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Antecedents and concomitants of parenting stress in adolescent mothers in foster care[☆]

Karen S. Budd^{*}, Michelle J.A. Holdsworth¹, Kathy D. HoganBruen¹

DePaul University, Chicago, IL, USA

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Abstract

Objective: This study's aim was to examine variables associated with different short-term trajectories in multiply disadvantaged adolescent mothers by investigating antecedents and concomitants of parenting stress.

Method: We followed 49 adolescent mothers (ages 14–18 at study outset) who were wards in Illinois foster care using a longitudinal correlational design. We examined whether parenting variables (childrearing beliefs, quality of parent-child interactions, and child abuse risk) and personal adjustment variables (emotional distress and social support) at initial assessment predicted parenting stress measured at follow-up (a mean of 22.5 months later). We also examined concurrent relationships between parenting stress and mothers' adaptive functioning in educational, social support, and childbirth areas at follow-up.

Results: We found that parenting variables, but not personal adjustment variables, predicted later parenting stress. Results also showed that current adaptive functioning was significantly related to parenting stress. Specifically, educational status and social support predicted concurrent parenting stress, whereas number of childbirths did not.

Conclusions: These findings extend the small literature on the link between parenting difficulties and parenting stress to adolescent mothers in foster care. Parenting challenges, particularly as reflected in unrealistic child-rearing expectations, appear to be markers for later parenting stress. Considering the longitudinal relationships observed, early and periodic assessment of adolescent mothers' parenting knowledge, skills, and interactions is recommended. Also, given that this study found concurrent social support and educational status to covary with

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^{*} Corresponding author address: DePaul University, Department of Psychology, 2219 North Kenmore Avenue, Chicago, IL 60614, United States.

¹ Michelle Holdsworth is now a psychologist in Sydney, Australia. Kathy HoganBruen is a psychologist with the Ross Center for Anxiety and Related Disorders in Washington, DC. They conducted their master's theses in conjunction with this research.

current parental stress, these variables, and others for which they may serve as proxy, are implicated for careful monitoring.

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Adolescent motherhood has long been recognized as a societal concern (Alan Guttmacher Institute, 1994), due to the risks and disadvantages associated with early parenthood. Research reviews (e.g., Borkowski et al., 2002; Brooks-Gunn & Chase-Lansdale, 1995; Coley & Chase-Lansdale, 1998; Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989; Hayes, 1987; Hechtman, 1989; Rosenheim & Testa, 1992) indicate that adolescent mothers tend to have lower educational achievement, less stable job skills, poorer social and emotional adjustment, greater welfare use, higher rates of poverty, and slightly higher levels of health problems after childbearing than do adolescent peers who postpone childrearing. Adolescent mothers also have been found to be less prepared and effective as caregivers than are older mothers. For example, adolescent mothers have unrealistic expectations of children's development (Field, 1981; Karraker & Evans, 1996; Reis, 1989; Tamis-Lemonda, Shannon, & Spellmann, 2002), are less verbal, sensitive, and responsive in interactions with children (Culp, Culp, Osofsky, & Osofsky, 1991; McAnarney, Lawrence, Ricciuti, Polley, & Szilagyi, 1986; Panzarine, 1988), provide less stimulating home environments (Luster & Dubow, 1990), and experience greater parenting stress (Sommer et al., 1993) than older mothers. The risks of negative outcomes appear to extend to the children as well, particularly to children's cognitive and language functioning as they reach school years (e.g., Brooks-Gunn & Furstenberg, 1986; Keown, Woodward, & Field, 2001).

The current study concerns a group of adolescent mothers who, by virtue of their life circumstances and background, are at elevated risk of difficulties in both personal adjustment and parenting: These young mothers are wards of the state and reside in foster care due to abuse or neglect in their families of origin. The term *foster care*, as it is used here, includes a variety of out-of-home placements, such as relative or nonrelative homes, group homes, supervised living arrangements, and residential facilities. Although the prevalence of parenthood among adolescents in foster care is difficult to ascertain, research indicates that youth in foster care are at high risk of unintended pregnancy (Child Welfare League of America, 1997). Polit, Morton, and White (1989) reported that young women (aged 13–18) in foster care were twice as likely as their demographically matched peers not in care to have had sexual intercourse and to have been pregnant. These authors also found that the teenagers living in foster homes were nearly 2 years younger at their first intercourse than their matched comparison peers (12.4 vs. 14.1 years) and were less likely to have used birth control at their most recent intercourse (44% vs. 66%). A study of over 700 youth transitioning out of foster care in Illinois, Iowa, and Wisconsin found that 32% of the females and 14% of the males reported having at least one child by age 19, and nearly one-half of the girls had been pregnant by age 19 (Courtney et al., 2005).

Foster care was established to provide a “safety net” for youth in need of care; however, the experience of foster care can compound the problems that brought youth into care, leaving them at risk of educational failure, emotional disturbance, unemployment, and other negative outcomes (Courtney et al., 2005; National Research Council, 1993a). Many youth are unprepared to make the transition out of foster care to productive, independent adulthood (Barth, 1990; Cook, 1994). Studies report adverse outcomes for adolescents who are wards over those who are not wards (Oz & Fine, 1988; Yancey, 1992). Girls with a

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