

A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms

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Abstract

Background

Teenage parenting is recognised as one of the greatest health and social problems in South Africa. Research in South Africa has shown that by the age of 18 years, more than 30% of teens have given birth at least once. Teen mothers may feel disempowered because they are 'othered' and consequently, may develop forms of resistance which in most cases may inhibit their ability to parent. Social support is therefore, an imperative intervention for successful teen parenting but this is not clearly understood in South Africa. This study aimed to compare the relationship between parental efficacy and social support systems of single teen mothers across different family forms.

Methods

A quantitative methodology with a cross-sectional comparative correlation design was conducted with 160 single teen mothers who resided with a family in a low socio-economic community. The participants completed a self-report questionnaire that comprised of the Social Provisions Scale (SPS), and the Parenting Sense of Competence (PSOC) scale. Descriptive statistics and Pearson correlation were used to investigate the data.

Results

A significant positive relationship between social support and parental efficacy was found. These findings are important for planning and applying parenting programmes amongst single teen mothers and facilitating awareness regarding the importance of social support and family forms when considering parenting practices.

Conclusion

The current study revealed, that a relationship between parental efficacy and social support of single teen mothers do exist and for most, it was statistically significant, meaning any changes from the two variables may affect each other and the performance of single teen mothers.

Introduction

Parental efficacy acts as one of the most powerful predictors of future success, as it not only plays a part in the goals a person sets in parenting and which activities that person becomes involved in, but also influences the coping strategies the person will adopt under difficult circumstances [1]. According to Coleman and Karraker [2], parental efficacy refers to the parent's expectations of competence in the role as parent.

Teenage pregnancy is a universal phenomenon affecting both developed and developing countries [3,4], with approximately 16 million births to mothers aged 15–19 years, and two million to girls under the age of 15 years, annually [5]. Parental efficacy acts as one of the most powerful predictors of future success, as it not only plays a part in the goals a person sets in parenting and which activities that person becomes involved in, but also influences the coping strategies the person will adopt under difficult circumstances [1].

In addition, Rafferty, Griffin and Lodise [6] and Mollborn and Dennis [7] found that unmarried teenage mothers are more vulnerable than married ones because in many cases the unmarried pregnant girls are rejected by their parents as they have added shame and an additional burden on the family. The National Youth Development Agency, indicated that over 45 000 female learners in South Africa fell pregnant in 2009; this led to teenage pregnancy representing one of the leading causes of school drop outs - after economic reasons [8]. Findings of a report focusing on the needs of teenage parents suggested that these teen girls face various challenges related to stigma from peers, community members as well as their family, while the men who have impregnated these girls often deny responsibility [9]. Without the required support and restricted opportunities to complete their education; these teen mothers find themselves susceptible to a number of risks for example malnutrition, poverty and the possibility of developing poor parental efficacy which would all impact on her development as a teen mother as well as that of her child.

The interaction between parental efficacy beliefs, parenting and social support is likely to vary by environmental and family contexts [10]. According to Amoateng et al., [11] families operate as a central form of social support to individuals, in addition to forming an intrinsic component of collective networks and ecologies. With a decreased support system, single teen mothers may find themselves lowering their evaluation of the quality of their parenting; as exposure to what quality parenting entails might be low. Size of a social support system plays a role in the quality of parenting [12].

Amoateng et al., [11] argue that there is a general consensus in defining families and the forms in which they present in as, social groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachment to each other that endure over time and go beyond a particular physical residence. A synopsis of South African family forms includes; nuclear families, extended families, child-headed households, single parent families and multi-generational families [13]. This definition is appropriate in the South African context, owing to its inclusive character and resultant emphasis on non-nuclear family constellations and forms.

In South Africa, 39% of 15- to 19-year old girls have been pregnant at least once [14], the majority, unplanned [15,16] and increasing amongst historically classified Coloured females [17]. One thousand one hundred and sixty-two women under the age of 19 were pregnant in different schools in Elsies River, Macassar, Bishop Lavis, Hanover Park and Vanguard around the Western Cape during just seven months in the year 2004 [18]. Furthermore, Honikman, et al., [19], report on Perinatal Mental Health Project indicated that 49% of teen mothers are pregnant again within 24 months.

During the literature review it becomes clear that there is a lack of research examining the kind of support received by teen mothers, more so historically classified Coloureds [17].

When a parent is not only poor herself, but also has family who is poor, there are simply fewer resources and role models to draw on to cope with day-to-day challenges. Furthermore, generating new information or strategies for improving life circumstances, or for responding optimally to children's emerging needs may too become challenging. The explorations by Beers and Hollo [20], has concentrated on outer assets that impacts the support systems that plays a role in the counteractive action on teen motherhood. Also, a few studies have concentrated on how support systems impact the interior limits that are fundamental for teen mothers to show powerful child rearing practices and avoid negative results.

According Van Den Berg [12], greater satisfaction with support networks may result in a greater sense of parental efficacy for teen mothers. Furthermore, support figures may influence teen mothers' perceptions of themselves as a competent parent, which in turn is a key contributor to nurturing child-rearing practices [12]. However, research suggests that teen mothers encounter significantly more challenges, but have fewer resources and less social support than adult mothers [21]. Divorce typically produces significant declines in the standard of living in mother-headed homes, with life below the poverty line often the result [22]. Role conflict and restriction attenuated educational achievement, underemployment, school changes, unstable relationships with the child's father, difficulties due to dependence on their families and physical health problems for themselves and their babies [23].

Michalos [23] asserts that social support from family plays a role in the facilitation of teen mother's parental efficacy across the sphere of her parenting role. Therefore, are single teen mothers with absent parents less successful because of lower efficacies, or do parental support play a more significant role in encouraging the growth of single teen mothers' parental efficacy? The current study aims to make a contribution to existing knowledge on teenage parenting and family functioning by determining and comparing the relationship between parental efficacy and social support of single teen mothers in different family forms.

Methods

Research Design

The current study used a quantitative methodological approach with a cross-sectional comparative study design. For this study the correlation design was necessary to determine if a relationship between parental efficacy and social support systems exist. Whereby, the comparative design was applicable to examining the differences in relation to parental efficacy and the support received from the different family forms of single teen mothers.

Sample and Sampling

The study was conducted in four low socio economic communities across the Western Cape. Knott- Craig [24] and de Clermont [25] confirmed the following areas as low social economic communities; Mitchells Plain, Elsies River, Factreton and Bishop Lavis. These areas were selected because of the high concentration of teenage pregnancy, low levels of skills and education, high levels of unemployment, poverty and substance abuse within them. The initial study sample was to be 320 single teen mothers. However due to the challenges of recruiting this number had to be adjusted to 160. Firstly, the stigma attached with teenage pregnancy is very overwhelming and a problem within our Coloured communities, this created a constant barrier in trying to source possible participants. Secondly, when requiring parental consent from prospective participants' parents, either the participant herself was not willing to involve her parent/parents in the study or the parent refused to give consent, as they wanted nothing to do with the concept of their daughters being a teen mother.

The study made use of a convenience sampling procedure, so as to ensure that subgroups within the broader community population would be adequately represented in the sample. The researcher sought the assistance of two community officers whom; firstly, resides within the targeted communities and secondly, were volunteers at a Non-Government Organization (NGO) also within these communities. Due to unforeseen circumstances one of the NGO's has closed down. Community officers distributed information sheets to young women within these communities describing the study's goals and purpose, listed eligibility criteria, as well as contact information of the researcher. Eligibility criteria was set as: - (1) to be a single teen mother, (2) have given birth during the last 6 years (January 2009 - January 2015), (3) single mothers who were aged between 13-19 years when they had their first pregnancy, (4) single teen mothers should for a period of one year have resided with or is currently residing with family, caregiver or members thereof and (5) the child should be age 5 and younger.

Research Instrument

This study used two instruments used to measure the variables under study. These were the Social Provisions Scale as developed by Cutrona and Russell, [26] and the Parenting Sense of Competence Scale (PSOC) as developed by Gibaud-Wallston and Wandersman, [27]. The Social Provisions Scale examines the degree to which participant's social relationships provide various dimensions of social support, whilst the Parenting Sense of Competence Scale (PSOC) is used to measure parents' satisfaction with parenting and their self-efficacy in the parenting role. The current study

employed a written questionnaire. The questionnaire consisted of three sections including a family demographic questionnaire, a measure of social support and measure of parental efficacy.

Data Collection Procedure

The researcher approached a social auxiliary student to assume the role of fieldworker for the study. The fieldworker was employed and trained accordingly to the questionnaire and consenting procedure. The fieldworker made initial contact with possible participants as she had good knowledge of the communities as well as an established relationship with teenagers as a result of her previous work activities within these communities. After the fieldworker had secured a participant, contact would be initiated with the researcher. The researcher met with the participants to explain the process and objectives of the study. The fieldworker would complete consenting and assist participants as needed to complete the questionnaire.

Data Analysis

Data was coded, cleaned and checked for errors. Analyses were conducted using IBM® SPSS® Statistics Version 23.0.0. Descriptive statistical analyses were conducted. Measures of central tendency and measures of dispersion were used to look at the data of each scale and subscale. Because the focus of this study is the relationship between quantitative variables, Pearson's correlation coefficient was used to explore the extent of linear relationships among the variables, and to quantify the strength and direction of the relationship. Cronbach's alpha coefficients were computed to determine the internal consistency for each measure and relevant subscales. Pearson's coefficient was used to explore the relationship between the independent variable (family forms & social support) and the dependant variable (parental efficacy).

Validity

To ensure validity in this study, the instruments that have already been validated were used. The instruments were piloted with some of the participants (15%) to ensure the content covered all the areas of the variable to be measured [28]. The data collected during the pilot study were analysed with the main data.

Reliability

This study used two instruments used to measure the variables under study. These were the Social Provisions Scale as developed by Cutrona and Russell, [26] and the Parenting Sense of Competence Scale (PSOC) as developed by Gibaud-Wallston and Wandersman, [27]. A test reliability technique, known as Cronbach alpha is used to test the reliability of the instruments and provides a unique estimate of its reliability for a given test [29]. **Table 1.1** illustrates the Cronbach alpha coefficients for social support and parental efficacy of single teen mothers.

Table 1.1: Internal consistencies of the measures

Instrument	n (items)	Alpha
Social Provisions Scale		
GUIDE	4	.78
REASSWORTH	4	.72
SOCINTEGR	4	.68
ATTACH	4	.75
NURTURE	4	.59
RELIABLE	4	.74
Parental Efficacy		
PSOC	17	.75

Ethics Statement

This project received the necessary approval from the research ethics committee of the University of the Western Cape. Participants and parents approached and informed that participation in the study was not mandatory, and that the participant was free to withdraw from participating should they found it necessary. The information sheet, which contained the aim of the study and participants' roles, was explained to them. The participants were asked to sign a consent form if they agreed to participate. All the ethical principles were adhered to during the data collection process.

Results

This section provides the results of the statistical analysis conducted for the study. The results are presented as (1) descriptive information about single teen mothers, and parental efficacy (2) the relationship between the variables, and (3) the comparison of the variables between the different family forms (groups). The Statistical Package for the Social Sciences 23 (SPSS) was used in all the statistical calculations.

A Description of Single Teen Mothers

Table 1.2 provides an overview of the demographic variables of single teen mothers in this study (n=160). Table 1.3 illustrates participants' (N=160) age at time of survey, age at birth of first child and number of children in household. Table 1.4 demonstrates the family form identified by single teen mothers and table 1.5 represents the childcare situation within the home. The demographics below in table 1.2 include information such as living arrangements, marital status of participants, race, home language, employment status and educational level.

Table 1.2: Demographic information of participants

Insert table 1.2 here

Firstly, all participants were females (n=160). The results in Table 1.2 show that majority of the participants were unmarried [137 (85.6%)]. Of the 160 participants 158 (98.8%) identified themselves as Coloured. Afrikaans was the dominant home language spoken [145 (90.6%)]. Majority of the participants indicated their living arrangements as staying with one parent [65 (40.6%)]. The highest level of education shown was Secondary Schooling [113 (70.6%)] with the majority of participants being unemployed [122 (76.3%)].

Table 1.3: An overview of the participants' (N=160) age at time of survey, age at birth of first child and number of children in household.

Characteristics	N	% ¹	M
SD			
Age at time of survey			
15-20	103	64	19.8
21-26	54	33.7	
27-32	2	1.3	
33-38	1	0.6	
Age at birth of first child			
13-16	83	51.9	16.4
17-19	77	48.1	
Number of children in the household			
1	30	18.8	2.75
2	47	29.4	
3	40	25.0	
4	27	16.9	
5	10	6.3	
6	4	2.5	
7	2	1.3	

¹ Percentages do not always equal 100 due to rounding.

The majority of mothers [(n=52) 32.5%] were aged 17 years, when they had their first child. The youngest participant [(n=1) .6%] to have given birth was age 13 and the oldest was 19 years old [(n=2) 1.3%]. Most participants [(n=47) 29.4%] reported on average that 2 children resides within the household.

Table 1.4: The family form identified by single teen mothers

Characteristics	N	% ¹
Family		
One parent	60	37.5
Two parent	60	37.5
Extended	37	23.1
Blended	1	0.6
Other	2	1.3

¹ Percentages do not always equal 100 due to rounding

Participants described the family form of their families to come from both a one parent and two parent family, both representing n=60 (37.5%) respectively. The remaining 25% of the participants saw their family form as extended [n=37 (23.1%)], blended [n=1 (.6%)] or other [n=2 (1.3%)].

Table 1.5: Childcare situation within the home

Variables		n=160	%
Childcare situation in your home	I take care of the child/children full time	119	74.4%
	I do not take care of the child/children full time	41	25.6%
If NO, the children are in care (day care):	Fewer than 20 hours per week	4	2.5%
	20 hours per week or more	37	23.1%
Cared for by another adult in our home	Yes	112	70%
	No	48	30%
If YES, who cares for them	Aunt	7	4.3%
	Sister	17	10.6%
	Family friend	13	8.1%
	Father of the child	4	2.5%
	Foster mother	2	1.3%
	Child's grandmother	64	40%
	Nanny	3	1.9%
	Neighbour	2	1.3%

The results in table 1.5 shows that 119 participants, (74.38%) single teen mothers take care of their child/children on a full time basis full time. The remaining 41 participants (25.6%), child/children are in care (day care). In addition, alternative care was also provided by other adult (s) within the home [n=112 (70%)]. Single teen mothers' own mothers [64 (40%)] sought to care for the child/children, when she is unable to, a sister [17 (10.6%)], a family friend [13 (8.1%)], an aunt [7 (4.3%)], the father of the child [4 (2.5%)], a nanny [3 (1.9%)], a foster mother [2 (1.3%)] and or a neighbour [2 (1.3%)].

Descriptive statistics of the variables

Means (*M*) and Standard Deviation (*SD*) for the SS of single teen mothers are presented in Tables 1.6. Table 1.7 will display the means (*M*) and standard deviation (*SD*) for the subscales. The subscales are: attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance. Table 1.8 will present the means (*M*) and standard deviation (*SD*) for the PE of single teen mothers.

Table 1.6 represents the mean and standard deviation for each of the 24 SS items for the perceived Social Support for the total sample (N=160). A high score indicates a greater degree of perceived support.

Table 1.6: Means and SD of items for Single Teen Mother Social Support (n=160)

Insert table 1.6 here

Responses were on a Likert scale of 1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree. A high score indicates a greater degree of perceived support.

Results in Table 1.6 indicate that the majority of the participants (N=160) 'agreed' ($M = 2.81, SD = 0.99$) that *"there is a trust worthy person they could turn to for advice if they were having problems"*. Participants (N=160) similarly indicated that they agree ($M = 2.96, SD = 0.84$) *"...to have a strong emotional bond with at least one other person"*, and *"... participants (N = 160) further agreed ($M = 2.74, SD = 1.03$) ...there is someone, I could talk to about important decisions in my life"*. Majority participants agreed that ($M = 2.73, SD = 0.85$) *... feel responsible for the well-being of another person*. However, most participants appeared to disagree ($M = 2.32, SD = 0.87$) when asked *...my competence and skills are recognized*.

Table 1.7 represents the mean and standard deviation for the Social Provision Subscale: Attachment (Items 2R, 11, 17, and 21R), Social Integration (Items 5, 8, 14R, and 22R), Reassurance of Worth (Items 6R, 9R, 13, and 20), Reliable Alliance (Items 1, 10R, 18R, and 23), Guidance (Items 3R, 12, 16, and 19R) and Opportunity for Nurturance (4, 7, 15R, and 24R) for the total sample (N=160).

Table 1.7: Total Mean (M) and Standard Deviation (SD) scores for the Social Provision Subscales (N=160)

Variable	Min	Max	Mean	SD
Attachment	1.00	4.00	2.61	0.64
Social Integration	1.00	4.00	2.55	0.72
Reassurance of Worth	1.00	4.00	2.37	0.68
Reliable Alliance	1.00	4.00	2.53	0.81
Guidance	1.00	4.00	2.59	0.79
Opportunity for Nurturance	1.00	4.00	2.57	0.76

Table 1.7 results suggest that the most perceived support across the total sample (N = 160) as Attachment ($M = 2.61, SD = 0.64$) as reported by single teen mothers. Conversely, single teen mothers indicated Reliable Alliance ($M = 2.53, SD = 0.81$) to be least supported.

This section of the study provides descriptive statistics which addresses one of the objectives which is to determine the prevalence of parental efficacy of the total sample. Means (M) and standard Deviations (SD) for PE of the total sample (N=160) parental efficacy, are presented in Tables 1.8 in order to evaluate this objective.

Table 1.8 represents the means and standard deviations of 15 items for the Parental Efficacy for the total sample (N=160).

Table 1.8: Means and SD of items for Single Teen Mother Parental Efficacy (n=160)

Insert table 1.8

Responses were on a Likert scale of 1 = Strongly disagree, 2 = Somewhat disagree, 3 = Disagree, 4 = Agree, 5 = Somewhat agree, 6 = Strongly Agree. A high score indicates a greater degree of parental efficacy.

The Mean score results in Table 1.8 suggest that majority of the participants ($M = 2.86, SD = 1.69$) perceived themselves as confident when *... taking care of a child, are easy to solve once you know how your actions affect your child, an understanding I have acquired*. In addition, participants somewhat disagreed ($M = 2.35, SD = 1.59$) to *...parent is manageable, and my problems are easily solved*. Yet, the scores suggest that the majority ($M = 4.09, SD = 1.14$) *...find the answer to what is troubling my child, I am the one*.

Comparisons of groups

T-tests were conducted to determine if there were significant perceived differences between (1) parental efficacy and (2) social support received from the different family forms of single teen mothers.

Table 1.9 to Table 1.12 represents a comparison of the means scores for each scale and subscale for PE, SS and SS subscales (attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance) across different family form.

Table 1.9 Differences of Mean Scores for PE, SS and SS subscales within the family form: one parent (n=65).

	Mean	SD	SE	95% Confidence Interval of the Difference		Min	Max
				Lower	Upper		
PE	3.04	0.76	0.09	2.85	3.23	1.94	5.71
SS	2.56	0.67	0.84	2.39	2.73	1.17	3.88
GUIDE	2.53	0.81	0.10	2.33	2.74	1.00	4.00
REASSWORTH	2.31	0.73	0.91	2.12	2.49	1.00	4.00
SOCINTEGR	2.46	0.76	0.94	2.27	2.65	1.00	4.00
ATTACH	2.52	0.65	0.81	2.36	2.69	1.00	4.00
NURTURE	2.45	0.78	0.97	2.25	2.64	1.00	4.00
RELIABLE	2.39	0.83	0.10	2.18	2.59	1.00	4.00

Table 1.9 shows that single teen mothers residing with one parent ($M = 3.04$, $SE = 0.09$), gained greater levels of parental efficacy. On the subscales of SS, guide ($M = 2.53$, $SE = 0.10$), and reliable ($M = 2.39$, $SE = 0.10$), reported greater levels in social support for single teen mothers residing with one parent.

Table 1.10 Differences of Mean Scores for PE, SS and SS subscales within the family form: two parent (n=51).

	Mean	SD	SE	95% Confidence Interval of the Difference		Min	Max
				Lower	Upper		
PE	3.07	0.57	0.08	2.91	3.23	2.24	4.53
SS	2.60	0.63	0.89	2.42	2.78	1.33	4.00
GUIDE	2.45	0.78	0.10	2.23	2.67	1.00	4.00
REASSWORTH	2.32	0.66	0.93	2.13	2.51	1.00	4.00
SOCINTEGR	2.50	0.68	0.95	2.31	2.70	1.00	3.75
ATTACH	2.62	0.63	0.88	2.44	2.80	1.25	4.00
NURTURE	2.58	0.80	0.11	2.36	2.81	1.00	4.00
RELIABLE	2.49	0.78	0.10	2.27	2.71	1.00	4.00

Table 1.10 suggest that for single teen mothers residing with two parents, ($M = 3.07$, $SE = 0.08$), greater levels of parental efficacy was experienced. On the subscales of SS, guide ($M = 2.45$, $SE = 0.10$), reliable ($M = 2.49$, $SE = 0.10$), and nurture ($M = 2.58$, $SE = 0.11$) re-counted high levels in social support for single teen mothers residing with two parents.

Table 1.11 Differences of Mean Scores for PE, SS and SS subscales within the family form: extended family (n=25).

	Mean	SD	SE	95% Confidence Interval of the Difference		Min	Max
				Lower	Upper		
PE	3.21	0.66	0.13	2.94	3.49	2.00	5.24
SS	2.90	0.50	0.10	2.69	3.11	1.71	3.96
GUIDE	2.91	0.67	0.13	2.62	3.19	1.00	4.00
REASSWORTH	2.67	0.57	0.11	2.43	2.90	1.25	3.75
SOCINTEGR	2.79	0.57	0.11	2.55	3.02	1.50	4.00
ATTACH	2.77	0.57	0.11	2.53	3.00	1.25	4.00
NURTURE	2.82	0.55	0.11	2.59	3.04	1.50	4.00
RELIABLE	2.86	0.69	0.13	2.57	3.14	1.25	4.00

Table 1.11 was perceived as single teen mothers residing with extended family, ($M = 2.90$, $SE = 0.10$), SS informed greater levels of support. And in addition, the subscales of SS, reassworth ($M = 2.67$, $SE = 0.1$), socintegr ($M = 2.79$, $SE = 0.11$), attach ($M = 2.77$, $SE = 0.11$) and nurture ($M = 2.82$, $SE =$

0.11) displayed greater levels in social support for single teen mothers residing with extended family.

Table 1.12 Differences of Mean Scores for PE, SS and SS subscales within the family form: guardian-skip generation family (n=11).

	Mean	SD	SE	95% Confidence Interval of the Difference		Min	Max
				Lower	Upper		
PE	3.81	0.52	0.15	2.45	3.16	1.94	3.35
SS	2.89	0.50	0.15	2.55	3.23	1.75	3.50
GUIDE	2.93	0.71	0.21	2.45	3.41	1.25	3.75
REASSWORTH	2.36	0.47	0.14	2.04	2.68	1.75	3.25
SOCINTEGR	2.79	0.63	0.19	2.37	3.21	1.50	3.50
ATTACH	2.81	0.48	0.14	2.49	3.14	1.75	3.50
NURTURE	2.86	0.59	0.17	2.46	3.26	1.50	3.25
RELIABLE	2.95	0.73	0.22	2.46	3.44	1.75	4.00

Table 1.12 suggest that for single teen mothers residing with guardian-skip generation families, are engaged more with reassurance of worth ($M = 2.36$, $SE = 0.14$) and attachment ($M = 2.81$, $SE = 0.14$) under the subscales of SS.

ANOVA Analysis

Below in Table 1.13 the output of the ANOVA analysis and whether a statistically significant difference between groups means are presented.

Table 1.13: The output of the ANOVA analysis and whether a statistically significant difference between groups

Insert table 1.13 here

One-way ANOVA for parental efficacy ($F(4, 154) = .790$, $p = .534$) and social support ($F(4, 155) = 1.848$, $p = .122$). The following ANOVA's represent the subscales of Social Support; guide ($F(4, 155) = 2.087$, $p = .085$), reassworth ($F(4, 155) = 1.367$, $p = .248$), socintegr ($F(4, 155) = 1.391$, $p = .240$), attach ($F(4, 155) = .942$, $p = .441$) and nurture ($F(4, 155) = 1.611$, $p = .174$). The p values reported are greater than a level .05, thus no statistically significant difference exists. However, ANOVA for subscale reliable ($F(4, 155) = 2.572$, $p = .040$), this value is less than 0.05, concluding that a statistically significant difference does exist.

Determining associational aspects of the variables of the study

This section reports on the correlation scores for PE, SS and SS subscales; GUIDE, REASSWORTH, SOCINTEGR, ATTACH, NURTURE and RELIABLE. A Pearson product-moment correlation was computed to assess these differences.

Table 1.14: Correlation scores for PE and SS between different family forms

Insert table 1.14 here

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

The results in Table 1.14 show that there is a relationship between parental efficacy and social support ($r = .636^{**}$) within one parent ($n = 64$), this correlation coefficient is highly significant from zero ($P < 0.001$). When looking at the variable a bit further, there was also a positive correlation between parental efficacy across all subscales of social support; guide ($r = .596^{**}$), reassworth ($r = .577^{**}$), socintegr ($r = .610^{**}$), attach ($r = .596^{**}$), nurture ($r = .597^{**}$) and reliable ($r = .485^{**}$) within one parent ($n = 64$).

When computing for two parent ($n = 51$), a positive correlation was indicated for parental efficacy and social support ($r = .598^{**}$). Furthermore, the results also show that there is a positive relationship across all subscales of social support; guide ($r = .504^{**}$), reassworth ($r = .571^{**}$), socintegr ($r = .546^{**}$), attach ($r = .508^{**}$), nurture ($r = .576^{**}$) and reliable ($r = .582^{**}$) within two parent ($n = 51$).

The results for extended family ($n = 25$) indicates a correlation between parental efficacy and social support ($r = .730^{**}$), this correlation coefficient is highly significant from zero ($P < 0.001$). Additionally, the results also show that there is a positive relationship across all subscales of social support; guide ($r = .539^{**}$), reassworth ($r = .756^{**}$), socintegr ($r = .679^{**}$), attach ($r = .651^{**}$), nurture ($r = .666^{**}$) and reliable ($r = .550^{**}$) within extended family ($n = 25$).

When computing for guardian-skip generation ($n = 11$), results show that there is no relationship between parental efficacy and social support. Furthermore, the results also show no correlation across subscales of social support.

Discussion

The purpose of this study was to investigate and ascertain whether a relationship between parental efficacy and social support of single teen mothers exist. Furthermore, to determine whether a difference in the relationship is present between the different family forms of single teen mothers.

Parental Efficacy

This study is the first in the Western Cape which has taken parental efficacy as an item of investigation with a sample of single teen mothers into specific consideration. The results of the current study suggest that single teen mother's own characteristics which is found at the microsystem was her optimistic behaviours, pattern of activities, social roles and the interpersonal relations experienced by the single teen mother, contributed to a high level of parental efficacy, which in turn saw single teen mothers reporting satisfaction in their parenting role.

Teen mothers reported being criticised about their parenting skills and receiving unwanted advice on how to raise their children [30]. Majority of the participants agreed, that they had the necessary skills to be a good mother and when it came to troubling situations with their child/ children they were able to find solutions on their own.

Resilient behaviours enabled single teen mothers to see themselves as confident, nurturing and possibly satisfied with their parenting abilities. Previous work found that parents' perception of competence is important, because it may influence not only parenting but also family dynamics and parental health [31].

Worthy to note, the comparisons between this study and previous studies was perplexing as parental efficacy of single teen mothers was not accurately defined and examined in detail in preceding studies. However, it is beneficial to explore the influences on parental efficacy to comprehend parenting further.

Social Support

This study, as well as previous studies, has not clearly recognised a distinguishable difference between the levels and types of social support among Coloured single teen mothers. The results of the current study were similar to that conducted by Baumeister and Leary [32], who's participants indicated that the presence of stable bonds is responsible for an abundance of positive affect (e.g., feeling good). Furthermore, this study suggest that majority of the participants agreed to having at least one trustworthy person within their family that they can turn to for advice when faced with a problem. In addition, this connection was further established when all of the participants agreed in their responses to having a strong emotional bond with at least one person within the family.

This association was also noted in Baumeister and Leary [32] study, which suggested that being accepted and included leads to a variety of positive emotions and is related to enhanced psychological well-being through its effects on positive affect and self-esteem. In particular, African American teen mothers reported that support from their mother is the most important source of support during their transition to parenthood [33]. Therefore, support from the family of origin is particularly important in the context of teen parenting [33]. It is without question, that the highest reported perceived social support fell within the subscales; Reliable Alliance and Attachment. For example, this similarity of findings can be seen in a study by Watson, [34], who reported that individuals tend to interpret others with whom they have a relationship as more favourable.

The association between parental efficacy and social support

Pearson correlation coefficients indicated that there was a positive and significant correlation between parental efficacy and social support, with the p value falling far below .05. The correlation between parental efficacy and social support was .631** and indicated a statistically significant relationship between parental efficacy and social support. Further correlations reported positive relationships across all subscales; guide .545** , reassworth .621** , socintegr .596** , attach .598** , nurture .584** , and reliable .521** . Correlations were significant at the 0.01 level (2-tailed). As a result, the decision is to accept H_03 , and declare that a relationship between parental efficacy and social support of single teen mothers does exist. In contrast to this results, a study by Young, [1] featuring Caucasian and Hispanic mothers proved a correlation between social support and parental efficacy, p value = 0.450 falling far below .05. In addition, a study by Hoven, [35] investigating 77 parents of children 2 to 5 years who had not yet started kindergarten, reported a significant positive relationship between social support and parental efficacy. Perhaps having social support leads to greater satisfaction in the parenting role for single teen mothers.

Comparing different family forms

An independent samples T-test was performed to compare parental efficacy and social support of single teen mothers across different family forms. Past research has proven that the two constructs influence each other [36-38]. Additionally, Raikes and Thompson [39] explained that when social support systems are weakened, parental efficacy diminishes as well. Study showed social support working as a mediator for parental efficacy. However, no studies attempted to look at parental efficacy and social support across different family forms, thus making comparisons between previous findings challenging. Nevertheless, the following results within the study showed that parental efficacy and social support was higher in extended family forms when compared to other family forms. The following results was reported for the subscales; (1) *guidance* - was highest within one parent, (2) *reassurance of worth*, (3) *social integration*, (4) *attachment* & (5) *opportunity for nurturance* - was stronger within extended family form, and (6) *reliable alliance* – was reported to be strongest amongst two parent family forms. However, when computing for guardian-skip generation, there was no relationship between parental efficacy and social support.

Furthermore, the results also indicated no correlation across subscales of social support. One study, did report findings on extended family, Johnson, [40]. In particular, attachment to another parental figure other than the biological mother or father such as a grandmother or another relative saw these parental roles of extended family members as a surrogate parent and role model. This is very common within the Coloured communities, perhaps serving as a possible explanation to the majority of significant difference is found within this family form. Hypothesis 4 was proved as the extended family form having on average the most significant difference in relationship of single teen mothers' parental efficacy and perceived social support.

Recommendations

Based from the results of this study, the following are recommended for future research:

1. Health care facilities, such as the MOU's or counsellors, should consider a brief form of intervention in the form of creating a "PLAN" for expected teen mothers. This could help look at the confusion, challenges and changes that the teen mother would experience.
2. Develop and sustain NGO's and agencies that can provide child care assistance for teen mothers who are working or going to school in relation to the child care grant. Perhaps create possibilities where help is offered in placing children of teen mothers in programs themselves.
3. Seek out possible options to help teen mothers and their families to realize that the pregnancy can be okay, as long as decisions are thought out and coping mechanisms are established and practiced. For example, foster support groups for teen mothers and their families.
4. Future researchers would benefit by including longitudinal and observational data investigating social support and parental efficacy could deeper the understanding of the association between the two constructs but more importantly their influence on teen mothers parenting development.

Strength and Limitations

We adapted questionnaires that have been validated and used by several researchers for this study. The results of the study should be understood with caution as the following limitations were documented. This study only focused on single teen mothers, residing in low socio-economic Coloured communities. Thus the findings would not be able to be generalized to a larger sample of single teen mothers, but only transferable to mothers who present similar characteristics and resides in comparable communities. In addition, the racial indication for the study was; Coloured 98.8%. The sample therefore could possibly suggest culture as a confounding variable.

Conclusion

The current study revealed, that a relationship between parental efficacy and social support of single teen mothers do exist and for most, it was statistically significant, meaning any changes from the two variables may affect each other and the performance of single teen mothers. Extended family form, reported higher levels of correlations across the scales and there was no significant difference for guardian-skip generation family form, in parental efficacy and social support. Findings in this study are consistent with earlier research findings; there is a correlation between parental efficacy and social support. Single teen mothers whom reported high levels of parental efficacy, may have the confidence and beliefs within themselves that they are able to handle and successfully parent their child/ children.

Abbreviations

PSOC: Parenting Sense of Competence Scale, **NGO:** Non-profit Organisation.

Declarations

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Availability of data and materials

More information on data from this study is available by contacting the corresponding author.

Authors' contributions

Conceptualization, S.L.C, B.O.A, R.E. and N.V.R; methodology, S.L.C, B.O.A, R.E. and N.V.R; validation, S.L.C, B.O.A, R.E. and N.V.R; formal analysis, S.L.C, B.O.A, R.E. and N.V.R; investigation, S.L.C, B.O.A, R.E. and N.V.R; data curation, S.L.C; writing—original draft preparation, S.L.C and B.O.A; writing—review and editing, S.L.C, B.O.A, R.E. and N.V.R; visualization, S.L.C, B.O.A, R.E. and N.V.R; supervision, R.E. and N.V.R; project administration, S.L.C. All the authors read and approved the final manuscript.

Ethics approval and consent to participate

The study received the necessary approval from the research ethics committee of the University of the Western Cape.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests

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Tables

Table 1.2

Variables		n=160	%
Marital status	Married	4	2.5%
	Living together/not married	19	11.9%
	Single, do not live together and is not married	137	85.6%
Race	Coloured	158	98.8%
	Black/African	2	1.3%
Home language	Afrikaans	145	90.6%
	English	13	8.1%
	IsiXhosa	2	1.3%
Living arrangements	One parent	65	40.6%
	Two parent	51	31.9%
	Extended (includes partner & partner's family)	25	15.6%
	Guardian-Skip generation	11	6.9%
	Alone	8	5.0%
Educational level	Primary Schooling	26	16.3%
	Secondary Schooling	113	70.6%
	Tertiary Schooling	1	.6%
	Completed Grade 12 (Matric)	20	12.5%
Employment status	Employed	38	23.8%
	Unemployed	122	76.3%

Table 1.6

Items	M	SD
Social support		
...I can depend on to help me if I really need it	2.59	1.08
...do not have close personal relationships with other people	2.64	0.92
...no one I can turn to for guidance in times of stress	2.53	0.98
...are people who depend on me for help	2.54	0.83
...are people who enjoy the same social activities I do	2.63	0.88
...people do not view me as competent	2.61	0.76
...feel responsible for the well-being of another person	2.73	0.85
...group of people who share my attitudes and beliefs	2.61	0.81
...other people respect my skills and abilities	2.72	0.83
...went wrong, no one would come to my assistance	2.63	0.89
...provide me with a sense of emotional security and well-being	2.54	0.91
...There is someone, I could talk to about important decisions in my life	2.74	1.03
...my competence and skills are recognized	2.32	0.87
...no one who shares my interests and concerns	2.58	0.92
...no one who really relies on me for their well-being	2.57	0.95
...could turn to for advice if I were having problems	2.81	0.99
...to have a strong emotional bond with at least one other person	2.96	0.84
...no one I can depend on for aid if I really need it	2.58	0.97
...no one I feel comfortable talking about problems with	2.65	1.00
...people who admire my talents and abilities	2.53	0.89
...lack a feeling of intimacy with other people	2.39	0.91
...no one who likes to do the things I do	2.47	0.91
...people I can count on in an emergency	2.74	1.01
...no one needs me to care for them	2.38	1.03

Table 1.8

Item	M	SD
Parental Efficacy		
...taking care of a child are easy to...	2.86	1.69
...could be rewarding. I am frustrated now while my child is at his/her present age	4.47	1.47
...wake up in the morning, feeling I have not accomplished a whole lot	2.75	1.40
...sometimes when I am supposed to be in control, I feel more like the one being manipulated	4.44	1.50
My mother was better prepared to be a good mother than I am	5.17	1.15
...model for a new mother to follow in order to learn what she would need to know in order to be a good parent	4.49	1.34
...parent is manageable, and my problems are easily solved	2.35	1.59
...not knowing whether you doing a good job or a bad one	4.94	1.29
Sometimes I feel like I am not getting anything done	4.65	1.46
...personal expectations for expertise in caring for my child in caring for my child	3.68	1.19
...find the answer to what is troubling my child, I am the one	4.09	1.14
...interests are in other areas, not being a parent	4.07	1.43
...I've been a mother, I feel thoroughly familiar with this role	3.59	1.26
...were only more interesting, I would be motivated to do a better job as a parent	4.43	1.43
...all the skills necessary to be a good mother to my child	3.64	1.29

Table 1.13

	Sum of Squares	Df	Mean Square	F	Sig
Total Score for PARENTAL EFFICACY					
Between Groups	1.523	4	.381	.790	.534
Within Groups	74.252	154	.482		
Total	75.775	158			
Total Score for SOCIAL SUPPORT					
Between Groups	3.052	4	.763	1.848	.122
Within Groups	63.972	155	.413		
Total	67.023	159			
GUIDE					
Between Groups	5.120	4	1.280	2.087	.085
Within Groups	95.082	155	.613		
Total	100.203	159			
REASSWORTH					
Between Groups	2.572	4	.643	1.367	.248
Within Groups	72.926	155	.470		
Total	75.498	159			
SOCINTEGR					
Between Groups	2.895	4	.724	1.391	.240
Within Groups	80.667	155	.520		
Total	83.562	159			
ATTACH					
Between Groups	1.587	4	.397	.942	.441
Within Groups	65.282	155	.421		
Total	66.869	159			
NURTURE					
Between Groups	3.699	4	.925	1.611	.174
Within Groups	88.950	155	.574		
Total	92.648	159			
RELIABLE					
Between Groups	6.494	4	1.624	2.572	.040
Within Groups	97.849	155	.631		
Total	104.344	159			

Table 1.14

			Total Score for PARENTAL EFFICACY	Total Score for SOCIAL SUPPORT	GUIDE	REASSWORTH	SOCINTEGR	ATTACH	NURTURE	RELIABLE
One parent										
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.636**	.596**	.577**	.610**	.596**	.597**	.485**	
	Sig. (2- tailed)	64	,000	,000	,000	,000	,000	,000	,000	,000
	N	64	64	64	64	64	64	64	64	64
Two parent										
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.598**	.504**	.571**	.546**	.508**	.576**	.582**	
	Sig. (2- tailed)	51	,000	,000	,000	,000	,000	,000	,000	,000
	N	51	51	51	51	51	51	51	51	51
Extended family										
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.730**	.539**	.756**	.679**	.651**	.666**	.550**	
	Sig. (2- tailed)	25	,000	,005	,000	,000	,000	,000	,000	,004
	N	25	25	25	25	25	25	25	25	25
Guardian-Skip generation										
Total Score for PARENTAL EFFICACY	Pearson Correlation	1	.392	.326	.461	.184	.496	.310	.435	
	Sig. (2- tailed)	11	,233	,328	,154	,589	,121	,354	,181	
	N	11	11	11	11	11	11	11	11	11

Supplementary Files

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- [parentingsenseofcompetencescale21.pdf](#)