

The Instance and Effectiveness of Support for Young Parents

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Introduction

Adolescent pregnancy is a threat to our nation's health, as outlined by Healthy People 2030. Both reducing adolescent pregnancies and increasing young females' efficient use of birth control are current goals under family planning with little detectable change or little research altogether (*Pregnancy and Childbirth - Healthy People 2030* | [health.gov](https://www.health.gov), n.d.). 4.34% of females aged 15 to 19 became pregnant in 2013 in the United States, and only 53.3% of the country's females aged 15 to 19 used methods of birth control with high efficacy rates in 2015-2017 (*Pregnancy and Childbirth - Healthy People 2030* | [health.gov](https://www.health.gov), n.d.).

Adolescent pregnancy can lead to increased rates of depression and anxiety (Kim et al., 2014) because of low social support which results in low parenting self-efficacy (Anglely et al., 2015). Adolescents that experience low levels of social support often exhibit low levels of parenting competence (Anglely et al., 2015). Support that promotes high levels of parenting competence is important because this can lead to beneficial health outcomes for children (Anglely et al., 2015). Support for teen parents can come from self-efficacy and confidence, emotional support from family and friends, and physical donations provided by community groups.

Community support is especially important in areas where health disparities such as race and socioeconomic status prevent accessible access to sexual education and birth control. The low usage rates of effective birth control methods contribute highly to unintended pregnancies in teenagers (*Pregnancy and Childbirth - Healthy People 2030* | [health.gov](https://www.health.gov), n.d.), and broader access to birth control is a vital part of reducing pregnancies, births, and abortions in teens. A lack of knowledge about sexual education is also a major cause of unintended pregnancies in sexually active adolescents (Nabugoomu et al., 2020), with low education levels being a major explanation of premature death in adolescent parents (Jalanko et al., 2017).

When compared to non-parent teenagers and women who conceive later in life, teenage mothers in Finland had a higher risk of overall mortality, at a ratio of 1:6, and were more likely to experience premature death from suicide, alcohol-related causes, circulatory disease, and auto accidents (Jalanko et al., 2017). Behavioral health interventions in both developed and underdeveloped countries have focused on providing support for adolescent parents and have proved that uplifting support is vital in ensuring that both young parents and their children live healthy lives.

Theory

Social Cognitive Theory

The Social Cognitive Theory (SCT) was used to observe young girls in Uganda and how certain social, physical, and economic determinants contribute to the number of teenage pregnancies. 28% of sub-Saharan African girls give birth before the age of 18, with 25% of Ugandan girls giving birth between the ages of 15-19 (Nabugoomu et al., 2020). Some interventions that aim to reduce teenage pregnancy rates in Africa include access to academic and sexual education and counseling of young mothers to stay in school. The lack of knowledge of contraceptives and sexual education leads to a low level of self-efficacy in children engaging in safe and protective sexual activities.

Several issues involving the lack of support appear when studying how social and environmental determinants of SCT impact pregnancy rates in girls ages 10-19. *Teenage Mother Project* worked to acknowledge areas where there was a lack of support for teens in Uganda and used the Social Cognitive Theory to assess the situation, provide recommendations for intervention, and assess how effective the interventions were. Young girls need a positive role model to stand firmly against teen pregnancies, however, many peers and parents were also victims of teen pregnancy and did not fulfill that role (Nabugoomu et al., 2020). Community support was lacking in questioning the sexual behavior of young teens and encouraging the use of contraceptives (Nabugoomu et al., 2020). These factors created an unhealthy cycle of reciprocal determinism because these teens had no one to encourage them to stay away from situations where they may be taken advantage of and sexually assaulted. Instead, they continued to be exposed to an unsafe sexually active lifestyle.

To combat this lack of support, this intervention program recommended that community members encourage parental support toward young girls and promote counseling services to parents about the effects of early pregnancy. On a government and policy level, it was recommended that there be laws to prosecute rapists and that the President use their influence to talk about the disadvantages of early pregnancy (Nabugoomu et al., 2020). Another recommendation was for local media (like plays, television, and talk shows) to sensitize content against early pregnancies and discourage local media to portray sexual content and pornography where children can see it (Nabugoomu et al., 2020). Some parents in rural areas of Uganda do not have the economic resources to provide basic needs for their children (Nabugoomu et al.,

2020), so it was recommended that the government create credit schemes and job opportunities to help parents receive financial aid.

The Ugandan government took into consideration these recommendations and implemented a law that sets the minimum age of sexual consent at 18, however, there is a lack of enforcement and overall knowledge of the laws, so these laws have not created significant improvement in teenage pregnancy rates (Nabugoomu et al., 2020). These recommendations can continue to be practiced in Uganda and other developing countries to reach more desirable results.

Theory of Reasoned Action

The Theory of Reasoned Action (TRA) assesses behavior based on two determinants: attitude and subjective norms. TRA interventions focus on changing attitudes and subjective norms to achieve desirable changes in health behaviors. A certain study describes how this theory can be applied to interventions with American Indian and Alaskan Native youth and their sexual behaviors. 21% of American Indian/Alaskan Native girls ages 15-19 will become a mother, compared to 16% nationally (Coley & Aronson, 2013). This demographic also experienced the lowest decrease in teen pregnancy in 2012 and nearly 70% of 16-18 engage in sexual intercourse (Coley & Aronson, 2013), making them an important group to implement a health behavior intervention. This study performed qualitative data collection on American Indian teens and analyzed how they viewed teen pregnancy. It was noted that some teens (without children) felt that “a baby is always a blessing no matter what” and young parenthood could be looked upon favorably with excitement if their peers were to get pregnant (Coley & Aronson, 2013). The teens that were studied and already had a baby were less supportive of others getting pregnant young. They felt that there were too many young pregnancies and too much disappointment coming from parents (Coley & Aronson, 2013). With such positive attitudes and outlooks on sex and pregnancy from teens not experiencing pregnancy yet, there is bound to be a lack of discouragement of engaging in risky sexual behavior and carrying out a pregnancy to term.

This study presented fewer results on subjective norms of TRA because of a lack of knowledge about the truth of having a child at a young age until one has had a child (Coley & Aronson, 2013).

This study was part of a larger future study to implement interventions in American Indians and teen pregnancy and presented an outline of ideas and recommendations for a needed intervention using TRA (Coley & Aronson, 2013). Future interventions for this population must include the young parent population in the programming because they have a unique and rational understanding of being a parent (Coley & Aronson, 2013). Having the young parents speak with non-parent teens could lead to better education on the realities of being a teen parent and the use of contraception to consequently lower teen parent rates.

Intrapersonal Factors

Young mothers often have more difficulty finding support from others than adult mothers, making the need for strong self-confidence and other intrapersonal factors even more important. A lack of knowledge of parenthood can lead to negative pregnancy outcomes in teen moms. Postpartum depression has a higher likelihood of affecting moms if they do not know about postpartum depression and factors that can increase the risk of it, like drug use and working or going to school during pregnancy (Kim et al., 2014). High-stress levels and little social support increase the risk of depressive symptoms significantly in teen moms (Kim et al., 2014). Teen moms are at an even greater risk of postpartum depression, partly because they lack the emotional maturity and preparedness to transition into motherhood (Kim et al., 2014). Pregnant teens and young people can take on the responsibility of growing their knowledge of pregnancy and parenthood to better support themselves for this major transition.

Poor self-confidence can increase the likelihood of becoming a young parent (Hjelte et al., 2015). Many young girls lack the assertiveness to say no to sexual advances from boys or men (Nabugoomu et al., 2020). Young girls and boys can become empowered to say no to early sex by listening to school alum or school leaders who can speak on the long-term effects of having sex and encourage them to focus on school (Nabugoomu et al., 2020). Increasing teens' knowledge and acceptance of contraceptives could be a major determinant in preventing pregnancy (Nabugoomu et al., 2020). There is limited knowledge of the contraceptive, intrauterine device (IUD), among teenagers and young women, with only 45% of surveyed women knowing of its existence (Fleming et al., 2010). This survey showed that when doctors talked to their young patients about the option of using an IUD, the proportion of women considering using one increased significantly (Fleming et al., 2010).

Interpersonal Factors

Interpersonal relationships through social support are some of the most important themes when it comes to young parents and pregnancy (Simpson et al., 2021). Social support can be displayed through daily check-in messages, giving support, and group discussions (Simpson et al., 2021). Having a child at a young age can be difficult in many ways, but having positive support from the people closest to the teens, like their parents, peers, and romantic partners can delay childbearing and improve pregnancy planning skills. It may be hard for young people to find other young parents their age to receive support from, but continuing to seek support from family can be beneficial for both the parent and the child. Teens who had emotionally supportive relationships with their mothers were almost four times more likely to maintain contraceptive use over time to prevent pregnancy (Quinn et al., 2017).

A study reveals that a certain young mom explained that she had support from her mom and sister at home, and because of this, did not feel the need to participate in any additional support groups for young parents (Hjelte et al., 2015). On the other hand, a certain young dad did not have support from his family and didn't know of anyone else his age with children (Hjelte et al., 2015), so he sought out extra support from parenting groups because he knew of the importance of maintaining interpersonal relationships. No matter where the support comes from, young parents heavily rely on support from others to boost their self-confidence and knowledge when it comes to raising a child.

One study implemented an intervention called GirlTalk where a cell phone-based counseling program was offered to young parents to see if they could improve reproductive health planning in teen moms (ages 15-19). Each teen in the program developed a close interpersonal relationship by being matched with a counselor of a young age and similar racial and ethnic backgrounds (Katz et al., 2011). The mom and counselor would meet once a week over the phone for 12 months. This study did not yield results with a significant improvement in delayed pregnancies, but it did improve depression rates in these young moms (Katz et al., 2011). Phone therapy interventions have also been shown to report that participants report more perceived social support from the intervention, with a boost in self-esteem (Simpson et al., 2021).

Organizational, Community, Environment, and Policy Factors

Extensive research suggests that community parenting groups, organization-provided counselors, and supportive policy can be beneficial, and in some cases, essential, to provide

young parents with the proper resources to promote the well-being of themselves and their children. Many young parents face negative stereotypes from people they are close to in their lives (like family members and primary care physicians) (Conn et al, 2018). These stereotypes prevent them from receiving help, and therefore, require support interventions from higher institutions to fill in the gaps of parenting support for young families.

The Campbelltown local government in Australia provides parents under the age of 25 with parenting support services through a program called The Foundations for Young Parents (FFYP) (Mills et al, 2013). Any parent in this socioeconomically disadvantaged area can access these services from the time of conception through two years after birth (Mills et al, 2013). This program offers professional home visits by staff with undergraduate qualifications in social welfare or nursing (Mills et al, 2013). The goal of this group and others similar to it was to focus on resource allocation for support services and promote parenting skills for this targeted population (the target population, in this case, was a community of geographically underserved young parents) (Mills et al, 2013). Many of the participants in this program referred themselves to it or heard of it through a hospital's 'Preparation to Parenthood' classes where they were referred by health professionals (Mills et al, 2013). As the hospital informed more young expecting and current mothers of this option, more young women decided to take advantage of the offered support. The recruitment of women by the hospital was proven to be effective in providing support to these young parents with a total of 25 women agreeing to receive home visits and the provided support from FFYP (Mills et al, 2013).

Some young mothers participating in the FFYP program explained they had support from other friends and family, but some faced geographical barriers when it came to receiving support from family and did not have an existing community before engaging in these home visits (Mills et al, 2013). To make sure they were reaching women in disadvantaged areas, FFYP held their support groups near public transport and child and family health services (Mills et al, 2013), locations these mothers were familiar with and could easily travel to, to eliminate any additional inconvenience for them. The interviews of the participants' experiences proved how this program worked to personalize each individual's experience and be the most effective in bringing support to a broad spectrum of young mothers, especially those who did not previously have nearby support groups or clinics.

A similar study conducted qualitative interviews with young parents (ages 16-24) in the UK and their experience receiving pregnancy and parenting support during the COVID-19 pandemic. The study proves that established community centers helped young parents feel more prepared for their baby's arrival (Moltrecht et al, 2022). The parents that utilize community resources, such as parent-baby groups, obtain physical resources for their children and knowledge on how to ensure enrichment in their child's development. These support resources supplied advice, information, vitamins, clothes, and toys for parents and their little ones. These young parents compared the pre and post-pandemic times and the support they received from the community centers and health visitors before the pandemic. Parents recognized the efforts made by the community to deliver baby clothes and toys as vital, and they felt unsure of how to access support if these resources were to be diminished (Moltrecht et al, 2022).

Some parents reported a lack of online support from their health providers during this time when they could not visit a doctor in person whenever they wanted to (Moltrecht et al, 2022). These health organizations did not communicate their expectations for patients getting in contact with the providers during the pandemic and left parents unsure if there were alternative options online to better contact their providers and health services (Moltrecht et al, 2022). This placed a strain on the parents because they could not have a professional to answer their questions about their child's health. Many clinics implemented online therapy amid the pandemic, but parents felt they were not able to open up as much as they would have if the therapy was in person (Moltrecht et al, 2022). This also presented a strain in support for young parents from connecting with their trusted health clinics and organizations.

The pandemic prevented the flourishing of support from community and organizational groups due to social distancing practices, however, policies such as food stamps and unemployment benefits exist and could provide support to young parents during this time. For example, the Department of Social Services in South Carolina offers food stamps and a Child Care Scholarship Program so that parents can afford childcare and continue working, going to school, or training (*Assistance Programs*, 2023). One of the participants of the UK COVID study states that he was a young father out of work, and decided to claim benefits to better support his family (Moltrecht et al, 2022). That certain father, however, did feel guilty for having to claim benefits and not being able to provide for his family himself without government aid (Moltrecht et al, 2022).

This father's experience with feeling guilt was not elaborated on in the study, so it is not certain if he felt this guilt strictly within himself or if it was influenced by outside people negatively stereotyping him for being a young father receiving welfare. While government programs provide welfare and food stamps for young parents, many parents are ashamed to take advantage of these resources to avoid being negatively stereotyped by others, and a study conducted in the Southwest United States proved that young parents were experiencing demeaning stereotypes from outside people in high positions in certain institutions (Conn et al, 2018).

The study was conducted in southwestern states in the United States to survey young parents (ages 16-25) and their narratives related to parenting. This research presented the issue of ageism leading to the labeling and marginalization of young parents by others in their community. As a young parent in school, it has proven to be difficult to finish school (Conn et al, 2018). One mother from this study reported that when she turned to her school-provided counselor for help on typical high-school issues, the counselor expressed feelings of disappointment in her for being a young mother and wouldn't even look at her (Conn et al, 2018). Another young parent reported hostile treatment after her primary care provider chastised her for becoming pregnant; the doctor insisted she aborts the baby (Conn et al, 2018). There is no report if this instance was reported and if the hospital stepped in to prevent instances like this from happening again. Because they are faced with negative reactions and stereotypes from doctors and counselors, young parents often hesitate to seek support from certain organizations, making public benefits from community organizations almost essential to any young parent and their children (Conn et al, 2018). These studies recognize the lack of and the need for instances to provide trained workers to support young parents, specifically minority parents in low socioeconomic status communities. Having access to these resources would grow parents' confidence in their parenting capabilities and ability to provide for the family to encourage enrichment in the development of their children.

Suggestions for Intervention

Main targets of interventions related to adolescent pregnancy should be educational knowledge and self-efficacy. Having the proper knowledge of how to abstain from unsafe sexual practices, having access to effective birth control, and what it takes to raise a child could prevent adolescent pregnancies. Spreading knowledge of these topics can happen in schools, at home

with parents, or in community groups. Promoting self-efficacy can help a young parent overcome struggles with depression. Depression in young parents comes from a lack of self-confidence and judgment from non-supporting people around them (Anglely et al., 2015).

Telephone and virtual therapy and support groups, like the GirlTalk program, have become popular alternatives to traditional face-to-face therapy, especially since the COVID-19 pandemic. This approach has been proven to reduce depression rates in teen moms but has not proved effective in delaying pregnancy within two years postpartum for moms 18 and older (Katz et al., 2011). This study showed that improvement in mental health contributed to delayed subsequent pregnancy (Katz et al., 2011), therefore, perhaps implementing better mental health screenings in school could identify and help teens with low mental health before the occurrence of any pregnancy.

Many interventions relating to adolescent parenthood focus primarily on the mother or person that is carrying the child. This makes sense because the stress and health effects of pregnancy affect the person carrying the child more than the father figure. However, interventions that focus on keeping the father in school and teaching them about how to properly parent a child and support the mother could be greatly beneficial, especially since interpersonal social support is one of the most important levels of support for teen parents. The young parents have a common similarity with one another that could make a drastic difference in the health of them and the child.

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