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How teen mothers are faring under welfare reform

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Abstract

In this paper, we examine socio-economic and psychological well-being among 88 low-income minor mothers in one Michigan County. Half of the young mothers receive cash welfare assistance and are subject to new policy mandates regarding co-residence status and school attendance. Our paper also describes the administrative process and conditions of welfare receipt for teen mother families and the research that suggests how these new mandates and conditions may affect family well-being. We find that a sizeable number of young mothers were unaware of the new welfare requirements at the time of their children's birth. However, most teen mothers appear to be "complying" with the requirements of the new welfare rules and most are satisfied with their current living arrangements. Many are faring poorly on dimensions of psychological well-being and life stress. Receipt of cash welfare is not a significant correlate of school success, parenting stress, or economic strain. Teen coresidence with their mothers does not appear to buffer against the experience of childcare problems, depressive symptoms, or domestic violence. We discuss the implications of the results for research, policy, and services for teen parent families.

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INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires minor-age teen custodial parents to live in adult-supervised settings and remain in school to qualify for benefits. In multigenerational welfare families, receipt of cash assistance is now contingent on the minor parent's parent working, and the teen mother attending school and living with a parent or guardian. Failure to comply with any of these requirements can lead to reductions in or termination of cash assistance. Proponents of the policy believe that compliance with these requirements will lead to increased earnings and educational attainment for young mothers.

Family functioning and child development in these families may also be affected. Currently, researchers know little about how such families are faring. In this paper, we examine (a) the administrative process and conditions of welfare receipt for teen mother families, (b) the extant research that suggests how these new mandates and conditions may affect family well-being, and (c) whether and in what ways differences in well-being are reported by low income teen mothers who do and do not receive cash welfare. We address demographic and family process correlates of several aspects of well-being for teen parent families in one Michigan County.

Drawing on data from personal interviews with 88 minor teen parents, half of whom are cash welfare recipients and half of whom receive only Medicaid, we answer the following questions:

1. How are the new rules being implemented in Michigan's program?
2. How much do teen mothers know about the new welfare rules? How many are living with their mothers, attending school, and/or working?

3. How are teen mothers faring on indicators of socioeconomic and psychological well being? Specifically, what factors are associated with (a) economic strain; (b) school attendance; and (c) parenting stress?

MINOR PARENT WELFARE REQUIREMENTS

Living arrangements

In Michigan, a minor mother is defined as a non-emancipated person under 18 who is either the mother of a dependent child living with her or is pregnant. The minor mother must live in an adult-supervised living arrangement (i.e., her parent, step-parent, or legal guardian) to be eligible for cash assistance for herself and her child from the Michigan Family Independence Program (FIP, formerly AFDC). Minor mothers who are married, emancipated by court order, or on active duty with the Armed Forces are exempt from these living and schooling requirements (see below). A local Michigan Family Independence Agency (FIA) office can also make an exception if: the minor parent is age 17, attending school full-time, participating in an FIA or Teen Parent Program service plan, if changing residences would require her to change schools, or if the independent living arrangement provides adequate structure and safety for her and her child. A minor mother living in a parent or step-parent's home may not receive assistance on her own behalf, but must be treated as the dependent child of the parent or step-parent. If the adult relative or legal guardian is not eligible for assistance, then she or he receives the check in the minor parent's name.

"Good cause" for alternative living arrangements includes one or more of the following: (a) the minor parent is living with another adult relative with parental consent; (b) the physical or emotional health and safety of the minor parent or dependent child would be jeopardized if they lived at home; (c)

the minor parent has no living parent, step-parent, or legal guardian whose whereabouts are known; (d) the parent, step-parent, or legal guardian will not permit the minor to live at home; or (e) she is participating in a licensed substance abuse treatment program which would no longer be available if she returned to the parent's, step-parent's, or legal guardian's home. If the teen lives with someone other than her parent, the adult relative or supervising adult must be willing to be the third-party payee on the minor parent's cash grant. The adult must also help the teen learn to manage money, assist and facilitate her school attendance and participation in other activities specified by FIA, and report any suspicion of abuse or neglect of the minor parent and her child to Protective Services.

School attendance

All minor parents who have not completed high school must attend school full-time to be eligible for cash assistance, unless they have good cause not to attend school. Good cause includes any of the following reasons: (a) the minor parent has been expelled from school and the school will not let her return; (b) it is too late in the current term or semester to allow her to begin attending (she must wait until the next term or semester); (c) she suffers from a temporary debilitating illness or injury, or an immediate family member has a debilitating illness or injury, and she is needed to care for the family member, and such circumstances prevent attendance at school; (d) child care is needed, and adequate, affordable child care is not available within a reasonable distance from the home or school (adequate care is that which is appropriate to the age, disabilities, or other conditions of the child, and where the provider meets applicable state and local standards); or (e) commuting time to school exceeds a total of two hours per day, not including the time necessary to transport a child to child care facilities, or transportation is not available to the minor parent at a reasonable cost.

Monitoring

The state does not require counties to report statistics on minor teen parents in mandated multi-generational families. Assessing caseload changes and well-being among this group is therefore quite difficult. The state estimates that in an average month in 1994, there were approximately 400 cases in which a minor parent was listed as a dependent on her own mother's case and an additional 1600 minors who headed their own cases. As expected with welfare reform, the number of minor case-heads has fallen sharply. As of June 1998, state reports indicated that there were only 143 such cases. The state estimates that there may now be 700 cases with a non-grantee minor parent in the household (MFIA, 1999). This estimate is, however, imprecise, and is derived from a count of the number of FIP families in which there are at least two minor children who are at least 12 years apart in age. The measure is imprecise because the state cannot determine from case records whether these two minor children are siblings or whether the family is a multigenerational teen parent one.

The state also runs a separate and smaller program in selected counties to provide comprehensive case management services on a voluntary basis to pregnant and parenting teens under the age of 20. Services are provided by public agencies or private nonprofit organizations, and are designed to strengthen teens' capacity to meet the needs of their children and to enhance their own self-esteem, skills, and ability to locate and use community services and support systems, such as family and church (Michigan Family Independence Agency, 1997). This program serves some of the FIP teen parent caseload, but it may not reach all who volunteer to be enrolled. Even in less populous counties, these programs have a wait list that includes both FIP and non-FIP teen parents.

BACKGROUND LITERATURE

The policy changes in Michigan have dramatically lowered the number of young teen mothers who live independently and receive cash assistance, but the state does not provide information on compliance with schooling requirements, and complete information is lacking on the caseload of multigenerational teen parent families and how this caseload is changing over time. Prior studies on the effects of living arrangements and education on teen parents and their children suggest potential benefits of increased family support and schooling. However, the research does not indicate whether mandating such behavior as a condition of public cash assistance will have the desired effects, such as reducing illegitimacy and teen pregnancy.

If family support and schooling increase among minor parent families, socioeconomic and psychological well being might improve. In contrast, if fewer minor parents receive public assistance, then economic difficulties might increase and there might be few effects on schooling and family support. If many teens simply defer applications for cash welfare until age 18 and births to young teens do not decline, then well-being among these young women and their children may be jeopardized. However, if they receive adequate family support and non-cash services and assistance, even those who formerly might have qualified for welfare may not suffer.

Correlates of living arrangements. Some studies have suggested that multigenerational living arrangements, whereby young mothers reside with their own mothers (hereafter called "grandmothers" for clarity), can benefit adolescents. Living with their mother may help teens acquire more education (Unger & Cooley, 1992) and better parenting skills (Apfel & Seitz, 1991; Stevens, 1988), and reduce the likelihood of poverty, premature marriage, and repeat pregnancy (Furstenberg & Crawford, 1978;

Trent & Harlan, 1994). Living with their mother may also foster more positive parenting practices in very young mothers, thereby potentially improving the home environments of teens' children (Apfel & Seitz, 1991; Caldwell, Antonucci, Jackson, Osofsky, & Wolford, 1995; Stevens, 1988).

However, other studies report negative effects of coresidence, particularly among African American adolescent mothers (Chase-Lansdale et al., 1994; Furstenberg, Brooks-Gunn, & Morgan, 1987; Luster & Dubow, 1990). Research suggests that co-residence is associated with poor psychological health and more negative parenting practices when conflict occurs over divisions of household responsibilities, child care, and/or adolescent desire for individuation and autonomy (East & Felice, 1996; Kalil, Spencer, Gillmore, & Gilchrist, 1998; Wakschlag, Chase-Lansdale, & Brooks-Gunn, 1997). States are allowed to exempt minor mothers from the coresidence requirement if such arrangements are deemed detrimental to their physical or emotional well-being or to the child (Wood & Burghardt, 1997), as with Michigan's good cause exemptions process. However, it is not known how easy it would be to obtain these exemptions.

Correlates of school outcomes. Adolescent mothers have lower levels of educational attainment than do other women (Mott & Marsiglio, 1995; Upchurch, 1993) and curtailed education is associated with poorer economic prospects and greater reliance on public assistance during adulthood (Harris, 1996). Although between 50 and 95 percent of pregnant or parenting teens report that they want to attend college (Furstenberg, 1980), considerably fewer actually do. Young mothers who continue with their schooling may have difficulty arranging and paying for infant care and attending to household tasks, and they may experience economic strain and parenting stress in their attempts to negotiate multiple roles as students and parents. Early studies (e.g., Furstenberg, 1980; Waite &

Moore, 1978) described these problems and suggested that coresidence with grandmothers might alleviate some of these stressors and help young mothers continue their education.

Teen mothers are known to be at significantly greater risk for poor mental health relative to women who delay childbearing (Thompson & Peebles-Wilkins, 1992). They are more likely to report depressive symptoms, have more negative self-concepts, and are at greater risk for stress in parenting than women who postpone childbearing until their twenties or thirties (Cohler & Musick, 1996; Passino, et al, 1993). Level of depressive symptoms have been found to be associated with high school completion and grade placement for adolescent mothers (Leadbeater, 1996). Leadbeater hypothesized that the demands of dealing with current stresses and responsibilities while suffering from depression may preclude high school completion.

Parenting stress may also influence educational attainment. In one study, adolescent mothers who displayed more cognitive readiness for parenting and more positive perceptions about their early parenting situations fared better in terms of educational status and attainment (Mylod, Whitman, & Borkowski, 1997). These young mothers had more accurate ideas of the work involved in caring for a young infant and as a consequence were less stressed than mothers who were surprised by the amount of time and effort required of the parenting role.

Finally, young mothers' social relations may affect their schooling. Conflict in multigenerational households is associated with increased levels of depressive symptoms among teen mothers (Kalil et al., 1998) and could affect school outcomes. Recent research also indicates that teen mothers may experience a disproportionate number of stressful life events (Zaslow & Eldred, 1998), and domestic violence from an intimate partner (Stock, Bell, Boyer, & Connell, 1997). These stressful life events may affect educational outcomes.

In sum, the available literature suggests that young teen mothers may be at high risk for poor educational, economic, and psychological outcomes. Prior to welfare reform, minor teen mothers had greater latitude to establish alternative living arrangements and head their own households. In the post-welfare reform era, teen mothers' options are more constrained if they want or need cash public assistance. We know little about how living arrangements are associated with economic, educational, and psychological outcomes among teen mothers in the post-reform era, or about the factors that promote school success in this population.

In this paper, we describe these dimensions of well-being in a post-reform cohort of low-income minor mothers. We focus on teens' awareness of the new welfare policies, the extent to which their lives appear to be in compliance with these conditions, and the prevalence of risks to well-being among these families.

METHODS

Sampling strategy. We sought to identify all eligible minor parents in multigenerational welfare families within one county in the state. Caseworkers in the local welfare office provided us with names of minor mothers known to be residing with a parent or guardian who received welfare, as well as FIP teens in alternative living arrangements. The directors of the County Public Housing Authority and Catholic Social Services searched their current caseloads for eligible teens. The latter is the main provider of social services to low-income teen parents in the county and receives referrals from FIA. It is unlikely that minor parents in welfare-reliant families would be unknown to at least one of these three sources although the possibility exists that an eligible teen was not identified.

To increase the sampling frame to include minor mothers who may have been affected by new welfare rules either by having been denied a welfare application or having lost welfare income for failure to comply with rules, we received the names of all minor teen mothers who were receiving Medicaid benefits in August 1997 in the county (in 1996, 77 percent of all births to minor teens in the study county were covered by Medicaid). Thus, these administrative sampling processes likely capture the universe of low-income teen mothers in the county during the month in which sampling occurred.

Sample. The procedures described above resulted in a sampling frame of 112 eligible minor teen parents who were receiving cash assistance (FIP) or subsidized health care coverage (Medicaid) in the county in August, 1997 (all FIP recipients also receive Medicaid benefits). Of these, 91 teen mothers were successfully interviewed, for a response rate of 81%[1]. Interviewers solicited participation from the teen mothers as well as grandmothers, although it was not always possible to complete both interviews. Seventy-six interviews were completed with teen mother-grandmother pairs.

Procedure. The first wave of data was collected via in-home face-to-face interviews with teen mothers and their mothers/guardians between September 1997 and January 1998. Each respondent was paid $20 for the interview, which typically lasted 90 minutes. A second wave of data was collected between September 1998 and February 1999. This paper reports on data collected at Wave 1.

Information was collected on teen mothers' and grandmothers' school, work, and welfare experiences, demographic and household information, mental health, parenting behaviors, family climate, shared responsibilities for childrearing and household management, involvement of fathers and father-figures in child-rearing, stressful life events, and experiences of domestic violence. The survey also gathered data on the health and development of the teens' children.[2]

Measures

Demographics. We collect basic demographic characteristics such as mothers' and children's ages, age at first birth, ethnic background, marital status and household composition and family income. Annual income was assessed in thousands of dollars. We measure household economic status by dividing each household's income by its corresponding poverty threshold and call the resulting quotient the family income-to-needs ratio using the 1998 U.S. poverty thresholds. Self-reports of family income and size at the time of the survey are used and poverty status is defined as an income-to-needs ratio of 100% or less.

Work and educational experiences. We ask teen respondents about their employment status and whether they contribute any of the money they earn to the household in which they live. We also measure teen mothers' school progress and their educational expectations, and whether the teens were working, in school, both in school and working, or doing neither.

Subjective economic strain. We assessed teens' subjective experiences of economic strain by asking them to tell us how satisfied they were with their ability to obtain needed items (e.g., food, clothing, diapers, personal items) for themselves and their children. We added up the number of "dissatisfied" responses to create an index of economic strain. Other studies have highlighted the importance of these subjective interpretations of financial well being (e.g., Kalil & Eccles, 1998; McLoyd, 1990).

Psychological characteristics. To assess depressive symptoms, we administer the Center for Epidemiological Studies Depression (CES-D; Radloff, 1977) scale. The CES-D is a widely used, standardized, short self-report scale designed to measure depressive symptoms in the general

population. The scale consists of 20 items and includes items on depressed mood, feelings of worthlessness, hopelessness, loneliness, loss of appetite, restless sleep, psychomotor retardation, and concentration problems. Respondents are asked how often they experienced each symptom (e.g. sad) in the past week: "0" rarely or none of the time (less than 1 day); "1" some or little of the time (1-2 days); "2" occasionally or a moderate amount of the time (3-4 days); or "3" most or all of the time (5-7 days). The response values for each of the four positive items (e.g., happy) were reverse-coded and all 20 items were summed. The scale score had a potential range from 0 to 60; higher scores indicate more depressive symptoms. A cutoff point of 16 is used to indicate clinically significant depressive symptoms and corresponds to the 80th percentile of scores in community samples (Comstock & Helsing, 1976). The internal consistency of the CES-D scale in the current sample was .88.

We measure parenting stress with a 6-item index assessing the degree of stress or irritation the mother perceives in relation to her interactions with her child. This scale explores mothers' subjective sense of difficulty specifically with regard to the parenting role and has been related to child maltreatment. Items for this scale were taken from Abidin's Parenting Stress Index (PSI; Abidin, 1983) and from the New Chance Study (Morrison et al., 1998). A sample item is "I find that being a mother is much more work than pleasure." Items are measured on a 5-point scale and are coded such that 1= "never" and 5= "almost always." Higher scores indicate greater parenting stress. Cronbach's alpha for this scale was .81.

Domestic violence and ecological stressors. Domestic violence is measured by items drawn from the Conflict Tactics Scale, a widely used measure of family violence (Strauss & Gelles, 1990). We use a 5-item index of physical violence that yields information about women's lifetime experience of (a) having been threatened with a harmful object; (b) physically assaulted; (c) choked or beaten up; (d)

threatened or assaulted with a weapon; and (e) forced into sexual activity by a romantic partner. Total scores were calculated by summing the number of "yes' responses to each of the five questions. The internal consistency of this scale was .71.

We measure ongoing life stress with a version of the Difficult Life Circumstances scale adapted from Barnard (1988). This scale was designed to measure the habitual stress that is often a feature of living in disadvantaged circumstances. Respondents answer questions about six different stressful life events that may have occurred during the past 12 months. Examples of items are "Do you have a relative or close friend in jail?" and "Have you been robbed mugged, or attacked in the past year?" Total scores were calculated by summing the number of “yes” responses to each of the five questions. Standard internal consistency reliabilities were not calculated for this scale because there is no reason to expect that a person with one particular problem would also have another particular problem.

We assess teen mothers’ child care problems with a measure developed for the present study. Questions ask whether the teen has ever experienced any of six potential problems with child care. Examples include being concerned about the quality of child care available, cost of child care, and being unable to find child care during the times the teen needed to be at work or school. The internal reliability of this 6-item summary index was .71.

Family functioning. To measure the quality of the grandmother-teen mother relationship, respondents are asked to report on the amount of interpersonal conflict in the home. The mother-child conflict scale was created for the present study but draws on measures previously used by Caldwell and Antonucci (1996). This scale assessed conflict via adolescents’ reports of the frequency of arguments concerning such things as the teen's friends, grades in school, spending habits, and childrearing. The seven-item scale was measured on five-point Likert-type scales, with possible answers ranging from

"almost never" to "almost always." Scores for this scale were computed as the average of the seven items. Higher scores represent more conflict. The internal consistency of this scale was .72.

Knowledge of welfare rules. Teen mothers were asked several questions regarding their knowledge and compliance with new welfare rules. Specifically, they were asked if before having their child they knew they would have to attend school to qualify for cash assistance and if they knew they would have to coreside with a parent or other adult to so qualify. Young mothers who were currently attending school were asked to rate the importance of the new welfare requirements in their decision to do so.

RESULTS

Demographic characteristics

About half of the teens (51%; 43 out of 88) were receiving only Medicaid and 43 (49%) were welfare reliant (hereafter called "FIP"). Almost half (48%) are African-Americans, and 40% are white, and 12% report they are Latina, Native-American, or of mixed ethnicity. On average, teen mothers were currently about 17 years old and almost all had only one child. Teens' average age at first birth was 15.8, although it ranged from 13 to 17; a small minority (15%) had their first child at age 14 or younger. The number of people residing in the household ranged from two to 10, and with an average of five. The demographic characteristics are presented in Table 1. Although we do not present information on grandmothers' characteristics, select grandmother variables are used in multivariate regression equations (described below).[3]

Descriptive analyses

Knowledge of welfare rules. Teen mothers were asked several questions about their knowledge of and satisfaction with welfare program requirements. Responses are presented in Table 2. These results are presented for the total sample and also separately for FIP teens and Medicaid-only teens. Perhaps not surprisingly, FIP teens were more cognizant of the new rules than their Medicaid-only counterparts, even though the process of obtaining eligibility for both programs is similar and occurs at the same location. FIP teens were significantly more likely to be aware of the school attendance mandate and, of those who were currently attending school, FIP teens were more likely to rate "FIA rules" as an important reason why they attend school. Significantly more of the FIP teens also stated that they knew about the coresidence mandate. Notably, however, close to 40% of the FIP teens report not knowing about either the school mandate or the coresidence mandate prior to having their baby.

Living arrangements. Teen mothers' living arrangements and related variables are presented in Table 3. The majority (76.1%) are coresiding with their mothers. An additional 10 teens (11.4%; five each of FIP and Medicaid-only) are living in extended family arrangements. Among the FIP teens, these arrangements are most often female family members (sister, aunt, and teens' grandmothers). In contrast, Medicaid-only teens in extended family arrangements were most often living with and being supported by their boyfriend and his parents (not reported in Table). Four teens are living with their child and a current male partner; of these, only one was a FIP recipient. She was about to turn 18 and had been living with a legal guardian, but had recently left to move in with her boyfriend. Two teens, both FIP recipients, are living with adult guardians. Four teens are living alone; of these, three were FIP recipients and all three had recently turned 18 and thus were no longer subject to coresidence requirements. Finally, one Medicaid-only teen was living in foster care.

Because FIP teens are constrained by living arrangements, we asked this subgroup open-ended questions about their living arrangement history. Eight of the current coresiders reported that they had lived apart from their mothers for at least one month after the child's birth. When asked to describe the reasons they had returned to live with their mothers, their answers primarily reflected interpersonal issues; none mentioned having been motivated by welfare rules.

Our study will follow these women to assess stability of housing in relation to welfare receipt in the second wave of the survey. With the Wave 1 data, we can assess their perceived satisfaction with current living arrangements. Table 3 presents information on teens' satisfaction separately for those living with their mothers and those in other arrangements. Among women currently living with their mothers, a sizeable minority (20%) report being dissatisfied. Twenty percent of coresiding teens report living at home in order to receive cash assistance, and almost half said they would not choose to do so if they could live elsewhere and still receive cash assistance. Among teens in all other living arrangements, a similar proportion report being dissatisfied with their current living arrangement, and almost two-thirds stated that they would live elsewhere if they could.

School and employment. Teens' school progress and the extent to which teens are combining work and school are presented in Table 4. The majority of teen mothers are attending school and about 11% have successfully completed high school. However, almost 14% have dropped out of school and 2% have been expelled. Almost a third of the teens are employed for pay. Sixteen (18%) are combining work with school, and a small minority are neither working nor in school. Of these teens who are staying at home, five are FIP teens and six are Medicaid-only (not reported in Table). Most of the employed teens report contributing half or more of their earnings to the household.

Because educational expectations tend to predict eventual attainment, we asked the teens to tell us how far they thought they would progress in school. Educational expectations are quite high in this sample--about 85% of the young women expect to further their education beyond high school and almost 20% expect to earn a graduate degree. In the New Chance study of 2,079 slightly older teen mothers, about 66% expected to complete post-secondary education and about 11% expected to earn a graduate degree (Quint, Bos, & Polit, 1997).

Income sources and economic well-being. Information on teens' economic well-being is presented in Table 5. Sixty-one percent of the sample lives at or below the poverty threshold. Not surprisingly, many more of the FIP teens than the Medicaid-only teens are poor (see footnote in Table 5). Three quarters report having some money to call their own; this money came from multiple sources.

Teens were quite optimistic with respect to satisfaction with economic circumstances. They report low levels of dissatisfaction with their ability to get things we asked about, and fully 42% reported not being dissatisfied with their ability to obtain any of the 10 items. The items cited most frequently were not being able to buy birthday and holiday gifts, school supplies and clothing, and special activities such as movies or fast-food meals.

Psychological and physical well-being. We present information on teen's psychological and physical health as well as family functioning in Table 6. Half the sample was at some risk for depression; the average score (17.0) is above the recognized cut-off (16.0). This figure corresponds to that reported in the New Chance study, which found 53% of the teen parent sample to be at-risk for depression (Quint et al., 1997). About one third of the teens reported being in fair or poor health, although the majority reported being in good health. Almost three quarters rated their child's health as excellent. These results correspond to or are better than those found in the New Chance study, in

which about 53% of young mothers rated their own health as excellent or very good and 80% rated their child's health as such. Teens scored at about the midpoint on the measure of parenting stress. As a comparison, the average score on these six items in a recent study of single-parent welfare recipients (ranging in age from 18-55) was slightly higher (2.96 --more stress; Danziger, Corcoran et al., 2000, authors' calculations). With respect to family functioning, teens reported a relatively low amount of conflict with their mothers--average scores were below the midpoint on the scale.

Ecological stressors. Ecological stressors in the lives of young mothers are illustrated in Table 7. Teens reported high rates of ongoing stressful life events; almost all had experienced at least one such event in the past 12 months. About half had experienced the death of someone close or knew someone in jail during the past year (data not shown in Table). Out of six different events we asked about, the average number experienced in the past year was 2.4. In Danziger, Corcoran et al., (2000), the average score on the same set of six items was 1.6 (authors' calculations), and in the New Chance study (which also asked these questions), the average score was 1.5 (Quint et al., 1997).

Rates of domestic violence were also high among teens. About 58% of the sample had experienced at least one form of violence by a romantic partner in their lifetime -- 17% had been choked or beaten, 10% had been threatened with a weapon, and six percent had been forced into sexual activity (data not shown in Table). This rate is four to five times the national average (Straus and Gelles, 1986), but similar to rates reported in other welfare studies (Kalil, Tolman, Rosen, & Gruber, 1999).

On average, teens reported having experienced relatively few childcare problems, although about 50% of the sample had experienced at least one of the six types of problems and almost 20% had experienced at least three different child care problems.

In summary, despite high educational expectations, a sizeable minority of young women are at risk for dropping out of school and thus long-term economic hardship. We find only 20 percent who are dissatisfied with their living situation, but a majority who felt constrained by these arrangements. We find a relatively high level of depressive symptoms among the teen mothers, a moderate amount of parenting stress, but relatively low amounts of mother-daughter conflict. And, by virtue of the number of ecological stressors reported, these families are troubled by exposure to violence and other difficult life circumstances.

Multivariate analyses

The next set of analyses assess the role of demographics, family processes, and ecological stresses in accounting for differences in the teen parents' educational status and reported economic and psychological strains. Despite the limitations of small sample size and cross sectional data, we can use this approach to examine whether cash welfare (FIP) receipt and co-residence with the grandmother contribute to how teen mothers are faring when controlling for other factors that could also be associated with these measures of well-being.

We use logistic regression to examine the predictors of "good school status", which we define as either being enrolled in or having graduated from high school. We use ordinary least-squares regression to examine predictors of perceived economic strain and parenting stress. For each regression, we enter a set of demographic variables (number of children, ethnicity, coresidence status, FIP status, and grandmothers' education) in Model 1. Model 2 adds the family process and context variables (child care problems, domestic violence, conflict with grandmother, teen depressive symptoms, and educational expectations) to assess the relative strength of the association of these variables with the

well-being measures compared to the demographic variables. Listwise deletion of missing data resulted in an N of 71 for these analyses, results of which are presented in Table 8.[4]

School enrollment/graduation. In Model 1, none of the demographic variables (including FIP receipt) was significant and as a set, they failed to reach significance. In contrast, adding the set of family process and context variables in Model 2 added significantly to the model. Teens who report more child care problems are less likely to be enrolled in or graduated from high school, while those who have higher educational expectations are more likely to be in school or graduated. Two of the demographic variables became significant at this step: White mothers and those who were coresiding with grandmothers were less likely to be in school or to have graduated than their Black and non-coresiding counterparts.

Parenting stress. In Model 1, again none of the demographic variables was significant and as a set, they failed to reach significance. However, adding the set of family process and context variables in Model 2 significantly improved the model. Individual significant variables included domestic violence and educational expectations. Teen mothers who reported greater number of experiences of domestic violence reported higher levels of parenting stress, while those who reported higher educational expectations reported less parenting stress. Neither FIP receipt nor grandmother coresidence was associated with parenting stress.

Economic strain. In Model 1, the coefficient for grandmother coresidence was significant. Teens who coresided with grandmothers reported less economic strain (regardless of whether or not they received FIP). As with the other equations, adding the set of family process and context variables in Model 2 significantly improved the model. Individual significant variables included domestic violence and level of depressive symptoms. Teen mothers who reported greater number of experiences of

domestic violence and those who reported higher levels of depressive symptoms also reported greater economic strain. Adding these variables reduced the effects of grandmother coresidence to non-significance.

DISCUSSION

Changes in the cash welfare program targeted to teen parents exclude many young women from receiving income support for their children until they reach age 18. It is not possible to determine the caseload changes for the group of teen parents who live with their families, but the number of minor-aged parents heading their own cases has plummeted in the state. This is consistent with but perhaps even more dramatic than the general national caseload decline of about 35% since the 1996 legislation (see Corcoran, Danziger, Kalil, & Seefeldt, 2000). About half of the teens in this low income sample reported knowing of the new behavioral mandates that come with welfare receipt. Cash welfare recipients were almost twice as likely to report knowledge of these rules as were those who were only enrolled in Medicaid. And, the cash welfare group was more likely to emphasize the welfare rules as a reason for their continuing school attendance.

Of the young women who were co-residing with their own mothers, about a fifth were dissatisfied with the arrangement and an equal proportion said they were coresiding to receive cash assistance. Well over half to three-fifths of both co-residers and those in other living arrangements reported that they would live elsewhere if they could receive assistance and still do so.

The minor-aged teen mothers in this study had relatively high educational expectations; and, while a significant minority had dropped out of school, only a small number were neither working nor in school. Most lived in poor households and another third were near poor. Despite their low incomes,

they reported little subjective economic strain. They had relatively high levels of symptoms of clinical depression, but not especially high levels of parenting stress or conflict with their mothers. They reported a small number of problems with child care, but most had experienced violence by a romantic partner in their lifetime, and within the last year half had lost a loved one or knew someone who went to jail. There were very few differences between the FIP teens and those who received only Medicaid. One (not surprising) difference was that FIP teens were twice as likely to have a poverty-level income-to-needs ratio.

Finally, the multivariate analyses examining important risk factors for long term well being suggest that the demographic characteristics of these teen parents and their families do not generally differentiate who is enrolled in or graduated from school, or their experience of parenting stress and economic strain. One exception is coresidence with grandmothers, which was negatively associated with being enrolled in or graduated from school, but also negatively associated with economic strain. These findings support the hypothesis that teen mothers may have greater economic well-being if they coreside with grandmothers. Due to the cross-sectional nature of the data, it is not possible to tell whether coresidence is a predictor or a result of poor school outcomes. Teen mothers' level of depressive symptoms, educational expectations, and experiences of child care problems and domestic violence victimization are significant factors associated with the three dimensions of well-being. In each case, the models greatly improve with the inclusion of the family process/context measures.

Implications for research, policy and services

In a first cross-sectional examination of the characteristics of a special population targeted by welfare reform, we find high levels of compliance with the new mandates for schooling and living

arrangements as well as fairly low numbers of minor parent welfare cases in this Michigan county. Many of the families not receiving cash welfare are poor or near poor. The teen mothers tend to express high educational goals but they also have high levels of depressive symptoms and exposure to life stresses and domestic violence. Their educational status and degree of parenting and subjective economic stresses are associated with these familial and psychological dynamics. Receiving cash welfare benefits is not associated with these indicators.

Having high expectations for schooling seems to support staying in or completing high school and also may cushion the stresses of parenting for young mothers. It is unclear whether the attendance requirements of the welfare program will increase overall educational achievement or aspirations of the young mothers. If schooling requirements have similar effects as in Ohio's LEAP demonstration, they may increase school and GED program enrollment, but not significantly improve graduation rates (Bos & Fellerath, 1997; Long et al., 1996). Results from the next wave of our study can indicate the extent to which the educational goals of these young mothers are met by the FIP mandates to attend school through age 17.

Coresidence with the baby's grandmother appears to have mixed effects. It may be related to poorer schooling outcomes, but it may also reduce economic strain. Given that both school attendance and co-residence are required conditions for cash welfare eligibility, achieving compliance with both mandates may be highly problematic for some of the target families.

The significant effects of depression, child care problems, and domestic violence merit serious consideration in program design and policy deliberations, and in future research. The next wave of data from these families can help clarify the timing of these problems, their interrelationships, and the duration of effects.

While welfare policies theoretically allow exemptions from the behavioral requirements for disabling conditions such as depression, it is unclear whether these exemptions are actually available. It is also not known how much the case management required of welfare workers results in service program referrals and utilization. The prevalence of these problems and their significance for long-term well-being among teen mothers in this sample, whether or not they receive cash public assistance, suggests that many teen parent families need assessment and services. These findings imply that programs that address mental health and life stress problems could have potentially wide-ranging and long-lasting educational, economic, and psychological benefits to teen mothers, their children, and their families.

Endnotes

1. For these analyses we omit data from three cases. In one family, the young child had been temporarily removed from the teen's care by Child Protective Services due to the teen's substance abuse. We also omitted a two parent welfare (AFDC-UP) family. The third omitted case was low income but received neither AFDC nor Medicaid at the time of the interview. This yields a sample N of 88 for analyses presented here.

2. In Wave 2 the survey collects further data on changes in teens' education and employment experiences, living arrangements, and welfare status between Waves 1 and 2. It updates the demographic and income data and re-measures all of the baseline information on the potential predictors of employment, education, and well-being that were collected at Wave 1. It also adds new questions on help-seeking behavior and use of other services and programs. Grandmothers are also re-interviewed at Wave 2.

3. Grandmothers range in age from 31 to 57 years old and have an average of about four children. About two-thirds have completed a high school education and more than two-thirds are employed. About a third of the grandmothers are receiving AFDC/FIP; a third are also receiving SSI benefits. About 50% of the grandmothers were at-risk for depression, and 50% also reported being in "fair" or "poor" health.

4. Only four of the correlations among the predictor variables exceeded .30. Number of depressive symptoms was positively associated with conflict with grandmother (r =.32) and lifetime domestic violence (r =.42). FIP receipt was negatively associated with being White (r =-.31) and with grandmothers' having a high school degree (r =-.31).

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Table 1. Selected demographic characteristics of teen mothers (N=88)

Variable	% in sample
Demographics	
Welfare status	
FIP	48.9
Medicaid-only	51.1
Race/ethnicity[1]	
White/Caucasian	39.8
Black/African American	47.7
Other race[2]	12.5
Age in years[3]	
14	1.1
15	8.0
16	19.3
17	45.5
18	26.1
Average age in years	16.9
Number of children	
1	91.0
2	9.0
Average age of oldest child (months)	12.3
Age at first birth	
13	2.3
14	12.5
15	17.0
16	40.9
17	27.3

[1] FIP teens are significantly more likely than Medicaid-only teens to be Black (67% vs. 30%) and significantly less likely than Medicaid-only teens to be White (24% vs. 54%).
[2] "Other race" includes Hispanic/Latina (1.1%), Native American (2.2%), other single race (2.2%), and mixed race (6.7%) for the whole sample.
[3] Age at time of survey.

Average age at first birth	15.8
Average household size	5.0 (range 2-10)

Table 2. Teens' knowledge of welfare rules (N=88).

Variable	Total	Medicaid	FIP	p
Percent who knew about FIA school mandate prior to childbearing (%)[4]	47.1	36.6	63.4	**
Of those attending school, FIA mandate is an important reason why teen attends school[5]	2.71	1.88	3.55	**
Percent who knew about FIA coresidence mandate prior to childbearing?	42.4	36.1	63.9	**

** Significant at .01 level
* Significant at .05 level
+ Significant at .10 level

[4] One respondent missing information on this item, and for one teen the law did not apply at the time of first birth.
[5] Only teens who attend school (Total N=64, Medicaid N = 31, FIP N = 33) responded to an item asking them whether FIA requirements were an important reason why the attended school. Respondents indicated the level of importance on a scale of 1 (not an important reason) to 7 (a very important reason).

Table 3. Living arrangements and satisfaction. (N=88)

Variable	% in sample
Living arrangements (total sample)	
Mother	73.9
Other extended family (non-guardian)	11.4
Male partner	5.7
Adult guardian	2.3
Alone	5.7
Foster care (non-relative)	1.1
Coresiders subsample (N=65):	
Satisfaction with living arrangements	
Very dissatisfied	3.1
Dissatisfied	16.9
Satisfied	46.2
Very satisfied	33.8
Living with grandmother to receive assistance?	
Yes	20.0
No	80.0
Would choose to live with grandmother if could receive assistance elsewhere?	
Yes	56.9
No	43.1
All other living arrangements subsample (N=23):	
Satisfaction with living arrangements	
Very dissatisfied	4.3
Dissatisfied	13.0
Satisfied	39.1
Very satisfied	43.5
Would live elsewhere if could receive assistance to do so?	
Yes	60.9
No	39.1

Table 4. Education and employment. (N=88)

Variable	% in sample
School status	
In school	72.7
Graduated HS/received GED	11.4
Suspended/expelled	2.3
Dropped out	13.6
Employed	
Yes	31.8
No	68.2
School and work combinations	
Neither working nor in school	13.6
Combining work and school	18.2
Working only	13.6
School only	54.5
Educational expectations	
High school degree	13.8
Post-high school vocational training	4.6
Some college	18.4
Two-year or business college	10.3
Four-year college	20.7
Masters, teaching, or professional degree	13.8
MD, Law, or PhD degree	18.4

Table 5. Income sources and economic well-being. (N=88)

Variable	% in sample
Income-to-needs ratio[6]	
Very poor (below .50 poverty threshold)	27.3
Less poor (.50 to .99 poverty threshold)	33.8
Near poor (1.00 to 1.85 poverty threshold)	33.8
Not poor (above 1.85 poverty threshold)	5.2
Economic strain: Dissatisfied with:	
Housing	15.9
Medical care	14.8
Clothing	18.2
Furniture	16.1
Overall standard of living	13.6
Ability to buy diapers	13.1
Ability to buy gifts	20.5
Ability to buy school supplies	21.6
Ability to do special activities	29.5
Ability to get personal items	18.2
Economic strain summary index (% who report dissatisfaction with number of strain items)	
0	42.0
1	23.9
2	8.0
3	5.7
4	4.5
5	5.7
6	3.4
7 or more	6.8
Average score on economic strain index:	1.80 (range 0 to 9)

[6] Due to missing data on adolescent household income, 13.5% were missing data on poverty status. FIP teens were significantly more likely to be poor (86%) than were Medicaid-only teens (39%).

Table 6. Psychological and physical health and family functioning. (N=88)

Variable	% in sample
Depression	
Not at risk	50.0
At some risk	21.6
At risk	28.4
Average CES-D score	17.1
Self-report of physical health	
Poor	1.1
Fair	27.3
Good	52.3
Excellent	19.3
Teen report of child's health [7]	
Poor	0
Fair	6.9
Good	19.5
Excellent	73.6
Parenting stress[8]	2.36
Mother-daughter conflict[9]	1.87

[7] One participant was missing data.
[8] This is the mean of 6 items, each measured on a scale of 1 (almost never) to 5 (almost always).
[9] This is the mean of 7 items, each measured on a scale of 1 (almost never) to 5 (almost always). Two participants were missing data.

Table 7. Ecological stressors. (N=88)

Variable	% in sample
Frequency of recent stressful life events[10]	
0 events	4.5
1 events	20.5
2 events	29.5
3 events	25.0
4 events	17.0
5 events	2.3
6 events	1.1
Average number of recent stressful events[11]	2.41
Incidence of domestic violence (lifetime)[12]	
0 incidents	43.2
1 incident	23.9
2 incidents	15.9
3 incidents	9.1
4 incidents	5.7
5 incidents	2.3
Average incidence of lifetime domestic violence	1.17
Incidence of child care problems[13]	
0 problems	53.4
1 problem	17.0
2 problems	12.5
3 problems	10.2
4 problems	2.3
5 problems	3.4
6 problems	1.1
Average number of childcare problems	1.10

[10] This is a sum of 6 items. For each, teen indicated whether she experienced events in the last 12 months.
[11] FIP teens had significantly more stressful life events (2.69) than did Medicaid-only teens (2.17).
[12] This is the sum of 5 items. For each, teen indicated whether she ever experienced physical harm or threat of physical harm from a boyfriend or person she has dated.
[13] This is a sum of 6 items. For each, teen indicated whether she ever experienced any of the child care problems.

Table 8: Unstandardized coefficients from multivariate regression analyses predicting outcomes for teen mother (N=71).

	Enrolled/Graduated		Parenting stress		Economic strain	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Demographics						
Number of kids	-.94	-3.50 +	.41	.49	-.61	-.55
White	-1.41	-5.29 *	-.01	.26	.-01	.41
Other minority ethnicity	-.78	-3.70	-.11	-.24	2.01 +	.68
FIP recipient	.27	-.88	.01	.01	.51	.39
Coresiding with grandmother	-.26	-4.50 *	.01	.61 +	-2.28 *	-1.08
Grandmother has high school degree	-.11	-1.48	-.12	-.16	.59	.64
Family process and context variables						
Child care problems		-1.64 *		.12		.22
Lifetime domestic violence		-.68		.16 *		.58 **
Conflict with grandmother		-1.38		.22 +		-.23
Depressive symptoms		.18 +		.01 +		.01 **
School expectations		.93 *		-.12 *		-.19
R-square	.06	.27 *	.02	.35 ***	.14	.49 ***