



FACTSHEETS | SEPTEMBER 2015

Promoting Protective Factors for Pregnant and Parenting Teens: A Guide for Practitioners

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk for negative outcomes. These factors may “buffer” the effect of risk exposure and help individuals and families negotiate difficult circumstances and fare better in school, work, and life.

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WHY FOCUS ON PROTECTIVE FACTORS?

Most pregnant and parenting teens are also exposed to multiple risk factors, putting them at risk for negative outcomes. Intervention and prevention efforts intended to reduce risk factor exposure can be effective, but they may also take longer to show evidence of impact. At the same time, these young women are already in risk because they are pregnant or parenting.

Practitioners working with pregnant and parenting teens can effectively work to build strengths at the individual, relationship, and community levels that will help them face and overcome trauma or adversity. Building protective factors for pregnant and parenting teens can help increase their resilience in the short term. It also can help them to develop skills, personal characteristics, knowledge, relationships, and opportunities that offset risk factors and contribute to improved well-being. For example, academic skills in pregnant and parenting teens are related to a reduced risk of rapid repeat pregnancy. Instead of waiting to measure whether or not there was a rapid repeat pregnancy, practitioners can target and track academic improvements each quarter as an interim result.

LESSONS FROM THE RESEARCH LITERATURE

To address the broad spectrum of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families' (ACYF's) programs and populations, ACYF commissioned [*Protective Factors for Populations Served by the Administration on Children, Youth and Families: A Literature Review and Theoretical Framework*](#), a literature review and expert consultation effort that distilled findings on protective factors relevant to the five populations it serves: homeless and runaway youth, children exposed to domestic violence, victims of child abuse and neglect, youth in and aging out of the foster care system, and pregnant and parenting youth. As a result of that review, a general framework for organizing and applying protective factors was developed outlining the evidence for protective factors at the individual, relationship, and community levels.

A review of current research linking protective factors to well-being for pregnant and parenting teens associated specific factors with moderate or strong improvements in well-being. This review also revealed the need to enhance the evidence base through further research and practice in order to better understand the measures for tracking progress and the policies and strategies that contribute to effective interventions. The review also highlighted the importance of working at multiple levels to increase individual skills, strengthen relationships, and build capacity within the community.¹

¹ Protective factors demonstrating evidence with general populations may also be protective for pregnant and parenting teens. Omission of a factor here does not mean it cannot be protective for these youth; it primarily means that there is currently no strong or moderate evidence showing its protective nature for pregnant and parenting teens based on this literature review.

Protective Factors

The following presents the protective factors with the strongest evidence to date for pregnant and parenting teens.

Individual Level

- Cognitive ability
- Sense of optimism
- Agency (self-efficacy)
- Academic skills
- Relational skills
- Problem-solving skills
- Involvement in positive activities

Relationship Level

- Parenting competencies
- Positive peers
- Caring adult(s)
- Supportive partner
- Living with family member(s)

Community Level

- Positive school environment
- Positive community environment
- Economic opportunities

USING PROTECTIVE FACTORS FOR PREGNANT AND PARENTING TEENS

Which individual skills and capacities can improve the well-being of pregnant and parenting teens?

At the individual level, there is strong and moderate evidence for a number of individual characteristics and skills. Building these characteristics and skills for teen mothers has been shown to improve the well-being of both mother and child.

Cognitive ability (math/verbal skills and other measures of academic achievement) is related to healthy socioemotional adjustment, socioeconomic status, lower risk for child abuse, resilience, less likelihood of repeat pregnancy, and lower parenting stress among teen mothers. Teen mothers' cognitive ability is also related to reductions in school dropout rates and aggressive behavior among mothers' children in several studies (Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007).

A **sense of optimism**, measured by aspirations to stay in school and graduate, trusting others, lower levels of depression, and plans for the future, are related to positive outcomes (e.g., educational success, reductions in rapid repeat pregnancies). Some studies found associations between teen mothers' sense of optimism and their children's cognitive competence and positive academic outcomes during elementary school.

Self-efficacy or agency is related to positive outcomes for pregnant and parenting teens and/or their children including independence and self-sufficiency, personal competence, and self-care. Self-efficacy, measured in many ways by investigators, is also positively related to reductions in substantiated child maltreatment, depressive symptoms, and repeat pregnancy; increased resilience; and the belief that college and job training is important. It is also related to a health-promoting lifestyle, healthier infant birth weights, infant-mother functioning, and a positive life course.

Academic skills include verbal and math skills, years of education, high school/GED graduation, and enrollment in gifted classes. These and other academic skills are related to a reduced risk of second births, stress, and depression and an increase in nurturing skills, breastfeeding, and resiliency. Teen parents' academic skills are also related to higher cognitive competence among children.

Problem-solving skills and relational skills are associated with increased life satisfaction, decreased depression and anxiety, better school attendance/performance, more nurturing parental behavior, and reductions in rapid repeat pregnancy.

Use of **reversible, long-acting contraception** is strongly related to reductions in rapid repeat pregnancies for parenting teens.

Finally, **involvement in positive activities** at school or in the community is associated with a healthier lifestyle, reductions in repeat pregnancies, better socioeconomic status following childbirth, and resilience.

How can parents, guardians, friends, and other adults contribute to the well-being of pregnant and parenting teens?

At the relationship level, parents, caring adults, peers, and partners can be important sources of support for pregnant and parenting teens.

Parenting competencies affect the quality of infant-mother relationships and young mothers' ability to properly feed and care for their infants. Positive parent-child interactions are associated with higher levels of cognitive competence among preschool-age children and other positive outcomes for both the teen mother and the child. The nurturance and support that teen mothers receive from their own parents is also associated with positive outcomes.

The **presence of a caring adult** is an important protective factor for many pregnant and parenting teens. Caring adults can include neighbors, counselors, and staff from teen parenting programs. The influence of home visitors and other program staff who frequently serve as mentors and sources of information and support yielded much of the evidence for this factor.

The effect of **positive peers**, often defined and measured by indicators of social support, is related to lower rates of depression and reductions in repeat pregnancies. There is also moderate evidence linking **support from a boyfriend, husband, and/or the father of the child** to positive child and mother outcomes.

Living with a family member is related to reductions in repeat births, higher self-esteem, educational achievement, and lower rates of depression among teen mothers.

How can we create a community that supports the well-being of pregnant and parenting teens?

Research links certain community-level factors to positive outcomes for pregnant and parenting teens. **Positive school and community environments** (e.g., the availability of teen parent programs, neighborhood safety, access to support services and resources) are associated with positive child and mother outcomes (Black & Ford-Gilboe, 2007). **Economic opportunities and resources** (e.g., employment opportunities, livable incomes) are related to reductions in repeat pregnancies, access to infant care, financial independence, and academic achievement (Black, Siegel, Abel, & Bentley, 2001).

WHERE TO GO FROM HERE?

Practitioners working with pregnant and parenting teens have an important role to play in using protective factors as part of program strategies, and in continuing to develop the evidence base for protective factors in this population. Below are a few things practitioners can do.

- **Assess current strategies and practices to promote individual protective factors.** Ensure that program components contribute to the development of cognitive ability; a sense of optimism; self-efficacy; and academic, self-regulation, and problems-solving skills. Individual and group counseling services can target pregnant and parenting teens or help them engage with other teens. Integrating pregnant and parenting teens in general population programs can help them to connect with positive peers and build

relationships with caring adults.

It's particularly important for programs to help build teen mothers' parenting competencies, and that they do so through culturally sensitive approaches.

- **At the relationship level**, help pregnant and parenting teens maintain positive connections with family and other personal supports. Strengthening the relationship between the teen parent and her own parent(s) is recommended whenever possible. Provide opportunities for pregnant and parenting teens to connect with caring adults and positive peers outside of their family. It can also be helpful to assist pregnant and parenting teens with maintaining a positive relationship with the boyfriend, husband, or father of the child, when appropriate. Whenever possible, living with a family member should be considered.
- **At the community level**, connect teens to health services and other programs that can effectively delay subsequent pregnancies, and collaborate with schools and community-based services to enhance protective factors. This may include programs that can provide long-lasting contraception, supports for young women at school and in the community, and job training and employment assistance.
- **Include an evaluation component** to help build the evidence base for protective factors that show some research support, as well as for factors that have been useful in practice but do not yet have evidence of impact. Practitioners can contribute to the understanding of how to effectively promote protective factors and how

to measure meaningful changes at the practice level. In developing the framework, it was clear that other factors may also be protective, but the evidence is not yet sufficient. In that sense, the framework and supporting evidence can also be seen as a guide to future research.

- **Engage in advocacy, policy development, and community engagement activities** to inform policymakers about the importance of investing in evidence-based protective factors for pregnant and parenting teens.

CONCLUSION

No single program or initiative is likely to have the resources to address all pertinent factors, and it may not always be possible to incorporate protective factors at multiple levels. In such cases, the framework should be thought of as a guide to where collaboration might occur. If a program can work with one or two factors at the individual or relational levels, then this framework can help in selecting partners for collaboration who can address other evidence-based factors relevant to pregnant and parenting teens.

It is vital that practitioners who work with pregnant and parenting teens use evidence-based strategies whenever possible. It can sometimes be difficult to identify programs and strategies that are designed specifically for this in-risk population. However, by focusing on enhancing the aforementioned protective factors, we can help ensure these in-risk youth have a better chance to enjoy positive life outcomes.

RESOURCES

Promoting Protective Factors Factsheets (Development Services Group, Inc., & Child Welfare Information Gateway)

This factsheet is part of a series of factsheets for practitioners developed by DGS for ACYF. The series explores the importance of protective factors in working with the following in-risk populations served by ACYF:

- [Promoting Protective Factors for Children Exposed to Domestic Violence](#)
- [Promoting Protective Factors for Children and Youth in Foster Care](#)
- [Promoting Protective Factors for In-Risk Families and Youth](#)
- [Promoting Protective Factors for Pregnant and Parenting Teens](#)
- [Promoting Protective Factors for Victims of Child Abuse and Neglect](#)

Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework (ACYF & Development Services Group, Inc.)

ACYF contracted Development Services Group, Inc. to examine the research and develop a [literature review](#) on protective factors relevant to ACYF's target populations. Information and resources gleaned from this examination helped inform this factsheet and aid the development of graphic models and a brief for researchers.

[Protective Factors Approaches in Child Welfare](#)

(Child Welfare Information Gateway) This issue brief provides an overview of protective factors approaches to the prevention and treatment of child abuse and neglect. It is designed to help policymakers, administrators, child welfare and related professionals, service providers, advocates, and other interested individuals understand the concepts of risk and protective factors in families and communities and learn ways in which building protective factors can help to lessen risks for child abuse and neglect. <https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>

[Prevention Resource Guide](#) (U.S. Department of Health and Human Services Children's Bureau, Office on Child Abuse and Neglect; Child Welfare Information Gateway; FRIENDS National Center for Community-Based Child Abuse Prevention; & Center for the Study of Social Policy-Strengthening Families) This guide was created primarily to support community-based child abuse prevention professionals who work to prevent child maltreatment and promote well-being. Find information on protective factors approaches to promoting well-being, working with families using protective factors, engaging communities, and protecting children. The guide also includes tip sheets for parents and caregivers and activity calendars—in both Spanish and English. Access the guide through the National Child Abuse Prevention Month website.

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REFERENCES

- Black, C., & Ford-Gilboe, M. (2004). Adolescent mothers: Resilience, family health work and health-promoting practices. *Journal of Advanced Nursing*, 48(4), 351-360.
- Black, M. M., Siegel, E. H., Abel, Y., & Bentley, M. E. (2001). Home and videotape intervention delays early complementary feeding among adolescent mothers. *Pediatrics*, 107(5), E67.
- Brosh, J., Weigel, D., & Evans, W. (2007). Pregnant and parenting adolescents' perception of sources and supports in relation to educational goals. *Child and Adolescent Social Work Journal*, 24(6), 565-578.
- Clemmens, D. (2001). The relationship between social support and adolescent mothers' interactions with their infants: A meta-analysis. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 30(4), 410-420.
- Collins, B. (2010). *Resilience in teenage mothers: A follow-up study*. Wellington, New Zealand: Ministry of Social Development.

- Corcoran, J., & Pillai, V.K. (2007). Effectiveness of secondary pregnancy prevention programs: A meta-analysis. *Research on Social Work Practice, 17*(1), 5–18.
- Easterbrooks, M. A., Chaudhuri, J. H., & Gestsdottir, S. (2005). Patterns of emotional availability among young mothers and their infants: A dyadic, contextual analysis. *Infant Mental Health Journal, 26*(4), 309–326.
- Eshbaugh, E. M., Lempers, J., & Luze, G. J. (2006). Objective and self-perceived resources as predictors of depression among urban and non-urban adolescent mothers. *Journal of Youth and Adolescence, 35*, 839–847.
- Estrada, O. (2012). *Exploring Hispanic teenage pregnancy and school resiliency: A hermeneutic phenomenology study*. Lynchburg, VA: Liberty University.
- Haight, W., Finet, D., Bamba, S., & Helton, J. (2009). The beliefs of resilient African American adolescent mothers transitioning from foster care to independent living: A case-based analysis. *Children and Youth Services Review, 31*, 53–62.
- Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomás, M., & Taylor, A. (2007). Individual, family, and neighborhood factors distinguish resilient from nonresilient maltreated children: A cumulative stressors model. *Child Abuse & Neglect, 31*(3), 231–253.
- Kennedy, A. C., Agbényiga, D. B. L. F., Kasiborski, N., & Gladden, J. (2010). Risk chains over the life course among homeless urban adolescent mothers: Altering their trajectories through formal support. *Children and Youth Services Review, 32*(12), 1740–1749.
- Key, J. D., Barbosa, G. A., & Owens, V. J. (2001). The second chance club: Repeat adolescent pregnancy prevention with a school-based intervention. *Journal of Adolescent Health, 28*(3), 167–169. doi: 10.1016/S1054-139X(00)00186-5.
- Luster, T., Bates, L., Fitzgerald, H., Vandenberg, M., & Key, J. P. (2000). Factors related to successful outcomes among preschool children born to low-income adolescent mothers. *Journal of Marriage and Family, 62*(1), 133–146.
- Manlove, J., Mariner, C., & Papillo, A. R. (2000). Subsequent fertility among teen mothers: Longitudinal analyses of recent national data. *Journal of Marriage and Family, 62*(2), 430–480.
- Perrin, K. M., & Dorman, K. A. (2003). Teen parents and academic success. *Journal of School Nursing, 19*(5), 288–293.
- Renker, P. R. (1999). Physical abuse, social support, self-care, and pregnancy outcomes of older adolescents. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 28*(4), 377–388.

Secco, L. M., Profit, S., Kennedy, E., Walsh, A., Letourneau, N., & Stewart, M. (2007). Factors affecting postpartum depressive symptoms of adolescent mothers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 36(1), 47–54.

SmithBattle, L. (2007). “I wanna have a good future”: Teen mothers’ rise in educational aspirations, competing demands, and limited school support. *Youth & Society*, 38(3), 348–371.

Sparks, C. F. (2010). *Filial therapy with adolescent parents: The effect on parental empathy, acceptance, and stress*. Lynchburg, VA: Liberty University Faculty of the School of Education.

Wambach, K. A., & Cole, C. (2000). Breastfeeding and adolescents. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 29(3), 282–294.



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