



## Heterogeneity among adolescent mothers and home visiting program outcomes<sup>☆</sup>



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### ABSTRACT

Despite the challenges of early parenting, many adolescents navigate motherhood successfully, underscoring an overlooked heterogeneity among adolescent mothers. The present study used Latent Class Analysis (LCA) to identify subgroups of adolescent mothers ( $n = 704$ ) enrolled in a randomized controlled trial (RCT) evaluation of a home visiting program for young parents. The model incorporated demographic and background characteristics, as well as indicators of psychological vulnerability. Analyses revealed four distinct subgroups: (a) non-Hispanic high vulnerability ( $n = 209$ , 30%); (b) Hispanic high vulnerability ( $n = 98$ , 14%); (c) non-Hispanic moderate vulnerability ( $n = 241$ , 34%); and (d) Hispanic moderate vulnerability ( $n = 156$ , 22%). Mothers in the two high vulnerability subgroups exhibited the poorest personal and parenting functioning outcomes measured approximately two years postpartum, particularly in terms of child maltreatment (non-Hispanic high vulnerability) and depressive symptoms (Hispanic high vulnerability). Analyses revealed positive effects of the home visiting program within specific latent classes on such outcomes as healthy baby at birth, high school or GED attainment, and repeat birth.

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### 1. Introduction

In 2013, there were 27 births for every 1000 adolescent females aged 15 to 19 years of age in the U.S., with Hispanic (41.7 per 1000) and Black (39.0 per 1000) teens exhibiting the highest rates (Child Trends, 2014). Although these rates have declined over the past two decades (Yang & Gaydos, 2010), adolescent parenthood remains a significant concern for policymakers and practitioners. The literature suggests that young mothers, especially those with difficult life circumstances, often are not well-prepared to simultaneously negotiate the developmental tasks of adolescence and parenthood (Coyne & D'Onofrio, 2012; Meade, Kershaw, & Ickovics, 2008). Research indicates that adolescent mothers typically demonstrate less sensitive and responsive parenting, have lower school achievement and poorer mental health (Beers & Hollo, 2009; Child Trends, 2014; Coley & Chase-Lansdale, 1998;

Lachance, Burrus, & Scott, 2012) compared to women who become mothers later in their development. Nonetheless, many do navigate these transitions successfully, underscoring a heterogeneity of responses to young motherhood that is often overlooked (Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001; Oxford et al., 2005).

#### 1.1. Heterogeneity among adolescent mothers

An ample body of research has revealed a host of individual and family background and demographic characteristics and circumstances that are commonly associated with adolescent motherhood. On average, adolescent mothers are more likely to be Black or Hispanic relative to their peers; they frequently grow up in single parent and low-income households, experience residential mobility and challenging family relationships, and have mothers who were young parents themselves (Child Trends, 2014; Coley & Chase-Lansdale, 1998; Coyne & D'Onofrio, 2012; Jaffee et al., 2001; Manlove, Steward-Streng, Peterson, Scott, & Wildsmith, 2013; Meade et al., 2008). Young parenthood is also linked to various indicators of psychological vulnerability, including childhood maltreatment, depression, social isolation and association with deviant peers, and risky behavior and substance use (Coley & Chase-Lansdale, 1998; Coyne & D'Onofrio, 2012; Manlove et al., 2013; Meade et al., 2008).

While this past research presents a troubling portrait of adolescent mothers, it is important to consider that these prior studies were based largely on variable-centered approaches that compare groups of

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adolescent mothers to older mothers, thereby masking the diversity in young parents' backgrounds and risk factors (Coyne & D'Onofrio, 2012). Indeed, one study utilizing a person-centered analysis of adolescent mothers found that 43% fit into a "normative" profile, exemplified by financial independence, avoidance of high-risk behaviors, and average health and mental health outcomes (Oxford et al., 2005). A further 42% were considered psychologically vulnerable, and 15% faced problems across most domains of adult development. Many adolescent mothers do not experience unfavorable outcomes, particularly those with fewer problems and more stable families pre-pregnancy, as well as young women who remained in school, had aspirations for the future, delayed having subsequent children, and had family or partner support post-pregnancy (Chase-Lansdale, Brooks-Gunn, & Paikoff, 1991; Jaffee et al., 2001; Oxford, Gilchrist, Gillmore, & Lohr, 2006; Oxford et al., 2005). Even young women exposed to significant pre-pregnancy risks, such as a history of parental abuse and poverty, do not necessarily demonstrate unfavorable outcomes (Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011). The trajectory of failure that is often stereotypically assigned to ethnic minority and poor teenagers who give birth was countered by Leadbeater and Way (2001) who documented multiple pathways to success, including pursuit of education and work, and building relationships with competent partners.

Thus, heterogeneity is apparent in background circumstances and vulnerabilities, as well as in personal and parenting functioning outcomes among adolescent mothers. Identifying individual background characteristics and experiences that differentiate patterns of adaptation to adolescent parenting, then, is a useful empirical endeavor, both to challenge stereotypically negative portrayals of adolescent mothers, and to enable programs to develop more appropriate, targeted services and supports for those mothers who need them.

### 1.2. Programs for adolescent mothers

In general, successful programs for young mothers apply a preventive approach, intervene early and at multiple points in time, incorporate a range of components or services, and support young mothers' children past infancy (Chase-Lansdale & Brooks-Gunn, 2014; Seitz & Apfel, 1999). Home visiting is one such service modality used with young mothers. While home visitation encompasses a range of approaches, the service typically offers an individualized approach by taking place within clients' homes, involving participants in their own goal-setting, and including other family members (Beers & Hollo, 2009). Due to its flexibility, this service modality is especially useful with vulnerable families, including those headed by young mothers, even though few home visiting programs to date have specifically targeted teen parents (Barlow et al., 2015).

Home visiting has been supported by an increasing body of high-quality evidence, including several randomized controlled trials (RCTs), which have documented favorable, albeit somewhat inconsistent, findings across several relevant domains, including maternal health and well-being, child health and development, economic self-sufficiency, and reproductive health (for reviews see e.g., Azzi-Lessing, 2011; Howard & Brooks-Gunn, 2009; Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013; Sweet & Appelbaum, 2004). While the use of RCTs and other rigorous study designs have helped to establish overall program impact of home visiting – and have thus been instrumental in the recent national expansion of home visiting programs in the U.S. – they do not necessarily allow for examination of the complexity and diversity of participating families and the ways they use home visiting programs. Specifically, when there is no overall program impact, it does not mean that the program is not effective for specific subgroups. Indeed, it has been documented that effects of home visiting programs may be dependent on exposure to risk factors, including depression, history of child maltreatment, and income variations, though findings vary in terms of whether mothers with more risks benefited more – or less – from home visiting than mothers facing fewer risks

(Easterbrooks et al., 2013; Howard & Brooks-Gunn, 2009; Peacock et al., 2013; Sweet & Appelbaum, 2004).

Increasingly evaluations of intervention programs have incorporated participants' background circumstances and contexts and risk factors as important moderators of program effects (Weiss, Bloom, & Brock, 2013). Yet, traditional subgroup analyses may be plagued by Type 1 error, low statistical power, and difficulties exploring higher-order interactions, particularly when multiple subgroup indicators are of interest (Lanza & Rhoades, 2013). Our recent assessment of impacts of a statewide home visiting program for young mothers found several overall program effects (Jacobs et al., 2016), yet further examination is needed to determine variations in program effects according to specific subgroups of young mothers. Towards this end, we systematically examine the heterogeneity of adolescent parenthood by using a person-centered method to identify subgroups of participants based on multiple indicators and then assess variations in program impact among the subgroups.

### 1.3. The current study

The study reported in this paper is based on an RCT of a statewide home visiting program for young parents. Given the diversity among young mothers suggested by the literature, the first objective of this study was to identify subgroups of adolescent parents with varying configurations of background circumstances and psychological vulnerability using Latent Class Analysis (LCA), a person-centered method that identifies underlying (unobserved) population subgroups using observed indicators. Based on an initial assessment of influential subgroups in this sample (Tufts Interdisciplinary Evaluation Research, 2015), the LCA model incorporated several baseline (Time 1) indicators, including demographic and background characteristics and circumstances, such as maternal age at child's birth, race/ethnicity, place of birth, financial difficulties, residential mobility, living arrangements, receipt of public programs; as well as indicators of psychological vulnerability, such as clinical depression, post-traumatic stress, history of childhood maltreatment, and low social connection. These indicators cover a range of ecological domains and risk factors hypothesized to differentiate young mothers and, as described below, predict a varied response to the home visiting intervention (Lanza & Rhoades, 2013; Monsen, Banerjee, & Das, 2010). We hypothesized that there would be at least two subgroups or classes of mothers: a psychologically vulnerable class with co-occurring exposure to challenging background circumstances, and a class of mothers with lower to moderate levels of psychological vulnerability, less stressful circumstances, and more social support. Demographic variables, such as race/ethnicity and place of birth were included in analyses due to their potential to serve as proxies for particular groups' experiences of supports and social connections and/or of ecological risks and disadvantage that could be useful differentiators of the subgroups (Rogoff & Angelillo, 2002; Schwartz et al., 2014).

A second objective was to examine whether effects of a statewide home visiting program for young parents facilitated a successful transition to adulthood and parenting for particular subgroups of young mothers compared with others. We examined the extent to which personal and parenting functioning varied among the subgroups of participants, as well as whether impacts of the home visiting program on personal and parenting functioning were conditional on subgroup membership. We expected that membership in the vulnerable class would be associated with less optimal parenting and personal functioning outcomes relative to the other class. We also predicted that the strongest home visiting program effects would be observed among mothers in the highly vulnerable group, thereby attenuating some of the deleterious influence of risk and vulnerability on their personal and parenting functioning.

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