THE RELATIONSHIP BETWEEN THE ADOLESCENT FATHER AND HIS INFANT COMPARED WITH THOSE FOR THE NON-ADOLESCENT FATHER AND THE ADOLESCENT MOTHER

By

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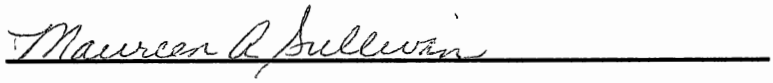

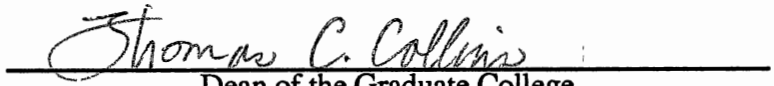

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CHAPTER I

INTRODUCTION

Research is scarce on adolescent fathers and their relationships with their infants. Much can be gained from understanding the adolescent male and his role in adolescent parenthood. "The father's presence seems to imply some functional relevance to child development, although we actually know very little about father relationships with children" (Pederson & Robson, 1969, p. 466). Hardy and Duggan (1988) made the same observation about adolescent fathers almost twenty years later: "very little is known about teenage fathers of infants born to teenage mothers" (p. 919).

In Elster and Lamb's (1986) book on adolescent fathers, most of the studies reviewed in the chapter about adolescent parental behavior, focused more on adolescent mothers than adolescent fathers. However the available findings they reported indicated that the behavior of adolescent mothers and fathers may not only differ but may be influenced by different factors. While under favorable circumstances, the adolescent father's presence in the home may indirectly improve the quality of their children's lives by facilitating better maternal care. In general, the problems experienced by adolescent couples, and adolescent fathers in particular, may increase the likelihood that they will provide suboptimal rearing environments for their children (Elster & Lamb, 1986).

There are normative transitions to fatherhood. These normative transitions include 1) fatherhood is expected to occur during marriage, 2) fatherhood is expected to occur in early adulthood, and 3) fatherhood includes the expectation that the father will provide economic support for his offspring and be mature enough to participate with his partner in nurturing and caring for their child (Elster & Lamb, 1986). Therefore, there are several

ways in which the early timing of parenthood is likely to be more problematic than fatherhood for older fathers. First, fathers are expected to provide the physical necessities of life for their children. Second, since fatherhood normally presumes a relatively stable marital relationship, then adolescent fathers are already heading away from normality. Finally, although the data are less clear-cut, it could be argued that adolescent fathers are also psychologically less ready to become parents than non-adolescent parents (Elster & Lamb, 1986). There is little known about the adolescent father and his relationship with his infant. The meager amount of research that has been published can not account for the individual differences among the adolescent fathers.

Statement of Purpose

The adolescent father and his role in his child's development has been ignored too long. Overall, research has shown that fathers influence their children in ways that are very similar to the ways that mothers do (Lamb, 1986). Does this statement apply to adolescent fathers as well as non-adolescent fathers? This study investigates: 1) several aspects of the relationship between the adolescent father and his infant and 2) whether these aspects of the father-child relationship are different from those of non-adolescent fathers and from those of adolescent mothers.

CHAPTER II

LITERATURE REVIEW

Adolescent pregnancy cannot be fully understood if it is viewed only from the feminine perspective (Redmond, 1985). There is much to be gained by understanding the male and his role in adolescent parenthood. The relationship that the father has with the mother is important because of the support he provides, both financial and emotional. The relationship between the adolescent father and his infant is important because of the impact that the father has on his children. The adolescent father's attachment to the baby and the baby's attachment to him should be noted because they both help to influence the social development of the infant. The adolescent father's roles are all too often forgotten but should not be because he represents half of the conception. His contribution to his child's life is significant. Regardless of whether he is held accountable or not, the adolescent father still remains largely invisible in the explorations of adolescent pregnancy (Chilman, 1979). Once the child is born the father drops even further from sight (Furstenberg & Talvitie, 1980). Few studies have investigated adolescent fathers and their relationships with their offspring, especially within the last few years. The ten-year span of studies on adolescent fathers is a short time in which to understand the adolescent father and his role in the development of his child. The impact of the relationship between the adolescent father and his infant on society has yet to be examined thoroughly. The purpose of this literature review and research study is to outline what is known about the adolescent father's involvement and relationship with his infant. The purpose of this study is to investigate the relationship between the adolescent father and his infant and how it may differ from adolescent mothers and non-adolescent fathers.

Existing Literature

The number of adolescent pregnancies that involve adolescent males is difficult to estimate because the age of the father is rarely included on birth registration forms (Robinson, 1988). Hardy and Duggan (1988) indicated that in 1984, approximately three percent of all live births in the United States were fathered by adolescents, defined as those under 20 years of age. In Hardy and Duggan's study describing adolescent fathers and the fathers of babies born to urban adolescent mothers in Baltimore, they found that 232 of the adolescent fathers were young adolescents, under 14 years of age. In 479,647 births, 89,464 were born to adolescent parents (Hardy & Duggan, 1988). The most recent data on the number of adolescent fathers in the United States is the Monthly Vital Statistics Report for 1987. This report stated that there were 93 births to white fathers under the age of 15 years, 132 to black fathers in that age group, and 231 to all other races. In the age group of 15-to 19-year-olds, 76, 631 white males, 24,942 black males, and 105,133 males of other races fathered infants (Monthly Vital Statistics Report, 1987).

The research on adolescent fathers and the fathers of infants born to adolescent mothers reveals very little about this population. The majority of information available on adolescent fathers comes from four indirect sources: 1) adolescent maternal reports, 2) adolescent males in general, 3) adolescent males before they become fathers, and 4) studies of older unwed men that include adolescent fathers in their samples (Robinson & Barret, 1987). The lack of data collected directly from and focusing on fathers may be because fewer unmarried fathers than mothers have direct contact with human service organizations which work with the problem and who have traditionally provided the data pool (Leashore, 1979). It is difficult to provide an accurate description of the adolescent father because there is simply not ample information available about him.

One study by Schwartz (1979) that did focus on adolescent fathers investigated adolescent fathers and found that they are frequently school dropouts lacking steady

employment. He also found drug and alcohol use was a common pattern. Some fathers may offer marriage and seek a permanent relationship with the mother, but many are sexually involved with several women simultaneously. Schwartz also asserts that the only interest in the baby is as a proof of potency. However, this finding is disputed by other studies (Lamb, 1987; Robinson, 1988; Stack, 1974; and Westney, Cole, & Munford, 1986). Schwartz's view appears to be somewhat outdated in comparison to the later data (Lamb, 1987; Robinson, 1988) on adolescent fathers.

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

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

that he usually has a fleeting, casual relationship with the young mother and has few emotions about the pregnancy. Finally, the "Phantom father" myth states that the teenage father is absent and rarely involved in the support and rearing of his children and leaves his partner and offspring to fend for themselves. In contrast to these five myths, Robinson (1988) reviewed several studies which showed that throughout the premature pregnancy teenage fathers typically remain involved, either physically or psychologically, and have intimate feelings toward both the mother and baby. Research may show some truth in some of these portrayals of the adolescent father but there is no current evidence that supports any of these stereotypes. The teenage father is judged frequently and stereotyped by others but is rarely portrayed accurately because there are very few data collected from direct interaction with him.

In the last two decades, researchers have become aware of the important role played by fathers in the psychological lives of their children (Lamb, 1981). In 1974, Stack found in her sample of black, urban adolescent fathers that the majority were forced to live separately from their mates and their children by regulations governing payment of welfare and aid for children. She also found that fathers were proud of their children, often visiting their families on a regular basis and living with them for short periods of time. Furthermore, she found that the data suggested that "within a context high in permissiveness, many fathers maintained a complex relationship with their children". Westney, Cole, and Munford (1986) also found results that agree with Stack's findings. They had a sample of 28 black unmarried adolescent males, whose ages ranged from 15 to 18 years, who were prospective fathers of the unborn children of pregnant adolescents and were recruited from sources that included nurses in public schools, prenatal clinics visited by prospective adolescent fathers and their pregnant girlfriends, recreation centers, and through expectant fathers who identified their male friends also as expectant adolescent fathers. The instrument used was administered by a black female Maternal and Child Nursing specialist in a group education setting when their pregnant adolescent partners

were either in their second or third trimester of pregnancy. The researchers used a questionnaire addressing their "readiness for fatherhood, antepartal behavioral interactions, and projected postpartal behaviors with their pregnant adolescent partners, as well as their projected behaviors with their infants". Their findings indicated that the male adolescents who had sustained longer pre-pregnancy relationships were both more supportive of the mothers and planned more extensive child-care roles. Consequently, if the male is included and involved in the relationship with the mother, there may be more involvement after the birth of the baby.

Elster and Lamb (1980) interviewed 20 prospective adolescent fathers, ranging in age from 17 to 18 years, 44 times during the pregnancy and through the neonatal period. The subjects were obtained from girls who were attending various high-risk obstetrical clinics. The researchers were clarifying the types of stresses to which adolescent fathers are subjected. The continual struggle to meet the economic needs of the family could become a major source of stress because this is one important way that fathers affect their children's development. Those adolescent fathers who fail to support their partners may suffer a decline in self-esteem. Also, adolescent fathers may not be able to catch up with the educational achievement of their peers and may be economically strapped and unfulfilled in their employment roles. The likelihood of marital instability is increased because of the immaturity of the parents and the fact that the adolescent parents become parents before having adequately adjusted to their marriage. There is an increased likelihood that an insecure attachment relationship will develop between the adolescent father and his infant since emotional investment and sensitive responsiveness are the most important influences on the quality of infant-parent attachment. The stresses stated above leave the adolescent father preoccuied and thus unable to invest emotionally in or respond sensitively to his infant. Elster and Lamb (1980) concluded that many adolescent fathers are at risk for parenting failure. The fact that the girls through which the adolescent males were obtained were attending high-risk obstretrical clinics could mean more stress for the

adolescent father. This should be taken into account when reviewing the results of their study.

Rivara, Sweeney, and Henderson (1985) studied 100 adolescent fathers and nonfathers between the ages of 14 and 19 years with a mean age of 17.5 years. Nearly all subjects were black, from families of low socioeconomic status. The fathers were identified through adolescent women attending the "University of Tennessee Center for the Health Sciences Prenatal Clinic". The framework that was used for the interview was adapted from the Health Belief Model which was described by Rosenstock (1966) to explain why people seek personal health services; the Moos Family Environment Scale (Moos & Moos, 1976) was used to measure family dynamics; and the Offer Self-Image Questionnaire (Offer & Howard, 1972) was used to assess certain aspects of the male adolescents' personality adjustment . They found more similarities than differences between the two groups. The one notable difference was that teenage fathers were significantly more likely to accept adolescent pregnancy in their families as a common occurrence and to be minimally disruptive of their current or future lives. This sample apparently viewed adolescent fatherhood as a normative cultural experience which may account for the absence of anxiety or poor self-concept among the adolescent fathers in the sample. No information was provided about the male adolescent's relationship with his baby and the mother.

Lamb and Elster (1985) found that there were essentially no differences among fathers of different ages (16 to 29 years) or their partners with respect to observed behavior, reported stress, social support, and dyadic quality. Their sample consisted of 52 adolescent mothers who were observed during one or two home visits with their six-month-old infants and their male partners for at least 40 minutes. Thirty-one percent of the subjects were enrolled in a comprehensive adolescent pregnancy and parenthood program and the rest were recruited through the county-run Women, Infants and Children program. During the observation, an observer used a behavior coding system developed by Belsky,

Spanier, and Rovine (1983) and Belsky, Gilstrap, and Rovine (1984) and recorded the presence or absence of several behaviors of mother to infant, father to infant, mother-father, and infant interaction to his or her parents. After each observation, parents completed several questionnaires independently of each other. The questionnaires administered were the Spanier's (1976) Dyadic Adjustment Scale, which assesses the perceived quality of the relationship between the two parents, a portion of Henderson, Duncan-Jones, Byrne, and Scott's (1980) Interview Schedule for Social Interaction which is a measure of social support in which they focused on the availability and adequacy of each parents' attachment relationships, and a version of Sarason, Johnson, and Siegal's (1978) Life Experience Questionnaire which was designed to assess the occurrence and stressfulness of recent life events. The sample was 86% white. Most came from lower-middle and middle class families with the males' ages ranging from 16.5 to 29.9 years. Elster, McAnarney, and Lamb (1983) found that the age of the father does not appear to have a significant impact on the early social experiences of infants with adolescent mothers in a demographic group of white, middle class couples with the males' ages ranging from 16-29 years.

Robinson and Barret (1982) sent out questionnaires to 26 adolescent expectant fathers designed to gather information regarding the adolescent father's relationship with his girlfriend and her family. The fathers were between the ages of 16 and 21, 85% of whom were black, who were identified through social agencies and the help of expectant mothers. The questionnaires (State-Trait Anxiety Scale by Spielberger, Bersuch, & Lushene in 1968 and the Personal Attribute Inventory which is a self-concept measure by Parish & Eads in 1977) were taken to the adolescent fathers by the adolescent mothers and the fathers were asked to complete them and return them in a stamped, preaddressed envelope (Robinson & Barret, 1982). Most of the adolescent fathers perceived their relationships with their girlfriends and their girlfriends' families as rather positive. In

addition, the majority of the adolescent fathers were highly motivated to participate in some way in the fathering experience.

Westney, Cole, & Munford (1986) mailed questionnaires to a sample of 28 black unmarried male adolescents ranging in age from 15 to 18 years who were living in an Eastern metropolis. The results of the study revealed that 96% of the unwed fathers expressed the desire to give some degree of physical care to the baby, and most also wanted to interact with their baby socially. Also, three fourths of them said that they would like to be around enough to establish a father-infant bond.

In a study by Redmond (1985), a sample of 74 unmarried males under the age of 21 completed a questionnaire. The questionnaire was a nonrandom, self-administered precoded questionnaire containing closed and open ended items collected from adolescent males who were in contact with five community agencies. One hundred and two males were asked to participate, with 85 questionnaires distributed, 77 collected from the five agencies and 74 were fully used. She questioned the male about the persons with whom the male would choose to discuss an unwanted pregnancy according to each of the outcomes of pregnancy: adoption, keeping the child, or abortion. She found that in all of these situations, the males were most likely to include the girlfriend. She also found that the fathers appeared to be more cooperative with the outcome of the pregnancy than acceptant of the resolution or the decision-making steps, with the outcome being the result of the pregnancy resolution. Teenage fathers are more liberal in their attitudes toward abortion than the adolescent mothers. The males, who view abortion as an acceptable outcome rather than carrying the baby to term, may view this outcome as the least traumatic consequence of adolescent pregnancy, because "it does not produce a child, occurs relatively quickly, and requires no long-term commitment to the relationship or subsequent child born into that relationship". Even if the male adolescent accepts the decision that the adolescent mother makes to keep the child, it does not necessarily mean that he is willing to participate in the care of the infant. Furthermore, Ryan and Sweeney (1980) found that

the father's ability to provide financial assistance was an important prerequisite to his cooperation in helping with supporting the infant when the adolescent mother decided to keep the child. When the males were included in the decision process of whether or not to abort, they received emotional and social support from their girlfriends and professionals but felt confused and neglected when they were not included in the decision (Redmond, 1985). In another context, Brooks-Gunn and Furstenberg (1986) pointed out that "social support may be critical to adolescent parents, whether it affects their parental practices directly or indirectly". It is very important that the father be included in the decision making process of whether to abort or keep the baby for both parties concerned if the father shows a willingness to be involved and take part of the responsibility of the pregnancy. These responsibilities include financial support, emotional support for the mother, and helping to care for the infant.

Adolescents in general lack knowledge about child development, however many adolescents do have the skills to care for a young infant . Adolescent pregnancy often puts the father in a position where he might learn to care for an infant. Teenage fathers and mothers have unrealistic expectations of their infants' capabilities, such as when babies should begin walking, talking, and begin toilet training (de Lissovoy, 1973). de Lissovoy visited forty-eight adolescent couples five times, 46 of whom were expecting a baby at the time of marriage. During the third visit, a test was given to examine the parents' knowledge of child development. At the time of the third visit, the child was six to nine months of age. The fourth visit, when the child was 18 to 30 months of age, a child rearing practices schedule was administered. It is designed to measure only the dimensions of the mother's acceptance and control of her children. Due to the atypical sample of all adolescent parents for de Lissovoy's study, his results should be reviewed with some skeptism. There was no comparison group of non-adolescent parents. Besides the fact that the adolescent parents are uneducated in child care, children of teenage parents run the triple risk of being unwanted, born into poverty, and exposed to inadequate parenting

(Robinson, 1988). The adolescent's knowledge of child development tends to be unrealistic and his or her expectations for their children reflect impatience and intolerance which frequently results in physical discipline for their children (de Lissovoy, 1973).

Rivara et al. (1986) sampled two groups of 100 males, one was a group of teenage fathers and the other a group of race and age matched peers who had not fathered children. All subjects were younger than 20 years of age. Information about demographic background, attitude and knowledge about pregnancy and contraception, and family characteristics and dynamics was collected through interviews. The original interview format was based on an adaption of the Health Belief Model, which focused on the perceived changes in life-style and perceived consequences of the pregnancy, as well as benefits to using contraceptives. The follow-up interview among the fathers concentrated on actual changes in their lives due to the pregnancy and to the birth of the child, changes in the relationship with the teenage mother, and the relationships of the fathers with their children. These changes were compared to changes in the lives of the nonfather comparison group. The two groups of males were compared on their knowledge of "child development, child health maintenance, and child disciplinary approaches using the Iowa Child Development test". They reported that fathers who felt positive about the pregnancy prenatally were much more likely to visit their child in the hospital than fathers who felt neutral or negative. When the babies were nine months old, there was no difference between fathers and nonfathers on the knowledge of "child development or child health maintenance as measured by the Iowa Child Development Test". The fathers and nonfathers in their study had an inadequate knowledge of child development and child health maintenance to care adequately for their child. However, when the infants were 18 months old, more nonfathers knew the normal development and normal diet of a newborn than did fathers. Adolescent fathers also have higher expectations of infants than is developmentally appropriate in comparisons of fathers and nonfathers. The adolescent fathers expect their infants to complete developmental tasks at an earlier age. The sample

was composed primarily of urban blacks and is not representative of all adolescent fathers but is generalizable to urban, black, and low-income populations (Rivara et al., 1986).

It is a very difficult transition for the teenager to become a father. The change of their roles with the addition of the father role can cause the adolescent to have difficulty in coping with those changes. Robinson and Barret (1985) found that they suffer psychological conflict over the simultaneous roles of adolescent and father. Also, adolescent fathers frequently have difficulty coping with the knowledge of the pregnancy and show signs of clinical depression and stress (Elster & Panzarine, 1983). For Robinson and Barret's study, 20 adolescent males under the age of 18 whose partners were identified from three area high-risk prenantal clinics, were interviewed from one to four times during the prenatal period and again at four to six weeks following delivery. The adolescent males were interviewed either at home or at a university hospital by one of the primary investigators or a research assistant who was trained in psychosocial nursing. The interviews were directed at exploring the particular stresses each subject was experiencing. Later these stressors were graded for severity by the interviewer on a prescribed scale from one being low to three being high. The level of severity was used to determine an average score per time interval for each stressor. They found that many of the concerns that were reported by adolescent fathers are similar to those experienced by older men who are experiencing their first fatherhood with the premature role transition resulting in the adolescent experiencing additional stresses. The stressfulness of adolescent pregnancy is suggested by the reports of somatic symptoms and psychiatric problems experienced by the adolescent prospective fathers. The study also revealed that the stressors changed in intensity throughout the pregnancy. An example is the crisis of the premarital pregnancy faced by the adolescent father with adverse social reactions. After marriage, problems arising from the marital relationship and the separation from his peer group may develop. The adolescents who had expected the pregnancy to occur tended to have fewer concerns late in the pregnancy than did teens who had not anticipated conception. The stressors that

were reported by the subjects were "grouped into four categories: 1) vocational-educational concerns, 2) concerns about health of the mother and/or the baby, 3) concerns about future parenthood, and 4) problems with relationships. They also reported that those who had expected the pregnancy to occur tended to report less stress during the third trimester than did those who had not anticipated pregnancy. Elster and Panzarine concluded that some adolescents are emotionally prepared to accept the consequences of having unprotected intercourse and as a result experience less of a crisis situation than others if pregnancy does occur. Hendricks (1980) found that black, unmarried adolescent fathers from low socioeconomic backgrounds were concerned about financial responsibilities, parenting skills, education, employment, transportation, relationships with girlfriends, and facing life in general. Acknowledging these concerns, it has been shown that adolescent fathers are no different psychologically from other adolescent males or adult men who father babies with adolescent females (Robinson, 1988).

Furstenberg and Talvitie (1980) found that the name choice of the baby proves to be a good indicator of the father's interest and relationship with his offspring after interviewing 323 pregnant adolescents over a period of five years. During the course of the five year study, interviews were also obtained from the mothers of the adolescents, a sample of their classmates who did not experience a pregnancy during their teens, a small number of the fathers of the children and children themselves. Most of the data presented in this article were drawn from the adolescent mothers. The last interview was done in the homes of the young mothers and was administered by a small team of professionally trained fieldworkers with the adolescent's interview lasting more than an hour. The interview contained both stuctured and unstructured tests and the children's interview being much briefer and consisting largely of structured tests. Most of Furstenberg and Talvitie's findings were based on the material collected in the final interview. The sample was predominantly black (91%) including only a small number of white adolescents (9%). Their research also examined the amount of contact that adolescent fathers had with their

infants and how the naming patterns affected paternal involvement in the families with never-married fathers (those adolescent couples who never got married). They stated that from the many open-ended comments of adolescent mother that the father frequently took an active part in the naming process with slightly more than one-fifth of the women reporting that the father had participated in the naming. When children bore their father's name, they were much more likely to have regular contact with their fathers and to receive economic assistance from them. The boys who had both the fathers' surname and given name experienced higher levels of interaction and aid than children of both sexes that had their fathers' surname. Furstenberg and Talvitie also found that the extent of the father's contact with his child after birth was not as good of a predictor of his long-term relationship with the infant as the naming pattern. The sons who bore their fathers' names had more contact with their fathers but less gratifying relationships with them. The results suggested that the father might have felt more obligated to have contact with their sons because they were named after the fathers. That sense of obligation may have complicated the relationship by reminding the father of his responsibility toward them that he cannot fulfill. They also discovered that when children were named after their fathers, they continued to have more regular interaction and receive more financial support. Again, the father's relationship with his same-named son was not as gratifying as in families in which the child did not have the same name as the father. It was found that 38 percent of the same-named experienced some difficulty with their fathers as compared to 14 percent of those who did not bear his name. This appeared to support the conjecture that naming patterns represented a deliberate effort to strengthen the tenuous bond between unmarried fathers and their children. The adolescent mothers might have felt that if they named their children after the father, the male adolescent might make a commitment to a relationship with the mother.

The adolescent father appears to have been misrepresented in the past. Previous studies have tended to ignore the family roles of adolescent fathers because they rarely

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

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

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

CHAPTER III

HYPOTHESES

The purpose of this study was to examine the relationship between the adolescent father and his infant compared with those of the non-adolescent father and the adolescent mother. The research reviewed reveals that the adolescent father and his role in child development has been ignored for a long time.

Over the span of ten years when the first studies of adolescent fathers were published from the late 1970's to the late 1980's there was a change in the way that adolescent fathers were viewed. Schwartz (1979) wrote that adolescent fathers were frequently school dropouts lacking steady employment and that alcohol and drug abuse was a common pattern. In addition, some adolescent fathers may be seeking a permanent relationship with the mother, but many are sexually involved with several women simultaneously (Stack, 1979). These findings were disputed by Robinson (1988), Lamb (1987), and Westney, Cole, and Munford (1986) in the middle to late 1980's. A review of the literature indicates there are more positive findings about adolescent fathers than suggested by Schwartz.

If fathers are more involved in the relationship with the mother during the pregnancy, there may be more involvement after the birth of the baby (Westney, Cole, & Munford, 1986). On the contrary, adolescent fathers, in comparison with non-fathers, have higher expectations of infants than is developmentally appropriate (Rivara et al., 1986). Adolescent fathers are more likely to accept adolescent pregnancy in their families as a common occurrence and it is less likely to be disruptive of their current or future lives. (Rivara et al., 1985) The change of roles with the addition of the father role can cause the

adolescent to have difficulty coping with those changes (Robinson & Barret, 1985). If the infant has his or her father's name then the father is more likely to have regular contact with his infant and to give him or her economic assistance. (Furstenberg & Talvitie, 1980). These studies suggest that there are some adolescent fathers that would like to be involved with their infants yet are not always included and when they are, they are lacking appropriate knowledge and support for the care of their infant.

The following hypotheses were adopted and are null in nature:

Hypothesis 1: The adolescent fathers' scores will not differ significantly from the non-adolescent fathers' scores on the Parenting Stress Index on the subscales of the Child Domain.

Hypothesis 2: The adolescent fathers' scores will not differ significantly from the non-adolescent fathers' scores on the Parenting Stress Index on the subscales of the Parent Domain.

Hypothesis 3: The adolescent fathers' scores will not differ significantly from the adolescent mothers' scores on the Parenting Stress Index on the subscales of the Child Domain.

Hypothesis 4: The adolescent fathers' scores will not differ significantly from the adolescent mothers's scores on the Parenting Stess Index on the subscales of the Parent Domain.

Hypothesis 5: The adolescent fathers' distribution of emotional category codings to the IFEEL Pictures will not differ significantly from the non-adolescent fathers' distribution of the emotional category codings to the IFEEL Pictures.

Hypothesis 6: The adolescent fathers' distribution of emotional category codings to the IFEEL Pictures will not differ significantly from the adolescent mothers' distribution of the emotional category codings to the IFEEL Pictures.

CHAPTER IV

METHODOLOGY

This is a study of three groups of subjects. 1) adolescent fathers, 2) non-adolescent fathers, and 3) adolescent mothers. The data were collected by survey and questionnaire.

Subjects

The subjects of this study consisted of seven adolescent fathers, eight adolescent mothers, and ten non-adolescent fathers, with infants between the age of four and eight months. For the purpose of this study, an adolescent was defined as an individual who was 18 years or younger at the time of conception. The samples were composed of all subjects who were willing to participate after initially contacted.

Procedures

Parents were contacted in one of two ways. First, the names of the parents of four to eight month old infants were obtained from the birth announcements in the local newspaper. Most of the non-adolescent fathers were contacted in this manner. The potential subjects were called, told briefly about the study, and asked if they would participate in the study. If they agreed, then a session was scheduled. Second, referrals from a home visitation program by the parent educators and the Payne County Health Department were used. Seven of the adolescent mothers and four of the adolescent fathers were contacted through the home visitation program. Three of the adolescent fathers were contacted through the Payne County Health Department. Eight adolescent fathers and three adolescent mothers refused to participate in the study when contacted either way.

Two different demographic forms were used. One form was used for the non-adolescent fathers group and another form was used for the two adolescent parent groups. The first form, for the non-adolescent fathers, asked about education, occupation, and income level. The second form, for the adolescent parent groups, asked about their parents' education, occupation, and income levels. The education, occupation, and income data were used to compute the Hollingshead Four-factor Index of Social Status. It was reasoned that the adolescents' income or educational level would not necessarily match that of the non-adolescent fathers thus using the adolescent's parents' educational and income level would be more valid. The adolescents had rarely finished their education to have comparable jobs to the non-adolescent fathers.

During the scheduled session, the subject was given an information form describing the purpose of the study (see Appendix A). Then, the subject was asked to complete the appropriate demographic form (see Appendix B and Appendix C). The Infant Facial Expressions of Emotion from Looking at Pictures (IFEEL) was administered in accordance with the standard procedures with the administrator recording the subjects' responses (see Appendix D and Appendix E). Finally, the subject completed the Parenting Stress Index, a self-report measure (see Appendix F). In a few cases, the examiner read the Parenting Stress Index questions to the subject when the subject requested it or appeared to have trouble following the questions and filling out the answer sheet simultaneously. The participation of the subject took from 20 to 45 minutes. Subjects were verbally thanked for their participation.

Methods and Instruments

This study employed four measures: 1) the Parenting Stress Index (PSI, Abidin, 1986), 2) the Infant Facial Expressions of Emotion from Looking at Pictures (IFEEL Pictures, Emde, Osofsky, & Butterfield, 1987), 3) the Hollingshead Four-factor Index of Social Status (Hollingshead, 1975), and 4) the demographic form.

The Parenting Stress Index (PSI) is a 101-item self-report questionnaire designed for screening and diagnosis of parental stress in parents of children under the age of ten. The PSI assesses stressful child, parental, and situational characteristics. The PSI is designed to identify parent-child systems under stress and families at risk for dysfunctional parenting and emotional pathology. Questions are answered on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree". Subsequent data reduction results in a Parent Domain Score with subscores for Depression, Attachment, Restriction of Role, Sense of Competence, Social Isolation, Relationship with Spouse, and Parent Health, and the Child Domain Score with subscores for Adaptability, Acceptability, Demandingness, Mood, Distraction and Hyperactivity, and Reinforces Parent Scales. These two domains are summed to compute a Total Stress Score.

The IFEEL uses a standard series of 30 photographs of infants with various emotional expressions of emotion categories. The subject is asked to tell what they believe the baby is feeling. The following instructions were read to each subject: "This book contains some pictures of babies' facial expressions. Please tell me in one word - like surprised, interested, happy, sad, shy, shameful, disgusted, angry, or afraid - the strongest and clearest feeling the each baby is expressing. There are no right or wrong answers. Please answer what first comes to your mind. I'll write your answers on this sheet" (Emde, Osofsky, & Butterfield, 1987). The examiner wrote down the subjects responses on the answer form.

The Hollingshead Four-factor Index of Social Status is a four-factor index of social position. The index score is computed based on the subject's years of education and his or her occupation, sex, and marital status. The occupation a person pursues during gainful employment is graded on a nine-step scale which includes occupations with different score values. The Index of Social Status is calculated by multiplying the scale value for occupation by a weight of five and the scale value for years of education by a weight of

three. If both spouses are working then the values derived from the above calculations are then divided by two.

Data on the amount of involvement that the parent had with the child were collected on the demographic form (see Appendix B and Appendix C). The form included questions to determine how often the parent fed, bathed, and changed the infant, played with the infant, and put the infant to sleep. The five choices varied from every day to never.

Research Design

A multivariate analysis of variance (MANOVA) was used to analyze the data generated using the Parenting Stress Index. The alpha level used to determine significance for the MANOVA computations was less than .10. The alpha level used to determine significance for the univariate computations was less than .05. The Kolmogorov-Smirnov two-sample test was used to compute the data for the IFEEL. The alpha level used to determine significance for these computations was less than .05. The independent variables for this study were the three subject groups, 1) adolescent fathers, 2) non-adolescent fathers, and 3) adolescent mothers. The two sets of dependent variables were the scores of the Parenting Stress Index and the IFEEL responses. The Parenting Stress Index dependent variables consisted of six subscales of the Child Domain and the seven subscales of the Parent Domain.

CHAPTER V

RESULTS

Demographics

This study examined some aspects of the relationship between 25 parents and their infants. This included seven adolescent fathers between the ages of 16 to 19 years of age with a mean of 17.4, SD = 1.13, eight adolescent mothers between the ages of 15 and 18 years with a mean of 17 years, SD = 1.07, and ten non-adolescent fathers between the ages of 21 and 37 with a mean of 27.2, SD = 5.51. The years of school completed by the adolescent fathers ranged from 7 to 12 years with a mean of 9.86 years, SD = 1.77, by adolescent mothers ranged from 9 to 12 years with a mean of 10.88, SD = 1.13, and by non-adolescents from 12 to 19 years with a mean of 15.9 years, SD = 1.97.

One subject from each of the three subject groups, had a sibling who was an adolescent parent. Eighteen of the parents of the subjects were not adolescents when they had their first child. Two of the subjects' fathers were adolescent fathers, one was the father of an adolescent father and the other the father of a non-adolescent father. The adolescent father who had the sibling who had a baby during adolescence also had the father who had his first child during adolescence. The remaining adolescent subjects' fathers began their families after the age of 18. Two of the non-adolescent subjects' parents were 37 and older at the time of the birth of their first child. Five of the subjects' mothers were adolescent mothers. Of these, there were four who were sixteen years of age at the birth of their first child and one that was seventeen years of age at the time of the birth of her first child. Two of the subjects' mothers who were sixteen years of age when they had their first child were parents of adolescent mothers. One of the mothers who was

sixteen and one who was seventeen years of age at the time of birth of the first child were mothers of adolescent fathers. Two sets of the parents of the non-adolescent parents were 37 to 40 years of age at the time of birth of their first child. These were the oldest parents in all three subject groups.

The range of scores on the Hollingshead Four-factor Index of Social position (Hollinghead) for all three subject groups was 15 to 58. The range of scores for the adolescent fathers were 26.0 to 58.0. The mean was 34.36 with a standard deviation of 11.14. The Hollingshead range of scores for the non-adolescent fathers was 18.0 to 53.0. The mean was 35.10 with a standard deviation of 13.37. The Hollingshead range of scores for the adolescent mothers was 15.0 to 52.5. The mean was 34.13 with a standard devivation of 11.19.

The amount of involvement that each subject has with his or her infant was studied. The subject was asked how often he or she fed, changed, bathed, played with, and put the infant to sleep. Only one non-adolescent father never fed his infant which he stated was because the mother was breastfeeding. Two adolescent fathers never fed their infants. Twenty-two (88%) of the subjects, stated that they were involved with feeding their infant daily. Twenty-three (92%) of the subjects stated that they changed their infants' diapers daily, two adolescent fathers stated that they never changed their infants' diapers. All but one of the subjects, who was an adolescent father were involved in playing with their infant daily. Seventeen (71%) of the subjects were involved with putting their infants to sleep daily. One adolescent mother and six non-adolescent fathers stated that they did not do this daily with two of the non-adolescent fathers never putting their infant to sleep. The amount of involvement for bathing the infant was different from the rest of the areas. Only eight (33%) of the subjects stated that they were involved daily with bathing the baby and three (12%) non-adolescent fathers stating that they were never involved with bathing their infants. A reason for this result could be that the infant is usually bathed once per day or once every couple of days. The amount of involvement was based on a scale of one to five

with one being that the subject performed that task daily, two being that the subject performed that task two to three times per week, three being that the subject performed that task once per week, four being that the subject performed that task once per month, and five being that the subject never performed that task. The adolescent fathers' mean for feeding their infants was 2.14, SD = 1.95, for changing their infants the mean was 2.14, SD = 1.95, for bathing their infants the mean was 3.33, SD = 1.63, for playing with their infants the mean was 1.71, SD = 1.50, and for putting their infants to sleep the mean was 2.14, SD = 1.95. The non-adolescent fathers' mean for feeding their infants was 1.40, SD = 1.26, for changing their infants the mean was 1.00, SD = .00, for bathing their infants the mean was 2.50, SD = 1.27, for playing with their infants the mean was 1.00, SD = .00, and for putting their infants to sleep the mean was 1.60, SD = .84. The adolescent mothers' mean for feeding their infants was 1.13, SD = .35, for changing their infants the mean was 1.13, SD = .35, for bathing their infants the mean was 1.50, SD = 1.07, for playing with their infants the mean was 1.00, SD = .00, and for putting their infants to sleep the mean was 1.13, SD = .35. One of the adolescent fathers who only spent time playing with his baby and performed on caretaking activities for his baby had the highest Total Score on the Parenting Stress Index (See page 60 in Appendix G).

Analyses

The hypotheses were tested using a multivariate analysis of variance (MANOVA) for the Parenting Stress Index and the Kolmogorov-Smirnov two-sample test for the IFEEL data. The hypotheses and results are as follows:

Hyposthesis 1: The adolescent fathers' scores will not differ significantly from the non-adolescent fathers' scores on the Parenting Stess Index on the subscales of the Child Domain. The adolescent and non-adolescent fathers differed significantly on the set of six Parenting Stress Index Child Domian subscales when tested in a multivariate analysis of variance, $F(6,10) = 3.84$, $p < .03$. Follow-up univariate analyses showed that the two

groups differed significantly on four of the six subscales which make up this variable set. The adolescent fathers had significantly higher Adaptability subscale scores (M = 31.7) than did non-adolescent fathers (M = 25.2), $F(1,15) = 8.82$, $p < .01$. The adolescent fathers had significantly higher Acceptability subscale scores (M = 15.4) than did non-adolescent fathers (M = 11.2), $F(1,15) = 8.16$, $p < .02$. The adolescent fathers had significantly higher Demandingness subscale scores (M = 24.4) than did the non-adolescent fathers (M = 17.9), $F(1,15) = 6.81$, $p < .001$. The adolescent fathers had significantly higher Reinforces Parent Subscale scores (M = 13.86) than did non-adolescent fathers (M = 7.9), $F(1,15) = 22.89$, $p < .001$. For the subscales Mood and Distraction / Hyperactivity, there were no significant differences between the adolescent and non-adolescent fathers. Hypothesis 1 is rejected because the adolescent fathers' scores were significantly different from the non-adolescent fathers' scores on the Child Domain subscales of the Parenting Stress Index.

The adolescent and non-adolescent fathers differed significantly on the set of seven Parenting Stress Index Parent Domain subscales when tested in a multivariate analysis of variance, $F(6, 10) = 4.06$, $p < .028$. Follow-up univariate analyses showed that the two groups differed sgnificantly on four of the seven subscales which make up this variable set. The adolescent fathers had significantly higher Attachment subscale scores (M = 16.6) than the non-adolescent fathers (M = 13.2), $F(1,15) = 5.27$, $p < .05$. The adolescent fathers had significantly higher Role Restriction subscale scores (M = 23.7) than the non-adolescent fathers' subscales scores (M = 15.7), $F(1,15) = 19.68$, $p < .001$. The adolescent fathers had significantly higher Social Isolation subscale scores (M = 18.1) than the non-adolescent fathers' subscale scores (M = 13.1), $F(1, 15) = 5.28$, $p < .05$. The adolescent fathers had significantly higher Relationship with Spouse subscale scores (M = 25.3) than the non-adolescent fathers' subscale scores (M = 16.7), $F(1,15) = 23.29$, $p < .001$. For the subscales Depression , Sense of Competence, and Health there were no significantly differences between the adolescent and non-adolescent fathers. Hypothesis 2 is rejected

because the adolescent fathers scores on the Parenting Domain subscales of the Parenting Stress Index were significantly different from the non-adolescent fathers' scores.

Hypothesis 3: The adolescent fathers' scores will not differ significantly from the adolescent mothers scores on the Child Domain Subscales of the Parenting Stress Index. The adolescent fathers and adolescent mothers did not differ significantly on the set of six Parenting Stress Index Child Domain subscales when tested in a multivariate analysis of variance. The null hypothesis is not rejected.

Hypothesis 4: The adolescent fathers' scores will not differ significantly from the adolescent mothers' scores on the Parent Domain subscales of the Parenting Stress Index. The adolescent fathers and adolescent mothers differed significantly on the set of seven subscales when tested in a multivariate analysis of variance, $F(6,10) = 2.78$, $p < .10$. Follow-up univariate analyses showed that the two groups differed significantly on three of the seven subscales which made up this variable set. The adolescent fathers had significantly higher Attachment subscale scores ($M = 16.6$) than did the adolescent mothers ($M = 12.38$), $F(1,13) = 6.50$, $p < .03$. The adolescent fathers had significantly higher Role Restriction subscale scores ($M = 23.7$) than did the adolescent mothers ($M = 19.0$), $F(1,13) = 8.33$, $p < .02$. The adolescent fathers had significantly higher Relationship with Spouse subscale scores ($M = 25.3$) than did the adolescent mothers ($M = 20.0$), $F(1,13) = 6.35$, $p < .03$. For the subscales Depression, Sense of Competence, Social Isolation, and Health, there were no significant differences between the adolescent fathers and adolescent mothers The null hypothesis is rejected because the adolescent fathers' scores are significantly different than the adolescent mothers' scores.

Hypothesis 5: The adolescent fathers' distribution of emotional category codings to the IFEEL Pictures will not differ significantly from the non-adolescent fathers' distribution of emotional category codings to the IFEEL Pictures. This hypothesis was tested using the Kolmogorov-Smirnov two-sample test. This is a test of goodness of fit which is concerned with the degree of agreement between the distribution of two sets of sample

values. For these data there were no significant differences in the distribution of the category codings to the IFEEL Pictures between the adolescent and non-adolescent fathers. The results of this analysis does not lead to the rejection of the null hypothesis.

Hypothesis 6: The adolescent fathers' distribution of emotional category codings to the IFEEL Pictures will not differ significantly from the adolescent mothers' distribution of emtional category codings to the IFEEL Pictures. This hypothesis was tested using the Kolmogorov-Smirnov two-sample test. For these data there were no significant differences in the distribution of the category codings to the IFEEL Pictures between the adolescent fathers and the adolescent mothers. The results of this analysis does not lead to the rejection of the null hypothesis.

CHAPTER VI

DISCUSSION

The primary focus of the present study is the relationship between the adolescent father and his infant as compared to the relationship that the non-adolescent father and adolescent mother has with his or her infant. This relationship was investigated by using two standard measures, the Parenting Stress Index (PSI) on two domains of 13 subscales and the IFEEL Pictures on a set of emotional categories. The hypotheses and the findings are discussed.

Summary

The results of this study revealed that there are significant differences in the relationships between adolescent fathers and their infants compared to non-adolescent fathers and adolescent mothers as measured by the Parenting Stress Index (PSI) but there are no significant differences as measured by the IFEEL. On the subscales of Adaptability, Acceptability, Demandingness, Reinforces Parent, Attachment, Role Restriction, Social Isolation and Relationship with Spouse, the adolescent fathers' scores were significantly higher than the non-adolescent fathers' scores. A high score on the Parenting Stress Index on the Child Domain subscales indicates that there is stress or unhappiness with the relationship between the parent and his or her infant. On the subscales of Attachment, Role Restriction, and Relationship with Spouse, the adolescents fathers' scores were significantly higher than the adolescent mothers' scores. A high score on the Parent Domain subscales of the Parenting Stress Index indicates that there is stress or unhappiness with the relationship between the parent and his or her infant. The literature has suggested

that the adolescent father wants to be involved with his infant but is often blocked from interaction because they often do not reside with the mother and baby. If the father is involved, these results do not suggest that he will have a positive relationship with his child. Most of the studies cited in the literature review do not suggest a direction of this sort.

The high scores in these subscales are explained by the Parenting Stress Index manual. The following explanations are for the Child Domain subscales in which the adolescent fathers had significantly different scores from the non-adolescent fathers and adolescent mothers. High scores in the area of Adaptability are "associated with characteristics which make the parenting task more difficult by virtue of the child's inability to adjust to changes in his or her physical or social environment". High scores on the Acceptability subscale are produced "when the child possesses physical, intellectual, and emotional characteristics which do not match the parents' hoped-for child". High scores on the Demandingness subscale "are produced when the parent experiences the child as placing many demands upon him or her". The parent who earns high scores in the area of Reinforces Parent "does not experience his or her child as a source of positive reinforcement" (Abidin, 1986).

The meaning of high scores on the Parent Stress Index for the Parent Domain subscales in which the adolescent fathers had significantly high scores are as follows: the presence of a high score in the area of Attachment "suggests two possible sources of dyfunction: 1) the parent does not feel a sense of emotional closeness to the child, and 2) the parent's real or perceived inability to accurately read and understand the child's feelings and/or needs". High scores in the area of Role Restrictions "suggest that the parents involved experience the parental role as restricting their freedom and frustrating them in their attempts to maintain their own identity". Parents who earn high scores in the area of Social Isolation "are under considerable stress and it is necessary to establish an intervention program as soon as possible". Finally, the parents who earn high scores in

Relationship with Spouse "are those who are lacking the emotional and active support of the other parent in the area of child management" (Abidin, 1986).

Subject number 004 (see Appendix G page 58) and 019 (see Appendix G page 70) are the most representative of the adolescent fathers and non-adolescent fathers, respectively. The scores for the adolescent father 004 would suggest that he has difficulty parenting because of the infant's inability to adjust to changes in his or her environment. This adolescent father's infant matches the physical, intellectual, and emotional characteristics that the father had hoped for. He also appears to feel like there are not many demands placed on him by the infant. This adolescent father does not appear to experience his infant as a source of positive reinforcement. For the subscale of Attachment, the father is on the border of being a high score. This could mean that the father does not feel emotionally close to his child or may not be able to accurately read and understand the infant feelings or needs. This adolescent father does not view the parental role as restricting his freedom. He does appear to be under considerable stress and the manual recommends establishing an intervention program as soon as possible in the case of a high score. This adolescent father also appears to be lacking the emotional and active support of the other parent in managing his child. For subject number 019, a non-adolescent father, the raw data suggests that he has no difficulty with his parenting task because of the infant's inability to adjust to changes in his or her environment (Abidin, 1986). Similar to the adolescent father, the non-adolescent father's infant also appears to match his expectations of physical, intellectual, and emotional characteristics. He does not appear to feel as if the infant is placing many demands upon him. His child is source of positive reinforcement according to his score on the subscale of Reinforces Parent. This non-adolescent father appears to feel a sense of emotional closeness to his infant and perceives that he is accurately reading and understanding his infant's feelings and needs. This father does not feel as if the infant is restricting his freedom or frustrating him in his attempts to maintain his own identity. He is on the border of being high on the subscale of Social

Isolation which may mean that he is under considerable stress. The Relationship with Spouse subscale score suggests that he has emotional and active support from the other parent in managing his infant (Abidin, 1986). The adolescent mothers' scores showed no consistent pattern from mother to mother.

The results of this study reveal that the role of parent is stressful for the adolescent fathers in comparison to non-adolescent fathers. The adolescent fathers have difficulty parenting because of their infants' inability to adapt to changes in the infants' physical or social environment. Also, the adolescent fathers have trouble accepting that their infants do not have the physical, intellectual, and emotional characteristics that the adolescent fathers had hoped for in their infants. The adolescent fathers in this study feel that their infants are placing many demands upon him. These adolescent fathers do not feel that their infants are a source of positive reinforcement. The results also reveal that adolescent fathers do not feel a sense of attachment or emotional closeness toward their infant. He has an inability to read and understand his infant's feelings and needs. The adolescent fathers find the parenting role restricting their freedom and frustrating them in their attempts to maintain their identity. They are also under considerable stress. Finally, they lack the emotional support of the other parent in managing their infants.

The results of this study also revealed that the adolescent fathers experience more stress than adolescent mothers in their parenting roles. Adolescent fathers do not feel an emotional closeness to their infants in comparison to adolescent mothers. Adolescent fathers have an inability to accurately read and understand their infants' feelings and needs. They are also under considerable stress in comparison to the adolescent mothers and lack the emotional and active support of the other parent in managing their infants.

The adolescent fathers in this study have a considerable amount of stress in their parenting role. They are not able to read and understand their infants feelings or feel emotionally close to their infants. They lack support in their parenting role from their partner. The adolescent father feels as if the infant places many demands upon him and

does not find his infant as a source of positive reinforcement. The adolescent fathers' infants do not meet the desired characteristics of the adolescent fathers. The adolescent fathers have difficulty dealing with their infants due to the infants inability to adjust to unfamiliar surroundings. In conclusion, the adolescent fathers in this study are having some difficulty with their parenting role.

Schwartz's (1979) investigation of adolescent fathers found that adolescent fathers are frequently school dropouts who lack steady employment. He also found that adolescent fathers frequently use drugs and alcohol. Robinson (1988) described five myths of adolescent fathers. The Robinson study reviewed several studies that showed that throughout the premature pregnancy, adolescent fathers typically remain involved and have intimate feelings for both the mother and the baby. The results of this study suggest that adolescent fathers are involved but positive feelings are not always associated with this relationship. Many of the fathers were very involved daily, performing most of the basic care, yet the PSI revealed that the adolescent fathers feel stress in their parenting role.

Stack's (1974) findings suggest that many fathers maintained a complex relationship with their children. Also, she found that many adolescent fathers were not able to live with their mates and children because of regulations governing payment of welfare. All of the adolescent fathers for the present study were involved with the baby to some degree. It is not clear how much actual time the adolescent father spends with his infant but six out of the seven in this study do perform care taking activities. Westney, Cole, & Munford (1986) found that those adolescent fathers who sustained longer pre-pregnancy relationships were both more supportive of the mothers and planned more extensive roles of caring for their child. The study by Westney et al. does not give information about the actual relationship between the adolescent father and his infant. The study by Rivara, Sweeney, & Henderson (1985) also did not contain information about the actual relationship between the adolescent father and his infant. Neither did the studies by Elster,

McAnarney, and Lamb (1983), Lamb and Elster (1985), Redmond (1985), Ryan and Sweeney (1980), and Robinson (1988).

In the study by Elster and Panzarine (1983), they found that many of the concerns that were reported by adolescent fathers are probably similar to those experienced by older men who are experiencing their first fatherhood with the adolescent experiencing additional stresses. The present study's findings suggest that there may be some support for the Elster and Panzarine study. The adolescent fathers in this study appear to be under more stress than the non-adolescent fathers in this study with both groups of subjects being first time parents.

Robinson and Barret (1985) found in their study that the adolescent fathers had trouble coping with the change to fatherhood. The results of the PSI agree with Robinson and Barret's findings. The adolescent fathers' PSI subscale scores in this study indicate that the role of the adolescent father is more difficult for them than for non-adolescent fathers and adolescent mothers. The other studies presented in the literature review do not look at the actual role of the relationship of the adolescent father but rather predict what kind of relationship that the fathers would like to have with their infants. Westney, Cole, and Munford's (1985) article revealed that 96% of adolescent fathers wanted to give some degree of physical care to the baby and that most wanted to interact with the baby socially. This gives no indication of what the real relationship that the adolescent father has with the baby is like. The remaining articles do not show if the relationship between the adolescent father and his infant is negative or positive. Most predict what characteristics will lead the adolescent father to see his baby more frequently after it has been born. For example, Rivara, Sweeney, and Henderson (1980) found that fathers who felt positive about the pregnancy prenatally were more likely to visit their child in the hospital. Most of the studies that are available today do not include information about the relationship between the adolescent father and his infant.

The analysis of the IFEEL data did not reveal any significant differences between adolescent fathers and adolescent mothers and non-adolescent fathers. This indicates that the adolescent fathers do not have more positive or negative responses than the non-adolescent fathers and adolescent mothers when responding to a presentation of photographs of infants' faces. The adolescent fathers may be able to read their infants' emotional expression as well as non-adolescent fathers and adolescent mothers are able to read their infants emotional expression.

Major Issues

Finding adolescent fathers to participate in this study was very difficult. The adolescent fathers located for this study were involved in the mother's life during the pregnancy but by the time of the study many were absent. Some of the adolescent fathers that were involved with the mother would not participate or did not finish once they had agreed to participate. All of the adolescent fathers in this study were recruited through the adolescent mother. It was very difficult to telephone or find the adolescents fathers. In some of the cases, they did not have telephones. It should also be noted that the adolescent mothers and fathers reportedly move from household to household on occasion.

Limitations of the Present Study

The non-adolescent fathers that participated in the study were those that were willing to be in the study. Those that were not willing to participate could have yielded different results in the study. Once adolescent fathers are contacted and agree to participate in the research, they may not finish it and these adolescents may also yield different results to the outcome. There were two adolescent fathers that did half of the measures then decided they did not want to finish. Their participation could have yielded some interesting results for this study because their relationship with their infants could be different from those who agreed to participate in this study and finish it.

Further Considerations

There are several considerations to take into account when trying to gather data using adolescent fathers. A few suggestions follow on how to gain access to more adolescent fathers. One way that adolescent fathers' participatation may be influenced would be to offer the incentive of financial reimbursement. Also, an adolescent father could be asked to refer another adolescent father for participation. Possibly, another solution would be to go to the high schools and talk to counselors, nurses, teachers and the general student population there and perhaps some of the classes about the research and then post notices with more detailed information. The birth announcements in the local newspaper were very little help in finding adolescents to participate in this study. Although names were found, a corresponding telephone number and address were not obtainable from the telephone directory. Professionals who work with adolescent fathers can conduct the research themselves or refer the adolescent to the researcher. Adolescent fathers are a very difficult population to find and contact for the purpose of research.

Implications and Further Research

The implications for parents, researchers, and professionals that work with adolescent parents is how to better help those in more beneficial ways in their interactions with their infants. More research needs to be done about the adolescent father and his relationship with his infant. Adolescent fathers' relationship with their infant may change with more involvement by the health care professionals and those professionals that deal with the adolescent mother. By being more involved, the adolescent father may be able to form a better relationship with his infant by gaining a better understanding of the infant and getting to know his infant.

Another area to study is the adolescent father's actual interaction with the infant through home observation or videotaping a particular interaction. This would result in a

more in-depth view of this unique relationship. However, the adolescent fathers contacted for this study were often not even willing to participate in a study that took only thirty minutes. Videotaping and home observation may require an additional amount of time which could make it even more difficult to get the adolescent father to participate. The problem of finding adolescent fathers to participate in this study could lend some insight into what the adolescent father may be like in the relationship with the adolescent mother and his infant.

The long term effects of adolescent parenthood on the children who have contact with their fathers and those that do not to gain an understanding of the impact that the adolescent fathers' presence has on their children. This relationship studied could lend some insight into what could be done in the present with the adolescent fathers to help foster their relationship with their infants.

Teenage parenthood has an adverse effect on educational and vocational achievement. National studies clearly demonstrate that adolescent parents achieve less education than individuals who postpone childbearing until adulthood (Elster & Lamb, 1980). Marital stability is also adv ersely affected by adolescent parenthood. Couples who marry during adolescence have a substantially higher divorce rate than do couples who marry at a later age, especially when there has been a premarital pregnancy (Elster & Lamb, 1980).

Clinicians can play a major role in involving adolescent fathers in the lives of their infants and helping these adolescent males to cope with the difficult situations in which they find themselves. The more information that is provided about the adolescent father, the more help can be extended to these young fathers.

In today's society, more and more adolescents are having children. There is a need for more help and education for these high-risk parenting groups. The adolescent parents are younger today and are thus starting from a poorer base of emotional and educational standing to help them with their children than those before them.

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APPENDIXES

APPENDIX A

STATEMENT OF INFORMATION

The purpose of this study is to gain a better understanding of the relationship between the adolescent father and his baby compared to the non-adolescent father and the adolescent mother.

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

There is a parenting questionnaire for you to fill out and pictures of infants to look at which will take about 30 minutes.

You may also be asked about problems that have affected your family in the past year. Your participation is voluntary and there is no penalty for refusal to participate and you are free to withdraw your consent and participation at any time.

APPENDIX B

DEMOGRAPHIC A

Age at time of baby's birth_____

Number of years of school completed_____

Do you have a full-time_____ or part-time_____ job.

What is your occupation_____

How many years of school have your parents completed?
Mother_____ Father_____

What is your parents' level of income?

____ Below 999
____ 1,000 to 4,999
____ 5,000 to 9,999
____ 10,000 to 19,999
____ 20,000 to 29,999
____ 30,000 to 39,999
____ 40,000 to 49,999
____ 50,000 to 69,999
____ 70,000 and up

Does your mother work full-time - part-time_____
If so, what is her occupation_____

Does your father work full-time or part-time_____
If so, what is his occupation_____

How often do you perform these caretaking activities?
A. Daily
B. 2-3 times per week
C. Once per week
D. Once per month
E. Never

____Feeding your baby
____Changing your baby
____Bathing your baby
____Playing with your baby
____Putting your baby to sleep

How old were your parents when they had their first child_____

Do you have siblings that became parents while they were adolescents_____

APPENDIX C

DEMOGRAPHIC B

Age at time of baby's birth_____

Number of years of school completed_____

Do you have a full-time_____ or part-time_____ job.

What is your occupation_____

What is your present level of income?

____ Below 999
____ 1,000 to 4,999
____ 5,000 to 9,999
____ 10,000 to 19,999
____ 20,000 to 29,999
____ 30,000 to 39,999
____ 40,000 to 49,999
____ 50,000 to 69,999
____ 70,000 and up

Does your wife work full-time, part-time_____

If so, what is her occuptation_____

How often do you perform these caretaking activities?

A. Daily
B. 2-3 times per week
C. Once per week
D. Once per month
E. Never

____Feeding your baby
____Changing your baby
____Bathing your baby
____Playing with your baby
____Putting your baby to sleep

How old were your parents when they had their first child_____

Do you have siblings that became parents while they were adolescents_____

APPENDIX D

SAMPLE OF PICTURES FROM THE IFEEL

APPENDIX E

IFEEL ANSWER FORM

I FEEL PICTURES

INSTRUCTIONS: This book contains some pictures of babies' facial expressions. Please tell us in one word — like surprised, interested, happy, sad, shy, shameful, disgusted, angry or afraid — the strongest and clearest feeling that each baby is expressing. There are no right or wrong answers. Please answer what first comes to your mind. I'll write your answers on this sheet.

101	_____	116	_____
102	_____	117	_____
103	_____	118	_____
104	_____	119	_____
105	_____	120	_____
106	_____	121	_____
107	_____	122	_____
108	_____	123	_____
109	_____	124	_____
110	_____	125	_____
111	_____	126	_____
112	_____	127	_____
113	_____	128	_____
114	_____	129	_____
115	_____	130	_____

APPENDIX F

SAMPLE OF PARENTING

STESS INDEX

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

1. When my child wants something, my child usually keeps trying to get it.
2. My child is so active that it exhausts me.
3. My child appears disorganized and is easily distracted.
4. Compared to most, my child has more difficulty concentrating and paying attention.
5. My child will often stay occupied with a toy for more than 10 minutes.
6. My child wanders away much more than I expected.
7. My child is much more active than I expected
8. My child squirms and kicks a great deal when being dressed or bathed.
9. My child can be easily distracted from wanting something.
10. My child rarely does things for me that make me feel good.
11. Most times I feel that my child likes me and wants to be close to me.
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
13. My child smiles at me much less than I expected.
14. When I do things for my child I get the feeling that my efforts are not appreciated very much
15. Which statement best describes your child?
    1. almost always likes to play with me,
    2. sometimes likes to play with me,
    4. usually doesn't like to play with me,
    5. almost never likes to play with me.
16. My child cries and fusses:
    1. much less than I had expected,
    2. less than I expected,
    3. about as much as I expected,
    4. much more than I expected,
    5. it seems almost constant.
17. My child seems to cry or fuss more often than most children
18. When playing, my child doesn't often giggle or laugh.
19. My child generally wakes up in a bad mood.
20. I feel that my child is very moody and easily upset.
21. My child looks a little different than I expected and it bothers me at times.
22. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.

APPENDIX G

RAW DATA OF

THE PSI

001

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	302	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	[redacted]	320	221 1	38 9
CHILD DOMAIN SCORE	119	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	[redacted]	130	145	98 4	19 2
Adaptability	30	7	15	17	19	20	21		22	23		24	25		26	27		28	[redacted]	31	33	38	24 5	5 7
Acceptability	18	4	6	7	8	9		10		11		12		13		14		15	16	17	[redacted]	21	12 5	3 6
Demandingness	24	8	10	12	13	14	15		16		17		18		19	20	21		22	[redacted]	25	31	18 1	4 6
Mood	9	3	5		6		7		8			[redacted]		10			11		12	13	14	18	9 6	2 9
Distract./Hyper	27	12	16	18	19	20	21		22		[redacted]		24	25	26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	16	5			6			7			8		9		10			11		12	[redacted]	18	9 3	2 9
PARENT DOMAIN SCORE	183	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	[redacted]	122 7	24 6
Depression	33	8	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30	[redacted]	20 4	5 6
Attachment	23	6	7	8	9		10		11			12			13		14		15	16	17	[redacted]	12 6	3 1
Restric of Role	26	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	[redacted]	29	32	19 0	5 2
Sense of Competence	35	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	[redacted]	37	40	45	29 2	6 3
Social Isolation	22	6	7	8	9		10		11			12		13		14	15	16	17	18	20	[redacted]	12 8	3 8
Relat Spouse	26	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	[redacted]	28	16 8	5 1
Parent Health	18	5	7	8		9			10			11			12		13	14	15	16	[redacted]	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	228	131	157	170	179	188	195	201	208	214	217	221	224		233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	107	50	66	73	78	82	87	89	92	95	97	99	100		105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	26	7	15	17	19	20	21		22	23		24	25			27		28	30	31	33	38	24 5	5 7
Acceptability	10	4	6	7	8	9				11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	15	8	10	12	13	14			16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	8	3	5		6		7					9		10			11		12	13	14	18	9 6	2 9
District./Hyper.	34	12	16	18	19	20	21		22		23		24	25	26		27	28	29				24 4	5 0
Reinforces Parent	7	5			6						8		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	126	69	82	90	99	102	107	110	112	115	118	121	123		129	132	137	141	148	153	168	188	122 7	24 6
Depression	13	8	12		13	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	12	6	7	8	9		10		11						13		14		15	16	17	22	12 6	3 1
Restric. of Role	20	8	11	12	13	14	15	16		17	18		19			21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	30	15	18	21	22	23	24	25	26	27	28		29		31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	9	6	7	8			10		11			12		13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	30	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22				16 8	5 1
Parent Health	12	5	7	8		9			10			11					13	14	15	16	18	21	11 9	3 3

003

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	SD
TOTAL STRESS SCORE	271	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258		293	320	221 1	38 9
CHILD DOMAIN SCORE	125	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116		130	145	98 4	19 2
Adaptability	29	7	15	17	19	20	21		22	23		24	25		26	27		28		31	33	38	24 5	5 7
Acceptability	18	4	6	7	8	9		10		11		12		13		14		15	16	17		21	12 5	3 6
Demandingness	25	8	10	12	13	14	15		16		17		18		19	20	21		22	24		31	18 1	4 6
Mood	7	3	5		6				8			9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper	31	12	16	18	19	20	21		22		23		24	25	26		27	28	29		33	36	24 4	5 0
Reinforces Parent	15	5			6			7			8		9		10			11		12		18	9 3	2 9
PARENT DOMAIN SCORE	146	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141		153	168	188	122 7	24 6
Depression	21	8	12	13	15	16		17	18		19	20				22	23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restric. of Role	25	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24		29	32	19 0	5 2
Sense of Competence	28	15	18	21	22	23	24	25	26	27		29	30	31	32	33	34	35		37	40	45	29 2	6 3
Social Isolation	18	6	7	8	9		10		11			12		13		14	15	16	17		20	22	12 8	3 8
Relat Spouse	25	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23		28	16 8	5 1
Parent Health	14	5	7	8		9			10			11			12		13		15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	269	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	282	293	320	221 1	38 9
CHILD DOMAIN SCORE	122	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116		130	145	98 4	19 2
Adaptability	36	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33		24 5	5 7
Acceptability	12	4	6	7	8	9		10		11				13		14		15	16	17	18	21	12 5	3 6
Demandingness	20	8	10	12	13	14	15		16		17		18		19		21		22	24	25	31	18 1	4 6
Mood	12	3	5		6		7		8			9		10			11			13	14	18	9 6	2 9
Distract./Hyper	30	12	16	18	19	20	21		22		23		24	25	26		27	28	29		33	36	24 4	5 0
Reinforces Parent	12	5			6			7			8		9		10			11			15	18	9 3	2 9
PARENT DOMAIN SCORE	147	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141		153	168	188	122 7	24 6
Depression	18	8	12	13	15	16		17			19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restric. of Role	26	8	11	12	13	14	15	16		17	18		19			21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	30	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	23	6	7	8	9		10		11			12		13		14	15	16	17	18	20		12 8	3 8
Relat. Spouse	23	6	8	10	11	12	13		14	15		16	17		18	19	20	21		23	26	28	16 8	5 1
Parent Health	18	5	7	8		9			10			11			12		13	14	15	16		21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	SD
TOTAL STRESS SCORE	295	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267		320	221 1	38 9
CHILD DOMAIN SCORE	141	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130		98 4	19 2
Adaptability	33	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31		38	24 5	5 7
Acceptability	15	4	6	7	8	9		10		11		12		13		14			16	17	18	21	12 5	3 6
Demandingness	33	8	10	12	13	14	15		16		17		18		19	20	21		22	24	25		18 1	4 6
Mood	13	3	5		6		7		8			9		10			11		12		14	18	9 6	2 9
Distract./Hyper	33	12	16	18	19	20	21		22		23		24	25	26		27	28	29	31		36	24 4	5 0
Reinforces Parent	14	5			6			7			8		9		10			11		12		18	9 3	2 9
PARENT DOMAIN SCORE	154	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148		168	188	122 7	24 6
Depression	22	8	12	13	15	16		17	18		19	20		21			23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restric. of Role	24	8	11	12	13	14	15	16		17	18		19		20	21	22	23		26	29	32	19 0	5 2
Sense of Competence	39	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	37		45	29 2	6 3
Social Isolation	16	6	7	8	9		10		11			12		13		14	15		17	18	20	22	12 8	3 8
Relat Spouse	24	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22		26	28	16 8	5 1
Parent Health	14	5	7	8		9			10			11			12		13		15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D
TOTAL STRESS SCORE	316	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293		221 1	38 9
CHILD DOMAIN SCORE	145	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130		98 4	19 2
Adaptability	37	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33		24 5	5 7
Acceptability	20	4	6	7	8	9		10		11		12		13		14		15	16	17	18		12 5	3 6
Demandingness	31	8	10	12	13	14	15		16		17		18		19	20	21		22	24	25		18 1	4 6
Mood	14	3	5		6		7		8			9		10			11		12	13		18	9 6	2 9
Distract./Hyper.	25	12	16	18	19	20	21		22		23		24		26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	18	5			6			7			8		9		10			11		12	15		9 3	2 9
PARENT DOMAIN SCORE	171	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	188	188	122 7	24 6
Depression	23	8	12	13	15	16		17	18		19	20		21		22		24	26	27	30	36	20 4	5 6
Attachment	21	6	7	8	9		10		11			12			13		14		15	16	17		12 6	3 1
Restric. of Role	28	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26		32	19 0	5 2
Sense of Competence	41	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	37		45	29 2	6 3
Social Isolation	22	6	7	8	9		10		11			12		13		14	15	16	17	18	20		12 8	3 8
Relat. Spouse	24	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22		26	28	16 8	5 1
Parent Health	12	5	7	8		9			10			11					13	14	15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	263	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258		293	320	221 1	38 9
CHILD DOMAIN SCORE	125	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116		130	145	98 4	19 2
Adaptability	31	7	15	17	19	20	21		22	23		24	25		26	27		28	30		33	38	24 5	5 7
Acceptability	15	4	6	7	8	9		10		11		12		13		14			16	17	18	21	12 5	3 6
Demandingness	23	8	10	12	13	14	15		16		17		18		19	20	21		22		25	31	18 1	4 6
Mood	10	3	5		6		7		8			9					11		12	13	14	18	9 6	2 9
District./Hyper	31	12	16	18	19	20	21		22		23		24	25	26		27	28	29		33	36	24 4	5 0
Reinforces Parent	15	5			6			7			8		9		10			11		12		18	9 3	2 9
PARENT DOMAIN SCORE	138	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132		141	148	153	168	188	122 7	24 6
Depression	20	8	12	13	15	16		17	18		19			21		22	23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restric. of Role	23	8	11	12	13	14	15	16		17	18		19		20	21	22		24	26	29	32	19 0	5 2
Sense of Competence	23	15	18	21	22		24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	17	6	7	8	9		10		11			12		13		14	15	16		18	20	22	12 8	3 8
Relat Spouse	25	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23		28	16 8	5 1
Parent Health	15	5	7	8		9			10			11			12		13	14		16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	193	131	157	170	179	188	[redacted]	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	98	50	66	73	78	82	87	89	92	95	97	[redacted]	100	102	106	107	110	114	116	122	130	145	98 4	19 2
Adaptability	35	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	[redacted]	38	24 5	5 7
Acceptability	4	4	6	[redacted]	8	9		10		11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	11	8	10	[redacted]	13	14	15		16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	11	3	5		6		7		8			9		10			[redacted]		12	13	14	18	9 6	2 9
Distract./Hyper.	21	12	16	18	19	20	21		22		23		24	25	26		[redacted]	28	29	31	33	36	24 4	5 0
Reinforces Parent	7	5			6			[redacted]			8		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	95	69	82	90	[redacted]	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	15	8	[redacted]	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	13	6	7	8	9		10		11			12			[redacted]		14		15	16	17	22	12 6	3 1
Restric. of Role	12	8	11	[redacted]	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	23	15	18	21	22	[redacted]	24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	8	6	7	[redacted]	9		10		11			12		13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	12	6	8	10	11	[redacted]	13		14	15		16	17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	17	5	7	8		9			10			11			12		13	14	15	16	[redacted]	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	SD
TOTAL STRESS SCORE	253	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244		258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	187	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114		122	130	145	98 4	19 2
Adaptability	27	7	15	17	19	20	21		22	23		24	25		26			28	30	31	33	38	24 5	5 7
Acceptability	16	4	6	7	8	9		10		11		12		13		14		15		17	18	21	12 5	3 6
Demandingness	20	8	10	12	13	14	15		16		17		18		19		21		22	24	25	31	18 1	4 6
Mood	10	3	5		6		7		8			9					11		12	13	14	18	9 6	2 9
Distract./Hyper	33	12	16	18	19	20	21		22		23		24	25	26		27	28	29	31		36	24 4	5 0
Reinforces Parent	11	5			6			7			8		9		10					12	15	18	9 3	2 9
PARENT DOMAIN SCORE	136	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132		141	148	153	168	188	122 7	24 6
Depression	17	8	12	13	15	16			18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	13	6	7	8	9		10		11			12					14		15	16	17	22	12 6	3 1
Restric. of Role	15	8	11	12	13	14		16		17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	30	15	18	21	22	23	24	25	26	27	28		29		31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	19	6	7	8	9		10		11			12		13		14	15	16	17	18		22	12 8	3 8
Relat Spouse	76	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23		28	16 8	5 1
Parent Health	16	5	7	8		9			10			11			12		13	14	15		18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	236	131	157	170	179	188	195	201	208	214	217	221	224	228	233		244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	107	50	66	73	78	82	87	89	92	95	97	99	100	102	105		110	114	116	122	130	145	98 4	19 2
Adaptability	21	7	15	17	19	20	21		22	23		24	25			27		28	30	31	33	38	24 5	5 7
Acceptability	11	4	6	7	8	9		10				12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	24	8	10	12	13	14	15		16		17		18		19	20	21		22		25	31	18 1	4 6
Mood	9	3	5		6		7		8					10			11		12	13	14	18	9 6	2 9
District./Hyper	23	12	16	18	19	20	21		22		23		24	25	26		27		29	31	33	36	24 4	5 0
Reinforces Parent	9	5			6			7			8				10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	129	69	82	90	99	102	107	110	112	115	118	121	123	126		132	137	141	148	153	168	188	122 7	24 6
Depression	12	8		13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12 6	3 1
Restric of Role	22	8	11	12	13	14	15	16		17	18		19		20	21		23	24	26	29	32	19 0	5 2
Sense of Competence	37	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35		40	45	29 2	6 3
Social Isolation	9	6	7	8			10		11			12		13		14	15	16	17	18	20	22	12 8	3 8
Relat Spouse	19	6	8	10	11	12	13		14	15		16	17		18		20	21	22	23	26	28	16 8	5 1
Parent Health	11	5	7	8		9			10			11			12		13	14	15		18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	235	131	157	170	179	188	195	201	208	214	217	221	224	228	[redacted]	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	105	50	66	73	78	82	87	89	92	95	97	99	100	102	[redacted]	107	110	114	116	122	130	145	98 4	19 2
Adaptability	27	7	15	17	19	20	21		22	23		24	25		26	[redacted]		28	30	31	33	38	24 5	5 7
Acceptability	12	4	6	7	8	9		10		11		[redacted]		13		14		15	16	17	18	21	12 5	3 6
Demandingness	20	8	10	12	13	14	15		16		17		18		19	[redacted]	21		22	24	25	31	18 1	4 6
Mood	8	3	5		6		7		[redacted]			9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper	30	12	16	18	19	20	21		22		23		24	25	26		27	28	29	[redacted]		33	36	24 4	5 0
Reinforces Parent	8	5			6			7			[redacted]		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	130	69	82	90	99	102	107	110	112	115	118	121	123	126	[redacted]	132	137	141	148	153	168	188	122 7	24 6
Depression	28	8	12	13	15	16		17	18		19	20		21		22	23	24	26	[redacted]	30	36	20 4	5 6
Attachment	16	6	7	8	9		10		11			12			13		14		15	[redacted]	17	22	12 6	3 1
Restric. of Role	20	8	11	12	13	14	15	16		17	18		19		[redacted]	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	25	15	18	21	22	23	24	[redacted]	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	16	6	7	8	9		10		11			12		13		14	15	[redacted]	17	18	20	22	12 8	3 8
Relat. Spouse	17	6	8	10	11	12	13		14	15		16	[redacted]		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	8	5	7	[redacted]		9			10			11			12		13	14	15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	X	SD
TOTAL STRESS SCORE	215	131	157	170	179	188	195	201	208		217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	104	50	66	73	78	82	87	89	92	95	97	99	100	102		107	110	114	116	122	130	145	98 4	19 2
Adaptability	27	7	15	17	19	20	21		22	23		24	25		26			28	30	31	33	38	24 5	5 7
Acceptability	13	4	6	7	8	9		10		11		12				14		15	16	17	18	21	12 5	3 6
Demandingness	22	8	10	12	13	14	15		16		17		18		19	20	21			24	25	31	18 1	4 6
Mood	11	3	5		6		7		8			9		10				12		13	14	18	9 6	2 9
District./Hyper.	25	12	16	18	19	20	21		22		23		24		26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	6	5						7			8		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	111	69	82	90	99	102	107	110		115	118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	14	8	12	13				17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	12	6	7	8	9		10		11						13		14		15	16	17	22	12 6	3 1
Restric. of Role	19	8	11	12	13	14	15	16		17	18				20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	25	15	18	21	22	23	24				28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	12	6	7	8	9		10		11					13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	16	6	8	10	11	12	13		14	15					18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	13	5	7	8		9			10			11			12			14	15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	218	131	157	170	179	188	195	201	208	214		221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	99	50	66	73	78	82	87	89	92	95	97		100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	25	7	15	17	19	20	21		22	23		24			26	27		28	30	31	33	38	24 5	5 7
Acceptability	12	4	6	7	8	9		10		11			13			14		15	16	17	18	21	12 5	3 6
Demandingness	17	8	10	12	13	14	15		16			18			19	20	21		22	24	25	31	18 1	4 6
Mood	12	3	5		6		7		8			9		10			11			13	14	18	9 6	2 9
Distract./Hyper.	25	12	16	18	19	20	21		22		23		24		26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	8	5			6			7				9			10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	119	69	82	90	99	102	107	110	112	115		121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	19	8	12	13	15	16		17	18			20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12 6	3 1
Restric. of Role	12	8	11		13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	30	15	18	21	22	23	24	25	26	27	28		29		31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	16	6	7	8	9		10		11			12		13		14	15		17	18	20	22	12 8	3 8
Relat. Spouse	14	6	8	10	11	12	13			15		16	17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	14	5	7	8		9			10			11			12		13		15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	197	131	157	170	179	188		201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	85	50	66	73	78	82		89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	17	7	15		19	20	21		22	23		24	25		26	27		28	30	31	33	38	24 5	5 7
Acceptability	9	4	6	7	8			10		11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	20	8	10	12	13	14	15		16		17		18		19		21		22	24	25	31	18 1	4 6
Mood	8	3	5		6		7			9		10				11		12		13	14	18	9 6	2 9
District./Hyper.	24	12	16	18	19	20	21		22		23		25	26		27	28	29		31	33	36	24 4	5 0
Reinforces Parent	7	5			6					8		9		10			11			12	15	18	9 3	2 9
PARENT DOMAIN SCORE	112	69	82	90	99	102	107	110		115	118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	19	8	12	13	15	16		17	18			20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	16	6	7	8	9		10		11			12			13		14		15		17	22	12 6	3 1
Restric. of Role	11	8								17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	25	15	18	21	22	23			26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	8	6	7		9		10		11			12		13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	19	6	8	10	11	12	13		14	15		16	17		18		20	21	22	23	26	28	16 8	5 1
Parent Health	14	5	7	8		9			10			11			12		13		15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D
TOTAL STRESS SCORE	191	131	157	170	179		195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	88	50	66	73	78	82	87		92	95	97	99	100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	20	7	15	17	19		21		22	23		24	25		26	27		28	30	31	33	38	24 5	5 7
Acceptability	9	4	6	7	8			10		11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	15	8	10	12	13	14			16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	10	3	5				7		8			9		10			11		12	13	14	18	9 6	2.9
Distract./Hyper.	32	12	16	18	19	20	21		22		23		24	25	26		27				33	36	24 4	5.0
Reinforces Parent	8	5			6			7				9			10			11		12	15	18	9 3	2.9
PARENT DOMAIN SCORE	103	69	82	90	99		107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24 6
Depression	14	8	12	13		16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5.6
Attachment	11	6	7	8	9		10					12			13		14		15	16	17	22	12.6	3.1
Restric. of Role	18	8	11	12	13	14	15	16					19		20	21	22	23	24	26	29	32	19 0	5.2
Sense of Competence	23	15	18	21	22		24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	10	6	7	8	9				11			12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse	18	6	8	10	11	12	13		14	15		16	17			19	20	21	22	23	26	28	16.8	5.1
Parent Health	9	5	7	8					10			11			12		13	14	15	16	18	21	11 9	3.3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	221	131	157	170	179	188	195	201	208	214	217		224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	100	50	66	73	78	82	87	89	92	95	97	99		102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	25	7	15	17	19	20	21		22	23		24			26	27		28	30	31	33	38	24 5	5 7
Acceptability	13	4	6	7	8	9		10		11		12				14		15	16	17	18	21	12 5	3 6
Demandingness	18	8	10	12	13	14	15		16		17				19	20	21		22	24	25	31	18 1	4 6
Mood	8	3	5		6		7					9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper.	27	12	16	18	19	20	21		22		23		24	25	26			28	29	31	33	36	24 4	5 0
Reinforces Parent	9	5			6			7			8				10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	121	69	82	90	99	102	107	110	112	115	118		123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	18	8	12	13	15	16		17			19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12 6	3 1
Restric. of Role	17	8	11	12	13	14	15	16			18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	29	15	18	21	22	23	24	25	26	27	28			30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	17	6	7	8	9		10		11			12		13		14	15	16		18	20	22	12 8	3 8
Relat. Spouse	15	6	8	10	11	12	13		14			16	17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	11	5	7	8		9			10						12		13	14	15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	168	131	157	[redacted]	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	78	50	66	73	[redacted]	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	23	7	15	17	19	20	21		22	[redacted]		24	25		26	27		28	30	31	33	38	24 5	5 7
Acceptability	10	4	6	7	8	9		[redacted]		11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	12	8	10	[redacted]	13	14	15		16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	9	3	5		6		[redacted]		8			9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper.	20	12	16	18	19	[redacted]	21		22		23		24	25	26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	10	5			[redacted]			7			8		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	91	69	82	[redacted]	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	11	8	[redacted]	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	9	6	7	8	[redacted]		10		11			12			13		14		15	16	17	22	12 6	3 1
Restric. of Role	11	8	[redacted]	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	23	15	18	21	22	[redacted]	24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	16	6	7	8	9		10		11			12		13		14	15	[redacted]	17	18	20	22	12 8	3 8
Relat. Spouse	11	6	8	10	[redacted]	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	10	5	7	8		9			[redacted]			11			12		13	14	15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	225	131	157	170	179	188	195	201	208	214	217	221		228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	107	50	66	73	78	82	87	89	92	95	97	99	100	102	105		110	114	116	122	130	145	98 4	19 2
Adaptability	29	7	15	17	19	20	21		22	23		24	25		26	27		28		31	33	38	24 5	5 7
Acceptability	15	4	6	7	8	9		10		11		12		13		14			16	17	18	21	12 5	3 6
Demandingness	19	8	10	12	13	14	15		16		17		18			20	21		22	24	25	31	18 1	4 6
Mood	9	3	5		6		7		8					10			11		12	13	14	18	9 6	2 9
District./Hyper.	24	12	16	18	19	20	21		22		23			25	26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	11	5			6			7			8		9		10					12	15	18	9 3	2 9
PARENT DOMAIN SCORE	148	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141		153	168	188	122 7	24 6
Depression	20	8	12	13	15	16		17	18		19			21		22	23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restric. of Role	20	8	11	12	13	14	15	16		17	18		19			21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	33	15	18	21	22	23	24	25	26	27	28		29	30	31	32		34	35	37	40	45	29 2	6 3
Social Isolation	20	6	7	8	9		10		11			12		13		14	15	16	17	18		22	12 8	3 8
Relat. Spouse	20	6	8	10	11	12	13		14	15		16	17		18	19		21	22	23	26	28	16 8	5 1
Parent Health	20	5	7	8		9			10			11			12		13	14	15	16	18		11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	205	131	157	170	179	188	195	201		214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	89	50	66	73	78	82	87		92	95	97	99	100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	22	7	15	17	19	20	21			23		24	25		26	27		28	30	31	33	38	24 5	5 7
Acceptability	11	4	6	7	8	9		10				12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	11	8	10			14	15		16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	5	3	5		6		7					9		10			11		12	13	14	18	9 6	2 9
District./Hyper.	23	12	16	18	19	20	21		22		23		24	25	26		27		29	31	33	36	24 4	5 0
Reinforces Parent	9	5			6			7			8				10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	116	69	82	90	99	102	107	110	112		118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	20	8	12	13	15	16		17	18		19			21		22	23	24	26	27	30	36	20 4	5 6
Attachment	11	6	7	8	9		10					12			13		14		15	16	17	22	12 6	3 1
Restric. of Role	15	8	11	12	13	14		16		17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	27	15	18	21	22	23	24	25	26		28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	12	6	7	8	9		10		11					13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	17	6	8	10	11	12	13		14	15		16			18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	14	5	7	8		9			10			11			12		13		15	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D
TOTAL STRESS SCORE	250	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	[redacted]	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	101e	50	66	73	78	82	87	89	92	95	97	99	100	102	105	[redacted]	110	114	116	122	130	145	98 4	19 2
Adaptability	26	7	15	17	19	20	21		22	23		24	25		[redacted]	27		28	30	31	33	38	24 5	5 7
Acceptability	15	4	6	7	8	9		10		11		12		13		14		[redacted]	16	17	18	21	12 5	3 6
Demandingness	19	8	10	12	13	14	15		16		17		18		[redacted]	20	21		22	24	25	31	18 1	4 6
Mood	10	3	5		6		7		8			9		[redacted]			11		12	13	14	18	9 6	2 9
Distract./Hyper.	26	12	16	18	19	20	21		22		23		24	25	[redacted]		27	28	29	31	33	36	24 4	5.0
Reinforces Parent	10	5			6			7			8		9		[redacted]			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	144	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	[redacted]	148	153	168	188	122 7	24 6
Depression	23	8	12	13	15	16		17	18		19	20		21		22	[redacted]	24	26	27	30	36	20 4	5.6
Attachment	10	6	7	8	9	[redacted]			11			12			13		14		15	16	17	22	12 6	3 1
Restric. of Role	20	8	11	12	13	14	15	16		17	18		19		[redacted]	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	31	15	18	21	22	23	24	25	26	27	28		29	30	[redacted]	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	20	6	7	8	9		10		11			12		13		14	15	16	17	18	[redacted]	22	12 8	3 8
Relat. Spouse	23	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	[redacted]	28	16 8	5 1
Parent Health	15	5	7	8		9			10			11			12		13	14	[redacted]	16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D
TOTAL STRESS SCORE	264	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258		293	320	221 1	38 9
CHILD DOMAIN SCORE	106	50	66	73	78	82	87	89	92	95	97	99	100	102	105		110	114	116	122	130	145	98 4	19 2
Adaptability	28	7	15	17	19	20	21		22	23		24	25		26	27			30	31	33	38	24 5	5 7
Acceptability	11	4	6	7	8	9		10				12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	20	8	10	12	13	14	15		16		17		18		19		21		22	24	25	31	18 1	4 6
Mood	9	3	5		6		7		8					10			11		12	13	14	18	9 6	2 9
District./Hyper.	27	12	16	18	19	20	21		22		23		24	25	26			28	29	31	33	36	24 4	5 0
Reinforces Parent	11	5			6			7			8		9		10					12	15	18	9 3	2 9
PARENT DOMAIN SCORE	158	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148		168	188	122 7	24 6
Depression	22	8	12	13	15	16		17	18		19	20		21			23	24	26	27	30	36	20 4	5 6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12 6	3 1
Restric. of Role	19	8	11	12	13	14	15	16		17	18				20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	35	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34		37	40	45	29 2	6 3
Social Isolation	22	6	7	8	9		10		11			12		13		14	15	16	17	18	20		12 8	3 8
Relat. Spouse	23	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26		16 8	5 1
Parent Health	18	5	7	8		9			10			11			12		13	14	15	16		21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	209	131	157	170	179	188	195	201		214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	104	50	66	73	78	82	87	89	92	95	97	99	100	102		107	110	114	116	122	130	145	98 4	19 2
Adaptability	25	7	15	17	19	20	21		22	23		24			26	27		28	30	31	33	38	24 5	5 7
Acceptability	10	4	6	7	8	9				11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	23	8	10	12	13	14	15		16		17		18		19	20	21		22		25	31	18 1	4 6
Mood	5	3			6		7		8			9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper.	32	12	16	18	19	20	21		22		23		24	25	26		27	28	29	34		36	24 4	5 0
Reinforces Parent	9	5			6			7			8				10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	105	69	82	90	99	102		110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122 7	24 6
Depression	11	8		13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	11	6	7	8	9		10					12			13		14		15	16	17	22	12 6	3 1
Restric. of Role	16	8	11	12	13	14	15			17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	33	15	18	21	22	23	24	25	26	27	28		29	30	31	32		34	35	37	40	45	29 2	6 3
Social Isolation	12	6	7	8	9				11			12		13		14	15	16	17	18	20	22	12 8	3 8
Relat. Spouse	16	6	8	10	11	12	13		14	15			17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	8	5	7			9			10			11			12		13	14	15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	225	131	157	170	179	188	195	201	208	214	217	221		228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	98	50	66	73	78	82	87	89	92	95	97		100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	26	7	15	17	19	20	21		22	23		24	25			27		28	30	31	33	38	24 5	5 7
Acceptability	10	4	6	7	8	9				11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	19	8	10	12	13	14	15		16		17		18			20	21		22	24	25	31	18 1	4 6
Mood	8	3	5		6		7					9		10			11		12	13	14	18	9 6	2 9
District./Hyper.	22	12	16	18	19	20	21				23		24	25	26		27	28	29	31	33	36	24 4	5 0
Reinforces Parent	8	5			6			7					9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	127	69	82	90	99	102	107	110	112	115	118	121	123		129	132	137	141	148	153	168	188	122 7	24 6
Depression	21	8	12	13	15	16		17	18		19	20				22	23	24	26	27	30	36	20 4	5 6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12 6	3 1
Restric of Role	21	8	11	12	13	14	15	16		17	18		19		20		22	23	24	26	29	32	19 0	5 2
Sense of Competence	30	15	18	21	22	23	24	25	26	27	28		29		31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	15	6	7	8	9		10		11			12		13		14		16	17	18	20	22	12 8	3 8
Relat Spouse	14	6	8	10	11	12	13		14	15			17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	10	5	7	8		9						11			12		13	14	15	16	18	21	11 9	3 3

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S D
TOTAL STRESS SCORE	209	131	157	170	179	188	195	201		214	217	221	224	228	233	239	244	250	258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	75	50	66	73		82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98 4	19 2
Adaptability	18	7	15	17		20	21		22	23		24	25		26	27		28	30	31	33	38	24 5	5 7
Acceptability	8	4	6	7		9		10		11		12		13		14		15	16	17	18	21	12 5	3 6
Demandingness	14	8	10	12	13		15		16		17		18		19	20	21		22	24	25	31	18 1	4 6
Mood	7	3	5		6				8			9		10			11		12	13	14	18	9 6	2 9
Distract./Hyper	26	12	16	18	19	20	21		22		23		24	25	25			28	29	31	33	36	24 4	5 0
Reinforces Parent	6	5						7			8		9		10			11		12	15	18	9 3	2 9
PARENT DOMAIN SCORE	130	69	82	90	99	102	107	110	112	115	118	121	123	126		132	137	141	148	153	168	188	122 7	24 6
Depression	12	8		13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20 4	5 6
Attachment	9	6	7	8			10		11			12			13		14		15	16	17	22	12 6	3 1
Restric of Role	25	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24		29	32	19 0	5 2
Sense of Competence	27	15	18	21	22	23	24	25	26		28		29	30	31	32	33	34	35	37	40	45	29 2	6 3
Social Isolation	18	6	7	8	9		10		11			12		13		14	15	16	17		20	22	12 8	3 8
Relat Spouse	24	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22		26	28	16 8	5 1
Parent Health	15	5	7	8		9			10			11			12		13	14		16	18	21	11 9	3 3

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																			N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D
TOTAL STRESS SCORE	247	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244		258	267	293	320	221 1	38 9
CHILD DOMAIN SCORE	126	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116		130	145	98 4	19 2
Adaptability	29	7	15	17	19	20	21		22	23		24	25		26	27		28		31	33	38	24 5	5 7
Acceptability	16	4	6	7	8	9		10		11		12		13		14		15		17	18	21	12 5	3 6
Demandingness	21	8	10	12	13	14	15		16		17		18		19	20			22	24	25	31	18 1	4 6
Mood	12	3	5		6		7		8			9		10			11			13	14	18	9 6	2 9
Distract./Hyper.	26	12	16	18	19	20	21		22		23		24	25			27	28	29	31	33	36	24 4	5 0
Reinforces Parent	16	5			6			7			8		9		10			11			12	18	9 3	2 9
PARENT DOMAIN SCORE	127	69	82	90	99	102	107	110	112	115	118	121	123		129	132	137	141	148	153	168	188	122 7	24 6
Depression	22	8	12	13	15	16		17	18		19	20		21			23	24	26	27	30	36	20 4	5 6
Attachment	15	6	7	8	9		10		11			12			13		14			16	17	22	12 6	3 1
Restrnc. of Role	16	8	11	12	13	14	15			17	18		19		20	21	22	23	24	26	29	32	19 0	5 2
Sense of Competence	35	15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34		37	40	45	29 2	6 3
Social Isolation	16	6	7	8	9		10		11			12		13		14	15		17	18	20	22	12 8	3 8
Relat. Spouse	14	6	8	10	11	12	13			15		16	17		18	19	20	21	22	23	26	28	16 8	5 1
Parent Health	9	5	7	8					10			11			12		13	14	15	16	18	21	11 9	3 3

VITA

Stacy Dawn Thompson

Candidate for the Degree of

Master of Science

Thesis: THE RELATIONSHIP BETWEEN THE ADOLESCENT FATHER AND HIS INFANT COMPARED WITH THOSE FOR THE NON-ADOLESCENT FATHER AND THE ADOLESCENT MOTHER

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Fayetteville, Arkansas, March 13, 1968, the daughter of Donald L. and Carolyn Thompson.

Education: Graduated from Stillwater High School, Oklahoma, in May 1986; received Bachelor of Science Degree in Psychology with a minor in Child Development from Oklahoma State University, Stillwater, Oklahoma, in May 1990; completed requirements for Master of Science degree at Oklahoma State University in December, 1992.

Professional Experience: Research Assistant, Oklahoma State University, 1991-1992; Co-teacher, Oklahoma State University Child Development Laboratory, infant to 2 year-old program, 1990-1991; Teacher-Research Assistant,Early Intervention Program, Oklahoma State University Child Development Laboratory, 1990; Nursing Tech II, Stillwater Medical Center, 1988-1992.

Professional Affiliations: Society for Research in Child Development, Southwest Society for Research in Child Development, and Psi Chi.