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Chapter 1

Introduction

Background of the Study

Teenage pregnancy generally refers to pregnancy in women who may not be legally adults, and this varies according to the law of the land. Teenage mothers are physically, mentally, and emotionally not ready for parenthood (Lifestyle and Wellness, 2008). Teenage mothers are less likely to receive social support from friends, family or their children's fathers, and more likely to have mental health and substance abuse problems (Moffitt & the E-Risk Study Team, 2002).

These risks demonstrate the potential for young mothers to test their adversity quotient, both in their roles as parents and in aspects of their personal functioning, despite considerable threats and challenges. The majority of mothers, while developing as parents in under-resourced environments, and sometimes with childhood histories of negative family relationships, were not perpetrators of child maltreatment. This is considered as evidence of resilience (Luthar et al., 2000). Werner (2000) also suggests that, major life transitions, such as parenthood, present opportunities for resilience.



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Dr. Paul Stoltz (1997) defines Adversity Quotient as "the capacity of the person to deal with the adversities of his life. As such, it is the science of human resilience." Furthermore, resilience refers to positive outcomes in the presence of adversity, rather than to positive adaptation in general. It "surfaces in the face of hardship" (Hawley, 2000, p 102) and denotes the ability of individuals who are able to bounce back from adversity.

According to Lynn (2011) it is as if teen mothers find that they lose their previous lives when they give birth. Their new lives revolve entirely around their baby. The teen may fall into a depression while trying to handle the emotions a pregnancy creates and all of the possibly negative feedback about the pregnancy from friends and family. Caused by depression and isolation, adolescent motherhood has been associated with problems such as low self-efficacy, poor knowledge of child development, increased stress, depression, insecurity and disorganized attachment patterns (Schmidt, 2009). In depth of self-efficacy, there are teen-parenting programs which provide services, which in turn may increase teen parents' sense of self-efficacy. When teen mothers receive encouragement from their social support systems to try new things, they will likely



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acquire a higher level of self-esteem and self-assurance (Bowman, 2012).

Bandura (1986, 1991) defines self-efficacy as people's confidence in their ability to regulate their motivation, thought processes, emotional states, and social environment to effect a given behavior. Self-efficacy is another attribute that can be predicted to influence prenatal care. Social cognitive theory conceptualizes human functioning as a reciprocal interaction between personal factors, such as self-efficacy and outcome expectancies, environmental factors, and behavior (Bandura, 1986, 1997). Ford (2001) relates the reality of caring for an infant may have a depressing effect on the confidence and, thus, self-efficacy of the adolescent mother. He adds that, adolescents would increase their self-esteem and self-efficacy by becoming active in providing the needed health care to themselves and their peers.

The aim of this study was to know and understand the risks and challenges that a teenage mother undergoes and how she socially adjusts to such adversities by understanding the level of her Adversity Quotient and Self-efficacy, thus, contributing in knowing the certain risks that not only a teenage mother would face, but generally for teenage women also. The researcher



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was intrigued of this fast-growing phenomenon in our modern times because such proliferation may affect so many aspects in a country.

Statement of the Problem

The study was conducted to determine if there is any significant relationship between Adversity Quotient and Self-efficacy of teenage mothers. It also aims to answer the following questions:

1. What was the general level of the Adversity quotient of teenage mothers in the Adversity Response Profile 8.1?
2. What was the level of self-efficacy of teenage mothers according to the General Self-Efficacy Scale (GSE)?
3. Was there a significant relationship between Adversity quotient and self-efficacy of teenage mothers?

Hypothesis

The hypothesis was measured at a 0.05 level of significance.

Ho: There is no significant relationship between Adversity Quotient and self-efficacy of teenage mothers.



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Significance of the Study

The proposed study will benefit the following fields and individuals who may be related to teenage motherhood:

To **Teenage mothers**, that they will be able to know their Adversity quotient and how resilient they are to the different risks of teenage motherhood. They will also know how they can overcome these risks by understanding in depth their self-efficacy.

To **Parents of teenage mothers**, that they will be able to know what risks and challenges their daughter may be encountering thus, enabling them to give a positive intervention to their daughter's situation.

To **Future Researchers**, that this study may help future researchers to relate other variables to the respondents or different respondents to the same variables used in this study.

Theoretical Framework

The study is based on the theories of Martin E.P. Seligman's Learned Helplessness and Albert Bandura's Self-efficacy Theory. The theories are as follow:



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Theory of Learned Helplessness by Martin E.P. Seligman

Learned helplessness, in psychology, a mental state in which an organism forced to bear aversive stimuli, or stimuli that are painful or otherwise unpleasant, becomes unable or unwilling to avoid subsequent encounters with those stimuli, even if they are "escapable," presumably because it has learned that it cannot control the situation.

Learned helplessness has since become a basic principle of behavioral theory, demonstrating that prior learning can result in a drastic change in behaviour and seeking to explain why individuals may accept and remain passive in negative situations despite their clear ability to change them. In his book *Helplessness* (1975), Seligman argued that, as a result of these negative expectations, other consequences may accompany the inability or unwillingness to act, including low self-esteem, chronic failure, sadness, and physical illness.

Self-efficacy Theory by Albert Bandura

For Bandura (1986), the capability that is most "distinctly human" (p. 21) is that of self-reflection, hence it is a prominent feature of social cognitive theory. Through self-reflection, people make sense of their experiences, explore



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their own cognitions and self-beliefs, engage in self-evaluation, and alter their thinking and behavior accordingly. Of all the thoughts that affect human functioning, and standing at the very core of social cognitive theory, are self-efficacy beliefs, "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p. 391). Self-efficacy beliefs provide the foundation for human motivation, well-being, and personal accomplishment. This is because unless people believe that their actions can produce the outcomes they desire, they have little incentive to act or to persevere in the face of difficulties (Pajares, 2006)."



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Conceptual Framework

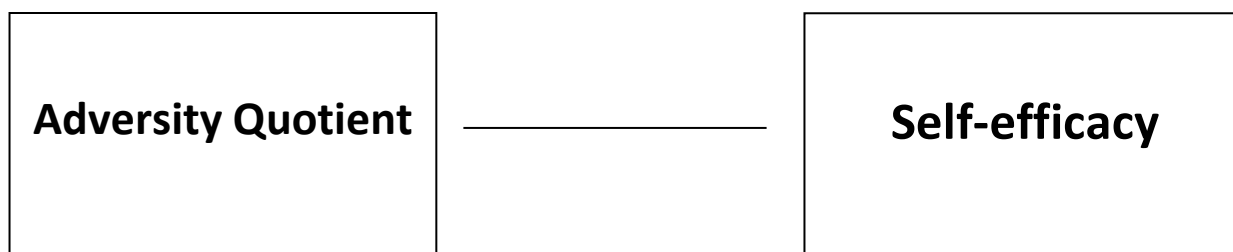


Figure 1 shows the conceptual paradigm of the study. It describes the possible relationship of the variables Adversity Quotient and Self-efficacy of teenage mothers.



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Scope and Limitation

The only variables that were used in this study were adversity quotient and self-efficacy and it was meant to know if there is any significant relationship with each other. Other variables that may also be connected with teenage mothers were not a focus of this study. The study only included 50 teenage mothers using Snowball Sampling Method. The Research design was correlational thus, may have had only known the relationship of the variables toward the participants. Further results of the study were not generalizable to all teenage mothers in the country for a total of 50 respondents were only used. The researcher, in the course of the study, may had mentioned other variables that maybe more relevant to the current variables of the study, but was not able to know these other variables in depth and most especially, yield results and interpretations. The age bracket of the participants used in this study was 18 to 21 years old, thus other age brackets were not both discussed and a part of this study. Furthermore, due to the sampling method of the study, participants were not administered as a group but individually thus may have had made a difference in the results of the study.



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Definition of Terms

Adversity Quotient

AQ is the most scientifically robust and widely used method in the world for measuring and strengthening human resilience (Blogzine Stitches, 2007).

Resilience

The ability to succeed and prosper even after facing setbacks and hardships (Fraser-Thill, 2010).

Self-efficacy

Commonly defined as the belief in one's capabilities to achieve a goal or an outcome (Margolis and McCabe, 2006).



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Teenage

Teenage is defined by WHO as a person between 10-19 years of age (World Health Organization, 2009).



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Chapter 2

Review of Related Literature

The researcher gathered data that may be of significance to understanding the relationship between Adversity quotient and Self-Efficacy of teenage mothers. Presented in this chapter are various literature and previous studies from both local and foreign sources meant to provide a better perspective of the study.

Teenage Mothers

Teen mothers are more disadvantaged, on average, than their same-age counterparts. Teenage pregnancies are often associated with an increased rate of delinquent behaviours including alcohol and substance abuse. Young unmarried mothers also face social stigmas that can have harmful psychological and social impact (Singson, 2008). In contrast, Teen mothers who successfully adapt in later life attain the normative developmental tasks of early adulthood: They are economically self-sufficient, employed, and are psychologically well-adjusted despite the stresses and demands early motherhood placed on them during adolescence (Noria, 2005).



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According to the National Center for Health Statistics or NCHS nearly four out of ten girls get pregnant at least once by age 20. Among teens 15-17 years old, Hispanics are more than two times more likely to become pregnant than are Whites (Quiñones, 2012).

Portrayed in the press as gymslip mums and benefit scroungers, teenage mothers often find themselves the brunt of society's prejudices. Behind the statistics and the stereotypes there are teenage mothers who cope admirably and others who struggle to deal with the consequences of their actions (Society Guardian, 2007).

Teenage motherhood may actually make economic sense for poorer young women, some research suggests. For instance, long-term studies by Duke economist V. Joseph Hotz and colleagues, published in 2005, found that by age 35, former teen moms had earned more in income, paid more in taxes, were substantially less likely to live in poverty and collected less in public assistance than similarly poor women who waited until their 20s to have babies. Women who became mothers in their teens -- freed from child-raising duties by their late 20s and early 30s to pursue employment while poorer women who waited to become moms were still stuck at home watching their young children -- wound



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up paying more in taxes than they had collected in welfare (Males, 2012).

Adversity Quotient

Paul Stoltz defines Adversity Quotient as "the capacity of the person to deal with the adversities of his life. As such, it is the science of human resilience"

Resilience is predicated on risk, it is important to identify the risks associated with teenage motherhood. A comprehensive review of these risks is beyond the scope of this report but an extensive international literature (eg Moffitt & the E-Risk Study Team, 2002; Woodward et al, 2001; Fergusson & Woodward, 2000; Fergusson & Woodward, 1999; Wellings et al, 1999) identifies a range of negative outcomes for teenage mothers and their children across a large number of domains.

Teenage mothers are more likely than older mothers to live in socio-economic deprivation, to be benefit-dependent, and to have lower education and literacy. They are less likely to receive social support from friends, family or their children's fathers, and more likely to have mental health and substance abuse problems (Collins, 2010).



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Adolescent mothers may have internal resilient qualities that need identifying and promoting. According to Ormrod (2006) resilient youth show strong and positive characteristics of social competence, problem solving, independence, and motivation.

Individuals who demonstrate the positive traits of resilience are more likely to have increased esteem and assumed parental responsibility. The ideation and preparation of the birth of their child often increases the desire to achieve academically and socially.

Researchers have reported numerous risk and compensatory factors thought to be important in teen mothers' adaptation to their new parenting role and the completion of normative developmental tasks of early adulthood, but few have attempted to determine what factors and processes influence positive adaptation during adulthood (Leadbeater & Way, 2001)

Several other studies have noted the positive trajectories among some young mothers, and have hypothesized that early parenthood can mark a positive entry into adulthood among mothers for whom economic and educational opportunities may be limited (Borkowski et al., 2007; Leadbeater, & Way, 2003; Shapiro & Mangelsdorf, 1994). For some mothers, then, becoming a



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parent marks a "positive new beginning", both for her infant and herself (Marsiglio, 2004). For other young mothers, however, the tasks and responsibilities of parenting may clash with typical adolescent behavior related to spontaneity, freedom, and autonomy; the result may be compromised developmental adaptation for both the young women and their children.

The impact of teenage childbearing on maternal development is diverse, and young mothers who adapt well in the face of challenges associated with early transition to motherhood are said to be resilient. Resilience is overcoming adversity (i.e., risk or multiple risks) to achieve good outcomes despite threats to adaptation or development (Luthar, in press; Masten, 2001; Masten & Coatsworth, 1998).

Adolescent mothers are the experts on the experience of their own resiliency. Their personal stories of creative adaptation and strength will enhance the understanding of the process of resiliency in adolescent motherhood. By exploring this process collaboratively, health professionals, educators, and counselors can more effectively promote resiliency and coping skills in other pregnant teen (Carrey, 1998).

Resilient functioning as a parent was defined as the lack of perpetration of child maltreatment (substantiated reports of



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child abuse and neglect) in the context of risk. Risk factors were assessed at multiple levels, including family (e.g., negative childhood histories in family of origin) and ecological (e.g., neighborhood poverty, mother's financial stress) levels. Analyses revealed a group of mothers who demonstrated resilience in parenting despite a context of substantial risks from their childhood histories (e.g., negative family relationships) and current ecologies (e.g., economic and neighborhood conditions). Mothers in the resilient group were less likely to a) live with their families of origin, and b) to rely on their own mothers as sources of emotional or caregiving support. Data also indicated that young mothers' resilient functioning as parents was associated with higher rates of depressive symptoms among these mothers, perhaps suggesting a "cost" or limit to resilient parenting functioning in young mothers (Easterbrooks, 2010).

Resilience suggests that resilient functioning is not a "trait", or a stable pattern of functioning across domains (Luthar, 2006). Hence, it addressed the question of whether resilient functioning in the parenting realm might come at a "cost" to these young women's functioning in other domains, namely educational and personal well-being (Luthar & Zelazo, 2003; Werner & Johnson, 1999). Data show that young mothers'



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resilient functioning as parents was associated with higher rates of depressive symptoms, but not lower educational attainment or greater health risk behaviors, among mothers showing good parenting in the context of risk (Easterbrooks, 2010).

Self-Efficacy

Self-efficacy refers to people's confidence in their ability to regulate their motivation, thought processes, emotional states, and social environment to effect a given behavior (Bandura, 1986, 1991).

Self-efficacy is believed to influence motivation--including causal attributions, outcome expectancies, and cognized goals. Self-efficacy influences causal attributions in that those who see themselves as efficacious attribute failure to lack of effort, while those who see themselves as inefficacious attribute failure to low ability. Efficacy influences outcome expectancy in that behavior is influenced by beliefs concerning personal capabilities and not just the expected outcomes of a behavior. Goal setting, another tool for enhanced motivation, is also influenced by perceived self-efficacy in several ways. Bandura asserts that efficacy



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determines the goals people set for themselves, how much effort they expend, how long they persevere in the face of barriers, and their resilience to failure. Efficacy also influences affective processes--those regulating emotional states and reactions such as stress, anxiety arousal, and depression (Bandura, 1994).

One significant dynamic of the pessimistic attitudes that come with being lower class is a poor sense of personal efficacy. Teen girls who end up pregnant often have inadequate coping skills and low motivation due to their belief that any significant life goals that they set for themselves would be unattainable. They are hesitant to make plans for themselves, such as going to college, because they are afraid that they simply do not have the ability to succeed. This results in low educational expectations. Teen girls who have low educational expectations, or whose parents have low educational expectations for their daughters, are more likely to become pregnant (Young, Martin, Young, & Ting, 2001). Thus, the combination of the external locus of control and poor self-efficacy results in lower class teen girls believing that they do not have any positive life options and "therefore do not plan for their



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future and do not avoid barriers to that future, such as out-of-wedlock childbearing."

Births to adolescent mothers comprise 13% of births in the United States (Ventura, 1997). Because adolescent mothers frequently may receive inadequate prenatal care (Alan Guttmacher Institute, 1994), efforts are needed to improve the experience of adolescent mothers in receiving quality prenatal care. Quality care takes effort by both the provider and the recipient of care. The contribution of the adolescent to receiving high-quality care may be related to behaviors influenced by her self-esteem and self-efficacy.

Synthesis

The study was similar to other previous studies in a way that Adversity Quotient and Self-efficacy were also used in this study. It was distinct in a way that they were studied as a pair and the pursuit of their possible significant relationship was the aim of this study.

The study was also similar with the goal of finding out what is the level of Adversity Quotient and Self-efficacy of teenage mothers; likewise how these variables did affect a teenage mother.



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Previous studies had studied adversity quotient and self-efficacy in isolation. Thus, in contrast, the researcher conducted a study about the said two variables as they were connected to teenage motherhood. It was also different and diverse as data were gathered in Philippine setting.

In this study, both the said variables will be discussed in depth as they were applied to teenage mothers. Much of the previous studies, resilience was often used but in this study, the level of adversity quotient will be measured along with self-efficacy.

As adversity quotient and self-efficacy were studied in depth, this study also aims to know the relationship between the said variables as they were proven present in teenage mothers as chosen respondents of this study.



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Chapter 3

Methodology

This chapter included the participants, sampling design, and instrument and Statistical treatment for the completion of the whole study.

Research Design

The research design of the study was Correlational which is focused to determine a significant relationship between two variables, which are Adversity Quotient and Self-efficacy of teenage mothers. The research design that was used is descriptive correlational. In general, a correlational study is a quantitative method of research in which the researcher has 2 or more quantitative variables from the same group of subjects, and he is trying to determine if there is a relationship (or co-variation) between the 2 variables, a similarity between them, not a difference between their means (Waters, 2005).

Participants and Sampling

The population of the study was fifty teenage mothers. Teenage mothers that were used as participants in the study have a range of age 18-21 years old and were students and names were



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kept highly confidential. The respondents' marital status varied from single to married. Sampling technique that was used is Snowball sampling; it is a special non-probability method used when the desired sample characteristic is rare. It may be extremely difficult or cost prohibitive to locate respondents in these situations. Snowball sampling relies on referrals from initial subjects to generate additional subjects. While this technique can dramatically lower search costs, it comes at the expense of introducing bias because the technique itself reduces the likelihood that the sample will represent a good cross section from the population (Statpac, 2012).

Instruments

Adversity Response Profile by Paul Stoltz

It is a Questionnaire that determines an individual's resilience and AQ (Adversity Quotient) in 4 fields Control (C), Ownership (O), Reach (R), and Endurance (E). Scoring of the instrument is done by inserting each of the 20 numbers the participant circled on the Adversity Response Profile in the designated boxes for each subscale. Then insert the total for each column in the designated box. Add the four totals and then multiply that number by two for your final score. $C+O+R+E = AQ$.



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The ARP is highly reliable, with a reliability coefficient of 0.88 and no adverse impact on gender or ethnic background (Caponés, 2004).

If the individual's AQ score is 166-200 he has the ability to withstand significant adversity and continue to move forward and upward in life. If the individual's AQ score is 135-165, he is doing a fairly good job of persisting through challenges and tapping a good portion his growing potential on a daily basis.

General Self-Efficacy Scale (GSE) by Ralf Schwarzer & Matthias Jerusalem

The scale was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events.

The scale is usually self-administered, as part of a more comprehensive questionnaire. Preferably, the 10 items are mixed at random into a larger pool of items that have the same response format. Time: It requires 4 minutes on average.

The construct of Perceived Self-Efficacy reflects an optimistic self-belief (Schwarzer & Matthias, 1992). This is the belief that one can perform a novel or difficult tasks, or cope



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with adversity -- in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resistance resource factor. Ten items are designed to tap this construct. Each item refers to successful coping and implies an internal-stable attribution of success. Perceived self-efficacy is an operative construct, i.e., it is related to subsequent behavior and, therefore, is relevant for clinical practice and behavior change.

In samples from 23 nations, Cronbach's alphas ranged from .76 to .90, with the majority in the high .80s. The scale is uni-dimensional.

Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints.

Scoring: Responses are made on a 4-point scale. Sum up the responses to all 10 items to yield the final composite score with a range from 10 to 40.



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Statistical Treatment of Data

For problem 1, Mean and standard deviation was computed to determine Adversity Quotient based on the Adversity Response Profile.

For Problem 2, Mean and standard deviation was computed to determine Self-efficacy based on the General Self-efficacy Scale.

For problem 3, Pearson-r was computed to determine the relationship of Adversity Quotient and Self-efficacy.



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Chapter 4

Results and Discussion

This chapter presents a thorough discussion of the results acquired through the gathering of the data. The information was interpreted for the purpose of answering the questions in the statement of the problem.

1. What is the level of Adversity Quotient of the respondents as measured by the Adversity Response Profile?

Table 1. Mean and Standard Deviation of the level of Adversity Quotient of the teenage mothers

Variable	Mean	Standard Deviation	Verbal Interpretation
Adversity Quotient	133.06	12.67	Low

Table 1 represents the scores of the respondents of Adversity Quotient. The mean score of the respondents is 133.06 which is within the low range. This indicates that respondents generally believe that it is hard to recover from a stressful



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event, crisis, or trauma. Furthermore, the standard deviation is 12.67 indicating that the scores have a high variation.

A study by Mcdermott (2005) demonstrates the low level of Adversity Quotient of teenage mothers as they were affected by poor economic circumstances, underpayment as employers, low level of financial support from the fathers of their children who were also unemployed. These events are also worsened by the few opportunities they have to escape such impoverishment. But on the contrary these women did not, however, generally lack drive, determination or agency. Despite such aspirations and determination, the study suggest that a young mother's escape routes from poverty through employment and education were usually obstructed by their new positions as young (often) lone mothers caring for their children with very little money. These difficulties were further compounded by their stigmatization as inappropriate mothers.

A study contrary to the results of the respondents shows that the adversity quotient of adolescent teenage mothers despite the many pressures they experience is still evident and apparent.



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These teenage mothers expressed a shared value of mainstream society in terms of future aspirations and assessments of their communities (Brown and Gourdine, 1998).

Few researchers have used a resilience approach to discover specific factors that may counter or protect adolescent mothers from the negative outcomes associated with the risks they face. Of the few researchers who have investigated promotive factors for this population, some have found that the presence of a strong supportive relationship may contribute significantly to resilience among adolescent mothers (Carey, Ratliff, & Lyle, 1998; Klaw, Rhodes, & Fitzgerald, 2003; Rhodes, Ebert, & Fischer, 1992).

2. What is the Level of Self-Efficacy of the respondents as measured by the General Self-Efficacy Scale?

Table 2. Mean and Standard Deviation of the level of Self-Efficacy of the teenage mothers

Variable	Mean	Standard Deviation	Verbal Interpretation



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Self-efficacy	30.88	4.5	High
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Table 2 represents the scores of the respondents of the Self-Efficacy. The mean of the respondents is 30.88 which is within the high range. This indicates that respondents generally have a strong sense of efficacy that allows them to fulfil their responsibilities. The standard deviation is 4.5 indicating that the scores have little disparity.

A study by Howard (2011), states that adolescent mothers completed an initial assessment of self-efficacy. These adolescent mothers reported relatively high levels of self-efficacy and an intention to complete high school. They depended primarily on parents for housing, financial support, and someone to talk to.

According to Klaw et al. (2003), teen mothers have a high sense of self-efficacy. In the current study, teenage mothers who feel high support networks may result in a greater sense of self-efficacy. In addition, support figures may influence teen mothers' perceptions of themselves as a competent parent, which in turn is a key contributor to nurturing child-rearing practices (MacPhee et al., 1996).



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Contrary to such studies, maternal competency plays a central role in a mother's adaptation to motherhood (Gross, Conrad, Fogg, & Wothke, 1994; Pond & Kemp, 1992). Competency is similar to self-efficacy in that it pertains to one's confidence or belief that she can perform certain behaviors effectively (Bandura, 1989). Adult mothers consistently rate that it is difficult to achieve confidence in parenting (Kline, Martin, & Deyo, 1998).

Low competency may even be a greater concern for adolescent mothers. Young mothers often report being criticized about their parenting skills and receiving unwanted advice on how to raise their children (Pasley, Langfield, & Kreutzer, 1993; Schinke et al., 1986).

3. Is there a significant relationship between the Adversity Quotient and Self-Efficacy of the respondents?

Table 3. Correlation of the Adversity Quotient and Self-Efficacy of the respondents

Variables	r-value	p-value	Decision	Interpretation
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Adversity	-2.47	0.084	Accept	Not
Quotient and Self-efficacy			Ho	Significant

The correlation between Adversity Quotient and Self-Efficacy is shown in Table 3. The results show that the level of adversity quotient and level of self-efficacy of the respondents does not have a significant relationship. The adversity quotient and self-efficacy obtained an r-value of $-.247$ which means that there is a very small possibility of a negative relationship. Since the kind of relationship is very small negative, there is very little to zero tendency that as the adversity quotient gets lower, the self-efficacy gets higher, or vice versa. The p-value of the adversity quotient and self-efficacy is 0.084 and is therefore not significant. As a result, the decision is to accept H_0 , which states that there is no significant relationship between adversity quotient and self-efficacy.

In contrast to the results, a study by Riono (2012) found out that there was positive significant relationship between Adversity Quotient and Self-Efficacy.

In addition, a study of the adversity quotient and self-efficacy of Psychology students by Utama (2010), states that



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based on the results of his data analysis is known to have a significant relationship between adversity quotient and self-efficacy.

CHAPTER 5

Summary, Conclusions, and Recommendations

This chapter presents the summary, conclusions, and recommendations that are based from the results of the study. The chapter discusses the main points of the study and some recommendations for its further improvement.

To determine whether there is a significant relationship between Adversity Quotient and Self-Efficacy, the correlational research design was used. The respondents were teenage mothers. Snowball sampling was used in selecting the respondents due to the rarity of the age bracket of the respondents which is 18-21 years old. There were two questionnaires that were used for the data gathering of the study namely, the Adversity Response Profile to measure the level of Adversity Quotient and the General Self-Efficacy Scale to measure that level of Self-Efficacy of the respondents.



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Summary

This study was conducted for the purpose of understanding the relationship between the Adversity Quotient and Self-Efficacy of Teenage Mothers.

Specifically, this study aimed to find out the answers to the following questions:

1. What is the general level of the Adversity quotient of teenage mothers in the Adversity Quotient Profile 8.1?
2. What is the level of self-efficacy of teenage mothers according to the General Self-Efficacy Scale (GSE)?
3. Is there a significant relationship in Adversity quotient and self-efficacy among teenage mothers?

Summary Findings

The findings of this study are the following:

1. The teenage mothers used by the study generally have a low level of Adversity Quotient.
2. The teenage mothers used by the study generally have a high level of Self-Efficacy.
3. The study found out that there is no significant relationship between the two variables, Adversity Quotient



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and Self-efficacy and that there is only a very little to a zero possibility that the two variables are negatively correlated.

Conclusions

Based from the results of this study, it can be concluded that:

1. The teenage mothers having high level of self-efficacy may believe in themselves that they have the capability and skill to do a a task or a change but having a low level of Adversity Quotient, they may feel that they may not be able to grab an opportunity to bounce back from an adversity or a stressful event.
2. The teenage mothers' coping mechanisms differs significantly as shown by the large disparity of their Adversity Quotient. Drawing from this, it may be concluded their lifestyle and coping mechanisms are affected by different factors unstated by this study.
3. The teenage mothers' level of Adversity Quotient and Self-efficacy do not have a significant relationship thus, any changes from the two variables may not affect each other and the performance of teenage mother.



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Recommendations

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

1. Study not only other possible variables but also complex demographic background that may have a significant relationship or connection with teenage mothers such as socio-economic status, parental relationship, habitat, employment, peer relationship and etc.
2. Pattern the study to the present endeavors of the country to produce more helpful outcomes for the society.
3. Increase the number of respondents with the same age range or even younger age bracket of teenage mothers to provide new information to future researchers.
4. Take respondents as groups (foundation, hospitals and etc.) to increase the significance of the study.



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