subscales of social support; guide ($r = .504^{**}$), reassworth ($r = .571^{**}$), socintegr ($r = .546^{**}$), attach ($r = .508^{**}$), nurture ($r = .576^{**}$) and reliable ($r = .582^{**}$) within two parent ($n = 51$).

The results for extended family ($n = 25$) indicates a correlation between parental efficacy and social support ($r = .730^{**}$), this correlation coefficient is highly significant from zero ($P < 0.001$). Additionally, the results also show that there is a positive relationship across all subscales of social support; guide ($r = .539^{**}$), reassworth ($r = .756^{**}$), socintegr ($r = .679^{**}$), attach ($r = .651^{**}$), nurture ($r = .666^{**}$) and reliable ($r = .550^{**}$) within extended family ($n = 25$).

When computing for guardian-skip generation ($n = 11$), results show that there is no relationship between parental efficacy and social support. Furthermore, the results also show no correlation across subscales of social support.

5.8 Summary of findings

The results of this study were presented in the form of descriptive statistics and inferential statistics, displaying frequencies, differences and correlations regarding single teen mothers' parental efficacy and perceived social support across different family forms. The results show that the majority of single teen mothers describe their living arrangements with one parent. Furthermore, the majority of single teen mothers did not complete secondary schooling, and were unemployed. Similarly, in their perception, single teen mothers' agreed that there was a trust worthy person that they could turn to for advice when they were having problems. Attachment was reported across the total sample as the most perceived type of social support engagement from their families. This was followed by reliable alliance. In return, most of the participants perceived themselves as confident when taking care of their child/ children. When comparing different family forms, single teen mothers' residing with one parent reported greater levels of parental efficacy and single teen mothers' residing with two parents, re-counted high levels of social support under the subscales; guide, reliable and nurture. However, when computing for guardian-skip generation, results show that there is no significant relationship between parental efficacy and social support. As well as no correlation across subscales of social support.

CHAPTER 6

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The purpose of this study was to investigate and ascertain whether a relationship between parental efficacy and social support of single teen mothers exist. Furthermore, it aims to determine whether there is a difference in the relationship between the different family forms of single teen mothers. This chapter discusses the major findings of the study in relation to existing literature. The findings in Chapter 5 are looked at in association with the aims and hypotheses of the thesis discussed in Chapter 1 and integrate the conceptual framework highlighted in Chapter 2. Moreover, this chapter elaborates on parental efficacy, social support, and the variation of family forms of single teen mothers. The limitations and strengths of the study as well as suggestions for future research are also addressed.

There were three hypotheses generated to identify the specific objectives to be measured. These hypotheses included:

Hypothesis 1: Single teen mothers living with both parents will have a higher level of parental efficacy than teen mothers living with a single parent.

Hypothesis 2: Single teen mothers who receive social support from their family will have a higher parental efficacy than single teen mothers who does not receive social support from their family.

Hypothesis 3: Single teen mothers living with both parents will have a higher level of social support than single teen mothers living with a single parent.

6.2 Demographic Variables

This study was conducted in low socio economic communities across the Western Cape. While a strong effort was made to include participants from a variety of neighbourhoods and family forms, only four communities were assessable. Interestingly, the sample reported their family form as one parent (37.5%), two parent (37.5%) and extended family (23.1%). More than half of the sample reported not completing secondary schooling (70.6%) and nearly all participants indicated Afrikaans as their first language (90.6%). The number of participants who obtained a grade 12 certificate (matric) was 12.5% with at least one tertiary schooling participant (.6%). Conversely, the majority of the sample (76.3%) identified themselves as being unemployed. This sample was consistent and similar to other studies in this area of literature.

Most studies reviewed previously included predominantly English speakers (see Hoven, 2012; Nelson, 201) unless the intention of the research investigation was to look at low income families specifically (for example, Winkworth, McArthur, Layton & Thompson, 2010; Umaña-Taylor et al., 2013; Huang et al., 2014). Those samples often included mothers who have not completed schooling; are unemployed; not married/cohabitating or single and rely on their own family for support, similar to the present study.

In an attempt to probe the sample's childcare management, 74.38% of single teen mothers reported to take care of their child/children on a full time basis. When

they are unable to care for their child/children, single teen mothers' own mother (40%) assume the responsibility of childcare. The above-mentioned responses by the participants highlight the impact of being a single teen mother, which are similarly discussed in other studies (Sibanda & Mudhovozi, 2012; Willan, 2013; Schrag & Schmidt-Tieszen, 2014). The current sample did not include a large number of single teen mothers' different family forms, this homogeneity between groups may be expected.

6.3 Parental Efficacy

Parental efficacy generally refers to individuals' beliefs about their competence as a parent and specifically, their ability to positively influence the behaviour and development of their children (Coleman & Karraker, 2000). Since it is known to have positive associations with the mother's parenting competence (see Jones & Prinz, 2005, for a review) and appears to be a noteworthy indication of the level of parenting quality (see Raikes & Thompson, 2005), it is worthy of study. As a parents' level of parental efficacy increases, it is more likely, that he or she will demonstrate positive attitudes, outlooks and beliefs (Ardelt & Eccles, 2001) and ultimately exhibit interest in parenting and commitment to the role (Bandura, 1993). This study is the first in the Western Cape which has taken parental efficacy as an item of investigation with a sample of single teen mothers into specific consideration.

The results of the current study suggest that single teen mothers own characteristics which is found at the microsystem was her optimistic behaviours, pattern of activities, social roles and the interpersonal relations experienced by the single teen

mother. This contributed to a high level of parental efficacy, which in turn saw single teen mothers reporting satisfaction in their parenting role. Participants felt that, they were in control of parenting their child and not easily manipulated. This response could be looked at as a response to criticism that many teen mothers may endure as they engage as a first time parent. A study contrary to the results of the participants, found low competency and lack of control a great concern for teen mothers.

Teen mothers reported being criticised about their parenting skills and receiving unwanted advice on how to raise their children (Pasley, Langfield, & Kreutzer, 1993). The majority of the participants agreed, that they had the necessary skills to be a good mother and when it came to troubling situations with their child/ children they were able to find solutions on their own. The results of the current study are similar to those conducted by Reiner Hess, Papas and Black, (2002). In particular, teen mothers possess specific beliefs and strategies for parenting their infants and do not deviate from their approaches, regardless of how their infants behave. This ability to successfully accomplish difficult parenting tasks, for example, further increased the level of parental efficacy for these single teen mothers. So much so, that most of the participants felt that they would make a fine role model for a new mother to follow.

Resilient behaviours enabled single teen mothers to see themselves as confident, nurturing and possibly satisfied, with their parenting abilities. Previous work found that parents' perception of competence is important, because it may influence not only parenting, but also family dynamics and parental health (Chronis et al., 2007).

This declares what Bronfenbrenners' bio-ecological systems theory, discussed in Chapter 2, states. Many factors contribute to the development of becoming a competent parent and the interrelation of systems contributes to this development (Bronfenbrenner, 1979). For example, the interaction between factors in the single teen mother's maturing biology, her immediate family and child (microsystem); the community environment (macrosystem), and the societal cultural beliefs and certain values (mesosystem), fuel and steer single teen mothers' development as a parent and changes or conflicts in any one system will flow throughout other systems. Bronfenbrenner (1979) further motivated, that whether parents can perform effectively in their child-rearing roles within the family depends on the role demands, stresses and support emanating from other settings.

Understanding single teen mothers' beliefs is valuable when grasping the impact of parental efficacy. Worthy to note, are the comparisons between this study and previous studies as it confirms that parental efficacy of single teen mothers was not accurately defined and examined in detail in preceding studies. However, it is beneficial to explore the influences on parental efficacy to comprehend parenting further. The following section aims to explore one such influence with specific focus on social support.

6.4 Social Support

This study, as well as previous studies, has not clearly recognised a distinguishable difference between the levels and types of social support among Coloured single teen mothers. Social support is defined as a multidimensional construct that includes cognitions and functions as well as supporting-mobilizing and support-

giving behaviours. Ell's (1984) description of social support, implies that information leading to a person's belief that he or she is (a) cared for and loved, (b) esteemed and valued and (c) belongs to a network of mutual obligation in which others can be counted on should the need arise is accepted within this study, and is discussed in detail in chapter 3. Importantly to note, is that the form in which social support can present itself, as well as the size of the system, may play a role in the quality of parenting (Van Den Berg, 2012). It is the opinion of the researcher that social support could be dependent on the length of habitation status and the family form and should, therefore, be examined further for a deeper understanding.

The results of this study suggest that majority of the participants agreed to having at least one trustworthy person within their family that they can turn to for advice when faced with a problem. In addition, this connection was further established when all of the participants agreed that they had a strong emotional bond with at least one person within the family. This finding was similar to Baumeister and Leary's (1995), who found that the presence of stable bonds is responsible for an abundance of positive effects (e.g., feeling good). Further analysis of the results of this current study, exposed a positive response from participants who collectively agreed in finding comfort with someone they could talk to about important decisions in their lives. The majority of participants in the current study, verbally identified their own mothers as their leading source of comfort.

Support from the family of origin is particularly important in the context of teen parenting, as results from the Reiner Hess, et al., (2002) study affirms. In particular African American teen mothers reported that support from their mother is the most

important source of support during their transition to parenthood (2002). It is without question, that the highest reported perceived social support fell within the subscales; Reliable Alliance and Attachment. The provision Reliable Alliance can be seen as dependable, consistent and trustworthy unions amongst groups. Interpersonal relationships has demonstrated to be a powerful factor in shaping human thought. For example, this similarity of findings can be seen in a study by Watson, (2004), who reported that individuals tend to interpret others with whom they have a relationship as more favourable. In addition, interpersonal relationships have also been reported to produce strong emotional responses. This saw an adding to a high score under the subscale Attachment, which is seen as a connection and or being attached or a part of something. This association was also noted in the Baumeister and Leary (1995) study, which suggested that being accepted and included leads to a variety of positive emotions and this is related to enhance psychological well-being through its effects on positive affect and self-esteem.

6.5 The association between parental efficacy and social support

Pearson correlation coefficients indicated that there was a positive and significant correlation between parental efficacy and social support, with p values falling far below .05. The correlation between parental efficacy and social support was .631** which indicated a statistically significant relationship between parental efficacy and social support. Further correlations reported positive relationships across all subscales (guidance .545**, reassurance of worth .621**, social integration .596**, attachment .598**, opportunity for nurturance .584**, and reliable alliance .521**). Correlations was significant at the 0.01 level (2-tailed). As a result, the decision is to accept Ho3, and declare that a relationship between parental efficacy and social

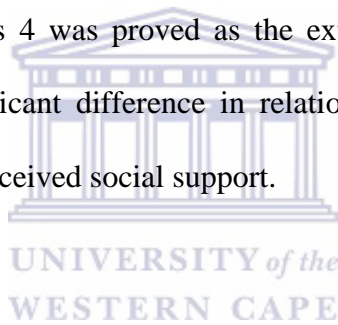
support of single teen mothers does exist. In contrast to this results, a study by Young (2011) featuring Caucasian and Hispanic mothers proved a correlation between social support and parental efficacy, p value = 0.450 falling far below .05. In addition, a study by Hoven, (2012) investigating 77 parents of children 2 to 5 years who had not yet started kindergarten, reported a significant positive relationship between social support and parental efficacy. Perhaps having social support leads to greater satisfaction in the parenting role for single teen mothers.

6.6 Comparing different family forms

An independent samples T-test was performed to compare parental efficacy and social support of single teen mothers across different family forms. Past research has proven that the two constructs influence each other (Teti & Gelfand, 1991; Ontai & Sano, 2008; Cutrona, 1984). Additionally, Raikes and Thompson (2005) explained that when social support systems are weakened, parental efficacy diminishes as well. Chapter 3 of this study showed social support working as a mediator for parental efficacy. However, no studies attempted to look at parental efficacy and social support across different family forms, thus making comparisons between previous findings challenging. Nevertheless, the following results within the study showed that parental efficacy and social support was higher in extended family forms when compared to other family forms. The following results was reported for the subscales; (1) *guidance* - was highest within one parent, (2) *reassurance of worth*, (3) *social integration*, (4) *attachment* and (5) *opportunity for nurturance* - was stronger within extended family form, and (6) *reliable alliance* – was reported to be strongest amongst two parent family forms. However, when

computing for guardian-skip generation, there was no relationship between parental efficacy and social support.

Furthermore, the results also indicated no correlation across subscales of social support. One study, did report findings on extended family. Johnson, (2005) in particular, suggests that attachment to another parental figure, other than the biological mother or father, such as a grandmother or another relative, saw these parental roles of extended family members as a surrogate parent and role model. This is very common within the Coloured communities, perhaps serving as a possible explanation to the majority of significant difference found within this family form. Hypothesis 4 was proved as the extended family form having on average the most significant difference in relationship of single teen mothers' parental efficacy and perceived social support.



6.7 Limitations

The results of the study should be understood with caution as the following limitations were documented:

1. This study only focused on single teen mothers, residing in low socio-economic Coloured communities. Thus, the findings should not be generalized to a larger sample of single teen mothers, but only transferable to mothers who present similar characteristics and resides in comparable communities.
2. The racial indication for the study was; Coloured 98.8%. The sample, therefore, could possibly suggest culture as a confounding variable.

3. Access to single teen mothers was challenging, as parental consent was not always possible. Family embarrassment, gossip and repeated victimisation was a concern. This contributed to the small sample size.

4. The study was conducted by means of self-reporting questionnaires. Participant's responses could be influenced by a fear of being judge or having their identities revealed, although confidentiality and anonymity was explained and affirmed through the data collection process.

6.8 Conclusion

The current study revealed, that a relationship between parental efficacy and social support of single teen mothers do exist and for most, it was statistically significant. This means that any changes observed in the two variables may affect each other and, therefore, may influence the performance of single teen mothers. The extended family form, reported higher levels of correlations across the scales and there was no significant difference for guardian-skip generation family form, in parental efficacy and social support. Findings in this study are consistent with earlier research findings that there is a correlation between parental efficacy and social support. Single teen mothers who reported high levels of parental efficacy, may have the confidence and beliefs within themselves that they are able to handle and successfully parent their child/children. Furthermore, it was established that should teen mothers find themselves faced with difficult decisions and or parenting tasks, social support within their own families would be available to them. As teen parents and especially single teen mothers straddle the adolescent and the adult worlds, it

is vital that we meet them where they are at in adolescent development and support them in their adult role of being a parent.

6.9 Recommendations

Based from the results of this study proposes the following recommendations for future research.

1. Align the study to the present activities of the country to yield more current and supportive outcomes for the society.
2. Health care facilities, such as the MOU's or counsellors, should consider a brief form of intervention in the form of creating a "PLAN" for expected teen mothers. This could help look at the confusion, challenges and changes that the teen mother may be experiencing.
3. Develop and sustain NGO's and agencies that can provide child care assistance for teen mothers who are working or going to school in relation to the child care grant. Perhaps create possibilities where help is offered in placing children of teen mothers in programs themselves.
4. Seek out possible options to help teen mothers and their families to realize that the pregnancy can be okay, as long as decisions are thought out and coping mechanisms are established and practiced. For example, foster support groups for teen mothers and their families.
5. Find improved methods of sourcing even younger age ranges of teen mothers to deliver new information to future researchers.
6. Future researchers would benefit by including longitudinal and observational data investigating social support and parental efficacy to deepen the understanding of the association between the two constructs, but more importantly their influence on teen mothers parenting development.

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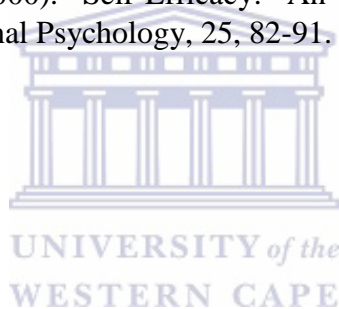
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APPENDICES

Appendix A: INFORMATION SHEET TO PARTICIPANTS



UNIVERSITY OF THE WESTERN CAPE

Private Bag x17, Bellville 7535, South Africa

Tel: +27 21-9592970

PARTICIPANT INFORMATION SHEET

Project Title: A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms

What is this study about?

This is a research study being conducted by Samantha Linn Coert at the University of the Western Cape. We are inviting you to voluntarily participate in this research study to provide us an understanding of support single teen mothers receive from their family influences their parental efficacy (the parent's belief and expectations of competence in the role as parent). The purpose of this research study is to compare social support of different family forms and establish whether a relationship between single teen mothers' parental efficacy and social support exists across the different family forms.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. This questionnaire will ask you questions about your family and how your family support systems relate to parenting and how you see your satisfaction with parenting and beliefs in your parenting role. Completion of the questionnaire will be 35 minutes.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, the information you provide will be totally private; no names will be used so there is no way that you can be identified as a participant in this study. The information will be treated with anonymity and confidentiality. Your name will not be reflected on the questionnaire. The information obtained from the survey will be collated with the information from other completed surveys. Therefore there will be no way to connect you to the survey questionnaire.

What are the risks of this research?

Any research has risks but in this research study we will try to minimise the risk of being harmed in any way. If there are any painful memories of experiences or experiences which may evolve during the research process, we will refer you for the necessary support. If at any time there is disclosure of any incidents of risks or harm to the teen mothers, we are legally compelled to report the information.

What are the benefits of this research?

Information about this topic is limited. The results of this study could have implications for (1) teen mothers, (2) parents, (3) families, (4) communities. (1) Teen mothers will be able to know their parenting level and psychological needs. They will also know how they can overcome certain barriers and motivate themselves by understanding in depth their efficacy; (2) The implication that parental practices could have a domino-effect on the future quality of life and relationships of their children could help parents to realise that they need to acquire a more favourable parenting approach regardless of circumstances towards their children. (3) This study could provide important information for families because the spill over of family support and teen mothers parental efficacy could have positive implications as they will be able to know what risks and challenges their daughter may be encountering thus, enabling them to give a positive intervention and support to their daughter's situation. This information will provide important information regarding the link between teen mothers parental efficacy and family support and interactions with others; (4) Happy families and more specific high level parental efficacy teen mothers could foster positive parenting, minimise child maltreatment and create happy communities; also since community NGO's will retain the results from the study, possible

intervention programmes could be created. Initiatives and activities for building communities and encouraging a sense of participatory citizenship could also be fostered.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part in the study. If you decide to participate in this research study, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

What if I have questions?

This research is being conducted by Samantha Coert a registered Master student in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Samantha Coert at: 072 583 1154 or email: Samantha.coert@gmail.com or contact the research study supervisor: Prof Roman at: 0219592277/2970 or email: nroman@uwc.ac.za. 

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Professor Jose Frantz – Dean of the Faculty of Community and Health Sciences

Tel No: 021 959 2631/2746

Email address: jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee

Appendix B: INFORMATION SHEET TO PARENTS OF PARTICIPANTS



UNIVERSITY OF THE WESTERN CAPE

Private Bag x17, Bellville 7535, South Africa

Tel: +27 21-9592970

INFORMATION SHEET FOR PARENTS

Project Title: A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms

What is this study about?

This is a research study being conducted by Samantha Linn Coert at the University of the Western Cape. We are inviting your daughter to voluntarily participate in this research study to provide us an understanding of support single teen mothers receives from their family and how this support influences their parental efficacy (the parent's belief and expectations of competence in the role as parent). The purpose of this research study is to compare social support of different family forms and establish whether a relationship between single teen mothers' parental efficacy and social support exists across the different family forms.

What will my daughter be asked to do if I agree to allow her to participate?

Your daughter will be asked to complete a questionnaire. This questionnaire will ask her questions about her family and how her family support systems relates to parenting and how does she see her satisfaction with parenting and beliefs in her parenting role. Completion of the questionnaire will be 35 minutes.

Would my daughter's participation in this study be kept confidential?

We will do our best to keep your daughter's personal information confidential. To help protect her confidentiality, the information she will provide will be totally private; no

names will be used so there is no way that she could be identified as a participant in this study. The information will be treated with anonymity and confidentiality. Her name will not be reflected on the questionnaire. The information obtained from the survey will be collated with the information from other completed surveys. Therefore there will be no way to connect your daughter to the survey questionnaire. If data is to be looked at only the researcher and her supervisor will have access to it.

What are the risks of this research?

Any research has risks but in this research study we will try to minimise the risk of being harmed in any way. If there are any painful memories of experiences or experiences which may evolve during the research process, we will refer your daughter for the necessary support. If at any time there is disclosure of any incidents of risks or harm to your daughter, we are legally compelled to report the information.

What are the benefits of this research?

Information about this topic is limited. The results of this study could have implications for (1) teen mothers, (2) parents, (3) families, (4) communities. (1) Teen mothers will be able to know their parenting level and psychological needs. They will also know how they can overcome certain barriers and motivate themselves by understanding in depth their efficacy; (2) The implication that parental practices could have a domino-effect on the future quality of life and relationships of their children could help parents to realise that they need to acquire a more favourable parenting approach regardless of circumstances towards their children. (3) This study could provide important information for families because the spill over of family support and teen mothers parental efficacy could have positive implications as they will be able to know what risks and challenges their daughter may be encountering thus, enabling them to give a positive intervention and support to their daughter's situation. This information will provide important information regarding the link between teen mothers parental efficacy and family support and interactions with others; (4) Happy families and more specific high level parental efficacy teen mothers could foster positive parenting, minimise child maltreatment and create happy communities; also since community NGO's will retain the results from the study, possible intervention programmes could be created. Initiatives and activities for building communities and encouraging a sense of participatory citizenship could also be fostered.

Does my daughter have to be in this research and may she stop participating at any time?

Your daughter's participation in this research is completely voluntary. She may choose not to take part in the study. If she decides to participate in this research study, she may stop participating at any time. If she decides not to participate in this study or if she stops participating at any time, she will not be penalised.

Is any assistance available if my daughter is negatively affected by participating in this study?

Every effort has been taken to protect your daughter from any harm in this study. If however, she may feel affected she can be referred to your nearest community resource for assistance.

What if I have questions?

This research is being conducted by Samantha Coert a registered Master student in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Samantha Coert at: 072 583 1154 or email: Samantha.coert@gmail.com or contact the research study supervisor: Prof Roman at: 0219592277/2970 or email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your daughter's rights as a research participant or if you wish to report any problems you or your daughter have experienced related to the study, please contact:

Professor Jose Frantz – Dean of the Faculty of Community and Health Sciences

Tel No: 021 959 2631/2746

Email address: jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix C: CONSENT FORM FOR PARTICIPANTS

UNIVERSITY OF THE WESTERN CAPE

Private Bag x17, Bellville 7535, South Africa

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CONSENT FORM PARTICIPANTS

Title of Research Project: A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate in this study. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name..... Participant's signature.....

Witness..... Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name:

Prof N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: 021 959 2277/2970

Email: nroman@uwc.ac.za

Appendix D: Consent form for parents of single teen mother participants



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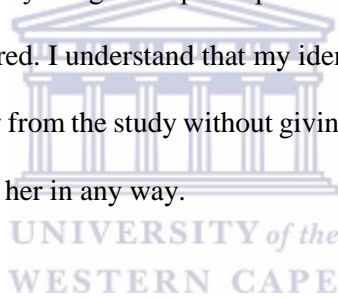
Private Bag x17, Bellville 7535, South Africa

Tel: +27 21-9592970

**CONSENT FORM FOR PARENTS OF SINGLE TEEN MOTHER
PARTICIPANTS**

Title of Research Project: A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms.

The study has been described to me in a language that I understand and I freely and voluntarily agree to allow my daughter's participation in this study. My questions about the study have been answered. I understand that my identity will not be disclosed and that my daughter may withdraw from the study without giving a reason at any time and this will not negatively affect me or her in any way.



Participant's name..... Participant's signature.....

Witness..... Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's:

Prof N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: 021 959 2277/2970

Email: nroman@uwc.ac.za

Appendix E:

Full Questionnaire



UNIVERSITY OF THE WESTERN CAPE

Private Bag x17, Bellville 7535, South Africa

Tel: +27 21-9592970

FAMILY DEMOGRAPHIC

Please complete the following by circling the correct response.

Gender	Male		Female			
Age						
Highest grade completed						
Race	Coloured	Black / African	White	Indian / Asian		
Home language	Afrikaans	English	isiXhosa	Other		
Who do you live with	Both Parents	Mother	Father	Partner	Caregiver / Guardian	Alone
		Only				
Marital Status	Married	Living together, not married	Single, do not live together and are not married			
Are you employed	Yes		No			

1. How many children live in your home? _____

2. What are their ages? _____

3. What is your relationship to the child (ren) aged 0-5 years?

a) Mother _____

b) Stepmother _____

c) Guardian (please specify) _____

d) Other (please specify) _____

4. What was your age at the time of your first child's birth? _____

5. How many adults (18 years or older) live in your home? _____

6. How do you describe the family living in your home?

- a) Single parent family _____
- b) Two parent family _____
- c) Extended family _____
- d) Other (please specify) _____

7. Please tell us the main language and any additional languages spoken in your home:

Main Language: _____

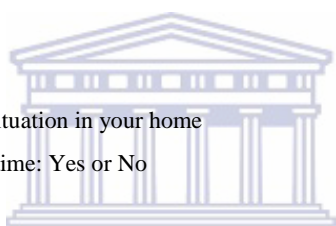
Additional Language(s): _____

8. How many adults living in the home are?

- a) Employed full-time _____
- b) Employed part-time _____
- c) Stay at home parent _____
- d) Student _____
- f) Not employed _____

9. Please describe the childcare situation in your home

a. I take care of the children full time: Yes or No



b. If no, the children are in care:

Fewer than 20 hours per week _____

20 hours per week or more _____

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When the children are in care they are:

Cared for by another adult in our home Yes or No

If yes, who cares for them? _____

SOCIAL SUPPORT. THE SOCIAL PROVISIONS SCALE (SPS)

INSTRUCTIONS: In answering the next set of questions I am going to ask you, I want you to think about your current relationship with family members. Please tell me to what extent you agree that each statement describes your current relationships with other people. So, for example, if you feel a statement is very true of your current relationships, you would tell me “strongly agree”. If you feel a statement clearly does not describe your relationships, you would respond “strongly disagree”.

Strongly Disagree Disagree Agree Strongly Agree

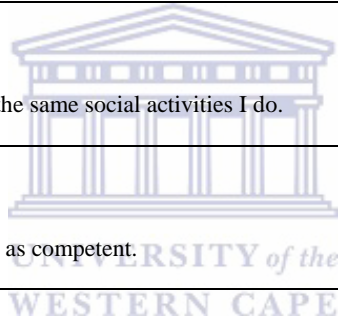
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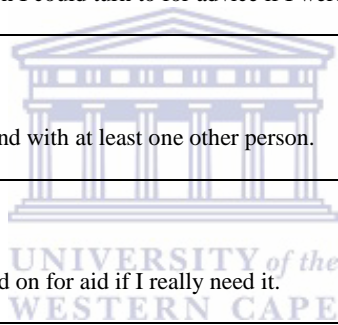
3

4

1. There are people I can depend on to help me if I really need it.	
2. I feel that I do not have close personal relationships with other people.	
3. There is no one I can turn to for guidance in times of stress.	
4. There are people who depend on me for help.	
5. There are people who enjoy the same social activities I do.	
6. Other people do not view me as competent.	
7. I feel personally responsible for the well-being of another person.	
8. I feel part of a group of people who share my attitudes and beliefs.	
9. I do not think other people respect my skills and abilities.	
10. If something went wrong, no one would come to my assistance.	
11. I have close relationships that provide me with a sense of emotional security and well-being.	



12. There is someone I could talk to about important decisions in my life.	
13. I have relationships where my competence and skills are recognized.	
14. There is no one who shares my interests and concerns.	
15. There is no one who really relies on me for their well-being.	
16. There is a trustworthy person I could turn to for advice if I were having problems.	
17. I feel a strong emotional bond with at least one other person.	
18. There is no one I can depend on for aid if I really need it.	
19. There is no one I feel comfortable talking about problems with.	
20. There are people who admire my talents and abilities.	
21. I lack a feeling of intimacy with another person.	
22. There is no one who likes to do the things I do.	
23. There are people I can count on in an emergency.	



24. No one needs me to care for them.	
---------------------------------------	--

**PARENTAL EFFICACY. PARENTING SENSE OF COMPETENCE
SCALE (GIBAUD-WALLSTON & WANDERSMAN, 1978)**

Please rate the extent to which you agree or disagree with each of the following statements.

Strongly Disagree	Somewhat Disagree	Disagree	Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.	1	2	3	4	5	6
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5. My mother was better prepared to be a good mother than I am.	1	2	3	4	5	6
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.	1	2	3	4	5	6
7. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
9. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
10. I meet by own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
11. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
12. My talents and interests are in other areas, not being a parent.	1	2	3	4	5	6
13. Considering how long I've been a mother, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.	1	2	3	4	5	6
15. I honestly believe I have all the skills necessary to be a good mother to my child	1	2	3	4	5	6
16. Being a parent makes me tense and anxious.	1	2	3	4	5	6
17. Being a good mother is a reward in itself.	1	2	3	4	5	6