ADOLESCENT CO-PARENTING RELATIONSHIPS AND THEIR

EFFECT ON PARENTAL SELF-EFFICACY

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THESIS ABSTRACT

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The purpose of this study is to evaluate the impact of the structure and quality of

the co-residential co-parenting relationships on the self-efficacy of adolescent and young

adult unmarried mothers. Forty one predominately low-income, African American

mothers self-reported parental self-efficacy and relationship dynamics with their co-

parenting partner, and participated in an hour-long focus group. Results found that

mothers currently in an intragenerational co-parenting relationship or parenting alone

scored higher on self-efficacy than those in an intergenerational relationship. In addition,

mothers who reported more symmetry in their co-parenting relationship also reported

higher self-efficacy scores. A qualitative analysis of focus group interviews reinforced

quantitative findings and supported Bandura's self-efficacy acquisition theory. Findings

suggest that both the structure and quality of the mother's relationship should be

considered. Implications for mothers' inferential definitions of co-parenting partners, and

the way that researchers conceptualize co-parenting, especially in low resource

populations are discussed.

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I. INTRODUCTION

In 1995, 62 in 1,000 females between the ages of 15 and 19 gave birth. In the

year 2000 this number had fallen 21.9% to 48.5 in 1,000, or about 5% of the total

adolescent population (Center for Disease Control, 2002). Although this decrease is

positive, research suggests that teenage pregnancy is a life event that not only has

consequences for the adolescent, but also for her family of origin, her children, and the

community in which she lives. For example, pregnant adolescents, especially African

American single mothers, are more likely to stay at home or live with another adult kin,

(Hogan, Hao, & Parish, 1990; Bumpass & Raley, 1995). In the 1984 wave of the National

Longitudinal Survey of Youth, it was found that 45 % of African American mothers aged

19-26 lived with their mothers (NLSY; see Chase-Lansdale, Mott, Brooks-Gunn, &

Phillips, 1991). An analysis of the National Survey of Families and Households reported

that 73% of mothers under the age of 20 lived in their parents' home with their children

at some point in the child's life (Bumpass & Raley, 1995). Young African-American

mothers lived with their parents a median of 38 months after the birth of their child

(Bumpass & Raley, 1995).

Although statistics suggest a significant number of teen parents co-reside in a

variety of situations, researchers often overlook the social context of teen mothers who,

when asked to define their marital status, report themselves to be 'single' or 'unmarried'

while residing in their parent's household or with a partner (Bumpass & Raley, 1995).

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As a result, our understanding is limited with regard to the interpersonal experiences of the adolescent as she navigates her path to adulthood while assuming parenting responsibilities.

The social support literature offers findings that address important aspects of the social context of the parenting adolescent, her development, and the development of her child. This body of research, however, has found seemingly contradictory evidence. While co-residential support gives a structural foundation to providing assistance for staying in school and getting a job (e.g., childcare), the findings on the impact of this type of support on the psychological well-being of the mother have been mixed.

Findings indicate that the size of the adolescent's social support network is positively associated with higher quality parenting and mother-child interactions (Burchinal, Fullmer & Bryant, 1996), and the more supportive the adolescent mother perceived the grandmother (her mother), the fewer the depressive symptoms the adolescent reported (Caldwell, Antonucci, & Jackson, 1998). Short-term grandmother support, such as occasional childcare assistance, benefits the mother in finishing school and is associated with increased cognitive stimulation for the child (Cooley & Unger, 1991). However, prolonged grandmother presence is associated with negative child outcomes, such as a less stimulating environment and lower maternal responsiveness toward the child (Cooley & Unger, 1991). Further, living with the grandmother is negatively associated with the quality of the home environment and the child's development (Unger & Cooley, 1992).

While these studies examine the adolescent or her child as individuals affected by the presence and quality of the mother's social support, more recently, researchers have taken a more contextual, relational view of adolescent parenting through the concept of co-residence and its effects on the mother and her parenting attitudes and behaviors. Wakschlag, Chase-Lansdale, and Brooks-Gunn (1996) examined whether there was a difference for adolescents' identity and sense of self if they co-resided with their mothers as compared to those who did not. It was found that individuation, or the balance between autonomy and closeness in the mother-grandmother relationship, had a significant effect on parenting. Those who were not co-residing with their mothers had significantly better individuation scores. In another study, overall family functioning was related to adolescent mothers' depression among those mothers co-residing with their families (Kalil, Spencer, Spieker, & Gilchrist, 1998). It also has been found that co-residing has negative consequences on both the mother and the grandmother's parenting, including the finding that adolescent mothers co-residing with the grandmother were more likely to carry negative parenting styles across generations (Chase-Lansdale, Brooks- Gunn, & Zamsky, 1994).

These seemingly contradictory results suggest that the co-residential relationship may not always be the best option for the development of the mother or her child. The studies also point to a potential gap in the literature. Specifically, it is not necessarily the presence or absence of social support—as most studies tend to measure support--that makes a difference, but rather the quality of the relationship. Apfel and Seitz (1991) speak to this point in their study of co-residential relationships. Four major themes of co-parenting relationships emerged from their examination of the relations between

grandmothers and mothers. The *parental replacement* pattern is characterized by the grandmother assuming total responsibility for the child. The *parental supplement* model, most prevalent in their sample, is characterized by shared care between mother and grandmother, either by depending on who is present or through arranging and scheduling. The third type of co-parenting relationship is the *supported primary parent* model, in which the mother is primarily responsible; however, she may be supported in part through regular communication, visitation, financial support, or occasional babysitting. In the *parent apprentice* model the grandmother acts as a mentor to the daughter, not assuming that the daughter has mothering skills, and helps support her daughter's transition to parenthood without taking away her role as a mother. These varying patterns of the mother-grandmother support relationship are evidence that social support is a more complex set of interactions that cannot be assessed by its presence or absence alone.

There is not a large empirical research base that speaks to this more complex relational perspective of the adolescent and her co-parenting partner. In particular, the literature offers little information in regard to outcomes predicted by each model as they relate to the adolescent's personal development or development as a capable parent. An area of research associated with both of these outcomes (i.e., the development of positive parenting skills and positive personal growth) is self-efficacy. According to Coleman and Karraker (1997), self-efficacy beliefs represent a potent variable for explaining variation in parenting skills and parenting satisfaction.

Coming from a social cognitive theoretical perspective, Bandura defined self-efficacy as "judgments of how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982, p.122). Bandura's perspective emphasizes

cognitions about reinforcements, rather than the reinforcements themselves, indicating that motivators for action are not just in the environment, but also in the thoughts about the environment. As a result, self-efficacy is not a fixed measure, but is constantly adapting to the acquisition of new information.

Bandura (1982) notes that within the social learning view, there are four main pathways through which self-efficacy is developed, enhanced, or diminished: *Performance attainment* refers to the experiences of personal success or failure. When one succeeds or fails it is logical to think that perhaps next time one will experience the same outcomes, leading one to be more or less likely to continue to try, or to try as hard in that domain. *Vicarious experience* is a pathway to self-efficacy that derives from seeing others act in a particular domain. One has a sense that similar outcomes, positive or negative, are possible for oneself. A third pathway, *social influences and verbal persuasion* can be used to influence others that they are capable or incapable of accomplishing their goals. This is the impact that people have on each other directly and intentionally. The last pathway, *physiological state*, refers to the level of arousal attached to particular behaviors. This refers to a heightened state of physical arousal. When a person is nervous or scared, it proves to be somewhat debilitating, and thus one may be more likely to expect success when not physiologically aroused.

There is a growing body of research that highlights the specific dimension of parental self-efficacy as a domain-specific characteristic rather than a global characteristic. Parenting self-efficacy refers to the parent's expectations of competence in the role as parent, or in the ability to influence the behavior of one's child (Coleman & Karraker, 1997, 2000). Research examining parental self-efficacy has tended to focus on

self-efficacy as a mediating variable. For example, Teti and Gelfand (1991) found that maternal self-efficacy served as a mediator between maternal depression, and dimensions such as social-marital supports, mothers' perceptions of mother-infant relationship, and parenting competence. Cutrona and Troutman (1986) found that parental self-efficacy mediated the link between infant difficulty and postpartum depression. Gondoli and Silverberg (1997) looked at emotional distress at the developmental transition to adolescence and its effects on parenting competence and found self-efficacy beliefs to mediate this relationship. Parents who reported high self-efficacy were described by themselves and their children as more warm, accepting, and encouraging of their children's autonomy.

Self-efficacy beliefs as an outcome variable also have been examined. Mothers who experienced higher amounts of emotional distress had lower levels of self-efficacy (Gondoli & Silverberg, 1997). Findings from a sample of low-income mothers indicated that their self-efficacy was inversely related to high levels of socioeconomic risk (Raver & Leadbeater, 1999). While no single factor could be isolated, the cumulative effects of low social support, lack of a high school diploma, high stress level, and parenting as a young adult were associated with lower self-efficacy.

Taken together, these findings suggest the utility of investigating directly the relation between the development of parental self-efficacy beliefs and the co-parenting context in which parents conduct their relationships with their children. Thus, the purpose of this study is to examine these relations by analyzing self-reported data and qualitative descriptions about the co-parenting contexts provided by mothers who gave birth as adolescents. Specifically, given that interactions with a co-parent is one of the main

pathways through which an adolescent gains her self-efficacy, it is hypothesized that differences in the quality of the co-parenting relationship will have differential effects on parental self-efficacy.

To develop hypotheses about how these interactions would function to affect adolescent mothers' self-efficacy beliefs, Bandura's four pathways to the development of self-efficacy beliefs will be applied to the types of parenting patterns described by Apfel and Seitz (1991). Opportunities for performance attainment (e.g., direct parenting interactions), vicarious experiences (e.g., the co-parent models how to parent and provides a successful experience for the mother to watch), social and verbal persuasion (e.g., the co-parent provides support in a way that is motivational rather than domineering), and physiological arousal (e.g., less conflict in the co-parenting relationship), would all contribute positively to an adolescent mother's efficacy in her own skills as a mother.

Results from this study should contribute to understanding the relational contexts in which young mothers parent. By looking into the dimensions of the co-parenting relationship, knowledge can be gained about how adolescent parenting contexts may vary and the impact these variations may have on the adolescent's sense of efficacy as a parent. In addition, through the qualitative data provided, I expect to gain insight from the voices of these young mothers as they describe their co-parenting experiences. Such voices have rarely been heard in this area of research. Findings should also inform educational or intervention programs designed to address adolescent parenting and co-parenting issues.

II. REVIEW OF LITERATURE

The purpose of this literature review is to examine the research on parental self-efficacy and the quality of the social context in which adolescent mothers parent their children. First, I will outline the theoretical basis for the concept of self-efficacy and review research examining parental self-efficacy specifically. Then, I will review the literature on the co-residential social context in which many adolescent mothers do their parenting. Finally, I will draw connections between these findings and the parental self-efficacy literature and propose the hypotheses guiding this research.

Self-Efficacy

It is a strange phenomenon that even when people cognitively know what to do, their actions do not reflect such knowledge. Although one may possess knowledge and the ability to recite the steps to a task, one might miss several steps when conducting the task in 'real life'. There seems to be something mediating between what we know and the actions that we take. One possible mediating factor is self-efficacy. Coming from a social cognitive theoretical frame, Bandura defines self-efficacy as "judgments of how well one can execute courses of action required to deal with prospective situations" (1982, p.122). At its introduction, the idea of a mediating cognition was a new addition to the theory of behavioral determinants of the time (Bandura, 1977). Bandura took the old theory of behaviorism and brought a different perspective to it, placing the spotlight on cognitions as reinforcements, rather than tangible, physical reinforcements. He postulated that the

motivators for action were not just the environment, but the thoughts about the environment. In effect, this dimension of efficacy served as a mediator between the knowledge of a task and the behaviors conducted during that task.

As a cognitive mediator, self-efficacy can either promote or hinder certain behaviors. Self-efficacy helps determine how far one will work in pursuing a goal, based on how one perceives the chances of obtaining it. Self-efficacy may affect how much effort one puts forth and persistence toward the goal. It may also affect one's reactions when faced with hardships or obstacles. However, self-efficacy is not a fixed cognition, but is constantly adapting to the acquisition of new information, adjusting with the changing of the surroundings.

Bandura (1982) notes that within the social cognitive view, there are four main ways in which self-efficacy is obtained: (1) performance attainment, (2) vicarious experiences of observing others, (3) social influences and verbal persuasion, and (4) physiological states from which people partly judge their capability, strength, and vulnerability. Performance attainment refers to an individual's experiences with success in a particular domain of action. Repeated successes may lead one to expect future success, while repeated failure may lead to thoughts that one is incapable of success in this domain, especially if the failures occur early in the experience, or one feels that the failure is attributable to one's personal inadequacies.

Vicarious experience refers to observing others' actions in a particular domain. When one views others succeeding, one may feel a personal sense of pride and the sense that one might be able to accomplish this same task. Behaviors or tasks modeled by others can also teach the observer a particular skill or set of skills without the observer

having to engage in the task. However, this social comparison can also be a risk to one's self-efficacy if an individual observes the failure of someone who is seen having the same level of skill.

Social influences and verbal persuasion, similar to motivational speaking on a personal level, can influence people to believe that they are capable of accomplishing their goals. This is the impact that people have on each other directly and intentionally. Persuasion can influence people to believe that they have the skill. It can also convince them to persevere in a task, when perhaps they do not think that they should continue.

Finally, physiological state refers to internal states of arousal associated with action in a particular domain. In judging their capabilities, people often listen to their bodies, whether they realize it or not. High arousal is somewhat debilitating and, thus, people are more likely to expect success when they are not physiologically aroused than when they are. An increased heart rate, sweaty palms, and high blood pressure not only can make one agitated, but also feel less efficacious.

Since its introduction by Bandura, self-efficacy research has spanned a wide variety of fields, from addiction to heroin, alcohol, and smoking (Marlatt & Gordon, 1980 as cited in Bandura, 1982) to snake phobias (Bandura & Adams, 1977; Bandura, Adams & Beyer, 1977; Bandura, Adams, Hardy & Howells, 1980 as cited in Bandura, 1982). In almost all areas, researchers have found that behavior corresponds closely to the level of self-efficacy; the higher the perceived self-efficacy, the better subjects perform in their specific tasks. Further, the strength of the efficacy predicts behavior change.

One realm in which self-efficacy has been shown to influence behavior is in the parenting realm. Self-efficacy within the parenting realm refers to the parent's expectations of competence in the role as parent, or in the ability to influence the behavior of their child (Coleman & Karraker, 1997, 2000). Judgments about how one is doing as a parent, or parental self-efficacy, has been shown to have direct effects on parenting behaviors. Gondoli and Silverberg (1997) found that parents who feel more efficacious as a parent also report being a better parent, and their children report them as being a better parent than those parents who do not feel efficacious. In a study of 94 mother-adolescent dyads living in intact two-parent households, these researchers examined the relationships between parenting behaviors and depression, anxiety, feelings of being overwhelmed, and self-efficacy using a global self-efficacy measure from Gecas and Schwalbe's (1987) self-esteem scale. The domain specific dimension of parental self-efficacy was evaluated using a scale by Wells-Parker, Miller and Topping, (1990). Parental behavior was assessed in terms of maternal responsiveness, maternal and adolescent reports of parental behavior, and observer ratings of acceptance and psychological autonomy.

Overall findings support a mediation model, suggesting that the effects of the emotional strain on competent parenting are mediated by self-efficacy. However, the direct findings are of note. Parents who reported high self-efficacy were described by themselves and their adolescents as more warm, accepting, and encouraging of their children's' autonomy, qualities of parent behavior associated with competent parenting. In addition, mothers who experienced higher amounts of emotional distress had lower levels of self-efficacy.

Emotional distress as it relates to self-efficacy in the parenting domain has been studied several times. It was an aspect of the mediation model that Teti and Gelfand (1991) introduced in their study of 86 mothers of infants examining the relation of maternal self-efficacy and the mother's behavior with her infant in the first year of life. Researchers conducted three home visits over a month in which they assessed the mother's depression, infant temperament, marital harmony, and social support. Scores for marital harmony and social support were combined to create a measure of "socio-marital support". Self-efficacy was measured through a questionnaire on maternal self-efficacy that was developed by the authors for this study. The Maternal Self-Efficacy Scale is targeted specifically to mothers of infants and contains one general efficacy question and nine domain specific questions, for example, about the mother's ability to soothe the child or to know what the baby wants.

It was found that maternal self-efficacy correlated significantly with maternal competence, perception of infant difficulty, socio-marital support, and maternal depression after controlling for selected demographic variables. The researchers then tested a mediational model and found that maternal self-efficacy is a central mediator of relations between mothers' competent behavior with their infants and factors such as maternal perceptions of infant difficulty, maternal depression, and socio-marital supports.

In a similar study, Cutrona and Troutman (1986) looked at 55 mothers of infants, and examined self-efficacy in relation to postpartum depression, infant difficulty, and social support. Mothers were asked to keep a record of infant crying for one week, and completed the Social Provisions Scale, Beck Depression Inventory, Revised Infant Temperament Questionnaire, Parenting Sense of Competence Scale--an 8-item scale to

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measure the self-efficacy in the parenting role. In the hypothesized model, self-efficacy was proposed as mediating between infant difficulty and social support and maternal postpartum depression. Researchers found support for this model; however a much stronger model was found when a direct link between infant difficulty and depression was added.

The studies reviewed to this point suggest that self-efficacy can play an important mediating role affecting competent parenting behavior and psychological processes of the mother, such as depression. Other investigators have examined factors associated with and influencing parental self-efficacy. For example, Raver and Leadbeater (1999) looked at maternal self-efficacy and its environmental, developmental, child, and dyadic correlates in a low- income population. The sample consisted of 44 families, the majority of whom reported yearly incomes of $15,000 or less. Fifty-four percent were African American, 23% were White, 9% were Latina, and 14% were of mixed heritage. Families were asked to visit the laboratory when their child was as close to 24 months as possible.

In the study the researchers looked at stressful life events, perceived social support, demographic risk factors, child temperament, observed dyadic conflict, and mother's self-efficacy using the Maternal Efficacy Scale (Teti & Gelfand, 1991). This was the 10-question scale created for the Teti and Gelfand (1991) study, which was targeted to mothers with small children, with domain specific parental efficacy questions. Overall, the low-income mothers in this study viewed themselves on average, as "good enough" to "very good" at parenting, reporting mean levels of self-efficacy that were similar to those of more socioeconomically advantaged, non-depressed mothers of infants. Mothers' self-efficacy was inversely related to their ratings of their child's

temperamental difficulty and to the cumulative effects of environmental conditions of high risk (defined as low levels of social support, high levels of stress, parenting as a young adult, and a lack of a high school diploma). This study is an important addition to the literature because it elucidates characteristics of a sample that is not readily found in the majority of the literature-- low-income mothers. It helps us in the thinking and framing of mothers in this cross-section of the population. We see that there is not one specific environmental factor that is affecting the mother in a negative way; rather Raver and Leadbeater (1999) theorize that it is the accumulation of many factors coming together to add a cumulative burden onto the mother, affecting the judgment that she makes about her parenting.

Brody, Flor, Gibson (1999) also examined a low income population. The authors designed a conceptual model focusing on African American mothers, particularly those in rural settings. In this model it was hypothesized that financial resources impact mother's efficacy beliefs which then impacts mother's developmental goals and competence promoting parenting. The mother's developmental goals and parenting then also impacts their child's self-regulation, thereby affecting academic competence and psychological competence. In a cross-sectional study of 139 African American single-mother-headed families in rural Georgia, mothers were asked about their perceived financial adequacy, developmental goals, and competence-promoting practices, and parenting efficacy beliefs as measured by a 34-item questionnaire which includes three subscales of education, communication, and general efficacy. Items are on a scale from 1 (never) to 5 (always). (Parental Efficacy Scale, Duke, Allen & Halverson, 1996). As hypothesized, when perceived family financial resources were more adequate, mothers were more likely to

believe that their parenting would be effective. Those mothers who believed that they could influence their children's development were more likely to endorse developmental goals such as education, respect for others in the community, and concern for others.

The most distinguished study that was done with a diverse SES sample was the study by Elder, Eccles, Ardelt and Lord (1995). Using a larger sample (429 families), the researchers tested for differences in parenting efficacy and the effects of economic hardships between African American couples and European American couples. Two scales were used to measure efficacy. The first asked questions about change in the child, such as getting the child to study. The second focused on change in the environment, such as making the child's school a better place. The scales were put together and used as a latent construct for parental efficacy. For African American and European American parents it was found that economic pressure most likely affected parent's efficaciousness through their emotions. Economic pressures were likely to lead to depression. In a chain effect, however, depressed emotions were significantly related to lower parental efficacy. Those who became depressed over their economic situation felt a sense of powerlessness, no longer feeling like they had influence in their children's lives. However, for Black parents only, the researchers found a direct link between economic strain and negative effect on parenting efficacy.

When researchers compared effects in married versus single households, with the Black sample it was found that African American parents in strong marriages were less influenced by economic hardship than those in a high conflict marriage, or in a single household. The sample for White single parents was too small to test for effects of married versus single parent households. The marriage served as a buffer against the

otherwise negative consequences to self-efficacy that economic hardship yielded households, brought upon through depression. However, researchers also found that the presence of another kin or support figure did not necessarily serve in this same buffer role against impacts of economic hardship. The authors hypothesize that this either could be evidence of negative support or could be indication of support that is functional in some ways (i.e. providing financial means), but not in others (i.e. giving emotional support).

In this research we find that environmental factors such as the co-parenting relationship can play a part in the judgments that parents make about their ability to parent. We also find that the support can serve as a buffer, if it is positive and helpful in the parenting role. Self-efficacy is an important cognitive mediator that intercedes between the thoughts and the actions in the parenting role. Important also are the surroundings that a parent raises his or her child in, and the people involved in the mother's life--and by extension, the child's—who play a part in creating or maintaining that sense of self-efficacy. Similar to Elder et al. (1996), other researchers have looked at the idea of social support in the self-efficacy literature, but it has been defined a number of ways.

Social support—defined in slightly different terms--was found to be a significant piece within both the mediation studies looking at self-efficacy (Cutrona & Troutman, 1986; Teti & Gelfand, 1991). In the Teti and Gelfand (1991) study it is defined as a socio-marital support, standardizing and summing two support variables and a marital satisfaction variable. In Cutrona and Troutman (1986) it is defined by the Social Provisions Scale. This scale contains six areas, which the participant rates her social relationships in (i.e., attachment, opportunity for nurturance, social integration,

reassurance of worth, reliable alliance, and guidance). In Elder et al. (1995) it is defined

as kin and family support, numbering the relatives that the parents could count on for

favors or for monitoring their children. So in the three different studies, social support

was viewed in three different ways: as the support from the spouse, support in varied

social relationships, and support from both various kin and family.

Thus it is clear that the variable of social support is one that is hard to generalize

because it varies from study to study. In the parental self-efficacy studies, most of the

social support dimensions include the dimension of the support within the marriage. This

is predominately due to the fact that most of the samples that have been used in the self-

efficacy literature are of married mothers. However, unmarried motherhood is a common

parenting status which also needs to be considered when examining the role of parental

self-efficacy. The following section examines the literature on the social context of

unmarried mothers.

Social Support and Co-resident Parenting Contexts

For the most part, the research on unmarried mothers has focused on teenage

mothers. Many studies of adolescent parents have been published looking at the effect of

teen pregnancy and parenthood on the teen's developmental trajectory and her child's.

Until recently, however, few have considered the relational features of the social context

in which teens develop their parenting skills and identities. The research reviewed in this

section will focus on social support in co-residential contexts (i.e. when unmarried/teen

mothers live with others, primarily family members.) The teenage mother will be referred

to as the mother, whereas her mother will be referred to as the grandmother.

One of the problems in current research is that when asked to define their marital status, most mothers report 'single', or 'unmarried' while co-residing in their parent's household, or co-residing with an unmarried partner (Bumpass & Raley 1995). While this is not untrue, and the mothers are reporting correctly, these answers can inadvertently give researchers an incorrect picture of the dynamics within the household. In their analysis of the National Survey of Families and Households, Bumpass and Raley found that 73% of mothers under the age of 20 lived at home with their children. Among mothers of all ages who lived with their parents, they lived there a median of 25 months after the birth of their child. Among African American mothers who lived with their parents, they lived there a median of 38 months after the birth of their child (1995). Therefore, not only is it common for adolescent mothers to live with their parents, but it is not uncommon for them to live there for as long as two year after their child is born. What might it mean for the mother, the grandmother, and the child that for first two or three years of the child's life, prime developmental years for the child, the child is not being raised in a single parent home, as reported, but rather he or she is living in a household with many parents and many authority figures? What impacts might this have on the mother and her parenting?

For many years policymakers have taken what Phoenix (1991) describes as an outsider's view on the co-residential relationship. She argues that outsiders tend emphasize the structural aspects of the 'problem' of adolescent parenting, and see intergenerational co-residence as a possible solution. Three basic reasons have been articulated for why co-residence is assumed to be good (East & Felice, 1996). First, grandmothers have more age and experience; therefore, their parenting knowledge is

assumed to be higher. Second, they presumably provide a positive modeling influence for the adolescent mother to follow in her parenting. Third, it is assumed that social support during this time will buffer the mother and her child/children from stress. Policies also endorse this view. With the welfare reforms in 1996, in order for a woman under 18 who is a parent to receive welfare, she must live with her parents or another adult (Gordon, 1999). However, the literature in this area does not uniformly confirm that this is the best option for the mother, or her child(ren).

If we define social support very generally, there is some research that points to positive outcomes. Looking at the broad area of social support, Burchinal, Fulmer and Bryant (1996) looked at the relation of social support networks and family structure among low-income African American mothers. Sixty two mothers were asked to identify their social networks by constructing a diagram of important people in their lives and drawing lines connecting those that know each other. From this, researchers determined that size of the support network of the mother, the number and types of relationships that the mother has and the density of the network was related to the quality of her interactions with her child, and parenting quality, as rated by the HOME evaluation.

Caldwell, Antonucci and Jackson (1998) looked into the relationship of social support and depression. Using a sample of adolescent parents, 75% of whom lived with their mothers, the researchers assessed social relationships using a hierarchical mapping technique in which the mother is asked to place people in her network in concentric circles depending on how close they are. Perceptions of the support or conflictual nature of the mother-grandmother relationship were assessed using questions from the Social Network in Adult Attachment Questionnaire. A strong inverse relationship was found

between grandmother support and conflict. It was also found that the more supportive the adolescent mother perceived her mother, the fewer the depressive symptoms she displayed. These results point to the benefit of support and bring forth a new idea about the perception of the quality of the support relationship.

Cooley and Unger (1991) looked more in depth at different types of support and found contrasting results. Using the data from the National Longitudinal Survey of Youth (NLSY) which overrepresented racial, ethnic, and low SES populations, the researchers sampled families of African-American and Caucasian children aged 6-7 in 1986, born to 338 teen mothers who were 14-19 at the time of the child's birth. The mean age for the mother was 17.6 years, with 54% of the mothers living with their parents. Family factors such as grandmother presence, partner presence, family stability, father involvement, and grandmother childcare were examined. Researchers also assessed the child's vocabulary, scholastic aptitude, behavioral problems, and reading and math scores. It was found that income, race, and support were highly correlated (low-income families who were black were likely to have no male partner and high grandmother presence, for example). Because of this race and SES were controlled for to look for other relationships. Findings showed that the older a teen was when she was pregnant, the higher correlation with educational attainment, male presence, marital stability and father involvement. The younger the mother was the more likely she was to live at home through the childhood of her child. Older mothers were more likely to complete their education, especially if her mother helped with childcare. It was found that the mother's education had a positive correlation with the child's cognitive stimulation. Regarding the co-residential relationship, findings showed that grandmothers and fathers both provided increased

cognitive stimulation for the child. However, if the teen lived with a grandmother for a long part of the childhood, then there was a less stimulating environment and lower maternal responsiveness towards the child. Findings for maternal responsiveness and male presence was not reported, however, findings indicated that male presence was significantly related to higher aptitude scores for the child.

In a similar study Unger and Cooley (1992) used the same family factor variables to observe the home environment, maternal stimulation as evaluated by the HOME (Home Observation for Measurement of the Environment), and child outcomes such as behavioral problems, and cognitive development (as measured by Peabody Picture Vocabulary Test-Revised [PPVT-R]). Findings indicated that living with the grandmother was related to a higher rate of child behavior problems. Also, the longer the mother lived with the grandmother, the lower the child's score on the PPVT-R when the child was 6 or 7. While co-residence with the grandmother may be initially positive in supporting the mother in some roles, there can be negative behavioral and cognitive repercussions with prolonged co-residence.

Also looking at the effect of different kinds of social support, Thompson and Peebles-Wilkins (1992) looked at 170 African American mothers who gave birth before they were 21. The researchers were investigating how different types of social support networks affected the mental health of the mothers, specifically general distress, depression, and self-esteem were examined. Sixty-one percent of the mothers came from families that were near or below the poverty line, which put them at a higher risk for such psychological distress. The researchers made a distinction between three different types of support. In the first type of support, informal resources, the mothers were asked to list

"people who are your close friends". This was described ranging from those who either helped with the childhood tasks, or those the mother simply liked being with. The second group the mothers were asked to list was called societal resources. These are people such as caseworkers, or public heath workers. The third were formal support. These were measures such as frequency of church attendance or a support group. For this review, I will focus on the findings from the first set of supports. It was found that grandmother support did not significantly affect the mother's psychological wellbeing; however, the relationship was in the predicted negative direction- showing a nonsignificant correlation between grandmother support and psychological distress.

The only significant relationship was that of a partner or husband. Findings indicated that support from a partner or husband was significantly related to lower reports of psychological distress, depression, and higher reporting of self-esteem. This is an interesting finding in light of the fact that most adolescent mothers co-reside with their parents at first birth (Bumpass & Railey, 1995). This finding could be due to the ambiguous nature of the researchers' questions investigating informal social supports. On the other hand, the results could be evidence that there is role that an intragenerational figure plays in a mother's life, that cannot be filled in the same way by an intergenerational figure.

In a study looking at the specific dimension of co-residence, Chase-Lansdale, Brooks-Gunn, and Zamsky (1994) examined whether co-residing with the grandmother affected the parenting of the mother, and the quality of parenting by the grandmother. In a sample of 136 three generation families PPVT-R scores of the mother and grandmother were assessed, and through observing a puzzle task, the researchers scored the quality of

parenting, child's developmental behavior such as autonomy and mastery, and parent's disciplinary style (mothers and grandmothers were observed separately). Findings revealed that co-residence had negative effects on four of the parenting outcome variables for grandmothers, and for positive types of parenting, there were negative coefficients. A significant interaction with age of mothers' first birth with co-residence on the grandmother's parenting variables was also found. Negative effects of the co-residential relationship were not as pronounced for those who co-resided at a younger age. When mothers were younger, the more positive affect, quality of assistance, supportive presence, and authoritative parenting they showed.

As described earlier by Phoenix (1991), these studies have taken an 'outsider's view' of, or a more structural look at, what is happening in the co-residential relationship. The variables considered were outcomes such as child behavior and performance, and parental behaviors. However, more recently there has been a move toward looking at the individual factors of the mother and, specifically, the impact that the co-residential relationship has on her well-being, rather than looking at the general dimension of social support. This research has taken a deeper look into the co-residential relationship to assess possible psychological impacts that this relationship could have on the mother, and in turn on her parenting, instead of considering only external impacts of the general dimension of social support.

Kalil, Spencer, Spiker, and Gilchrist (1998) tested to see whether adolescents who co-reside with their families have fewer depressive symptoms, and whether the quality of the family relationships affects the adolescent's well-being. Researchers conducted face-to-face interviews with 252 adolescent mothers, noting who lived in the household, the

family climate (which was derived from studies on family environments and social support), and maternal depression (assessed using the Center for Epidemiologic Studies Depression Scale). There were no main effects for co-residence independently. However, it was found that the overall family climate and the relationship they have within the whole family is more significant to depression than co-residence, per se. The more negative relationships the adolescents had with family members, grandmothers in particular, the worse the prognosis for adolescents' psychological well-being. Findings indicated that in a situation of positive family cohesion, co-residence seems to benefit adolescent health.

Wakschlag, Chase-Lansdale, and Brooks-Gunn (1996) conducted a study of 96 multigenerational households, investigating more in-depth the relationships between the mother and the grandmother. The researchers created a measure called the scale of Intergenerational Relationship Quality (SIRQ), which looks at four different dimensions of the mother-grandmother relationship such as affect, warmth/caring, quality of resolution in conflict, and individuation (for which they look at the symmetry between autonomy and closeness). The researchers discuss how, in adolescent parenting, a mother must balance the role demands of being an adolescent with the role demands of being a mother. The adolescent's identity development can be a critical process affecting the mother-grandmother relationship, and how that balance is struck can affect the mother's parenting behavior. It was found that all four of the different dimensions of the grandmother-mother relationship were related to competent parenting, with individuation having the highest correlation. Interestingly, findings indicated that the quality of the mother-grandmother relationship was the best when the mother and the grandmother did

not live together (non-residential). They also found that when the mother co-resided, there was a negative association with positive parenting styles. The authors speculate that it may be living alone which allows the mother to balance these identity roles in the most effective way.

East and Felice (1996) conducted two studies in which they looked at a dimension similar to self-efficacy, labeling it as parental confidence. In the first study they sampled 119 adolescent mothers, predominately Hispanic (50%) with 27% Black, 17% non-Hispanic White, and 6 % other. The average age of the mother at childbirth was 17.2, and the average age of the target child at the time of the study was 37.5 months. In this study they looked at several dimensions of parenting; however, they wanted to look not only at parenting behaviors, but they wanted to also look at parenting beliefs and attitudes. One of the dimensions that they looked at was parenting confidence, measuring it with the Maternal Self-Report Inventory (MSRI; Shea & Tronic, 1988), which assesses four areas: confidence in the caretaking ability, confidence in the mothering role, acceptance of child, and expected relationship with child. In their discussion about the role of parenting confidence, the language that it used is similar to the language found in the self-efficacy literature. They speak about how it is more of a domain specific dimension, specific to the parenting role, not to be confused with global self-esteem, in the same way that self-efficacy authors are careful to separate the parental and global self-efficacy dimensions.

Because the parenting confidence construct is similar to the parental self-efficacy dimension, findings help in understanding of the mother-grandmother relationship and how it affects the mother interpersonally. Results showed that favorable parenting attitudes correlated significantly with the confidence that the parent had. High parental

stress significantly correlated with low confidence in themselves as mothers and confidence in their caretaking abilities. Also, high commitment in the parenting role was significantly related to a mother's high confidence in that role. Demographically, it was found that older mothers tended to be less confident in their parenting abilities, though there were not differences in parity among mothers, or in marital status. Racially, African American mothers reported significantly greater confidence in their parenting role than Hispanic mothers or White mothers. In regard to child outcomes, confidence in caretaking ability and confidence in the mothering role were both significantly related to child withdrawal.

In the second report of this study, East and Felice (1996) looked more specifically at the co-residential relationship and the impact that it had on parental behaviors at 6, 12, 18, and 24 months. They looked at variables such as parental attitudes, parental confidence, child-care assistance, and relations between the mother and the grandmother and how these variables were affected by the adolescent living with the grandmother. They found that co-residence was related to higher conflict behaviors with the grandmothers. High conflict, in turn, is related to less child-care involvement and more negative attitudes about parenting. Extensive high grandmother-child involvement was related to lower commitment to the parenting role. They also found that co-residence at 18 and 24 months was significantly related to lower parenting confidence. The authors hypothesize that perhaps when the grandmother is bearing much of the parenting role with the adolescent mother, the mother is not given as much opportunity to learn and grow into this new role that she must manage. Combined with the Wakschlag et al. (1996) findings that show that when the mother has lower individuation she is not a better

parent, a clearer picture begins to come into focus. Perhaps it is not simply the presence of support, rather it is the way that the grandmother supports, that is the key in this critical time for the mother and child. It is not inherent by the presence of a relationship that the support is good, rather the quality of the relationship must be assessed.

Apfel and Seitz (1991) continued to look even deeper into this co-residential relationship. As a part of a longitudinal study of 119 black low-income adolescent women who had given birth before they were 19, they conducted interviews of mothers at 18 months postpartum. Questions referred to practices such as daily routines, child care arrangement, parental beliefs, and who helped the mother cope. Based on these interviews the authors found that most of the relationships fell into one of four characterizations, or types, of relationships.

The first is *parental replacement*. Ten percent of the relationships in their study fell into this category. This model is described by the grandmother assuming total responsibility of the child. This may happen through mutual agreement, where the mother wants to finish college or go into the Army, or it may happen because the mother is negligent, and the process may be gradual with the mother leaving for increasingly longer periods of time. In this model the grandmother is essentially what Apfel and Seitz refer to as the "psychological mother" of the child. This can benefit the mother if it is something that has happened through an agreement and understanding between the mother and grandmother. However, if it is due to negligible parenting, then it can be harmful or hurtful to the mother.

The second type is the *parental supplement model*. Slightly more than 50% of the relationships qualified as this kind. This category is characterized as shared care between mother and grandmother either by depending on whoever is present or through arranging and scheduling. This can be beneficial to the mother, giving her support and allowing her to stay in school or to get a job. However, there can be role confusion between the mother and the grandmother, leading to conflict unless there are very clear boundaries and understandings about the different roles that each woman plays.

The third type of co-parenting relationship is the *supported primary parent model*. Twenty percent of the relationships fell in this category, in which the mother is primarily responsible; however, she may be supported in part through regular communication, visitation, financial support, or occasional babysitting. The benefit is that in this model, the mother is the clear psychological mother of the child, with no confusion. However, the mother is not taught any skills and she is somewhat left to forge the parenting role herself with only occasional support from her parent.

Ten percent of the mothers were found to be in a *parent apprentice mode* type relationship. In this type the grandmother acts as a mentor to the daughter, not assuming that the daughter has mothering skills and helping support the transition to parenthood without taking away her role as a mother. The benefits of this are that the mother is not assumed to know how to parent, and she is taught by the grandmother. However, there can be conflict if the teen mother does not want the advice of the mother, or does not want to be taught from her mother in this way.

The positive contribution of the study is that Apfel and Seitz no longer assumed that social support was always the same in every situation. The authors did not see social support as a have or have not option; rather it was realized that there are different patterns that the support takes. Apfel and Seitz have given us a model to build on in looking at the impact of the social support element of co-residence.

Summary

In summary, the research shows that self-efficacy is important in the parenting realm. The judgments that a mother has about her parenting have been shown to affect actual parenting behaviors (Gondoli & Silverberg, 1997). It has also been shown that there are benefits for the mother from self-efficacy. For example, high efficacy can serve as a buffer against potential negative effects during economic hardships (Elder et al., 1995). Additionally, self-efficacy serves as a mediator between parental competence and negative mood (Cutrona & Troutman, 1986; Gondoli & Silverberg, 1997; Teti & Gelfand, 1991).

But how does this self-efficacy dimension grow or develop? Self-efficacy is a cognitive mediator that is affected by environmental factors. One influential environmental factor is the type of support, such as the marriage relationship, or a partner relationship (Elder et al., 1995; Thompson & Peebles-Wilkins, 1992). In the social support and the co-residential relationship bodies of literature, however, the results of these types of support vary depending on the outcomes examined. For example, social support is beneficial for the mother to complete school or to attain a job; however, it can negatively affect her parenting and her own personal well-being. So how does the support

provided by a mother's co-residential or co-parenting partners impact her evaluation of her parental competence?

A study designed to explore the differences between the inter- and intragenerational relationships in which young mothers co-parent (Abell & Adler-Baeder, 2003; Adler-Baeder, F. & Abell, 2003) found differences in the way that mothers talk about different co-parenting contexts. A sample of 42 predominately low-income African-American mothers was interviewed about their experiences with their co-parents as young mothers. Differences were found according to the co-parenting situation that the mother was describing. For example, many of the mothers talked about a struggle with autonomy and a sense of undermining in intergenerational relationships, while mothers in intragenerational relationships were more likely to describe negotiating about parenting behaviors and responsibilities. Authors suggested that it was possible that an intergenerational co-parenting relationship could interfere with the mother's development of autonomy and efficacy.

According to Bandura's self-efficacy acquisition theory, the interactions that take place regarding the parental tasks that the mother is performing constitute feedback salient to a mother's self-evaluation. Interactions affect judgments of competence. Within the mother-co-parent relationship, there are interactions that are taking place that are either fostering or hindering psychological well-being. Simply having support, or having a particular type of support, does not mean that the support will be inherently beneficial or harmful to the mother. In order to better understand the contexts in which an adolescent woman may develop her sense of self as a parent, research needs to look more in-depth into the interactions within her co-parenting relationships.

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The purpose of this research is to tie together the cognitive dimension of self-efficacy with the behavioral dimension of social support, namely the support that is received by an adolescent mother from her co-parent. Consequently, I propose to examine three hypotheses. First, based on previous findings, which showed that the partner or husband was the only relationship which had a significant impact on the mother's psychological distress, depression, and higher reporting of self-esteem (Thompson & Peebles-Wilkins, 1992), and mothers who did not co-reside with their mother had higher individuation scores than mothers who co-resided with the grandmother (Wakschlag et al., 1996), it is expected that those mothers who report a same generation co-parent will score higher on self-efficacy (as measured by the domain-specific Parenting Self-Agency Scale) than those who have an intergenerational co-parent. Second, looking at the dyadic relationship, I expect that those who report more symmetry in their relationship with their co-parent (as measured by the Dyadic Adjustment Scale) will report higher self-efficacy scores (as measured by the domain-specific Parenting Self-Agency Scale). In the same way that previous studies have indicated that a positive marital relationship can perform as a buffer against negative self-evaluations in difficult circumstances, it is expected that those who are satisfied in their co-parenting relationship will also be buffered against low parental self-evaluations.

Third, in an attempt to take an "insider's" look at the parent-co-parent support relationship, interviews of mothers who were adolescent parents will be examined. Using Bandura's theory of self-efficacy acquisition as a guide, I will examine mothers' descriptions of their co-parenting relationships--not simply in terms of the presence of the relationship, but with a focus on the dynamics and the quality of the relationship. Themes

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in mothers' descriptions associated with the four pathways of self-efficacy acquisition will be identified.. In addition, because of the questions that were asked by the interviewers of the focus groups basic *a priori* themes will be examined, such as "Who is your co-parent?" and "How do they help you in your parenting role?" It is hypothesized that the more opportunities that the mother has to parent, to experience success vicariously through her co-parenting partner, to receive social and verbal support, and to be less engaged in conflict, the higher her parenting self-efficacy scores will be.

III. Method

Participants

Forty-one women who had given birth as adolescents or young unmarried adults were interviewed. Table 1 contains detailed descriptive data for the study participants. At the time of the interview, the median age was 24.7, with an age range of 14-51. Fifty-four percent of the participants had been mothers four years or less. About two-thirds of the mothers interviewed were under 20 at the time of the birth of their first child, with a mean age of just over 18 years. Over half reported a current income of less than $13,999. Sixty-three percent had a high school education or less, and 37% had some post baccalaureate training or had completed college or trade school.

Procedure

Data were collected previously as part of a project designed to explore the experiences and perspectives of women who became mothers during their adolescent years. Specifically, mothers who became pregnant as teenagers or unmarried young adults were recruited in four Alabama counties from among the participants and the families and friends of individuals who had participated in parenting programs sponsored by the Alabama Cooperative Extension System.

During the original data collection, project investigators conducted exploratory, semi-structured interviews in focus groups composed of 8-10 women. Prior to each group interview, individual measures of parenting attitudes and practices, maternal depression,

maternal self-efficacy, and couple relationship quality were administered (see below

under *Quantitative Measures*). Focus groups lasted approximately 1.5 hours, and the

mothers were compensated $25 for participating. Each session was recorded by audiotape

and transcribed.

Quantitative Measures

    Parental Self Efficacy. To assess parental self-efficacy the Parenting Self-Agency

Scale (Dumka, Stoerzinger, Jackson, & Roosa, 1996) was administered. This measure

was developed specifically for assessing self-efficacy in the domain of parenting, with

questions relating to the confidence that the person has in her parenting ability. It is a 10-

item questionnaire, on which the parent rates herself on a 5-point likert-type scale (1

strongly disagree to 5 strongly agree). Questions include "I feel sure of myself as a

mother," and "When something goes wrong between me and my child, there is little I can

do to correct it." Negatively worded items were reverse coded so that higher total scores

represent higher self-efficacy. While the 5-item version was validated using

confirmatory factor analysis and Cronbach's alpha in Anglo (α=.70) and in Mexican

immigrant (α=.68) parenting samples, no published reliability information is available for

the 10-item scale. An examination of the 10-item scale reliability in this sample

determined the reliability alpha was .46. Question number 8, "When my child gets upset

with me, I usually give in", was deleted to increase the reliability to .63.

    Co-Parenting Relationship. As a quantitative indicator of the co-parenting

relationship, the mothers answered questions from the 7-item version of the Dyadic

Adjustment Scale (DAS-7) (Hunsley, Best, Lefebvre, & Vito, 2001). The DAS-7 is a

shortened version of the original DAS measure of relationship adjustment. The first three

items addressing dyadic consensus are rated on a scale of 1 to 6 (Always Agree to Always Disagree; e.g., "philosophy of life", and "aims, goals and things believed important"). The next three items examining dyadic cohesion are rated 1 to 6 (never to more than once a day; e.g. "How often do you have a stimulating exchange of ideas?" and "How often do you work together on a project?"). The last question is rated 0 to 6 (extremely unhappy to perfect) and evaluates overall dyadic functioning (i.e."Overall how would you rate your relationship?). Prior to data analysis, the first three questions were reverse coded so that all variables were scored in the same direction. Higher total scores represent higher dyadic functioning. The DAS-7 has shown an average internal consistency of .80 across several studies (Hunsley, Best, Lefebvre, & Vito, 2001). In this sample the reliability alpha was .76. This measure has previously been used only as an indicator of relationship quality in dating or married couples. However, because the nature of the questions pertains to the symmetry in the dyadic relationship, it is theoretically consistent with the aim of the instrument.

   Intragenerational Co-Residence and Co-Parenting Arrangements.
Intragenerational co-residence and co-parenting arrangements were defined in this study as a mother who reported, respectively, living with and co-parenting with someone of her same generational age. This would include individuals such as a husband, a boyfriend, or a relative or friend about her same age. Of the 41 subjects in the study sample, information was initially missing from the surveys of 10 respondents; however, a review of focus group transcripts was able to determine some of this information for 6 of these subjects. The frequencies reported describing co-residential and co-parenting statuses do not include cases with missing data.

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In this sample, 23% of the mothers reported intragenerational co-residential arrangements at the time of the birth of their first child. At the time of the interview, 47% reported intragenerational co-residential arrangements. At the time of birth, 38% reported having had an intragenerational co-parenting partner. At the time of the interview, 60% lived in an intragenerational co-parenting situation (i.e., mother may not have been living with the child's father or a boyfriend but still could have identified him as a co-parent).

Intergenerational Co-Residence and Co-Parenting Arrangements. Intergenerational living and co-parenting arrangements were defined in this study as a mother who lived or co-parented with someone of an older generational. This would include a parent, a grandparent, or a relative or friend who was the mother's age. Information was initially missing from the surveys of 10 respondents; however, a review of focus group transcripts was able to determine some of this information for 6 of these subjects. The frequencies reported describing co-residential and co-parenting statuses do not include cases with missing data.

In this sample, 74% of the mothers reported an intergenerational living situation at first birth, and 57 % reported an intergenerational co-parenting situation. At the time of the interview, 28% of the mothers were living in an intergenerational living situation, and 28% reported an intergenerational co-parent.

Alone. At first birth, only one of the mothers (2.9%) reported living alone, and two (5.4%) of the mothers reported parenting alone. Because the alone category was small, these subjects were not included in subsequent analyses of co-residential and co-parenting situations at the time of first birth. At the time of the interview, 25% of the mothers reported living alone and 10% reported co-parenting alone.

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Demographic Data

Subjects were asked to supply background information before the start of each focus group by filling out a questionnaire requesting information about relationship and parenting statuses, age, age at first birth, years since first birth (i.e. age at the time of the interview – age at first birth), education, and income. For analysis purposes, participants were divided into two groups, based on a median split, for age at first birth (i.e., under 19, 19 and over), age at the time of the interview (i.e., under 23, 23 and over), and years since first birth (4 years or less, 5 years or more). Mothers were divided into two groups according to their educational attainment (i.e., completed high school or less, some college or trade school or beyond). The initial six income categories were collapsed into three categories, referent to the modal group ($14,000-$24,999; n=12). Two categories lower than the mode were combined (under $13,999; n= 20) and the three categories above the mode were combined (over $25,000; n= 7).

Qualitative Data

During the focus group session, questions were asked to elicit mothers' descriptions of their co-parenting relationships and type of support received. For example, participants were asked, "What does a typical day look like for your child? Who does what? What do others do to assist in your parenting?" Mothers also were asked about other influences on their parenting, their perceptions and responses to the parenting support they received, the barriers to their effectiveness in their parenting role, their perceptions of their parenting roles, and the nature of the relationships they had with their co-parenting partners.

Qualitative Analysis

Qualitative data were examined to identify themes in the narrative descriptions of the co-parenting relationships described by the mothers. Using NUD*IST (Qualitative Solutions and Research, Ltd, 1997) software, lines of text associated with each individual who participated in the focus group interview were retrieved. The researcher divided up the lines of text onto index cards (n = 308). Each card contained one or more statements made by a participant throughout the course of the interview. If a statement addressed two different topics or the participant went in a different topic direction while answering a question, the comment was divided into two cards. Cards were then categorized by county, subject and comment number for referencing purposes. The researcher sorted these cards into a variety of categories, grouped them into preliminary sets of "like" statements, and drafted initial sorting criteria. Guided by those criteria, a graduate student volunteer conducted a preliminary sort of the cards.

The researcher and the volunteer compared sorts to establish points of agreement and to clarify disagreements about themes represented on the cards. Based on this information and further consultation, seven coding categories were identified to be used with statements referencing relationship interactions, and definitions of categories and their criteria were further defined. Using these definitions, the researcher and a faculty member then re-sorted the cards and were able to establish five reliable categories, into which 257 statements were coded. Where inter-rater disagreements were found, the content of the statement was discussed until raters came to an agreement about its meaning and coding category. Coding categories, their definitions, and their inter-rater reliability estimates are as follows:

1. *Who supports the mother.* Statement provides factual information about who, in general, supports her in their parenting role. The support in the statement is undefined, amorphous, general. This category also includes statements that suggest that the mother does not have general support for her parenting tasks or role. The reliability for this category is .84.

2. *How the mother is supported*. Statement describes the kind of support the mother receives from others, involving instrumental (e.g., financial, child care, running errands) and expressive (e.g., emotional, "being there") support. This category also includes statements referring to the lack of support by a specific person that is inadequate. The reliability for this category is .68.

3. *Conflict/ disagreement.* Statement reflects a mother's perception of conflict with co-parents or other support figures: Mothers' descriptions of disagreements about handling caregiving tasks (e.g. discipline), about the support needed or provided, and about conflict and/or negativity, implied or expressed verbally or behaviorally by others, regarding the mother's ability as a parent. This category includes statements referring to perceived autonomy struggles. The reliability for this category is .89.

4. *Where mother learned to parent.* Statement provides factual information about the source of a mother's parenting information and behavior. The reliability for this category is .71.

5. *Showing/Teaching*. Statement describes the behavior or content of information provided by a co-parent or support figure helpful in showing or teaching the mother what to do in her role as a parent. Statements in this category go beyond "how the mother is

supported" due to specific reference to what a mother could/should do and/ or how she could or should do it. The reliability for this category is .84.

Several categories correspond closely with conditions related to self-efficacy acquisition according to Bandura's theory. "How the mother is supported" provides descriptions of both instrumental and emotional support interactions with support figures, often showing the nature of mothers' vicarious experience opportunities, and descriptions of verbal and social persuasion.

The "showing/teaching" category provides descriptions of interactions corresponding to Bandura's second pathway of self-efficacy acquisition, giving insight into the mother having an opportunity to watch and learn from others, thus theoretically giving the mother more confidence to take the tasks on herself. The "conflict" category provides descriptions of interactions corresponding to Bandura's fourth pathway for obtaining self-efficacy, which postulates the negative impact of physiological arousal, such as fear or anger.

To examine qualitatively the parenting contexts of the participants that may have contributed to mothers' evaluations of themselves as efficacious parents, mothers were divided initially into three groups according to their location in the distribution of self-efficacy scores. Mothers with scores one standard deviation above the sample mean were labeled "high self-efficacy" (n= 8). Mothers with scores one standard deviation below the sample mean were labeled "low self-efficacy" (n=5). Mothers in the middle were labeled "moderate self-efficacy" (n=28). Mothers' statements from the focus group interviews were grouped together according to these three divisions so that comparisons and contrasts could be examined. However, the total number of coded statements made by

mothers in the low self-efficacy group was 8, and of those statements, 3 contained content relevant to the substantive issues linked to self-efficacy acquisition.

In order to construct a comparable base of comments, due to the low number of substantive comments by mothers in the low self-efficacy category, mothers were subsequently divided into four quartile groups based on their self-efficacy scores. This division resulted in the addition of one subject to the high self-efficacy group (n=9) and added six mothers to the low self-efficacy group (n= 11). Substantive statements numbered 16 in low group and 29 in the high group. Because the author could not find any published information about group means on the Parental Self-Agency Measure, the meaning of study subjects being in either high, medium, and low self-efficacy categories must be interpreted with caution, as the high, medium and low groups are within-sample divisions.

IV. RESULTS

Preliminary Analysis

Bivariate correlations were run on the dependent, independent and demographic variables (see Table 2). Parental self-efficacy was found to be correlated with dyadic adjustment, higher age at first birth, and higher level of education. Intergenerational co-residence at first birth was significantly associated with being African-American and intergenerational co-parenting was significantly associated with lower family income. There was a positive relationship between co-residence and co-parenting, meaning that the person the mother is living with at first birth is more likely to be of the same generation as the person the mother identifies as a co-parent.

Analyses of variance were conducted to examine the relationships between mothers' co-residential and co-parenting arrangements and demographic variables. Among the mothers' co-residential situations at first birth, African American mothers were significantly more likely to live in an intergenerational living situation at the time of the birth of their first child than Caucasian mothers ($\underline{F}(1, 32) = 9.11$, $\underline{p} = .005$). For co-parenting situations, mothers who had their first child under age 19 were significantly more likely to be in an intergenerational co-parenting situation at first birth ($\underline{F}(1, 31) = 4.78$, $\underline{p} = .037$). Additionally, mothers who had their first child before 19 were more likely to be in an intergenerational co-residential situation ($\underline{F}(1, 29) = 8.57$, $\underline{p} = .007$) and co-parenting situation ($\underline{F}(1, 36) = 7.764$, $\underline{p}$ .008) at the time of the interview. Among

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those co-parenting at the time of the interview, mothers who had any college education at the time of the interview were more likely to be in an intragenerational relationship than mothers who had finished high school or less ($\underline{F}$ (1, 38) = 5.109, $\underline{p}$ = .030). Interactions between the dependent variable (parental self-efficacy) and demographic variables were examined using analysis of variance procedures (see Table 3). It was found that more educated mothers scored significantly higher on the parental self-efficacy scale $\underline{F}$ (1, 39) = 4.26, $\underline{p}$ = .046. No significant differences for parental self-efficacy existed between mothers when looking at age at first birth. However, there was a significant difference in parental self-efficacy in age at the time of the interview, $\underline{F}$ (1, 39) = 7.86, $\underline{p}$ = .008. Specifically, mothers who were 23 years of age or older at the time had higher self-efficacy. Additionally, there was a significant difference in the mother's self-efficacy by the amount of time that had passed since their first birth, $\underline{F}$ (1, 37) = 7.96, $\underline{p}$ = .008. Mothers who were five or more years beyond the birth of their first child had higher self-efficacy scores. There were not any differences found for parental self-efficacy with regard to race or income.

Self-Efficacy and Co-Residence/ Co-Parenting

Specific hypotheses focused on the relations between parental self-efficacy and relationship context variables (DAS and co-residential and co-parenting situations). The first hypothesis was that mothers who reported a same generation co-parenting situation would have higher self-efficacy scores than those in intergenerational co-parenting situations. Results from ANOVAs examining whether parental self-efficacy was dependent on the living arrangements and parenting partner of the mother at the time of the first birth and the time of the interview are summarized in Table 4. The parental self-

efficacy scores were significantly different for the mothers by co-parenting situation at the time of the interview, $\underline{F}$ (2, 37) = 4.43, $\underline{p}$ = .019. Specifically, post hoc analyses showed that there was a significant difference in self-efficacy scores between intragenerational relationships and intergenerational relationships. Mothers in intragenerational co-parenting relationships at the time of the interview scored the highest on the parental self-efficacy score compared with those in intergenerational relationships or parenting alone.

Further exploration of the qualitative data was conducted to see if they paralleled the findings from the quantitative data. Among the mothers who scored low on self-efficacy, three of the five mothers said they were in an intergenerational co-parenting relationship. One of these mothers reported that she moved from an intragenerational at first birth to an intergenerational relationship, which is uncommon in this sample, though she does not speak of either co-parenting situation in the interview. Of the two mothers who reported being in intragenerational relationship, one of the mothers reported receiving substantial intergenerational support: "I think that my mom helped me out because they father, he drive a truck and he only be home on the weekends." Thus, only one mother out of the five is in a true intragenerational relationship without substantial support from an intergenerational figure.

In contrast, only one of the mothers with high self-efficacy reported being in an intergenerational parenting situation at the time of the interview. Three reported not having a co-parent, or parenting alone (two were living alone, one lived with her parents) and four (two with a husband and two with a boyfriend) were in an intragenerational relationship. Thus, consistent with the quantitative data, mothers describing a

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predominantly intergenerational co-parenting context tended to have lower self-efficacy, while those who had higher self-efficacy did not report being in an intergenerational relationships.

Self-Efficacy and Dyadic Symmetry

The second hypothesis was that mothers who reported more symmetry in their relationships would score higher on self-efficacy. The subjects were divided into three groups based on their dyadic adjustment scores. Those who were one standard deviation above the mean were labeled high, those one standard deviation below the mean were scored low and all subjects between were categorized as medium. Among the different levels of DAS scores, it was found that there was a significant difference in self-efficacy scores, $\underline{F}$ (2, 34) = 7.216, $\underline{p}$=.002. Post hoc analyses revealed that the self-efficacy of mothers with the highest level of dyadic adjustment was significantly higher than the self-efficacy of either of the other two groups (medium and low dyadic symmetry) (see Table 4).

There was also some qualitative support for the second hypothesis, with overlap between the self-efficacy and dyadic adjustment scores. Four of the eight mothers who scored highest on self-efficacy also scored high on DAS, and one mother who was low in self-efficacy scored low on DAS. There were not any mothers who scored high on one measure and low on another.

Qualitative Analysis

Descriptive information from mothers participating in the focus group interviews sheds light on the experience of becoming a mother at a young age and the challenges a mother faces in her parenting role with respect to the parenting assistance and support she

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receives from her co-parenting partners. Presentation of qualitative results is organized

with two purposes in mind: (1) to describe the interpersonal context in which these

women parent and develop their self-evaluations about their efficacy as a parent and (2)

to address the third hypothesis of the study based on Bandura's conditions of self-

efficacy acquisition. A review of the differences between statements made by mothers

identified in the high and low self-efficacy groups is presented in order to determine

whether self-efficacy is related to key aspects of the parenting context. Those who

describe a context in which they have opportunities to experience successful parenting, to

vicariously experience success through the successes of her parenting partner, to receive

social and verbal support, and to avoid negative physiological arousal in regard to their

parenting are expected to be among those in the high self-efficacy group.

Who supports the mother in her parenting? One of the questions asked in the

focus group, "Who supports you in your parenting?", was an *a priori* coded category. In

contrast to the quantitative data in which mothers must identify one co-parenting partner,

the qualitative data show a more complex context. Several times in this sample, the

mother reports in the quantitative data that one individual is the co-parent; however, in

the interview, when she describes her co-parenting situation or talks about the support

that she receives, she may speak of a different co-parent, or additional support figures. A

mother might list a husband or a father as the primary co-parent, but in the interview,

when she is talking about who the child spends the majority of the day with, it might be a

different figure. For example, one of the mothers reported that she was living and co-

parenting in an intragenerational situation, yet in the interview she described receiving

support from both the father of her children and her sister. When asked to clarify who

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she considered her primary parent she replied, "Well, as far as household, household wise, it's like I would consider him [boyfriend], but caregiver, it's her [sister]". (E-14-2#92) As Adler-Baeder and Abell (2003) point out, because there can be support from a variety of sources, and the support is changing, defining a co-parent can be difficult for the mother, specifically mothers in this population.

How the mother is/is not supported? Bandura says that both vicarious experience, that is, observing and experiencing the successes of others, and social persuasion are important for a mother while trying to gain or enhance self-efficacy. For new mothers, the opportunities to watch others' successful parenting interactions and to be supported and encouraged in their own parenting efforts by outside figures would be relevant experiences affecting their self-evaluations. Following an establishment of who the co-parent or supporter was for the mother, many of the mothers would expand either voluntarily, or through prompting from the interviewer, about the ways in which co-parents and others provided support. As found in previous research (Abell & Adler Baeder, 2003; Adler-Baeder & Abell, 2003) mothers speak mainly about two general types of support: instrumental (i.e. child care, transportation, financially) and emotional support. Instrumental support was most often referred to when mothers talked about another person (e.g. mother, sister, friend) who helped take care of their child(ren) during the day at some point.

> My mother helped raise me raise my son because I was only 15 when I had him, so she was really more or less the parent because I had to go back to school and try to finish my education…she provided for him and everything. I just went to school full time until I graduated (T-5-1#1).

Social influences and verbal persuasion are important to women when developing their self-efficacy as mothers. Several mothers mentioned how important emotional support, particularly verbal encouragement, was in combating the stigma associated with becoming a mother as a teenager. It was very important that they had others in their life that reminded them that they were still "there for them" and supported them through this challenging time.

> I had support, because you know, once, when you get pregnant and you're unwed, that is a big shame that comes over you…when it happened, I, I was so ashamed and you know people always make you look, you know, there are people that really make you feel bad. And my family really stepped in and I had my godmother to call me to tell me, you're not the first one, you're not going to be the last one, you have support. We are going to help you.(T-6-4#27)

Another mother said:

> …with my family, they were very…they were supportive of me although they were kind of disappointed, you know? But they were supportive of me and they told me, we're going to be here for you but not just for you to do whatever you want. We will help you when necessary and…because initially I was really really depressed and upset and everything and they helped me pull through that, they helped, they supported me emotionally. And that, that helped out a whole lot."
> (W-9-4#136)

There is not a recognizable difference between the verbiage of the higher and lower self-efficacy mothers in the way they talk about how they are supported. Most of the comments center on the figure(s) helping them with childcare and the logistics that are involved.

Conflict/ Undermining. Bandura noted that the physiological response that a person has from his external environment, or interaction with others had the potential to negatively affect the judgments about ability. Specifically, negative physiological arousal can have a negative impact on the development of one's self-efficacy. One of the themes that came out in all four of the interviews, without prompting, is discussion about conflict with the co-parent, most commonly with the grandparents, particularly the grandmother. Eighteen, or 44 %, of the mothers spoke during the interview of some kind of conflict, varying in degree, with their co-parent or with different support figures. Some spoke of isolated arguments—many of which they had moved past--while others spoke of a bitterness or conflict that was still resonating. As found in previous research (Abell & Adler Baeder, 2003; Adler-Baeder & Abell, 2003), the conflict often took the form of an undermining of the mother in her role as a parent. Several of the mothers spoke about how it was especially hard to have authority over their child, when they might have disagreements with their own parents, especially if they are living with their parents (the child's grandparents). One mother told about how the grandmother would come in the middle of the night when the baby would start crying, and take the baby from her arms.

> …it was still my mommas house, so it was still like I had to do what my momma said do, while I was in the house. And if the baby got sick and I was up in the middle of the night, she'd come and get the baby, as if, I didn't know how to

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handle a baby. It was like I was not a mother at that point, and mother had to

come and take the baby and do this kind of thing. (looking for citation)

They did not feel that the grandparents always gave them the parental authority

that they needed. In an attempt to explain the tension, one of the mothers spoke about the

culture and the need to respect elders. Because this is so critical there is often a seeming

unspoken rule of "don't question authority", regardless of age, and if the mothers were

still living with their mothers, then the grandmothers are still the authority. One mother

said that she did not want to "look like the bad guy" in front of her child and disagree

with her mother, yet she did not want let it go, either.

I think that grandparents are my problem… you know, when I say something,

they have something to say and to do it in front of my daughter, who is seven, you

know, that makes me look like the bad guy. And that, that causes problems for

me quite often. You know I don't want to argue with them over her, but I also

can't just give in and let…if I say no, you know and they say, well why not or she

should or things like that, that causes problems (W-9-10#170).

One source of conflict centered about disagreements about disciplining issues.

Some of the mothers felt the grandmothers held different standards for their children than

they had for them when they were a child. Additionally some of the mothers felt that they

did not agree with the grandmothers form of discipline (either they felt that the

grandmother wanted to physically discipline the child and the mother did not agree, or

the grandmother did not want to physically discipline and the mother did).

I want to communicate with my child when I'm disciplining her, if I sit her in

time out I want her to know why and I talk to her. My grandparents are like, they

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are more authoritative…they're like, what I say goes and that's it, you don't ask questions. So…that's a lot of pressure…it's hard for me to raise my children how I want to staying with them, because they tend to look down on me because I talk to them and we just have different styles. It's hard to balance that (E-9-4#107).

There are differences that can be found in comparing the ways that the different groups of mothers spoke about conflict. Of the eight, four of the high self-efficacy mothers were coded as having comments relating to conflict with their co-parent. Two of these mothers were in the same focus group and seem to be almost playing off of each other, laughing about the way that their mothers parent their children differently than the way they were parented themselves. Though they are talking about some disagreement in the disciplining style, it is somewhat lighthearted "Interviewer: That's interesting …do you feel like they parent your child different than they parented you? Mother: Oh, Yes! (Laughter…lots of laughter in the room) (Later)…and still trying to tell me how to do it so I just say, that ain't me (mumbling, then laughter) (E-11-4&5#99&104)." Another high self-efficacy mother with a statement coded as conflict described her mother not wanting to take care of her child now that he is in trouble at school. "So suddenly, this is my child. (laughter) They had taken him away from me all this time and suddenly, he's mine because he won't sit down in school (T-5-6#39)!" The last statement of conflict is that one mother feels her mother (the grandmother) still treats her "like a little bitty baby", though she does not expound on this.

Of the seven lower (quartile split) self-efficacy mothers, three had statements coded as conflict. The remaining four did not have any comments about conflict. In contrast to the high efficacy mothers, some of the statements by low-efficacy subjects

suggest that deeper autonomy issues are at play. One mother spoke of conflicts with her family trying to tell her how to raise her children. She says that "listening at bad accusations coming from my family that makes me so mad I can smell blood running around my head (C-1-19#278)." Two other mothers who were low in self-efficacy had similar conflict statements in reference to disagreements with the children's father: "Me and my husband…my oldest one, she would rather have candy and juice and I was like, she's gonna eat before she get any candy and juice and my husband say, let her drink and let her eat (W-4-4#142)."

Keeping Bandura's self-efficacy acquisition model in mind, particularly the fourth pathway of physiological arousal, the in-depth experiences of emotional conflict and questioning of autonomy would be more likely to cause a decrease in self-efficacy. Of the mothers who were higher in self-efficacy, though they still spoke of conflicts that they experienced, the conflicts did not appear to resonate so personally; they were more lighthearted, and thus presumably less physiologically arousing.

Showing/ Teaching. The next theme that was found is reminiscent of Apfel and Seitz's (1991) co-parenting *parental apprentice* category. In modeling, the mother can experience vicarious success changing the mother's perception of the difficulty of the task and giving the mother confidence that she is able to do it well herself. Twelve of the mothers (29%), when talking about the relationship with their co-parenting partner, spoke about their partner showing them or teaching them how to parent, as opposed to doing it for them.

Well, with me, my mom, she kind of just took me and showed me how to do a lot of things. She taught me a lot, but she made sure I was going to be a parent to the

child, she encouraged me a lot. It wasn't like anything where, you know, a lot of

times you get pregnant young and you get a lot of criticism from your parents or

whatever. Oh I get a lot of criticism, I mean, I got that you did wrong, you

shouldn't have done this, you know, but she encouraged me and even motivated

me to, you know, push forward and do the best that I could. (T-5-4#23)

There is a very large difference when the high and low self-efficacy mothers are

compared in terms of showing and teaching. The most glaring difference is that none of

the mothers who were low in self-efficacy had any coded statements about their co-

parents or support figures showing or teaching them how to parent. In contrast, of the

nine who were high in self-efficacy, five spoke of the way that their co-parent, or

someone in their life at sometime, showed them how to parent. These statements

diametrically oppose some of the issues that were brought up in the conflict category.

Whereas with conflict, particularly with the grandmother, there are sometimes issues of

autonomy, here the mothers discussed their mother, or some figure teaching them or

showing them how to parent, rather than trying to usurp their parental authority. This

category parallels Bandura's theory in that through showing the mother what to do, she is

able to watch someone else, and possibly feel more confident about her own ability. In

addition, if someone else verbally explains steps to her, this serves to encourage and

persuade her in the task.

Perhaps there is an even deeper benefit to a support figure showing the mother

how to parent, given that it often is in contrast to struggles with autonomy. For example,

one mother, after saying that her mother showed her how to parent, rather than criticizing

her stated,

[My mother and my] relationship is great, we're best friends now. I don't think

that, I feel that, if she had just been totally critical on me at that point, I probably

would have rebelled against her and you know, and been very angry about a lot of

things even though I was the one that messed up. But because she was there and

supported me and helped me out a lot I think that is the reason we are such good

friends now. It makes a big difference (T-5-5#24).

Profile two moms. To understand more clearly the acquisition of self-efficacy, I

chose to compare the co-parenting experiences of two mothers--one mother who was

lower in self-efficacy and a mother who was in the highest group. To consider possible

reasons for why some mothers were higher in self-efficacy, the mother's interview data

was filtered through the theory that Bandura espoused about efficacy formation,

particularly the four pathways through which one gains efficacy: direct experience,

vicarious experience, social influences and verbal persuasion and physiological arousal.

Mary (a pseudonym) is a 25 African-American female, unmarried and

unemployed. She has completed some high school, and reports that she has a family

income of 7,000- 13,999. She has two sons, one who is five and the other who is two. At

age 20, she lived at home when her child was first born, although she reports in the

quantitative data that she did not have a co-parent. At the time of the interview she

reports an intergenerational living and parenting situation. When Mary talks about who

takes care of her child in the interview, she states, "My aunt has been a primary parent to

my two little boys besides myself. And my grandmother, she helped raise them. Their

father had his moments on, but other than that, it's been me my mom and my

grandmother." Later she states that her oldest "spends like the majority of his time with

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my aunt… It used to be his daddy before he got drafted [NFL]. Now it's my aunt." She

describes her son doing many tasks, including washing, getting dressed and getting

something to eat, he does for himself. She says that when he goes outside, he decides

when he wants to come inside, "I can't make him. I ask. And then he do what he wants."

Mary mentions that her aunt helps her with many of the daily parenting tasks. Through

the relaying of her feelings about her aunt and her son's relationship, you can almost

sense that there is a loss that she feels when she says, "with my little one, he wants to go

with Auntie all the time. She brings home and he cries he don't want to stay because he's

so attached being with her. I let him go to keep him from crying." But she realizes that

she needs the support of her aunt and the other family members, stating "I feel lucky,

because if it wasn't for my parents I don't know what I would do." Mary also talks about

her experience as a mother in the beginning saying, "I was so scared. They put him on the

pillow and she (grandmother) tried to hand him to me, and I leaned by the pillow because

I was so scared. He was so little. By him being so little I was scared I was going to hurt

him." She says that it took six or seven days before she could even hold him. Her

grandmother "showed, she showed me a lot with my first baby, because some things I

didn't even know what was what. I didn't even know how to hold my baby when I first

had him." But she also mentions that she does not feel that she has this same kind of

support any longer. She feels like others see her as an adult now, and with that come

assumptions about competency. She feels like it is now all up to her, because the father is

gone so much. "It's kinda hard being momma and daddy to a child that really need a

daddy." Mary also talked very openly about the criticism that she feels from some of the

members of her family, namely her mother. She says that she feels that her mother picks

and chooses favorites and she is always criticizing her parenting. She says, "[my mother] gives me a lot of criticism then she do my sister. It like she got favoritism. She got her picks and chooses." At one point she even says, "Listening at bad accusations coming from my family that makes me so mad I can smell blood running around my head." Mary has low self-efficacy.

Reading the mother's perspective, there are many experiences that are in tangent with Bandura's theory of self-efficacy acquisition. First, though the mother does spend some time with her child, a large portion of the children's time is also spent with another caregiver, namely the aunt. Therefore, this would decrease the direct opportunity that the mother has to parent. Also, through the words of the mother, it seems as though the child is in control in some ways. The child gets to make decisions about many of the caregiving tasks, and he gets to decide when he comes in, and it would be easy to infer that the mother might feel defeated or have deflated judgments about herself as a mother. She does have some figures in her life who, at one time seem to have been very good about teaching her how to parent, and helping her overcome fears that she had (social and verbal persuasion) however, she also talks about she feels that she is not as supported now as she once was. Perhaps, over the years, her self-efficacy, which could have been higher at the time of the birth of her first child, has decreased as the amount of support that she feels she receives decreases. Finally, there is evidence of negative physiological arousal when she talks about the criticism that she feels from her mother, in regards to her parenting. This inevitably would also lead her to have lower judgments about herself when considering the pathways of self-efficacy.

Barbara (a pseudonym) has a seven year old daughter and a 2 year old son. She is a 26 year old unmarried African American who has completed some college, and is currently working full time as a sales clerk, reporting a family income of $25,000-$39,999. She had her first daughter when she was 19. Barbara has high self-efficacy. She, like Mary, lived and co-parented in an intergenerational situation after the birth of her first child. At the time of the interview she reports that she is living and co-parenting in an intragenerational situation. When she talks about the parenting situation she says that she, "considers herself the primary parent and [she] lives with her boyfriend" but earlier she also states because she works long hours, "My sister provides assistance to me. She keeps my 2 year old while I'm at work…she's fed them and are ready for bed when I get home." She says that because she and her sister were both taught how to parent from their mother, "I guess we kind of learned from each other because when I had my daughter I was still with my mother, I guess we kind of learned from each other. She says that she and her sister "haven't had the best sister relationship, but I can say that it's gotten better over the past year, and well, we don't really, we haven't had no major arguments or nothing like that." She also talks about some of the stressors of being a parent, such as having a hard day at work and then going home, or feeling like you have a thousand things to do, but not having time for it all.

In the second mother's words we see that there was support when she first had her child, but there is continued support up to the point of the interview. She also mentions that they (she and her sister) are in a relationship where they are showing each other, rather than trying to take of over the parenting role from one another. Finally she also mentions that she had conflict within her relationship a co-parenting partner, the way that

she talks about her conflict is much different than the way the first participant spoke of hers. There is not the same arousal or emotional undertones. She also mentions that though there are times that they disagree, they have/do move on from it to some degree, at least to help each other out with what they need to do for their children. This kind of resolution is not found in the first mother.

The third hypothesis was that those mothers who had more direct parenting opportunities, successful vicarious experiences, verbal and social support and less physiological arousal would have higher self-efficacy. As a result of being able to explore mothers' own descriptions of their experiences as young parents, it was possible to examine Bandura's theory of self-efficacy acquisition as it related to the parenting domain. Through the qualitative data we found support for Bandura's theory of self-efficacy acquisition.

Examples of each of the four dimensions of self-efficacy acquisition could be seen in mothers' descriptions. One mother spoke about how it was important to her to "keep her kids with her most of the time," to be the main figure in their lives. She spoke of how she wanted them all to think back to the times that they had together, recognizing the value of the direct contact that she has with her child. Another mother spoke about her vicariously learning how to parent from her father-in-law. "When I have my first baby I didn't know anything about children and he use to come up to my grandmother's house and show me [how to] bathe her and show me how to feed her, and showed me, well, he really showed me a lot." By the grandfather doing the tasks with her, the mother was able to gain, vicariously, a sense of success, and feel that the task is more accomplishable.

A third mother also talks about the verbal persuasion and support that her mother gave her that motivated her to succeed: "My mom, she made sure I was going to be a parent to the child, she encouraged me a lot…she encouraged me and even motivated me to, you know, push forward and do the best that I could (T-5-5#24)." In contrast, one mother spoke about the conflict she felt with her mother at times, "I think grandparents are my problem…you know, when I say something, they have something to say and do it in front of my daughter…and that causes problems for me quite often (W-9-10#170)." This conflict can affect the perception the mother has about her parenting, making her feel less successful as a mother.

Furthermore, certain types of experiences the mothers discussed, particularly their descriptions of co-parenting conflicts and how co-parents showed and taught them new parenting behaviors and skills, were distributed differentially among high and low self-efficacy mothers. The contrast between the relatively more extensive comments of the two mothers, one higher and one lower than average in self-efficacy, illustrates this and also illuminates how several of the dimensions of self-efficacy acquisition may work together to influence either a negative or positive self-evaluation. The first mother, Mary, who was low in self-efficacy, has an intergenerational co-parent who supports her a large amount of time. Though this support may be necessary for Mary, it does not allow her to have as much direct parenting experience with her children. At one point she mentions that when her children come home from their aunt's sometimes they cry and want to stay with the aunt. Experiences like this could affect the judgment that the mother has about the way the children perceiver her as a mother, a judgment of her worth or success as a mother. In addition, though once she felt very supported by her family, her comments

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reflect a diminishing amount of positive social and verbal persuasion coming from key

support figures, as well as suggest an elevated physiological state. A reflection of her

negative self-evaluation as a mother could even be witnessed in the way she spoke about

her interaction with her young son when she said, "I don't tell him what to do. I ask."

In the same way Bandura's theory can be seen in the way Barbara talked about

her co-parenting experience. This mother spoke of her mother who taught her and her

sister who learned how to parent with her. The two received support and vicarious

experience at the same time from their mother, and shared in the experience of learning

how to parent. This mother also speaks about conflict within her relationship with her

sister; however, in her descriptions there was a sense of resolution and working towards

harmony, thus the disagreement(s) did not appear to elicit the same physiological arousal

as the previous mother. She states that the relationship has, "gotten better over the last

year and [they] haven't had no major arguments [sic] (E-14)."

V. DISCUSSION

Although there has been much previous research on adolescent parenting, there are many aspects to this side-stepping of normative life events that researchers have missed. One of these unexplored issues is the interpersonal context in which a young mother's sense of parental self-efficacy develops. This study examined the effects of the quality and structure of a mother's co-parenting and co-residential relationship on her self-efficacy.

Findings indicate that mothers who were in an intragenerational co-parenting situation and mothers who reported not having a co-parenting partner scored higher on self-efficacy than mothers who were in an intergenerational co-parenting situation. Mothers who reported more symmetry in their co-parenting relationship also reported higher self-efficacy. The qualitative data reinforced these findings, giving support to Bandura's (1982) self-efficacy acquisition theory as it relates to the parenting domain.

Contributions

With this study, it was found that while the debate continues over which support structure is best for the mother, there is a crucial piece that might be overlooked. One of the most important determining factors of the mothers' interpersonal well-being is not the structure, but the quality of the relationship, as defined by the interactions. Perhaps in the past it might have been taken for granted that in intergenerational relationships there would be certain types of interactions, whereas in intragenerational relationships there

would be others, though in this study we see that support structures are dynamic and figures must fulfill a multitude of roles in tandem with the mother to adequately support her.

As a result of being able to explore mothers' own descriptions of their experiences as young parents, we were able to pull back the curtains and allow the reader a glance into their lives. In doing this we found two very important things. First, we found that none of the mothers who were lower in self-efficacy spoke about their support figure showing or teaching them how to parent. This isn't to say definitively that it never happened, however, there were not any coded comments about it in the interview; whereas, five of the eight mothers who were high in self-efficacy had at least one comment about it. In this co-parenting interaction there is a specific skill set that the mother is gaining and benefiting from and it affects her and impacts the way that she judges her parenting.

Qualitative data analysis also enabled differences to be discerned in the way that high and low mothers spoke about the conflict. Both groups had comments about conflict, but in their comments each group had a different perspective about these interactions. Essentially it is not just the interactions, themselves, but the perspective that the mother takes about the interaction that seems to separate low from high self-efficacy mothers.

Implications for Prior Research

Past research on the residential status of adolescent parents has suggested that the quality of family support provided to young mothers can differ depending on the composition of their living arrangements (e.g., Furstenberg & Crawford, 1978;

Wakschlag et al., 1996). Previous studies found that intergenerational co-residence had some favorable outcomes for the mother, indicating that she was more likely to obtain a higher level of education and income. However, other studies found that it was better for the mom, interpersonally, if she did not live at home, or if she had support from an intragenerational support figure. For example, if the mother did not live with the grandmother, she had higher individuation scores (Wakschlag, et al., 1996), higher parental confidence (East & Felice 1996), and a husband or partner was related to lower psychological distress (Thompson & Peebles- Wilkins, 1992). Mothers living with same-generation peers or kin have been found to hold significantly more positive disciplinary attitudes regarding their young children than mothers living with older-generation kin (Dorr, 2001). The results of the current study are consistent these studies and also reinforce the findings from previous research with these data (Abell & Adler Baeder, 2003; Adler-Baeder & Abell, 2003) in suggesting that different patterns of cooperation and encouragement may be at work in the relationships of adolescent and young unmarried mothers, depending upon the structure and quality of their interactions with primary support figures.

The finding that parental self-efficacy, as an individual outcome, is influenced by the context in which it develops, is also consistent with previous research. In previous research, mothers who had experienced an "accumulation of risks" in their daily lives (i.e. low support, high stress, parenting as a young adult, lack of high school diploma) were significantly lower in parental self-efficacy than those who experienced only one or no risks (Raver & Leadbeter, 1999). The majority of the mothers in the present study reported several risks, including being low-income, having a high school education or

less, and having had their first child before they were 18. Thus, one would expect these mothers to be low in maternal self-efficacy. However, one-fifth of the sample reported high self-effcacy. How might this be explained?

In a study by Elder et al. (1995) it was found that mothers in a strong marriage were buffered from the negative effects associated with financial hardship, such as a decrease in parental self-efficacy; however, these results did not hold for unmarried mothers who only had support figures in their life. Unlike the results of the Elder et al. research, this study found that the negative effects of an accumulation of risks could be buffered by a positive intragenerational relationship, whether that involved marriage or not. Dynamics differed with the intergenerational relationship such that though there was support, the mother was not buffered from the negative effects of the accumulation of risk in regard to parental self-effciacy. Although the data suggested that mothers were supported in similar ways, erhaps the difference lies in the way the mother perceives the support, just as the difference in the conflict is in the way the mother perceives the disagreement. Though in both co-parenting contexts the mother is being supported, there is buffering from negative affects in the intragenerational co-parenting context because she 'feels' more supported.

Reasons for why the mother may not feel as supported in an intergenerational relationship may be seen when we consider the mother's experience as seen through the qualitative data. For several of the mothers interviewed in this study, conflict over issues of authority and autonomy were present as they tried to be a mother while living with their own mother. They spoke of the tension between trying to live in a house where they were both a daughter to a mother and a mother, themselves. East and Felice (1996) found

higher conflict for those mothers who lived at home. While the current study did not confirm that there was a higher frequency of conflict, it did suggest differences in the quality of the conflict and the perspective that the mother took concerning the conflict. Mothers higher in self-efficacy recognized the struggle, but appeared to have a broader perspective on the conflict, seemingly taking the disagreements or struggles with other support figures in stride. Yet for mothers lower in self-efficacy, conflict centered around issues of authority and autonomy, and mothers responded to these struggles with strongly negative personal reactions and emotions.

Perhaps these struggles with autonomy and authority would also explain some of what was happening with the mothers studied by Wakschlag et al. (1996). It was found that those who did not live with their parents had better individuation scores (a measure of the balance between autonomy and closeness in the grandmother- mother relationship), and these were related to the quality of the mother's parenting. East and Felice (1996) also found that if the mother is not living at home with the grandmother, she is more likely to have higher parental self-confidence (a construct similar to self-efficacy). As the data in this study suggest, if the grandmother (or other primary support figure) is perceived as interfering with the mother fully assuming her role as a parent, this can have a negative affect on her confidence in the parenting role.

Or perhaps higher self-efficacy is a benefit of growth and retrospective consideration. Mothers in the higher self-efficacy category (top quartile) had been parenting an average of 7.44 years at the time of the interview, ranging from 2 to 17.3 years, while mothers in the lower self-efficacy category (bottom quartile) had been parenting an average of 2.96 years, ranging from nine weeks to 5 years. Possibly a part of

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the development of self-efficacy is not only the experiences mothers have in the immediate co-parenting situation, but the perspective and confidence that come with age—the ability that comes with time to look back and see this the experience a little less personally, or to see the positive ways in which their support figures were teaching them, rather than the ways they might have felt slighted as they were hacking their way through the jungles of growing up and parenting at the same time.

Expanding on the understanding of the influence of the mother's co-parenting situation, results showed that the quality of the relationship also affected the self-efficacy of the mother. Mothers in relationships with more symmetry (higher scores on the Dyadic Adjustment Scale) reported higher self-efficacy. Much of the previous research has focused on the type of relationship that the mother was in, neglecting the quality of the relationship. As mentioned previously, Elder, et al., (1995) found that the relationship could serve a buffer against the risks of financial hardship. The only other parental self-efficacy studies that considered relationship dynamics were Cutrona and Troutman (1986) and Teti and Gelfand (1991) who both looked at various marital support variables and found that they were consistent with a mediational model of self-efficacy. However, with this study we recognize that the relationships that these mothers are in are not always a traditional marriage relationship, and yet we found evidence that diverse co-parenting relationships (i.e. boyfriend, aunt, parenting alone) impacted the self-efficacy of the mother. When there is more balance in a relationship, in any type of relationship, both partners feel needed and a part of the relationship. Because of this, if the mother feels like she is being validated in her relationship with her co-parenting partner, then this is likely to also spillover into the way that she perceives herself in her role as a mother.

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She is more likely to feel like she is also needed as a mother in that relationship as well, not that the other partner is taking over, but that both partners are needed.

Because the use of the Dyadic Adjustment Scale to assess the quality of the primary co-parenting relationship was a departure from its traditional use with couples who were married or living together, certain questions might come forth from these findings. Can an intergenerational relationship, where authority has been established for at least 14 or more years truly be symmetrical? Can the DAS be used in a co-residential relationship such as this? Although it is traditionally used in married or dating samples, the use of the DAS in this study is theoretically consistent with the goals of evaluating relationships for symmetry and balance. In a grandmother-mother relationship, for example, there might never be full equality because of the nature of the relationship. However, as the relationship grows and matures, it is expected that there is more of the symmetry that is measured in the DAS, such as consensus in philosophy of life, or aims and goals in life, or a healthy exchange of stimulating ideas. In addition, one of the questions is a general, 'rate your relationship' question, which certainly would apply to all generational relationships.

One of the ways that co-parenting partners of the mothers in this study, particularly grandmothers, appeared to enhance the symmetry in their relationships with their daughters was through showing or teaching. Among the mothers who were higher in self-efficacy, five of the nine mothers spoke about their support figures teaching them how to parent or showing them what they should do. When this happens the grandmother is giving the mother opportunity to parent and instilling in her the confidence to do it herself. By showing her how to do it, through vicarious experience, the grandmother

allows the mother to see that the task is accomplishable and thus feel that she would be able to accomplish the task as well. In contrast, if the grandmother or other support figure takes the child away or simply does the task in place of the mother, rather than teaching her, this is not allowing the mother to experience any success. The experience of showing and teaching is in contrast to some of the issues that were raised in mothers' comments about conflict, when grandmothers were described as taking over the parenting role, thereby undermining the mother's authority, showing that she does not believe the mother is capable, and thus making the mother feel that she is not.

In the review article by Coleman and Karraker (1997) they stated that for parents to feel efficacious there are three traits that they must possess: 1) child care knowledge, 2) confidence in the knowledge and ability that they possess, and 3) belief that the child will comply with the response that the parent gives, and that others will support them in their behaviors. All of these are reinforced in the showing and teaching aspect of the parenting experience that the mothers discuss. The mothers are taught by a support figure in their life, thus they are first given knowledge, then this knowledge or skill is reinforced and the mother given confidence in the knowledge by the application of the new skill, and they are supported by the figure as the mother applies the new skill. In the opposite way, all of these traits are threatened by undermining from an authority figure. If a mother is receiving negative feedback and not being supported, there can be a danger of losing her confidence.

Limitations of the Study

Prior to examining the qualitative data, the intention was to code and separate mothers' statements into categories of co-parenting relationships, similar to the relationship types described by Apfel and Seitz (1991). However, as the study progressed, it became clear that the information that many of the mothers gave about their experience was too limited to allow for the coding of their relationships according to this scheme. The fact that some mothers spoke freely, some did not speak at all, and a number of mothers spoke only a few times during the focus group interviews is a limitation of the study. For example, in this study some of the mothers with lower self-efficacy did not have any codable lines of text. This can limit the amount of perspective, and inference we are able to attribute to some participants. Perhaps for mothers who have extremely low self-efficacy being in a focus group with moms who have high self-efficacy is not the most effective way to hear their perspective. They may feel intimidated and be less inclined to share their experiences. This can slant the interview by allowing some mothers to dominate the conversation. Because of this, we may have a fuller picture of the experiences of some, and know very little about others.

Another limitation is that some of the participants interviewed were looking back over a relatively longer period of time than others, thinking back to their experience as mothers when they had their first child. The amount of time since they had their child may have an effect on how they remember the experience. Over time, there may be a biasing effect influencing the perspective of the mothers' memories. Perhaps if the study had looked at the mothers high in self-efficacy closer to their experience, their comments might have looked more like the comments of the younger moms.

A further limitation is that these results cannot show directionality of effects. Though it is clear through the study that self-efficacy and the mother's co-parenting relationship affect each other, it is not clear whether low self-efficacy drives a less cohesive relationship or if a less cohesive relationship actually affects the mothers' judgments about herself as a mother. Perhaps a less efficacious mother stays away from intragenerational relationships because she does not feel confident in other relationship areas as well. Perhaps a less efficacious mother elicits more "taking-over behaviors" from her co-parenting partner. Coleman & Karraker (1997) point out that typically those with higher self-efficacy see environmental demands as less negatively arousing, while low self-efficacy folks see demands as threatening. Thus they theorize that self-efficacy affects the amount of conflict in a relationship by the perspective that the mother takes on the conflict, rather than the conflict affecting the mother's self-efficacy. Therefore, though it can be shown that the two dimensions affect each other, the direction of the effects cannot be ultimately determined.

In spite of these limitations, the findings make a contribution to the existing research in several ways. The quantitative data provides a sketch of mothers' interpersonal experience, pointing to what is significant about the relationships that the mothers are in—that it is not only the type, but the quality as well that researchers must consider. Then the qualitative data colors in the lines to add illumination to the picture of the lives of these women, and the way the mothers speak about their experiences with their co-parents also speaks about the way that they are forming their parental self-efficacy. Though there were limitations, the ability to combine the strengths of the two methods was valued.

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Implications for Future Research

One of the most important contributions this study makes is showing the way that mothers, especially teenage and young unmarried mothers, cobble together physical and emotional resources to keep their family functioning. We, as researchers, must realize that often there are many who are contributing to the support of the young mom. As earlier research has pointed out (Adler-Baeder & Abell, 2003) and this study reinforces, the term co-parent can be a challenging term for many reasons.. The mother may list a boyfriend or a husband as a co-parenting partner, when in reality the child may spend more time with his or her grandmother or aunt than the man in the mother's life. The heart of the question, therefore, may be, "What does the term, 'co-parent,' mean for a mother, specifically a teenage or young mother?" Does she consider a "co-parent" the person that she comes home to at night, regardless of whether they help her with the responsibilities of the children? Does she realize the impact of the parenting relationship she has with the support figures in her life? Because these issues have been raised it is important in future studies looking at co-parenting situations to first look at pilot data of the subjects that they are studying to determine how many possible co-parents the mothers may have had, or has currently, and consider if they need to ask about co-parents at different times (i.e. first birth, and time of interview). In addition, on the instrument, the term co-parent should be clearly explained to the mother in regard to the aim of the definition for the study. The researcher should not make assumptions about how others would define a co-parent. It is important that the researcher and the mother have a clear picture about the figure and what the expectations of that figure are. In addition, perhaps even allowing for more than one co-parent, or adding an additional question on the

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questionnaire such as "Who does your child spend most of the day with?" or "Who helps you/ supports you in your parenting role?" might maintain that the researcher and the mother are thinking about the same kind of figure(s). Previous research has used assorted definitions of both social support and co-parenting. Because of this, it is difficult to generalize results from study to study. This study has shown that for this sample co-parenting is in a state of flux throughout the child's life, and many times there is a melding of many people helping the mother in a variety of ways, from a church member giving the child a ride to ballet, to a boyfriend who lives with the mother but may not have many childcare duties within the house.

Because the research was limited by being retrospective (for some) and cross-sectional, one possible direction for future research is to study the effect of the mothers' co-parenting partner on her self-efficacy over time. This and other studies show that the majority of teenage mothers co-parent with an intergenerational partner at some point. It would be interesting to conduct a longitudinal study of mothers reporting their self-efficacy prospectively at certain time intervals, assuming that they would at some point change residency status and/or partner status, and observe how the self-efficacy changes over time. Coleman and Karraker (1997) speak of the parental self-efficacy dimension as being a dynamic construct, with the ability to adapt to changes in the environment. However, there has not been much investigation into the pace of the change. Does it change immediately when the mother changes parenting situations? Does it take time for the mother to learn how to manage a new parenting situation and feel confident in it? These are questions that could only be answered if mother's self-efficacy were evaluated concurrently in the various living situations during different times of her parenting.

The findings from this study not only have implications for future research but for future educational or intervention programs as well. Just as researchers must reconsider how they conceptualize and operationalize co-parenting for this population, programs must also be suited to groups of people who have multiple influences on them and their child. Parenting programs cannot assume that there is one person, such as a husband, co-parenting with the mother, for there may be more than one co-parent, or there may not be any. In addition, as the impact of the mothers' relationships on their parental self-efficacy becomes more clear, there are also implications for the benefit of focusing on building healthy co-parenting relationships, regardless of whether it is a traditional or non-traditional constellation.

Taking into account the importance of the role of the co-parenting relationship, specifically the findings regarding conflict and showing and teaching, parenting programs, specifically those targeting adolescent parenting, should also realize that there is also a set of skills that can taught to the support figures. Teaching skills such as conflict management and conveying the importance to grandmothers (or other intergenerational co-parenting partner) of their role in mentoring their daughters can help promote interactions that lead to higher self-efficacy. By opening the lines of communication about the identity struggle between being a mother and a daughter could also help create a more cohesive grandmother/mother relationship.

This study supports previous theory and research findings that the quality of the relationships the mother is in, that those with whom she parents and lives, affect the judgments that she makes about herself as a mother. Whether it is completely a function of the structure and dynamic of the relationship, or if self-efficacy is more a function of

growth and experience, by hearing the voices of these mothers we can see more clearly

the way interactions in these relationships really do resonate and serve to mold and shape

the perspectives of a parent, and perhaps we need to start listening more carefully.

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Table 1. **Participant Demographics**

	Subject (N= 41)	
Demographic Factors	Mean	SD
Age at time of interview	24.73	7.45
Age at time of first birth	18.42	4.10

Demographic Factors		Percent	Frequency
Race	Caucasian	14.6	6
	African-American	85.4	35
Education	completed high school or less	63.4	26
	Any college or completed	36.6	15
Age at time of interview	under 23	43.9	18
	23 and over	56.1	23
Age at first birth	18 and under	59	23
	19 and older	41	16
Years since first birth	4 or less	53.8	21
	5 or more	46.2	18
Family Income	less than $13,999	51.3	20
	$14,000-$24-999	30.8	12
	Over $25,000	17.9	7
Co-Residence at First Birth	intergenerational	74.3	26
	intragenerational	22.8	8
	single	2.9	1
Co-parent at first birth	intergenerational	56.8	21
	intragenerational	37.8	14
	single	5.4	2
Current Co-residence	intergenerational	28.1	9
	intragenerational	46.9	15
	single	25	8
Current Co-parenting partner	intergenerational	30	12
	intragenerational	60	24
	Single	10	4

Table 2. **Bivariate Correlations among Dependent, Independent, and Demographic Variables.**

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Parental Efficacy	1	.485**	.241	.358*	.176	.371*	.222	-.039	.093	.253	.318
2. DAS	.485**	1	-.029	.209	.161	-.054	.271	.155	.134	-.022	-.082
3. Age	.241	-.029	1	.725**	.088	.500**	.366*	.183	.060	.402	.403
4. Age at First Birth	.358*	.209	.725**	1	.062	.266	.125	.055	.213	.364	.274
5. Race	.176	.161	.088	.062	1	.167	.129	-.471**	-.093	-.050	-.120
6. Highest level of education	.371*	-.054	.500**	.266	.167	1	.280	-.181	-.113	.142	.240
7. Family Income	.222	.271	.366*	.125	.129	.280	1	-.172	-.339*	.349	.319
8. Co-Residence at First Birth	-.039	.155	.183	.055	-.471**	-.181	-.172	1	.412*	.185	.120
9. Co-Parent at First Birth	.093	.134	.060	.213	-.093	-.113	-.339*	.412*	1	.211	.048
10. Co-Residence at Interview	.253	-.002	.402	.364	-.050	.142	.349	.185	.211	1	.825**
11. Co-Parent at Interview	.318	-.082	.403	.274	-.120	.240	.319	.120	.048	.825**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Table 3. **ANOVAs for Parental Self-Efficacy by Demographic Variables.**

	Mothers' Education*							
	Completed high school or less			Any college or completed				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	26	36.31	4.29	15	39.13	4.12	4.260	.046

	Mothers' Age at time of first birth							
	18 and under			Over 18				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	23	36.57	4.09	16	38.75	4.07	2.702	.109

	Mothers' Age at time of interview*							
	Under 23			23 and over				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	18	35.33	4.12	23	38.91	4.01	7.862	.008

	Years since Mother's First Birth*							
	4 years or less			5 years or more				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	21	35.86	4.28	18	39.33	3.24	7.96	.008

	Mothers' Ethnicity							
	Caucasian			African- American				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	6	35.50	4.09	35	37.66	4.42	1.244	.272

	Mothers' Income										
	Under 13, 999			14,000 to 24,999			Over 25,000				
	N	Mean	SD	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	20	36.30	4.28	12	39.58	2.68	7	38.29	5.28	2.547	.092

* Significant at .05

Table 4. **Means and Standard Deviations for Parental Self-Efficacy and Dyadic Adjustment by Mother's Living and Parenting Arrangements.**

	Co-Residential Status (at time of first birth)							
	Intragenerational			Intergenerational				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	8	37.75	4.56	22	38.41	4.70	.050	.825

	Co-Parenting Partner (at time of first birth)							
	Intragenerational			Intergenerational				
	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	16	37.81	5.15	13	38.46	4.03	.288	.595

	Co-Residential Status (at time of Interview)										
	Intragenerational			Intergenerational			Single				
	N	Mean	SD	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	13	38.69	4.89	9	35.89	4.65	8	39.5	3.25	1.53	.233

	Co-Parenting Partner (at time of interview) *										
	Intragenerational			Intergenerational			Single				
	N	Mean	SD	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	24	38.33	4.10	12	34.75	4.07	4	40.50	3.11	4.43	.019

	Dyadic Adjustment Score (split by sd) *										
	Low			Average			High				
	N	Mean	SD	N	Mean	SD	N	Mean	SD	F	p
Parental Self-Efficacy	4	35	6	27	36.11	3.75	6	42.33	7.86	7.22	.002

* Significant at .05