

THE RELATIONSHIPS OF ADOLESCENT MOTHERS'
PERCEIVED SOCIAL SUPPORT SYSTEMS AND
THE QUALITY AND STIMULATION IN
THE HOME ENVIRONMENT

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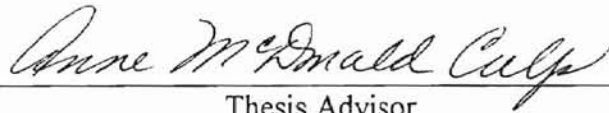
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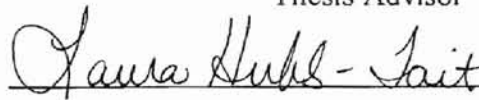
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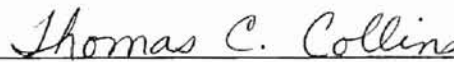
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PREFACE

The study examined the relation between maternal social support as measured by the Maternal Social Support Index (MSSI) and the home environment as measured by the Home Observation for Measurement of the Environment (HOME) and Child and Home Safety Checklist. Two specific questions were: 1) What is the relationship between an adolescent mother's social support system and her home environment, including responsiveness, acceptance, organization, learning materials, involvement, and variety? and 2) What is the relationship between an adolescent mother's social support system and the safety of the home environment? Participants (N=32) were adolescent mothers 18 years of age or younger at the time of conception. The infants were the first child of the participants and were between the ages of six months and two years. The participants must have considered at least one person to be a source of social support for inclusion in the study. Each participant completed a Demographic Interview, a Child and Home Safety Checklist, and the Maternal Social Support Index. The Home Observation for Measurement of the Environment was also completed by the researcher while in the home of the participant. The results indicated that adolescent mothers' perceived amount of social support relates positively to the HOME on two subscales: Organization and Learning Materials.

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CHAPTER I

INTRODUCTION

Two important bodies of literature concerning adolescent mothers were reviewed: (1) ecological studies on the home environments of adolescent mothers which affect the quantity and quality of support and stimulation available to the children and (2) adolescent mothers' social supports as crucial influences on parenting style. Both sets of literature suggest that the home environment coupled with maternal social support influence the children's health and development. However, no studies to date are published relating adolescent mothers' social support with their home environments.

Previous home environment literature has focused on follow-up research (Caldwell & Bradley, 1994), ethnicity and preterm infants (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994), family demographics (Bradley & Caldwell, 1984), and socioeconomic status (Lotas, Penticuff, Medoff-Cooper, Brooten, & Brown, 1992). Previous maternal social support research has focused on ethnicity (Koniak-Griffin, Lominska, & Brecht, 1993), the transition to motherhood (Crockenburg, 1987), living arrangements (Spieker & Bensley, 1994; Wasserman, Brunelli, & Rauh, 1990), attachment (Crnic & Greenberg, 1987; Koniak-Griffin, 1988), and stress (Adamakos, Ryan, Ullman, Pascoe, Diaz, & Chessare, 1986; Parks, Lenz, & Jenkins, 1992). Combining these two bodies of literature has yielded limited research (Adamakos et al., 1986; Reis, 1988; Spieker & Bensley, 1994; Wasserman et al., 1990) with no two studies focusing on the same variables or using the same instruments. Furthermore, no study in the current set of literature has used both the Maternal Social Support Index (MSSI) and the Home Observation for Measurement of the Environment (HOME) on adolescent mothers. These inconsistencies found within the literature review have produced unresolved issues concerning the home environment and maternal social support with adolescent mothers.

Statement of the Problem and Purpose

The current research study is aimed at finding some answers to link the gaps in the literature in adolescent mothers' social support systems and their home environments, including the quality and stimulation provided to the infant while in the home and the safety features of the home. Specifically, how are perceived social support systems related to the responsivity, acceptance, organization, learning materials, involvement, variety, and safety of home environments for her infant or toddler? Therefore, the purpose of this research is to examine the possible relationships between adolescent mothers' social support systems and their home environments they provide for their young children.

Theoretical Framework

The theoretical framework used for this research is the Ecological Theory (Bronfenbrenner, 1979, 1989), which is described as:

The scientific study of the progressive, mutual accommodation, throughout the life course, by an active, growing human being, and the changing properties of the immediate settings in which the developing person lives, as this process is affected by the relations between these settings, and by the larger contexts in which the settings are embedded (Bronfenbrenner, 1989, p. 188).

The ultimate goal of the ecological theory is to understand that human development is a joint function of both the person and the environment. In an attempt to understand the adolescent mother and how she parents, the present study will look specifically at two environmental factors: social support and characteristics of the home environment.

Bronfenbrenner (1989) defines the microsystem as the "pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality, and systems of belief" (p. 227). He further stipulates that the microsystem processes within the family unit impact development by providing additional resources obtainable to the family such as financial opportunities available when the parent is high school educated or above. The research

findings of other authors support Bronfenbrenner's hypothesis. The results of Bee, et al. (1982) conclude that the variables found in the microsystem: social support, life changes, and maternal expectation have a greater impact on development in the low education (high school and below) group than in the high education group. However, Bronfenbrenner proposes that in the high education group, the parents believe the world outside the family unit, the macrosystem, has a developmentally powerful influence on their lives.

A design developed by Bronfenbrenner (1989) is the Process-Person-Context Model in which personal characteristics and environmental characteristics function jointly to impact a child's development. In connection with the Process-Person-Context Model, Bronfenbrenner proposes that each family member of a microsystem impacts every other member. He postulates that in terms of future research, designs need to take into consideration the importance of the microsystem interaction and influence. For instance, the grandmother-mother relationship affects the mother-infant relationship. The most appropriate model for the current research is the Process-Person-Context Model in which each familial relationship is negotiated as a context for each of the processes taking place.

In connection with the Process-Person-Context Model proposed by Bronfenbrenner, the current research is based on the idea that in the microsystem family members influence one another. The adolescent mothers in the current research are living with others in the same household, who may or may not serve as their support system, but will have an impact on the home environment. Furthermore, according to the model, the familial relationships will serve as a context for the overall home environment for each of the processes of social support that are occurring within the microsystem. Therefore, the perceived social support systems of the adolescent mothers will affect their interaction with other persons living within the household, which will also affect the overall home environment. Ultimately, the overall home environment, and those living within it, affect a child's development.

Hypothesis and Relevance

A positive relationship exists between the amount of support that an adolescent mother receives in her parenting role from the people she considers supportive and the quality of the home environment. Two specific questions were asked: (1) What is the relationship between an adolescent mother's social support system and her home environment, including responsiveness, acceptance, organization, learning materials, involvement, and variety? and (2) What is the relationship between an adolescent mother's social support system and the safety of the home environment? This study will test the hypothesis and if the hypothesis is supported, the implications for intervention practices encouraging positive social support systems will be discussed.

Definition of Terms and Delimitations

Caldwell and Bradley (1994) have defined caregiving in the home environment as "a set of environmental actions and conditions that assist or impede the organism in carrying out its own functions" (p. 237). Social support in the current study was conceptualized as "emotional support (esteem, trust, concern, listening), appraisal support (affirmation, feedback, social comparison), informational support (advice, suggestions, directions, information) and instrumental support (aid in kind, money, labor, time, modifying environment)" (House, 1982, p. 99).

The current study defined "adolescent mother" as a mother who was 18 years of age or younger at the time of conception. The adolescent mothers used for the research were those who considered at least one other person to be supportive in their role as a mother. Furthermore, the children of the adolescent mothers were limited to the ages of six months to two years old.

The remainder of the thesis will (1) review the related literature on adolescent mothers, social support, home environment, and safety of the home; (2) illustrate the methods and procedures used, along with a description of the research participants; (3)

report the research findings, along with analyses and evaluation; and (4) offer a summary, conclusions, and recommendations.

CHAPTER II

REVIEW OF THE LITERATURE

Five literature reviews are reported in this chapter: (1) factors associated with adolescent mothers; (2) perceived social support, with specific attention to the analysis of the Maternal Social Support Index (MSSI); (3) the Home Observation for Measurement of the Environment (HOME); (4) the MSSI and the HOME studies on a sample of older mothers; and (5) safety of the home.

Adolescent Mothers

Factors associated with adolescents who are at risk for becoming an adolescent mother include living in a lower income family and neighborhood, residing in a home where the parents have low educational levels, attending low quality schools, having low aspirations, and experiencing school failure (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989). "These so-called contextual precursors do not disappear after the birth of a child, but continue, further exacerbating the trends away from self-sufficiency" (Brooks-Gunn & Chase-Lansdale, 1995, p. 119). In fact, being a child of an adolescent mother increases the chances of that child becoming an adolescent mother herself (Brooks-Gunn & Furstenberg, 1989).

Numerous studies have been carried out to determine the effects of being an adolescent mother on herself and ultimately on her children. Adolescent mothers, when compared to older mothers, have been identified with factors such as lower socioeconomic status, fewer support systems, less education coupled with difficulties achieving an education, and internal constraints of ego development that place their children at-risk for developmental delays (Reis & Herz, 1987; Whitman, Borkowski, Schellenbach, & Nath, 1987). Furthermore, adolescent mothers, as compared to nonpregnant peers, are less likely to finish high school, less likely to find stable employment, more likely to rely on

public assistance, and less likely to enter into stable marriages (Brooks-Gunn & Chase-Lansdale, 1995; Furstenberg et al., 1989). Other studies attribute the adolescent mothers' atypical parenting behavior to emotional immaturity, lack of knowledge of child development, and inexperience with child rearing (Furstenberg et al., 1989; Reis & Herz, 1987; Vukelich & Kilman, 1985).

Adolescent mothers have to overcome their own identity crisis before being able to respond to their infant (Brooks-Gunn & Chase-Lansdale, 1995; Hubbs-Tait, Osofsky, Hann, & Culp, 1994). For instance, adolescent mothers who received little or no support from their mate and little social support during the pregnancy were less able to interact positively with their healthy, full term infants (Culp, Appelbaum, Osofsky, & Levy, 1988). Differences between adolescent and non-adolescent mothers were found in the quantity and quality of auditory stimulation to their infants, with the adolescent mothers performing less adequately in both categories (Culp et al., 1988).

Maternal characteristics of adolescent mothers are linked to the developmental outcome of their children. The adolescent mother's marital status was not predictive of her child's preschool outcomes, but was predictive of her child's adolescent years, especially for the outcomes of behavior problems and sexuality. This indicates that a father figure seems to influence a child during the adolescent years. Also, the birth of additional children into the family was more important to preschool outcomes than adolescent outcomes, indicating that preschool children need adults to spend time with them (Brooks-Gunn & Chase-Lansdale, 1995).

Infants of adolescent mothers, as compared to infants of older mothers, are at a greater risk for delays due partially to the adolescent mothers' parenting behaviors and young age. In one study, adolescent mothers appeared to be less positively responsive, less facially expressive, less verbal, and showed less delight during feeding interaction with their healthy, full-term six-month-old infants than non-adolescent mothers (Culp, Culp, Osofsky, & Osofsky, 1991). Furthermore, in the same study, findings indicate that during

play time with their infants, the adolescent mothers were less appropriate with toys, less patient, less inventive, and had a less positive attitude about play with their infants when compared to the non-adolescent mother sample (Culp et al., 1991).

Between the infancy and preschool years, adolescent mothers do not have the income to afford quality child care due to their low earning potential. This factor translates to negative and lower learning outcomes for their children (Brooks-Gunn & Chase-Lansdale, 1995). Hann, Osofsky, and Culp (1996) have extended their research to studying the children of adolescent mothers into their preschool years. The research findings indicated that not only does mothers' demographic risk predict cognitive functioning (PPVT-R) at the preschool age, but also scores on early mother-infant interaction. The higher at-risk on demographics and the higher at-risk on interaction, the lower the scores on the PPVT-R at 44 months.

Furthermore, patterns of attachment behavior continue into the preschool years and predict later cognitive and socioemotional functioning. Behavioral problems among children of adolescent mothers correlated significantly with maternal depression and a Departure factor derived from responses to attachment narratives. The Departure factor included items from four of the five narratives presented to the child: disorganization of spilled juice representation, disorganization of monster representation, insecurity of departure representation, and disorganization of departure representation (Hubbs-Tait, Hughes, Culp, Osofsky, Hann, Eberhart-Wright, & Ware, 1996). Another study on the effects of adolescent parenting on their preschool children's behavior found a relationship between an adolescent mother's attachment to her child and the child's later outcomes. Similarly, maternal depression and self-esteem predicted outcomes. When adolescent mother-infant attachments were disorganized or insecure, the children were more likely to develop externalizing behavior problems during their preschool years. Furthermore, the children experienced the same behavior problems when their adolescent mother was

depressed. Finally, when the adolescent mother's self esteem was low, the children's contacts with friends and number of friends decreased (Hubbs-Tait et al., 1994).

Not only do social problems and cognitive functioning predict school achievement in children of adolescent mothers in preschool and elementary school years, but it also extends into the adolescent years as well. In the Baltimore Study of Teenage Motherhood and the National Survey of Children, African American adolescents born to teenage mothers were more likely to demonstrate juvenile conduct disorders and school misbehavior, which is an indication of learning problems and lack of interest. In the Baltimore Study, 53% of the African American adolescents of teen moms had failed a grade whereas in the comparison group in the National Study of Children, only 20% of African American adolescents born to older moms had to repeat a grade (Brooks-Gunn & Furstenberg, 1986). However, if the adolescent mother were to no longer receive federal public assistance then the chance of the child repeating a grade between the elementary and middle school years are decreased (Brooks-Gunn & Chase-Lansdale, 1995).

As teenage parenthood drastically rises and "as sexuality, marriage, and childbearing have become less closely linked during the last quarter century," consequences to the adolescent mother and her child(ren) are compounded and magnified (Brooks-Gunn & Furstenberg, 1989, p. 249). Therefore, adolescent mothers are more likely to be less educated and poor, and their children are more likely to grow up in disadvantaged communities, attend lower quality day care and public schools, and experience high rates of instability within their family (Furstenberg et al., 1989).

Maternal Social Support

Whitman, et al. (1987) developed a Model of Adolescent Parenting and Infant Development. The model is based on the stipulations that adolescent mothers' parenting styles are immature and often irresponsible, which places their infants at-risk for future developmental delay. Specifically, social support influence was proposed to indirectly influence infant characteristics through the maternal health and nutritional status and

maternal socioeconomic status. Also, the social support system was postulated to directly influence child development, parenting behavior, maternal cognitive readiness for parenting, and maternal personality and social adjustment.

Parenting effectiveness is correlated with adolescent mothers' cognition and emotional preparedness. The cognitive readiness of adolescent mothers is contingent upon the "formal and informal education they receive from their social support systems and their ability to assimilate and utilize this information in specific parenting situations" (Whitman et al., 1987, p. 51). Furthermore, adolescent mothers' ability to emotionally cope with the stressors associated with parenting relies on "the type of physical and emotional assistance they receive for their social support systems and their own personal (personality) coping resources" (p. 51). Ultimately, concepts of maternal social support for adolescent mothers which can be used are: source of support, type of support, and amount of support (Nath, Borkowski, Whitman, & Schellenbach, 1991).

Maternal social support has been a difficult component to assess in just one measurement tool. Numerous social support measures exist and have been used with older mother samples. For example, the Wilcox Social Support Network Survey (Wilcox, 1981) was designed to assess the "presence, extent, and function of an individual's perceived social support" (Reis & Herz, 1987, p. 603). The subscales of Wilcox accounted for 55% of variance when analyzed through the Varimax-rotated factor loadings. Correlational analysis of the subscales revealed significant intercorrelations (greater than .4 at the .001 level) between the subscales of estrangement, confidant, short-term help, support/encouragement, and crisis intervention in a sample of older mothers (Reis, 1988).

The Inventory of Socially Supportive Behaviors (ISSB; Barrera, 1981) was used in a study with both an adolescent mother sample and an older mother sample. The ISSB measure is a 40-item index which uses a 5-point Likert-type scale to assess the individual's various forms of supports. An adolescent sample ($n = 144$) reported more support from

their mother while an older sample of 139 mothers reported that they received support from no one (Wasserman et al., 1990).

Other social support measures have been administered to samples of adolescent mothers. The Norbeck Social Support Questionnaire (NSSQ; Norbeck, Lindsey, & Carrieri, 1981) was designed to measure social support variables and network characteristics for an individual. The NSSQ significantly correlated with ethnicity and revealed significant differences between African American adolescents ($M = 134.83$) and white adolescent mothers ($M = 183.32$; Koniak-Griffin et al., 1993). The NSSQ also showed significant correlations ($p < .05$) with self esteem as measured with the Self Esteem Inventory on a sample of adolescent mothers (Koniak-Griffin, 1988).

Another measure used to assess adolescent social support is the Arizona Social Support Interview Schedule (ASSIS; Barrera, 1981), which asks the participant to list individuals who provided support on seven components (Voran & Phillips, 1993). The ASSIS revealed significant correlations between living arrangements and types of support of the adolescent mothers. Those adolescents with both grandmother and partner support were compared. Analysis results had more correlations with the grandmother support ($M = 3.2$) than the partner support ($M = 2.1$) (Spieker & Bensley, 1994).

Quality of the Home Environment

In the development of the HOME Inventory, Caldwell and Bradley (1984) relied upon Bronfenbrenner's Ecological Theory. On the information gained from the Ecological Model of Early Development, Caldwell and Bradley identified three variables that directly influenced the child's development: the child's personal characteristics, the physical environment, and parenting. Parenting, as presented here, refers to the transactions and events that take place in the home environment and the objects provided in the home, which can be controlled by the parents or permitted by the parents to exist in the presence of the child or in his surroundings (Bradley & Brisby, 1990).

Parenting also affects other factors in the home, which have been termed cognitive, socioemotional, and physical factors. Examples of how parenting influences the cognitive home environment are the quantity and quality of language used by the parents in the home, the variety of social and sensory experiences provided to the child by the parents, and the emphasis and encouragement placed on the child's intellectuality and achievement by the parents. The socioemotional home environment factors that influence the child are parental nurturance and responsivity, the restrictions placed on the child from the parents, and the discipline techniques used by the parents. The physical home environment is also affected by parenting styles, in that it determines the quality of toys and learning materials purchased for the child, the level of sensory play input for the parents to the child, and the arrangement of the home environment by the parents that allow for the well-being and health of the child (Bradley & Brisby, 1990). These environmental factors of cognitive, socioemotional, and physical became components of the instrumentation of the HOME Inventory.

Of particular interest to this research study was the Infant-Toddler portion of the HOME Inventory. In a factor analysis of the Infant-Toddler HOME Scale (IT-HOME) by Stevens and Bakeman (1985), three factors were identified. They labeled the first factor "Support for Intellectual Development (SID)," which accounted for 11.7% of the variance and contained nine of the 45 questions on the IT-HOME, including availability of developmental toys, presence of books, and mother's attention to the child's play with toys. The second factor, "Verbal Responsivity," accounted for 6.7% of the variance and included mother-child interchange of verbal responses and caresses or kisses. The third factor, "Non-Punitive," accounted for 6.0% of the variance and contained items labeled avoidance of punishment and restriction, such as the parent did not shout at the child and the parent did not overly restrict the child's movements or play.

The results of Stevens and Bakeman's (1985) research on 213 Caucasian and African American low income children illustrated that the three factors they identified and

the total score on the IT-HOME significantly predicted four-year-olds' Stanford-Binet scores using multiple regression analysis: support for intellectual development, verbal responsivity, non-punitive, and total IT-HOME score. Stevens and Bakeman (1985) concluded that the significance of their results for all three factors and the total IT-HOME score can be attributed to the fact that each factor came from parts of the six subscales; therefore, predictive power is shared by the subscales as a whole and not concentrated in only one subscale.

Numerous researchers have used the HOME Inventory to identify significant relationships in studies of older mothers when examining the home environment and: (1) family demographics variables, such as race, sex, SES, birth order, and family crowding (Bradley & Caldwell, 1984); (2) premature infants and family income (Bradley, Mundfrom, Whiteside, & Caldwell, 1994); and (3) premature infants and ethnicity, including Caucasian, African American, and Hispanic American parents (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994).

Bradley (1993) performed an extensive review of the HOME literature by evaluating 197 articles, which were published between 1975 and 1993. In addition to the factors already listed above, he found significant correlations between the HOME Inventory and (1) later intellectual and academic achievement, (2) later language competence, (3) health related outcomes, and (4) current social economic status. In addition, the HOME Scale has been used in studies on children with disabilities. Results of this review by Bradley (1993) indicate that the HOME measure is a resource used in numerous studies to determine variables which influence and affect the home environment.

Luster and Rhoades (1989) studied 20 adolescent mothers and a comparison group of 32 older mothers (20 years and above). The two groups had similar educational backgrounds and income level. The comparison study group, although almost equivalent in educational and income levels, differed in that they were almost all married (31 out of 32) and, on average, had more than one child. Overall, the HOME score for the

adolescent mothers (35.5) was significantly lower ($p < .05$) than the average score of the older mother comparison group (38.2). The authors attribute the lower scores of the adolescent mothers not solely to their young age, but also to the unplanned pregnancy, failure to finish high school, poor future employment prospects, and the baby's father's absence from the home.

Another study done by Garrett, Ng'andu, and Ferron (1994) indicates that poverty affects the quality of the child's home environment. Parents who are impacted by economic distress often rely on the use of corporal punishment, requiring obedience in the children, withholding affection, and being unresponsive or neglectful to the children's needs. The study began in 1979 with mothers aged 14 to 21. Interviews were conducted annually until 1986, with a high retention rate of 92.7%. The HOME was administered, using the IT-HOME for children zero to three and the Early Childhood HOME for children three to five. The Cronbach's alpha was .56 and .70 respectively. Of the 28% of the children in this study who were born into poverty, their HOME scores increased at a significantly higher rate per unit as the income-to-needs ratio increased.

MSSI and HOME Studies

Pascoe (1981) designed the Maternal Social Support Index (MSSI) as a measure to identify the relationship between maternal social support and the home environment. The earliest form of the HOME Inventory was used for this study, which was called the Inventory of Home Stimulation (IHS; the revised version, along with the name change, occurred in 1984). Sixty-nine participating families were chosen from the Neonatal Intensive Care Unit (NICU) of the North Carolina Memorial Hospital. At the time of the child's admission to the NICU, a 24-item psychosocial measure was given to the mothers. The scale identified those mothers who were or were not the recipients of social support during the time of delivery. The mothers were visited in the home when their child was between two and one half and three years old. At this time, the MSSI and the IHS were administered. The overall IHS scores significantly correlated with the MSSI total score

($r = .427$, $p < .01$) and with family income ($r = .486$, $p < .01$). The IHS subscales, which are the same as the revised version of the IT-HOME, significantly correlated with items on the MSSSI. For the second IHS subscale, Avoidance of Restriction and Punishment, significant correlations were found with three MSSSI subscales: Satisfaction with Visits from Kin, Satisfaction from Communication with a Male Partner, and Satisfaction from Communication with Another Support Person ($p < .001$). In the third IHS subscale, Organization of Physical and Temporal Environment, significant correlations were found with two MSSSI subscales: Satisfaction from Communication with Another Support Person and Community Involvement ($p < .0003$).

For the fourth IHS subscale, Provision of Appropriate Play Materials, significant correlations were found with two MSSSI subscales: Emergency Child Care and Community Involvement ($p < .002$). For the sixth IHS subscale, Opportunity for Variety in Daily Stimulation, significant correlations were found on two subscales of the MSSSI: Help With Daily Tasks and Emergency Child Care ($p < .0002$). The first subscale of the IHS, Emotional and Verbal Responsivity of the Parent, and the fifth subscale of the IHS, Parent Involvement with Child, did not correlate with any sections on the MSSSI. The results of this study imply that the increase of the perceived maternal social support systems may affect the overall home environment, therefore increasing the child's informal learning opportunities (Pascoe, Loda, Jefferies, & Earp, 1981).

The Pascoe, et al. study (1981) is the only study to date that has related maternal social support to the home environment. In the study, the MSSSI significantly correlated with four of the six HOME subscales when used on a sample of older mothers. No studies to date have related an adolescent mother's perceived social support to the quality and stimulation in the home environment.

Safety of the Home

Childhood injuries are associated with the age specific behavior and activities of the child, the environmental hazards, and the behavior, knowledge, and awareness of the

child's caretakers (Gofin & Palti, 1991). The three most common injuries to children are burns, poisoning, and falls (Glik, Greaves, Kronenfeld, & Jackson, 1993). Childhood injuries are due to factors in the home environment that could have been prevented by the parents: installing a smoke detector, making poisons and medicines inaccessible, reducing water temperature to safe levels, placing gates at the top and bottom of stairs, providing safe play areas, and properly using car seats (Greaves, Glik, Kronenfeld, & Jackson, 1994; Russell, 1991; Webne, Kaplan, & Shaw, 1989; Wortel & de Gues, 1993). Social environmental risks for childhood injury have also been identified: maternal depression, mother's anticipation of injuries, family stress, poor parental coping skills, low socioeconomic status, and low maternal educational status (Garling & Garling, 1995; Greaves et al., 1994; Wortel & de Gues, 1993). Behavioral risks for childhood injuries include the child's temperament and the mother's perceived level of aggressiveness and manageability in the child (Matheny, 1988). As mentioned in previous literature review on perceived social support, the amount of help (support) a mother receives relates positively to the risk factors listed here as associated with child health and safety. No studies to date have related home safety to perceived social supports.

CHAPTER III

METHODOLOGY AND PROCEDURES

Procedure

After acquiring IRB approval and permission to use the MSSSI and HOME measures by their respective authors, the director of a Tulsa district public school for adolescent mothers was contacted. The written consent of each adolescent mother in the program who wanted to participate was also obtained. Each participant was taken out of class for approximately 30 minutes. The consent form was explained by the researcher and voluntarily signed by the adolescent mother if she chose to participate. All correspondence letters to the IRB, authors of the MSSSI, HOME, director of adolescent public school and the adolescent consent form are found in Appendix A.

After the adolescent mothers signed the consent form, the demographic questions were asked of the mother by the researcher, who then recorded the answers given by the participant. The mother was then asked to complete the Maternal Social Support Index and the Child and Home Safety Checklist. Finally, a one hour home visit was scheduled so the Home Observation for Measurement of the Environment could be completed by the researcher while in the home of the adolescent mother and her child. The four instruments used in the current study are found in Appendix B.

Design

The design used for this research was correlational, which is defined as gathering information about the relationship between two or more variables. An advantage of the correlational design is that it estimates the direction and strength of the relationship between the two variables in their natural setting. The limitation of the correlational design is that it does not allow cause-and-effect relationships to be determined among the variables being studied.

Reliability

Reliability on the HOME Inventory was carried out by two researchers scoring the HOME simultaneously while in the home of five adolescent mother participants. Three researchers collected the data: the author, a social worker who worked at the adolescents' school, and a graduate student in Child Development at Oklahoma State University. Interrater reliability was .95, calculated by checking for complete accuracy on each item of the HOME scale.

Participants

Thirty three participants were selected by nonprobability and convenience sampling. One adolescent mother was not included in the analysis because she was mentally limited, as identified by the referring public school. The final total sample consisted of 32 adolescent mothers. The adolescent mothers met certain criteria before entering the study. First, the teen mothers had to be 18 years old or younger at the time of conception. Second, the adolescent mother's child had to be between the ages of six months and two years, in order to administer the IT-HOME (Caldwell & Bradley, 1994). Third, the adolescent mothers had to consider at least one person to be a source of social support, as indicated on the Demographic Interview.

The participants resided in a large metropolitan city and attended a public school program for adolescent females who were pregnant or who already had a child. The age of the adolescent mothers at the time of the birth of their first child was between 14 years, 6 months and 19 years, 2 months; $M = 17.16$ ($SD = 1.3$). The ages of the infants used in this study ranged in age from 5 months 3 weeks to 1 year 10 months and 56.3% were female. The socioeconomic status of adolescents is difficult to assess due partially to their age, lack of full time employment, and no high school degree. However, the home in which the adolescent mother and her infant resided was assessed on income level. Table 1 describes the participants in detail.

Insert Table 1 about here

The adolescent mothers were also asked to respond to specific questions about who they considered to be their source of social support. Over half of the participants (53.1%) had three or fewer total sources of support and the mean number of supports was 4.44 ($SD = 3.19$) with a minimum of 1 to a maximum of 11 social supports listed. As for “friends” seen as a source of support, 62.5% of the adolescent mothers did not perceive any friends to be supportive. The mean number of friend support was 1.22. Table 2 depicts the adolescent mothers’ answers to questions about their perceived sources of social support.

Insert Table 2 about here

Instruments

The Demographic Interview. The Demographic Interview (Culp, 1991) had questions that identified the adolescent mothers' educational level, age, and income status, among other constructs and a copy the measure is included in Appendix B. Answers were recorded by the examiner checking off the answer given by the adolescent mother. Face validity in the Demographic Interview was assessed by two professors and by five researchers. It is also similar to interviews used nationally on low income mothers (Daro, 1991).

Systematic error in the Demographic Interview was low, because the researcher was not asked to evaluate the participant, only to record what each participant said. Each participant's answers were coded as to the category that the participant identified, not according to a category chosen by the researcher. Random error involved in the Demographic Interview was low, as the questionnaires are short and written in simple

sentences. Also, in order to reduce random error, the participants were given ample time to finish the interview and did have opportunities to ask questions.

Maternal Social Support Index. The Maternal Social Support Index (MSSI; Pascoe, 1981) was designed to assess quantitative and qualitative aspects of social support provided to the mother by her social network as well as her satisfaction with that support (Pascoe, Ialongo, Horn, Reinhart, Perradatto, 1988). The MSSI, when used with samples of older moms, has been found to correlate significantly with low birth weight (Pascoe, Chessare, Baugh, Ulrich, & Ialongo, 1987), child maltreatment (Pascoe, Walsh-Clifford, & Earp, 1982), preschool home stimulation (Pascoe et al., 1988), depression (Pascoe & French, 1990) and stress (Adamakos et al., 1986). The MSSI has been used with nationwide samples of adolescent mothers in conjunction with the National Committee for the Prevention of Child Abuse "Healthy Families America" campaign (Daro, 1988).

The choice to use the MSSI over other social support measures was based on the components involved in the MSSI scale. First, the measure was made for maternal support, which is one of the key components of the current research. Second, the measure involved evaluation of the mother's satisfaction with the support she received, which is a factor that is not present in the other instruments. Satisfaction with maternal social support is deemed to be an important factor in many suggestions for future social support research (Crnic & Greenberg, 1987; Crockenburg, 1987; Parks et al., 1992; Reis, 1988; Secco & Moffatt, 1994; Unger & Wandersman, 1985).

The Maternal Social Support System Index (MSSI) developed by Pascoe (1981) is included in Appendix B. The MSSI is a 21 item self-report questionnaire in which the mother answers questions concerning her social support and her satisfaction with that support. There are seven social support subscales, which are: (1) Help with Daily Tasks, (2) Satisfaction from Visits with Kin, (3) Help with Crises, (4) Emergency Child Care, (5) Satisfaction from Communication with a Male Partner, (6) Satisfaction from Communication with Another Support Person, and (7) Community Involvement. An

example of questions asked on the MSSSI are “How many people can you count on in times of need?” (Followed by answers ranging from “0” to “10 or more”). The interpretation of the scoring on the MSSSI is through use of a ratio scale.

The construct validity was assessed by Pascoe, Walsh-Clifford, and Earp (1982). They evaluated mothers who were of the same lower level social class but were either under Protective Services for Children or had never been involved with Protective Services. The results computed revealed that the Protective Service (PS) mothers had a score ranging from 4 to 9 on the MSSSI while the non-PS mothers ranged from 7 to 18. The difference between the two groups of mothers was statistically significant at the .001 level using Student's *t* test. These results reveal that “the construct of the MSSSI does reflect parameters of mothers' social support” (Pascoe et al., 1982, p. 122) since the PS mothers, who are more apt to experience some social isolation, had lower scores when compared to non-PS mothers of similar SES.

The concurrent and predictive validity of the MSSSI were evaluated by Pascoe & French (1990). The MSSSI total scores correlated with the Center for Epidemiologic Studies Depression Scale (CESD), which is a 20-item scale designed to assess depressive symptoms in the general population. The mothers who took the MSSSI and the CESD showed a correlation between depressive symptoms following the birth of their first child and social support at six weeks postpartum ($r = -.50, p < .005$) and at nine months postpartum ($r = -.45, p < .02$). The MSSSI total scores also correlated with the Dyadic Adjustment Scale (DAS), which is a 32-item measure used to assess the quality of the intimate relationship with another. At birth and at nine months postpartum, the correlation between the MSSSI and the DAS was moderate ($r = .41, p < .001$).

Reliability, using the test-retest format, was assessed when the first MSSSI measure was given to mothers of newborn infants and the second MSSSI was given two years later. The MSSSI correlated with maternal stress on two MSSSI scales when measured two years later. The first scale was the “number of people the mother could count on in times of

need” and the second was the “number of relatives seen regularly and her satisfaction with those visits” ($r = .44, p < .05$). The negative correlation of maternal stress and the first MSSSI scale ($r = -.45, p < .005$) and the negative correlation of child stress with the second MSSSI scale ($r = -.39, p < .01$) indicate that as maternal social support increased, maternal-child stress decreased, which supports reliability of the MSSSI (Adamakos et al., 1986).

In another study, performed by Pascoe, et al. (1988), the test-retest correlation was high ($r = .72, p < .001$). The mothers who took the MSSSI were recruited from a pediatric clinic. The majority of these women were white (80.9%), were married (64.0%), were high school graduates (46.3%), with a variety of incomes ranging from <\$5,000 (23.7%) to \$5,000 - \$15,000 (28.9%) to \$15,001 - \$30,000 (24.5%) to >\$30,000 (23.0%). The mothers took the second MSSSI six to eight weeks after the first, with a range of .58 to .81, $p < .001$ on individual item correlations.

Systematic error was low as interpretation of the mothers’ answers were not necessary. Random error was also low as the measure is short and easy to understand. Generalizability is limited, as the MSSSI has been used primarily with older mothers having low income status and low education level, and at-risk mothers (Adamakos et al., 1986).

In this study, the variables chosen to represent social support are five individual MSSSI questions, as well as the MSSSI total score. The scores were selected because they were continuous variables, not categorical, which would allow for the Pearson Product Moment correlation to be used and interpreted. The individual items selected were #12 “How many relatives do you see once a week or more often?,” #12A “Would you like to see relatives more often, less often, it’s about right?,” #13 “How many people can you count on in times of need?,” #14 “How many people would be able to take care of your child for several hours if needed?,” and #14A “How many of these people are from your neighborhood?”

Home Observation for Measurement of the Environment. The Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 1984) was developed

to delineate the environment and to determine the processes that reflect how differences in the environment lead to variability in development. The HOME Inventory attempts to answer questions about and identify components of maternal caregiving in the home environment that need to be assessed in regard to the children's development (Bradley, Caldwell, & Rock, 1990). The items on the HOME Inventory are to measure proximal (not distal) aspects, such as direct encounters involving the child of the home with some object, person, or event in the same environment that may directly influence the child's course of development (Caldwell & Bradley, 1994).

The portion of the HOME Inventory used for this research is the form for families of infants and toddlers (IT-HOME) and a copy is found in Appendix B. The HOME uses an ordinal scale to interpret the scores on the following subscales: (1) Emotional and Verbal Responsivity of the Parent, (2) Acceptance of the Child's Behavior, (3) Organization of the Physical and Temporal Environment, (4) Provision of Appropriate Play Materials, (5) Parent Involvement with the Child, and (6) Opportunities for Variety in Daily Stimulation. The scoring of the HOME Inventory is by direct observation and questioning while the researcher is in the home of the infant or toddler for approximately one hour. An example of an observation noted by the researcher is "Parent does not express annoyance with or hostility to the child" during the home visit. An example of a question asked by the researcher to the mother is, "Do you ever take her out in the yard to play or walk her in her stroller? About how often?"

The predictive validity of the IT-HOME Inventory measured at six months of age correlates with IQ at 3 to 4 years of age (range of r values = 0.3 to 0.5). Furthermore, the IT-HOME measured at 12 to 24 months correlates with IQ at 3 to 4 years old (range of r values = 0.6 to 0.7; Caldwell & Bradley, 1994). Predictive validity was also assessed in a follow-up study between the IT-HOME and 10-year-old school measures, such as the Classroom Behavior Inventory (CBI) and the Science Research Associates (SRA) achievement test, and the Middle Childhood HOME Scale (MC-HOME). The IT-HOME,

as measured at either 6 or 24 months of age found “significant correlations with at least one of the 10-year school measures and five of the eight subscales of the MC-HOME” (Bradley, Caldwell, & Rock, 1988, p. 861).

On the IT-HOME Inventory, reliability, as measured by internal consistency, was assessed by using Cronbach's alpha coefficients. For each of the six subscales, the alpha coefficients ranged from .44 to .89 (Bradley & Brisby, 1990). Reliability is also measured by test-retest procedures. However, the test-retest has not been used with the HOME Inventory for two reasons. First, the readministration cost would be high, as each observation takes approximately one hour to complete. Secondly, the “artificiality” of the researcher communicating with the parent about the same issues and topics one month later would be redundant (Bradley & Brisby, 1990).

Generalizability on the IT-HOME Inventory has been evaluated by Bradley, et al. (1994) in a sample of Caucasian, African American and Hispanic mothers. Five factors from the IT-HOME emerged as significant for Caucasian mothers. These factors were identified as (1) Avoidance of Punishment/Acceptance, (2) Responsiveness, (3) Involvement, (4) Toys and Materials, and (5) Verbal Stimulation. Five factors from the IT-HOME also accounted for significance with the African American mothers, which were (1) Avoidance of Punishment and Acceptance, (2) Responsiveness, (3) Toys and Materials, (4) Verbal Stimulation, and (5) Presence of the Father. Hispanic mothers had seven factors which accounted for significance, which were (1) Avoidance of Punishment, (2) Responsiveness and Involvement, (3) Toys and Materials, (4) Verbal Stimulation, (5) Presence of the Father, (6) Acceptance, and (7) Isolation.

For this study, the variables chosen to represent the IT-HOME were the six subscale scores and the IT-HOME total score. The subscales used were Responsivity, Acceptance, Organization, Learning Materials, Involvement, and Variety.

Child and Home Safety Checklist. The Child and Home Safety Checklist (Culp, 1993) is a 26 question self-report instrument that has been used in previous studies by

Culp since 1991 and is included in Appendix B. The binary yes or no answers are coded for questions such as “Do you have medicines and cleaning supplies stored in a locked cabinet?” and “Have you installed a smoke alarm?” Content validity on the Child and Home Safety Checklist has been assessed and confirmed by a panel of ten professionals and researchers who are knowledgeable about infant health and safety. For this study, the Child and Home Safety total score was used to answer the second research question.

Data Collection, Recording, and Analysis

Data collection began in June, 1996 and continued through October, 1996. The data were collected at the adolescent mother's school for the Demographic Interview, the MSSSI, and the Child and Home Safety Checklist. The HOME Scale was done in the home in which the adolescent mother and her child reside. Data recording for the Demographic Interview was assessed through the researcher asking the questions, the participant answering each one, and the researcher recording the responses. Data recording on the MSSSI and the Child and Home Safety Checklist was done by the participant filling out the questionnaires. The HOME Inventory was assessed by the researcher's observations of the mother and child in their home environment, while the child was awake, and through a semi-structured interview in which the participant's oral answers were recorded by the researcher. The completion of the four measures took approximately one and one-half to two hours. The data were analyzed using the Pearson Product Moment correlation coefficient. The correlation coefficients were reported and represented the strength of the relationships between variables. Power was executed at a probability level less than .05.

CHAPTER IV

ANALYSIS AND EVALUATION

Descriptive Statistics

The mean, standard deviation, minimum and maximum scores for the MSSSI, HOME, and the Child and Home Safety Checklist were determined. The MSSSI had a possible total score range of a minimum of 0 and a maximum of 39 points possible. For the data collected in this research study, the mean was 26.03 points ($SD = 5.46$) and the actual scores ranged from 9 to 36 points. On the MSSSI, the question of how many relatives were seen once a week or more often, the scores ranged from 0 to 10 and the mean was 4.72 ($SD = 2.77$). The question of how many people to count on, the scores ranged from 2 to 10 and the mean was 4.56 ($SD = 2.45$). The question of how many people can take care of child, the scores ranged from 0 to 10 and the mean was 3.47 ($SD = 2.2$). The question of how many people from your neighborhood, the scores ranged from 1 to 5 and the mean was 1.81 ($SD = 1.0$).

The HOME had a possible total score range of a minimum of 0 to a maximum of 45 points possible. For this sample of participants, the mean was 32.66 points ($SD = 5.88$) and the scores ranged from 19 to 41 points. On the HOME, the subscale of Responsivity had a possible range of 0 to 11, actual scores ranged from 2 to 10, and the mean was 7.12 ($SD = 2.3$). The subscale of Acceptance had a possible range of 0 to 8, actual scores ranged from 4 to 8, and the mean was 6.09 ($SD = 1.09$). The subscale of Organization had a possible range of 0 to 6, actual scores ranged from 3 to 6, and the mean was 5.34 ($SD = .83$). The subscale of Learning Materials had a possible range of 0 to 9, actual scores ranged from 2 to 9, and the mean was 6.84 ($SD = 1.67$). The subscale of Involvement had a possible range of 0 to 6, actual scores ranged from 1 to 6, and the

mean was 3.63 (SD = 1.29). The subscale of Variety had a possible range of 0 to 5, actual scores ranged from 1 to 5, and the mean was 3.66 (SD = 1.21).

The Child and Home Safety Checklist had a possible total score range of a minimum of 0 to a maximum of 25 points. For the sample used in this research, the mean was 20.5 points (SD = 2.31) and the actual scores ranged from 16 to 24 points.

Correlational Analysis

The Pearson Product-Moment correlation statistic was used to analyze relationships between the variables. Table 3 shows the results of the correlational analysis performed.

Question 1. The first specific question of the current research was “What is the relationship between an adolescent mother’s social support system and her home environment, including responsiveness, acceptance, organization, learning materials, involvement, and variety?” On the MSSSI, how many people take care of child correlates positively with the Organization subscale on the HOME, $r = .352$, $p < .05$. On the MSSSI, how many people to count on positively correlates with the HOME subscale of Learning Materials, $r = .352$, $p < .05$.

Question 2. The second specific question was “What is the relationship between an adolescent mother’s social support system and the safety of the home environment?” On the MSSSI, how often she sees relatives positively correlated with the Safety total score, $r = .351$, $p < .05$.

Insert Table 3 about here

CHAPTER V

DISCUSSION

Conclusions

Previous research on adolescent mothers' social support systems and the home environment provided by the mother to her child indicate that the microsystem and the macrosystem both have profound influences on the child's development. This research study has presented evidence that the adolescent mothers' perceived amount of social support relates to the HOME scale on two subscales: Organization and Learning Materials. These research results provide preliminary answers to the questions posed earlier. First, the relationship appears to be positive and linear when examining adolescent mothers' perceived social support systems and their home environment. Specifically, the higher the number of people available to care for the baby, the higher the score on Organization of household, which includes: child care provided by regular substitutes, child taken to the grocery store at least once a week, child gets out of the house at least four times a week, child taken regularly to the doctor or clinic, child has a special place for toys or treasures, and child's play environment is safe. Also, the higher the number of people available in times of need, the higher the score in Learning Materials, which includes: muscle activity toys or equipment, push or pull toys, stroller or walker, parent provides toys for child to play with during visit, cuddly or role-playing toys, learning facilitators, simple and/or complex hand coordination toys, and toys for literature and music.

The "augmentation of maternal social support networks may affect the home environment and increase children's informal learning opportunities" (Pascoe et al, 1981, p. 17). The current study compliments previous research as the findings imply that social support is related to the home environment. For example, in the Pascoe, et al. (1981)

study, older mothers were compared on the HOME and the MSSSI and results showed that the Organization subscale correlated significantly with the questions of "Do you have adults with whom you have regular talks?" and "How satisfied are you with those talks?" In addition, in the Pascoe, et al. (1981) study, the Learning Materials subscale correlated significantly with the question of "Number of people who could babysit in an emergency." In the current study of adolescent mothers on the HOME and MSSSI, the results did not exactly replicate Pascoe's findings at a significant level; however, the current findings were in the same direction indicating a positive relationship between social support and characteristics of the home environment.

Recommendations

The adolescent mothers in this study were typical of adolescent mother samples used in other studies. For instance, almost half were of lower income, where 45.2% had incomes of less than \$499 a month. The adolescent mothers also relied heavily on public assistance, as 90.6% were using WIC, 31.3% were on AFDC and 25% were getting food stamps. Only 9.4% of the sample were married. They also had few social supports, with 53.1% having three or fewer social supports.

The adolescent mothers in this study were atypical in some areas as well. All adolescents in this study were still in school, which was because the sample was derived from a public school for pregnant and parenting adolescents. Also, these mothers did not find their peers to be supportive which is surprising since all were enrolled in a school setting where everyone else was in the same situation, experiencing similar feelings, and encountering similar problems. Twenty mothers, or 62.5% of the sample, did not have friends that were supportive to them in their parenting role. Furthermore, the mean number of friend supports for this sample of adolescent mothers was only 1.22. It is believed that while this sample of adolescent mothers was somewhat typical of other groups of adolescent mothers studied elsewhere, that the lack of their perceived social supports curtailed the results. It is possible that the adolescent mothers in the study were

in a transition period, where they were losing touch with their friends from their home school and not yet feeling a close connection with the other pregnant and parenting adolescent mothers at the new school.

Findings from this study are not strong enough to recommend innovative approaches in parenting programs. However, it is necessary to point out that the social support of the early intervention parent education program can provide the adolescent mother with the support she needs during pregnancy and postpartum. These supports can buffer the lack of social support she receives elsewhere. The recommendations from this study are to further analyze the effects of social support on adolescent mothers' parenting.

The findings from studies on adolescent mothers and their children depict concerns that communities need to offer support and educational programs for adolescent parents. Adolescent parent programs need to incorporate methods for the mothers to finish school, receive quality child care, become self-sufficient or at least less dependent on public assistance, and receive parenting classes (Brooks-Gunn & Chase-Lansdale, 1995). Additional research on adolescent mothers is needed not only to understand adolescent parenting practices, but also to discern the consequences of adolescent parenting behavior on the children.

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Table 1: Demographic Data of Adolescent Participants

<u>RACE</u>	<u>%</u>	<u>n</u>
Caucasian	37.5%	12
African-American	34.4%	11
Native American	12.5%	4
Hispanic	9.4%	3
Multiracial	6.3%	2

<u>LIVING</u>	<u>%</u>	<u>n</u>
<u>ARRANGEMENTS^a</u>		
Their Single Parent	28.1%	9
Other Relative	25%	8
Boyfriend, not FOB [*]	21.9%	7
Natural Parents	18.8%	6
Parent & Step Parent	12.5%	4
Husband, FOB [*]	9.4%	3
Friends	9.4%	3
Boyfriend, FOB [*]	6.3%	2

^aSome participants lived with more than one person; therefore, more than one answer per person was acceptable

^{*}Father Of Baby

<u>MARITAL STATUS</u>	<u>%</u>	<u>n</u>
Single, never married	81.3%	26
Married, 1st time	9.4%	3
Engaged	6.3%	2
Single, separated	3.1%	1

<u>HOUSEHOLD INCOME</u>	<u>%</u>	<u>n</u>
less than \$499/mo.	45.2%	14
\$500-\$1499/mo.	19.4%	6
\$1500-\$2499/mo.	25.8%	8
\$2500 and up/mo.	9.7%	3

<u>PUBLIC ASSISTANCE^b</u>	<u>%</u>	<u>n</u>
WIC	90.6%	29
AFDC	31.3%	10
USDA food stamps	25%	8

^bParticipants may have been receiving more than one source of support

Table 2: Participants Perceived Sources of Social Support

<u>SOURCE OF SUPPORT</u>	<u>%</u>	<u>n^a</u>
FOB	56.3%	18
Boyfriend not FOB	9.4%	3
Mother	78.1%	25
Father	34.4%	11
Sister	34.4%	11
Brother	12.5%	4
Other Relative	25%	8
Friend	37.5%	12
Church	12.5%	4
Employment	3.1%	1
Health Department	6.3%	2
Other	12.5%	4

^aFrequency of participants who answered "yes"; participants may have chosen more than one answer

<u>TOTAL # OF SUPPORTS</u>	<u>%</u>	<u>n</u>
1	21.9%	7
2	12.5%	4
3	18.8%	6
4	3.1%	1
5	9.4%	3
6	9.4%	3
7	6.3%	2
8	6.3%	2
9	3.1%	1
10	0%	0
11	9.4%	3

Table 3: Variables Used for Correlational Analysis

	Safety TOTAL	HOME TOTAL	HOME Subscale Responsivity	HOME Subscale Acceptance	HOME Subscale Organization	HOME Subscale Learning Materials	HOME Subscale Involvement	HOME Subscale Variety
MSSI TOTAL	.221	.103	.126	.048	.183	-.127	-.035	.339
MSSI #12 How often see relatives	-.083	-.063	-.015	.020	.086	-.114	-.292	.163
MSSI #12A Like to see relatives	.351*	.043	.013	.029	.111	.003	-.124	.239
MSSI #13 People to count on	.188	.162	.222	-.117	.284	.352**	-.166	.187
MSSI #14 Emergency child care	.238	.197	.237	-.100	.352**	.223	.041	.087
MSSI #14A People from neighborhood	-.279	-.072	-.158	-.013	.081	.059	-.182	.025

* = $p < .05$; ** = $p < .01$

Appendix A

Documentation

DATE: February 22, 1996

TO: John M. Pascoe, M.D., M.P.H.
Department of Pediatrics
Clinical Science Center
600 Highland Avenue
Madison, WI 53792

FROM: Paula P. Brooks
Anne M. Culp, Ph.D.
Oklahoma State University
Family Relations and Child Development
Human Environmental Sciences 333
Stillwater, OK 74078

RE: Maternal Social Support Index

I am a Masters student in Child Development and my major advisor is Anne McDonald Culp, Ph.D. We appreciate the phone call returned to Dr. Culp on Friday, February 16, 1996 in reference to use of the Maternal Social Support Index in my Masters thesis. I am grateful that permission was granted to use the MSSI in my research.

I will be conducting my thesis on the relationship between adolescent mothers' social support and the home environment that they provide for their young child. I was intrigued by the 1981 article "The Association Between Mothers' Social Support and Provision of Stimulation to Their Children" and decided that it would be interesting to use the same two measures used in the article, the MSSI and HOME, with adolescent mothers. I will be more than happy to share the results of my thesis with you.

I would appreciate it if you could send me any necessary information in order for me to obtain the Maternal Social Support Index. You may contact me at the address above or at either of my work numbers: phone number (405) 744-7051 or fax number (405) 744-7113. Thank you for your time.

Sincerely,

Paula P. Brooks



UNIVERSITY OF
WISCONSIN-MADISON
MEDICAL SCHOOL

February 27, 1996

Paula P. Brooks
Department of Family Pediatrics and
Child Development
Oklahoma State University
Stillwater, OK 74078-6122

Dear Ms. Brooks:

Enclosed are copies of the materials you requested on the Maternal Social Support Index (MSSI).

The MSSI materials are free. However, please notify us if you decide to use this material, as we are tracking where the index is being used throughout the country. I can be reached at (608)263-9405 if you have any questions.

Sincerely,

Lynn McNett
Program Coordinator

ENCLOSURE
lam/brooks.mssi

Department of Pediatrics

H4/442 Clinical Science Center 600 Highland Avenue Madison, WI 53792-4108 608/263-8565 FAX 608/263-0440

DATE: February 22, 1996

TO: Bettye M. Caldwell, Ph.D.
Robert H. Bradley, Ph.D.
University of Arkansas at Little Rock
Little Rock, Arkansas 72204

FROM: Paula P. Brooks
Oklahoma State University
Family Relations and Child Development
Human Environmental Sciences 333
Stillwater, Oklahoma 74078

RE: Home Observation for Measurement of the Environment

I am writing to request permission to use the Home Observation for Measurement of the Environment Inventory. I am currently a Masters student in Child Development and would like to use the HOME Inventory as a measure in my thesis. I am interested in studying the relationship between adolescent mothers' home environment and their social support. My major advisor is Anne McDonald Culp, Ph.D. and we will be happy to share the results of my thesis with you.

If you grant me permission to use the HOME Scale, I would like to order it. Please send me any information that will be helpful for the proper ordering procedures. You may contact me at the address above or at either of my work numbers: phone number (405) 744-7051 or fax number (405) 744-7113. Thank you for your time.

Sincerely,

Paula P. Brooks

*Permission granted. Good luck. Please
to share your findings
Robert H. Bradley*

To: Paul P. Brooks From: Lorraine Coulson Tue 5 Mar 1996 12:33:49 Page: 1

3/5/96

TO: Paul P. Brooks
Oklahoma State University
Family Relations and Child Development
Human Environmental Sciences 333
Stillwater, OK 74078

FROM: Lorraine Coulson
Office of Dr. Robert H. Bradley

RE: Use of the HOME Scale

Ms. Brooks,

Dr. Bradley passed your letter along to me. He has given you permission to use the HOME scale - I will send that letter to you today.

Also, I do take care of mailing the HOME materials for Drs. Bradley and Caldwell. The cost of the Administration manual is \$9.00 plus \$1.90 shipping. The individual forms are the Infant/Toddler (0-3) \$.10 each (or these do come in pads of 50 for \$5.00), the Early Childhood (3-6) and Middle Childhood (6-10) are \$.25 each. I would appreciate a FAX from you if you wish to order any of these materials. I usually send them out with an invoice and ask that you return a copy of it with a check, within 30 days.

My fax number is 501-569-8503, or our phone is 501/569-3423. I am here from 7:30 - 4:30.

Please let me know if I can help.

Thanks,

Lorraine Coulson

DATE: February 20, 1996

TO: Jan Figart
Director of Margaret Hudson Schools

FROM: Paula P. Brooks
Anne McDonald Culp, Ph.D.
Oklahoma State University
Family Relations and Child Development
Human Environmental Sciences 333
Stillwater, OK 74078

RE: Use of Margaret Hudson Centers for Masters thesis

I am a Masters student in Child Development and my major advisor is Anne M. Culp, Ph.D. I am writing to request permission to use the Margaret Hudson School for my Masters thesis. I would also like to request the option to use either the Broken Arrow or Owasso Margaret Hudson School if enough mothers are not available at the Tulsa center.

I will be assessing the relationship between adolescent mothers' social support and the home environment that they provide for their young children. I will be using the Maternal Social Support Index (MSSI), an 18 item self-report questionnaire and the Home Observation for Measurement of the Environment (HOME), an in-home interview with the mother while the infant or toddler is present and awake. The MSSI should take approximately 15 minutes to complete, while the HOME takes approximately one hour.

Data collection for my research will begin in May of 1996. Dr. Culp and I would like to meet with you in early April to discuss the possibility of using the schools and my research in further detail. If you have any questions, you may contact Paula at (405)744-7051, Dr. Anne Culp at (405)744-8365, or either of us at the fax number (405)744-7113. Thank you for your time.

Sincerely,

Paula P. Brooks

Anne M. Culp, Ph.D.

INFANT/TODDLER STUDY OF WHAT CHILD DOES IN THEIR HOME

The procedure for the study consists of:

- 1) a visit to your home by an OSU graduate student about parenting and observation with you and your child, lasting approximately one hour;
- 2) a demographic interview about your age, sex, race, etc., lasting approximately 10 minutes;
- 3) a maternal social support questionnaire about your feelings toward the support you receive in your parenting role, lasting approximately 10 minutes; and
- 4) a safety questionnaire, referring to the safety of your home in reference to your child, lasting approximately 10 minutes.

The interviewer will be in your home for approximately one and one half hour. Your name will not be included on any forms that the interviewer or you will fill out. The papers you complete will have a number to ensure complete confidentiality. A master list of all participant's name and number will be kept in a locked file cabinet drawer in the interviewer's office. There are minimum risks or discomforts associated with this study. A child care toy will be given to you for you to use with your child after the completion of the interview and questionnaires in your home.

I, _____, agree to participate with my child, _____, in the Parent/Child Study. I understand that an interviewer will come into my home for an interview, observation, and filling out of questionnaires, for approximately one and one half hour. I understand that participation is voluntary and that there is no penalty for refusal to participate. I understand that I am free to withdraw my consent and participation from this project at any time and that the baby care toy will not be given to me unless I complete the study. I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of it is given to me.

Parent Signature _____ Date _____

Interviewer Signature _____ Date _____

Your Address: _____ Your Phone Number: _____

Your Date of Birth: _____ Your Child's Date of Birth: _____

If you have any questions or concerns, you may call Paula Brooks at (405)377-8465 or (405)744-7051 or Anne Culp at (405)744-8365. I may also contact Jennifer Moore at University Research Services, 305 Whitehurst, Oklahoma State University, Stillwater, OK 74078; Telephone: (405) 744-5700.

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 04-22-96

IRB#: HE-96-056

Proposal Title: EFFECTS OF ADOLESCENT MOTHERS PERCEIVED SOCIAL
SUPPORT SYSTEMS ON THE QUALITY AND STIMULATION SHE PROVIDES TO
HER CHILD IN THE HOME ENVIRONMENT

Principal Investigator(s): Anne McDonald Culp, Paula P. Brooks

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved


ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Signature:


Chair of Institutional Review Board

Date: May 12, 1996

Appendix B

Instruments

For the **SECOND** person you chose on the list:

18. How long have you lived with this person? _____ years _____ months
19. On average, how many hours a *day* do you spend with this person?
- | | |
|---------------------|----------------------|
| _____ 0 to 3 hours | _____ 12 to 15 hours |
| _____ 4 to 7 hours | _____ 16 to 20 hours |
| _____ 8 to 11 hours | _____ 21 to 24 hours |
20. How satisfied are you with the amount of time you spend with this person?
- _____ It's about right
- _____ I wish it was more often
- _____ I wish it was less often

For the **THIRD** person you chose on the list:

21. How long have you lived with this person? _____ years _____ months
22. On average, how many hours a *day* do you spend with this person?
- | | |
|---------------------|----------------------|
| _____ 0 to 3 hours | _____ 12 to 15 hours |
| _____ 4 to 7 hours | _____ 16 to 20 hours |
| _____ 8 to 11 hours | _____ 21 to 24 hours |
23. How satisfied are you with the amount of time you spend with this person?
- _____ It's about right
- _____ I wish it was more often
- _____ I wish it was less often
24. Check off your current household income per month before taxes:
- | | |
|-------------------------|-------------------------|
| _____ \$0 - \$100 | _____ \$2,000 - \$2,499 |
| _____ \$100 - \$499 | _____ \$2,500 - \$2,999 |
| _____ \$500 - \$999 | _____ \$3,000 - \$3,499 |
| _____ \$1,000 - \$1,499 | _____ \$3,500 - \$3,999 |
| _____ \$1,500 - \$2,000 | _____ \$4,000 plus |

Please check all of the following that you currently receive:

25. _____ USDA commodities and food stamps
26. _____ Unemployment payment
27. _____ School breakfast or lunch (free or subsidized)
28. _____ WIC (Women, Infant, Children)
29. _____ AFDC (Aid to Families with Dependent Children)
30. _____ SSI (Supplemental Security Income)
31. _____ Medicaid
32. _____ Energy Assistance
33. _____ Social Security
34. _____ Private pension plan
35. _____ Other

36. _____ None of the above
37. What best describes your employment status?
- _____ Unemployed, looking for work
- _____ Unemployed, not looking for work
- _____ Working part time (less than 35 hours per week, at: _____)
- _____ Working full time (more than 35 hours per week, at: _____)
- _____ Other; specify _____

Whom do you consider a source of support or help. Check as many as you think.

38. _____ Spouse/Boyfriend (The Baby's Father)
39. _____ Spouse/Boyfriend (NOT The Baby's Father)
40. _____ Mother
41. _____ Father
42. _____ Sister
43. _____ Brother
44. _____ Other Relative, specify: _____, _____, _____
45. _____ Friends; how many? _____
46. _____ Church
47. _____ Employment
48. _____ Health Department
49. _____ Agencies; specify: _____, _____, _____
50. _____ Other; specify: _____, _____, _____
51. _____ TOTAL number of help and support services

TELL US ABOUT YOUR BABY:

52. Baby's sex: _____ Female _____ Male
53. Baby's race: _____ African American _____ Native American
 _____ Asian (Tribe: _____)
 _____ Hispanic _____ Multiracial
 _____ White (Describe: _____)
54. Did you receive prenatal care?
 _____ Yes; Months pregnant at first appointment _____
 _____ No
55. Did you plan this pregnancy?
 _____ Yes, planned and wanted
 _____ Yes, planned but unwanted
 _____ No, not planned but wanted
 _____ No, not planned but okay
 _____ No, not planned and not wanted but okay
 _____ No, not planned, not wanted and not accepted

56. Tell us about the birth of your baby:
_____ positive _____ negative _____ neutral
-
-

TELL US ABOUT YOUR BABY'S FATHER:

57. Age of father of baby: _____
58. Father's race: _____ African American _____ Native American
_____ Asian (Tribe: _____)
_____ Hispanic _____ Multiracial
_____ White (Describe: _____)
59. Are you still seeing the father of baby?
_____ Yes
_____ No
60. Describe relationship with father of baby:
_____ positive _____ negative _____ neutral
-
-

ID# _____ DATE: _____

MATERNAL SOCIAL SUPPORT INDEX

Please share with us the things you do in your home as a mother by answering the questions below. Check the answer you feel is true for you.

	<u>No One</u>	<u>I Generally Do It</u>	<u>Generally Someone Else Does It</u>	<u>Someone Else and I Do It</u>
1. Who fixes meals?	_____	_____	_____	_____
2. Who does the grocery shopping?	_____	_____	_____	_____
3. Who lets your child know what is right or wrong?	_____	_____	_____	_____
4. Who fixes things around the house?	_____	_____	_____	_____
5. Who does the inside cleaning?	_____	_____	_____	_____
6. Who works outside the house or apartment?	_____	_____	_____	_____
7. Who pays the bills?	_____	_____	_____	_____
8. Who takes your child to the doctor if he/she is sick?	_____	_____	_____	_____
9. Who sees to it that your child goes to bed?	_____	_____	_____	_____
10. Who takes care of car problems on short notice (if appropriate)? NO CAR	_____	_____	_____	_____
11. If NO car, can you get one in a few hours if needed? Yes _____ No _____				

For the remainder of the questionnaire, please CIRCLE the answer that is true for you.

12. How many relatives do you see once a week or more often?

0 1 2 3 4 5 6 7 8 9 10 or more

12A. Would you like to see relatives:

More often

Less often

It's about right

13. How many people can you count on in times of need?

0 1 2 3 4 5 6 7 8 9 10 or more

14. How many people would be able to take care of your child for several hours if needed:

0 1 2 3 4 5 6 7 8 9 10 or more

14a. How many of these people are from your neighborhood?

None

Some

Most

All

15. Do you have a boyfriend or husband?

Yes

No

If yes, how satisfied are you with the talks that you have with your boyfriend or husband?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

16. Are there adults, not including your boyfriend or husband, with whom you have regular talks?

Yes

No

If yes, think about the person you talk with the most. How satisfied are you with the talks that you have with this person?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

17. How often do you attend meetings of the following groups?

A. Religious (church youth group)	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month
B. Educational (student clubs at school)	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month
C. Social (scouting group)	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month
D. Political (student council at school)	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month

D. Political (student council at school)	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month
---------------------------------------------	--------------	---------------------------	-----------------------	---------------------------

E. Other: _____ _____	Don't Belong	Less Than Once A Month	About Once A Month	More Than Once A Month
--------------------------	--------------	---------------------------	-----------------------	---------------------------

18. Are you a member of any committee or do you have any other duties in any of your groups?

Yes

No

INFANT/TODDLER HOME INVENTORY
 Bettye M. Caldwell and Robert H. Bradley

Family **ID #** _____ Date _____ Visitor _____

Address _____ Phone _____

Child's name _____ Birthdate _____ Age _____ Sex _____

Parent present _____ If other than parent, relationship to child _____

Family composition _____
 (persons living in household, including sex and age of children)

Family ethnicity _____ Language spoken _____ Maternal education _____ Paternal education _____

Is mother employed? _____ Type of work when employed _____

Is father employed? _____ Type of work when employed _____

Current child care arrangements _____

Summarize past year's arrangements _____

Other persons present during visit _____

Comments _____

SUMMARY

Subscale	Score	Lowest Fourth	Middle Half	Upper Fourth
I. RESPONSIVITY		0 - 6	7 - 9	10 - 11
II. ACCEPTANCE		0 - 4	5 - 6	7 - 8
III. ORGANIZATION		0 - 3	4 - 5	6
IV. LEARNING MATERIALS		0 - 4	5 - 7	8 - 9
V. INVOLVEMENT		0 - 2	3 - 4	5 - 6
VI. VARIETY		0 - 1	2 - 3	4 - 5
TOTAL SCORE		0 - 25	26 - 36	37 - 45

For rapid profiling of a family, place an X in the box that corresponds to the raw score on each subscale and the total score.

Infant/Toddler HOME

Place a plus (+) or minus (-) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotal and the total on the front side of the Record Sheet.

I. RESPONSIVITY 1. Parent spontaneously vocalizes to child at least at least twice. 2. Parent responds verbally to child's vocalizations or verbalizations. 3. Parent tells child name of object or person during visit. 4. Parent's speech is distinct, clear and audible. 5. Parent initiates verbal interchanges with Visitor. 6. Parent converses freely and easily. 7. Parent permits child to engage in "messy" play. 8. Parent spontaneously praises child at least twice. 9. Parent's voice conveys positive feelings toward child. 10. Parent caresses or kisses child at least once. 11. Parent responds positively to praise of child offered by Visitor. II. ACCEPTANCE 12. Parent does not shout at child. 13. Parent does not express overt annoyance with or hostility to child. 14. Parent neither slaps nor spansks child during visit. 15. No more than 1 instance of physical punishment during past week. 16. Parent does not scold or criticize child during visit. 17. Parent does not interfere with or restrict child 3 times during visit. 18. At least 10 books are present and visible. 19. Family has a pet. III. ORGANIZATION 20. Child care, if used, is provided by one of three regular substitutes. 21. Child is taken to grocery store at least once a week. 22. Child gets out of house at least 4 times a week. 23. Child is taken regularly to doctor's office or clinic.	24. Child has a special place for toys and treasures. 25. Child's play environment is safe. IV. LEARNING MATERIALS 26. Muscle activity toys or equipment. 27. Push or pull toy. 28. Stroller or walker, kiddie car, scooter, or tricycle. 29. Parent provides toys for child to play with during visit. 30. Cuddly toy or role-playing toys. 31. Learning facilitators—mobile, table and chair, high chair, play pen. 32. Simple eye-hand coordination toys. 33. Complex eye-hand coordination toys. 34. Toys for literature and music. V. INVOLVEMENT 35. Parent keeps child in visual range, looks at often. 36. Parent talks to child while doing household work. 37. Parent consciously encourages developmental advance. 38. Parent invests maturing toys with value via personal attention. 39. Parent structures child's play periods. 40. Parent provides toys that challenge child to develop new skills. VI. VARIETY 41. Father provides some care daily. 42. Parent reads stories to child at least 3 times weekly. 43. Child eats at least one meal a day with mother and father. 44. Family visits relatives or receives visits once a month or so. 45. Child has 3 or more books of his/her own.
TOTALS: I _____ II _____ III _____ IV _____ V _____ VI _____ TOTAL _____	

ID# _____ DATE _____

CHILD AND HOME SAFETY CHECKLIST

Please circle "yes" or "no" for each question. If not applicable, circle "N/A" and briefly explain out beside the question why this item does not pertain to you or your situation.

1. Do you use a car seat for your baby? YES NO N/A _____
2. Do you have your electric outlets covered? YES NO N/A _____
3. Do you have gates in front of your stairs? YES NO N/A _____
4. Do you have a floor furnace with a heater guard? YES NO N/A _____
5. Do you keep the handles of pots on the stove turned in toward the stove? YES NO N/A _____
6. Do you have poisons & cleaning supplies stored in a locked cabinet? YES NO N/A _____
7. Do you keep small things that your baby could swallow out of reach? YES NO N/A _____
8. Do you check your baby's toys for breaks, chips, and dirt? YES NO N/A _____
9. Do you keep plastic bags and balloons away from baby? YES NO N/A _____
10. Do you have your baby's crib covered with something other than a plastic bag? YES NO N/A _____
11. Do you have plants and breakable objects out of baby's reach? YES NO N/A _____
12. Do you make sure that your baby is never alone in the house? YES NO N/A _____
13. Do you make sure that your baby is never alone in the car? YES NO N/A _____
14. Do you keep the toilet lid down? YES NO N/A _____

2

VITA

Paula P. Brooks

Candidate for the Degree of

Master of Science

Thesis: THE RELATIONSHIPS OF ADOLESCENT MOTHERS' PERCEIVED
SOCIAL SUPPORT SYSTEMS AND THE QUALITY AND STIMULATION
IN THE HOME ENVIRONMENT

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Blackwell, Oklahoma, on March 16, 1972, the daughter
of Paul A. and Patricia A. Brooks

Education: Graduated from Broken Arrow Senior High School, Broken Arrow,
Oklahoma in May 1990; received Bachelor of Science degree in Early
Childhood Education from Northeastern State University, Tahlequah,
Oklahoma in December 1993. Completed requirements for the Master of
Science degree with a major in Family Relations and Child Development
at Oklahoma State University, Stillwater, Oklahoma in May, 1997.

Experience: Employed as a preschool intern, live-in nanny, children's camp
counselor during summers of 1990 to 1993. Preschool teacher 1994-1995.
Employed as a graduate research assistant by Oklahoma State University
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