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Social Workers' Perceptions of Teen Fathers: Differences Among Social Service Professionals

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Social Workers' Perceptions of Teen Fathers:
Differences Among Social Service Professionals

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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St. Paul, Minnesota
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Teen fathers are often left out of public conversation and social work interventions, and research with this population is minimal. The purpose of this project was to explore social workers' perceptions of teen fathers, both how their perceptions are related to their practice and how they may differ from other social service professionals. Utilizing a mixed-mode questionnaire, 47 social service professionals from multiple work settings were surveyed about their perceptions and interventions with teen fathers. Quantitative data were analyzed using the data analysis software SPSS to produce descriptive and inferential statistics. Qualitative data were analyzed using content analysis to discover common themes in responses. The findings demonstrated that social service professionals believed teen fathers play an important role in their child's life and barriers exist in accessing services. Social workers and other social service professionals differed in the factors they consider when working with teen fathers, the importance of teen father's involvement in intervention programs, and what prevents teen fathers from accessing interventions. Findings supported previous research that teen fathers are often neglected from social work interventions. Qualitative responses demonstrate the importance of further research with the teen father population to improve intervention efforts.

Acknowledgments

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Social Workers' Perceptions of Teen Fathers: Differences Among Social Service Professionals

Despite the fact that teen pregnancy rates have been declining over the past few years, the United States continues to have the highest teen pregnancy rate in the world (Hamilton & Ventura, 2012). Because of the associated health risks and costs for young mothers and their babies, teen pregnancy remains a topic of concern for both society and the social workers who work with teen parents (Hamilton & Ventura, 2012). However, teen fathers are often left out of both public discussion and intervention efforts by social workers (Anderson Smith, 1988; Heavey, Moysich, Hyland, Druschel, & Sill, 2008), even though society believes teen fathers should be more involved in their children's lives (Mollborn, 2011). There is often a misconception that if a couple is unmarried when they have a child, the father is not present in the child or mother's life, regardless of whether the couple is still romantically involved with each other (England & Edin, 2007). Unfortunately, research with the teen father population is minimal; the focus has primarily been on the adolescent mother (Applegate, 1988; Christmon, 1990).

When information is obtained about adolescent fathers, it often times is gathered through surveys or conversations with the adolescent mothers. The reports by teen mothers may be negatively biased or inaccurate and not give appropriate credit to the teen fathers themselves (Earls & Siegel, 1980). Because teen pregnancy is a socially stigmatizing experience in some cultures, the stress caused by being young, unmarried, and pregnant can distort interview or questionnaire data from adolescent mothers to negatively reflect upon the father's role (Earls & Siegel, 1980). Given that it is common for teen relationships to dissipate prior to or shortly after the conceived child's birth

(Mollborn, 2011), it is clear why it is dangerous to rely on the adolescent mother's opinion alone to retrieve information about the adolescent father. Social workers should take into account the flaws in past research to make future efforts to include teen fathers in pregnancy discussions in order to accurately hear their experiences.

There are many clinical benefits to involving teen fathers in the teen pregnancy experience. Preparing the father psychologically for parenthood, increasing the father's knowledge about contraception to prevent future pregnancies, and providing counseling and other support services are many positive aspects of interventions inclusive of teen fathers (Earls & Siegel, 1980). According to Barth, Claycomb, and Loomis (1988), "[teen] fathers have a right to be involved with their children and children have a right to enjoy the benefits of interacting with their fathers" (p. 284).

Because the adolescent father plays an important role in the development of his child, and because his relationship with the child's mother can affect that role, it is crucial for social workers to advocate for targeted services for the teen father. Interventions targeted to the adolescent father may even have a larger impact on preventing future teen pregnancies than interventions targeted to the adolescent mother. Because adolescent males often decide against using condoms during intercourse based on peer influence, and because males' desire to have a baby greatly influences females' desire to become pregnant, targeted interventions for the teen father can help address these powerful factors (Heavey, et al., 2008).

Unfortunately, research shows that teen fathers have felt disrespected or judged poorly from social services staff (Allen & Doherty, 1996; Anderson Smith, 1988). If teen fathers have a lack of trust in the social service system, how can social workers expect

them to benefit from services? It is important to address social workers' perceptions of adolescent fathers to ensure their needs are met so they can remain an active and beneficial part of their children's lives.

The purpose of this study is to explore how social workers perceive teen fathers, and how their perceptions are related to their practice with the adolescent father population. The review of past literature will outline the risk factors that affect teen pregnancy or teen fatherhood, relationship issues between the teen father and the teen mother, and the teen father's experience including his desire and perceptions of fatherhood. It will also discuss recommendations for social work practice with teen fathers. Through surveying social workers and other social service professionals who encounter teen fathers in a variety of settings, this project will shed light on how the professionals' opinions may affect the services provided to young fathers, taking into account the factors discussed in the literature review. Because social workers have historically looked at an individual's behavior as multidimensional, considering bio-psycho-social-spiritual factors and how the individual interacts with his or her environment (Hutchison, 2008), it is possible social workers' perceptions of teen fathers will contain a different level of complexity than other social service professionals. The study seeks to determine if social workers' opinions differ from those of other social service personnel.

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Literature Review

Risk factors for teen pregnancy and parenthood

There are numerous risk factors for teen pregnancy and parenthood that are important for social workers to understand and recognize. These risk factors include

poverty, ethnicity, lesbian, gay, bisexual, transgender, or questioning (LGBTQ) sexual orientation, substance abuse, lack of comprehensive sex education, and certain belief systems. A tremendous proportion of both teen mothers and fathers come from low-income families or communities; one study found half of children born to teen mothers lived in poverty in 2001 (Mollborn, 2011). Another study found that living in poverty at age fourteen increased the odds of girls becoming pregnant by fifty percent (Berry, Shillington, Peak, & Hohman, 2000). Adolescents who are Latino, African American, and Native American are also disproportionately affected by teen pregnancy and have the highest teen pregnancy rates when compared to other races (Mollborn, 2011). One more study found that African American teenagers were three times more likely to become pregnant than teenagers from other ethnicities. In fact, this study discovered that being African American alone increased the likelihood of becoming pregnant (Berry et al., 2000). If an individual's culture is perceived to be accepting of teen pregnancy, this also could increase his or her teen pregnancy risk. One study found that Hispanic adolescents were much less distressed about becoming pregnant as a teenager than White boys or girls, suggesting the Latino culture may be more accepting of teen pregnancy than the Caucasian culture (Softas-Nall, Baldo, & Williams, 1997).

A LGBTQ sexual orientation also increases the risk of teen pregnancy. Teen pregnancy rates among the LGBTQ population were found to be between two and ten times higher than their heterosexual peers (Saewyc, Poon, Homma, & Skay, 2008). Potential explanations for these higher rates are that lesbian, gay, or bisexual teens were more likely than their heterosexual peers to have intercourse before the age of 14 as well as have more than two sexual partners (Saewyc et al., 2008). To avoid the potential

stigma of being identified as a LGBTQ teenager, adolescents may engage in this high-risk behavior to lead others to believe they are heterosexual (Saewyc et al., 2008).

Substance abuse, especially cigarette and marijuana use, is another factor that could increase the risk of becoming pregnant as a teen, especially among LGBTQ teenagers. In the Saewyc et al. (2008) study, LGBTQ teens were more likely than their heterosexual peers to engage in substance use prior to intercourse. Substance abuse and the increased teen pregnancy risk could also vary among different ethnicities. Berry et al. (2000) found that cigarette use was associated with increased odds of pregnancy for African American and Caucasian teenagers, while marijuana use was only associated with increased odds of pregnancy for Caucasian teens.

Certain beliefs may be considered risk factors for teen pregnancy and parenthood as well. One study found teen fathers have greater misconceptions about teen pregnancy than teen mothers, believing that having a baby with their girlfriend would help keep the relationship together and help reduce the feelings of loneliness and isolation experienced by many teens (Minnick & Shandler, 2011). Having low self-esteem slightly increases pregnancy odds in teenagers (Berry et al., 2000). Additionally, belonging to a conservative religious background is another belief system that may also be a risk factor. Mollborn (2011) suggests, "Perhaps counterintuitively, states with high levels of conservative religious affiliations have some of the highest teen birthrates, and many Evangelical young people are at risk of becoming teen parents (p. 34)." This could be partly attributed to the pro-life and abstinence-only sex education stance these religious groups promote (Mollborn, 2011).

A lack of comprehensive sex education is another risk factor of teen pregnancy. Teens in the United States use contraception less consistently than their peers in other Western countries, suggesting adolescents in the United States may be receiving improper sexual education. This could also potentially explain why the United States has the highest teen pregnancy rate in the world (Mollborn, 2011). A lack of education is also an outcome of teen pregnancy. Becoming pregnant as a teenager affects overall educational attainment; adolescent girls who have at least one pregnancy achieved about two less years of education than those who did not become pregnant (Berry et al., 2000). Teen fathers also tend to have less education and employment than their childless peers (Mollborn, 2011). One study found that adolescent boys are more encouraged by counselors than adolescent girls to drop out of school and work, potentially because of their perceived role as financial providers to the family (Softas-Nall et al., 1997).

Relationship issues

A significant amount of research has explored the relationship between the adolescent mother and father and its effect on the pregnancy itself and the relationship with their child. Because it is common for teens to be engaged in long-term romantic relationships when a pregnancy occurs (Mollborn, 2011; Hendricks & Montgomery, 1983), it is important to understand the dynamics at play before, during, and after pregnancy, taking into account both the familial and romantic relationship issues that exist.

Family relationship

During pregnancy, it is common for the parents of the adolescents to become involved in and affect the teens' relationship. In one of Mollborn's (2011) in-depth

interviews, a 17-year-old teen mother revealed that she no longer wanted to date her boyfriend once she discovered she was pregnant. This particular teen expressed that a main reason she felt uneasy about getting pregnant at a young age was because she “didn’t really know what love was” (Mollborn, 2011, p. 33). However, because the teen’s mother blamed the boyfriend for getting her pregnant and required him to move in with their family, the relationship lasted for another year and a half and eventually ended unhappily (Mollborn, 2011). Hendricks and Montgomery (1983) found that teen fathers often report problems with the mother of the adolescent girl, stating that the mother “turn[s] her against” (p. 206) them. Issues with the boyfriend’s parents have also been expressed as a challenge for teen mothers. In Brosh, Weigel, and Evans (2007) study, the majority of pregnant and parenting adolescent girls stated in focus groups that they had poor relationships with the boyfriend’s parents.

Romantic relationship

The romantic relationship between adolescent mothers and fathers is influential at all stages of the pregnancy. One study, using semi structured interviews with adolescent girls aged 13 to 18 years, discovered that the strongest determinant of a teen girl’s attitude toward becoming pregnant was how she believed her boyfriend viewed having a baby. If the girls reported that their boyfriends wanted to have a baby, they reported desiring a baby as well (Cowley & Farley, 2001). Heavey’s (2008) study supports these findings. Teen girls who stated that their boyfriend had positive feelings about pregnancy were four times more likely to state a desire to be pregnant than girls who stated their boyfriends felt negatively or ambivalently (Heavey, 2008). This study also discovered that male adolescents felt significantly more positive about pregnancy than female

adolescents (Heavey, 2008). The opposite could also be true; adolescent males could be pressured into fatherhood by their girlfriends. One study found one third of teenage boys disagreed with their girlfriends' decision about pregnancy (Redmond, 1985).

After the birth of a child, there is often conflict between teen mothers and teen fathers over the involvement of the teen father in the child's life. Because the mother holds the primary care responsibilities early in a child's life, the father's relationship with his child often depends on the quality of the relationship with the mother (England & Edin, 2007). When teen parents do not live together, the teen mother usually takes the responsibility for keeping track of the child's needs and asking the father for support (Mollborn, 2011). However, many teen fathers express the desire to have more responsibility and more time with their children and state that they have to fight for this wish with the child's mother (Allen & Doherty, 1996).

Despite the tension over teen father involvement, studies also report the positive effects of teen parent relationships. In one study, teen mothers stated "...developing honest and supportive relationships with their...boyfriend/significant other would help them continue working toward their educational and career goals" (Brosh et al., 2007, p. 572). Another study found that "a more committed relationship with the father of the baby during pregnancy was significantly correlated with [the teen mother's] better planning and [greater] emotional involvement with the pregnancy" (Wise & Grossman, 1980). Interestingly, Wise and Grossman (1980) also discovered that adolescent girls had a shorter labor if they were involved with the baby's father. The more positive and involved the relationship with the child's father, the easier it was for the adolescent girl to adapt to motherhood (Wise & Grossman, 1980).

Many of these studies did not interview the teen fathers and relied on the statements and opinions of the teen mothers to inform their findings (Mollborn, 2011; Cowley & Farley, 2001; Brosh et al., 2007), limiting and biasing the results to the teen mother's perspective (Cowley & Farley, 2001). However, Allen and Doherty (1996) and Hendricks and Montgomery (1983) interviewed African American teen fathers to discuss their feelings about their relationship with the child's mother. Allen and Doherty's (1996) group of adolescent fathers stated that they had a closer relationship to their child than they had with their child's mother. Furthermore, they reported that having a stressed relationship with the child's mother resulted in seeing their child less often and having a more reserved relationship with their child. The anxiety teen fathers feel about potentially being unable to see their child because of problems in the relationship with the teen mother (Allen & Doherty, 1996) could justify this reservation. England and Edin (2007) further explain that fathers may distance themselves from their babies as a defense mechanism if there is a conflicted relationship with the mother. This distance could help fathers avoid pain when the romantic relationship ends and the mother receives full custody of the child (England & Edin, 2007).

Hendricks and Montgomery's (1983) group of fathers reported similar problems in their relationship with their child's mother. The main concerns expressed were jealousy, lack of communication, financial difficulties, and not being able to see the baby (Hendricks & Montgomery, 1983). However, this study also found that the relationship between the adolescent parents was "one of love" (Hendricks & Montgomery, 1983, p. 206), with teen fathers knowing that the potential for pregnancy existed when engaging in sexual intercourse and caring deeply for the child's mother both before and after

conception (Hendricks & Montgomery, 1983). In spite of this, teen fathers also reported that they did not feel as strongly about their romantic relationship after the conception or birth of the child as they did prior to the conception or birth (Hendricks & Montgomery, 1983). Given the significance of the teen father's involvement and role in raising a child, a deeper understanding of the teen father's experience will now be explored.

Father's experience

A common issue examined in the adolescent father's experience is his level of involvement with his child. One study, utilizing in-depth conversational interviews, discovered that teen fathers who could eloquently express their perceptions of fatherhood were also more involved with their children than teen fathers who were not as articulate (Allen & Doherty, 1996). A higher level of father involvement was also associated with a belief that becoming a father contributed to the adolescent boy's own development (Allen & Doherty, 1996). In Robbers (2008) longitudinal study of teen fathers who participated in an intervention program designed to teach and improve fatherhood skills and involvement, the fathers' level of involvement with their child was measured both before and after participating in the program. The program consisted of a combination of workshops, group sessions, individual therapy, and family activities that empower and educate the teen father about his role in his child's life (Robbers, 2008). The total amount of teen father involvement, measured by how often he participates in activities with his child, how he interacts with his child, how he supports his child, and how he assists in parenting tasks, significantly increased from before participating in the program to after program participation (Robbers, 2008).

Prior to program participation, Robbers (2008) discovered there was a significant correlation between the age of the child and the amount of teen father involvement, with older children receiving more support from and interaction with their fathers. Ironically, there was a negative correlation between the age of the teen father and the amount of involvement with his child, with older teen fathers being less involved with their child than younger teen fathers. This could be because younger teen fathers receive more pressure and help from their families to support their children (Robbers, 2008). After participating in the intervention program, however, these correlations shifted. Older fathers were interacting more with their children than the younger fathers, and younger children were receiving more support from their fathers than older children. This could be because fathers worked more or went back to school as their children got older, an indirect result of the intervention program teaching job skills and the importance of staying in school (Robbers, 2008). Allen and Doherty's (1996) interviews also help shed light into the shift in father involvement over time found in the longitudinal study. One teen father stated that fatherhood was "something you adapt to and you learn how to deal with...as you go along...as you get older, it's gonna change" (Allen & Doherty, 1996, p. 148).

Another common factor discussed in studies with adolescent fathers is the responsibility level associated with having a child. Allen and Doherty (1996) found that a substantial number of fathers who participated in their study stated that responsibility was an important aspect in their perception of fatherhood, and were overwhelmed by the amount of parental obligations it contained. Echoing this sentiment, a different study found that teen fathers frequently do not change the baby's diaper or clean up after the

baby because of the work these types of tasks involve (Robbers, 2008). In spite of this, many teen fathers report that having responsibility as a parent brings purpose and meaning to their lives, whether that responsibility was financial, emotional, or handling parental obligations (Allen & Doherty, 1996). Hendricks and Montgomery (1983) also found that the majority of adolescent fathers surveyed in their study believed that being an unwed father would positively change their lives.

Adolescent fathers' perceptions of fatherhood largely affect how they parent their children (Allen & Doherty, 1996). The memory of experiences they had with their own fathers was the most influential in guiding these perceptions for participants in one study (Allen & Doherty, 1996). This finding supports and expands on previous research by Christmon (1990), who found that the feelings adolescent fathers had toward their family of origin influenced their own parental behavior, though the teen father's mother had a more significant influence on parenting than the teen father's father.

Most teen fathers "felt that they were better fathers to their children than their own fathers had been to them" (Allen & Doherty, 1996, p. 148). An analysis of a teen parenting intervention program in another study supports this feeling. Teen fathers who participated in the program stated they experienced powerful conflicts in their relationships with their own fathers (Parra-Cardona, Wampler, & Sharp, 2006). Teen fathers in another study did not understand the negative impact being an absent father could have on a child prior to participating in an intervention program (Robbers, 2008). For teens whose own fathers were absent in their childhood, this impact likely strikes a chord. As Allen and Doherty (1996) suggest, "the pain of that absence may have fostered a determination to remain involved with their [own] child" (p. 151). One of the young

father participants in Parra-Cordona et al. (2006) study beautifully illustrated this desire to be a good father to his child by saying, “My child...she’s not my heart, she’s the top of my heart... She’s making it keep beating...” (p. 226).

Other perceptions and beliefs about fatherhood are present in the teen father experience. The teens interviewed in one study unanimously expressed how important fathers were in a family, being the “provider of economic and emotional support to the family” (Allen & Doherty, 1996, p. 148). However, initial feelings of fear, sadness, shock, doubt, or being overwhelmed were reported in a different study when adolescent boys first found out their partners were pregnant (Westney, Cole, and Munford, 1986).

Recommendations on social work practice with teen fathers

The current literature has a number of recommendations for social work practice with teen fathers (Allen & Doherty, 1996; Andersen Smith, 1988; Barth et al., 1988; Brosh et al., 2007; Cowley & Farley, 2001; Dore & Dumois, 1990; Earls & Siegel, 1980; Heavey, 2008; Parra-Cardona et al., 2006). It is suggested that social workers and other health care providers should include male teenagers in the discussion of delaying pregnancy given the significance a boyfriend’s opinion has on his girlfriend’s attitudes about becoming pregnant (Cowley & Farley, 2001). “Male pregnancy desire may actually turn out to be a stronger risk factor for adolescent pregnancy than female pregnancy desire” (Heavey, 2008, p. 342).

Community programs and alternative schools would benefit from including parenting education, relationship counseling, and information on how to navigate agencies that could provide support services to teenagers who are pregnant or parenting (Brosh et al., 2007). It has proven beneficial to have parenting groups specially targeted

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to adolescent fathers as well. Teen fathers who participated in one support group felt the group offered them a place to connect with other boys going through the same thing, let their feelings about fatherhood out in a safe place, and learn important lessons about fatherhood from group leaders and other members (Parra-Cardona et al., 2006). However, intense outreach efforts are often needed to get fathers involved in programs (Barth et al., 1988; Earls & Siegel, 1980). Teen fathers need concrete services such as employment counseling, parenting skills, and other tangible items to specifically meet their needs (Barth et al., 1988). They may also feel uncomfortable at an agency where services are primarily designed for women (Barth et al., 1988). More research should be done to determine the best way to engage young men in both pregnancy prevention and teen parenting programs.

The encouragement to involve fathers in raising the child is a common focus in teen pregnancy and parenting programs, whether or not a romantic relationship exists between the mother and the father (Dore & Dumois, 1990). Even when encouraged to involve the father by social workers, some adolescent mothers still did not want their child to be involved with the father regardless of how positive or negative their relationship was (Barth et al., 1988). As the research does not explain the reasons behind this particular attitude of teen mothers, social workers should explore the feelings teen mothers have about the involvement of teen fathers so they can better advocate for the role of the teen father in the child's life. It is also important for social workers to understand the perceptions, beliefs, and parental behaviors of adolescent fathers so they can tailor support and intervention programs to effectively meet their needs. Social

workers should also consider the cultural identity of teen fathers and how his culture may influence his belief system about teen fatherhood.

Social workers' response to the teen pregnancy problem has historically excluded the teenage father, seeing him as either the cause of the problem or as a financial provider for the teen mother (Anderson Smith, 1988; Softas-Nall, Baldo, & Williams, 1997). Because of this view, the relationship between social workers and teen fathers has been one of social control and conflict, with social workers only ensuring teen fathers contributed financially to the upbringing of their children (Anderson Smith, 1988). Additionally, social service staff potentially treat teen fathers differently based on personal cultural stereotypes. Softas-Nall et al. (1997) found that counselors in training perceived White or Black adolescents as better future parents than Hispanic adolescents, which may lead to Hispanic teens receiving a lower level of interventions because of counselors' misconceptions that they will not gain from services. As a result, teen fathers have also felt negatively toward community institutions, stating that school, hospital, or social service agency staff "hindered rather than facilitated their efforts to care for their child" (Allen & Doherty, 1996, p. 150) and showed a bias toward the teen mother (Allen & Doherty, 1996). Even more distressing is that some social workers have had the opinion that the teen father's involvement in a pregnancy/parenting intervention program was not that important if the teen mother was involved (Barth et al., 1988).

The literature described the risk factors for teen fatherhood, relationship issues affecting teen fathers, and the teen father's experience of fatherhood. It also outlined recommendations for social work practice with teen fathers based on challenges and successes with past interventions. Because limited research has discussed the social

worker's point of view when working with adolescent fathers, the purpose of this study is to explore social workers' perceptions on teen fathers using the past literature as a guide. It seeks to determine if social workers' opinions differ from other social service professionals, as well as to explore how social workers' perceptions are related to their interventions with this population.

Conceptual Framework

There are two main theories that have guided this study. It is important for social workers to understand teen fathers through a developmental lens. The developmental perspective explores how the biological, psychological, and social processes that occur at each stage of life impact an individual's behavior (Hutchison, 2008). According to Erikson (1963), healthy development involves mastering a certain psychological crisis at each stage of the life cycle. Adolescent fathers likely are experiencing Erikson's crisis of identity versus role confusion or intimacy versus isolation, or a combination of both. According to Erikson, the identity versus role confusion stage occurs during the ages of 12 to 18 or so, and the intimacy versus isolation stage occurs during the early to late 20s (as cited in Hutchison, 2008). The age, maturity level, and life experiences of a teen father would influence which developmental stage currently impacts him.

One study utilized a developmental approach to analyze teen fathers' developmental struggles with pregnancy and parenting. Applegate (1988) suggests in his review of the literature that teen boys are still in a developmental stage where they struggle to separate from their own parents. Feldman (2007) reiterates that significant changes in attachment relationships occur in adolescence. It is therefore difficult for adolescent boys who become parents themselves to have the cognitive and emotional

capacity to be a mature and empathetic parent to their own children, because they are trying to understand their feelings surrounding their relationships with their own parents (Applegate, 1988). These relationship issues could be part of Erikson's identity versus role confusion stage of development.

Another developmental issue that teen fathers face is the regression they experience when the mother of their child turns her attention dramatically toward her new infant and away from the father. Because of the pressure society places on males to be self-sufficient and not dependent on others, these feelings of dependency can be especially difficult for these developing boys (Applegate, 1988). These regressive feelings could coincide with Erikson's intimacy versus isolation stage of development.

If social workers are using a developmental approach when working with teen fathers, they can target interventions to the specific life stage crisis they may be struggling to master. Becoming a father is considered a status change in and of itself, and is associated with learning new coping and ego skills as well as experiencing a shift in self-concept (Gitterman & Germain, 1976). When there is stigma attached to a role change, like for teen fathers, normal developmental issues are often clouded by the coping strategies teen fathers develop to deal with the stigma. They may try to run away from the status change, try to control their feelings of anxiety and depression, or try to maintain a positive self-image, all while trying to master the normal developmental crises of being a teenager (Gitterman & Germain, 1976). A developmental lens can help social workers empathize with the adolescents and remember the individual developmental difficulties they are attempting to deal with on top of the challenges of becoming a teen father.

The second theory this study draws upon is the person-in-environment perspective that is central to the social work profession. The person-in-environment perspective looks at the multidimensional aspects of a person's life, considering the bio-psycho-social-spiritual factors in someone's life that may affect his or her behavior (Hutchison, 2008). From a research standpoint, the person-in-environment perspective can help to understand the social workers' perceptions of teen fathers based on the various factors in their lives. This study will specifically determine if the environment of the social work profession may affect one's perceptions of teen fathers.

It is also important for social workers to assess teen fathers using a person-in-environment perspective. Understanding a teen father on the basis of his social functioning, mental health, physical health, and environmental factors can help them individually tailor interventions to appropriately address growth areas (Hutchison, 2008). Combining this perspective with a developmental approach helps social workers look at the barriers present in teen fathers' environments that may be preventing them from achieving developmental milestones, as individual development occurs when their maturity level interacts appropriately with their environment (Gitterman & Germain, 1976).

Methods

The purpose of this study was to explore social workers' perceptions of adolescent fathers and how those perceptions are related to their work with the teen father population. This study compared the responses of social workers with those of other professionals who work with adolescent fathers in order to understand if social workers' opinions differed from their colleagues of other disciplines.

Research Design

The research design for this study was a written mixed-mode questionnaire utilizing both quantitative and qualitative questions. The written questionnaire was distributed via email to participants utilizing Qualtrics.com, an online survey tool, with access provided by the University of St. Thomas. Survey questions were drawn from the literature to include professionals' perceived risk factors, effect of romantic relationships, barriers, and intervention strategies impacting teen fathers.

Because no previous research exists studying social workers' perceptions of teen fathers, the research design and methodology for this study was chosen to collect data from a large sample of people working in diverse settings. A survey has the best potential for generalizability across settings and professions while a mixed-mode design offers the benefits of obtaining both quantitative and qualitative data (Monette, Sullivan, & DeJong, 2011). The majority of the questions were quantitative in order to standardize professionals' responses across discipline and work setting, but qualitative questions were also appropriate for the exploratory nature of this study (Monette et al., 2011). The open-ended questions allowed participants to put their experiences in their own words, if necessary, and provided a more personal meaning to the data (Monette et al., 2011).

Sampling

The population for this study was social service professionals across the Twin Cities Metropolitan area who work or have worked with teen fathers. A total of 47 social service professionals representative of multiple disciplines and work settings completed the survey.

In order to obtain the target participants for this study, a nonprobability snowball sample was utilized. Through current and previous internship and professional experiences, the researcher had contacts at a few settings where professionals work with adolescent fathers. The researcher began by sending the Qualtrics survey to her contacts via email, and asked each contact to forward the survey on to other professionals they know who work with teen fathers. Because the email contained language requesting each participant to pass on the survey to others who work with the adolescent father population, the sample continued to build as the survey was forwarded. This type of snowball sampling strategy was chosen because many professionals who work with adolescent fathers interact with each other through referrals, networking, and community meetings, and often people are more likely to participate in a survey if they know the person who sent it to them (Monette et al., 2011).

Protection of human subjects

Before beginning data collection, this study was reviewed and approved by both a research committee and the Institutional Review Board (IRB) at St. Thomas University to ensure the protection of human subjects. The IRB at Children's Hospitals and Clinics of Minnesota also approved this study, because the researcher utilized the hospital's social work email distribution list to recruit participants. As participants were social workers and other social service professionals, no participants were from vulnerable populations. The questions asked of participants contained minimal risk for discomfort or harm as all questions related to perceptions and experience professionals' already possessed in their daily lives. No potential for coerced consent existed, as the researcher did not survey current or previous co-workers, supervisees, or clients; the researcher also ensured all

participants were aware of the voluntary nature of this study through an informed consent process.

Participants were invited to participate in this study via email, which contained a cover letter informing their consent (Appendix A). This cover letter included information about the purpose and details of the study, why the participant was selected to participate, the possible risks and benefits associated with the study, how participants' confidentiality would be protected, and explained the voluntary nature of the study. The cover letter informed each participant that completion of the survey implied consent, and then provided a link for the participants to proceed with the study if they chose to participate.

The researcher ensured the confidentiality of participants' data. Once she received the anonymous data from Qualtrics, it was kept and maintained in a password-protected document on her personal computer. All data will be destroyed on June 1, 2013 after completion of this study. The researcher's access to Qualtrics will also be deactivated after the end of the school year on May 20, 2013.

There were no identified risks to participate in this study, as questions asked professionals about personal opinions and professional experience on a non-distressing topic. Possible benefits included increased self-awareness for the practitioner on his or her perceptions of the adolescent father population and contribution to limited research on social workers' perceptions of teen fathers.

Data collection

Instrument design

The instrument for this study was an online questionnaire with both quantitative and qualitative questions (Appendix B). The majority of the questionnaire was

quantitative, with questions to first obtain demographic information on work setting, gender, profession, and length of time in the field. The survey then gathered information on social service professionals' perceptions on teen fathers using a variety of close-ended, quantitative questions. There were two purely qualitative questions on the survey to seek professionals' general thoughts about teen fathers. One of the quantitative questions asked participants to expand upon their answer through an open-ended qualitative question. If participants selected "Other" as an option to any of the close-ended, quantitative questions, many also chose to expand upon their answer by describing the alternative. Participants were also asked to list the cultural communities with whom they worked.

Participants received the survey via email and were then directed to the online program, Qualtrics, to complete the survey. Because many people in the social service industry have limited time, an online survey was chosen so as to take little time away from participants' busy days. An online survey was also easily forwarded on to others, making the snowball sampling strategy more effective.

Reliability and validity

The researcher created the questionnaire utilized for this study. To attempt to establish reliability for the measure, the researcher developed the questions for the survey by drawing from the literature. This ensured the quality of the questions as they are based in past research. Additionally, the researcher had her research committee and research chair review the survey as a pretest to make certain that all questions made sense and did not require additional clarification. The research committee and research chair also confirmed that no double barreled and/or ambiguous questions existed on the

questionnaire and offered suggestions to enhance or expand upon the questions based in literature.

Because the questionnaire was previewed by a research chair and committee members, the measure appeared to have face validity, which “[assesses] whether a logical relationship exists between the variable and the proposed measure” (Monette et al., 2011, p. 115). Because it is grounded in past research, the questionnaire had content validity, ensuring the questions contained all aspects of the concepts being measured (Monette et al., 2011). The committee members and research chair had expertise either conducting research or working with the teen father population, so their expert opinion was a valuable asset to determining the reliability and validity of the study.

Data analysis

Qualtrics produced descriptive statistics for most quantitative questions of the survey, which provided summary information on gender, how long each professional had been in his or her field of work, and the professionals’ close-ended responses to the questions regarding perceptions of teen fathers. Because the questions asking participants about work setting, profession, and licensure level allowed them to fill in the blank, this data required the researcher to code responses using SPSS, a statistical software used to analyze data. SPSS was then utilized to produce descriptive statistics for these variables as well as the inferential statistics for this study.

All data for this study was either nominal or ordinal. To analyze the data, chi-square analyses were used. In order to determine how social service professionals’ perceptions related to their practice with the teen father population, chi-square analyses were utilized to compare questions about perceptions with practice questions. Chi-square

analyses also showed the relationship between professions with the various nominal and ordinal questions about teen father perceptions and interventions. Content analysis analyzed the qualitative questions of the study to discover common themes in the participants' responses.

Strengths and limitations

This study had both strengths and limitations. The use of an online questionnaire had obvious strengths. With its distribution via email, each participant could access the survey from any computer and did not require any assistance from the researcher (Monette et al., 2011). This was especially beneficial for busy social service professionals who do not always have the luxury of time to participate in research. As this was an exploratory study, the researcher had no hypotheses to potentially sway the study in any direction. The questions were grounded in research, which enhanced the validity of the questionnaire. By participating in this study, professionals could have an increased self-awareness about their perceptions of teen fathers. This study also contributed to a body of research that lacks studies explaining social service professionals' opinions of teen fathers.

There are also limitations to this study. First, utilizing a non-probability snowball sample did not allow the researcher to generalize the findings of this study to the general population (Monette, et al., 2011). Also, as this is an exploratory study, this study could have been limited in the mostly quantitative nature of the questionnaire. More depth could have been added to this study if participants engaged in qualitative interviews instead of filling out an online survey (Monette et al., 2011). Another potential limitation

is that the researcher drafted the questionnaire and did not use a standardized tool. The study lacked the reliability and validity that is offered with standardized measures.

Findings

Through the use of an online survey, this study explored social workers' and other social service professionals' perceptions of adolescent fathers and how those perceptions are related to their work with the teen father population. The findings of this study will be discussed below, and include demographic information about the participants, summative information about the social service professionals' perceptions and practice methods with teen fathers, analytic information exploring how professionals' perceptions are related to their work with teen fathers, analytic information comparing social workers responses with those of other social service professionals, and common themes discovered in the qualitative responses.

Descriptive Statistics

Demographics.

A total of 47 social service professionals representative of multiple disciplines and work settings completed the survey. The responses of those who only partially completed the survey were excluded from the results. Participants worked in a diverse range of agency settings including hospitals ($n = 13$), public health agencies ($n = 12$), non-profit agencies ($n = 14$), and schools ($n = 6$). Two participants left this question blank. Ninety-one percent (91%) of participants were female, six percent (6%) were male, and two percent (2%) chose not to identify with a gender. Almost half (44.7%) of participants were social workers; the remaining 55.3% were nurses, non-profit workers, education personnel, or other licensed personnel. The majority of the social workers who

completed the study ($n = 21$) were licensed as LICSWs or LISWs ($n = 14$), twelve participants were licensed as RNs, eight held other professional licenses, five stated they were not licensed, with the remaining eight leaving the question blank. Participants varied in the length of time they have been in the field, with 17% working between zero and five years, 26% working between six and 10 years, 19% working between 11 and 15 years, 11% working between 16 and 20 years, and 28% working over 20 years.

Risk factors.

Participants were asked to rate the significance various risk factors had on becoming a teen father on a scale of 1 = Very Insignificant to 5 = Very Significant (Table 1). The two factors with the highest average significance rating were “poverty” ($M = 4.30$, $SD = 0.70$) and “family history of teen fatherhood” ($M = 4.30$, $SD = 0.76$). “Religious beliefs” had the lowest average significance rating ($M = 2.89$, $SD = 0.96$).

Table 1. Significance of Risk Factors for Becoming a Teen Father

| # | Answer | Min Value | Max Value | Average Value | Standard Deviation | Responses |
|---|--|-----------|-----------|---------------|--------------------|-----------|
| 1 | Poverty | 2.00 | 5.00 | 4.30 | 0.70 | 46 |
| 2 | Ethnicity | 2.00 | 5.00 | 3.53 | 0.81 | 45 |
| 3 | Substance Abuse | 1.00 | 5.00 | 3.78 | 0.96 | 46 |
| 4 | Misconceptions of fatherhood | 1.00 | 5.00 | 3.54 | 0.94 | 46 |
| 5 | Religious Beliefs | 1.00 | 5.00 | 2.89 | 0.96 | 45 |
| 6 | Social acceptance of becoming a father | 2.00 | 5.00 | 3.67 | 0.94 | 46 |
| 7 | Family history of teen fatherhood | 1.00 | 5.00 | 4.30 | 0.76 | 46 |
| 8 | Lack of sex education | 1.00 | 5.00 | 4.02 | 1.14 | 46 |

Interventions.

Participants ranked their perception of the necessity for numerous interventions for teen fathers on a scale of 1 = Very Unnecessary to 5 = Very Necessary (Table 2). “Parenting education” had the highest average necessity rating ($M = 4.85$, $SD = 0.36$), and “individual therapy” had the lowest average necessity rating ($M = 3.62$, $SD = 0.82$). Seven participants selected “other” and wrote in other interventions they believed were necessary for teen fathers. “Other” responses included mentorship opportunities, education support, financial management, and affordable housing.

Table 2. Necessity of Interventions for Teen Fathers

| # | Answer | Min Value | Max Value | Average Value | Standard Deviation | Responses |
|----|---|-----------|-----------|---------------|--------------------|-----------|
| 1 | Parenting education | 4.00 | 5.00 | 4.85 | 0.36 | 47 |
| 2 | Individual therapy | 2.00 | 5.00 | 3.62 | 0.82 | 47 |
| 3 | Peer support group | 3.00 | 5.00 | 4.38 | 0.61 | 47 |
| 4 | Couples counseling | 2.00 | 5.00 | 3.94 | 0.82 | 47 |
| 5 | Employment coaching | 3.00 | 5.00 | 4.26 | 0.64 | 47 |
| 6 | Case management to access community resources | 2.00 | 5.00 | 4.38 | 0.64 | 47 |
| 7 | Legal counseling | 3.00 | 5.00 | 3.91 | 0.69 | 47 |
| 8 | Medical health care | 2.00 | 5.00 | 4.21 | 0.69 | 47 |
| 9 | Emotional or mental health counseling | 2.00 | 5.00 | 4.09 | 0.80 | 47 |
| 10 | Other, please specify: | 4.00 | 5.00 | 4.71 | 0.49 | 7 |

Participants also indicated which interventions they currently utilize in their profession (Table 3). Eighty percent (80%) of participants utilize “parenting education”, 72% do “case management to access community resources”, and 46% conduct “emotional or mental health counseling”. The least utilized intervention was “legal counseling” (12%). Four participants selected “other” and wrote in other interventions they currently utilize. No new themes emerged, as participants indicated interventions like “*information and referral to resources*”, which fits under “case management to

access community resources”, and “*childbirth education*”, which fits into “parenting education”.

Table 3. Interventions Currently Utilized

| # | Answer | Response | % |
|----|---|----------|-----|
| 1 | Parenting education | 37 | 80% |
| 2 | Individual therapy | 10 | 22% |
| 3 | Peer support group | 16 | 35% |
| 4 | Couples counseling | 8 | 17% |
| 5 | Employment coaching | 10 | 22% |
| 6 | Case management to access community resources | 33 | 72% |
| 7 | Legal counseling | 5 | 11% |
| 8 | Medical health care | 14 | 30% |
| 9 | Emotional or mental health counseling | 21 | 46% |
| 10 | Other, please specify: | 4 | 9% |

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Participants were asked to select the interventions they believed were lacking in their workplace (Table 4). “Peer support group” (61%) and “legal counseling” (56%) were the two most selected interventions, with “case management to access community resources” (15%) and “parenting education” (12%) being the two least selected interventions. Seven participants selected “other” and wrote in interventions they believed were lacking in their workplace. One participant stated,

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To my knowledge, there are NO housing programs specifically geared towards helping two-parent teen/young families and their children, despite an increase in homelessness. When housing programs say they serve teen/young parents the plurality of 'parents' comes from serving many single parents, not two-parent families. Lack of programming and services for two-parent families is a tangible policy that pushes one parent away - overwhelmingly that parent is the teen/young father who desires to be with his family.

Table 4. Interventions Currently Lacking



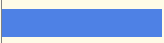

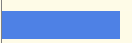

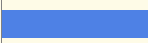



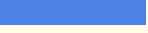

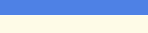
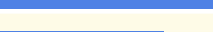
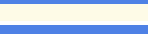



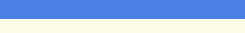

| # | Answer | | Response | % |
|----|---|---|----------|-----|
| 1 | Parenting education |  | 7 | 16% |
| 2 | Individual therapy |  | 16 | 36% |
| 3 | Peer support group |  | 27 | 61% |
| 4 | Couples counseling |  | 22 | 50% |
| 5 | Employment coaching |  | 20 | 45% |
| 6 | Case management to access community resources |  | 6 | 14% |
| 7 | Legal counseling |  | 25 | 57% |
| 8 | Medical health care |  | 11 | 25% |
| 9 | Emotional or mental health counseling |  | 12 | 27% |
| 10 | Other, please specify: |  | 7 | 16% |

Table 5 highlights the factors participants believed prevent teen fathers from accessing interventions. The majority of participants selected “lack of awareness of services” (91%) and “transportation issues” (80%) as factors preventing teen fathers from accessing interventions. A common theme that appeared in the 10 “other” responses was related to the teen father’s own internal resistance to receiving help. One participant stated,

Young men are socially conditioned to not ask for help because they are taught asking for help is seen as a weakness; especially in survival mode, looking for

help from someone, it is often perceived, can lead to trouble (due to an abuse of power and who is control).

Table 5. Factors Preventing Teen Fathers from Accessing Interventions

| # | Answer | | Response | % |
|----|---|---|----------|-----|
| 1 | Mother of baby does not want father's involvement |  | 25 | 54% |
| 2 | Feeling uncomfortable at agencies biased toward teen mothers |  | 29 | 63% |
| 3 | Feeling judged by social service staff |  | 26 | 57% |
| 4 | Transportation issues |  | 37 | 80% |
| 5 | Lack of flexible employment |  | 28 | 61% |
| 6 | Peer influence |  | 27 | 59% |
| 7 | Teen father's own family does not want teen father to access services |  | 17 | 37% |
| 8 | Family of teen mother does not want teen father to access services |  | 13 | 28% |
| 9 | Lack of awareness of services |  | 42 | 91% |
| 10 | Other, please specify: |  | 10 | 22% |

Ninety-eight percent (98%) of participants either agreed or strongly agreed with the statement “Intervention program for teen fathers should be focused on increasing teen fathers’ emotional involvement with their child” as well as “In order to get teen fathers involved in intervention programs, a significant amount of outreach is needed”. Participants’ suggestions for recruiting participants will be discussed with the other qualitative questions below. A majority of participants also indicated that they strongly disagreed or disagreed with the statement “If the adolescent mother is involved in an

intervention program, it is not necessary for the adolescent father to participate”.

Responses were more varied in reaction to the statement “It is more important to have the teen mother involved in intervention programs than the teen father. Sixty-nine percent (69%) of participants either disagreed or strongly disagreed with this statement, 21% neither agreed nor disagreed, and 10% either agreed or strongly agreed.

Theoretical framework.

Professionals’ ranked how often they considered various factors when working with adolescent fathers on a scale of 1 to 5, with 1 equivalent to “Never Consider” and 5 equal to “Always Consider” (Table 6). The two factors most often considered were “what systems they are involved in that may affect their lives” ($M = 4.43, SD = 0.72$) and “what developmental stage they are in” ($M = 4.39, SD = 0.65$). Participants rarely considered their “own negative personal experiences with teen fathers” ($M = 2.56, SD = 1.16$).

Table 6. Factors Considered When Working with Teen Fathers

| # | Answer | Min Value | Max Value | Average Value | Standard Deviation | Responses |
|----|--|-----------|-----------|---------------|--------------------|-----------|
| 1 | What developmental stage they are in | 3.00 | 5.00 | 4.39 | 0.65 | 46 |
| 2 | What systems they are involved in that may affect their lives | 3.00 | 5.00 | 4.43 | 0.72 | 46 |
| 3 | What happened in their childhood | 2.00 | 5.00 | 4.11 | 0.92 | 46 |
| 4 | What their thought process is | 2.00 | 5.00 | 4.17 | 0.74 | 46 |
| 5 | How they interact with their environment | 2.00 | 5.00 | 4.07 | 0.80 | 46 |
| 6 | Your own positive personal experiences with teen fathers | 1.00 | 5.00 | 3.33 | 1.19 | 46 |
| 7 | Your own negative personal experiences with teen fathers | 1.00 | 5.00 | 2.56 | 1.16 | 45 |
| 8 | Your own positive personal experiences with teenagers in general | 1.00 | 5.00 | 3.46 | 1.19 | 46 |
| 9 | Your own negative personal experiences with teenagers in general | 1.00 | 5.00 | 2.62 | 1.03 | 45 |
| 10 | Other, please specify: | 0.00 | 5.00 | 2.50 | 3.54 | 2 |

Stereotypes.

In response to viewing a teen pregnancy prevention advertisement that pictured an adolescent man who appeared to be pregnant with the words “It shouldn’t be any less disturbing when it’s a girl”, participants selected which stereotypes of teen fathers the advertisement brought to mind (Table 7). Fifty percent (50%) of participants selected “teen fathers are irresponsible”, “teen fathers are people of color”, and “teen fathers are involved in gangs”. Thirty percent (30%) of participants wrote in “other” stereotypes, with common themes being society’s lack of focus or attention on teen fathers and attitudes of disdain or judgment toward both teen fathers and teen mothers.

Table 7. Stereotypes of Teen Fathers Evoked by Advertisement

| # | Answer | | Response | % |
|---|---|--|----------|-----|
| 1 | Teen fathers are irresponsible | | 23 | 50% |
| 2 | Teen fathers are not involved in their child's life | | 13 | 28% |
| 3 | Teen fathers do not financially support their child | | 10 | 22% |
| 4 | Teen fathers are self-absorbed | | 12 | 26% |
| 5 | Teen fathers are poor | | 18 | 39% |
| 6 | Teen fathers are people of color | | 23 | 50% |
| 7 | Teen fathers are involved in gangs | | 23 | 50% |
| 8 | Other, please specify: | | 14 | 30% |

Participants then selected which stereotypes they felt were most prevalent in society. The majority of participants selected “teen fathers are not involved in their child’s life” (91%), “teen fathers do not financially support their child” (91%), and “teen fathers are irresponsible” (85%). Other common responses were “teen fathers are people of color” (72%) and “teen fathers are poor” (68%). Less selected responses were “teen fathers are self-absorbed” (38%) and “teen fathers are involved in gangs” (34%).

Qualitative findings.

Participants listed the cultural communities with whom they worked. Because participants listed multiple cultures in their responses, cultural groups were tallied to determine their prevalence. The most common cultural group with whom participants worked was African American, followed by Latino, Caucasian, and Native American. Participants also indicated that they worked with African and Asian cultures, but many indicated subcultures of these two groups as well. It is therefore hard to determine these cultures’ prevalence ranking, but the broad category or subculture were common cultures listed among the participants as well. Instead of listing out individual cultures, many participants simply indicated that they worked with “all” or “various” cultures.

Ninety-eight percent (98%) of participants indicated a significant amount of outreach was needed in order to get adolescent fathers involved in intervention programs. Many participants indicated outreach strategies that could be successful in recruiting teen fathers’ participants. The most common theme that emerged was combining intervention programs with classes in high school or other agencies that are commonly used by young males. Another common theme was establishing a relationship with teen fathers and reaching out to them with a personal invitation. One participant stated:

Most teen fathers will at least try a program when relational trust has already been developed with someone they know AND when that person has developed relational trust with a person at the program; with someone they can personally recommend. Relational trust is needed for many reasons - however, one reason that often goes undetected or unrecognized is the level and frequency of anxiety many young men experience. Since young men are not socially conditioned to ask for help, they often feel they are expected to know the answers to everything. Since too many young fathers did not have their father in their life, they think they don't know many answers to being a good dad. Having staff who know this about young men and who have a natural feel for pedagogical leadership relate well with young dads.

Other strategies suggested were peer outreach or mentorship opportunities, making the intervention programs appealing to adolescent fathers through either incentives or male-friendly themes, making programs more accessible through scheduling and transportation accommodations, and encouraging the adolescent mothers to bring the fathers to the programs, especially early in the pregnancy.

The first purely qualitative question asked participants to fill in the blank of the statement "Teen fathers are _____" with the first reaction that came to mind. Many participants spoke of the struggles and challenges adolescent fathers face, filling in the blank with statements like, "*struggling to know their place in their child's life*", "*scared*", "*going to have more struggles than adult fathers*", "*confused*", "*clueless*", and "*overwhelmed*". Another common theme was that teen fathers are disregarded and perceived as less important than teen mothers. These participants said statements like,

“overlooked”, “left out”, “invisible”, “excluded”, “less important”, and “a neglected group of individuals”. Some participants spoke of systemic barriers that impact teen fathers with statements like, *“interested in being good dads to their children, but often do not have the education, resources, or support to succeed”, “underserved”, “trying to be a good dad, but don’t have the tools yet”, “in need of people who understand how to help his young family by forging a culture of expectations AND support WITH them”, and “not always aware of support available but also have limited resources specifically designed for them”*. Some reactions were more negative: *“immature, don’t take responsibility for their actions”, “hard to convince they need support and guidance”, “too young!”, “not involved”, and “a problem, a complication for programming and in the lives of young families, a low priority”*. Others were more positive: *“important in their child’s life”, “valued in their child’s life”, “needed and should be involved in their children’s lives”, “often times trying to do the best they can”, and “full of potential”*.

The second qualitative question asked participants to “Be honest” and write what they “really think about teen fathers”. The most common theme that emerged from this question was that adolescent fathers have a lack of understanding about their role in their children’s lives and society is not helping to promote this understanding. One participant stated, *“They often seem lost and unsure of how to participate in the care of the child”*. Another said, *“They are being shoved out of their children’s lives and they allow that to happen because they don’t have advocates to turn to and they are not considered important”*. Some participants offered suggestions on how to increase teen fathers’ understanding of this role, *“...helping a teen father become emotionally invested in their baby’s life is important so that they become responsible”, and,*

I think they often fail because there are no expectations that they can succeed -- not from family, society, the mothers of their children, themselves -- and because they don't have the tools, the know-how, or the information on how to be a good parent. I refuse to believe that teen fathers simply don't care about their children and have zero qualms about abandoning their kids or shirking their responsibilities. But when failing as a parent is easier and more expected than succeeding, we'll constantly be struggling to keep them involved in a positive way in their children's lives.

Going along with this theme, many participants also discussed the lack of community resources and programming available to the teen father population, describing it as “minimal”, “upsetting”, “heavily mom-oriented”, “all too often... glossed over”. One participant said,

I think that young fathers do not have a fair chance from a social service perspective. The programming for young fathers in our community is woefully inadequate. I see young fathers as an opportunity. When we can do good work with fathers that are involved in the household of a young family, and with those who aren't, we give the child a broader base of support and can help the young father believe that they matter in the life of their child and that they are positive, value-adding people. I find that young fathers are usually ignored at best, and stereotyped as dead beats at worst - and we haven't given them a chance to do much to prove they are any different.

Many participants also discussed the various relationship issues that impact the adolescent father, including relationships with the teen mother and her family as well as

relationship issues with the teen father's own family. One participant summarized these issues by saying, *"They...might not come from a strong family system and therefore haven't learned or observed healthy parenting. They have a lot of barriers to overcome as well, judgment from their family...and the mother's family"*.

Inferential Statistics

This study sought to explore social service professionals' perceptions of teen fathers and how those perceptions guide their practice. The researcher also wanted to determine if social workers' perceptions of teen fathers differed from those of other social service professionals. Multiple chi-square analyses were run in an attempt to answer these questions. In order to attain the most accurate chi-square results, many responses were recoded in an attempt to have zero cells with an expected count less than 5. Unfortunately, this was not always achieved in the small sample size of 47 participants.

The relationship between practice interventions and perceptions.

Multiple chi-squares were run to see if there was a relationship between interventions utilized and perceptions of teen fathers in order to explore how social service professionals' perceptions of teen fathers are related to their practice. The first set of chi-squares tested to see if there was an association between the type of interventions social service professionals utilized in their profession with risk factors social service professionals perceived as significant for becoming a teen father (Table 8). Though participants ranked significance of risk factors on a scale of 1 to 5 with 1 equivalent to Very Insignificant, 2 equivalent to Insignificant, 3 equivalent to Neither Insignificant nor Significant, 4 equivalent to Significant, and 5 equivalent to Very

Significant, responses were recoded so 1 and 2 were combined to be Insignificant and 4 and 5 were combined to be Significant. The 3 scores were dropped from this analysis.

Significant associations will be discussed below.

Table 8. Relationship between interventions and perceived risk factors.

Perceived Risk Factors

| | Pov-erty | Ethni-city | Subs-tance Abuse | Miscon-ceptions of Father-hood | Relig-ious Beliefs | Social Accep-tance of Be-coming a Father | Family History of Teen Father-hood | Lack of Sex Edu-cation |
|---------------------------------------|--------------------|--------------------|---------------------------|--------------------------------|---------------------------|--|------------------------------------|------------------------|
| Parenting Education | .082 ^a | .089 ^a | *6.938^a | .442 ^a | 2.432 ^a | .469 ^a | .387 ^a | .087 ^a |
| Individual Therapy | 1.217 ^a | 1.836 ^a | .657 ^a | 1.060 ^a | 3.214 ^a | .221 ^a | .254 ^a | .246 ^a |
| Peer Support Group | .185 ^a | 1.289 | .008 ^a | .036 | *5.625^a | .001 | *6.017^a | 1.657 ^a |
| Couples Counseling | .922 ^a | .121 ^a | .135 ^a | .074 ^a | .152 ^a | .168 ^a | .676 ^a | .927 ^a |
| Employ-ment Coaching | 2.057 ^a | .635 ^a | .001 ^a | 1.262 ^a | .035 ^a | .221 ^a | .254 ^a | .101 ^a |
| Case management to Access Resources | 1.021 ^a | .342 | .001 ^a | .490 | .108 ^a | .186 | .041 ^a | .085 ^a |
| Legal Counseling | .534 ^a | .278 ^a | 2.454 ^a | .465 ^a | .000 ^a | .028 ^a | .391 ^a | .108 ^a |
| Medical Health Care | .061 ^a | .554 | *5.157^a | .801 | .026 ^a | .003 | 1.990 ^a | .064 ^a |
| Emotional or Mental Health Counseling | .033 ^a | 1.779 | .801 | .705 | .357 ^a | .006 | .196 ^a | *5.498 |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

Among social service professionals who ranked “substance abuse” as a significant risk factor for becoming a teen father, 90.6% utilized the intervention “parenting education” in their practice. Among social service professionals who ranked “substance abuse” as an insignificant risk factor for becoming a teen father, 57.1% utilized the intervention “parenting education” in their practice. The null hypothesis was rejected for this association ($p < .05$), suggesting a significant relationship exists between social service professionals utilizing the intervention of parenting education in their practice and believing substance abuse is a significant risk factor for becoming a teen father. A larger percentage of participants utilizing parenting education in their practice believed that substance abuse was a significant risk factor for becoming a teen father.

The null hypothesis was also rejected for the relationship between the risk factor of substance abuse and the use of medical health care ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. For social service professionals who ranked “substance abuse” as a significant risk factor for becoming a teen father, 40.6% utilized “medical health care” as an intervention in their profession. For social service professionals who ranked “substance abuse” as an insignificant risk factor for becoming a teen father, only 7.1% utilized the intervention “medical health care” in their practice. A significantly higher percentage of social service professionals utilizing the intervention of medical health care in their practice believed substance abuse was a significant risk factor for becoming a teen father.

For social service professionals who ranked “religious beliefs” as a significant risk factor for becoming a teen father, 66.7% utilized “peer support group” as an intervention in their practice. For social service professionals who ranked “religious

beliefs” as an insignificant risk factor for becoming a teen father, only 25% utilized “peer support group” as an intervention in their practice. The null hypothesis was rejected for this association ($p < .05$) however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. A significantly higher percentage of social service professionals utilizing peer support groups in their profession believed religious beliefs were a significant risk factor for becoming a teen father.

One hundred percent (100%) of social service professionals who ranked “family history of teen fatherhood” as an insignificant risk factor for becoming a teen father utilized “peer support group” as an intervention in their practice. For social service professionals who ranked “family history of teen fatherhood” as a significant risk factor for becoming a teen father, only 30.2% utilized peer support groups in their practice. The null hypothesis was rejected for this association ($p < .05$) however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. Therefore, a significantly higher percentage of social service professionals utilizing peer support groups in their profession believed family history of teen fatherhood was an insignificant risk factor for becoming a teen father.

The null hypothesis was rejected for the association between the risk factor “lack of sex education” and utilizing emotional or mental health counseling as an intervention in their practice ($p < .05$). For social service professionals who ranked “lack of sex education” as a significant risk factor for becoming a teen father, 55.9% utilized emotional or mental health counseling in their profession. For social service professionals who ranked “lack of sex education” as an insignificant risk factor for becoming a teen father, only 16.7% utilized emotional or mental health counseling in

their profession. Therefore, a significant relationship exists between social service professionals utilizing emotional or mental health counseling in their practice and ranking “lack of sex education” as a significant risk factor for becoming a teen father. A larger percentage of social service professionals utilizing emotional or mental health counseling in their practice believed lack of sex education was a significant risk factor for becoming a teen father.

The second set of chi-squares tested to see if there was an association between the type of interventions utilized in their profession with social service professionals’ perceptions of what prevents teen fathers from accessing interventions (Table 9). Significant results will be discussed below.

Table 9. Relationship between interventions and perceived barriers in accessing interventions.

Perceived Barriers

| | Mother of Baby Does Not Want Father’s Involvement | Feeling Uncomfortable at Agencies Biased Toward Teen Mothers | Feeling Judged By Social Service Staff | Transportation Issues | Lack of Flexible Employment | Peer Influence | Teen Father’s Own Family Does Not Want Teen Father to Access Services | Family of Teen Mother Does Not Want Teen Father to Access Services | Lack of Awareness of Services |
|---------------------|---|--|--|-----------------------|-----------------------------|---------------------------|---|--|-------------------------------|
| Parenting Education | .888 ^a | .370 ^a | 1.108 ^a | .012 ^a | 2.021 ^a | .034 ^a | 3.124 ^a | .035 ^a | 1.171 ^a |
| Individual Therapy | .052 ^a | .736 ^a | .145 ^a | .964 ^a | 2.201 ^a | *7.287^a | 3.768 ^a | .372 ^a | 1.512 ^a |
| Peer Support Group | .091 | .305 | 1.314 | 3.270 ^a | 2.397 | 1.862 | 1.311 | .156 ^a | .491 ^a |
| Couples Counseling | .039 ^a | .559 ^a | 1.239 ^a | .080 ^a | .953 ^a | .219 ^a | *5.463^a | .034 ^a | 1.148 ^a |
| Employment Coaching | .052 ^a | .736 ^a | 1.206 ^a | .964 ^a | 2.201 ^a | 1.582 ^a | .209 ^a | .035 ^a | 1.171 ^a |

Interventions Utilized

| | | | | | | | | | |
|---------------------------------------|--------------------|-------------------|--------------------|--------------------|-------------------|---------------------------|--------------------|-------------------|--------------------|
| Case management to Access Resources | .125 ^a | .056 | .649 | .633 ^a | .759 | 1.595 | .386 | .387 ^a | .256 ^a |
| Legal Counseling | 1.615 ^a | .007 ^a | 2.824 ^a | 1.512 ^a | .969 ^a | *7.554^a | 3.171 ^a | .426 ^a | .666 ^a |
| Medical Health Care | 2.664 | 1.155 | 1.253 | .000 ^a | 1.163 | 1.736 | .002 | .008 ^a | .279 ^a |
| Emotional or Mental Health Counseling | .010 | 3.186 | *4.556 | 3.295 ^a | .816 | 3.305 | 2.512 | .016 | 1.379 ^a |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

For social service professionals who did not believe that “feeling judged by social service staff” prevents teen fathers from accessing interventions, 61.9% utilized emotional or mental health counseling in their profession. For social service professionals who did believe that “feeling judged by social service staff” prevents teen fathers from accessing interventions, 30.8% utilized emotional or mental health counseling in their profession. The null hypothesis was rejected for this association ($p < .05$); a significant relationship exists between these two factors. This suggests that social service professionals who utilize emotional or mental health counseling in their practice are significantly less likely to believe that feeling judged by social service staff prevents teen fathers from accessing interventions.

The null hypothesis was rejected for the relationship between the perception that peer influence prevents teen fathers from accessing interventions and the use of individual therapy as an intervention ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this relationship is less certain. Forty percent (40%) of social services professionals who did not believe peer influence prevents teen fathers from accessing interventions utilized individual therapy in their practice; only 7.4% of social service professionals who did believe peer influence

prevents teen fathers from accessing interventions utilized individual therapy. This suggests that social service professionals utilizing individual therapy in their profession were significantly less likely to believe peer influence prevents teen fathers from accessing interventions.

The null hypothesis was also rejected for the relationship between the perception that peer influence prevents teen fathers from accessing interventions and the use of legal counseling as an intervention ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this relationship is less certain. Zero percent (0%) of social service professionals who believed peer influence prevents teen fathers from accessing interventions utilized legal counseling in their practice. Twenty-five percent (25%) of social service professionals who did not believe peer influence prevents teen fathers from accessing interventions utilized legal counseling in their profession. This suggests that social service professionals utilizing legal counseling in their profession were significantly less likely to believe that peer influence prevents teen fathers from accessing interventions.

Zero percent (0%) of social service professionals who believed that “teen father’s own family does not want teen father to access services” prevents teen fathers from accessing interventions utilized couples counseling in their profession. On the other hand, 26.7% of social service professionals who did not believe that “teen father’s own family does not want teen father to access services” prevents teen fathers from accessing interventions utilized couples counseling in their practice. The null hypothesis was rejected for this association ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. This suggests that social

service professionals utilizing couples counseling in their practice were significantly less likely to believe that a teen father’s own family not wanting them to access services prevents them from accessing interventions.

The third set of chi-squares tested to see if there was a relationship between stereotypes depicted by a teen pregnancy advertisement (see Appendix B) and types of interventions utilized (Table 10). Significant relationships are discussed below.

Table 10. Relationships between interventions utilized and perceived stereotypes.

Perceived Stereotypes

| | Teen Fathers are Irresponsible | Teen Fathers are Not Involved in Their Child’s Life | Teen Fathers do not Financially Support Their Child | Teen Fathers are Self-Absorbed | Teen Fathers are Poor | Teen Fathers are People of Color | Teen Fathers are Involved in Gangs |
|---------------------------------------|--------------------------------|---|---|--------------------------------|-----------------------|----------------------------------|------------------------------------|
| Parenting Education | .006 ^a | .035 ^a | .577 ^a | 1.399 ^a | 1.800 ^a | .406 ^a | .406 ^a |
| Individual Therapy | 2.255 ^a | .967 ^a | .012 ^a | .133 ^a | 1.800 ^a | .622 ^a | .006 ^a |
| Peer Support Group | .519 | *6.051^a | 1.441 ^a | 1.827 ^a | .007 | .519 | .011 ^a |
| Couples Counseling | 2.621 ^a | .034 ^a | .080 ^a | 3.036 ^a | .559 ^a | 2.621 ^a | .710 ^a |
| Employment Coaching | 2.255 ^a | .372 ^a | .012 ^a | 1.399 ^a | .736 ^a | 2.255 ^a | .622 ^a |
| Case management to Access Resources | 1.395 | 1.782 ^a | *5.389^a | 1.326 ^a | 1.155 | 1.395 ^a | .009 |
| Legal Counseling | .179 ^a | .164 ^a | .005 ^a | .616 ^a | .793 ^a | 2.161 ^a | .274 ^a |
| Medical Health Care | .009 | 2.302 ^a | .633 ^a | .097 ^a | 1.155 | .537 | 1.395 |
| Emotional or Mental Health Counseling | .180 | .281 | .113 ^a | 1.215 | 1.520 | .026 | .026 |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

For social service professionals who thought the advertisement depicted the stereotype “teen fathers are not involved in their child’s life”, 61.5% utilized peer support

group as an intervention in their practice. For social service professionals who did not think the advertisement depicted the stereotype “teen fathers are not involved in their child’s life”, 23.5% utilized peer support group as an intervention in their practice. The null hypothesis was rejected for this association ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. This suggests that social service professionals utilizing peer support group in their practice were significantly more likely to feel the advertisement depicted “teen fathers are not involved in their child’s life”.

One hundred percent (100%) of social service professionals who felt the advertisement depicted the stereotype “teen fathers do not financially support their child” utilized case management to access community resources in their profession. On the other hand, 62.2% of social service professionals who did not feel the advertisement depicted the stereotype “teen fathers do not financially support their child” utilized case management to access community resources in their profession. The null hypothesis was rejected for this association ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity for this association is less certain. This suggests that social service professionals utilizing case management to access community resources in their practice were significantly more likely to feel the advertisement depicted “teen fathers do not financially support their child”.

Differences between social workers and other professionals.

Multiple chi-squares were run to see if social workers and other social service professionals had different perceptions of teen fathers. The first chi-square tested to see if social workers viewed the risk factors for becoming a teen father differently than other

social service professionals (nurses, non-profit personnel, education personnel, or other licensed professionals) (Table 11).

Table 11. Differences in perceptions of risk factors.

Perceived Risk Factors

| | Pov-erty | Eth-nicity | Substance Abuse | Mis-conceptions of Fatherhood | Religious Beliefs | Social Accept-ance of Be-coming a Father | Family History of Teen Fatherhood | Lack of Sex Edu-cation |
|--|-------------------|------------|-----------------|-------------------------------|-------------------|--|-----------------------------------|------------------------|
| Social Workers vs. Other Social Service Profess-ionals | .033 ^a | 1.779 | 2.816 | .705 | .563 ^a | 2.936 | .196 ^a | .993 |

^a indicates that chi-square did not meet minimum cell count criteria

There was a failure to reject the null hypothesis for all of the risk factors.

Therefore, there is not a significant difference between how social workers and other social service professionals view the risk factors for becoming a teen father.

The second chi-square tested to see if social workers viewed the necessity of interventions for teen fathers differently than other social service professionals (Table 12).

Responses were recoded from 1 being equivalent to Very Unnecessary, 2 equivalent to Unnecessary, 3 equivalent to Neither Unnecessary or Necessary, 4 equivalent to Necessary, and 5 equivalent to Very Necessary, to 1 and 2 equivalent to Unnecessary, 4 and 5 equivalent to Necessary; 3 scores were dropped from this analysis.

Table 12. Differences in perceived necessity of interventions.

Perceived Necessity of Interventions

| | Parent-ing Edu-cation | In-dividual Ther-apy | Peer Sup-port Group | Coup-les Coun-seling | Emplo-y-ment Coach-ing | Case Manage-ment to Access Community Resources | Legal Coun-seling | Medical Health Care | Emotion-al or Mental Health Counsel-ing |
|---|-----------------------|----------------------|---------------------|----------------------|------------------------|--|-------------------|---------------------|---|
| Social Workers vs. Other Social Service Professionals | x | .032 ^a | x | 1.237 ^a | x | 1.217 ^a | x | 1.293 ^a | 1.209 ^a |

^aindicates that chi-square did not meet minimum cell count criteria

For the interventions “parenting education”, “peer support group”, “employment coaching”, and “legal counseling”, no statistics were computed in the chi-square because all participants viewed these interventions as “necessary”. The null hypothesis failed to be rejected for the remaining interventions. This suggests that social workers and other social service professionals do not view these interventions for teen fathers differently.

The third chi-square analysis tested to see if social workers and other social service professionals consider different factors when working with teen fathers (Table 13). Responses were recoded from 1 being equivalent to Never Consider, 2 equivalent to Rarely Consider, 3 equivalent to Sometimes Consider, 4 equivalent to Frequently Consider, 5 equivalent to Always Consider, to 1 and 2 equivalent to Rarely Consider, 3 equivalent to Sometimes Consider, 4 and 5 equivalent to Often Consider.

Table 13. Differences between factors considered when working with teen fathers.

Factors Considered

| | What Developmental Stage they are in | What Systems they are Involved in | What Happened in their Childhood | What their Thought Process is | How they Interact with their Environment | Own Positive Experiences with Teen Fathers | Own Negative Experiences with Teen Fathers | Own Positive Experiences with Teenagers in General | Own Negative Experiences with Teenagers in General |
|---|--------------------------------------|-----------------------------------|----------------------------------|-------------------------------|--|--|--|--|--|
| Social Workers vs. Other Social Service Professionals | .033 ^a | *5.796^a | .244 ^a | .890 ^a | 5.508 ^a | *6.235 | .241 ^a | *6.871^a | 2.138 ^a |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

The null hypothesis was rejected for the factor “what systems they are involved in that may affect their lives” ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. All of the social workers (100%) considered this factor “often”, whereas 76% of other social service professionals considered this factor “often”, and 24% considered this factor “sometimes”. This means social workers consider what systems teen fathers are involved in that may affect their lives significantly more often than other social service professionals.

The null hypothesis was also rejected for the factor “your own positive personal experiences with teen fathers” ($p < .05$). Therefore, there is a significant difference between how social workers and other social service professionals consider this factor when working with teen fathers. Fifty-six percent (56%) of other social service professionals considered this factor “often”, 32% considered it “sometimes”, and 12%

considered it “rarely”. Only 23.8% of social workers considered this factor “often”, 38.1% considered it “sometimes”, and 38.1% considered it “rarely”. This suggests that social service professionals consider their own positive experiences with teen fathers significantly more often than social workers. Similarly, the null hypothesis was rejected for the factor “your own positive personal experiences with teenagers in general” ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this relationship is less certain. Sixty-eight percent (68%) of other social service professionals considered this factor “often”, 12% considered it “sometimes”, and 20% considered it “rarely”. Only 33.3% of social workers considered this factor “often”, 42.9% considered it “sometimes”, and 23.8% considered it “rarely”. This means other social service professionals consider their own positive personal experiences with teenagers in general significantly more often than social workers.

The fourth chi-square analysis tested to see if there was a difference in social workers’ and other social service professionals’ agreement or disagreement with the statement “It is more important to have the teen mother involved in intervention programs than the teen father”. Responses were recoded from 1 equaling Strongly Disagree, 2 equaling Disagree, 3 equaling Neither Disagree or Agree, 4 equaling Agree, and 5 equaling Strongly Agree, to 1 and 2 equaling Disagree, 3 equaling Neither Disagree or Agree, 4 and 5 equaling Agree. The null hypothesis was rejected for this statement ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this relationship is less certain (Pearson Chi-Square = 6.947). Among other social service professionals, 76.9% disagreed with the statement, 23.1% neither disagreed nor agreed with the statement, and 0% agreed with the statement. Among social workers,

57.1% disagreed with the statement, 19% neither disagreed nor agreed with the statement, and 23.8% agreed with the statement. This suggests that other social service professionals disagree with the statement “It is more important to have the teen mother involved in intervention programs than the teen father” significantly more than social workers.

The fifth chi-square tested to see if there was a difference between what social workers and other social service professionals perceive prevents teen fathers from accessing interventions (Table 14).

Table 14. Differences between perceived barriers to accessing interventions.

| | <i>Perceived Barriers</i> | | | | | | | | |
|---|---|--|--|---------------------------|-----------------------------|----------------|---|--|-------------------------------|
| | Mother of Baby Does Not Want Father's Involvement | Feeling Uncomfortable at Agencies Biased Toward Teen Mothers | Feeling Judged By Social Service Staff | Transportation Issues | Lack of Flexible Employment | Peer Influence | Teen Father's Own Family Does Not Want Teen Father to Access Services | Family of Teen Mother Does Not Want Teen Father to Access Services | Lack of Awareness of Services |
| Social Workers vs. Other Social Service Professionals | .473 | .334 | .133 | *6.411^a | *4.405 | .001 | .735 | .016 | .050 ^a |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

The null hypothesis was also rejected for the factor “transportation issues” ($p < .05$), however this chi-square did not meet minimum cell count criteria so the validity of this association is less certain. Among social service professionals, 92.3% believe this factor prevents teen fathers from accessing interventions and 7.7% do not. Among social

workers, 61.9% believe this factor prevents teen fathers from accessing interventions and 38.1% do not. This suggests that other social service professionals believe transportation issues prevent teen fathers from accessing interventions significantly more than social workers.

The null hypothesis was rejected for the factor “lack of flexible employment” ($p < .05$). Therefore, there is a significant difference between how social workers and other social service professionals perceive this factor prevents teen fathers from accessing interventions. Among social service professionals, 73.1% believe this factor prevents teen fathers from accessing interventions and 26.9% do not. Among social workers, 42.9% believe this factor prevents teen fathers from accessing interventions and 57.1% do not. This suggests that other social service professionals believe lack of flexible employment prevents teen fathers from accessing interventions significantly more than social workers.

The sixth chi-square tested to see if social workers and other social service professionals had different stereotypes come to mind after viewing a teen pregnancy prevention advertisement (Table 15).

Table 15. Differences between perceived stereotypes.

Perceived Stereotypes

| | Teen Fathers are Irresponsible | Teen Fathers are Not Involved in Their Child's Life | Teen Fathers do not Financially Support Their Child | Teen Fathers are Self-Absorbed | Teen Fathers are Poor | Teen Fathers are People of Color | Teen Fathers are Involved in Gangs |
|---|--------------------------------|---|---|--------------------------------|-----------------------|----------------------------------|------------------------------------|
| Social Workers vs. Other Social Service Professionals | *4.776 | .016 | .145 ^a | .184 | 3.372 | 1.785 | .561 |

*indicates statistical significance; ^a indicates that chi-square did not meet minimum cell count criteria

The null hypothesis was rejected for the stereotype “teen fathers are irresponsible” ($p < .05$). Therefore, there is a significant difference between how social workers and other social service professionals felt about this stereotype after viewing the advertisement. Among social workers, 66.7% had this stereotype come to mind after viewing the advertisement and 33.3% did not. Among social service professionals, 34.6% had this stereotype come to mind after viewing the advertisement and 65.4% did not. This suggests that social workers felt that this advertisement portrayed the stereotype that “teen fathers are irresponsible” significantly more than other social service professionals.

Discussion

This study explored social workers’ and other social service professionals’ perceptions of teen fathers. It explored both how professionals’ work with teen fathers is related to their perceptions, as well as if social workers’ perceptions differed from those of other social service professionals. Although the sample was fairly representative of multiple disciplines, length of time in field, and practice settings, the sample size was relatively small ($n = 47$). Because of the small sample size, many of the chi-square analyses did not meet minimum cell count criteria, making the validity of the analyses questionable. The findings will be discussed taking into account the limited generalizability of the results based on the sample size.

Risk Factors

It is important to discuss what professionals perceive as the risk factors for becoming a teen father in order to understand how to focus interventions on preventing teen fatherhood. As a whole group, participants perceived poverty and having a family

history of teen fatherhood as the two highest risk factors for becoming a teen father. Research supports the perception that poverty is a significant risk factor; with studies indicating that poverty both increases the odds of becoming pregnant (Berry et al., 2000) as well as noting a higher prevalence of teen pregnancy among impoverished communities (Mollborn, 2011). No previous research cites a family history of teen fatherhood contributing to new generations becoming teen fathers. Because the participants ranked this factor as highly as they did poverty, more research could explore whether or not this perception is an actual risk factor for becoming a teen father or possibly a misperception. Social workers and other social service professionals did not differ in their perceptions of risk factors affecting teen fatherhood, suggesting these perceptions exist across disciplines.

The type of intervention utilized by professionals in their practice was associated with the perceived significance of a few of the risk factors for becoming a teen father. For instance, professionals who utilized parenting education or medical health care as interventions tended to view substance abuse as more significant than professionals utilizing other interventions. Perhaps this association is due to the detrimental effects substance abuse could have on the parenting relationship as well as an individual's health; therefore professionals using parenting education or medical health care might encounter this risk factor more often than professionals utilizing other interventions.

Professionals who utilized peer support groups as an intervention in their practice tended to view religious beliefs as a significant risk factor for becoming a teen father and family history of teen fatherhood as an insignificant risk factor for becoming a teen father. Because peer support groups provide teen fathers a safe environment to discuss feelings

and experiences being a teen father (Parra-Cardona et al., 2006), perhaps teen fathers are able to discuss deeper issues like religious beliefs or family history in that setting. It is possible these associations exist because of professionals' exposure to these issues in their use of peer support groups. Given the small sample size, it is also possible that these associations are random and unrelated to the possible explanations discussed above.

Importance of Father's Involvement

A common theme that emerged in the findings was the importance of teen fathers' involvement with their children. Almost all of the participants said the most prevalent stereotype of teen fathers in society is that teen fathers are not involved in their child's life. The majority also agreed with the statement "intervention programs for teen fathers should be focused on increasing teen fathers' emotional involvement with their child". The qualitative responses also supported these findings, with participants speaking both of the lack of teen fathers' involvement as well as strategies for increasing their emotional involvement with their children. Many offered explanations for why teen fathers are not more involved: a lack of understanding of their role as a father, getting pushed out of the child's life from the child's mother, and lack of community resources and supports for teen fathers. Dore and Dumois (1990) encouraged the involvement of teen fathers in parenting education programs, regardless of whether or not a romantic relationship existed with the teen mother. Parenting education programs could provide the environment to teach adolescent fathers how to become more emotionally invested in their child's life, help them understand their role as a father, and ultimately increase their involvement.

Parenting education ranked the highest in necessity among the various intervention options; social workers and other social service professionals were unanimous in ranking this intervention as necessary. This finding is consistent with past research stating that programs would benefit from including parenting education in their interventions as a support for pregnant or parenting teenagers (Brosh et al., 2007). Parenting education was also the most utilized intervention in this sample, suggesting that community agencies and professionals are aware of its benefit and incorporate it in their practice.

Barriers Preventing Teen Fathers from Accessing Services

Another common theme that appeared in the findings was that barriers exist which prevent teen fathers from accessing services. According to the participants, a lack of awareness on the part of teen fathers is the factor that most prevents teen fathers from accessing services. Almost all of the participants also agreed that a significant amount of outreach is needed in order to get teen fathers involved in intervention programs, in line with previous research (Barth et al., 1988; Earls & Siegel, 1980).

Another barrier cited in previous research was that teen fathers often feel judged by social service staff, which prevents them from accessing services (Allen & Doherty, 1996). Professionals who utilized emotional or mental health counseling were significantly less likely to think feeling judged by social service staff was a barrier for teen fathers to access services than professionals who do not use this intervention. Perhaps this association exists because professionals doing emotional or mental health counseling may have a stronger relationship with teen fathers than professionals using

other interventions. The strength of their relationship may prevent professionals from thinking feeling judged by social service staff is a barrier for teen fathers.

Social workers and other social service professionals felt differently about two of the factors that could prevent teen fathers from accessing services. Other social service professionals believed that lack of flexible employment and transportation issues prevented teen fathers from accessing services significantly more than social workers. This could be because social workers tend to look at the bio-psycho-social-spiritual factors that impact an individual (Hutchison, 2008) in addition to the tangible barriers of lack of employment and transportation.

Theoretical Framework

Social workers and other social service professionals also differed in what factors they considered when working with teen fathers. Social workers considered what systems teen fathers were involved in more often than other social service professionals. Other social service professionals considered their own positive experiences with teen fathers and teenagers in general more often than social workers. Because social workers are trained to look at the bio-psycho-social-spiritual aspects of each individual, it makes sense that social workers would consider the systems that teen fathers are involved in more often than other social service professionals. It may also explain why social workers considered their own positive personal experiences with teen fathers and teenagers in general less often than other social service professionals; their training helps them look at each individual separate from any past personal experience.

The two factors all professionals most often considered were what systems teen fathers are involved in that may affect their lives and what developmental stage they are

in. This is in line with the conceptual framework for this study, which emphasized the usefulness of looking at teen fathers through a developmental lens as well as discussed the person-in-environment concept of social work that includes understanding the various systems in a teen father's environment that could impact his behavior.

Implications for Social Work Practice

The most surprising finding from this study is that social workers agreed more with the statement, "it is more important to have the teen mother involved in intervention programs than the teen father" than other social service professionals. This may confirm what past research found, that social workers have had the opinion that it is not as important to have the teen father involved in intervention programs if the teen mother is already involved (Barth et al., 1988). It may also suggest that social workers are considering a family systems approach and want the whole family involved in the intervention program. Given the importance of teen fathers' involvement in their child's life, cited both by previous research and the results of this study, if social workers believe it is not important to have the teen father involved in services, their motivation to increase teen fathers' involvement will likely be minimal. Social workers should take into account past research and the results of this study to help consider the necessity of teen fathers' involvement in intervention programs.

Previous research and this study discussed the significant amount of outreach needed in order to get teen fathers involved in intervention programs. Participants in this study gave helpful suggestions for the outreach efforts that would be successful in recruiting teen fathers to participate in intervention programs. Social workers should take

note of these suggestions and incorporate them into their programs in order to increase teen fathers' participation.

Implications for Future Research

Much of the previous research that served as a base for this study is quite outdated, and research on the teen father population continues to be minimal. This study supports the previous research that teen fathers have been overlooked and neglected in social service programs (Anderson Smith, 1988; Heavey, et al., 2008). Many participants discussed the unfair treatment professionals give teen fathers and their inability to succeed in an environment that expects them to fail. However, the quantity and depth of participants' responses in a 15-minute survey suggest that opinions of teen fathers are changing. The passion in the responses demonstrates the importance for further research with professionals who work with teen fathers as well as teen fathers themselves. In doing so, these neglected voices can be heard and more minds can hopefully be changed. Perhaps policies can be expanded to increase funding and outreach for additional intervention programs for teen fathers. Perhaps more people, social workers included, can recognize the importance of teen fathers' involvement in their children's lives, no matter how young they are. As one participant stated, "*teen fathers need people who do not judge them...when there is a solid foundation of relationship, young dads are pretty damn cool*".

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APPENDIX A

**CONSENT FORM COVER LETTER
UNIVERSITY OF ST. THOMAS**

Quantitative Research Project: Perceptions Regarding Teen Fathers

Hello!

I am conducting a study about professionals' perceptions regarding teen fathers and how those perceptions influence professionals' work with teen fathers. I invite you to participate in this research. You were selected as a possible participant because you are a professional who works or has worked with the adolescent father population. Please read this letter before agreeing to be in the study.

This study is being conducted by: Kate Swanson, MSW student at University of St. Thomas/St. Catherine University under guidance of Katherine Hill, PhD, MPP, LISW, MSW, Professor in School of Social Work at University of St. Thomas/St. Catherine University.

Background Information:

The purpose of this study is to discover how professionals' perceptions may influence their work with the teen father population, and how perceptions differ among professionals of different disciplines.

Procedures:

If you agree to be in this study, you will be directed to complete a 20-question, online questionnaire that will take approximately five to ten minutes of your time.

Risks and Benefits of Being in the Study:

The study has minimal risk. The questionnaire data will only be used for the purpose of this study and will be immediately destroyed upon completion of the assignment. You will only be answering questions related to your perceptions and do not have to answer any questions that make you feel uncomfortable.

The direct benefits you will receive for participating are: helping the researcher gain knowledge and insight about the perceptions different professionals have about teen fathers, developing self-awareness on your beliefs regarding the adolescent father population, and providing important information to enhance research on perceptions regarding teen fathers.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include questionnaire data that will be stored in a protected place on my personal computer that will not be able to be accessed by anyone else. The analysis of this data will be inserted into a paper I turn into my professor and present to a committee but will not contain information that could identify you in any way. All data will be destroyed upon completion of the assignment, by June 1, 2013 at the latest.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas or St. Catherine University. If you decide to participate, you are free to withdraw at any time. Should you decide to withdraw data collected about you I will only use and transcribe data already collected with your permission. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Kate Swanson. If you have questions, you may contact me at 952-250-1368 or email me at katelin.swanson@gmail.com. You may also contact my professor and advisor for this assignment, Katherine Hill, at 651-962-5809 or kmhill1@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

Completion of the survey implies your consent. If you agree to participate in this study, click on the below link to be directed to the Qualtrics survey.

Please forward this survey onto other social service professionals you know who work with teen fathers.

Appendix B

1. At what kind of agency do you work? (i.e. hospital, school, etc.)

2. Gender:

- A. Male
- B. Female
- C. Transgender
- D. Other/Choose not to identify

3. What is your profession? (i.e. social worker, nurse, etc.)

4. How long have you been in your field of work?

- A. 0-5 years
- B. 6-10 years
- C. 11-15 years
- D. 16-20 years
- E. 20 years +

5. If you are currently a licensed professional, please indicate your licensure:

6. What cultural communities do you work with?

7. What do you perceive are significant risk factors for becoming a teen father? *Please rank the below factors from 1 to 5 with 1 = Very Significant, 2 = Significant, 3 = Neither Significant or Insignificant, 4 = Insignificant, 5 = Very Insignificant*

- A. Poverty
- B. Ethnicity
- C. Substance abuse
- D. Misconceptions of fatherhood
- E. Religious beliefs
- F. Social acceptance of becoming a father
- G. Family history of teen fatherhood
- H. Lack of sex education

8. How necessary do you think the following interventions are for teen fathers? *Please rank the below factors from 1 to 5 with 1 = Very Necessary, 2 = Necessary, 3 = Neither Necessary or Unnecessary, 4 = Unnecessary, 5 = Very Unnecessary*

- A. Parenting education
 - B. Individual therapy
 - C. Peer support group
 - D. Couples counseling
 - E. Employment coaching
 - F. Case management to access community resources
 - G. Legal counseling
 - H. Medical health care
 - I. Emotional or mental health counseling
 - J. Other, please specify?
-

9. What type of interventions do you currently utilize in your profession? (If not currently working with teen fathers, please indicate the type of interventions you used in your last job with teen fathers)

- A. Parenting education
 - B. Individual therapy
 - C. Peer support group
 - D. Couples counseling
 - E. Employment coaching
 - F. Case management to access community resources
 - G. Legal counseling
 - H. Medical health care
 - I. Emotional or mental health counseling
 - J. Other, please specify?
-

10. What type of interventions for teen fathers are currently lacking in your workplace?

- A. Parenting education
 - B. Individual therapy
 - C. Peer support group
 - D. Couples counseling
 - E. Employment coaching
 - F. Case management to access community resources
 - G. Legal counseling
 - H. Medical health care
 - I. Emotional or mental health counseling
 - J. Other, please specify?
-

11. What do you perceive prevents teen fathers from accessing interventions?

- A. Mother of baby does not want father's involvement
- B. Feeling uncomfortable at agencies biased toward teen mothers
- C. Feeling judged by social service staff
- D. Transportation issues
- E. Lack of flexible employment
- F. Peer influence
- G. Teen father's own family does not want teen father to access services
- H. Family of teen mother does not want teen father to access services
- I. Lack of awareness of services
- J. Other, please specify: _____

—

12. What factors do you consider when working with teen fathers? *Please rank the below factors from 1 to 5 with 1 = Always Consider, 2 = Frequently Consider, 3 = Sometimes Consider 4 = Rarely Consider 5 = Never Consider*

- A. What developmental stage they are in
- B. What systems they are involved in that may affect their lives
- C. What happened in their childhood
- D. What their thought process is
- E. How they interact with their environment
- F. Your own positive personal experiences with teen fathers
- G. Your own negative personal experiences with teen fathers
- H. Your own positive personal experiences with teenagers in general
- I. Your own negative personal experiences with teenagers in general
- F.Other: _____

The following statements ask for you to respond using 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Strongly Agree. Please select one option that best reflects your answer.

13. Intervention programs for teen fathers should be focused on increasing teen fathers' emotional involvement with their child.

14. It is more important to have the teen mother involved in intervention programs than the teen father.

15. In order to get teen fathers involved in intervention programs, a significant amount of outreach is needed.

15a. Please indicate what outreach strategies would be successful in recruiting teen fathers' participation:

16. If the adolescent mother is involved in an intervention program, it is not necessary for the adolescent father to participate.

Below is a teen pregnancy prevention advertisement that was featured in Milwaukee.



<http://theinspirationroom.com/daily/2009/pregnant-boys-in-milwaukee/>

17. What stereotypes of teen fathers does this advertisement bring to mind for you?

- A. Teen fathers are irresponsible
- B. Teen fathers are not involved in their child's life
- C. Teen fathers do not financially support their child
- D. Teen fathers are self-absorbed
- E. Teen fathers are poor
- F. Teen fathers are people of color
- G. Teen fathers are involved in gangs
- H. Other, please specify:

18. What stereotypes of teen fathers do you feel are most prevalent in society?

- A. Teen fathers are irresponsible
 - B. Teen fathers are not involved in their child's life
 - C. Teen fathers do not financially support their child
 - D. Teen fathers are self-absorbed
 - E. Teen fathers are poor
 - F. Teen fathers are people of color
 - G. Teen fathers are involved in gangs
 - H. Other, please specify:
-

19. Fill in this sentence with the first thought that comes to your mind.
Teen fathers are:

20. Be honest- what do you really think about teen fathers? (Remember, this is anonymous):

