

**BARRIERS TO SELF-SUFFICIENCY AMONG
WELFARE-DEPENDENT TEENAGE MOTHERS:
PRELIMINARY EVIDENCE FROM THE TEENAGE PARENT
DEMONSTRATION**

EXECUTIVE SUMMARY

June 6, 1989

This report was prepared for the Assistant Secretary for **Planning and Evaluation**, U.S. Department of Health and Human Services, under Contract **HHS-100-86-0045**. This report does not necessarily represent the official opinion or policy of the Department of Health and Human Services. The results of this study and the views expressed are solely the **responsibility** of the authors.

ACKNOWLEDGEMENTS

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Teenage childbearing has become a major social and policy issue of the **1980s**. One of the main reasons for the attention that is being paid to teenage parenthood is that evidence documenting its unfavorable consequences for the young mother, for her child, and for society has continued to mount. Interest has recently focused on the difficulties young mothers face in attaining self-sufficiency. Women who begin childbearing during their teenage years are more likely than women who postpone having children to live in poverty, to receive public assistance, and to have long spells of welfare dependency.

This report, which was prepared as part of the Demonstration of Innovative Approaches to Reduce Welfare Dependency Among Teenage Parents (the Teenage Parent Demonstration), presents an **in-depth** look at **the lives** of poor, welfare-dependent teenage mothers living in Camden, New Jersey and Chicago, **Illinois**. It **examines** the teenagers' efforts to deal with the prospects of long-term welfare dependency and studies the factors that are barriers or potential barriers to achieving self-sufficiency.

OVERVIEW OF THE TEENAGE PARENT DEMONSTRATION

The Teenage Parent Demonstration is an initiative that involves the implementation and evaluation of innovative program models designed to reduce long-term welfare dependency among teenage parents. The demonstration, sponsored by the U.S. Department of Health and Human **Services (DHHS)**, Assistant Secretary for Planning and Evaluation and the Office of Family Assistance (**OFA**), was designed in response to commitments at the federal and state levels to reduce long-term welfare dependency by promoting self-sufficiency among welfare recipients. The demonstration focuses on teenage welfare recipients, who as a group are at especially high risk of long-term welfare dependency.

The demonstration is testing the **feasibility** and effects of imposing obligations on teenage parent AFDC recipients to engage in self-sufficiency-oriented activities (**including** full-time **school, training,** or employment) as a condition of their continued **eligibility** for inclusion in the AFDC assistance unit, while offering **assistance to** teenage parents to enable them to fulfill these obligations. The **cornerstone** of the program is **case management services** that assist teenagers in the development and **fulfillment** of a self-sufficiency **plan**, and that monitor the teenager's compliance with the **plan**. In addition to case management, the programs offer an array of workshops and training **on** topics that include motivation, world of work, life **skills**, family plan&g, and parenting, and it offers support services- notably child care and transportation assistance.

The public welfare agencies in the states of Illinois and New Jersey were awarded grants in late **1986** to design and implement the demonstration programs. Illinois is operating its program (Project Advance) in the south side of Chicago, and New Jersey is operating its program (TEEN PROGRESS) in the cities of Newark and Camden. The programs began serving clients in mid-1987 and will continue operations through 1991.

Because of its strong policy relevance, the Teenage Parent Demonstration is being **carefully evaluated**. The evaluation **includes** five components: (1) an **analysis** of the effects of the program on those who participate, involving the random assignment **of** eligible young mothers in the three program sites to participant or control groups (the impact study); (2) a process and implementation evaluation that will document the nature of the demonstration and provide guidelines for its **replication**; (3) a study of child care supply and demand in the demonstration sites to assess issues associated with need, availability, and costs; (4) a cost-effectiveness **analysis** to judge the fiscal implications of implementing similar programs in

other locations; and **(5)** an in-depth study of the experiences, motivations, and circumstances of program participants. This report focuses on the preliminary findings from this in-depth study.

THE IN-DEPTH STUDY

The impact analysis portion of the evaluation will provide rigorous quantitative information about the effectiveness of the demonstration programs in terms of concrete, observable behavior, such as school completion, employment, and subsequent childbearing. The in-depth study is designed to complement the impact analysis by providing intensive qualitative information about the experiences of the young mothers in the demonstration and their efforts to deal with early pregnancy and the prospects of long-term welfare dependency. It employs techniques designed to probe deeply into areas that are **difficult** to tap through standard survey procedures: the motivations that these young women have to become self-sufficient; their attitudes toward work, welfare, marriage, and childrearing; the expectations that form the underpinnings of their behavior; and the barriers that they encounter in attempting to achieve self-sufficiency. The overall research question guiding this aspect of the research is as follows:

What is it about these young mothers' lives that is driving them toward long-term welfare dependency, and what **are** the possibilities that they can be diverted from this path?

This report draws on 11 focus group discussions (group interviews) that were conducted as part of the in-depth study in late **1988**: six in Chicago and five in Camden. **In** all, **77** young mothers (all of whom are part of the Teen Parent Demonstration), participated **in** the discussions. The focus group participants ranged in age from **13** to **20**; the average age was 18. The majority of the young mothers were black and about ten percent of the young women (all in Camden) were Hispanic. Five percent of the young mothers had already given birth to two children, and another **five** percent were pregnant with a second child. The children of these young women were between the ages of one month and four years at the time of the focus group sessions. Nearly 70 percent of the children were **12** months old or younger. The women had a variety of living arrangements, the most typical being living at home with their single mother (49 percent). Ten percent of the sample lived with a boyfriend or husband, and eighteen percent of the sample lived alone with their children.

All of the focus group sessions were conducted in conference rooms in public welfare agency offices-- typically, at the site of the Teenage Parent Demonstration programs. Each two-hour focus group session was attended by the focus group moderator and at least one additional member of the research team. The moderator followed a topic guide to pose questions in nine areas of interest: (1) Goals and Expectations; (2) Welfare Dependency; (3) Work; (4) Education; **(5)** Motherhood; (6) Child Care; (7) Marriage; (8) Baby's Father, and (9) (for the experimental group) Program Experiences.

The focus group sessions resulted in nearly 400 pages of **transcriptions**, which were coded and analyzed by the principal author. The analysis was then carefully reviewed by the second author who had either attended the sessions or listened to the tapes and by the focus group moderator, in order to **cross-validate** the analytic conclusions. Nonetheless, despite our care in cross-validating conclusions, we must note that the focus group respondents were probably not representative of the young women participating in the Teenage Parent Demonstration. It seems likely that, despite the stressful life experiences and circumstances described to us by these young mothers, the sample underrepresented young women in the

most adverse circumstances. To the extent that this is true, the findings reported here may understate the range and intensity of the barriers experienced by welfare-dependent teenage mothers.

KEY FINDINGS

The teenagers who participated in the focus group interviews are young women who are highly disadvantaged members of our society. They lead lives that are filled with considerable stress: they are poor, most have been reared by single mothers, they live in crime- and drug-ridden neighborhoods, and they have become mothers at a very young age. Society has tended to focus on their parenthood as adversely affecting their prospects for a successful transition to adult roles. But being mothers is far from being their only difficulty in becoming productive, **self-sufficient** members of our society. In fact, part of the problem may stem **from** the fact that, for these young women, their babies are the most rewarding part of their lives.

Although many of the teenagers acknowledged that being a young mother was difficult, they **overwhelmingly** emphasized the positive aspects of having a child. Their children provided a source of love and affection, enhanced their self-esteem, **and** had made them more mature and responsible individuals. Given the limited rewards that many of these teenagers derive from other aspects of their lives, these benefits of motherhood seem quite powerful. Nevertheless, these young women were strongly opposed to having another baby at any point in the near future (although about 10 percent of the sample had already had a second pregnancy); a substantial minority said they wanted no more children. The young women who wanted to postpone their next pregnancies generally said they wanted to wait until they were more settled, meaning when they were either more financially stable or married.

By and large, however, marriage was not a short-term goal for the **majority** of these teenagers. While some girls aspired to being married (and some had definite plans to marry their current **boyfriends**), concerns about the disadvantages of being married were articulated by many. Some young women said they preferred staying single because of their reluctance to make a commitment or to lose their freedom, but the most common concern was that they might be mistreated or “hassled” by their husbands. Quite a few of these young women had already had bad experiences with men, including being left by the babies’ fathers to raise their children alone.

Many fathers did **maintain** contact, however. In this sample of young **mothers**, somewhat more than half acknowledged that the fathers maintained a **relationship** with them and their children, offering some help **in** caring for and raising the babies and providing financial assistance. Other mothers, however, said they wanted the fathers out of their lives. These women often reported that the men were in jail, dealing drugs or involved with other women. Despite resentment on the part of mothers who received no **financial** assistance from the babies’ fathers, relatively few availed themselves of the child support enforcement agency’s service to obtain **financial** support.

Most of these young women aspired to better lives for themselves and their children. They wanted to live in safer environments, to own their own homes, to buy their children nice things. They were aware that in order to achieve these goals they would have to work, and they would need more education. Most of the teenagers were either in school or had specific plans to return to school, but for some educational progress was hindered by such problems as **inflexible** school policies, the absence of supportive teachers, their children’s **illnesses**, and the absence of reliable child care.

The teenagers who were in school (and the ones who worked) tended to depend on family members-- typically their own mothers or grandmothers-- for child care. Few of these mothers had any experience with unrelated child care providers. The teenagers said that babysitters were expensive and hard to find, but the biggest issue for them was their reluctance to leave their children with someone whose trustworthiness was unknown to them.

These young women appeared to have quite positive attitudes toward the notion of having to work, in large part because they saw employment **as** an opportunity to escape poverty- and as a means of getting off welfare. Negative feelings about welfare were **almost** universal. The hugest complaints were that the cash payments were insufficient to support them, that the welfare system was overly invasive and demanding, **and** that case workers treated them **in** a degrading fashion. Despite their dislike of being on welfare, the young women acknowledged the importance of the medical benefits, and **many** indicated that being on Medicaid was their major reason for being on public assistance.

The young women participating in the Teenage Parent Programs were generally enthusiastic about what the programs had done for them, both in terms of concrete help (paying for child **lcare**, helping to find a job) and in terms of help of a more psychological nature (motivating them, building their **self-esteem**). The program staff were viewed as truly supportive people, and several teenagers suggested that the case managers **served** as role models for them.

BARRIERS TO SELF-SUFFICIENCY

Although the term "**self-sufficiency**" was not expressed by the teenagers in these focus group sessions, their responses to questions on education, employment, and welfare dependency suggest that almost all of these young mothers do want and expect to become **economically self-sufficient**. The focus group sessions suggested a broad range of barriers that might interfere with achievement of their goals-- although the teenagers themselves appeared to feel that few obstacles stood in their paths.

Psychological Barriers. Although information on the psychological functioning of these young women was not obtained directly, there was some evidence suggesting that many of these young women **face** internal psychological barriers that could interfere with the pursuit **and** achievement of their goals. For example, several teenagers appeared to suffer from low self-esteem, depression, or emotional disturbance. Another potential barrier stems **from** the fact that many of these young women have not developed a realistic assessment of their own circumstances and **potential**. However, the most conspicuous of these psychological barriers concerns the young women's generally fatalistic outlook. Many indicated that things can "just happen" to interfere with one's plans. Those teenagers who had become pregnant unintentionally, for example, frequently said that their **first** pregnancies had "just happened," and some acknowledged that it could "just happen" again, even though they hoped it would not. This resignation to life's perils seems consistent with the fact that these young women's Lives have been characterized by numerous stressful events and experiences that have been beyond their control. Thus, even though these young women could not envision barriers to achieving their goals, the appearance of some obstacle (such as a second child) would probably be viewed as inevitable. Feelings of having no control over many aspects of their lives may make it difficult for these young mothers to engage in preventive or anticipatory behaviors (such as consistent use of contraception) and may eventually undermine progress toward their goals.

On the positive side, as a group these young **women also have some psychological resources that** could be useful in their efforts to become **self-sufficient**. First, these young women seemed motivated to better themselves and to provide their children with a better childhood than they had had. Second, these teenagers appear to be very resilient. They are “survivors” in an environment that is often hazardous and stressful. **Finally**, these young women appeared to have a lot of physical and psychological energy. The challenge for program staff **is** to capitalize on these resources before the barriers become too overpowering.

Cultural/Social Barriers. The focus group interviews suggested that there may also be aspects of the young women’s social background that define their situation in such a way that progress toward self-sufficiency could be impeded. For example, the norms prevailing in these young women’s neighborhoods are not ones that promote efforts to become self-sufficient. In these young women’s lives, it is normal to be a teenage parent. Several respondents commented that most of their friends had gotten pregnant at a young age, too, and many had mothers who had **first** given **birth** as teenagers. Few of these young women had grown up in households with fathers present and thus female-headed households were the norm. Perhaps marriage was a goal for so few of these young mothers at least in part because they have not had much exposure to two-parent households. It also appears that for many of these teenagers it is “normal” not to be employed.

Role models for the type of lifestyles to which these young mothers aspired appear to be totally lacking in their immediate environments. Several teenagers **specifically** commented that they did not want to lead the type of lives their mothers had led. But, others also noted how similar their own life paths were to those of their mothers.

Interpersonal Barriers. Many of these young women had reasonably strong social support networks that have eased their burdens as young parents. However, the focus group discussions suggested that many of these young women are confronted with people in their lives who may hamper their progress toward self-sufficiency. In some cases, the teenagers felt that their own mothers themselves posed a problem, either by refusing to offer any child care assistance, by interfering with the teenagers’ childrearing, by forcing the teen to move from the household, or more generally by failing to “be there” when they were needed. However, boyfriends were more likely to be cited as barriers than were mothers. These young men were accused by many of the teens of having “messed up” their lives. The teenagers whose former partners were not providing financial or emotional support **recognized** that these men had placed all the burdens of parenthood on their shoulders, and **sometimes** admitted that their own plans had been sidetracked as a result.

A **sizeable** number of these teenagers alleged that their welfare caseworkers were arrogant and treated them disrespectfully. And, while some teenagers had found supportive teachers or counselors in their schools, others had not been so fortunate. The focus group sessions strongly suggest the importance of an extensive support network in these young women’s progress toward their goals.

Structural/Economic Barriers. These young women are also constrained by their own poverty and by the existing social structure. Their lack of money makes it **difficult** to be job-ready; for example, these young women often lack appropriate wardrobes. Several of the teenagers **complained** about **financial** barriers to enrolling **in** college. Furthermore, several teenagers reported that the choice between living

on welfare for many years while **they** obtain training or education, versus immediate employment in low-paying jobs that would at least provide immediate cash, was a difficult one to make. The welfare bureaucracy and system itself was also accused by some of the teenagers of discouraging self-sufficiency. The teenagers complained that the system did nothing to link them up to opportunities for schooling and jobs. And some felt that the system is structured to hinder rather than promote self-sufficiency.

These young women, although they appear not to see their lives as filled with obstacles, are confronted with many barriers to achieving self-sufficiency. Barriers faced by low-income women in general are compounded for this group of women because of their youth, their inexperience **in** the labor market, the conflicts they face in achieving independence **from** their own mothers, and the developmental difficulty of completing adolescence while caring for an infant. These focus group sessions made it very clear why this group has become the target of public policy interest. The question is how these young women can be helped to overcome their many barriers.

PROGRAM AND POLICY **RECOMMENDATIONS**

The barriers that these young women face in their efforts to be good mothers and productive wage-earners are numerous and varied. Some of these teenagers will be able to surmount the odds against them. Through determination, and with the support and assistance of **family** members or boyfriends, some young women will go on to complete their education, develop some skills, obtain employment, and leave the welfare rolls- with or without any intervention. But for many, the odds against success are great; for these young mothers, too many things will “just happen” that will hinder their ability to achieve their goals.

The focus group sessions suggested several things about the design of effective programs and about public policy targeted to this group. With respect to program **design**, it seems clear that services addressing the manifest barriers need to be made available. These young women need to obtain educational credentials, **gain** some work experience, and learn about how to prepare for and **find** a job. Many will need assistance with child care while they are in these transitional activities, and after they have become employed as **well**. Services consistent, **with these** needs are generally available in most communities,’ but ‘teenagers often lack the knowledge and the skills needed to put these services together for themselves into a coherent package. Case management services- such as those being provided in the Teenage Parent Demonstration- appear to be needed.

The data from these in-depth focus group sessions suggest that effective programs must also address some of the underlying barriers with which these young women contend. For many of these young women, it will not be enough to simply make the needed services available. Offering child care vouchers, for example, will not in itself resolve the child care problems of these young women if they are deeply **afraid** of using nonrelative babysitters.

Interventions for teenage mothers can **be** designed to address their psychological barriers. Some of these barriers- for example, poor self-esteem and **distrustfulness--** can be addressed, at least in part, by the creation of a family-type atmosphere in which the teenagers feel cared for and respected. The focus group sessions suggest that the Teenage Parent Demonstration programs in Camden and Chicago have been successful in creating such an atmosphere. Activities should also be designed to enhance these **young** women’s sense of empowerment and their ability to plan for contingencies.

There is little that a program can do to change these young mother's social and cultural **milieu** (unless it is a residential program such as Job Corps), but it may be possible-- and **fruitful--** to enlarge their world view so that they have a better understanding of how the values and norms in their own communities intersect with, or conflict with, the values and norms of others. In particular, these young women need to learn about employer expectations and the norms and values of the workplace.

In terms of barriers of an interpersonal nature, the Teenage Parent Demonstration and program staff in other effective programs often become an important source of support and even role models to young mothers. However, since the case managers will not be a permanent source of social support, programs might well **want** to offer activities designed to help young mothers strengthen their social support network. For example, life management workshops, such as those offered in the Teenage Parent Demonstration, could offer assistance in improving communication skills, handling conflict, seeking out and using available community resources, and dealing with intimacy.

Programs can also be of some assistance with regard to the economic and structural barriers that these young women face. For example, many of these young women appear to need financial assistance in order to further their education or training, and the programs can help to link them up with available resources. It might be noted that one of the structural barriers **confronting** these young women is the existing welfare system. If the system undergoes changes in order to become more helpful to these young women (for example, by operating programs such as those in the Teenage Parent Demonstration), that in itself will represent the elimination of an important structural barrier.

With regard to public policy lessons, three are particularly noteworthy. The first is that these young mothers, who until recently have been overlooked by welfare policies, are an important group to target with services. The focus group sessions **confirm** that these young women are highly disadvantaged and needy, but they also show that these teens have some resources (such as their motivation to leave welfare and have a good-paying job) that might be eroded over time. Targeting these young women with services soon after their first births seems highly appropriate.

Second, mandatory programs such as those **being** operated in Camden and Chicago can evidently be implemented without **appearing** to be punitive. The young women in the focus group acknowledged that they were initially upset by the call-in notice, but they had eventually come to believe that the program was in their best interests.

Finally, the importance of Medicaid to these young women is consistent with a widely held belief (and with the provisions of the Family Support Act of **1988**) that medical benefits should be extended well beyond the point at which the women exit the welfare rolls. The optimal length for such transitional medical assistance, however, is still open to question.

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PROJECT REPORTS

- Maynard, Rebecca and D. Polit. Overview of the DHHS/OFA-Sponsored Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1987.
- Maynard, Rebecca, D. Polit, A. Hershey, J. Homrighausen, E. Risker, M. **Maxfield**, C. Nagatoshi, W. Nicholson, and S. **Dunstan**. The Evaluation **Design** for the Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1988.
- Kisker**, Ellen, R. Maynard, A. Gordon, and M. Strain. The Child Care Challenge: What Parents Need and What is Available in Three **Metropolitan** Areas. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.
- Risker, Ellen, R. Maynard, A. Gordon, and M. Strain. The Child Care Challenge: What Parents Need and What is Available in Three **Metropolitan** Areas. Executive Summary. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.
- Polit, Denise, E. Risker, and R. Cohen. Barriers to Self-Sufficiency **Among** Welfare-Dependent Teenage Mothers: Evidence from the Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.
- Polit**, Denise, E. Risker, and R. Cohen. Barriers to **Self-Sufficiency** Among **Welfare-Dependent** Teenage Mothers: Evidence **from** the Teenage Parent Demonstration. Executive Summary. Princeton, NJ: **Mathematica Policy** Research, Inc., June 1989.
- Hershey, Alan and C. Nagatoshi. Implementing Services for Welfare **Dependent** Teenage Parents: **Experiences** in the **DHHS/OFA Teenage** Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

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KEY FINDINGS

The teenagers who participated in the focus group interviews are young women who are highly disadvantaged members of our society. They lead lives that are filled with considerable stress: they are poor, most have been raised by single mothers, they live in crime- and drug-ridden neighborhoods, and they have become mothers at a very young age. Society has tended to focus on their parenthood as adversely affecting their prospects for a successful transition to adult roles. But being mothers **is** far from being their only difficulty in becoming productive, self-sufficient members of our society. In fact, part of the problem may stem from the fact that, for these young women, their babies are the most rewarding part of their lives.

Although many of the teenagers acknowledged that being **young** mothers was **difficult**, they overwhelmingly emphasized the positive aspects of having a child. Their children provided a source of love and affection, enhanced their self-esteem, and had made them more mature and responsible individuals. Given the limited rewards that many of these teenagers derive from other aspects of their lives, these benefits of motherhood seem quite powerful. Nevertheless, these young women were strongly opposed to having another baby at any point in the near future (although about 10 percent of the sample had already had a second pregnancy); a substantial minority said they wanted no more children. The young women who wanted to postpone their next pregnancies generally said they wanted to wait until they were more settled, meaning when they were either more financially stable or married.

By and large, however, marriage was not a short-term goal for the majority of these teenagers. While some girls aspired to being married (and some had definite **plans** to marry their current boyfriends), concerns about the disadvantages of being married were articulated by many. Some young women said they preferred staying single because of their reluctance to make a commitment or to lose their freedom, but the most common concern was that they might be mistreated or "hassled" by their husbands. Quite a few of these young women had already had bad experiences with men, including being left by the babies' fathers to raise their children alone.

Many fathers did maintain contact, however. In this sample of young mothers, somewhat more than half acknowledged that the fathers maintained a relationship with them and their children, offering some help in caring for and raising the babies and providing financial assistance. Other mothers, however, said they wanted the fathers out of their lives. These women often reported that the men were in jail, dealing drugs or involved with other women. Despite resentment on the part of mothers who received no financial assistance from the babies' fathers, relatively few availed themselves of the child support enforcement agency's service to obtain financial support.

Most of these young women aspired to better lives for themselves and their children. They wanted to live in safer environments, to own their own homes, to buy their children nice things. They were aware that in order to achieve these goals they would have to work, and they would need more education. Most of the teenagers were either in school or had **specific** plans to return to school, but for some educational progress was hindered by such problems as inflexible school policies, the absence of supportive teachers, their children's **illnesses**, and the absence of reliable child care.

The teenagers who were in school (and the ones who worked) tended to depend on family members-- typically their own mothers or grandmothers-- for child care. Few of these mothers had any experience with unrelated child care providers. The teenagers said that babysitters were expensive and hard to find, but the biggest issue for them was their reluctance to leave their children with someone whose trustworthiness was unknown to them.

These young women appeared to have quite positive attitudes toward the notion of having to work, in large part because they saw employment as an opportunity to escape poverty-- and as a means of getting off welfare. Negative feelings about welfare were almost universal. The largest complaints were that the cash payments were insufficient to support them, that the welfare system was overly invasive and demanding, and that case workers treated them in a degrading fashion. Despite their dislike of being on welfare, the young women acknowledged the importance of the medical benefits, and many indicated that being on Medicaid was their major reason for being on public assistance.

The young women participating in the Teenage Parent Programs were generally enthusiastic about what the programs had done for them, both in terms of concrete help (paying for child care, helping to find a job) and in terms of help of a more psychological nature (motivating them, building their self-esteem). The program staff were viewed as truly supportive people, and several teenagers suggested that the case managers served as role models for them.

BARRIERS TO SELF-SUFFICIENCY

Although the term "self-sufficiency" was not expressed by the teenagers in these focus group sessions, their responses to questions on education, employment, and welfare dependency suggest that almost all of these young mothers do want and expect to become economically self-sufficient. The focus group sessions suggested a broad range of barriers that might interfere with achievement of their goals-- although the teenagers themselves appeared to feel that few obstacles stood in their paths.

Psychological Barriers. Although information on the psychological functioning of these young women was not obtained directly, there was some evidence suggesting that many of these young women face internal psychological barriers that could interfere with the pursuit and achievement of their goals. For example, several teenagers appeared to suffer from low self-esteem, depression, or emotional disturbance. Another potential barrier stems from the fact that many of these young women have not developed a realistic assessment of their own circumstances and potential. However, the most conspicuous of these psychological barriers concerns the young women's generally fatalistic outlook. Many indicated that things can "just happen" to interfere with one's plans. Those teenagers who had become pregnant unintentionally, for example, frequently said that their first pregnancies had "just happened," and some acknowledged that it could "just happen" again, even though they hoped it would not. This resignation to life's perils seems consistent with the fact that these young women's lives have been characterized by numerous stressful events and experiences that have been beyond their control. Thus, even though these young women could not envision barriers to achieving their goals, the appearance of some obstacle (such as a second child) would probably be viewed as inevitable. Feelings of having no control over many aspects of their lives may make it difficult for these young mothers to engage in preventive or anticipatory behaviors (such as consistent use of contraception) and may eventually undermine progress toward their goals.

On the positive side, as a group these young women also have some psychological resources that could be useful in their efforts to become self-sufficient. **First**, these young women seemed motivated to better themselves and to provide their children with a better childhood than they had had. Second, these teenagers appear to be very resilient. They are “survivors” in an environment that is often hazardous and stressful. Finally, these young women appeared to have a lot of physical and psychological energy. The challenge for program staff is to capitalize on these resources before the barriers become too overpowering.

Cultural/Social Barriers. The focus group interviews **suggested** that there may also be aspects of the young women’s social background that define their situation in such a way that progress toward self-sufficiency could be impeded. For example, the norms prevailing in these young women’s neighborhoods are not ones that promote efforts to become **self-sufficient**. In these young women’s lives, it is normal to be a teenage parent. Several respondents commented that most of their friends had gotten pregnant at a young age, too, and many had mothers who had first given birth as teenagers. Few of these young women had grown up in households with fathers present and thus female-headed households were the norm. Perhaps marriage was a goal for so few of these young mothers at least in part because they have not had much exposure to two-parent households. It also appears that for many of these teenagers it is “normal” not to be employed.

Role models for the type of lifestyles to which these young mothers aspired appear to be totally lacking in their immediate environments. Several teenagers **specifically** commented that they did not want to lead the type of lives their mothers had led. But, others also noted how similar their own life paths were to those of their mothers.

Interpersonal Barriers. Many of these young women had reasonably strong social support networks that have eased their burdens as young parents. However, the focus group discussions suggested that many of these young women are confronted with people in their lives who may hamper their progress toward self-sufficiency. In some cases, the teenagers felt that their own mothers themselves posed a problem, either by **refusing** to offer any child care assistance, by interfering with the teenagers’ childrearing, by forcing the teen to move from the household, or more generally by failing to “be there” when they were needed. However, boyfriends were more likely to be cited as barriers than were mothers. These young men were accused by many of the teens of having “messed up” their lives. The teenagers whose former partners were not providing **financial** or emotional support recognized that these men had placed all the burdens of parenthood on their shoulders, and sometimes admitted that their own **plans** had been sidetracked as a result.

A **sizeable** number of these teenagers alleged that their welfare caseworkers were arrogant and treated them disrespectfully. And, while some teenagers had found supportive teachers or counselors in their schools, others had not been so fortunate. The focus group sessions strongly suggest the importance of an extensive support network in these young women’s progress toward their goals.

Structural/Economic Barriers. These young women are also constrained by their own poverty and by the existing social structure. Their lack of money makes it **difficult** to be job-ready; for example, these young women often lack appropriate wardrobes. Several of the teenagers complained about financial barriers to enrolling in college. **Furthermore**, several teenagers reported that the choice between living

on welfare for many years while they obtain training or education, versus immediate employment in low-paying jobs that would at least provide immediate cash, was a difficult one to make. The welfare bureaucracy and system itself was also accused by some of the teenagers of discouraging self-sufficiency. The teenagers complained that the system did nothing to link them up to opportunities for schooling and jobs. And some felt that the system is structured to hinder rather than promote self-sufficiency.

These young women, although they appear not to see their lives as filled with obstacles, are confronted with many barriers to achieving self-sufficiency. Barriers faced by low-income women in general are compounded for this group of women because of their youth, their inexperience in the labor market, the conflicts they face in achieving independence from their own mothers, and the developmental difficulty of completing adolescence while caring for an infant. These focus group sessions made it very clear why this group has become the target of public policy interest. The question is how these young women can be helped to overcome their many barriers.

PROGRAM AND POLICY RECOMMENDATIONS

The barriers that these young women face in their efforts to be good mothers and productive wage-earners are numerous and varied. Some of these teenagers will be able to surmount the odds against them. Through determination, and with the support and assistance of family members or boyfriends, some young women will go on to complete their education, develop some skills, obtain employment, and leave the welfare rolls- with or without any intervention. But for many, the odds against success are great; for these young mothers, too many things will “just happen” that will hinder their ability to achieve their goals.

The focus group sessions suggested several things about the design of effective programs and about public policy targeted to this group. With respect to program design, it seems clear that services addressing the manifest barriers need to be made available. These young women need to obtain educational credentials, gain some work experience, and learn about how to prepare for and find a job. Many will need assistance with child care while they are in these transitional activities, and after they have become employed as well. Services consistent with these needs are generally available in most communities, but teenagers often lack the knowledge and the skills needed to put these services together for themselves into a coherent package. Case management services-- such as those being provided in the Teenage Parent Demonstration- appear to be needed.

The data from these in-depth focus group sessions suggest that effective programs must also address some of the underlying barriers with which these young women contend. For many of these young women, it will not be enough to simply make the needed services available. Offering child care vouchers, for example, will not in itself resolve the child care problems of these young women if they are deeply afraid of using nonrelative babysitters.

Interventions for teenage mothers can be designed to address their psychological barriers. Some of these barriers-- for example, poor self-esteem and distrustfulness-- can be addressed, at least in part, by the creation of a family-type atmosphere in which the teenagers feel cared for and respected. The focus group sessions suggest that the Teenage Parent Demonstration programs in Camden and Chicago have been successful in creating such an atmosphere. Activities should also be designed to enhance these young women's sense of empowerment and their ability to plan for contingencies.

There is little that a program can do to change these young mother's social and cultural milieu (**unless** it is a residential program such as Job Corps), but it may be possible-- and fruitful-- to enlarge their world view so that they have a better understanding of how the values and norms in their own communities intersect with, or conflict with, the values and norms of others. In particular, these young women need to learn about employer expectations and the norms and values of the workplace.

In terms of barriers of an interpersonal nature, the Teenage Parent Demonstration and program staff in other effective programs often become an important source of support and even role models to young mothers. However, since the case managers will not be a permanent source of social support, programs might well want to offer activities designed to help young mothers strengthen their social support network. For example, life management workshops, such as those offered in the Teenage Parent Demonstration, could offer assistance in improving communication skills, handling conflict, seeking out and using available community resources, and dealing with intimacy.

Programs can also be of some assistance with regard to the economic and structural barriers that these young women face. For example, many of these young women appear to need **financial** assistance in order to further their education or training, and the programs can help to link them up with available resources. It might be noted that one of the structural barriers confronting these young women is the existing welfare system. If the system undergoes changes in order to become more helpful to these young women (for example, by operating programs such as those in the Teenage Parent Demonstration), that in itself will represent the elimination of an important structural barrier.

With regard to public policy lessons, three are particularly noteworthy. The first is that these young mothers, who until recently have been overlooked by welfare policies, are an important group to target with services. The focus group sessions **confirm** that these young women are highly disadvantaged and needy, but they also show that these teens have some resources (such as their motivation to leave welfare and have a good-paying job) that might be eroded over time. Targeting these young women with services soon after their first **births** seems highly appropriate.

Second, mandatory programs such as those beii operated **in** Camden and Chicago can evidently be implemented without appearing to be punitive. The young women in the focus group acknowledged that they were initially upset by the call-in notice, but they had eventually come to believe that the program was in their best interests.

Finally, the importance of Medicaid to these young women is consistent with a widely held belief (and with the provisions of the Family Support Act of **1988**) that medical benefits should be extended well beyond the point at which the women exit the welfare rolls. The optimal length for such transitional medical assistance, however, is still open to question.

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PROJECT REPORTS

Maynard, Rebecca and D. **Polit**. Overview of the **DHHS/OFA-Sponsored** Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1987.

Maynard, Rebecca, D. **Polit**, A. Hershey, J. Homrighausen, E. Kisker, M. Maxfield, C. Nagatoshi, W. Nicholson, and S. **Dunstan**. The Evaluation **Design** for the **Teenage** Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1988.

Kisker, Ellen, R. Maynard, A. Gordon, and M. Strain. The Child Care **Challenge**: What Parents Need and What is Available in Three **Metropolitan** Areas. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.

Kisker, Ellen, R. Maynard, A. Gordon, and M. Strain. The Child Care **Challenge**: What Parents Need and What is Available in Three **Metropolitan** Areas. Executive Summary. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.

Polit, Denise, E. Kisker, and R. Cohen. Barriers to Self-Sufficiency **Among Welfare-Dependent Teenage Mothers**: Evidence **from** the **Teenage** Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

Polit, Denise, E. Kisker, and R. Cohen. Barriers to Self-Sufficiency **Among Welfare-Dependent Teenage Mothers**: Evidence **from** the **Teenage** Parent Demonstration. Executive Summary. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

Hershey, Alan and C. Nagatoshi. Implementing Services for Welfare Dependent **Teenage** Parents: **Experiences** in the **DHHS/OFA Teenage** Parent **Demonstration**. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

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**BARRIERS TO SELF-SUFFICIENCY AMONG
WELFARE-DEPENDENT TEENAGE MOTHERS:
PRELIMINARY EVIDENCE FROM THE TEENAGE PARENT
DEMONSTRATION**

June 7, 1989

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1. INTRODUCTION

Teenage childbearing has become a major social and policy issue of the 1980s. One of the main reasons for the attention that is being paid to teenage parenthood is that evidence documenting its unfavorable consequences for the young mother, for her **child**, and for society has continued to mount. Interest has recently focused on the difficulties young mothers face in attaining self-sufficiency. Young mothers are more likely than their peers to have their education truncated (which makes it difficult to compete for high-paying jobs), and are more likely to have several closely-spaced children (which interferes with continuity in the labor force). Through its effects on education and fertility, early childbearing negatively affects the long-term economic prospects of young women. Women who begin childbearing during their teenage years are significantly more likely than women who postpone having children to live in poverty, to receive public assistance, and to have long spells of welfare dependency (e.g., Ellwood, 1986; Moore and Burt, 1982).

This report, which was prepared as part of the Demonstration of Innovative Approaches to Reduce Welfare Dependency Among Teenage Parents (the Teenage Parent Demonstration), presents an in-depth look at the lives of poor, welfare-dependent teenage mothers living in Camden, New Jersey and Chicago, **Illinois**. It examines the teenagers' efforts to deal with the prospects of long-term welfare dependency and studies the factors that are barriers or potential barriers to achieving self-sufficiency,

A. OVERVIEW OF THE TEENAGE PARENT DEMONSTRATION

The Teenage Parent Demonstration is an initiative that involves the implementation and evaluation of innovative program models designed to reduce long-term welfare dependency among teenage parents. The demonstration, sponsored by the U.S. Department of Health and Human Services (**DHHS**), Assistant Secretary for Planning and Evaluation and the Office of Family Assistance (**OFA**), was designed in response to commitments at the federal and state levels to reduce long-term welfare dependency by promoting self-sufficiency among welfare recipients. The demonstration, which is an exceptionally timely one given the recent passage of the Family Support Act of **1988**, focuses on teenage welfare recipients, who as a group are at especially high risk of long-term welfare dependency.

The demonstration is testing the **feasibility** and effects of imposing obligations 'on teenage parent **AFDC** recipients to engage in self-sufficiency-oriented activities (including full-time **school, training**, or employment) as a condition of their continued **eligibility** for inclusion in the **AFDC** assistance **unit**, while offering assistance to teenage parents to enable them to fulfill these obligations. The cornerstone of the program is case management services that assist teenagers in the development and **fulfillment** of a self-sufficiency plan, and that monitor the teenagers' compliance with the plan. In addition to case management, the programs offer an array of workshops and training on topics that include motivation, world of work, life skills, family **planning**, and parenting, and it offers support services- notably child care and transportation assistance.

The public welfare agencies in the states of Illinois and New Jersey were awarded grants in late 1986 to design and implement the demonstration programs. Illinois is operating its program (Project Advance) **in** the south side of Chicago, and New Jersey is operating its program (TEEN PROGRESS) in the cities of Newark and Camden. AU three sites can be characterized **as urban, low-income areas**

with large racial/ethnic minority populations. The programs began serving clients in mid-1987 and will continue operations through 1991.

Because of its strong policy relevance, the Teenage Parent Demonstration is being carefully evaluated. The **evaluation** includes five components: (1) an analysis of the effects of the program on those who participate, involving the random assignment of eligible young mothers in the three program sites to participant or control groups (the impact study); (2) a process and implementation evaluation that will document the nature of the demonstration and provide guidelines for its replication; (3) a study of child care supply and demand in the demonstration sites to assess issues associated with need, availability, and costs, (4) a cost-effectiveness analysis to judge the fiscal implications of implementing similar programs in other locations; and (5) an in-depth study of the experiences, motivations, and circumstances of program participants. This report focuses on the preliminary findings **from this** in-depth study.

B. THE IN-DEPTH STUDY

The impact analysis portion of the evaluation will provide rigorous quantitative information about the effectiveness of the demonstration programs in terms of concrete, observable behavior, such as school completion, employment, and subsequent childbearing. The in-depth study is designed to complement the impact analysis by providing intensive qualitative **information** about the experiences of the young mothers in the demonstration and their efforts to deal with early pregnancy and the prospects of long-term welfare dependency. It employs techniques designed to probe deeply into areas that are difficult to tap through standard survey procedures: the motivations that these young women have to become **self-sufficient**; their attitudes toward work, welfare, marriage, and **childrearing**; the expectations that form the underpinnings of their behavior; and the barriers that they encounter in attempting to achieve **self-sufficiency**. The overall research question guiding this aspect of the research is as follows:

What is it about these young mothers' lives that is driving them toward long-term welfare dependency, and what are the possibilities that they can be diverted from this path?

The in-depth study provides an opportunity to gather qualitative information on teenage mothers' barriers to **self-sufficiency** in greater detail than has been done in the past, and to gather these data in the context of this significant demonstration. Although there have been numerous studies of adolescent parents (including some ethnographic research such as that by Levy and Grinker, **1983**), none of these studies has intensively **examined** the issue of **self-sufficiency** among poor young mothers.

The in-depth portion of the research will rely on several research techniques that produce rich and often **insightful** data on the life experiences of research subjects. The primary techniques to be used are focus group discussions and individual semi-structured interviews conducted in the homes of young mothers. Current plans call for two rounds of focus group **interviews**, conducted in the Fall of 1988 and the Spring of 1990. The data collected through focus group discussions will **be** supplemented by two rounds of interviews/observations in the homes of a small sample of subjects. This report **summarizes** the findings from the first round of focus group discussions which were completed in late **1988**.

C. METHODS FOR THE FOCUS GROUP DISCUSSIONS

Focus group sessions entail discussions in which a small number of respondents (usually between five and ten) talk about topics of special importance to an investigation, under the guidance of a moderator.¹ The focus group discussion is conducted as an open conversation in which each respondent makes comments, asks questions, and reacts to other participants' comments and questions. The conversation is guided by a trained moderator, who ensures that all topics of interest are discussed by the group.

1. The Research Sample

This report draws on 11 focus group discussions that were conducted between August and November, 1988: six in Chicago and five in **Camden**.² In all, 77 young mothers (or mothers-to-be), each of whom received a small stipend to offset child care and transportation costs, participated in the **discussions**.³ Table 1 summarizes the number of recruited teenagers and actual participants in each site, according to whether the subjects were in the enhanced service (experimental) or regular AFDC (control) groups.

In anticipation of a fairly high no-show rate, substantially more young mothers were recruited for the focus group sessions than were needed. In fact, the targeted number of young mothers for this **first** round of focus group interviews was **60--15** in each site for both the enhanced service and regular AFDC groups. Thus, the recruitment efforts were **successful** in gaining the cooperation of a sufficient number of young mothers in each site and for each group.

The number of participants in the focus group discussions ranged from a low of four to a high of **13**. Separate focus groups were formed for the enhanced service and regular AFDC group members and, to the extent possible, the groups were also homogeneous with respect to age and living arrangements. That is, in each site we attempted to form three focus groups for both the enhanced service and regular AFDC groups: (1) younger teenagers (age 17 or younger) living at home; (2) older teenagers (age 18 or older) living at home; and (3) older teenagers not living at home. In Chicago it was possible to interview subjects in fairly homogeneous groups. However, this was not possible in Camden because of the relatively small number of potential subjects.

The focus group participants ranged in age **from 13** to 20, although relatively few (**7 percent**) were under age 16. The average age was **18**. The majority of the young mothers were **black** and about ten percent of the young women (all in Camden) were Hispanic. Four percent of the focus group sample

¹A focus group interview is a qualitative research technique that has been widely used in private industry, where the goal generally is to understand the psychological and behavioral underpinnings of consumer behavior and to discover methods of influencing that behavior. See, for example, Goldman and McDonald (1987) for a discussion of focus group techniques.

²Although it was **originally** decided that the selection of subjects would be most efficient if subjects were **selected** from only one **site** in New Jersey, it has become apparent that the Newark and Camden samples are sufficiently different to warrant the **inclusion** of both **sites** in the qualitative study. Therefore, focus groups will be conducted in Newark in the Summer of 1989.

³One focus group session was also conducted with teenage fathers i.e., the fathers of the children of the women in the primary research sample) in Chicago; the results of 8 at session are not summarized in this report.

TABLE 1
COMPOSITION OF THE FOCUS GROUPS--ROUND ONE

Site	Group	Number Recruited ^a	Number Participating
Camden	Enhanced Service Group	25	16
Chicago	Enhanced Service Group	44	21
Camden	Regular AFDC Group	29	17
Chicago	Regular AFDC Group	<u>52</u>	<u>23</u>
TOTAL		150	77

^aThe number of recruits in the above table refers to the number of young women who were contacted and who agreed to participate in the focus group sessions.

members were pregnant with their first child. Five percent of the young mothers had already given birth to two children, and another five percent were pregnant with a second child. The children of these young women were between the ages of one month and four years at the time of the focus group sessions. Nearly 70 percent of the children were **12** months old or younger, and only 17 percent were over two years of age. The women had a variety of living arrangements, the most typical being living at home with their single mother and (usually) other siblings (49 percent). As many of the teenagers lived with their grandmothers (10 percent) as lived with both a mother and a father. Ten percent of the sample lived with a boyfriend or husband, and in nearly half of those cases the teenager's mother was also present. Eighteen percent of the sample lived alone with their children.

2. Data Collection Procedures

All of the focus group sessions were conducted in large conference rooms in public welfare agency offices-- typically, at the actual site of the Teenage Parent Demonstration programs. Respondents were comfortably seated around a large conference table, and refreshments were served. Each two-hour focus group session was attended by the focus group moderator and at least one additional member of the research team. **All** of the sessions were tape recorded and then later transcribed for analysis.

The moderator was a white, middle-aged woman who has had extensive experience in conducting focus group sessions? The moderator used a topic guide (see Table 2) to pose questions in nine areas of interest: (1) Goals and Expectations; (2) Welfare Dependency (3) Work; (4) Education; **(5)** Motherhood, (6) Child Care; (7) Marriage; (8) Baby's **Father**; and (9) (for the Enhanced Service group) Program Experiences. The topic guide served as a springboard for discussion, rather than as a list of questions to be asked in a particular order or worded in a particular way. In the actual conduct of the sessions, the nine areas merged **freely** into each other and gave rise to a fairly natural flow of discussion.

3. Analytic Approach

The focus group sessions resulted in nearly 400 pages of transcriptions, which were coded and analyzed by the principal author. The analysis was then carefully reviewed by the second author who had either attended the sessions or listened to the tapes and by the focus group moderator, in order to **cross-validate** the analytic conclusions. Nonetheless, despite our care in cross-validating **conclusions**, we must note that the focus group respondents were probably not representative of the young women participating in the Teenage Parent Demonstration. It seems likely that, despite the stressful life experiences and circumstances described to us by these young mothers, the sample underrepresented young women in the most adverse circumstances. To the extent that this is true, the findings reported here may understate the range and intensity of the barriers experienced by welfare-dependent teenage mothers.

'A black moderator was **originally** hired and trained to conduct the focus **group** sessions, but **she** became ill on the eve of the first **session**. The teenagers appeared to speak **candidly** about **their lives**, and their statements did not appear to be affected by **having** a white moderator. This **conclusion is** strengthened by the first author's experience in observing other groups of **AFDC** mothers interviewed on similar topics by black moderators.

TABLE 2
TOPIC GUIDE FOR INITIAL FOCUS GROUPS

A. GOALS/EXPECTATIONS

Let's start by **talking about your goals and expectations** for the future. **All** of us want certain things **out of** life. When you **think** about **your futures, what kinds of goals and hopes do** you have for yourselves? What are some of the **things** you're going to have to do in order to reach your goals? What are some of the things that you think might interfere with reaching your goals?

B. WELFARE DEPENDENCY

All of you are getting welfare or have received welfare to **lp'you in using** your babies. How do you feel about beng on welfare? What are some of the **things that might** make it **difficult** to leave welfare?

C. WORE

What kinds of work experiences have **you** had, and how do you feel about them? What are some of the **advantag** and disadvantages of **having** a job? What are some of the things that might make it **difficult** for you to have **regular jobs?**

What kinds of jobs would you like to have in the future? What **kind** of traiuing or preparation do you think you would need in order to get the types of jobs you would like to have? **Will** it be possible for your to get the right type of **training?**

D. EDUCATION

How much more education would you like to get? What role will schooling play in helping you to achieve some of your goals?

How do you feel about going to school? What are some of the things that you like(d) and dislike(d) about school?

E. MOTHERHOOD

How do you feel about bei **you**g mothers? What **do yo** like best about bei mothers? What are some of the thiugs **that** make **being** mothers **diffi**cult for you?

Why do you think you decided to have a baby while **you** were still a teen **nager?** If you had it to do **all** over again, when would you like to have your **first** baby? How **would** you feel it you become pregnant again in the next few months? When **would** you like to have your next child?

F. CHILD CARE

What are some of the problems you have faced, if **any, in making** child care arrangements? What **kinds** of problems do you think you might have if you were to **take fulltime jobs?**

What would be an ideal child care arrangement for you? What other types of care are you **willing to use?**

G. MARRIAGE

What do you think some of the advantages and disadvantages of bei married are? Do you wish you were married now, or do you **think** you are better off bei single? When, if at all, would be the "right time" to marry?

TABLE 2 (continued)

H. BABY'S FATHER

Do you still see the father of your baby? Does he spend any time with the baby?

Does the baby's father help you in any way--like does he ever babysit, or bring you things for the baby, **or give you money** to help support the baby? Do you wish he was more involved with the baby, or do you wish he was less involved?

I. PROGRAM EXPERIENCES (ENHANCED SERVICE GROUPS ONLY)

What are your feelings about **being in (Project Advance/TEEN PROGRESS)**? What do you like best about the **program**, and what do you like least? How do your families and friends feel about your being in **this** program?

What are some of the things that make it hard to participate in the program? When you're absent from program activities, what are the main reasons?

I. PROGRAM EXPERIENCES (REGULAR AFDC GROUPS ONLY)

Have you **participated** in any special program in the past few months-- for example, special **programs** for young mothers, or job **training** programs, or GED programs? What kinds of services have you been receiving?

J. GENERAL WRAP-UP

What are some of the good **things that are going on in your lives** right now?

Try to imagine our life ten years **from** now, in realistic terms, not how you'd like **your life to** be. **What** will your life be like-- **will** you be on welfare, in **school**, working? **Will** you **be married**? How many children will you have? Why do you think your life will look like that?

D. ORGANIZATION OF **THE REPORT**

The remainder of this report **summarizes** the **findings** of the first round **of** focus group sessions. The organization of the findings corresponds roughly to the areas covered in the topic guide, but **also** takes into consideration other information that emerged in the context of the sessions. **Thus**, the **first** major section describes the family and environmental context of these young mothers. Subsequent chapters deal with motherhood and future childbearing plans, marriage and men, school and work, and experiences with the welfare agency. The final chapter presents some overall conclusions about the lessons learned in the focus groups.

II. FAMILY AND COMMUNITY BACKGROUND

The problem of adolescent childbearing is often described as the problem of “children having children.” Indeed, the young women in the focus groups seemed in many respects to still be very young--worried about their clothing and about being overweight & **struggling** with their mothers for independence, eager to go out at night and “party.” However, the focus group sessions revealed that these young women have not had “typical” childhoods. In fact, the childhoods of many were curtailed long before their pregnancies. These teenage mothers appear to have witnessed more violence, desperation, family dysfunction, illegal behavior, and emotional disturbance than the average American adult sees in a lifetime. These are young women for whom, if there ever was an age of innocence, that age has long passed.

The focus group sessions were not designed to probe into the family problems of the respondents, but these problems emerged so persistently in the course of the interviews that it seems important to discuss them as a means of providing a context for understanding these young women’s lives.

A. POVERTY

A central fact of these young mothers’ lives is that they are poor and, for the most part, they have been poor all of their lives. Money emerged as an issue in the context of all of the topics under discussion: financial difficulties were the main problem in their lives; having more money was typically their central goal; the lack of money was seen as an impediment to further education; aspiring to a good job was primarily motivated by the desire for financial improvement; being able to buy their children things, even at a sacrifice to their own needs, was a source of motherly pride; and the small amount of their welfare benefits aroused considerable indignation and distress. Here are some examples of what the young mothers said about their **financial** situations:

A lot of things get me down. No money, that’ll get you down real quick

I had to ask my mother and father to come back to live with me because I was having problems with the bills and all, and the bills are pressuring me, the school was pressuring me.

Sometimes when the rent falls on a certain day, like you only have a certain amount of money, and you know, you’re trying to find a way, you’re trying to figure out a way to get, oh wow, I need \$50 more. And you don’t want to borrow because then you might not have the money to pay it back. You know, and it always comes like that.

I have too many pressures as far as begging for money and asking for help and all this. It’s really hard for me in the city. I’m trying to get out of here but I can’t do much with so little money.

Financial distress was most clearly articulated by those who were **living** alone (i.e., with their children but not with their parent(s) or other relatives).

B. THE TEENAGE MOTHERS’ FAMILIES

As indicated earlier, the majority of these young women were still living with mothers, fathers, and/or grandmothers, and frequently with other relatives (siblings, cousins, nieces, and nephews), as well. Although most of the teenagers admitted that their families had been upset, disappointed, or angry when

they learned of their pregnancies, family members generally adjusted quickly to the prospect of having a baby added to their households:

And when I got pregnant it wasn't hard for my grandmother to deal with. I have a real supportive family. She was saying, "Well, we're just gonna have a little baby in the house."

When I told her I was pregnant, she said, "Well, I told you these things could happen. What are you going to do about it?" She left it up to me and then if I needed her advice or something, I could go back and talk to her. My mother has always been there.

And my grandmother said, "Well, you know it's gonna be hard, you know, but you can make it. You ain't the first one and won't be the last."

In many cases, the families were a source of tremendous support, in terms of helping with the baby, providing financial assistance, and offering moral support. This support made it possible for the young women to escape the stresses of being solely responsible for their babies, and often made it possible for the young women to return to the lives they were leading before the baby was born:

I have a very supportive family, that's what makes my life more easier. As soon as I had her (the baby) on a Sunday I wanted to go right back to school that following Monday.

My mother said she would be by me whatever I decide. She's been by me ever since. If it wasn't for her I wouldn't be back in school.

When I need to go out, then my mother is always there to babysit and when I need to be alone and everything, my parents are always there.

Nevertheless, a substantial minority of the young mothers in the focus groups discussed a number of family problems that added to, rather than diminished, their own problems. This included family members who were in jail, who were drug addicts, or who had severe physical or emotional health problems. Some teenagers had mothers whom they had not seen for years, and others had mothers whose attitude was: "The baby's yours; you take care of it; it's not my problem." Others mentioned physical abuse of their mothers or themselves by stepfathers or mothers' **boyfriends**. And several teenagers were responsible for taking care of not only their own babies but of those of their mothers and sisters as well. Here is how several young women describe their problems:

(I have) family problems, mainly. The main problems are my brothers and sisters, when they have problems they call on me...It's just that if something happens they call on me. If something happens to their kids. I have my own problems and then I have to deal with theirs, too.

Well, me and my mother, my mother, she had me when she was 16. She was just running around and leaving me everywhere. So I'm not gonna do that to my child. People don't know what I had to do to get what I get from my mother.

One time he (mother's boyfriend) hit my mother. I came downstairs and I said I'll knock you out if you hit my momma. He was leaning over to hit her. He's married and seeing my mother. I don't like that, it's not right to me.

Everybody's into crack, cocaine. Today, I seen him (her nephew) today and I tried to get custody of him and I wasn't old enough to get custody, so he (her brother) is staying with me because he had nowhere to go. And cocaine, I don't know what it is, crack...She (her

sister-in-law) was wearing nice clothes, and a nice car, and was working every day, you know. But now she's got black marks on her face, and her hair is falling out. She's running around spending her money getting all high and all. Her mother put her out... And I can't just throw him (her brother) out, because he's got the baby. Everything is falling on me.

C. THE TEENAGE MOTHERS' COMMUNITIES AND NEIGHBORHOODS

These young mothers from Camden and the south side of Chicago live in communities where there is considerable social disorganization. Crime, drug use, child abuse/neglect, sexual abuse, and personal assaults are part of these young mothers' environments-- and part of the environments in which they are raising their young children:

There are like seven girls to each guy. And if you're a big drug dealer, you have like 20 girls to each drug dealer. All it is the craze- either you're on drugs, you're dealing drugs, or you get killed over them.

You can't get worse than where I live at. I don't live downtown, I live out at _____. And the whole week is spent shooting and fighting, &g-related. They're shooting at my son and my nephew runs around up and down the street. They're wild boys running back and forth down there. That's not the place I want my baby growing up in. He sees this and when he gets older he'll be like, wanting to stand on the corner with the fellows, wanting to sell drugs, because he's gonna want \$100 sneakers, too. I don't want him to grow up around that.

That's like the girls who are on aid (welfare) in my neighborhood, the girls who are on aid, they trying to have some fun, they know cocaine ain't but for a rich person. And they use their whole aid money. And then they got a man on drugs. The man gonna steal their money or they gonna give up their money. And they know cocaine.

I don't like it, I'm not comfortable with it, and I know people who sell drugs and I know people who have gone to jail for selling drugs and they come and then they do the same thing and then they go in again. They have three and four kids, and then their kids are selling drugs. So it's not like some kind of dream, because I see it. And I don't want that for my child.

This kind of environment, perhaps riot surprisii, appears to have given rise to a high degree of distrust and suspiciousness on **the** parts of the young mothers, particularly of strangers but also of friends and even family.

While drugs and drug-related crime were cited as the most obvious social, problems in their neighborhoods, these young women mentioned a number of other community attitudes and norms that make it **difficult** for residents to improve their situations. For example, teenagers noted that in their neighborhoods **teenage** pregnancy was, while not exactly acceptable, a fact of life that had affected most of their friends. Others commented on the lack of work orientation **among** their neighbors, **complaining** that fast money through drug selling was more common than people working for a living.

In summary, these **young** women live in neighborhoods and in families where the stresses of daily living are high, quite apart from any burdens that young parenthood has imposed. The next chapter discusses how the young women are handling their roles as young mothers.



III. MOTHERHOOD AND FUTURE CHILDBEARING

The focus group discussions **generally** began with questions about the advantages and disadvantages of being a young mother, and about how the respondents were managing in the motherhood role. It **was** a topic about which the young women were animated and articulate, and the early focus on this topic helped to foster a good climate for open and frank discussions. In this chapter we consider five issues relating to the teenagers' status as parents: the teenagers' "reasons" for becoming pregnant and their reactions to the **pregnancy**; the teenagers' perceptions of the positive aspects of motherhood, their perceptions of the negative aspects of motherhood; the teenagers' goals vis-a-vis their children's well-being and their plans for future childbearing and use of contraception.

A. THE TEENAGERS' PREGNANCIES

When asked whether they had decided to become pregnant when they did or whether their pregnancies had "just happened", the majority of the young women in the focus groups acknowledged that their pregnancies had **not** been **intentional**. However, a **substantial** minority indicated that the pregnancies were not totally accidental.

In some cases the teenager herself had consciously decided to have a baby. The reasons ranged from curiosity about what a baby of hers would look like, to loneliness, to wanting to take revenge on her own mother for treating her "like a big baby". However, the teenagers for whom having a baby was not accidental were most likely to claim that the baby's father had encouraged the **pregnancy**:

My baby's father, I was just sort of infatuated with this man....So you know, we had actually sat down and made this plan. Looking at the calendar one night, he said, "Look, Christmas is coming up. I want you to have a baby. I want you to have a baby around Christmas time. And we're gonna move together, we're gonna get married." This is actually what he told me. So I said, Okay, okay, I'll have the baby. I'll throw my birth control pills away."

My boyfriend had asked me, he told me, "If you're gonna get pregnant by me, no matter how old you ax, keep it, because you know, I will take care of it." He wanted a baby.

A refrigerator fell on my boyfriend, and the doctor told him he couldn't have children. So, he wasn't sure if he could have any kids, you know, and he wanted to find out if he could, 'cause he wanted kids.

Most of the teenagers for whom the pregnancy was unintentional said that they had been shocked to learn that they were pregnant. Many denied to themselves for months the possibility of a pregnancy, and some said they went to the delivery room never having admitted to themselves or their families that they were going to have a baby. Several teenagers said they could not really understand why they had become pregnant and **described** their children as "pill babies"- i.e., babies conceived while they were using oral contraceptives.

For the majority, the initial shock wore off reasonably quickly and the teenagers adjusted to the prospect of becoming mothers-- generally because their families were supportive. However, a **sizeable minority**, most of whom seemed to lack family support, indicated more intensely negative personal reactions to learning of their pregnancies:

I was depressed. I stayed depressed I always cried, I'd sit in a room and cry. I was thinking well, I'm not ready, I was always saying negative things: "I don't want this baby, I hate this baby, you know, it's taking everything from me."

I never did go to my mother for anything to talk to her, nothing. I went to my auntie's, I was with my grandmother, because I was so depressed when I was like that (pregnant). I was crying on the bus. I saw pregnant people with kids. I said "What am I gonna do now?"

After I found out I was pregnant I tried to kill myself. Because my mother, she didn't speak to me for like a month and a half. I mean, she didn't say nothing to me, not even good morning, hi, or nothing. And you know, sometimes that can hurt a person or the baby you're carrying too.

Despite the generally negative initial reactions to the news of the pregnancy, few of these young women seriously considered an abortion. In fact, most of the respondents who talked about abortion expressed vehement opposition to it, and in some cases said they had resisted family pressure or encouragement to seek one:

My mom wanted me to get an abortion. She talked to me herself and I was scared to tell her that I wanted to keep my baby, and she was saying, "It will be hard to take care of him; see how hard it is to take care of you, and everything."

I'm against abortion; because I could have had one. My mother was like, "Do you want an abortion?" I was against it, I was like, "You didn't kill me, I'm not killing mine. And I'm against it anyway."

I knew I was pregnant 'cause I never had skipped my period before. And I was like, "Well, I'm going to the doctors." I went and I was like, "I'm not having an abortion, because that's like mud." And that's not nothing I would do.

Thus, although most of these young women had not planned their pregnancies and were surprised and upset when they learned they were pregnant, most young women accepted fairly readily that they would become mothers during their teenage years. The option of having an abortion (or giving their babies up for adoption) was generally rejected without serious consideration. It must be remembered, of course, that the focus group discussions were conducted months, and in some cases, years, after the teenagers had become pregnant and, therefore, the retrospective accounts of their initial motives and reactions might not be accurate. However, these accounts are consistent with the results of other studies (e.g., Polit and White, 1987). Moreover, the young mothers in these focus groups seemed quite open and frank about both their negative and positive feelings and experiences.

B. THE POSITIVE SIDE OF MOTHERHOOD

The overwhelming majority of young women who participated in the focus groups indicated that, although they wished they had waited until they were a bit older and more settled to have their first child, being a mother was extremely rewarding. These young women expressed a great deal of love for their children, and indicated the important role their children played in their lives:

I like being a mom. I love my son, nothing would change that. He's, how can I say it? I don't know, he's everything to me anyway. I don't care about nothing else but him, how he is.

When I got home and the first night he cried, you know, it was like a dream, you know, like I never had a kid. When I woke up with the crib I noticed, I've got a baby there. I felt happy that I had one, and since I had him I'm happy. That's the main thing I love and everything and that's my life right there.

when I come home, he runs to me. He wants me to be there with him and when I leave in the morning he's crying because I'm leaving. My son, he's a little bundle of joy. That's what I have, a bundle of joy.

In addition to the love they feel for their children the teenagers mentioned a number of other reasons for enjoying their role as mothers. Some of the most frequently mentioned positive aspects of motherhood included the joy of watching their babies grow and develop; the love their babies give to them; having something of their own to care for; enjoying the babies' company; and having someone who will take care of them when they are older. Several of the young mothers also mentioned that having babies had made people act friendlier toward them. Getting praise from others for their babies' appearance or developmental progress was another source of pleasure cited by several teens.

Two themes relating to the advantages of motherhood deserve special mention. The first is that many teenagers indicated that having a baby had positive effects on the kind of person they were, and that they felt better about themselves now than they had before the pregnancy:

I'm glad I had my son because he made me more mature. He made me realize different things that I shouldn't have been doing or shouldn't have been taking from other people.

She really changed me, because I tell you, I used to be wild. I'm not wild like I used to be no more. I wouldn't even get out and fight in front of her, you know, stuff like that. I used to do a lot of devious things. But not any more, not like I used to.

I think that my son was a lesson for me, because when I was in high school all the teachers said I had the potential to be an A student, but I was the type of person who made it always just good enough to get by. Never enough to attain what I could do. But when I had my baby, that's when I thought about it.

The other noteworthy theme concerned the mothers' desires to buy their children nice things and to provide for their material needs. For many of these young women, being a good mother was equated not only with loving the child but also with being able to personally pay for the things that the baby needed:

I love to buy for him. When I buy for him I feel good about myself. You know, it's really like me providing material things beside love to him.

I buy her stuff. I make it my business to go get her stuff before anybody else do.

My baby looks nice because I took whatever I have whenever I was making it and just....I can always get something, but whatever I have I put all into her.

I know I'm gonna have to give up some things because you know, you want your daughter to be the best. And I know I want my daughter to have everything.

As we discuss in the next section, the young mothers also identified several disadvantages of having a child. However, the prevailing sentiment was that the positive aspects of motherhood outweighed the

negative ones. Many of the teenagers spontaneously noted that the baby had little effect on the way they conducted their lives, so that there **really** were very few drawbacks:

I'm still the same person, I still do the same things that I do. It changed just little things. I just got to take more responsibilities. I can't go everywhere that I want to go like I used to, but I can still do it as long as I ask somebody and they'll keep her. But other than that it's the same.

Things haven't really changed I used to stay in anyway. I never really went out. I still stay in a lot.

I still get to go out and I still go to school. This is my last year. I'm having a great time. I spend time with him (her son) but then he spends time with his father, so when he spends time with his father then I do what I want.

In summary, the majority of these young women had **generally** positive attitudes about being mothers and derived many personal psychological rewards from their babies: love and affection, higher self-esteem, a sense of purpose and maturity, and ownership and control over a part of their world. For many, **life** had not changed very much except for these psychological benefits: they continued to live at home, often continued to go to school, and were still able to have some personal time. Not surprisingly, the teenagers who were most likely to say that their lives had changed very little were the ones whose families had been supportive and whose families were available to help care for their **children**.⁵

C. THE NEGATIVE SIDE OF MOTHERHOOD

Despite their generally positive outlook on motherhood, many teenagers acknowledged that being a young mother entailed some hardships. The most frequently cited disadvantages of having a baby related to things that the young mothers had to give up: personal freedom to go places, sleep and relaxation, time to spend with friends, and **being** taken care of themselves by their parents. A theme that was especially common was that having a baby was a financial burden and that they had to give up a lot of material things:

Like every two weeks I'd go buy some clothes and I can't do that no mom. Now I have to buy stuff for him, pampers, clothes, just got to think of him more often. You gotta dwell on what you have already and buy for him. He's constantly growing, he needs something every day.

Having her means a little less money in my pocket a lot of money gone. Because before I had her I used to like to dress and go hem and go them, but now I can't do half the things that I was doing at first. She's keeping me broke.

I didn't think it was gonna be that much money out of my pocket until she got hem. But..., a pair of baby jeans cost almost as much as a big person's jeans. And that just takes out of my pocket. I thought it was gonna be so beautiful. "Oh, baby clothes can't cost that much." Boy, I tell you, I am broke, I am really broke.

⁵Child care issues are discussed in a subsequent chapter.

In addition to the financial consequences of having a baby, several teenagers (although fewer than might be expected) noted the negative effect that becoming a mother had on their schooling and their own plans for the future:

In a way he like stopped my flow. You know, 'cause I wanted to finish school, go be a welder, then all of a sudden I just stopped and it's like now I've got to go through it all again.

The thing I shouldn't have gave up I gave up, and that's getting my education.

A number of the young mothers found their babies' whining and crying and their constant demand for attention frustrating and nerve-racking. However, the women who appeared to have the most frustrations with their children's behavior were mothers with older infants and toddlers. Many of these women described their children's exploratory behavior as beii "bad:

Being a mother is okay. Sometimes she be bad, like she's doing now. She wants to get into everything, you have to watch her.

I used to say, "I'll be glad when she walks." Lord, I wish I could break her legs now. She'll be walking all over here, she climbs up on everything, she climbs up on the kitchen table like a boy. She's so bad. Wait until they're able to walk- you ain't seen nothing yet. They're so bad The best part is when they're little.

The bad part is, he gets into everything. He plays with my mom's TV, he knows how to turn it on and off. He knows how to turn the stereo on and off. He likes pots and pans, opening the refrigerator. He gets into everything.

Having older children had other disadvantages noted by some of the teenagers: for this group, support from friends and family members diminished over time.

Another difficulty mentioned by many of the young mothers related to the health problems of their children. A substantial minority of the teenagers in the focus group discussions talked about both acute and chronic health problems-- and injuries-- that were a source of stress and disruption in their lives:

My daughter, when her temperature gets too high she has a tendency to go into convulsions, and I got to watch her fever. They say she'll outgrow it, but if her temperature gets too high she'll just have a seizure.

My son bust his head open twice. He fell the first time into the wall and then he got taken to the emergency room. Last Friday he fell back down the steps and he busted his head open again.

I didn't like going back to school at first because he was sick He was in and out of the hospital, wheezing and stuff and I couldn't concentrate...Once the babysitter called the school and said he was wheezing and white mucus was coming through the nostrils. We took him to the emergency room and they have respiratory treatments and blood work and they said he had some kind of asthma and he had to be opened because he wasn't getting enough air. It's hard for me to think about school and him at the same time.

Thus, the main problems with beii a mother for these young women were the things they had to give up (especially personal freedom and the absence of responsibilities), financial pressures, disrupted plans, the aggravations of dealing with crying infants and curious toddlers, and health problems of their

children. Some also indicated some degree of jealousy over the attention the children get. One theme that was conspicuous for the infrequency of its mention is the young mothers' insecurities about how they were performing in their parenting roles. While a few teenagers commented that they did not always know if they were doing the right things with their child, concerns about their own parenting skills were not **vast majority of young women.**

D. GOALS VIS-A-VIS **THEIR** CHILDREN

When asked about the kinds of goals they had, a high percentage of young women talked about **child**; were for the child's happiness and enjoyment of life; for material goods for the child, for a different childhood for their children than the mothers had themselves experienced. This latter goal was mentioned especially frequently:

He's not going to be treated like I was. I don't care what anybody says.

It's hard making sure that he has the things that you would want him to have to grow up. It seems like that's the hardest part- to make sure he gets the things that I never had Or having an education that I never really got.

I just want to give her a mom and a dad, which she has right now. I never had a dad when I was little, and I hardly had a mother. So I want to give her the best, you know, both of them.

The desire for "better things" for their child also meant, for many, a chance for their children to be raised in a better, safer environment-- an environment where they would be less likely to be exposed to drugs, crime, and violence:

I'm scared, I'm afraid for my son, because like they be shooting and stuff around my street and, we be like, "Hit the floor," you know. I ain't got no money to move nowhere though.

I have to get out of Camden. I can't stand it. No matter where you turn, all you see is this guy and that guy trying to sell drugs. I don't want my son to grow up with them. Sometimes little boys let other people influence them and I don't want him growing up thinking that that's something that he has to do to make money.

When we were raised here, it wasn't that bad Now them's children getting hilled and everything. That's the big point that worries me.

Thus, **the young** women in the focus groups expressed strong feelings about their children's futures. They appeared to want their children to have what most **American** parents want for their **children**: a happy, carefree childhood; a safe place to live; a good **education**; a good family life; and financial security.

E. FUTURE CHILDBEARING AND CONTRACEPTION

Although at least ten percent of the respondents in the focus group sessions had already had second pregnancies, there were vehement denials by most of the young mothers that they would be having another child in the near future. A **surprisingly** large number of the respondents insisted that they did not ever want another child

You can count on that. I'm not having no more kids. I'll never have any more babies. As much as I do now have one, that's too much for me to handle.

I want my baby to be an only child

Not **all** mothers agreed on the desirability of having an only child, however-- in fact, several specifically mentioned wanting another baby to provide a sibling for their children. Nevertheless, there was considerable agreement among the women who wanted more children that future childbearing should be postponed for a substantial period. Some mothers projected future childbearing in terms of time. This group typically talked about wanting to wait five years or more before having another child

My next child I'm planning. It's going to be a long time- nine or ten years probably.

I thought about waiting until I'm about 24 and my son is in school and everything. I'd say about five or six years from now.

For most of the young women who wanted to plan their next pregnancies, however, the timing depended more on their **financial and** marital situation than on the **number** of years of spacing between children:

I'm going to college for learning to be an RN. By that time I'll have my career already on the road. I'll be in the hospital and everything already started my job and everything, making the money, then I'll have the kid

I want a girl, but after I get everything that I really want. A nice job and stuff like that where I can take care of myself and my family and get married or something like that. And then I want to have a girl

I tell people right now never, but probably a decade from now when I own my own home and is financially situated then I probably- and married-- then I'll probably have another baby; but now, never.

I love her (her daughter) dearly, but the next time I have a baby I plan to be financially stable, married and in my own house, and away from my mother.

Almost all of the mothers in the groups said that they were currently using some form of bii control to avoid another pregnancy, and in almost **all** cases the method used was oral contraception. Except for one woman who had a tubal ligation, the only other method of bii control mentioned was abstinence:

I haven't had sex since I had my baby. I'm not lying. My baby is two years old, and my baby's father cannot take it no longer. I think I'm doing good

The next time I have a child I'll be married. I call it abstinence all the way until my wedding day.

Despite the young mothers' conviction that they should not have another child in the near future, and despite the fact that most teenagers said they were using a highly effective method of bii control,

several of the teenagers acknowledged that they sometimes forgot to take their **pills** and that “accidents could happen.”

IV. MARRIAGE AND MEN

Only a small **number--** under 10 percent-- of the women who participated in the focus group interviews had ever been married, and all but one of the ever-married women were either separated or divorced at the time of the discussions. During the sessions, the women were asked about marriage, about boyfriends and relationships with men, and about the fathers of their babies. This chapter summarizes what the teenagers said on these topics.

A. THE BABY'S FATHER

In more than half of the cases, the fathers of these women's children were in contact with the mothers-- either because of an ongoing sexual/romantic relationship or because the fathers made efforts to spend time with their **children.**⁸ For the most part, this subgroup of women had reasonably positive things to say about the degree to which the fathers were involved with their children.

The women with ongoing contact with the fathers acknowledged that these men generally offered various types of financial assistance, ranging from regular or periodic cash payments to purchases of toys, clothes, food, and diapers:

He gives him money; he gives me money, takes us out, and buys us something.

I get the things I want. I never have a problem with my daughter because I don't buy anything. Her father buys everything.

You know, he loves her and everything. He provides for her, you know, real good He does what he wants to do and I just ask him to do the necessities. And if he wants to do something more for her because that's his baby, you know, he can

The baby's father gives me money and if I need anything else during the week he'll buy Pampers or whatever the baby needs. That's something I don't complain about, his father. He gives me the money and he gives me Pampers and clothes, beside the money to buy some things, too.

The fathers who offered financial assistance were **almost** always in regular contact with their children, often spending prolonged periods of time caring for them or taking them home for the weekend. In some cases members of the fathers' families (usually their mothers) also spent time with the babies, bought them clothes and toys, and sometimes offered child care assistance. Several mothers commented on how strongly attached the babies and the fathers were.

The baby's father, he lives in East Camden and he watches him all the time. He just loves the baby, so any time I have to go out I just take him over there. He screams and hollers and screams and he won't stop until I get back (with other babysitters). So I can't leave him with anybody except his father.

He'll come take the baby. He'll take him like for two weeks and bring him back

⁸Recall that most of the teenagers' children (about 70 percent) were one year old or younger.

I like for her daddy to be around because she loves her daddy. And it's like, when he's around she's perfect. She's the perfect baby. And she listens to everything he say. If he say, "Sit down, stop," she sits down, she stops.

His father is more like the mother to him than I am. My mother always tells me it should be the other way around "He should have had that baby instead of you, because he's so fussy about him." He is so fussy about him.

However, the involvement of the baby's father was not always welcomed by the young mothers. In some cases there were conflicts over how the child should be raised. In other cases the mother wanted nothing more to do with the father, either because she had a new boyfriend, because the father had betrayed her (several of the fathers had impregnated several women at more or less the same time), or because the woman had concluded that the father was "no good:"

He asked to babysit the baby so I won't have to pay the babysitter out of the aid check, right? I give him the key so he could babysit. I go in there and he had stuff (drugs) just laying all over the table. So I told him, no. His mother was talking about she gonna take me to court. I said "Take me to court. He's on drugs and he ain't gonna get my child"

She knows that that's her daddy. But she don't break loose from me. I tell her when I get to talking to her, I tell her, "If you ever take to your daddy I will hurt you. You better not take to him.*"

He don't come by or anything. She (her daughter) sees him because I let his grandmother see her because she can't get around Other than that, you know, we don't associate. He's worthless.

When I found out I was pregnant I called home and I told him I was pregnant. When I got back home, they told me he was in jail. So he told me that some other girl is pregnant. We're pregnant at the same time. I'm pregnant and she's pregnant. Me and her babies are about 7 months apart. You know, so I just go with somebody else because me and my baby don't need you.

Fathers who made no attempt to spend time with their children or to assist the young mothers financially were generally the object of considerable resentment. In some cases the fathers were not in contact because they were no longer in the area (some were in college, others were in the military, and still others were in jail). Some of the fathers were married to other women. What appeared to most upset the young women who had no support from the fathers was that they had been saddled with the responsibilities of parenthood while the fathers had been able to go on with their lives:

It's hard you know, doing it by yourself. You know, it (...) me off when I have to, you know, scraping up, trying to get this for her, she need Pampers, she need milk, she need this, she always need something you know, and then her daddy is somewhere laying up with somebody else, you know, not even thinking about what's going on with her. It's hard doing it by yourself.

Her father is someplace with somebody else. Don't even call and say, "You go to hell. How's the baby doing." He don't call and say nothing. "Do the baby need anything?" I don't need him to give me nothing. Just act like he cares a little bit about the baby.

But that's how it is, and he (the father) is leaving me hem. Pm stuck hem, and I'm stuck here playing old mother hen with a baby.

The fathers' ability to just get on with their lives sometimes proved to be painful to the young mothers because of the men's involvement with other women, but often the underlying problem was that the fathers were perceived to have more financial freedom and less financial stress than they themselves had. Here is how some women described the failure of these fathers to offer financial support:

He never laid a penny on the table for her. That's why he's not seeing her.

It's a fact that he won't do nothing for the baby. He complains that he wants to see his son more. So if you start doing something you can see him more, but until you get off of your butt, dig in your pocket and send money to my house to help buy diapers and everything else he needs like clothes, shoes and other necessities, you're only gonna see him once a month.

He started calling me three or four times a day...I finally (said), "Do you have something you want to ask me?" He's like, "Oh, no, I just called to see how you're doing, I just called to talk." I was like, "I don't want to talk to you because we have nothing to talk about." He hasn't bought her anything. His mother bought her a box of diapers and a toy when she was first born, that's all.

Some of the mothers were so angry that they had adopted the attitude, "I don't want his money, we're doing fine without him. However, a few admitted that they were cooperating with child support enforcement efforts to make the father pay child support:

He's a baby maker. He's got like three kids on the side. He's talking about, "My son's gonna come over here." I be talking like, "You better kiss my..." We took him to court and he's got to pay me \$110 a month for child support.

I had to go by child support, because he didn't want to give no money for the baby. He wanted to see the baby and he didn't give me nothing for the baby. And I said, "You want to see it, then you got to go to court with me and get child support." Or at least give me money on the side."

In summary, the focus group sample was quite diverse in terms of the young women's current relationships with and feelings toward their babies' fathers. In somewhat more than half the cases, the father maintained ongoing contact with the mother and the child, offering some help in caring for and raising the baby, and providing some financial assistance. Some of these mothers wanted the fathers out of their lives, for a variety of reasons. However, the mothers who received no support of any kind from their babies' fathers were generally deeply **resentful**. Despite this, relatively few women availed themselves of the child support enforcement agency's services to obtain financial support. (This issue is discussed at greater length in Chapter 6.)

B. CURRENT RELATIONSHIPS

Relatively few of the women had an ongoing romantic and sexual relationship with the fathers of their babies. Those who were still romantically involved with the fathers often indicated that they had been seeing each other for many years prior to the pregnancy, and that they hoped to be married someday.

Many of the young women had become involved with other young men since they had their babies, and these new boyfriends had sometimes stepped into surrogate father roles:

He (the boyfriend) is much better than the father. He wasn't no good anyway. But the guy that I have now, he takes to my baby. My baby takes to him, my baby likes him a lot.... You know, he loves her too.

My boyfriend, he can handle, he's real supportive. It's not his child, but he takes care of her like it is his own child, and she listens to him more than she listens to me. So I'm happy to have him there for her, since her father isn't there.

My baby has a "stepfather." We've been together ever since my baby was a month old. And you know, he don't have any kids and he like totally adopted her, like, "This is my kid" When she sees him she calls him daddy, you know. Everybody in his family has accepted her as being his.

Some young women also mentioned current boyfriends as being a source of moral support to them, helping them to cope with the hassles of parenthood and with emotional problems, and offering encouragement to return to school. However, the focus group discussions suggested that there were relatively few women who had long-term, ongoing relationships with men. The children of these young mothers were being raised in situations in which women **figured** prominently and men tended to play a more peripheral and often transitory role.

C. MARRIAGE

When asked about what they wanted for their **futures**, some of the women said that they wanted to be married-- sometimes in the abstract and sometimes to a boyfriend with whom they were involved at the time of the focus group sessions. Marriage was also mentioned by several in connection with discussions about future childbearing, with many of these young mothers feeling that if they had more children they would prefer to be married. However, the majority of women did not spontaneously identify marriage as a goal toward which they aspired. Younger teenagers (**i.e., girls** who were under age 18) were somewhat more likely to identify marriage as a goal than were older ones.

When asked specifically how they felt about marriage, some of the young women commented on its advantages: having someone to take care of you, having two people to raise a child, and enjoying financial benefits. Here is one example:

They be able to help you. I mean you're married and you'll be able to work together you know, like raising the kid and money wise. A lot of things.

However, as a group, these young women tended not to be ready for long-term relationships with men or for marriage. Some of the perceived disadvantages of marriage had to do with the women's perceptions of how **being** married would affect their current lifestyles:

I think it's just a big commitment. You got to be ready to spend the rest of your life with that person. It's just, it's like a big commitment. I'm not ready to take that step. I don't think I'm gonna be ready to do it for a long time.

I like being single right now, because you know, when you go out you can date different guys, but once you get married, you could still do them the same but you wouldn't feel right.

What have I done in 20 years to make me say I'm ready to get married and settle down? I cannot do it. Not that I have a whole bunch of boyfriends or something I just don't see

myself, me and him getting married to each other and I be like, "Well, I can't leave because I'm married to him." Vh.

More frequently, however, opposition to marriage was based on perceptions of how they would be treated by their husbands. A **sizeable** number of these young women felt (and, among some of the women who had been married, recounted) that husbands do not treat their wives very well. In particular, frequently mentioned complaints were that men become overly bossy, demanding, and jealous once they live with you:

When you're single it's better. They treat you so much better when you're not married, you know, oh my God It's such a big difference. When you're single it's, honey this and honey that. when you're married, do this, do that.

Every time you turn around, you can't even put on tight pants. You can't even look nice. When you want to look nice and go out, "Who are you going to see?" You don't want that.

He got too demanding. I wasn't born to be no slave.

Others complained about not being able to trust men. Men were accused by some of being "dogs" who might well run around after marriage, who might abuse them, who might interfere with their own plans, and who could not be trusted to provide for **them**:

I'm not gonna let no man mess me up again. It happened once. I don't make the same mistake twice.

You don't know what he's doing. Okay? And he can come home late from work for a week straight. You don't know what he's doing, if he's doing something. But 9 times out of 10 he is.

It don't seem like no marriage is gonna work. I don't want to go through that. Two months later, then he gets seeing somebody else. Then he ain't got no money or assets for you to collect.

I don't want to be with no guy who hits me. He hits me once and I'm gone. I can't be with nobody whose gonna hit me. That's a common problem though with females because they be with a guy who hit them and abuse them, and they still be with them.

In summary, even though many of these young mothers were still in contact with the fathers of their babies, relatively few had plans to marry them. Some were already involved in new relationships, and the majority were none too eager to be married at any time in the near future. The goals that most of these young women had for themselves and their children were ones that they envisioned striving for on their own, through their own efforts, rather than through **marriage** to a man who could provide for them. These efforts are discussed at greater length in the next chapter.

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V. SCHOOL AND WORK

At the time of the focus group sessions, about half of these young mothers were enrolled in school; a small percentage said that they had already gotten their high school diplomas or GED certificates. Some of the young mothers were also working, and many others had held jobs at some point in their lives. In this chapter we examine these teenagers' experiences with school and work, and explore their goals in these two areas. This chapter also discusses the teenagers' child care arrangements.

A. SCHOOL EXPERIENCE

The teenagers who were enrolled in school at the time of the focus group sessions were typically in high school or college. Only a handful were enrolled in GED programs. Several of the young women who were not in school indicated that they would be returning to school within the next few months, but for many others future educational plans were vague.

The young women who participated in the focus group discussions varied **in** the type of experiences they had with their education. Teenagers who were still in school-- who tended to be somewhat younger than the ones who were no longer in school-- had fairly positive attitudes toward school and toward school personnel. Several reported that they had found a supportive teacher or counselor whose **willingness** to be flexible allowed them to complete school work, despite the fact that they had parenting responsibilities. Here are two examples:

I had a teacher, my Physics teacher, he was the easiest teacher out of all of them, he was sympathetic. He was my first class and like I couldn't make it because I'm slow in the morning besides getting myself ready and the baby ready and getting on that bus a certain time, so he was sympathetic to that. He's real sympathetic and like, it was like a lot of work I couldn't get done, but he gave me a little extra time to do it.

The doctor's gonna make this October 31st be my last day of school. Most all my instructors really gonna help me. They said they was gonna make out a lesson plan, that I could have my work at home so I won't be left behind in the class.

Some of the young women articulated quite positive attitudes about school. For this subgroup of teenagers, going to school was enjoyable because it provided opportunities to get together with their friends, to get away **from** their children and their personal or family problems for a while; to have something to do with their time; to work toward some personal goal, and to engage in challenging activities that made them feel good about themselves.

Many teenagers, however, had less positive experiences with school and, even though they **usually** wanted to continue their education, their feelings about school were more mixed. Among the complaints mentioned were the absence of supportive teachers, the inflexibility of the school system, racial discrimination, school fights and an unruly student body, and difficulties in doing the school work.

A sizable number of these young women, regardless of whether they held negative or positive attitudes toward school, **described** the **difficulties** of combined motherhood and education. A major issue concerned how to juggle school and their children's illnesses:

Babies usually get sick and you're going to have to miss out so many days out of school and then when you get sick you're going to have to miss out even more.

My baby's sick a lot and I'm out of school and they don't give you make-up work or anything. So it's like a lot of my classes I am failing but I can't help it because I can't come to school on those days. They don't understand it.

I didn't like it at first, going back to school because he was sick. He was in and out of the hospital, and I couldn't concentrate. Sometimes thinking about him all day I would just like go into a daze and they could be saying something and I wouldn't even hear it.

In summary, the participants in the focus group sessions were diverse in terms of their current educational activities, their educational experiences, and their feelings about school. It appeared that having one or more supportive teachers-- or a school with some flexible policies about absences and make-up work- affected these women's **ability** to stay in school and led to more positive attitudes. Nevertheless, sick babies constituted a problem with which many had to cope in their efforts to continue their schooling.

B. EMPLOYMENT EXPERIENCE

Some of the young mothers in the focus group sessions were working, typically in part-time jobs. Other young women indicated that they were currently looking for work. The majority said that they had worked for pay at some point in their lives, generally before they became pregnant. As might be expected, the jobs tended to be low-paying, unskilled jobs in such **occupations** as fast food service, cashiering, or as an aide in a child care center. A few, however, had worked in offices either as a receptionist or clerk. Among those who were working at the time of the focus group sessions, only one mentioned having a job that offered health benefits.

These young women appeared to have generally positive attitudes toward employment, and there was almost universal acceptance of the need to work **eventually**. For the majority, working was desirable because it represented a means of obtaining money:

I get paid every week. Every Friday, and I love it. I always have money in my pocket. That's the best thing about it.

I been working ever since I was 14 on the summer program. And ever since then I wanted to work. I wanted to have my own money so I don't have to ask my mother or my father for nothing. I like to have my own money right then so that when I want something I can get it right then and there.

The positive thing about working is having the money. Every Friday that comes, it's payday.

While money was the primary motivation for working in this group, others mentioned working to avoid boredom, to avoid sitting around and eating too much, to escape from personal problems, to have some time away from the baby, to become more independent, and to establish a daily routine and a more "regular" life.

Of course, not all of the teenagers' **experiences** with the labor force were positive. Some complained about the difficulties of finding work, especially obtaining a first job. Here is what one

teenager said in response to another young mother who talked about how hard it was for her to find her first job:

You got to keep trying, because I felt the same way when I was in high school and my friends was working. And I used to fill out applications and didn't get no interviews and I used to be so down. But my mother tell me, "You got to keep trying." And when I got that first job, ever since then I been getting jobs and interviews.

For others, the problem was not so much difficulty in finding a job but rather having had unpleasant work experiences. Several had jobs that they considered boring and tedious. Others complained about supervision that they regarded as harassing. Some had been fired for poor work performance. By and large, however, the teenagers who had worked had more positive than negative things to say about the notion of working, although as discussed below, most wanted to work in jobs with more "substance" than the jobs they had already had.

C. PLANS AND GOALS FOR EDUCATION AND EMPLOYMENT

When asked about their personal goals and ambitions, the most typical response among these women was that they wanted money, material things (especially a home and a car), and **financial** security. However, these women did not expect that they would achieve their goals through the lottery, through marriage, or through an inheritance: they realized that they would need to work. Most also realized that they **would** need more education in order to get the kinds of jobs that would give them **financial** security. Thus, in discussing their goals, the women frequently mentioned all three areas: **schooling**, employment, and money:

For me, I'm going to vocational (school) for my welding training and that's what Z want, And, Z want a nice car and Z want the guy (her child) to grow up all right, with the finer things that anybody can have. Z want a job welding that pays good money. Wherever the money's at, that's where I'm going.

Z want a lot. First Z want to take word processing and clerical. That way, Z have like things to get the jobs to get the things Z really want. Z just want things that's going to be mine. You know, can? nobody else take them away because Z worked hard jot them.

I'll use the money I made in them (in the military) to go on to college, so Z want to get some knowledge in the Army, too. I'll be in college and then I'll go out and get a job. I'll be slow in building my income and then I'll buy me a house.

Well, right now I'm going to go to school and take up secretarial training. After that Z plan to get me a job. Save my money. Get me a house and after that start saving more money to go on a trip.

A fairly large number of these young women had highly specific goals, while others simply knew that they wanted "a good job" or a job with some importance or "substance." Among the teenagers with specific career goals, the most frequently mentioned areas were word **processing/computer** work; nursing and health care work; **accounting**;

sizeably, a

goals:

I want to go to college. See, I don't have the money now, that's why I was going into the Marines or the Air Force. I already applied and they told me as soon as I get my diploma I can leave.

I'm going into the service as soon as I get 18-- the Air Force. Sometimes the recruiting officer comes to my house, tells me how old my baby should be when he comes up there to stay with me. And which is true. He can come with me wherever I'm stationed at.

They had me come down over the summer to one of them camps. And at first I couldn't stand wearing them ugly clothes....And then they get up so early in the morning. I must have went out to that track to jog. I'm like, "I'm gonna do this." I jogged. It was fun though. I thought, "Oh, I should go into the Army because it's so much fun and I didn't even want to go." I'm going into the services.

Not all of the young women in the focus groups were as **definite** about their future plans. For some, having to make a decision was difficult and often stressful, and sometimes the difficulty was in having to decide between returning to school to prepare for a better job, or getting a **paying** job immediately:

I need money, so it's either go to school- go to college- or get a job, and it's a hard decision. I can't make up my mind All I do is pray. I pmy every night.

I don't know what I want. I'm not suns. I'd like an interesting job. It's hard

I'm confused. I just have to set my mind on one thing.

These young women were also asked if they envisioned any obstacles that might block attainment of their goals. Surprisingly few could think of anything getting in **their** way. Among those who thought there might be some problems, the obstacles included lack of money to attend college or technical school, transportation difficulties, inertia, their own laziness, and child **care** problems.

D. CHILD CARE

The overwhelming majority of young women who used child tie to either attend school or hold a job depended on relative care-- most typically, their own mothers. Many teenagers noted that having supportive families who were **willing** to help out with child care had made it possible to cope with being a young mother, and had also made it possible to go on with their education. Most teenagers also mentioned using family members, the babies' fathers, and the babies' paternal grandparents for babysitting on an occasional basis, such as when they wanted to go out or just get away for a few hours.

Not all of the teenagers who used relatives to provide child care obtained these services for free. Some mothers also noted that it was difficult to rely on relatives, **and** that family members were not always available when needed, **Several teenagers** indicated that they were reluctant to burden their relatives with what was really their own problem:

She's a good child and everything. It's just that I don't like to put her on nobody. My mother and my aunt, they'll babysit but I just don't like to put her on nobody. I feel like Pm abusing them or something.

I have a choice. I can either leave her with her grandmom or just take her with me. I just take her. I don't want to bother anybody e&e with my problems.

Few of the women in the focus group discussions had ever used or explored alternatives to relative care. Several obstacles to using nonrelative care were cited, including the **inability** to find a babysitter, the expense of using nonrelative care, and the unavailability of subsidies **from** the welfare agency. The most frequently mentioned obstacle, however, was these young mothers' beliefs that a stranger could not be trusted to take care of their babies:

I don't want to leave him at daycare because you really can't bust those people with your kids, you know what I'm saying?

The news kind of frightens you about putting your child into day care. This person molested this child. There's just little babies getting hurt. It's scaring me. You don't know who you can trust these days.

It's hard to try to find a babysitter. It's a problem because I can't see myself leaving my son with just a stranger, you know, I can't see myself doing it because people are crazy today. I be scared because you might leave him there and come back and they done stole your child anyway.

For many, the fear of having a stranger babysit stemmed in part **from** the young age of their children. Several mothers commented that if the child were older, any irregularities or abuses on the part of the babysitter could be reported by the child:

If anything happens he won't be able to tell me.

Right now I can't bust nobody with my baby because right now she can't tell me if somebody doing this or doing that to her because she's only 10 months. And I hear about this and that happening to little kids. I cannot trust them. Until I get somebody I bust to watch my baby I will not be working or going to school.

These women's distrust of strangers appeared to be based not only on newspaper accounts of abuses in child care centers that tend to get disproportionate publicity, but also on more personal experiences. Some mentioned knowing friends' children who had been abused by babysitters, and one mother said she herself had been **abused** as a child by a babysitter. For these young women, trust was a general problem, not just one relating to child care; trust was a theme that emerged in the context of discussions about men and boyfriends, the welfare agency, and staff at the Teenage Parent Demonstration programs. In these young women's worlds, even family members and friends could not always be entrusted with their babies:

I'm going to wait until my child can talk Unless it's somebody I really know and can bust and then you can't even bust the ones that you can trust.

Even your own family, you have to watch. You don't know who's gonna go schiw.

Somebody in your family can be doing the same thing. The main person that can get your kid and comfort your kid the most, that be the main somebody that be doing something to your kid. Nine times out of ten it be somebody in your family.

In summary, the mothers whose relatives were willing and able to care for the babies were much more likely than others to be attending school or working. Mothers whose activities were constrained by

VI. WELFARE DEPENDENCE

All of the young mothers included in the focus group discussions were receiving AFDC benefits-- either on their own or on their mothers' grants-- when they were randomly assigned to the enhanced service or regular AFDC groups for the Teenage Parent Demonstration. At the time of the focus group sessions, which were conducted several months after random assignment, almost all of these young women continued to be on AFDC.

During the interviews the teenagers were asked about their experiences with the welfare agency and about their efforts to get off public assistance. The teenagers in the enhanced service group were **also** asked about their reactions to the teenage parent programs, Project Advance and TEEN PROGRESS, which are being operated by the welfare agencies. This chapter summarizes these discussions.

A. EXPERIENCES WITH WELFARE

When asked how they felt about **being** on welfare, these young mothers heatedly discussed their hatred of it. Welfare dependence was a topic, like motherhood, about which everybody had something to say. Negative comments were almost universal, with few offering any positive comments about the welfare system or the welfare agency **staff**. Teenagers who were on their own grants were especially vocal in their comments about welfare.

The teenagers in this study expressed a wide range of complaints about being on welfare. One of the major complaints was that the amount of money provided was insufficient to make ends meet:

If's not enough to support your child My check is \$267. Well, that's not enough to pay the rent and buy a box of Pampers.

I just can't survive off of \$250. That's my whole problem now. To live somewhere, the only place you can live off of \$250, and you probably don't want to be even living, comfortably, that's in the projects.

I mean, can't nobody live off of \$280. I mean, they don't pay you enough to live.

Put it this way, \$250, you can't find a nice place for \$250. After you finish paying your rent how are you gonna pay your gas bill, how you gonna pay your light bill? How you gonna buy your baby some clothes? How you gonna buy your baby some Pampers? And how you gonna junction with a babysitter? I don't understand how they expect you to do all that for \$250 a month.

Money was not their only complaint, however. Another topic about which many young women, but especially those in Chicago, spoke with considerable anger was the welfare agency's invasion of their privacy:

The one thing I can say about public aid is the people that come out to your house first before you can get on it, they want to check everything in your house. They want to go in your closets, your drawers. Because they tried to do that in my house. And the closets, the drawers thrown all everywhere. They can't just look around, they have to get into things.

And then her (the caseworker's) supervisor asked me why I was upset And I told him to tell her, the questions that she asked me. He was saying that it was wrong for her to ask me that question. She said she had to ask me where do we have sex at.

Caseworkers were accused of not only being too nosy, but also of being rude, uncompassionate, and "snotty". In almost every focus group session someone commented that the caseworkers acted as though the welfare checks were coming out of their own pockets. Many of these young women said that they found the caseworkers' treatment of them demeaning and humiliating. Here is one example:

It's almost to a point where they try to belittle you. And I don't care how much money you make, you are a person, I am a person. The amount of money that you make does not make you any better than me. They talk to you like you're a dog. They snap at you when you don't click. You know, 'What you here for?' You know, when I come to you I don't talk to you as though you're a dog. I don't talk to dogs like they're dogs. They talk down to you. You have to go through so much stuff.

These young women also noted a wide range of other things that made being on welfare unpleasant: the embarrassment of being a welfare recipient; the paperwork hassles and errors/delays in issuing checks; the caseworkers' **inabilities** to provide information about programs and opportunities for self-improvement; the hardship of getting money only once a month; and the absence of a transition period between welfare and working to "get on your feet."

Many of the women also had strongly negative attitudes about-- and a misunderstanding of-- the welfare agency's coordination with child support enforcement efforts. Women who objected to child support efforts generally felt that cooperation was not in their own best interest-- either because it caused arguments with the baby's father or because it would actually result in their getting less money:

Well, the thing I don't like about it is they sent me a letter, take him to court. But see I didn't want to take him to court because he was doing for the child. Then that makes the fathers think that you're making them, like you got something against them. Because that's the way my baby's father took it. And then I was saying, "Why do he have to pay since he's already doing for her?" I could see if he wasn't doing nothing for her and you wanted him to pay. See, I don't understand.

That almost broke me and my baby's father up. We almost broke up because of that. I mean, because when I told him, he was like, "But why do you want to take me to court for child support?" I'm like, "I'm not, it's public aid." And you know, we were gonna end up breaking up because of public aid.

You come out better if you don't tell welfare where the father's at. You can make an arrangement where the father is gonna come and give you money every week or something like that. They wanted to take \$45 a week out of his pay. But they only gonna give me \$50 a month, and that makes him not gonna give me no money. \$50 a month ain't helping me.

This last quote illustrates a view that was quite prevalent among these young mothers: since welfare doesn't pay enough money for a family to live on, some type of cash supplement is essential-- either through contributions from the baby's **father**, loans or gifts from family members, or paid employment. And, concomitantly, these young women felt that in order to survive, **they** had to get around the welfare system by **lying**:

Like when your boyfriend or somebody- ain't nobody gonna call them and tell them that he gave me some money. My momma war on public aid, she told me, she said, "My caseworker told me that if my man gave me a dollar'm'supposed to report it." I looked at my mom and laughed. They want you to report every time you get some money. Now what fool's gonna do that?

I had to lie to them and tell them I lived with my aunt, but I was really living with my father. If that was really true, if I couldn't go to my aunt and I just had to live with my father, I would have been homeless. You got to lie, that's all there is to it. You try to tell the truth, and then they force you to lie. If I told the truth to them I wouldn't have nothing to this day. I'd be out in the street with my kids.

Because of all of these problems, these young women said quite vehemently that they wanted to be off welfare. Most of these teenagers believed that their welfare dependence was a temporary thing, something that they needed until they could get better established:

I don't like being on welfare, but it's the only thing I can do right now until I get a stable job and an education.

It's helping me take care of my son for now....I know that it's something that I need for right now but I know I'm not going to need it forever or want to stay on it forever. It's like a for-now thing not a for-later thing.

While there were many complaints about the amount of money they receive from welfare, these women acknowledged their gratitude for one aspect of public assistance, namely Medicaid. Some of the teenagers felt that they could easily do without the cash payments, but they desperately needed their medical card:

You don't really need the money, okay? As long as you have Medicaid and you can take your baby and get his shots like you're supposed to, it's really okay.

I didn't realize how much it costs to have a baby. That's the only thing I really need he@ with is the Medicaid and you know, stuff like that. Other than that, I'll go get me another job.

Welfare's nothing to be proud of, I can tell you that, but the only good thing about welfare is the Medicaid Medicines are so expensive.

The caseworkers expect you to get off aid, but they don't know, the medical expenses, that's why a lot of women stay on it, just for the medical coverage. They don't care about the money, they want the medical coverage.

In summary, there was a strong and **almost** universal sentiment among these young mothers that being on welfare was undesirable: the amount of money was inadequate, the demands of the welfare agency were too great, and the experience of dealing with welfare staff was degrading. Nevertheless, most teenagers recognized that being on welfare was a "necessary **evil**." While some teenagers-- especially those who lived alone-- found the cash assistance helpful, many more thought they could easily get by without the cash if they could just have the medical benefits.

B. EXPERIENCES WITH THE TEENAGE **PARENT** PROGRAM

Despite their negative attitudes toward the welfare agency, the teenage mothers who were participants in the teenage parent programs (Project Advance in Chicago and TEEN PROGRESS in Camden) expressed strongly favorable sentiments about the programs. While a few of the enhanced service group mothers had some **complaints** about certain aspects of the program (for example, **scheduling conflicts** between program activities and other things going on in their lives, and a dislike of the program location

in Chicago) **almost** all of the young women in the focus group sessions had positive things to say about the programs.

The teenagers liked the programs for a variety of reasons, but one theme was mentioned with particular frequency-- the teenagers enjoyed the programs because they felt the program staff cared about **them** and were an important source of support:

It seems like they care about helping you to get further in life.

Here the only thing that I have to give these people, I don't care which one you run up against, everybody in this building cams. They cam. I was one big statistic walking through this door when I came in. Everybody, I mean, you walk in here, it's a place where you can call people. When my boyfriend was killed, I could call here and I talked. I was hurting, I needed somebody to talk to. I knew I could call hem.

They help me out. They try to make things better for me and that's nice because nobody don't have to do that but your parents and some of them don't even cam.

In addition to having case managers who were friendly, caring, and **nonjudgmental**, the programs were described as being quite helpful by many of the young mothers. Some noted that the program had helped to motivate them-- had given them the "push" they needed to get their lives back on track:

I like this program because it helps me out and it's given me the opportunity to start again, just like that little push that you need to get back on your feet. Because you know, when I had him, after you have your baby you don't want to go back to school. You want to sit home with your kid

The teenagers acknowledged that the program had helped them in a variety of Ways: in finding a job or a school program; in arranging and paying for child care; in **building** their self-confidence; in establishing goals and planning for the future; in making new friends, in teaching them about parenting and family planning; and in escaping from personal or family problems.

Some of these young women acknowledged that their initial reaction to the call-in notice was fairly hostile, and some had resisted coming in for the first session. However, that initial hostility eventually subsided as they became involved in program activities. There was some lingering resentment, however, about the baseline research forms, a sentiment that was also expressed by the regular **AFDC** group members:

Those questions- how many children do you have now? How many pregnancies did you have before that? How many miscarriages did you have? That's statistics, fine. Where is your father's baby? What does he do? How old is he? Does he give you money? How much does he make? Fine, then you start thinking. Wait. And then it got, do you live with him? I mean they started off nice, but then they got into your business. (Enhanced Service Group teenager)

The stupid test they gave, asking all kinds of questions about the father, when was the first time you had sex and all that. I didn't think it was any of their business. Then if you don't come they tell you they gonna cut your check and all this mess. (Regular AFDC teenager)

Teenagers served by regular **AFDC** did not report any disappointment at not having been chosen for the teenage parent **program**-- in fact, they appeared not to have remembered the purpose of the baseline session. Their comments suggested that they viewed the baseline as yet one more unreasonable demand that the welfare agency made of them. By contrast, teenagers in the enhanced service group seemed to have forgotten that the program was operated by the welfare agency.

In summary, the young women participating in the Teenage Parent Demonstration programs were generally enthusiastic about what the programs had done. for them, both in terms of concrete help (paying for child care, helping to find a job) and in terms of help of a more **psychological** nature (motivating them, building their self-esteem). The program staff were viewed as truly supportive people, and several teenagers suggested that the case managers served as role models for them.



VII. DISCUSSION

This concluding chapter has several purposes. **First**, we present a summary of the circumstances and goals of welfare dependent adolescent parents in the sample. Next, we consider some differences in the experiences of different subgroups of teenagers. A third section integrates some of the information that emerged in the focus group interviews in terms of types of barriers that these young women face in trying to achieve self-sufficiency. **Finally**, some of the implications for interventions with teenage mothers are discussed

A. CIRCUMSTANCES AND GOALS OF WELFARE DEPENDENT ADOLESCENT PARENTS

The teenagers who participated in the focus group interviews are young women who are highly disadvantaged members of our society. They lead lives that are filled with considerable stress: they are poor, most have been raised by single mothers, they live in crime- and drug-ridden neighborhoods, and they have become mothers at a very young age. Society has tended to focus on their parenthood as adversely affecting their prospects for a **successful** transition to adult roles. But being a mother is far from being their only difficulty in becoming productive, self-sufficient members of our society. In fact, part of the problem may stem **from** the fact that, for these young women, their babies may well be the most rewarding part of their lives.

Although many of the teenagers acknowledged that being a young mother was difficult, they **overwhelmingly** emphasized the positive aspects of having a child. Their children provided a source of love and affection, enhanced their self-esteem, and had made them more mature and responsible individuals. Given the limited rewards that many of these teenagers derive from other aspects of their lives, these benefits of motherhood seem quite **powerful**. Nevertheless, these young women were strongly opposed to having another baby at any point in the near future (although about 10 percent of the sample had already had a second pregnancy); a **substantial** minority said they wanted no more children. **The young** women who wanted to postpone their next pregnancies generally said they wanted to wait until they were more settled, meaning when they were either more financially stable or married.

By and large, however, marriage was not a short-term goal for the majority of these teenagers. While some girls aspired to being married (and some had definite plans to marry their current boyfriends), concerns about the disadvantages of being married were articulated by many. Some young women said they preferred staying single because of their reluctance to make a commitment, but the most common concern was that they might be mistreated or "hassled" by their husbands. Quite a few of these young women had already had bad experiences with men, including being left by the babies' fathers to raise their children alone. Many fathers did maintain contact, however. In this sample of young mothers, somewhat more than half acknowledged that they continued to be in touch with the fathers and generally received some type of **financial** assistance from them.

Most of these young women aspired to better lives for themselves and their children. They wanted to live **in** safer environments, to own their own homes, to buy their children nice things. They were aware that in order to achieve these goals they would have to work, and they would need more education. Most of the teenagers were either in school or had specific plans to return to school.

The teenagers who were in school (and the ones who worked) tended to rely on family members-- typically their own mothers or grandmothers-- for child care. Few of these mothers had any experience with unrelated child care providers. The teenagers said that babysitters were expensive and hard to **find**, but the biggest issue for them was their reluctance to leave their children with someone whose trustworthiness was unknown to them.

These young women appeared to have quite positive attitudes toward the notion of having to work, in large part because they saw employment as an opportunity to escape poverty-- and as a means of getting off welfare. Negative feelings about welfare were almost **universal**. The hugest complaints were that the cash payments were insufficient to support them, that the welfare system was overly invasive and demanding, and that case workers treated them in a degrading fashion. Despite their dislike of **being** on welfare, the young women acknowledged the importance of the medical benefits, and many indicated that being on Medicaid was their major reason for being on public assistance.

Young women who were enrolled in the Teenage Parent Demonstration programs (that is, the enhanced service group teenagers) generally spoke very positively about their program experiences. The most important feature of the program, according to these young women, was that the program staff cared about them and were helping them work toward their goals.

B. CONTRASTS AMONG SUBGROUPS

Because the overall sample was small and because the **classification** of interview material by respondent characteristics is not straightforward in focus group discussions, it is difficult to draw any firm **conclusions** about the relationships between life experiences and attitudes on the one hand and individual characteristics on the other. However, some impressions about such relationships can be presented.

Younger teenagers appeared to be more idealistic and optimistic than the older teenagers. Younger teenagers were somewhat more likely to talk about wanting a wedding and **marriage**, their complaints about welfare were less heated, and they were somewhat less likely to say that they did not want to have any more children.

All of the younger teenagers were living at home, and living **arrangements** appeared to have a fairly strong effect on these mothers' lives. Teenagers who were still living at home had fewer financial problems, had fewer complaints about the inadequacies of welfare, were more likely to be able to rely on family members for child care, and were, therefore, better able to continue their schooling or to hold a job. Teenagers without family support appeared somewhat more likely than others to reveal feelings of depression and emotional disturbance.

Some differences between the enhanced service and regular **AFDC** groups emerged, although it must be emphasized that these should be interpreted with great caution, both because of the likelihood of sampling bias and because of the nature of the data collection procedures (i.e., questions may not have been asked the same way in different groups). However, based on a scrutiny of the interviews for the six enhanced service and five regular AFDC focus groups, several differences were discernible. First, the young women in the enhanced service group were better able to articulate goals that they had for their futures. They were somewhat more likely than the young mothers in the regular AFDC groups to discuss their plans for pursuing schooling and employment, for becoming financially secure, for obtaining things they wanted (cars, trips), and for establishing a traditional family life for their children.

Second, the young women in the enhanced service group tended to express somewhat less hostility toward the welfare agency than did those in the regular **AFDC** group. The regular AFDC group members were more vehement than enhanced service group members in their complaints about the inadequacies of the cash payments and about the “hassles” of the welfare bureaucracy. They also complained more frequently about child support enforcement.

Third, the teenagers in the enhanced service group were somewhat more likely than other teenagers to say that they wanted to postpone subsequent childbearing for a long period of time. However, teenagers in the regular AFDC group were somewhat more likely to report and discuss using **birth** control, including use of oral contraceptives. Finally, emotional distress was more frequently reported among the teenagers in the regular AFDC group. Virtually all of the discussions about depression, loneliness, and suicidal thoughts or attempts emerged in the regular AFDC group sessions.

While it is tempting to interpret these group differences in terms of possible early effects of program participation, such an interpretation should be withheld until further evidence is gathered. The enhanced service and regular AFDC group members who participated in the focus group sessions differed somewhat in terms of personal characteristics, and these characteristics could account for differences in their goals, experiences, and psychological well-being. For example, the enhanced service teenagers were younger (mean age of 17.4 versus 18.5) and more likely to be living at home. Only about 10 percent of the enhanced service teenagers, compared to about **20** percent of the regular AFDC group were living alone.

One **final** note **should** be made regarding site differences. For the most part, the teenagers in Chicago had experiences, attitudes, and expectations very **similar** to those of the teenagers in Camden. The one difference that was quite easily discernible was that teenagers in Camden felt that they lived in a much more dangerous environment and expressed a very strong desire to move to a new place to raise their children.

C. BARRIERS TO SELF-SUFFICIENCY

Although the term “self-sufficiency” was not expressed by the teenagers in these focus group sessions, their responses to questions on education, employment, and welfare dependency suggest that almost all of these young mothers do want and expect to become economically self-sufficient. The focus group sessions suggested a broad range of barriers that might interfere with achievement of their goals-- although the teenagers themselves appeared to feel that few obstacles stood in their paths. This section uses information from the focus group discussions to consider the nature of the barriers these young women face.

Barriers can be described at two levels. The first involves the more obvious, tangible obstacles with which these young women will be confronted in attempting to support themselves and their children. Child care is a good example. These mothers cannot obtain more schooling/training and **cannot** hold regular jobs without some arrangement for the care of their children, most of whom are infants. Other obstacles include the lack of marketable skills, the absence of educational credentials, the lack of work experience, and transportation difficulties. **All** of the young women in these groups face one or more (and sometimes all) of these difficulties. While for many, relatives have been the solution to the child care problem, relative care is not always reliable and, as noted by the mothers of older children, tends to be more available when the children are infants.

The second level of barriers involves deeper underlying problems that are less conspicuous. The purpose of this section is not to discuss the manifest barriers such as child care constraints, but rather to use the focus group data to shed some light on the underlying factors that inhibit **self-sufficiency**.

1. Psychological Factors

Although information on the psychological functioning of these young women was not obtained directly, there was some evidence suggesting that many of these young women face internal psychological barriers that could interfere with the pursuit and achievement of their goals. For example, several teenagers appeared to suffer from low self-esteem, depression, or emotional disturbance. However, the most conspicuous of these psychological barriers concerns the young women's generally fatalistic outlook. Many indicated that things can "just happen" to interfere with one's plans. Those teenagers who had become pregnant unintentionally, for example, frequently said that their first pregnancies had "just happened," and some acknowledged that it could "just happen" again, even-though they hoped it would not. This resignation to life's perils seems consistent with the fact that these young women's lives have been characterized by numerous stressful events and experiences that have been beyond their control. Thus, even though these young women could not envision barriers to achieving their goals, the appearance of some obstacle (such as a second child) would probably be viewed as inevitable. **As** one teenager remarked about her first pregnancy, "I guess maybe it was just meant to be."

Feelings of having no control over many aspects of their lives may make it difficult for these young mothers to engage in preventive or anticipatory behaviors (such as consistent use of contraception) and may eventually undermine progress toward their goals. One has to be very motivated and determined to keep making efforts toward a goal when one thinks that those efforts will be thwarted by circumstances beyond one's control.

A related problem, which could reflect their young age, is that many of these young women have not developed a very realistic assessment of their own circumstances and potential. Despite lives that have had a generous share of stress and hardships, they appear not to have learned to anticipate roadblocks that could interfere with achievement of their goals. This, in turn, might make it difficult for them to see the need for planning for contingencies.

Another potential barrier concerns these young women's suspiciousness and general distrust of people whom they do not know. As noted earlier, the issue of trust came up repeatedly and in the context of many topics during the focus group sessions. Distrust of others and discomfort with the unfamiliar might interfere with job search activities and could also lead to poor adjustment at the work place. It also appears to be the major reason that these young mothers are wary of using nonrelative child care, which might make it difficult to secure stable child care arrangements.

On the positive side, as a group these young women also have some psychological resources that could be useful in their efforts to become **self-sufficient**. **First**, these young women seemed motivated to better themselves and to provide their children with a better childhood than they had. **Second**, these teenagers appear to be very **resilient**. They are "survivors" in an environment that is often hazardous and stressful. For example, although they live in the middle of a drug culture, they reported that they had managed to avoid being personally involved in it. **Finally**, these young women appeared to have a

lot of physical and psychological energy. The challenge for program staff is to capitalize on these resources before the barriers **become** too overpowering.

2. Cultural/Social Factors

The focus group interviews suggested that there may also be aspects of the young women's social background that define their situation in such a way that progress toward self-sufficiency could be impeded. For example, the norms prevailing in these young women's neighborhoods are not ones that promote efforts to become self-sufficient. In these young women's lives, it is normal to be a teenage parent. Several respondents commented that most of their **friends** had gotten pregnant at a young age, too, and many had mothers who had first given birth as teenagers. Few of these young women had grown up in households with fathers present and thus female-headed households were also the norm. Perhaps marriage is a goal for so few of these young mothers at least in part because they have not had much exposure to two-parent households. It also appears that, for many of **these** teenagers, it is "normal" not to be employed. One teenager who had moved to Camden from a less urban area descrii the absence of a work orientation among people in her current **community**:

I lived in Virginia, everybody worked, everybody had a cm, you know, so you never had to see no people out on no comets tying to make some fast money. And in Virginia it's like, they just work all week, go out on the weekend, you know.

Role models for the type of lifestyles to which these young mothers aspired appear to be totally lacking in their immediate environments. Several teenagers specifically commented that they did not want to lead the type of lives their mothers had led. But, others also noted how similar their own life paths were to those of their mothers.

As in the case of **psychological** resources, these teenagers' social milieu can be credited with conferring some potential benefits in terms of eventual self-sufficiency. For example, the black community has typically attached a high value to schooling, and these young women (most of whom were black) appeared to **recognize** the importance of furthering their education.

3. Interpersonal Factors

Many of these young women had reasonably strong social support networks that have eased their burdens as young parents. However, the focus group discussions suggested that many of these young women are confronted with people in their lives who may hamper their progress toward self-sufficiency. In some cases, the teenagers felt that their own mothers themselves posed a problem, either by refusii to offer any child care assistance, by interfering with the teenagers' childrearing, by forcing the teen to move from the household, or more generally by failing to "be there" when they were needed. However, boyfriends were more likely to be cited as barriers than were mothers. These young men were accused by many of the teens of **having** "messed up" their lives. The teenagers whose former partners were not providing financial or emotional support **recognized** that these men had placed all the burdens of parenthood on their shoulders, and sometimes admitted that their own plans had been sidetracked as a result.

Several of the teenagers noted the ill-will and unsupportiveness of people in their lives in general, including even their friends in some cases. For example, several teenagers mentioned how people sometimes tried to “put them down.” Here is one example:

I want to, like, do something for myself so my mom could be proud of me. So I can show people up. They keep telling me, “You ain’t gonna make it, you ain’t gonna make it.” I was like, “Shut up. It’s my business if I’m gonna make it or not.” I tell them straight out, “You can’t put me down because if I let you put me down I ain’t gonna be nothing..”

As mentioned in Chapter 6, a **sizeable** number of these teenagers alleged that their welfare caseworkers were arrogant and treated them disrespectfully. And, while some teenagers had found supportive teachers or counselors in their schools, others had not been so fortunate. The focus group sessions strongly suggest the importance of an extensive support network in these young women’s progress toward their goals.

4. Structural/Economic Factors

These young women are also constrained by their own poverty and by the existing **social** structure. Their lack of money makes it difficult to be job-ready; for example, these young women often lack appropriate wardrobes. Several of the teenagers complained about financial barriers to enrolling in college. Furthermore, several teenagers reported that the choice between living on welfare for many years while they obtain training or education, versus immediate employment in low-paying jobs that would at least provide immediate cash was a difficult one to make. Another kind of barrier in this category is racial discrimination; an allegation of racial discrimination was made by one teenager with regard to a school situation, for example. Finally, the welfare bureaucracy and system itself was accused by some of the teenagers of discouraging self-sufficiency. The teenagers complained that the system did nothing to link them up to opportunities for schooling and jobs. And some felt that the system is structured to hinder rather than promote **self-sufficiency**. Here is an example:

In a way, the system is holding us. It’s hindering us more than it’s helping us. Sure enough, when we get the money, that’s more than we would have had but it’s not helping us to go out and do the things we need to do.

In summary, these young women, although they appear not to see their lives as filled with obstacles, are confronted with many barriers to achieving **self-sufficiency**. Barriers faced by low-income women in general are compounded for this group of women because of their youth, their inexperience **in** the labor market, the conflicts they face in achieving independence from their own mothers, and the developmental difficulty of completing adolescence while caring for an infant. These focus group sessions made it very clear why this group has become the target of public policy interest. The question **is** how these young women can be helped to overcome their many barriers.

D. PROGRAM AND POLICY RECOMMENDATIONS

The barriers that these young women face in their efforts to be good mothers and productive wage-earners are numerous and varied. Some of these teenagers will be able to surmount the odds against them. Through determination, and with the support and assistance of family members or boyfriends, some young women will go on to complete their education, develop some skills, obtain employment, and leave the welfare rolls-- with or without any intervention. But for many, the odds against success are great; for these young mothers, too many things will "just happen" that will hinder their ability to achieve their goals. The focus group sessions led to several suggestions for the design of effective programs and public policies for welfare dependent adolescent parents.

1. Program Design

It seems clear that **services** addressing the manifest barriers need to be made available. These young women need to obtain educational credentials, gain some work experience, learn about how to prepare for and find a job, and so on. Many will need assistance with child care while they are in these transitional activities, and also after they have become employed. Services consistent with these needs are generally available in most communities, but teenagers often lack the knowledge and the skills needed to put these services together for themselves into a coherent package. Case management services-- such as those being provided in the Teenage Parent Demonstration- appear to be needed.

The data from these in-depth focus group sessions suggest that effective programs must also address some of the underlying barriers with which these young women contend. For many of these young women, it will not be enough to simply make the needed services available. Offering child care vouchers, for example, will not in itself resolve the child care problems of these young women if they are deeply afraid of using nonrelative babysitters.

Interventions for teenage mothers can be designed to address the psychological barriers reviewed in the previous section. Some of these barriers-- for example, poor self-esteem and distrustfulness-- can be addressed, at least in part, by the creation of a family-type atmosphere in which the teenagers feel cared for and respected. The focus group sessions suggest that the Teenage Parent Demonstration programs in Camden and Chicago have been **successful** in creating such an atmosphere. Other barriers could be and in some cases are being addressed through specific workshops and through peer group sessions. **For** example, in Camden, the Child Care Worker offers guidance in how to evaluate the reliability and competence of a nonrelative child care provider. Activities are also designed to enhance these young women's sense of empowerment and their ability to plan for contingencies. In particular, the demonstration **runs** workshops on family planning.

There is little that a program can do to change these **young** mother's social and cultural milieu (unless it is a residential program such as Job Corps), but it may be possible- and fruitful-- to enlarge their world view so that they have a better understanding of how the values and norms in their own communities intersect with, or conflict with the values and norms of others. In particular, these young women need to learn about employer expectations and the norms and values of the workplace. Both demonstration programs offer services designed to meet these needs.

In terms of barriers of an interpersonal nature, the Teenage Parent Demonstration and program staff in other effective programs often become an important source of support and even role models to

young mothers. However, since the case managers will not be a permanent source of social support, programs might well want to offer activities designed to help young mothers strengthen their social support network. For example, life management workshops, such as those offered in the Teenage Parent Demonstration, could offer assistance in improving communication skills, handling conflict, seeking out and using available community resources, and dealing with intimacy.

Programs can also be of some assistance with regard to the economic and structural barriers that these young women face. For example, many of these young women appear to need financial assistance in order to further their education, or training, and the programs can help to link them up with available resources. It might be noted that one of the structural barriers confronting these young women is the existing welfare system. If the system undergoes changes in order to become more helpful to these young women (for example, by operating programs such as those in the Teenage Parent Demonstration), that in itself will represent the elimination of an important structural barrier.

2. Public Policy Lessons

The study points to three are particularly noteworthy public policy lessons. The first is that these young mothers, who until recently have **been** overlooked by welfare policies, are an important group to target with services. We know from other research, (Maynard and Maxfield, 1986) that this group is at very high risk of long-term welfare dependency, and this alone suggests the need for intervention. The focus group sessions confirm that these young women are highly disadvantaged and needy, but they also show that these teens have some resources (such as their motivation to leave welfare and have a good-paying job) that might be eroded over time. Targeting these young women with services soon after their first bii seems highly appropriate.

Second, mandatory programs such as those been operated in Camden and Chicago can evidently be implemented without appearing to be punitive. The young women in the focus group acknowledged that they were initially upset by **the call-in** notice, but they had eventually come to believe that the program was in their best interests. Several teenagers said they felt sorry for the mothers in the regular **AFDC** group or said that programs such as these should be available for everyone.

Finally, the importance of Medicaid to these young women is consistent with a widely held belief (and with the provisions of the Family Support Act of **1988**) that medical benefits should be extended well beyond the point at which the women exit the welfare rolls. The optimal length for such transitional medical assistance, however, is still open to question.

REFERENCES

- Ellwood, D.** "Targeting Strategies for Welfare Recipients. Princeton, NJ: **Mathematica** Policy Research, Inc., January **1986**.
- Levy, S., and W. Grinker. Choices and Life Circumstances: An **Ethnographic** Study of **Project** Redirection **Teens**. New York, **NY**: Manpower Demonstration Research Corporation, **1983**.
- Riskier, E., R. Maynard, A. Gordon, and M. Strain. "The Child Care Challenge: What Parents Need and What is Available in Three **Metropolitan Areas**. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.
- Goldman, A, and S. McDonald. The **Group Depth Interview: Principles** and Practice. **Englewood** Cliffs, NJ: Prentice Hall, Inc., **1987**.
- Maynard, R., M. Maxfield, et **al.**, "**A** Design of a Social Demonstration of Targeted Employment Services for APDC Recipients. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1986.
- Moore, **K.A.** and M.R. Burt. Private Crisis. Public Cost. Washington, D.C.: The Urban **Institute**, **1982**.
- Polit, D.**, and C.M. White. "Parenting Among Low-Income Teenage Mothers." Saratoga Springs, **NY**: Humananalysis, Inc. 1987.

1

1

1

PROJECT REPORTS

Maynard, Rebecca and D. **Polit**. Overview of the **DHHS/OFA-Sponsored** Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1987.

Maynard, Rebecca, D. Polit, A. Hershey, J. Homrighausen, E. Risker, M. **Maxfield**, C. Nagatoshi, W. Nicholson, and S. **Dunstan**. The Evaluation **Design** for the Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., 1988.

Risker, Ellen, R. Maynard, A. Gordon, and M. Strain The Child Care **Challenge**: What Parents Need and What is Available in Three **Metropolitan** Areas. Princeton, NJ: **Mathematica** Policy Research, Inc., 1989.

Risker, **Ellen**, R. Maynard, A. Gordon, and M. Strain. The Child Care Challenge: What Parents Need and What is Available in Three **Metropolitan** Areas. Executive Summary. **Princeton**, NJ: **Mathematica** Policy Research, Inc., 1989.

Polit, Denise, E. Risker, and R. Cohen. Barriers to **Self-Sufficiency Among** Welfare-Dependent Teenage Mothers: Evidence from the **Teenage** Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

Polit, Denise, E. Risker, and R. Cohen. Barriers to **Self-Sufficiency Among Welfare-Dependent** Teenage Mothers: Evidence from the Teenage Parent Demonstration. Executive Summary. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.

Hershey, Alan and C. Nagatoshi. **Implementing** Services for Welfare **Dependent** Teenage Parents: **Experiences** in the **DHHS/OFA** Teenage Parent Demonstration. Princeton, NJ: **Mathematica** Policy Research, Inc., June 1989.