

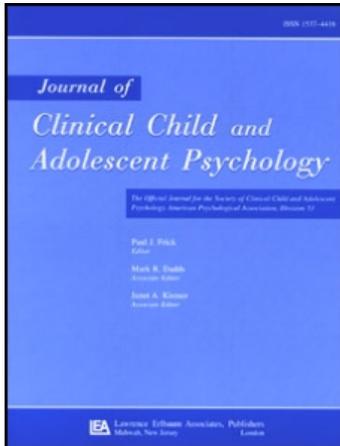
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Adolescent Mothers Leaving Multigenerational Households

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Adolescent Mothers Leaving Multigenerational Households

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This study examined how the developmental processes of autonomy and relatedness are related to changes in the residential status of 181 first-time, adolescent, urban, low-income, African American mothers over the first 24 months postpartum. Although adolescent mothers were eager to live independently, few made a clear transition out of the multigenerational household; 56% lived in the household of origin continuously (IN), 21% left and never returned (OUT), and 23% had multiple moves in and out of the household (IN/OUT). Older adolescent maternal age, less supportive adolescent mother–grandmother relations, and high household density were associated with leaving the household of origin. The IN/OUT group had difficulty adopting the roles of adult and parent. Helping adolescent mothers and grandmothers negotiate roles to reduce conflict may promote autonomy and relatedness, allowing mothers to learn parenting skills, qualify for public assistance, and continue their education.

Despite declining rates of adolescent births over the past decade, the United States continues to have the highest incidence of such births among industrialized nations (Child Trends, 2007). Approximately 84.5 per 1,000 adolescents between the ages of 15 and 19 become pregnant each year, and 40.4 per 1,000 give birth (Hamilton et al., 2007). African American adolescents give birth at a rate of 60.9 per 1,000, emphasizing the importance of further investigation of African American adolescent motherhood (Child Trends, 2007).

Achieving autonomy and maintaining relatedness with parents are critical developmental processes for adolescents (Collins, 1990). Autonomy refers to adolescents' emerging independence, which may be achieved adaptively through school, employment, and close

relationships or maladaptively through risk behavior (Hurlbut & McDonald, 1997). Relatedness refers to maintaining a positive, reciprocal relationship with parents, thereby ensuring that adolescents are socialized into family values. Relatedness may be particularly important for minority adolescents because strong cultural values can provide protection from the daily stresses that low-income or minority families may experience (Kwak & Berry, 2001). The simultaneous coexistence of these two processes leads to ego development and high self-esteem among adolescents, precursors for their successful transition into adulthood (Allen, Hauser, Bell, & O'Connor, 1994). Early parenthood disrupts adolescent development and often alters the progression of both autonomy and relatedness among adolescent mothers, who frequently lack preparation or resources for parenthood and continue to reside in their family of origin (Dubas & Petersen, 1996; Leadbeater, Bishop, & Raver, 1996; White, 1994). Many adolescent mothers, particularly those from African American families, remain

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single and share caregiving with their mothers (grandmother of the baby;¹ Pearson, Hunter, Ensminger, & Kellam, 1990), a pattern that has been reinforced by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which requires adolescent mothers to live with a parent or guardian to qualify for public assistance (U.S. House of Representatives, 1996). Grandmother reactions to adolescent pregnancies vary. Some grandmothers report negative reactions to pregnancies, which can lead to poor relatedness and intense conflict in the adolescent mother–grandmother relationship, with adolescents feeling that they are not supported emotionally (Kaplan, 1996). Other grandmothers report positive feelings about the pregnancy, suggesting that they enjoyed the opportunity to rear another child (Paskiewicz, 2001).

Following recommendations that research into adolescent parenthood be guided by parenting models modified to incorporate adolescent development (Whitman, Borkowski, Keogh, & Weed, 2001), autonomy and relatedness were integrated into parenting models in the present study (Belsky, 1984; Nath, Borkowski, Whitman, & Schellenbach, 1991). Social support is an important theoretical component of successful parenting (Belsky, 1984; Nath et al., 1991). However, in the absence of a marital relationship, adolescent mothers often turn to the baby's grandmother for both emotional and instrumental support (Oyserman, Radin, & Saltz, 1994). Living in a multigenerational household can confer multiple benefits to adolescent mothers and their infants. Young mothers may be able to complete their education, fulfill their own developmental needs, and become competent parents (Spieker & Bensley, 1994; Taylor, Chatters, & Jackson, 1993). In addition, a multigenerational home may provide a safe environment for apprenticeship, where adolescent mothers can practice and gain confidence in the parent role (SmithBattle, 1996) and a higher quality of child care and more successful infant development, compared to independent living (Solomon & Marx, 1995).

Living in a multigenerational household can also present challenges. Adolescent mother–grandmother relationships typically involve high levels of both support and conflict, and relatedness may suffer because of conflicts centered around childcare and discipline (Apfel & Seitz, 1991; Nitz, Ketterlinus, & Brandt, 1995; Oberlander, Black, & Starr, 2007; Steinberg, 1990). Adolescent mothers who remain with their family of origin for 3 to 5 years after delivery are at risk for poor parenting outcomes, low educational and vocational attainment, grandmother stress, and poor child development (Black & Nitz, 1996; Black et al., 2002; Chase-Lansdale, Brooks-Gunn, & Zamsky,

1994; Unger & Cooley, 1992). It is not clear whether poor readiness to parent associated with extended residence in a multigenerational household reflects inherent problems in the adolescent mother's competence and autonomy, in the family's relatedness, or both.

Little is known about the residential patterns of adolescent mothers. Adolescent nonparents may face fewer barriers to leaving the household than adolescent mothers because they do not have the caregiving and financial responsibilities of rearing an infant. Reports using U.S. Census data have described young adults' transition to independent living (ages 18–24); 74% of 18- to 19-year-olds live in their household of origin (White, 1994). Most research on residence has followed young adults through the transition to college (Dubas & Petersen, 1999). Data from the National Survey of Families and Households suggest that nearly 50% of young adults return to their household of origin at least once (Goldscheider & Goldscheider, 1999).

Most investigations of residence among adolescent mothers have been cross-sectional and have ignored young mothers who have moved away from the multigenerational household (Gordon, Chase-Lansdale, Matjasko, & Brooks-Gunn, 1997). There have been few longitudinal studies conducted to examine predictors of the transition to independent living, particularly since the 1996 passage of PRWORA (Gordon, 1999).

The goal of this study was to examine how the developmental processes of autonomy and relatedness were associated with changes in the residential status of first-time, adolescent, urban, low-income, African American mothers over the first 24 months postpartum. We tested three models informed by adolescent development. The models are not independent but represent aspects of adaptive autonomy, maladaptive autonomy, and relatedness—processes that are central to adolescent development.

The first model, readiness to parent, represents an adolescent mother's emerging and adaptive autonomy. Leaving the household may reflect readiness to parent. Successful completion of the developmental tasks of adolescence, such as education, employment, and marriage or a stable partner relationship may allow for readiness to parent, including the formation of an independent household (Spieker & Bensley, 1994). Cross-sectional research has shown that older, married adolescent mothers with more children and more economic resources are more likely to leave a multigenerational household than younger, unmarried adolescent mothers with fewer children (Gordon, 1999).

A second possibility is that young mothers who strive for autonomy through maladaptive strategies may be asked to leave or may choose to leave to avoid household rules (Apfel & Seitz, 1991). Maladaptive behaviors that are inconsistent with parenting include substance use, violence, and sexual risk behaviors. Adolescents

¹Mothers of adolescent mothers are referred to as grandmothers.

may engage in risky behavior as a result of egocentrism, faulty judgment, or a lack of behavioral skills (Osofsky, Osofsky, & Diamond, 1988).

Leaving the multigenerational household may also be the result of poor family relatedness. This third possibility suggests that adolescent mothers may either resent the restrictiveness of living in a multigenerational household or find the multigenerational household unsupportive of young mothering and be unable to maintain a positive relationship with their parents (Gordon et al., 1997). Unstable families may be unable to weather the conflicts associated with adolescence, and disagreements may lead to detachment (Steinberg, 1990). Garmezy, Masten, and Tellegen (1984) described the challenge model of resilience, whereby adolescent mothers receiving little or no family support adopt the mother role and make an early transition to parenthood. In the face of these constraints, adolescent mothers may leave the household as an attempt to increase social and material support from others.

HYPOTHESES

Based on these models, we hypothesized that older adolescent age, self-esteem, supportive adolescent mother–grandmother relationships, and a strong sense of parenting efficacy and satisfaction would be associated with adolescent mothers leaving multigenerational households. Further, we hypothesized that sexual, violent, and illegal risk behaviors would be associated with adolescent mothers leaving multigenerational households. Finally, we hypothesized that conflict in

the adolescent mother–grandmother relationship, negative grandmother reactions to the pregnancy, and high household density would be associated with adolescent mothers leaving multigenerational households.

METHOD

Participants

This study utilized data from a longitudinal randomized control trial of home intervention designed to promote parenting and adolescent development (see Black et al., 2006). Eligible mothers were younger than 18 years of age at delivery, primiparous, African American, low income (defined as eligible for Special Supplemental Nutrition Program for Women, Infants, and Children—family income at or below 185% of the U.S. Poverty Income Guidelines), and had no chronic illnesses that would interfere with parenting or adolescent development. Infants of eligible mothers had to be full term (≥ 37 weeks) with a birth weight above 2,500 g and no congenital problems or chronic illnesses. None of the infants required neonatal intensive care services.

The 181 adolescent mothers enrolled in the study ranged in age from 13.5 to 17.9 years, with a mean of 16.4 years ($SD = 1.0$). Ninety-seven percent of adolescent mothers received public assistance, and their grade level ranged from 7th to 12th grade, with a mean of 10.2 ($SD = 1.1$). All adolescent mothers were unmarried at baseline. Sample characteristics are presented in Table 1 and intercorrelations between predictors are presented in Table 2.

TABLE 1
Sample Characteristics

Variable	IN		OUT		IN/OUT	
	Baseline	24 Months	Baseline	24 Months	Baseline	24 Months
<i>M</i> Age at Delivery (<i>SD</i>)	16.21 (0.96)	—	16.44 (.92)	—	16.44 (1.14)	—
Enrolled in School/GED Program	97%	60%	100%	69%	100%	58%
Graduated or Obtained GED	0%	33%	0%	25%	0%	21%
Employed	7%	58%	14%	62%	8%	49%
<i>M</i> Number of Moves in Last Year (<i>SD</i>)	1.36 (.64)	1.49 (.66)	1.00 (.00)	2.50 (.79)	1.83 (.84)	2.14 (1.14)
Romantic Partner	71%	84%	81%	75%	61%	73%
Romantic Relationship With Baby's Father	64%	32%	78%	46%	61%	27%
Relationship With New Partner	9%	55%	3%	33%	5%	53%
<i>M</i> Self-Esteem (<i>SD</i>)	3.28 (.36)	3.25 (.39)	3.32 (.37)	3.31 (.46)	3.12 (.42)	3.20 (.49)
Support in Ado-Gm Relationship (<i>SD</i>)	3.69 (.63)	2.20 (.90)	3.55 (.79)	1.99 (.98)	3.34 (.66)	2.05 (.92)
Conflict in Ado-Gm Relationship (<i>SD</i>)	1.74 (.64)	1.05 (.80)	1.91 (.86)	1.21 (1.08)	2.05 (.80)	1.08 (.96)
Substance Use	4%	23%	0%	15%	9%	35%
Violence	7%	8%	15%	9%	18%	14%
Weapon Use	20%	11%	17%	6%	40%	12%
Illegal Risk	20%	6%	17%	6%	23%	9%
<i>M</i> Number of Sexual Partners (<i>SD</i>)	1.91 (.90)	2.04 (.74)	1.94 (.89)	1.96 (.20)	2.06 (.98)	2.16 (.69)
<i>M</i> Household Density (<i>SD</i>)	5.07 (1.76)	6.08 (1.75)	5.42 (1.36)	5.62 (2.66)	5.16 (1.99)	6.49 (2.45)

Note. IN = always in the household over first 24 months ($N = 94$); OUT = moved out and did not return over first 24 months ($N = 36$); IN/OUT = moved in and out over first 24 months ($N = 38$); ado-gm relationship = adolescent–grandmother relationship.

TABLE 2
Intercorrelations Between Predictors

	Adolescent Age	Self-Esteem	Parenting Efficacy	Parenting Satisfaction	Supportive Relationship With Gm	Conflict With Gm	Gm Reactions to Pregnancy	Household Density	No. of Sexual Partners	Substance Use	Weapon Use	Violence	Illegal Risk
Self-Esteem	.07												
Parenting Efficacy	-.04	.03											
Parenting Satisfaction	.13	.48**	.09										
Supportive Relationship With Gm	.10	.29**	.05	.22**									
Conflict With Gm	-.12	-.05	.06	-.04	-.36**								
Gm Reactions to Pregnancy	.16*	.01	.05	.02	.22**	-.02							
Household Density	-.01	-.03	-.02	-.02	-.10	-.03	.21**						
No. of Sexual Partners	.29**	-.01	-.16*	-.03	-.05	.04	.12	-.05					
Substance Use	.02	-.08	.13	.03	.01	.30**	.05	.02	.09				
Weapon Use	-.01	-.16*	-.17*	-.19*	-.10	.12	.04	.11	.14	.13			
Violence	-.18*	.17*	-.01	.01	-.05	.08	-.01	-.04	.06	-.06	.25**		
Illegal Risk	.01	.11	-.01	-.04	.06	.21**	.12	-.03	.15	.12	.13	.34**	
M (SD)	16.33 (98)	3.25 (.38)	4.51 (.72)	3.99 (.71)	3.58 (.69)	1.86 (.77)	2.76 (1.76)	5.20 (1.73)	1.98 (.94)	.05 (.24)	0.28 (.54)	0.14 (.42)	0.25 (.57)

Note. Gm = grandmother.
* $p < .05$. ** $p < .01$.

Procedures

Adolescent mothers were recruited shortly after delivery from three urban hospitals in Baltimore, Maryland, between June 1997 and September 1999. Adolescent mothers interested in participating signed a consent form in the hospital and provided the name and contact information for their mother (baby's grandmother). Research staff contacted the families and scheduled a baseline evaluation visit within the first 3 weeks after delivery at a time convenient to both adolescent mothers and grandmothers. Grandmother consent was obtained at the baseline evaluation visit. Dyads with adolescent mother and grandmother consent were eligible to participate. More than 83% ($N = 181$) of the eligible adolescent mothers completed a baseline evaluation in their homes within 3 weeks of delivery. There were no differences in maternal age or education based on recruitment success.

Baseline measures for adolescent mothers and grandmothers included family demographics, personal and mental health, adolescent mother-grandmother relationships, access to public services, and early adjustment to parenting. Participants completed the measures independently on laptop computers; items were presented visually on the computer screen and orally through headphones.

Using a randomization procedure, adolescent mothers were assigned to either the intervention or control group (Black et al., 2006). Families in the intervention group received home visits every other week for 12 months to promote healthy adolescent development and positive parenting. The young mothers learned what to expect of their infant's 1st year of life, to interpret their infant's cries and bids for interaction, and to provide developmentally enriching activities. The intervention employed a mentorship model and was delivered by two college-educated African American women in their 20s who were single mothers, raising a preschool child, and living independently.

Families in the control group received no intervention and no contact other than the evaluation visits. Follow-up home evaluations were scheduled at 6 months ($N = 148$, 82%), 13 months ($N = 127$, 70%) and 24 months ($N = 146$, 81%). Ninety-two percent of adolescent mothers completed at least one follow-up evaluation. Evaluators were unaware of the adolescent mothers' intervention status. Follow-up families did not differ in age, education, infant birth weight, infant gender, or intervention status from nonparticipating families. Adolescent mothers continued to participate in subsequent evaluations, regardless of movement out of their household of origin. Missing an evaluation was not significantly associated with residential status at the previous evaluation.

The procedures were approved by the Institutional Review Boards at the University of Maryland at

Baltimore and all participating hospitals. Evaluators were not aware of the participants' intervention status. Participants were compensated \$25 for all evaluation visits.

Measures

Residential status. At each evaluation, adolescent mothers described the likelihood of their moving out of the multigenerational household over the next 5 years. The response options ranged from 1 (*very unlikely*) to 5 (*very likely*). Grandmothers also reported the likelihood that their daughters would leave the household over the next 5 years, from 1 (*very unlikely*) to 5 (*very likely*). Adolescent mothers reported on their current residential status, any moves out of the household since the last assessment, education and employment status, household density (the number of individuals living in the household), romantic relationships, and number of sexual partners.

Parenting efficacy and satisfaction. Readiness to parent was defined by a positive sense of parenting efficacy and satisfaction, assessed with subscales from the 17-item Parenting Sense of Competence Scale, collected at each evaluation (Johnston & Mash, 1989). The Efficacy subscale includes items such as "I have all the skills to be a good mother" (reverse scored), and the Satisfaction subscale includes items such as "Being a parent makes me tense and anxious." Response options range from 1 (*strongly agree*) to 6 (*strongly disagree*). High scores represent positive parenting efficacy and satisfaction. In this sample, the internal reliability for the efficacy and satisfaction subscales at baseline were .77 and .75, respectively.

Maternal self-esteem. Maternal self-esteem was measured by the Rosenberg Self Esteem Scale, developed for adolescents (Rosenberg, 1965). The response options for the 10 items range from 1 (*strongly agree*) to 4 (*strongly disagree*); high scores represent high self-esteem. Past research has indicated high internal consistency ($\alpha = .77$ and $.88$) and test-retest reliability over 1- and 2-week intervals ($r = .82$ and $.85$, respectively; Blascovich & Tomaka, 1991). The internal consistency of the scale for our sample at baseline was $\alpha = .86$.

Adolescent-grandmother support and negative interactions. Support and negative interactions in the adolescent mother-grandmother relationship were measured by The Network of Relationship Inventory (Furman & Buhrmester, 1985), a self-report measure completed by the adolescent at each time point. The measure includes 30 items with response options ranging from 1 (*little or none*) to 5 (*the most*). The two subscales

are Support (affection, admiration, reliable alliance, intimacy, companionship, and instrumental help) and Negative Interactions (conflict and antagonism). The Support scale includes items such as "How much does your mom treat you like you are good at many things?" and ranges from 1 to 5, with higher scores indicating more support. The Negative Interactions scale includes items such as "How much do you and your mom get upset with or mad at each other?" This subscale also ranges from 1 to 5, with higher scores indicating more negative interactions. The reliability and validity of the measure have been supported in past research (Furman & Buhrmester, 1985), and Cronbach's alphas for the two factors in this sample at baseline were .82 (Support) and .88 (Negative Interactions). The Support and Negative Interactions scales were significantly negatively correlated in this sample ($r = -.36, p < .01$).

Grandmother attitudes about the pregnancy. Grandmothers described their attitudes about their daughter's pregnancy at baseline. The item measuring grandmother reactions to the pregnancy had response options from 1 (*very unhappy*) to 5 (*very happy*), and the item measuring their feelings about the pregnancy had response options from 1 (*very unhappy*) to 10 (*very happy*). After standardization, these two items were correlated ($r = .59, p < .001$), and the mean of this two-item scale was used to represent grandmother attitudes about the pregnancy, with higher scores representing more happiness.

Adolescent risk behaviors. Reports of risky behavior were gathered at each evaluation using items adapted from the Youth Risk Behavior Scale developed by the Centers for Disease Control and Prevention (Kolbe, Kahn, & Collins, 1993). Each item was scored dichotomously. Items within each risk composite were summed to reflect the number of items endorsed. The substance use composite reflects behavior in the previous month: drinking alcohol, using marijuana or other drugs, and dealing or delivering drugs. The violence composite includes belonging to a gang, being in a physical fight, and being involved in a gang or group fight. The weapon use composite includes carrying a weapon, needing a weapon for protection, and being threatened or hurt with a weapon. The illegal risk composite includes stealing, arrests, and nights spent in jail. A cumulative risk variable was created by summing the four risk composites.

Involvement with caregiving responsibilities. Adolescent mothers reported their involvement with caregiving responsibilities at each assessment using the Who Does

What (Cowan et al., 1985). The 19 items are scored on a 9-point scale, from 1 (*someone else does it all*) to 9 (*I do it all*). Example items include “Preparing meals for my child” and “Dealing with the doctor regarding my child’s health.” In this sample, Cronbach’s alpha was .93 for this scale.

Data Analysis

All adolescent mothers were in the multigenerational household at baseline. An increasing number of adolescent mothers were living outside the multigenerational household over time: 8% at 6 months, 11% at 13 months, 27% at 24 months. Results of a trend analysis indicate that this increase formed a linear progression, $F(1, 104) = 38.45, p < .001$ (Figure 1). Adolescent mothers younger than the age of 18 were no more likely to leave the household than mothers older than 18 at 6 months ($\chi^2 = .05, p = .83$), 13 months ($\chi^2 = 2.05, p = .15$), or 24 months ($\chi^2 = .95, p = .33$).

At each evaluation, adolescent mothers described their current residential status and reported whether they had left the multigenerational household since the last evaluation. Cumulative responses to these two items across all evaluation visits were used to categorize adolescent mothers into residential groups. More than half of the young mothers (56%, $n = 94$) were in the IN group; they reported that they had lived in the multigenerational household continuously during the first 2 years of parenting. Twenty-one percent ($n = 36$) were in the OUT group; they reported leaving the household and never reported returning. The remaining 23% ($n = 38$) were in the IN/OUT group; they reported multiple moves in and out of the household. The three

residential groups (IN, OUT, and IN/OUT) did not differ by intervention status, $\chi^2(2, N = 168) = .23, p = .89$ (IN vs. IN/OUT: odds ratio [OR]_{intervention/control} = .92, 95% confidence interval [CI] = .43–1.95; OUT vs. IN/OUT: OR_{intervention/control} = .80, 95% CI = .32–2.00). Attrition did not vary by the residential groups; results of an analysis of variance revealed that the mean number of evaluation visits completed did not significantly differ between the IN (3.37), OUT (3.06), and IN/OUT (3.47) groups, $F(2, 165) = 2.00, p = .14$.

Study variables were standardized before being entered into the logistic regression and longitudinal models, with a mean of zero and a standard deviation of one. Because of the standardization, odds ratios of continuous variables obtained from the logistic and the repeated measurement analysis would be per 1 standard deviation change. Multinomial logistic regression analyses were used to examine the effects of the intervention status and each of the predictor variables on residential status. Each predictor was tested in a separate model. No main effects of intervention status or intervention by predictor interactions were detected. Intervention status was dummy coded (0, 1) and entered as a covariate in subsequent models.

Longitudinal analyses were conducted to examine how changes in each of the predictors were associated with leaving the multigenerational household over the first 24 months postpartum, controlling for intervention status. The longitudinal analyses were lagged to predict leaving the household at each time point from data collected at the previous evaluation visit. An Intervention Time interaction was examined and was not statistically significant. The probability of missing an

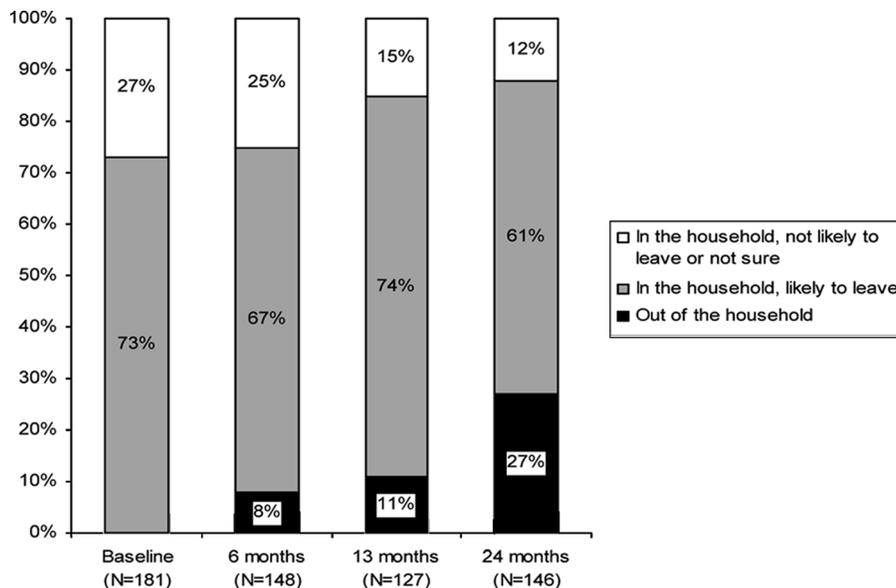


FIGURE 1 Adolescent mothers’ intention to leave the multigenerational household over the next 5 years.

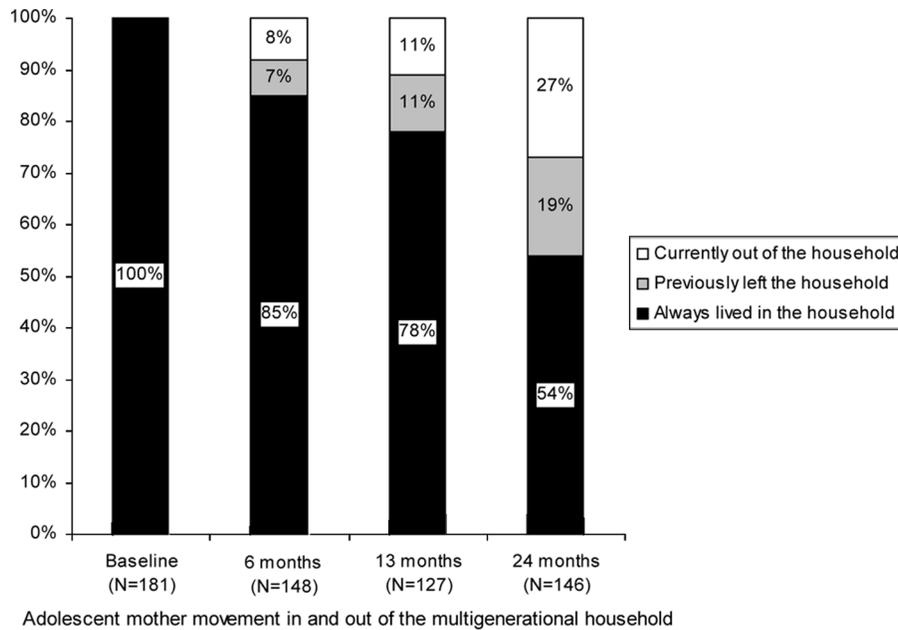


FIGURE 2 Patterns of adolescent mother movement in and out of the multigenerational household over the first 24 months postpartum. *Note:* The percentages reported in this figure describe the residential situations for the mothers interviewed at each evaluation. The percentages in the text represent the sample as a whole.

evaluation assessment was not related to prior responses, suggesting that the data were missing completely at random and justifying the use of the generalized estimating equations to analyze repeated measurements. Likelihood ratio statistics were used to test the significance of regression parameters. Analyses were conducted to examine the predictors of two residential patterns: (a) leaving the multigenerational household and (b) returning to the multigenerational household among adolescent mothers who had left the household. For each residential pattern, the three hypotheses were tested. All analyses were conducted using SPSS 14.0 and SAS 9.1 software.

RESULTS

Residential Status

At baseline, 73% of young mothers reported it was likely or very likely that they would leave the multigenerational household in the next 5 years. These rates remained high over time. At 24 months postpartum, 82% of adolescent mothers remaining in the multigenerational household reported that they were likely/very likely to leave over the next 5 years (Figure 1). At baseline, fewer grandmothers (36%) than adolescent mothers (73%) reported that it was likely/very likely that their daughters would leave the household over the next 5 years ($p < .001$ by McNemar's test). At 24 months, adolescent mother-grandmother reports on likelihood of leaving the multigenerational household

did not differ significantly; 46% of grandmothers with daughters in the household reported that their daughters were likely/very likely to leave. Seventy-two percent ($n = 53$) of the adolescent mothers who had left the household at least once by 24 months had reported that it was likely/very likely that they would leave at baseline. At baseline and 6 months, young mothers who reported it was likely/very likely they would leave the household did not leave at higher rates than other mothers. At 13 months, adolescent mothers living in the multigenerational household who reported it was likely/very likely they would leave were more likely to leave by 24 months than other mothers, $t(122) = -2.85, p < .01$.

Based on the Who Does What, all adolescent mothers reported being primary caregivers for their children over the first 24 months postpartum. Caregiving involvement was not statistically significantly associated with the residential groups, and involvement in caregiving did not significantly differ by residential status.

Readiness to Parent

At baseline, 27% of adolescent mothers agreed or strongly agreed with statements of parenting efficacy, and 7% agreed or strongly agreed with statements of parenting satisfaction. Nearly all (98%) adolescent mothers reported being enrolled in school or a GED program at baseline, none had graduated, and 9% were employed. Seventy-two percent had a romantic partner. At 24

TABLE 3
Baseline Comparisons

	IN		OUT	
	OR (95% CI) ^a	<i>p</i>	OR (95% CI) ^a	<i>p</i>
Readiness to Parent				
Adolescent Age	0.83 (0.57–1.21)	.32	1.06 (0.67–1.69)	.81
Self-Esteem	1.54 (1.02–2.31) ^b	.04	1.74 (1.05–2.90) ^b	.03
Parenting Efficacy	1.17 (0.80–1.70)	.41	1.06 (0.67–1.66)	.81
Parenting Satisfaction	1.23 (0.80–1.88)	.35	1.66 (0.96–2.87)	.07
Supportive Relationship with Gm	2.20 (1.20–4.02) ^b	.01	1.56 (0.77–3.19)	.22
Maladaptive Risk Behavior				
No. of Sexual Partners	0.87 (0.60–1.25)	.44	0.92 (0.59–1.42)	.70
Weapon Use	0.70 (0.50–0.99) ^b	.04	0.68 (0.43–1.08)	.09
Violence	0.77 (0.56–1.06)	.10	0.98 (0.70–1.35)	.89
Illegal Risk	1.11 (0.76–1.63)	.60	0.87 (0.52–1.47)	.61
Poor Relatedness				
Conflict with Gm	0.60 (0.37–0.97) ^b	.04	0.84 (0.49–1.47)	.55
Gm Reactions to the Pregnancy	0.87 (0.60–1.26)	.45	0.81 (0.51–1.29)	.37
Household Density	0.95 (0.59–1.53)	.83	1.23 (0.71–2.13)	.45

Note. Variables standardized as *z* scores. All variables were measured at baseline. Each variable is a separate polynomial logistic regression model adjusted for intervention status. The IN/OUT group ($N = 38$) was the reference group. IN = always in the household over first 24 months ($N = 94$); OUT = moved out and did not return over first 24 months ($N = 36$); OR = odds ratio; CI = confidence interval; Gm = grandmother.

^aPer 1 standard deviation change.

^bSignificant compared to the reference group ($p < .05$).

months, 42% of adolescent mothers agreed or strongly agreed with statements of parenting efficacy, and 23% agreed or strongly agreed with statements of parenting satisfaction. More than half of adolescent mothers (55%) reported being enrolled in school or a GED program, and 33% had graduated. Mothers who had graduated or received a GED were older than mothers who were still in school or had dropped out of school (18.6 vs. 17.9), $t(140) = -3.89$, $p < .001$. More than half (56%) were employed, and mothers who were employed were somewhat older than mothers who were unemployed (18.5 vs. 18.2), $t(145) = 1.83$, $p = .07$. Three fourths of adolescent mothers (75%) had a romantic partner, and 2 (1%) were married to the father of their baby.

Results of multinomial logistic regression analyses revealed that mothers who reported higher self-esteem at baseline were more likely to be IN (OR = 1.54 per 1 standard deviation change, 95% CI = 1.02–2.31, $p = .04$) or OUT (OR = 1.74 per 1 standard deviation change, 95% CI = 1.05–2.90, $p = .03$) than IN/OUT. Mothers who reported more supportive relationships with their mothers at baseline were more likely to be IN (OR = 2.20 per one standard deviation change, 95% CI = 1.20–4.02, $p = .01$) than IN/OUT. The residential groups were not statistically significantly associated with adolescent age, parenting efficacy, or parenting satisfaction (Table 3).

Longitudinal analyses were conducted to test the readiness to parent model. At each time point, the variables in the model were used to predict a move out of the

household at the next time point. Results of the association of each predictor separately and residential status (controlling for intervention status), suggested that older² adolescent mothers (OR = 1.37 per 1 standard deviation change, 95% CI = 1.00–1.86, $p = .05$) and those with less supportive relationships with their mothers (OR = .74 per 1 standard deviation change, 95% CI = .56–.99, $p = .04$) were more likely to leave the household than other mothers. Self-esteem, parenting efficacy, and parenting satisfaction were not statistically significantly associated with leaving the multigenerational household (Table 4).

Maladaptive Risk Behavior

At baseline, adolescent mothers reported an average of 2 ($SD = .94$) sexual partners. Few adolescent mothers reported substance use (4%, min = 0, max = 2). Twelve percent of adolescent mothers endorsed violence (min = 0, max = 2), 24% endorsed weapon use (min = 0, max = 3), and 20% engaged in illegal risk behaviors (min = 0, max = 3). A baseline cumulative risk variable was created by summing the four risk composites (min = 0, max = 5). At 24 months, adolescent mothers reported an average of 2 ($SD = .73$) sexual partners.

²Adolescent age was measured continuously in our study, and the mean age was 16.4. Thus, the term “older” mothers generally refers to mothers between the ages of 16.5 and 17.9, and “younger” mothers generally refers to mothers between 13.5 and 16.4.

TABLE 4
Associations Between Predictors and Leaving the Multigenerational Household

<i>Model</i>	<i>OR (95% CI)^a</i>	χ^2	<i>p</i>
<i>Readiness to Parent^b</i>			
Adolescent Age (Years)	1.37 (1.00–1.86)	3.90	.05
Self-Esteem	0.85 (0.63–1.14)	1.19	.28
Parenting Efficacy	1.22 (0.87–1.70)	1.36	.24
Parenting Satisfaction	1.03 (0.67–1.39)	0.04	.84
Supportive Relationship with Gm	0.74 (0.56–0.99)	4.26	.04
<i>Maladaptive Risk Behavior^b</i>			
No. of Sexual Partners	1.20 (0.86–1.70)	1.14	.29
Weapon Use	1.03 (0.71–1.49)	0.03	.87
Violence	1.35 (1.03–1.77)	4.75	.03
Illegal Risk	1.11 (0.84–1.46)	0.55	.46
<i>Poor Relatedness^b</i>			
Conflict with Gm	0.97 (0.73–1.28)	0.06	.80
Gm Reactions to the Pregnancy	1.20 (0.91–1.57)	1.66	.20
Household Density	1.36 (0.98–1.87)	3.45	.06

Note. All models are adjusted for intervention status. Variables standardized as *z* scores. OR = odds ratio; CI = confidence interval; Gm = grandmother.

^aPer 1 standard deviation change. ^bEach variable is a separate repeated measures analysis.

Nearly one fourth (24%) of young mothers reported engaging in substance use (min = 0 max = 2). Ten percent of adolescent mothers endorsed violence (min = 0, max = 2), 10% reported weapon use (min = 0, max = 2), and 10% reported engaging in illegal risk behaviors (min = 0, max = 2). A 24-month cumulative risk variable was created by summing the four risk composites (min = 0, max = 6).

Results of the multinomial logistic regression analysis revealed that IN mothers were less likely to report weapon involvement than IN/OUT mothers (OR = .70 per 1 standard deviation change, 95% CI = .50–.99, $p = .04$). Substance use was not associated with residential status but was removed from further analyses because of extreme nonnormality, given that substance use was infrequently endorsed. Number of sexual partners, violence, and illegal risk were not statistically significantly associated with residential status (Table 3).

Longitudinal analyses were conducted to test the risk behavior model. Results of the association of each predictor and the residential status, controlling for intervention status, suggested that violence risk was associated with leaving the household (OR = 1.35 per 1 standard deviation change, 95% CI = 1.03–1.77, $p = .03$), such that adolescent mothers involved in violent behavior at one visit were more likely than other mothers to leave the household by the next visit. Number of sexual partners, weapon, and illegal risk were not significantly associated with leaving the multigenerational household (Table 4).

Poor Relatedness

At baseline, 55% of adolescent mothers and 44% of grandmothers reported none or few negative

interactions in the adolescent mother–grandmother relationship. At 24 months, 45% of adolescent mothers and 39% of grandmothers reported none or few negative interactions. Nearly 60% of grandmothers described their reactions and feelings toward the pregnancy as unhappy or very unhappy. The average household density was 5.2 at baseline (min = 3, max = 13, $SD = 1.7$) and 6.1 at 24 months (min = 2, max = 15, $SD = 2.2$).

Multinomial logistic regression analysis revealed that mothers who reported less conflict at baseline were more likely to be IN than IN/OUT (OR = .60 per 1 standard deviation change, 95% CI = .37–.97, $p = .04$; Table 3). Grandmother attitudes about the pregnancy and household density were not significantly associated with residential status.

Longitudinal analyses were conducted to test the poor relatedness model. Results of the association of each predictor and the residential status controlling for the intervention status suggested that household density, conflict with grandmother, and grandmother reaction to pregnancy did not significantly predict moving out of the household (Table 4).

Longitudinal analyses also were used to examine predictors of returning to the household after leaving. In the overall model adjusting for other intervention status and other variables, younger adolescent age (OR = .33 per 1 standard deviation change, 95% CI = .16–.66, $p < .01$), more supportive relationships with the grandmother (OR = 2.58 per 1 standard deviation change, 95% CI = 1.26–5.27, $p < .01$), and lower parenting satisfaction (OR = .49 per 1 standard deviation change, 95% CI = .26–.95, $p = .03$) were associated with a subsequent return to the household.

DISCUSSION

Adolescent parenthood may alter the normative developmental processes of autonomy and relatedness as young mothers continue to reside in multigenerational families. The results of this study suggest that both adaptive autonomy and poor family relatedness may be associated with leaving the household of origin. The majority of the young mothers in this sample, similar to nonparenting adolescents, reported that it was likely they would live independently in the next 5 years. The formation of an independent household is often viewed as an important component of adulthood (Goldscheider & Goldscheider, 1999). Young women may have increased motivation to create an independent household after giving birth. However, it may be more difficult for adolescent mothers to achieve residential autonomy than nonparents because of the increased demands of caregiving and added financial responsibilities.

Almost half (44%) of the adolescent mothers in this sample left the multigenerational household at least once over the first 24 months postpartum. These rates are similar to rates from other samples of adolescent mothers (e.g., Gordon et al., 1997). East and Felice (1996) noted that over 70% of their sample (ages 14–18.8) lived apart from the baby's grandmother at 24 months. In comparison with nonparenting teens (White, 1994), adolescent mothers leave the household of origin at an earlier age, consistent with their desire to live independently.

Adolescent mothers moved out of the multigenerational household at increasing rates over time. However, after 2 years, most young mothers (73%) were living in their family of origin. There are three potential explanations for this finding. First, restrictions on the receipt of public assistance mandate that adolescent mothers live in an adult-supervised setting. Young mothers leaving the household would risk loss of benefits. Second, adolescent mothers disconnected from the labor force may find it difficult to gather the necessary resources to transition to independent living. Finally, social influences associated with normative residence in multigenerational households in African American families may lead adolescent mothers to continue living in their household of origin (Pearson et al., 1990).

We found some evidence for our first hypothesis, that adolescent mothers reporting a readiness to parent are more likely to leave the multigenerational household than other mothers. Older adolescent mothers were more likely to leave the household than other mothers, possibly suggesting that maturity is a precursor to residential autonomy. It is difficult to measure markers of developmental maturity during adolescence, because school completion, employment, and marriage are correlated with age. By 24 months postpartum, adolescent mothers in the current study who had completed

their high school education or were employed tended to be older than mothers who had not met these benchmarks. Older adolescent mothers with more education and higher rates of employment may have been able to access financial resources that increased the feasibility of living independently.

For many adolescent mothers, leaving the multigenerational household was a transitional step followed by a return home rather than a permanent move toward independence. In our sample, younger mothers were more likely to return to the multigenerational household than older mothers. Those with more support from their mothers and unsatisfying appraisals of parenting satisfaction were somewhat more likely to return to the household than other mothers. All mothers in our sample were still adolescents (younger than 20) 2 years after giving birth. Few had achieved other benchmarks associated with independence and autonomy, such as school completion, full-time employment, and marriage, and they may not have been prepared for independent living.

To our knowledge, no researchers have investigated leaving the multigenerational household as maladaptive autonomy or part of a pattern of risk behavior. We hypothesized that adolescent mothers who were engaging in risk behaviors would be likely to leave the household. The young mothers in this sample engaged in a variety of risk behaviors, including risky sexual behavior, substance use, violence, weapon use, and illegal behavior. Although IN/OUT mothers reported more weapon use at baseline than IN mothers and longitudinal analyses revealed that mothers engaging in violent behavior were more likely to leave the household by the next visit than other mothers, we did not find support that other risk behaviors were associated with leaving the multigenerational household. Thus, there was not general support that adolescent mothers engage in substance use or risky sexual or illegal behavior as a maladaptive means to seek autonomy.

We found some support for our third hypothesis, that poor relatedness because of an unsupportive household may be associated with young mothers leaving the household. Conflict in the adolescent mother–grandmother relationship did not predict leaving the multigenerational household in longitudinal analyses, but adolescent mothers in the IN/OUT group reported more negative interactions in the adolescent mother–grandmother relationship at baseline than mothers in the other groups, perhaps because they were the least stable residential group and had difficulty integrating their roles as daughter and mother. At times, the two roles may be in conflict (Brooks-Gunn, 1990). The potential for poor family relatedness and conflict may have been elevated by grandmothers' negative attitudes toward the pregnancy and pessimistic view that their daughter would be able to live independently. In spite

of their negative attitudes, grandmothers continued to provide support during the first 24 months postpartum. Perhaps relatedness was maintained in some families because grandmothers adjusted to the cultural norm of early parenthood in their communities or mobilized the resources and support necessary to continue raising their daughter and grandchild (Dallas, 2004).

Residence in multigenerational households may be positive if it allows young mothers to finish their education and secure employment while grandmothers model appropriate childrearing (Apfel & Seitz, 1991), but in our sample, rates of graduation and employment did not differ by residential group. Although in some situations, grandmothers can be an invaluable source of support to young mothers, residence in the household of origin that extends beyond 3 to 5 years has been associated with poor outcomes for adolescent mothers, grandmothers, and children (Black & Nitz, 1995; Black et al., 2002; Chase-Lansdale et al., 1994; Unger & Cooley, 1992).

Many adolescent mothers reported high levels of support from their mothers throughout the first 24 months of parenting, although support decreased somewhat over time across all three residential groups. This finding is similar to other reports that grandmothers continue to be involved in their daughter and grandchildren's lives (e.g., Apfel & Seitz, 1991; Chase-Lansdale et al., 1994; Spieker & Bensley, 1994). A supportive adolescent mother-grandmother relationship at baseline was more likely to be reported by mothers in the IN group than those in the IN/OUT group, suggesting that the strength of the relationship may have enabled adolescent mothers and grandmothers to navigate their roles and resolve possible conflicts regarding childcare and discipline techniques (Apfel & Seitz, 1991). Another possible explanation is that mothers in the IN group remained in the multigenerational household because of a reliance on their mothers for child care or other support.

Adolescent mothers have early timing of childbearing and their life course does not follow the traditional pattern of completing their education, cohabitating with a partner in an independent household, and then bearing children (Burton, 1996). This study suggests that young mothers are also early to leave their household of origin compared to previously reported rates for non-parenting young adults (White, 1994). Few adolescent mothers made a clear transition out of the multigenerational household within the first 2 years of parenting. Young mothers with the least stable living arrangements reported the most difficulty adopting roles as adults and parents.

Methodological Considerations

There are several methodological considerations that warrant caution generalizing these findings to

independent samples of adolescent mothers. In an effort to parallel the living conditions of many low-income mothers following the passage of PRWORA, we restricted this sample to African American mothers living with their mothers. It is unclear how this sample may differ from adolescent mothers from other economic and racial backgrounds who do not live in multigenerational households. The limited variability in adolescent age made it difficult to explore associations between age and residential status. The small sample sizes within the IN/OUT and OUT groups and the relatively wide confidence intervals presented in Tables 3 and 4 indicate that our study may not have had sufficient power to detect associations with small effect sizes.

Another limitation is the inclusion of participants who participated in an intervention over the first 12 months postpartum. The absence of an association between the residential groups and intervention status, combined with an absence of intervention by predictor interactions, lends confidence that participation in the intervention did not affect the results of this study. To further account for possible intervention effects, intervention status was included in all of the models tested in this study.

The variability in living situations did not allow us to present a clear picture of the residential situation for the adolescent mother and her child when she left the multigenerational household. However, all adolescent mothers reported that they assumed primary caregiving responsibilities for their children throughout the 2-year period. Involvement in caregiving responsibilities was not significantly associated with residential groups or living in or out of the household at any assessment.

Implications for Research, Policy, and Practice

These findings have several implications for policy and practice. Current policy requires adolescent mothers who receive public assistance to live in adult-supervised settings, but after 2 years of parenting, there were no differences in adolescent mothers' rate of high school graduation or full-time employment between mothers who remained in the multigenerational household or those who had left and not returned. Although mothers younger than 18 years of age were just as likely as those older than 18 to leave the multigenerational household, they were potentially jeopardizing the receipt of public assistance. Young mothers leaving the multigenerational household may not have had the resources (e.g., child care) to successfully remain living independently while continuing to pursue the educational and employment benchmarks of adulthood.

Professionals working with the families of adolescent mothers should recognize their strong intentions to leave the household of origin. Helping adolescent mothers set

educational and employment goals, while recognizing the merits of living in a multigenerational household, may increase their readiness to parent and promote their long-term goal of forming their own household. Helping adolescent mothers and grandmothers negotiate roles to reduce conflict while promoting autonomy and parenting may allow young mothers to achieve both autonomy and relatedness. Adolescent mothers could then move toward parenthood and adulthood while benefiting from the apprenticeship and support available in multigenerational households, qualifying for public assistance, and continuing their education. Future research is necessary to identify policies and strategies that enable young mothers to prepare for the tasks of both adulthood and parenthood.

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