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Trajectories of Problem Behavior among Mexican-Origin Adolescent Mothers

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Abstract

Engagement in problem behaviors during adolescence has important implications for academic achievement and psychosocial well-being. The current study examined engagement in problem behavior across the transition from pregnancy to parenthood among a sample of 204 Mexican-origin adolescent mothers (ages 15-18 years; *Mage* = 16.8 at Time 1) to better understand the behaviors in which this sample engaged and how engagement changed over this period of transition. Descriptively, this sample engaged in relatively low levels of problem behaviors. Frequently endorsed problem behaviors included missing school or work without an excuse, lying or disobeying parents, and engagement in dangerous behaviors for a thrill; notably, substance use was not a frequently endorsed behavior until the final waves of the study, when most of the mothers were of legal age for these behaviors. Further, latent growth curve modeling revealed a non-linear pattern of change in problem behaviors, such that engagement decreased substantially from the third trimester of pregnancy to 36 months postpartum, but then leveled off between 36 and 48 months postpartum. Findings suggest a need for future research to better understand how engagement in problem behaviors changes pre- to post-pregnancy, and how to best support the decrease in problem behaviors once a pregnancy has been detected.

Keywords

problem behaviors; adolescents; pregnancy; longitudinal

Resumen

La participación en comportamientos problemáticos durante la adolescencia tiene consecuencias importantes para el rendimiento académico y el bienestar psicosocial. La presente investigación examinó la participación en comportamientos problemáticos en una

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muestra de 204 madres adolescentes de origen Mexicano (edades de 15 a 18 años; *Medad* = 16.8 en el primer año) durante la transición del embarazo a la maternidad para comprender mejor el comportamiento de estas madres adolescentes, y la trayectoria de su participación en estos comportamientos durante este período de transición. Descriptivamente, nuestras participantes demostraron niveles relativamente bajos de comportamientos problemáticos. Comportamientos problemáticos endosados frecuentemente incluyeron faltar a la escuela o al trabajo sin una excusa, mentir o desobedecer a los padres, y la participación en conductas peligrosas para sentir la emoción; notablemente, el uso de sustancias no fue un comportamiento endosado con frecuencia hasta en las olas finales del estudio, cuando la mayoría de las madres ya tenían la edad legal para estos comportamientos. Además, resultados usando Curvas Latentes de Crecimiento revelaron un patrón de cambio en las conductas problemáticas que no era lineal, tal que la participación en comportamientos problemáticos disminuyó substancialmente desde el tercer trimestre del embarazo hasta los 36 meses después del parto, pero luego se estabilizó entre los 36 y 48 meses después del parto. Los resultados sugieren la necesidad de más investigaciones para entender mejor cómo la participación en comportamientos problemáticos cambia durante el periodo antes del embarazo a después del parto, y cómo mejor apoyar la disminución de los problemas de comportamiento cuando un embarazo se ha detectado.

Trajectories of Problem Behaviors among Mexican-Origin Adolescent Mothers

Engagement in problem behaviors during adolescence, broadly defined as delinquent and aggressive acts, or externalizing problems, has both concurrent and long-term implications for youths' academic achievement and well-being (Hair, Park, Ling, & Moore, 2009). Adolescent mothers represent an important subpopulation on which to focus with respect to engagement in problem behavior during adolescence, given that they already experience increased risk for poor academic achievement (Lopez, 2009) and psychosocial outcomes (Whitman, Borkowski, Keogh, & Weed, 2001). Yet, little is known about adolescent mothers' normative engagement in problem behavior or how engagement changes across the transition to parenthood. Therefore, the two goals of the current study were to (a) identify the most commonly endorsed problem behaviors in a sample of Mexican-origin adolescent mothers, and (b) understand how engagement in problem behaviors changes across the transition to parenthood in this population.

Problem Behaviors among Adolescent Mothers

Prior research with a mixed-ethnic sample (including Latino youth) found that adolescent mothers were more likely than their non-parenting peers to be suspended from school, engage in physical fights, and use substances (Elster, Ketterlinus, & Lamb, 1990). Similarly, findings from a study of African American adolescent females found that pregnant girls were more likely to engage in early substance use and status offending (i.e., lying about age) compared to non-pregnant adolescents (Lanctot & Smith, 2001). Given that these studies were conducted over a decade ago, and since that time the population of Latinos in the U.S. has experienced tremendous growth (U.S. Census, 2013), an updated investigation of the types of problem behaviors in which Mexican-origin adolescent mothers engage is

warranted. Additionally, the samples used in prior studies (e.g., Elster et al., 1990) are no longer ethnically representative of the contemporary ethnic population that tends to have the highest incidence of adolescent pregnancy (i.e., Mexican-origin adolescents; CDC, 2011). Thus, the first goal of the current study was to describe the most frequently endorsed problem behaviors across the transition to parenthood among a sample of Mexican-origin adolescent mothers.

In addition to the value of understanding the types of problem behaviors in which Mexican-origin adolescent mothers engage, it is necessary to understand how their engagement in problem behaviors may change during the transition to parenthood and at different points of their young children's development. For instance, do the new stressors of parenthood result in an increase in problem behavior? Alternatively, do the new responsibilities of parenthood result in a decrease in these types of behaviors? Importantly, the trajectories of problem behavior among *adolescent mothers* have not been studied, with the exception of trajectories of substance use-specific indicators (Gilchrist, Hussey, Gillmore, Lohr, & Morrison, 1996; Gillmore, Gilchrist, Lee, & Oxford, 2006; Spears, Stein, & Koniak-Griffin, 2010). The studies have found that substance use generally decreases or even dissipates during pregnancy, but increases 6 to 10 months postpartum and remains stable (e.g., tobacco, alcohol, and marijuana use; Gilchrist et al., 1996; Gillmore et al., 2006; Spears et al., 2010). Further, Gillmore and colleagues (2006) also noted that, in comparison to a nationally representative sample, adolescent mothers reported significantly higher rates of substance use postpartum than their same-age non-parenting counterparts.

These findings are informative with respect to engagement in substance use, but there are other problem behaviors beyond substance use that can significantly impact the lives of adolescent mothers and, in turn, their young children, and need further examination. Further, while alcohol and substance use is particularly problematic during pregnancy (Kaltenbach, 2009; Kuckowski, 2007), experimentation with substance use is considered to be normative for adolescents in the U.S (Steinberg, 2008). Among non-pregnant and non-parenting mixed-sex adolescent samples, differential trajectories of problem behavior have emerged in the literature based on the specific measure used in each study. Specifically, studies that have used measures focused exclusively on aggressive behavior (i.e., fighting) tend to find a linear decline in these behaviors across adolescence (Bongers, Koot, van der Ende, & Verhulst, 2003; Stanger, Achenbach, & Verhulst, 1997), whereas studies that have utilized measures focused on delinquent behavior tend to find a U-shaped curve (Stanger et al., 1997), such that there is a decrease from childhood to early adolescence (ages 10-13) followed by an increase from middle to late adolescence (ages 15-18). In studies that combined delinquent and aggressive behaviors into a single measure, linear decreases in problem behavior from ages 15 to 18 years have been identified (Measelle, Stice, & Hogansen, 2006). Nonetheless, the findings from these studies of non-pregnant and non-parenting adolescents may not generalize to those who experience the non-normative transition to parenthood during adolescence. As such, the second goal of the study was to describe how engagement in problem behaviors normatively changed from pregnancy to 48 months postpartum among a sample of Mexican-origin adolescent mothers.

Consistent with prior studies that have used a comprehensive approach (i.e., combining both aggressive and delinquent behaviors into a single measure) to examine longitudinal change in problem behaviors (e.g., Measelle et al., 2006), and findings from studies that have examined trajectories of substance use of adolescent mothers (i.e., Gilchrist et al., 1996; Spears et al., 2010), we expected to find a decrease in engagement in problem behaviors during the initial transition to parenthood. Additionally, consistent with prior research that has examined the trajectories of substance use among adolescent mothers (Gilchrist et al., 1996; Spears et al., 2010), we expected to find increases in engagement in problem behavior following the transition to motherhood. Given that the expected increase in problem behavior is likely a product of the use of maladaptive coping mechanisms to deal with new, non-normative stressors of adolescent parenthood (e.g., Gillmore et al., 2006), we also expected to find a stabilizing pattern after the adolescent had gained some experience as a parent approximately three years postpartum (e.g., Gillmore et al., 2006).

Method

Sample Characteristics

The sample for the current longitudinal study was drawn from a comprehensive study of 204 Mexican-origin adolescent mothers and their mother figures (i.e., a person who the adolescent identified as being her closet female support in her family; 88.7% were the adolescents' biological mothers) residing in a metropolitan city in the southwestern U.S. The goals for the current study are consistent with the original study purpose, which was to understand associations among adolescent mothers' family and cultural processes and well-being (i.e., Umaña-Taylor, Guimond, Updegraff, & Jahromi, 2013; Umaña-Taylor, Updegraff, & Gonzales-Backen, 2011). At Wave 1 (W1), adolescents were 16.80 years old ($SD = 1.00$), and their mother figures were 41.15 years old ($SD = 7.01$), on average. Most adolescents were born in the U.S. (64.2%), whereas most mother figures were born in Mexico (69.6%). Most (87%) adolescents co-resided with their mother figures at W1. Mother figures' reports of their average household income (e.g., income, public assistance) at W1 was \$27,323 ($SD = \$19,893$), suggesting that the sample was predominately low income. Approximately 19% of adolescents were employed at W1, and their average hourly wage was \$6.78 ($SD = \3.47). Over half (58.3%) of adolescents were still attending school at W1, 4.9% had already graduated from high school or received their GED, and nearly one-third (36.8%) had dropped out of school.

Procedure

Staff members distributed brochures that described the study in both English and Spanish to pregnant adolescents at community agencies, health centers, and schools. Interested adolescents who returned a contact card were screened for study eligibility via a follow-up phone call conducted by bilingual staff. Criteria included that the adolescent identify as Mexican-origin, be between the ages of 15 and 18 years, not be legally married, and have a mother figure who was willing to participate in the study. Of the adolescents who expressed interest in the study, could be contacted to assess eligibility, and met study inclusion criteria, nearly 80% ($n = 207$) agreed to participate. Three families from the initial sample were omitted from the current study due to an unexpected death of a participating family member.

Data were collected using in-home interviews, which lasted approximately 2-2.5 hours for adolescents and 1-1.5 hours for mother figures across all waves. W1 interviews occurred during the adolescent's third trimester of pregnancy and W2-W5 interviews were conducted at 10, 24, 36, and 48 months postpartum, respectively. Each participant was compensated US\$25 at W1, US\$30 at W2, US\$35 at W3, US\$40 at W4, and US\$50 at W5 for their participation in the study. The university's institutional review board approved the study protocol.

Measure

Adolescents' reports of engagement in problem behaviors were measured at all five time points by a 24-item measure (See Table 2 for examples of frequently endorsed items), which was initially developed for the Michigan Study of Adolescent Transitions (MSALT; Eccles & Barber, 1990). Adolescents rated their engagement in each behavior (e.g., "In the past year, how many times have you done something you knew was dangerous just for the thrill of it?") using the following 4-point scale: *Never* (1), *Once* (2), *Sometimes* (2 to 10 times), and *More than 10 times* (4). Items were averaged to create a total score, with higher values indicating greater engagement in problem behaviors. Cronbach's α ranged from 0.88 to 0.90 across all five time points in the current study. Previous research provides support for the reliability and validity of this measure with Mexican-American adolescents (Updegraff, Delgado, & Wheeler, 2009).

Analytic Method

The analyses for the current study consisted of two main steps. First, given the novelty of examining problem behaviors across the transition to parenthood for Mexican-origin adolescent mothers, we examined the frequency of each item to identify commonly endorsed problem behaviors in this sample. To accomplish this descriptive goal, we identified the top five most commonly endorsed problem behaviors across all five time points, separately, for participants. Consistent with the second goal of the study, we examined change in engagement in problem behaviors across a five year period (W1-W5) using unconditional latent growth curve modeling in *Mplus* (Muthén & Muthén, 2012). A series of models were examined to identify the underlying latent growth structure in problem behavior engagement for adolescents, using the chi-square difference test to assess competing nested models (Kline, 2011). A non-significant chi-square difference test suggests that the model with constraints should be retained, rather than the model with fewer constraints. Adequacy of model fit was determined by a combination of fit indices including the chi-square statistic, the comparative fit index (CFI), the standardized root-mean-square residual (SRMR), and the root mean-squared-error of approximation (RMSEA). Models resulting in a non-significant chi-square value, a CFI greater than or equal to .95 (.90), and a SRMR or RMSEA value of less than or equal to .05 (.08) are deemed as excellent (acceptable) fit. Full-information maximum likelihood (FIML) was used to handle missing data (Schlomer, Bauman, & Card, 2011).

Results

Goal 1: Descriptive Findings

Means, correlations, and standard deviations for all study variables are presented in Table 1. Notably, adolescents' reports of engagement in problem behavior were relatively low across all five time points (Scale: 1 = *Never* to 4 = *More than 10 times*): $M_{\text{Wave1}} = 1.51$ ($SD = 0.40$), $M_{\text{Wave2}} = 1.32$ ($SD = 0.31$), $M_{\text{Wave3}} = 1.30$ ($SD = 0.32$), $M_{\text{Wave4}} = 1.24$ ($SD = 0.30$), and $M_{\text{Wave5}} = 1.24$ ($SD = 0.27$). These results suggest that many of the adolescent mothers in this study were rarely to only occasionally involved in problem behaviors. The relatively low mean score for reported problem behavior is similar to a comparable sample of non-pregnant Mexican-origin adolescents in the same Southwestern metropolitan area (e.g., Davidson, Updegraff, & McHale, 2011).

The five most highly endorsed items from W1 to W5 are displayed in Table 2. Two of these items were consistently among the top five endorsed across all waves: (a) missing school or work without an excuse ($M_{\text{Range W1-W5}}: 1.45 - 2.53$) and (b) going on a date with someone who was at least three years older than the adolescent ($M_{\text{Range W1-W5}}: 1.75 - 1.95$). Two additional consistently endorsed behaviors across at least four time points of the study included: (a) disobeying parents on an important issue (W1-W4; $M_{\text{Range W1-W4}}: 1.36 - 1.88$) and (b) doing something that the adolescent knew was dangerous just for the thrill of it (W2-W5; $M_{\text{Range W2-W5}}: 1.40 - 1.55$).

Goal 2: Change in Problem Behavior Across the Transition from Pregnancy to Parenthood

Consistent with the second goal of the study, unconditional latent growth curve models were estimated to identify the underlying structure of growth in engagement in problem behaviors. An initial linear model did not fit the data well, as evidenced by poor model fit indices: χ^2 ($df = 14$) = 76.12, $p < .001$; CFI = 0.77; SRMR = 0.18; RMSEA = 0.15 (90% C.I.: 0.12 – 0.18). Adding a quadratic function (i.e., a term that allows for a U-shaped or inverted-U shaped trajectory or a nonlinear trend with a single peak) significantly improved model fit: χ^2 ($df = 4$) = 54.61, $p < .001$. Further, model fit indices suggested that the addition of the quadratic function fit the data well: χ^2 ($df = 10$) = 21.51, $p < .05$; CFI = 0.96; SRMR = 0.06; RMSEA = 0.08 (90% C.I.: 0.03 – 0.12). As shown in Figure 1, results revealed that, on average, problem behavior steeply decreased between waves 1 and 2 (pre- to 10 months postpartum) and continued to decrease until engagement leveled off between waves 4 and 5 (36 to 48 months postpartum). The mean intercept ($\beta_0 = 1.45$, $p < .001$), mean linear slope ($\beta_1 = -0.06$, $p < .001$), and mean quadratic function ($\beta_2 = 0.02$, $p < .001$) of engagement in problem behaviors were all significant; further, significant variability was evidenced for the intercept ($\theta_0 = 0.09$, $p < .001$), linear slope ($\theta_1 = 0.01$, $p < .001$), and quadratic function ($\theta_2 = 0.001$, $p < .05$) in engagement in problem behavior.

Discussion

Given the risks associated with engagement in problem behavior by adolescent mothers to both themselves and their children, this study filled a gap in the literature by examining what types of problem behaviors adolescent mothers frequently engage in and how their

engagement changes across the transition from pregnancy to parenthood. Despite popular media portrayals of adolescent mothers as frequently engaging in self-destructive behaviors, such as extreme drug and alcohol use (e.g., Fosco, 2013), the results from the current study suggest a different picture. Notably, mean levels of engagement in problem behavior were relatively low in this sample of Mexican-origin adolescent mothers. Missing school or work without an excuse, lying to or disobeying parents on important issues, and engaging in dangerous behavior just for a thrill were consistently endorsed between four or five waves of the current study as common problem behaviors by the adolescent mothers in our sample. Importantly, use of substances (i.e., smoking cigarettes, or getting drunk or high) was not a frequently endorsed item until 36 to 48 months postpartum, at which point drinking alcohol and smoking cigarettes were legal behaviors, albeit still detrimental to one's health. Consistent with prior research (e.g., Gillmore et al., 2006), it may be the case that substance use appears (or sometimes re-appears) after pregnancy as a coping mechanism to deal with parenting stress. Thus, future research should assess potential mechanisms, such as parental stress, that place adolescent mothers at risk for substance use (or reuse) postpartum to effectively prevent or reduce this harmful behavior via healthy supports (e.g., teaching healthy coping strategies, offering information about local respite child care).

Across all five waves, going on a date with someone greater than or equal to three years older than the adolescent mother was a commonly endorsed problem behavior; however, this is somewhat consistent with prior work with the current population, as dating an older partner has been identified as a risk factor for adolescent pregnancy (e.g., East & Felice, 1996). Given that several of the highly endorsed problem behaviors revolved around poor parent-adolescent relationships (i.e., lying to parents; disobeying parents), future research may benefit from understanding how to promote healthier relationships between adolescent mothers and their mother figures. This future direction is especially important among Mexican-origin adolescent mothers, given that their mother figures are frequently identified as a prominent source of support during the transition to parenthood (e.g., Contreras et al., 2002; Kalil & Danziger, 2000), and given our finding that mother-daughter conflict was associated with greater engagement in problem behaviors during pregnancy.

Longitudinal change in engagement in problem behavior by Mexican-origin adolescent mothers in the current study was best described by a nonlinear pattern, such that there was a sharp decrease in engagement from the third trimester of pregnancy to 10 months postpartum, followed by a less steep decline until 36 months postpartum, where there was then a leveling off of engagement in problem behaviors from 36 to 48 months postpartum. This finding is largely consistent with prior research with non-pregnant and non-parenting adolescents, which found that problem behavior decreased across late adolescence (e.g., Measelle et al., 2006), and with research that has identified a decrease during pregnancy in use of substances by adolescent mothers (Gilchrist et al., 1996; Spears et al., 2010).

Notably, in contrast to the identified longitudinal trajectories of substance use behavior among adolescent mother samples, we did not find an increase in problem behaviors postpartum, while other studies have identified such an increase as soon as 6 months postpartum (Gilchrist et al., 1996; Spears et al., 2010). One potential reason for the discrepancy between our findings and prior work may be the outcome examined (i.e.,

substance use versus adolescent problem behaviors); that is, while our study examined a global measure of adolescent problem behaviors, the work by Gilchrist and colleagues (1996) and Spears and colleagues (2010) only focused on substance use. Thus, future work is needed to understand how engagement in different profiles of risk (i.e., substance use and other problem behaviors versus problem behaviors without substance use) changes across the transition to parenthood for adolescent mothers.

It may also be the case that the adolescent mothers in the current study had more positive relationships with their mother figures compared to prior studies of adolescent mothers, given that involvement of a mother figure in the current study was part of the inclusion criteria for participation. Indeed, additional published research based on the current study's sample found that adolescents' reports of maternal social support related to pregnancy and parenting was associated with lower levels of engagement in problem behavior in Waves 1 (third trimester of pregnancy) through Wave 3 (2 years postpartum) (i.e., Toomey, Umaña-Taylor, Jahromi, & Updegraff, 2013; Umaña-Taylor, Updegraff, White, Herzog, Pflieger, & Madden-Derdich, 2011). Further, the adolescent mothers in this sample may have had mother figures who engaged in relatively high levels of supervision and monitoring in comparison to mother figures in prior studies, which may have deterred adolescents' engagement in problem behaviors. In comparison, the study by Spears and colleagues (2010) included a waiver of parental consent for adolescent mothers to participate in their study and the study by Gilchrist and colleagues (1996) included a subsample of adolescents who were emancipated. Together, these findings suggest that additional research is needed in order to understand the nuances of how and when engagement in problem behaviors changes postpartum and whether this change is associated with parenting-specific constructs, such as parental stress or satisfaction, child temperament, or adolescent mothers' relationships with their families of origin.

Limitations, Future Directions, and Conclusions

Although this study has several strengths, including examining prospective data on problem behavior engagement from pregnancy to 48 months postpartum among a sample of Mexican-origin adolescent mothers, it is not without limitations. First, data were not available about problem behavior prior to the third trimester of pregnancy. Thus, we were unable to determine how engagement in problem behaviors changed with the onset of pregnancy. These prior levels are likely important for understanding key risk and protective factors of engagement in problem behaviors, as well as for understanding potential differences in the trajectories of these behaviors; thus, future research should consider collecting data about problem behavior engagement earlier during pregnancy.

Second, we relied exclusively on adolescent reports' of engagement in problem behavior. Participants' self-reports of engagement in problem behaviors are vulnerable to issues of social desirability (e.g., Paulhus, 1991), which could have led to underreporting. Thus, future research should consider using multiple informants of adolescent mothers' engagement in problem behaviors, such as their mother figures or romantic partners. Similarly, the measure used in the current study asked about engagement in problem behaviors during the last year; however, future studies may document more variability in

reports if questions are asked about problem behavior occurrence in a shorter time-period, such as the past week or the past month.

Finally, the focus on Mexican-origin adolescent mothers in the current study limits our ability to generalize findings to other ethnic groups, as well as to the non-parenting adolescent population. However, given that Mexican-origin adolescents experience high risk for teen pregnancy (CDC, 2011), it is particularly important to understand the heterogeneity in problem behaviors within this particular population. Nonetheless, it will be important for future studies to consider trajectories of problem behavior among adolescent mothers from different ethnic and racial backgrounds.

In conclusion, the current study found that Mexican-origin adolescent mothers engaged in relatively low levels of problem behavior throughout the transition to parenthood. Importantly, engagement in problem behaviors steeply declined from the third trimester of pregnancy and leveled off when their children were ages 3 to 4 years old. This study provides the groundwork for understanding Mexican-origin adolescent mothers' normative engagement in problem behavior and provides directions for additional research to understand how and when engagement in problem behaviors changes across the transition to parenthood for adolescent mothers.

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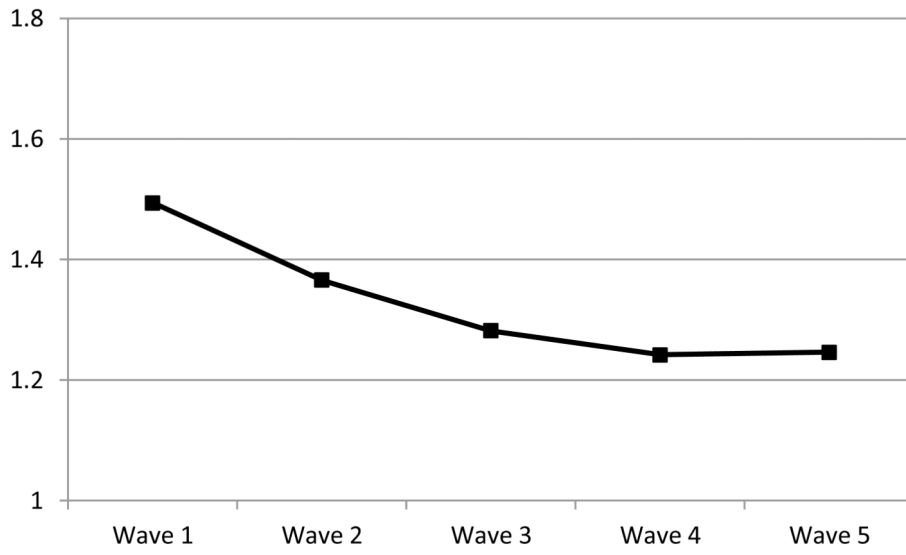


Figure 1. Model Implied Growth of Risky Behaviors Across the Transition to Adolescent Parenthood. Wave 1 occurred when adolescents were in their third trimester of pregnancy and Waves 2 through 5 occurred at 10, 24, 36, and 48 months postpartum.

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Table 1
Correlations, Means, and Standard Deviations of Study Variables

	1	2	3	4	5
1. AR W1 Problem Behavior	---				
2. AR W2 Problem Behavior	.51***	---			
3. AR W3 Problem Behavior	.41***	.59***	---		
4. AR W4 Problem Behavior	.31***	.49***	.51***	---	
5. AR W5 Problem Behavior	.33***	.44***	.55***	.59***	---
<i>Mean</i>	1.51	1.32	1.30	1.24	1.24
<i>Standard Deviation</i>	0.40	0.31	0.32	0.30	0.27

Note. AR = Adolescent Report. W1 = Wave 1. W2 = Wave 2. W3 = Wave 3. W4 = Wave 4. W5 = Wave 5

 $p < .001$.

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Table 2
Commonly Endorsed Problem Behaviors Among Teenage Mothers Across Waves 1 to 5

Wave	Most Endorsed	2 nd Most Endorsed	3 rd Most Endorsed	4 th Most Endorsed	5 th Most Endorsed
1: Third Trimester Postpartum ($M_{Age} = 16.80$ years, $SD = 1.00$)	Missed school without excuse ($M = 2.53$, $SD = 0.97$; 81.4%)	Lied to parents about something important ($M = 1.96$, $SD = 0.80$; 69.1%)	Went on date with someone ≥ 3 years older ($M = 1.95$, $SD = 1.04$; 55.4%)	Got in trouble at school ($M = 1.89$, $SD = 0.93$; 55.8%)	Disobeyed parents on an important issue ($M = 1.88$, $SD = 0.77$; 66.5%)
2: 10 Months Postpartum ($M_{Age} = 17.76$ years, $SD = 1.00$)	Missed school without excuse ($M = 2.21$, $SD = 0.95$; 70.7%)	Went on date with someone ≥ 3 years older ($M = 1.76$, $SD = 0.97$; 45.8%)	Lied to parents about something important ($M = 1.74$, $SD = 0.78$; 53.9%)	Disobeyed parents on an important issue ($M = 1.63$, $SD = 0.71$; 50.3%)	Did something she knew was dangerous just for the thrill of it ($M = 1.52$, $SD = 0.76$; 36.3%)
3: 24 Months Postpartum ($M_{Age} = 18.93$ years, $SD = 1.00$)	Went on date with someone ≥ 3 years older ($M = 1.82$, $SD = 1.01$; 47.4%)	Missed school without excuse ($M = 1.76$, $SD = 0.92$; 48.5%)	Did something she knew was dangerous just for the thrill of it ($M = 1.55$, $SD = 0.79$; 37.6%)	Lied to parents about something important ($M = 1.54$, $SD = 0.71$; 41.6%)	Disobeyed parents on an important issue ($M = 1.46$, $SD = 0.70$; 34.3%)
4: 36 Months Postpartum ($M_{Age} = 19.94$ years, $SD = 0.99$)	Went on date with someone ≥ 3 years older ($M = 1.75$, $SD = 1.07$; 39.4%)	Missed school or work without excuse ($M = 1.58$, $SD = 0.83$; 38%)	Smoked cigarettes ($M = 1.41$, $SD = 0.87$; 20.6%)	Did something she knew was dangerous just for the thrill of it ($M = 1.40$, $SD = 0.72$; 27.5%)	Disobeyed parents on an important issue ($M = 1.36$, $SD = 0.66$; 26.5%)
5: 48 Months Postpartum ($M_{Age} = 20.94$ years, $SD = 1.01$)	Went on date with someone ≥ 3 years older ($M = 1.88$, $SD = 1.13$; 46.8%)	Missed school or work without excuse ($M = 1.45$, $SD = 0.83$; 31.2%)	Did something she knew was dangerous just for the thrill of it ($M = 1.45$, $SD = 0.80$; 28.3%)	Smoked cigarettes ($M = 1.40$, $SD = 0.89$; 19.7%)	Got drunk or high ($M = 1.38$, $SD = 0.78$; 22.5%)

Note. The sample size for these descriptive analyses varied across waves: Wave 1 ($n = 203$), Wave 2 ($n = 194$), Wave 3 ($n = 173$), Wave 4 ($n = 169$), Wave 5 ($n = 173$). Means, standard deviations, and the frequency of participants who endorsed a value greater than 1 (*never*) are presented for each item.