

## *Teenage motherhood and the evaluation of relationships in the family of origin in mothers in their early adulthood*

### BACKGROUND

The objective of this study was to evaluate the relationships in the family of origin in a sample of mothers who had their first child as teenagers (off-time motherhood). We also sought to answer the following question: are there any differences in the evaluation of relationships between mothers who gave birth to their first child in their teens and those who had their first baby during women's best fertility age (on-time motherhood)? For women, the optimum reproductive age is anywhere between 20 and 30 years of age.

### PARTICIPANTS AND PROCEDURE

The study looked at 60 mothers, including 30 off-time mothering and 30 on-time mothering. Two research tools were used in the study: an own survey and the SOR test by Margasiński (a Polish adaptation of the Flexibility and Cohesion Evaluation Scales).

### RESULTS

The results of the research showed significant differences in how family life was assessed by the two groups

regarding cohesion and communication. Moreover, teenage mothers' families of origin are characterised by unbalanced cohesion which manifests itself as extreme cohesion (enmeshed relationships) and higher interfamily communication satisfaction when compared to mothers who had a baby at the optimum age of 20-29.

### CONCLUSIONS

Intergeneration issues are a vital research problem. One of those is how experiences from one's family of origin shape the way one builds a partnership in one's family of procreation – which later translates into relationships with one's children. The results of the present study are the first step in a research project on the psychological functioning of family systems of mothers who gave birth as teenagers. Later, relationships in families of origin and families of procreation of teenage mothers will be examined.

### KEY WORDS

motherhood; teenage motherhood; family of origin; family relationships

ORGANIZATION – Institute of Psychology, University of Opole, Poland

AUTHORS' CONTRIBUTIONS – A: Study design · B: Data collection · C: Statistical analysis · D: Data interpretation · E: Manuscript preparation · F: Literature search · G: Funds collection

CORRESPONDING AUTHOR – Prof. Alicja Maria Kalus, Institute of Psychology, University of Opole, 1 Staszica Square, 45-052 Opole, Poland, e-mail: alicja.uni@gmail.com

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## BACKGROUND

The literature on procreation psychology establishes that the most appropriate age for a woman to take on the role of a mother is between 20 and 29 years old (Chohan & Langa, 2011; Kagawa, Dear-dorff, Dominguez Esponda, Craig, & Fernald, 2017; Kempnińska, 2017; Mangeli, Rayyani, Cheraghi, & Tir-gari, 2017). On the other hand, under 20 and over 40 are considered to be the least favourable maternal ages. In the medical literature, the term 'adolescent' comprises two age subgroups: very young adolescents (under 16 years of age) and older adolescents (16-19 years of age; Frankowicz-Gasiul et al., 2008). In 2016 in Poland, teenage motherhood represented 3% of all live births (GUS, 2017).

To understand the phenomenon of teenage moth-erhood, we need to combine multiple theoretical perspectives, comprising biological, legal, social, and psychological. Adolescence marks the time of enormous changes in one's biological, social, psy-chological, and cultural areas. It is important to note, however, that the development of these dimensions is inharmonious – in particular, biological matu-rity does not necessarily coincide with social and psychological womanhood. Women usually reach sexual maturity at the age of 15 or 16, psychologi-cal maturity around the age of 19, and social matu-rity when they are over 20 years old (Bidzan, 2007). Emotional immaturity, minority, and the specific nature of developmental tasks of adolescence may all strongly impede taking on the responsible role of a mother.

From a biological point of view, pregnant teenag-ers are at a higher risk of pregnancy complications compared to adult women (Klimek, 1988). Due to the incomplete development of the reproductive system, earlier medical studies treated teenage childbirth as obstetric pathology. Currently, fewer and fewer re-searchers subscribe to this view, but many authors list complications to which pregnant teenagers could be exposed (Bidzan, 2007). An incompletely devel-oped reproductive system, poor eating habits, and lack of compliance with obstetrics and gynaecol-ogy guidelines all contribute to the fact that teenage pregnancies are classified as high-risk (Frankowicz-Gasiul et al., 2008; Pawłowska et al., 2005).

Psychologically, both Kościelska (1998) and Ma-ciarz (2004) classify teenage pregnancy as the so-called difficult motherhood. According to Maciarz (2004), 'difficult motherhood manifests itself in the mother's negative experiences and emotional states, her moral dilemmas, and disorders in forming a ma-ternal role' (p. 24). Becoming a parent before one achieves maturity is one of the most difficult expe-riences for young people, especially for girls, who shoulder the greatest consequences of early moth-erhood (Mikołajczyk-Lerman, 2007). To teenagers,

pregnancy almost always comes as a surprise bor-dering on shock – an event for which they are com-pletely psychologically unprepared (Kościelska, 1998; Williamson et al., 2013). Then comes the fear of one's own future and concern about the parents' reaction. This concern is well justified, as teenage pregnancy is also a crisis for her family (Bidzan, 2007). The im-maturity of female teenagers is reflected in the defi-cits of their behaviours as parents: the inadequacy of expectations (Królikowska, 2011), the lower level of sensitivity to her child, repressive attitude to the child, and the smaller number of verbal and emo-tional reactions (Christ et al., 1990; Conger, McCarty, Yang, Lahey, & Burgess, 1984; Garcia Coll, Hoffman, Van Houten, & Oh, 1987; Mikołajczyk-Lerman, 2007). When considering the psychological aspect of teen-age motherhood, we should point out that young girls are under the burden of two stressful crises – adolescence and pregnancy. This problematic situa-tion renders teenage mothers much more vulnerable to physical and psychological stress-related disorders (Christ et al., 1990; Conger et al., 1984; Garcia Coll et al., 1987; Leese, 2016; Mikołajczyk-Lerman, 2007; Williamson et al., 2013). Support coming from moth-ers and life partners significantly reduces the difficul-ties (Gee & Rhodes, 2003), and teenagers begin to feel competent (Bidzan & Redzimska, 2004). Those who receive no support are more prone to depression, re-main withdrawn, and feel guilty (Birkeland, Thomp-son, & Phares, 2005; Komorowska, 2012; Skowroń-ska-Zbierzchowska, 2010). Studies have shown that early motherhood can act as a setback – or on the contrary, dramatically boost a girl's development (Buchholz & Gol, 1986; Duncan, Edwards, & Alexan-der, 2010; Leese, 2016; Thompson & Wood, 2012; Wil-liamson et al., 2013).

Here we would like to examine teenage mothers' families of origin more closely. Numerous studies indicate that teenage mothers often come from dys-functional, demoralised, and marginalised families (Skowrońska-Pućka, 2012). Another aspect is the family's low socio-economic status, which means a difficult financial situation and parents' low educa-tion (vocational in most cases). Also, teenage moth-ers' families of origin are sometimes incomplete, bro-ken. Single parents find it very difficult to support a family and bring up children on top of that – all while trying to make up for the absent parent. In these situations, it may be difficult to control a child, to find the time to talk with them and provide the support they need during their teenage years. In such cases, girls grow up in families devoid of understand-ing, support and love (Skowrońska-Pućka, 2012). Often, the mothers of pregnant teenagers also gave birth when they were adolescents themselves (Kem-pnińska, 2017). Occasionally, this is a positive factor for the teenager who receives support due to the similarity of the situation. Studies by Bidzan (2007)

showed that pregnant teenagers or teenage mothers tend to have better relationships with their mothers rather than fathers. Relations with fathers were often reported to be bad. This may be because an unplanned pregnancy disrupts the vision of the child's future the parents may have had – causing negative emotions as a result. Skowrońska-Pućka (2012) also lists other problems accompanying teenage mothers' families of origin. These include alcoholism, drug addiction, emotional deprivation, the absence of family bonds, disturbed emotional family ties, dysfunctional communication, too relaxed or excessive control, and inconsistent upbringing.

Teenage parenthood should also be examined in terms of the law. According to the Polish law, parental authority shall be entitled only to those who have active capacity, which means individuals over 18 years old and not partially/fully incapacitated. Therefore, under Polish law, a woman who gave birth before she turned 18, does not have parental power over her child, as she herself remains under parental authority of her own parents or legal guardians (Skowrońska-Pućka, 2012). This situation may result in a number of negative psychological consequences for the mother and the child alike. One of them is legal dependence on the family of origin, which appears to be important from this article's point of view.

Moreover, the modern socially recognised lifestyle implies a lack of acceptance and support (be that social, emotional, or institutional) for teenage mothers. A particularly noticeable consequence of giving birth at a tender age is labelling and, as a result, social rejection (Skowrońska-Pućka, 2016). Bidzan (2007) writes that teenage mothers are often reproached, and others direct vulgar and offensive words at them. Few appreciate the fact that they have decided to have a baby. Many researchers dealing with early sexual initiation mention a bad atmosphere at home and family conflicts as two of the underlying reasons for it (Izdebski, 1992).

Causes of an early start of sexual activity very often stem from bad family relationships (Izdebski, 1992). Scientists examining the issues of human development in family contexts have demonstrated how important a family system is for an individual to adapt and fulfil developmental goals (Farnicka, 2011, 2013; Margasiński, 2015; Martowska, 2015; Radochoński, 2009; Rostowska, 1995, 2001). Evaluating how a family of origin functions is a significant 'fundament for understanding family reality, values of its existence, and principles of functioning' (Cierpka, 2003, p. 170). This is particularly important the moment young people start to create their own family. Goldenberg and Goldenberg also indicate the importance of early experiences gained in the family of origin for the formation of gender roles: 'many of the traditional values of early gender socialisation result in gender-role conflicts and gender identity struggles

for many of today's women' (Goldenberg & Goldenberg, 2006, p. 56). The psychological literature draws our attention to the process of adapting to motherly and fatherly roles, and the vital significance of families of origin for this process (Cowan et al., 1985; Kaźmierczak, 2015; Rzechowska & Dacka, 2015). The importance of a family of origin for entering parental roles has been highlighted, since – as Farnicka puts it – in 'families with a positive emotional climate we can observe the similarities not only of the values of parenthood and the normative order of its realisation, but also of the conditions and expectations associated with this area' (Farnicka, 2011, p. 79). Plopa notes that 'families of origin serve as a model for determining priorities and family strategy' (Plopa, 2011, p. 20).

When a teenager gives birth, the situation is difficult not only for her but also for her family of origin. Until a teenage mother comes of age, the care of her child is (by court decree) usually entrusted to one of the mother's parents (Skowrońska-Pućka, 2012).

In the systems approach, a family is treated as a relational and dynamic whole (Drożdżowicz, 1999; Świętochowski, 2014). A system is more than a sum of its parts, and any change to one of its elements affects all family members (Cierpka, 2013).

Family relations change over time, and their nature is determined by different stages of family life (Świętochowski, 2014). Each stage is characterised by specific events. The organisation of a family system and interrelations between its members depend on the system's way of reacting to changes – which can be either a developmental aspect of the system itself or can be sudden and unexpected, for example when a teenage daughter gives birth to a child. All changes cause tension in the system structure (Kuryś, 2013).

## PARTICIPANTS AND PROCEDURE

### RESEARCH AIMS

The purpose of this study was to find answers to the following research questions:

1. Regarding cohesion, are there any statistically significant differences between how relationships are evaluated by mothers who had their first child as teenagers (off-time motherhood) and those who delivered a baby at the optimum age (on-time motherhood)?
2. Regarding flexibility, are there any statistically significant differences between how relationships are evaluated by mothers who had their first child as teenagers (off-time motherhood) and those who delivered a baby at the optimum age (on-time motherhood)?
3. Regarding communication, are there any statistically significant differences between how relation-

ships are evaluated by mothers who had their first child as teenagers (off-time motherhood) and those who delivered a baby at the optimum age (on-time motherhood)?

4. Regarding family life satisfaction, are there any statistically significant differences between how relationships are evaluated by mothers who had their first child as teenagers (off-time motherhood) and those who delivered a baby at the optimum age (on-time motherhood)?

Alicja Maria Kalus,  
Magdalena Tukaj

## PARTICIPANTS

The test group consisted of 30 mothers who had their first child as teenagers (off-time motherhood) and 30 mothers who first gave birth in early adulthood (on-time motherhood), with the medical criterion of best fertility age taken into account. For women, optimum reproductive age is anywhere between 20 and 30 years of age. The women were all interviewed in the developmental period of early adulthood. At the time of testing, the average age of mothers who had their first child as teenagers was 25.12 ( $SD = 2.59$ ), and that of mothers who gave their first birth at the optimum age was 28.13 ( $SD = 4.12$ ). The average age when the woman had a baby was 16.12 ( $SD = 1.21$ ) and 24.04 ( $SD = 2.13$ ) for teenage mothers and those at the optimum age, respectively. In both groups, the majority of the respondents came from medium-sized (50,000-100,000 inhabitants, 30.00% and 26.70%) and large cities (more than 100,000 inhabitants, 30.00% and 36.60%).

The group was varied in terms of educational status. While the majority of respondents had secondary education (46.70% and 43.30%), 40.50% and 53.70% held a master's degree, and 12.80% and 13.00% held a bachelor's degree. As for the level of education in teenage mothers, we found secondary education most often (46.70%), followed by higher education (40.50%).

## RESEARCH METHODS

In order to answer the research questions and verify the hypotheses, two research methods were employed in this study.

A custom sampling survey allowed us to collect basic information about the participants. The survey consisted of 9 items, including questions about age, marital status, place of residence, education, profession, a number of children, the age of having the first child, planning the first pregnancy, and place of residence after the first child was born.

To assess the perception of relations in the family of origin, we used the SOR (Skale Oceny Rodziny, *Family-Rating Scales*) questionnaire. This is a Polish adaptation of the Faces IV questionnaire (Flexibility

and Cohesion Evaluation Scales by Olson) and was created by Margasiński (2013). The tool is based on the Olson Circumplex Model, wherein the family reality is described by three dimensions: cohesion, flexibility, and communication (Olson, 2011; Olson & Gorall, 2003). Cohesion is defined as the 'emotional bond between family members' (Margasiński, 2013, p. 43). The author lists the following indicators through which the system expresses its cohesion: intimacy between family members; quality of psychological boundaries between family members; coalitions; the amount of time spent together; the number of common interests, friends, and forms of leisure activities; the extent to which important decisions are discussed with other family members (Margasiński, 2013). This dimension comprises three scales: Balanced Cohesion, Disengagement, and Enmeshment. The tools also allow for calculating the index of family system cohesion. Flexibility is understood as 'the quality and degree of changes in systems – on the one hand those related to leadership, roles played, and rules of interrelations, and on the other, resulting from negotiations between family members' (Margasiński, 2013, p. 12). The indicators describing this dimension are: the scope of adopting leadership roles, negotiation styles, roles played by family members, and rules governing relationships between them (Margasiński, 2013, p. 13). As in the case of cohesion, the flexibility dimension is expressed on one scale of Balance – Balanced Flexibility – and two scales of Unbalance – Rigidity and Chaos. An index of flexibility can also be calculated. The third of the dimensions is communication, which is 'an ability to communicate positively (...) within the system' (Margasiński, 2013, p. 24). It is considered a secondary dimension to the two previously described. A high level of the dimension is thought to condition the changes of cohesion and flexibility levels. The scales used in the discussed questionnaire are Balanced Cohesion, Balanced Flexibility, Disengagement, Enmeshment, Rigidity, Chaos, Communication, and Family Life Satisfaction. The reliability of the scales as measured by Cronbach's  $\alpha$  ranges from .70 to .93. The study used two versions of the questionnaire, asking respondents to fill it out first with the current family system, then with the family of origin in mind. The procedure read: "Please indicate the extent to which you agree with the following statements when you think about your family of origin".

## RESEARCH PROCEDURE

The studies were conducted in the years 2017 and 2018. Consent was granted by the Ethics Committee of the University of Opole, Poland. Typically, a test was conducted during a single meeting with a woman, and no time limits were imposed; the du-

ration of a test was adjusted to the psychophysical needs and capabilities of a respondent. The study consisted in filling out a number of questionnaires (always presented in the same order). To reduce the participants' anxiety, we held a general conversation before the test. The respondents had been informed about the scientific character of the study and that the answers were voluntary and anonymous. Mothers were obtained on the basis of the "snowball" method.

## RESULTS

In order to perform the statistical analysis of results, the STATISTICA 13.1 software was used. To verify the differences in levels of particular dimensions between teenage mothers and those who gave birth at the optimum age, we used the parametric independent samples *t*-test or non-parametric Mann-Whitney *U* test (depending on the distribution of results).

### ASSESSMENT OF FAMILY RELATIONSHIPS REGARDING COHESION BETWEEN MOTHERS WHO GAVE BIRTH AS TEENAGERS AND THOSE WHO HAD A BABY AT THE OPTIMUM AGE

To assess whether there are statistically significant differences between teenage mothers and mothers who gave birth at the optimum age in how they assess their families of origin in the area of cohesion

and its components (enmeshment, disengagement), we used the Mann-Whitney *U* test (due to lack of normal distribution of selected variables). The obtained results are presented in Table 1.

The above analysis shows that there is a significant difference between teenage mothers and those who gave birth at the optimum age concerning how they assess family relationships in the area of enmeshment. We found that teenage mothers reported a higher level of enmeshment in family relationships when compared to women who gave birth at the optimum age.

### ASSESSMENT OF FAMILY RELATIONSHIPS IN THE FAMILY OF ORIGIN REGARDING FLEXIBILITY BETWEEN MOTHERS WHO GAVE BIRTH AS TEENAGERS AND THOSE WHO HAD A BABY AT THE OPTIMUM AGE

In order to examine whether there is a significant difference in the area of flexibility and its components (rigidity, chaos) in the family of origin between teenage mothers and those who gave birth at the optimum age, we used the parametric independent samples *t*-test (due to normal distribution of selected variables). The exact results are presented in Table 2.

The above analysis shows that there are no significant differences between teenage mothers and those who gave birth at the optimum age concerning how they assess family relationships in the area of flexibility.

Table 1

*Differences in assessing family relations regarding cohesion between mothers who had their first child as teenagers (G-1: off-time mothering; n = 30) and those who had a baby at the optimum age (G-2: on-time mothering; n = 30)*

	<i>U</i>	<i>Z</i>	<i>p</i>	<i>M (SD)</i>	
				G-1	G-2
Balanced Cohesion	376.50	-0.88	.380	28.57 (3.66)	26.41 (6.64)
Disengagement	410.00	-0.37	.710	15.43 (4.64)	16.03 (7.26)
Enmeshment	234.00	-3.04	<.001	14.80 (3.08)	12.34 (4.52)

Table 2

*Differences in assessing family relations regarding flexibility between mothers who had their first child as teenagers (G-1: off-time mothering; n = 30) and those who had a baby at the optimum age (G-2: on-time mothering; n = 30)*

	<i>t</i>	<i>df</i>	<i>p</i>	<i>M (SD)</i>	
				G-1	G-2
Balanced Flexibility	-1.62	58	.110	24.73 (5.09)	22.31 (6.37)
Rigidity	-1.61	58	.110	18.50 (3.79)	16.93 (3.67)
Chaos	1.27	58	.210	15.87 (4.45)	17.59 (5.86)

Table 3

*Differences in assessing family relations regarding communication between mothers who had their first child as teenagers (G-1: off-time mothering; n = 30) and those who had a baby at the optimum age (G-2: on-time mothering; n = 30)*

	<i>t</i>	<i>df</i>	<i>p</i>	<i>M (SD)</i>	
				G-1	G-2
Family Communication	-2.25	57	.030	38.70 (7.76)	33.31 (10.49)

Table 4

*Differences in assessing relations in the family of origin regarding family life satisfaction between mothers who had their first child as teenagers (G-1: off-time mothering; n = 30) and those who had a baby at the optimum age (G-2: on-time mothering; n = 30)*

	<i>U</i>	<i>Z</i>	<i>p</i>	<i>M (SD)</i>	
				G-1	G-2
Family Life Satisfaction	382.00	-0.80	.430	38.47 (7.86)	36.03 (10.30)

#### ASSESSMENT OF FAMILY RELATIONSHIPS IN THE FAMILY OF ORIGIN REGARDING COMMUNICATION BETWEEN MOTHERS WHO GAVE BIRTH AS TEENAGERS AND THOSE WHO HAD A BABY AT THE OPTIMUM AGE

In order to determine whether there is a significant difference in the area of communication in the family of origin between teenage mothers and those who gave birth at the optimum age, we used the parametric independent samples *t*-test (due to normal distribution of selected variables). The obtained results are presented in Table 3.

The above results demonstrate that there is a significant difference between teenage mothers and those who gave birth at the optimum age concerning how they assess family relationships in the area of communication. Moreover, we found that teenage mothers reported a higher level of communication when assessing family relationships, as compared to women who gave birth at the optimum age.

#### ASSESSMENT OF FAMILY RELATIONSHIPS IN THE FAMILY OF ORIGIN REGARDING FAMILY LIFE SATISFACTION BETWEEN MOTHERS WHO GAVE BIRTH AS TEENAGERS AND THOSE WHO HAD A BABY AT THE OPTIMUM AGE

The last step was to verify whether there is a significant difference between teenage mothers and those who gave birth at the optimum age concerning how they assess family relationships in the area of family life satisfaction. To do that, the Mann-Whitney *U* test was used (due to lack of normal distribution

of selected variables). The results are presented in Table 4.

The above results reveal that there are no significant differences between teenage mothers and those who gave birth at the optimum age concerning how they assess family relationships in the area of family life satisfaction.

## DISCUSSION

The obtained results revealed significant intergroup differences regarding enmeshment – an element of the cohesion (emotional relationships) dimension. Mothers who gave birth as teenagers perceive the relationships in the family of origin as more enmeshed than mothers who had a baby at the optimum age. Olson (2011) assumes that more cohesive family relations can manifest themselves in one of two ways: as balanced or unbalanced. Unbalanced cohesion may involve extremely high (enmeshed relationships) or extremely low levels of cohesion (disengagement, relations devoid of bonds). The significantly higher level of unbalanced cohesion regarding enmeshment in teenage mothers' families of origin can be explained from both a legal and psychological perspective. Family law holds that parental care of a child born by a teenage mother (under 18 years old) is entrusted to that mother's parents or legal guardians. They are the ones who make all the decisions regarding the new-born child (KRiO, 1964). The main hypothesis of the Circumplex Model of Marital and Family Systems by Olson (Olson, 2011; Olson & Gorall, 2003) applies to a positive relationship between a balanced level of cohesion and the family's healthy functioning,

as well as a positive relationship between an unbalanced level of cohesion and problems in how the family functions. The transition to the role of mother disturbs the subsystems within the family; a teenage mother becomes a part of the parent subsystem while remaining a part of the children's subsystem; a teenager's parents become grandparents, at the same time being legal guardians of the grandchild and their mother. If the family wants to adapt to this situation, they will need to manage the roles and boundaries properly (the flexibility dimension where no significant differences between the two groups of examined mothers were found). This lack of differences may mean that the crisis in a teenage mother's family was positively resolved. The emergence of a new family member and a clash of roles – daughter–mother, parents–grandparents – cause the system structure and family members' relationships to change. This state of affairs is to be explained by the result in family communication. Communication is understood as a facilitating dimension – one that helps the family to make changes in the levels of family cohesion and flexibility (KRiO, 1964). Teenage mothers reported this dimension to be better than those who gave birth at the optimum age. These findings indicate that family communication was improved as a result of a teenager giving birth to a child.

The existing studies note the following positive aspects of having a child: growth in responsibility, maturity, and improving relations with one's family. For these reasons, teenage mothers may report better communication: they have become more mature, as demonstrated by improving communication and relationships. This may also indicate that teenage mothers are capable of expressing and communicating their true emotions, which are undoubtedly more negative compared to women who had planned their first pregnancy. Communication satisfaction may, therefore, suggest a possibility to express one's emotions without negative consequences and getting support in positive and difficult moments alike. Empirical research demonstrates how various interaction patterns between parents affect the functioning of children in the marriages – all independently of other factors. This is visible when we consider the stability of relationships, communication patterns, ways of controlling emotions, ways of resolving conflicts, levels of marital satisfaction, involvement in relationships, distress levels, or relational schemas, to name some examples (Amato, 1996; Amato & Booth, 2001). Data also indicate that experiencing warmth, support, and low hostility in one's family of origin is positively linked with how children later behave in intimate relationships (Conger, Cui, Bryant, & Elder Jr, 2000). Scientific research (Chohan & Langa, 2011), if conducted reliably, allows us to understand the families and ways of their functioning

better, which can in turn help formulate prevention and intervention programmes for families aimed at improving their quality of life.

## CONCLUSIONS

Teenage parenthood, in keeping with the adopted assumption, is an event bearing characteristics of a family stressor. As a result of conducted analyses, based on both the existing and present studies, we can arrive at the following conclusion: on the one hand, teenage motherhood is linked to disturbances in the family of origin's functioning, especially when it comes to emotional relations, but on the other hand it is connected to a family's positive adaptation to a difficult situation. Mothers who gave birth as teenagers reported that what made it possible for their families of origin to adapt to new roles were the resources in the area of family communication. The obtained result is in line with the current state of research which shows that nowadays the positive aspects of early motherhood are more and more frequently recognised. Female teenagers prove themselves to be competent and caring mothers (Thompson & Wood, 2012). In many cases, they function better than their peers. They feel stronger, more competent, and important. They are more concerned about their education and improving their standards of living, even if it means giving up leisure activities. Girls coming from pathological families are more often motivated to overcome poverty, and early motherhood does not affect their future qualifications, jobs, and income levels.

Intergeneration issues are a vital research problem. One of those is how experiences from one's family of origin shape the way one builds a partnership in one's family of procreation – which later translates into relationships with one's children. The results of the present study are the first step in the research project on the psychological functioning of family systems of mothers who gave birth as teenagers. Later, relationships in families of origin and families of procreation of teenage mothers will be examined.

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Alicja Maria Kalus,  
Magdalena Tukaj