THE LIVED EXPERIENCES OF TEENAGE MOTHERS THAT FOSTER RESILIENCY

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Abstract

Adolescent mothers often encounter challenges while balancing the developmental tasks of adolescence with the demands of motherhood, which places them at risk of potential negative trajectories (Lowenthal & Lowenthal, 1997; Patel & Sen, 2012). However, when the process of the negative trajectory is interrupted, adolescent mothers adapt to the challenges and become resilient, in terms of positive educational, occupational, and parenting outcomes (Silver, 2008). The purpose of this qualitative, Interpretive Phenomenological Analysis (IPA) was to examine the lived experiences of five women ages 18 and older who were adolescent mothers and answer the overarching question: How do adolescent mothers who have experienced academic, educational, and parenting success make sense of those experiences that have fostered resiliency? Three themes emerged as the researcher made sense of how the participants made sense of their experiences that have fostered resiliency. First, participants identified increased resilience after they developed the ability to critically assess the alignment of their environments and their own needs. Second, this critical reflection occurred post-partum, when the adolescent mother transitioned from being a dependent child into a mother responsible for caring for her own child. Third, when participants actively engaged in an action plan to better align their environments to their needs, other stakeholders also became more engaged in helping to create environments that better met the developmental and motherhood needs of the participants.

Keywords: Adolescent motherhood, resilience, support, teenage mothers
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................................................. 3

TABLE OF CONTENTS .......................................................................................................................... 4

Chapter 1: Introduction ............................................................................................................................ 7
  
  Significance of the Problem .................................................................................................................. 11
  Research Question ................................................................................................................................. 12
  Theoretical Framework ......................................................................................................................... 12
    Stage Environment Fit Theory ........................................................................................................... 12

Chapter 2: Literature Review .................................................................................................................. 15
  
  Challenges of Adolescence .................................................................................................................. 15
  Challenges of Pregnancy and Motherhood ........................................................................................... 15
    Educational Challenges ....................................................................................................................... 16
    Occupational Challenges .................................................................................................................... 17
    Parenting Challenges .......................................................................................................................... 18
  Fostering Resiliency ............................................................................................................................... 18
    Adapting to Adolescent Motherhood ................................................................................................. 18
    Factors that Foster Resiliency ............................................................................................................ 19
  Supports and Programs ......................................................................................................................... 20
    Social Supports ................................................................................................................................ 20
    School-Based Programs .................................................................................................................... 21
  Finding Success .................................................................................................................................... 22
    Educational Success .......................................................................................................................... 24
Other Environments........................................................................................................54
Postpartum ......................................................................................................................58
Home Environment......................................................................................................59
School Environment....................................................................................................63
Other Environments....................................................................................................65

Chapter Five: Discussion of Findings..........................................................................70
Emergent Themes...........................................................................................................71
Critical Assessment of Assessment of Environment with Needs.................................71
Transition from Dependent to Provider.........................................................................74
Reciprocity.....................................................................................................................76
Summary.........................................................................................................................77
Limitations.....................................................................................................................78
Implications ....................................................................................................................78
Scholarly Significance..................................................................................................79
Practitioner Significance..............................................................................................80
Areas for Further Research.........................................................................................82
Conclusion......................................................................................................................82
References......................................................................................................................83

Appendices....................................................................................................................90
Appendix A.....................................................................................................................90
Appendix B.....................................................................................................................91
Appendix C.....................................................................................................................93
Appendix D.....................................................................................................................97
Chapter One: Introduction

Topic

Although teenage mothers face a number of challenges that may compromise their developmental needs while balancing the demands of motherhood and school, many adolescent mothers successfully overcome these disruptions and become resilient. For the purpose of this study, the term resiliency was defined as the adaptation to the dual role of parenthood and adolescence and was measured in terms of positive outcomes for education, gainful employment, and parenting. Using the framework of stage-environment fit theory (SEF theory), this Interpretive Phenomenological Analysis (IPA) study explored the lived experiences of five adolescent mothers and how they made sense of their experiences that have fostered resiliency.

Research Problem

Teenage mothers need to balance the developmental tasks of adolescence with the demands of motherhood, while simultaneously attempting to complete school and gain employment (Beers & Hollo, 2009; Hurd & Zimmerman, 2010). Developmentally, teenage mothers experience physical, emotional, and psychological changes (McDonell, Limber, & Connor-Godfrey, 2007). The physical changes associated with adolescence include rapid bodily changes due to puberty and sexual maturation (Easterbrooks, Chadhauri, Bartlett, & Copeman, 2010; Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & MacIver, 1993). The emotional changes associated with adolescence include new social role expectations for new school environments and peer interactions (McDonell, Limber, & Connor-Godfrey, 2007). The psychological changes associated with adolescence include cognitive developmental changes (Eccles et al., 1993).
Adolescent mothers also can encounter challenges in meeting the demands of motherhood. Many teenage mothers exhibit challenges with parenting and life skills (Beers & Hollo, 2009). Several studies have indicated that adolescent mothers often experience a lack of personal and social skills, which may impact their self-esteem (McDonell, Limber, & Connor-Godbey, 2007). Effective parenting is built on maternal self-esteem, which is important for how the adolescent mother interacts and bonds with the baby. Adolescent mothers who are not developmentally mature may exhibit less ability to think abstractly which may compromises their ability to parent effectively (Cox, Bumna, Valenzuela, Joseph, Mitchell & Woods, 2008).

Stage-environment fit theory posits that challenges associated with adolescence can be explained, in part, by considering the extent to which an adolescent’s home, school, and social environments change to meet their changing developmental and parenting needs. When the environments do not fit the adolescent needs, a person-environment mismatch can develop. This mismatch can contribute to a “pattern of declining motivation, learning, and over all-being” (Fisher & Lerner, 2007, p. 1). These mismatches can put adolescent mothers at risk for encountering challenges. Educational challenges associated with adolescent motherhood include lack of consistent childcare, and competing demands, such as work and educational barriers, which interfere with attending classes (Smithbattle, 2007). Occupational challenges associated with adolescent motherhood include lack of education due to dropping out and inconsistent childcare (Minnick & Shandler, 2011).

Despite facing these challenges, some teenage mothers find success in terms of educational, occupational, and parenting outcomes (Smithbattle, 2007). For example, many teenage mothers are able to complete high school or obtain a high school equivalent degree. Some teenage mothers are also able to find success in post-secondary settings including
community and four year colleges. Teenage mothers may also find occupational success. For example, with support and increased occupational aspirations, adolescent mothers may meet their educational goals, and obtain a high school degree. In turn, having educational success leads to better occupational opportunities. Having access to employment that pays better and provides benefits helps mothers to afford childcare and allows access to the material goods and services needed to provide for their child (Smithbattle, 2007).

Educational, occupational, and parenting success for adolescent mothers stems from the development of resiliency. Resiliency is defined as the disruptive process, which interferes with negative trajectory as a result of the challenges faced, thus resulting in adaptation and subsequent positive outcomes regardless of adversity (Hurd & Zimmerman, 2010; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2002; Weed, Keogh, & Barkowski, 2000). The more resilient adolescents are, the more likely they are to experience positive outcomes, such as completing high school (Hurd & Zimmerman, 2010; Smithbattle, 2007; Weed, Keogh, & Barkowski, 2000), while managing the tasks of motherhood and their own developmental tasks (Hotz, McElroy, Sanders, 1997; Oxford, Lee, & Lohr, 2010; Upchurch & McCarthy, 1990).

Resiliency can be fostered with social support provided by the home, school, and other environments which meet the developmentally changing needs of the adolescent mother. Social support from the environment is a means by which adolescent mothers may adapt (McDonnell, Limber, & Connor-Godfrey, 2007). Social support describes how the adolescent interacts with their family, peers, friends, and community and health professionals, which may increase the communication of esteem, understanding, and information (Letourneau, Stewart, & Barnfather, 2004). Although the means of adaptation may vary among individuals, many teenage mothers
find support through friends, their school, or community, filling a need if the adolescent is lacking that support from home (McDonnell, Limber, & Connor-Godfrey, 2007).

**Justification for the Research Problem**

Understanding how adolescent mothers make sense of their experiences that have fostered resilience is an area in need of further study. In particular, this study is important because it tries to make sense of how the alignment of the participants’ environment with their developmental and parenting needs has impacted their success. The findings from this study may prove helpful to adolescent mothers who face similar challenges and may help to inform the stakeholders involved in these women’s lives in how best to foster and nurture environments that best support their changing needs. If we can better understand the experiences of teenage mothers who have found success and how they make sense of their experiences that fostered resiliency, then we may be better able to support other young mothers.

**Deficiencies in the Evidence**

Although there are some studies that have investigated how family, peers, and school programs influenced outcomes in terms of adaptation (Letourneau, Stewart, & Barnfather, 2004; Oxford, Lee, & Lohr, 2010; Weed, Keogh, & Barkowski, 2000), there is a lack of investigation of studies that explore how adolescent mothers make sense of how their experiences with home, school, and other environments have helped to foster resiliency. In addition, there is a need to hear the voices of women who have found success, to better understand their stories and experiences. An IPA approach allows for a deep understanding of how adolescent mothers make sense of their individual experiences with social support, and resiliency. While there are numerous studies on the negative outcomes associated with adolescent pregnancy and motherhood (Letourneau, Stewart, & Barnfather, 2004; Oxford, Gilchrist, Gillmore, & Lohr,
There are limited studies, which address the resiliency of adolescent mothers and positive outcomes.

**Significance of Research Problem**

Adolescents encounter developmental changes, including puberty, cognitive development, social role changes, school transitions, and sexual maturation as they transition from adolescent to adulthood (Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & MacIver, 1993; Gutman & Eccles, 2007). These transitions sometimes place the adolescent at risk for behavioral and academic problems (Eccles et al., 1993). Conflicts can arise in the adolescent’s environment as she strives for autonomy and independence in decision making and can lead to further behavioral problems (Gutman & Eccles, 2007). When the adolescent becomes pregnant and subsequently a mother, additional developmental challenges emerge (Hess, Papas, & Black, 2002). These disruptions include developmental, educational, emotional, and social challenges as the adolescent attempts to navigate the demands of pregnancy and motherhood with developmental tasks of adolescence (Letourneau, Stewart, & Barnfather, 2004).

Teenage mothers must overcome these disruptions to meet the needs of themselves and their child (Letourneau, Stewart, & Barnfather, 2004). When the adolescent mothers fail to meet these tasks, she is at increased risk of not completing her education, which often leads to decreased employment opportunities (Oxford, Gilchrist, Gillmore, & Lohr, 2006). However, many teenage mothers can become resilient and complete their education, allowing them to be as successful as their non-parenting peers (Beers & Hollo, 2009; Oxford, Gilchrist, Gillmore, & Lohr, 2006). Adolescent mothers that complete their education are more likely to be employed and less dependent on public assistance (Easterbrooks, Chadhauri, Bartlett, & Copeman, 2010;

Research Question

The purpose of this Interpretive Phenomenological Analysis study was to explore the lived experiences of five teenage mothers by answering the following central research question: How do adolescent mothers who have experienced academic, educational, and parenting success make sense of those experiences that have fostered resiliency?

Theoretical Framework

This study employed the theoretical framework of stage-environment fit theory to explore how the alignment of the adolescents mothers’ environments (home, school, and other) to the changing developmental and motherhood needs of these women supports the fostering of resiliency as these women found educational, occupational, and parenting success. Stage-environment fit theory is rooted in the value of “the unique transitional nature of adolescence results, in part, from the relation between changes in the developmental needs of adolescents and changes in the social contexts in which they live” (Gutman & Eccles, 2007, p. 522).

Stage-environment fit theory finds its origin in person-fit theory, which proposes that behavior and mental health are influenced by the match between the characteristics of the environment and the characteristics of the individual (Hunt, 1975; Gutman & Eccles, 2007; Kennedy-Lewis, 2013). Stage-environment fit theory is also rooted in Erikson’s eight stages of development, which range from infancy to late adulthood (Domino & Affonso, 1990). The developmental stages include: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair (Domino & Affonso, 1990).
The stage-environment fit theory explores how well the needs of the adolescent are being met by the opportunities presented by their environments (Gutman & Eccles, 2007; Kennedy-Lewis, 2013). For example, increased support and communication between parents and adolescents in the home environment may result in the teen mother remaining in the home and completing high school, illustrating the match between the developmental needs of teenage mothers and their environment resulting in a positive outcome, and resiliency. Gutman and Eccles (2007) conducted a study investigating how family interactions relate to adolescent outcomes, as well as gender and ethnicity. Using in-home interviews and a questionnaire, the researchers studied 1,472 families from 23 schools. Results indicated that family relationships contributed to adolescent outcomes.

In addition to the developmental changes that adolescent mothers may experience (puberty, cognitive development, transitions between middle to high school) and role changes within families and friends during their transition from adolescence to adulthood, adolescent mothers may also experience the loss of friendships and strained family interactions due to their pregnancy and subsequent adolescent motherhood (Eccles et al., 1993; Gutman & Eccles, 2007). Strained relationships with their families may lead to increased conflict, and thus lack of social support. Adolescents often spend decreased time with their parents (Gutman & Eccles, 2007), and often attempt to establish their own autonomy, which strains the relationship with their parents in the developmental stage of autonomy versus control as they test the boundaries of their parent’s authority in an attempt to gain control over their own decision-making process (Gutman & Eccles, 2007). This may be further escalated as the pregnant adolescent and adolescent mother attempts exert control over her decision-making process for herself and her child. Adolescents who seek autonomy may benefit from their parents allowing them to explore
their autonomous development, allowing them to make their own decisions or work with the family to make decisions (Gutman & Eccles, 2007).

This study explored the various avenues in which adolescent mothers adapted to their environments and the ways in which the adolescent’s environments adapted to meet their changing needs as these women overcame challenges and achieved success. Although the challenges of adolescent pregnancy and motherhood can be daunting, many adolescents overcome them and make the transition from adolescence into adulthood, including growth within themselves and adaptation (Furstenberg, 2003; Furstenberg 2010; Gutman & Eccles, 2007; Smithbattle, 2013).

Eccles and Midgley (1989) noted adolescents with social environments that respond to the developing needs of the adolescent are more apt to have positive outcomes for themselves (Gutman & Eccles, 2007; Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, MacIver, 1993). Adolescent mothers whose environment (whether it be school or home, or both) provides the adolescent with social support may result in positive outcomes for the adolescent, such as graduating high school and becoming gainfully employed.
Chapter Two: Literature Review

In this chapter, the review of literature will address the challenges of adolescence, the challenges of pregnancy and motherhood, challenges of the combination of adolescence and pregnancy/motherhood, and the consequences for the teenager, society, and her child if these challenges are not met. In addition, this chapter explores how these challenges can be overcome when there is alignment between the environments of these women and their changing needs. Lastly, this chapter discusses resiliency, supports and programs, gaps in the research regarding resiliency, and how this study will help fill the gap.

Challenges of Adolescence

Adolescents encounter the most developmental changes during this period, which affects them on various levels and environments (Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & Mac Iver, 1993). In order to transition from adolescence to adulthood, adolescents experience rapid changes of puberty, school transitions, social role changes, cognitive development, and sexual maturity; which may lead to increased risk of academic and behavioral problems (Eccles et al., 1993), such as academic troubles and dropping out of high school (Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & Mac Iver, 1993). In addition, adolescents also encounter role changes within their family environment, as adolescents attempt to gain autonomy and control over their choices, which may result in conflict with their parents (Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & Mac IVer, 1993).

Challenges of Pregnancy and Motherhood

Adolescent mothers experience educational, occupational and parenting challenges both during their pregnancy and when they become mothers.
Educational challenges. Adolescent mothers may experience educational challenges while attempting to balance their own developmental needs (Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011; Beers & Hollo, 2009; Hess, Papas, & Black, 2002). Pregnancy presents several obstacles that can present challenges to the educational success of pregnant teens. For example, morning sickness can result in the need to miss school, which puts the pregnant teen at risk for falling behind academically (Smithbattle, 2007). The developmental challenges that an adolescent mother experiences may also be accompanied by decreased social interactions and social isolation, which can contribute to high school drop out if left unresolved (Camarena, Minor, Melmer, & Ferrie, 1998; Smithbattle, 2007; Yardley, 2008). In addition, Oxford, Gilchrist, Gillmore, and Lohr’s (2006), found that risks found in early pregnancy, such as chronic substance abuse and mental health issues also put these mothers at risk for school suspensions and expulsions.

For many adolescent who have already given birth, attending high school becomes a challenge due to the need for childcare. Although many adolescent mothers have family members babysit their child, the quality and consistency of care may be remiss. Kin-based childcare may be inconsistent, due to schedule changes, numerous providers, and a lack of childcare, which may affect the adolescent mother’s attendance in school. High quality child care and high school programs provide social support and opportunities for mothers to be in high school, yet on-site childcare centers for teen moms are limited (Sadler et al., 2007), which exemplifies the need in communities for school-based programs.

Despite the educational challenges of pregnancy and birth, those women who are able to complete high school or obtain their GED can continue their post-secondary education. Oxford,
Lee, and Lohr (2010) conducted a 16-year longitudinal study of 240 adolescents to investigate the predicting markers for adolescent mothers during their transition to adulthood. Results indicated that women who finished high school or completed their GED earlier than 19 years old were more than three times likely to pursue education past high school, and six times more likely to pursue higher education, and the number of births before age 25 also affected whether they were likely to complete their high school education and attend college.

**Occupational challenges.** Failure to complete high school and childcare concerns often prohibit a mother from securing gainful employment. Dropping out of high school is associated with unemployment and financial struggles. Students who drop out of high school are less likely to gain employment, with one study found that 54% of teenagers who were dropouts spent at least one year unemployed (Bloom, 2010). When students who drop out of high school do gain employment, they tend to make an income of $6,500 for at least 15 years following the birth of the child (Minnick & Shandler, 2011), and 17% of students aged 17 to 24 who dropped out are in the lowest income bracket (Bloom, 2010).

Teenage mothers may also find it difficult to secure and maintain employment while balancing demands of early motherhood. Teenage mothers often find employment difficult, due to school, childcare, and transportation concerns. In addition, securing gainful employment is often challenged by low educational attainment and job training skills (Camerena, Minor, Melmer, & Ferris, 1998). However, with support, pregnant teenagers and teenage mothers may balance the demands of working with the needs of their child (Camerena, Minor, Melmer, & Ferris, 1998).
**Parenting challenges.** Many teenage mothers exhibit challenges with parenting and life skills (Beers & Hollo, 2009). Several studies have indicated that adolescent mothers often experience a lack of personal and social skills, which may impact their self-esteem (McDonell, Limber, & Connor-Godbey, 2007). Effective parenting is built on maternal self-esteem, which is important for how the adolescent mother interacts and bonds with the baby. Adolescent mothers who are not developmentally mature may exhibit less ability to think abstractly which may compromises their ability to parent effectively (Cox, Bumna, Valenzuela, Joseph, Mitchell & Woods, 2008).

**Fostering Resiliency**

The term resilience indicates “the process that disrupts the negative trajectory form risk to psychopathology and thereby results in adaptive outcomes even in the presence of adversity” (Weed, Keogh, & Borkowski, 2000, p. 208), and how successful adolescents are at adapting to their environmental changes, with hardiness (Furstenberg, 2010; Olsson, Bond, Burns, Vella-Brodick, & Sawyer, 2002). Adolescents must be effective in their environment under stress, while also meeting their developmental tasks effectively (Olsson, Bond, Nurns, Vella-Brodick, & Sawyer, 2002).

**Adapting to adolescent motherhood.** The changes that accompany early motherhood may result in feelings of social isolation, due to the differences between themselves and their non-parenting peers (Lowenthal & Lowenthal, 1997). A study in the U.K. by Yardley (2008) explored the lived experiences with 20 teenage mothers (aged 16-19). All of the participants felt that the general public (including non-parenting or pregnant teenagers) criticized them when they were observed with their babies. The effects of the stigma either caused disassociation with other teenage mothers or they found support with connecting with other teenage mothers.
Adolescent mothers may also need to adapt to financial challenges. Adolescent mothers who worked low-entry level jobs as teenagers were less likely to have positive outcomes in later life, thus Oxford, Lee, and Lohr (2010) concluded that working instead of completing high school or a GED was not related to positive outcomes, such as financial independence later in life. The authors (2010) also suggested that family supports or social support increases the probability that the adolescent mother will complete high or a GED.

Factors that foster resiliency. Teen mothers may experience social support as a means to adapt and become resilient. Although there are limited research studies which explore how the adolescent mother transitions from adolescence to adulthood, there is even further limited research for how these developmental tasks are met and resiliency fostered by social support (Mollburn & Jacobs, 2012; Olson, Bond, Burns, Vella-Brodick, & Sawyer, 2002; Oxford, Lee, & Lohr, 2010), ending in positive outcomes and success in life (Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2010). Upchurch and McCarthy (1990) established that bearing a child in adolescence did not automatically result in dropping out, rather most of the teenage mothers graduated (Oxford, Lee, & Lohr, 2010).

In comparison, a 1997 study by Hotz, McElroy, and Sanders found that compared to adolescent teenagers who became pregnant and miscarried, adolescent mothers had improved economic and occupational outcomes (Mollburn & Jacobs, 2011; Hurd & Zimmerman, 2011. Another study by Levine and Painter (2003) noted that unwed mothers compared with non-mothers experienced the same level of disadvantage, such that being a mother before the age of 20 had no substantial bearing on disadvantage. Furthermore, a few studies found that most adolescent mothers rarely depended on public assistance during their life span, with dependence being more sporadic in response to short-term circumstances such as job termination or the end
of a relationship (Harris, 1997; Romo & Nadeem, 2007). These studies suggest that adolescent mothers can be resilient, and thus may make the developmental task of transitioning from adolescence to adulthood while completing tasks of motherhood in a relatively positive manner, with positive outcomes such as completing high school, securing gainful employment, and decreased dependence on public assistance (Harris, 1997; Hotz, McElroy, & Sanders, 1997; Oxford, Gilchrist, Gillmore, & Lohr, 2006; Oxford, Lee, & Lohr, 2010).

**Supports and Programs**

The experiences of teen mothers that improve their outcomes in terms of educational, occupational, and parenting success may vary based on the teen mother’s experiences with social support from family, peers, support resources, and environments which provide intervention programs (Hess, Papas, & Black, 2002; Letourneau, Stewart, & Barnfather, 2004).

**Social supports.** Many adolescent mothers may experience social support in order to combat the stressors of combined developmental adolescent tasks and the demands of motherhood (Hess, Papas, & Black, 2002). Social support has been indicated to improve coping with the stressors of parenting and promote health (Letourneau, Stewart, & Barnfather, 2004). With increased social support through interactions with family, peers, school, and the community, teenage mothers may show increased resiliency including a change in the level of aspirations and goals of adolescent mothers with a developmental shift from adolescence towards adulthood, resulting in more tangible educational and occupational goals (Camarena, Minor, Melmer, & Ferrie, 1998; Smithbattle, 2007). The experiences of teen mothers that improve their outcomes in terms of educational, occupational, and parenting success may vary based on the teen mother’s experiences with social support from family, peers, and intervention programs.
Likewise, Camarena, Minor, Melmer, and Ferrie (1998) posit that the participants who received the most social support from friends, family, and school were the most resilient in terms of educational completion and occupational success. Hess, Papas, and Black (2002) found the predictors for positive parenting with infants among 181 Baltimore-area African American adolescent mothers indicated that adolescent mothers who experienced supportive relationships with their mothers and grandmothers were more likely to be more mature and able to cope with the demands of parenting an infant (Beers & Hollo, 2009; Sellers, Black, Boris, Oberlander, & Myers, 2011).

**School-based programs.** A study by Key, Barbosa, and Owens (2001) examined the high school-based intervention program, Second Chance for pregnant and parenting teens. The program intended to prevent subsequent births and high school dropout. The collaborative program included weekly meetings (which covered parenting, adolescent issues, career planning), school activities, home visits, and medical care for both the adolescent and infant, and service projects for involvement in the community, which included work with at-risk middle school girls. Results indicated that over the 3 year study, only 3 participants (out of 50) had subsequent births, which was significantly reduced in comparison to the control group of 255, which had 95 participants with repeat births. The authors (2001) attributed this to social support, since peers interactions and peer models are crucial to providing social support for adolescents, which is a developmental component of transitioning from adolescence into adulthood.

Sadler, Schwartz, Ryan-Krause, Sietz, Meadows-Oliver, Grey, and Clemmens’ (2007) conducted a descriptive study of 65 adolescent mothers and their children at an urban high school with on-site childcare and parent support program, to determine maternal and child outcomes. The study found that the adolescent mother participants experienced depression and
transitional homelessness, yet the support the adolescent mothers experienced in their school (both parenting program and childcare) replaced the support they were lacking in at home, and attributed to positive maternal and child outcomes.

**Finding Success**

Although adolescent mothers encounter challenges, many adapt and overcome these challenges. Smithbattle (2005) noted that adolescent mothers in her studies indicated that motherhood was viewed as a new motivation for planning futures for themselves and their child. As adolescent mothers adapt to the challenges, their success in terms of educational, occupational, and parenting outcomes is favorable, resulting in their resilience (Letourneau, Stewart, & Barnfather, 2004).

In relation to the latter mentioned studies, there is evidence that some adolescent mothers may use their experiences of teen pregnancy and motherhood as a motivation to complete their education in order to provide a better future for themselves and their child. These experiences may include social support, which is described as “a coping resource that may be called upon to foster resiliency and coping with the transition to the demands of new motherhood” (Letourneau, Stewart, & Barnfather, 2004, p. 515). A follow-up study by Spear (2004) interviewed two adolescent mothers 1 ½ years after they gave birth to examine their perceptions of early childbearing to see whether their views had changed from an earlier study. The results found that one participant was in the process of finishing her high school degree. She was supported both by her parents and through public assistance. The other participant had completed high school, was employed part-time and received public assistance. Results indicated that participants shared regrets and hoped for a better future. They shared difficulties in maintaining personal relationships with boyfriends and their family. Both participants advised that others teenagers
should wait to have a child until they are emotionally and financially ready. One participant who was in college noted that although having a baby as a teenager is hard, the possibilities for education and college are still there, and she used the baby as motivation to provide a better life for her and her child (Spear, 2004).

**Educational success.** Many adolescent mothers overcome educational challenges with support from their school, alternative education programs, peers, and support groups for pregnant and parenting teenagers (Smithbattle, 2007). Adolescent mothers who had higher educational aspirations were more likely to have positive educational outcomes in comparison to adolescent mothers with low educational plans (Smithbattle, 2007).

Smithbattle’s (2007) study investigated the educational and career aspirations for teenage mothers. Of the 19 teenage mothers, 9 of their mothers had not graduated high school, but 2 of those 9 mothers secured a GED. Of the 19 participants, five dropped out of high school before becoming pregnant, with 2 completing a GED. The other three dropouts did not return to school. Six teens of the study dropped out either during or after the pregnancy, with three of these teens re-enrolling into high school or a GED program. Eight participants were either homeschooled, attended their high school or went into a GED or alternative education program. All of the participants described their new priorities during or after the pregnancy, by making their future a priority as a result of motherhood. Several participants noted that although they dropped out of high school, they had high motivation to return and complete their education. The teen’s mothers supported their educational aspirations, desire their own lack of education. Competing demands that interfered with the participants’ educational aspirations included work demands and educational barriers (including morning sickness and missed school). However, despite the aforementioned disadvantages, the participants in the study indicated a strong drive to meet their
educational goals, with 14 of the 19 participants having either met or being in the process. Sadler, Swartz, Ryan-Krause, Seitz, Meadows-Oliver, Grey, and Clemmens’ (2007) study found that positive maternal educational outcomes, due to the parent support program and on-site childcare center.

**Parenting success.** The aforementioned studies indicate that early childbearing is not itself a predictor of poor outcomes and that the alignment of an appropriate environment with the needs of teenage mothers may help to foster resilience. Environments that foster positive outcomes in terms of educational, occupational, and parenting success can include intervention programs, alternative education programs, and public assistance. Intervention programs may include home-based, school-based, clinic based, or a combination of sites towards a more collaborative program. In addition, school-based programs may partner with child care programs.

A variety of successful interventions may be provided in school-based and community-based programs. School based programs can include parenting interventions in the natural setting. Yet, the support is only available to those enrolled in high school, and non-accessible to dropouts, who may need the most support. Alternative schools have limited availability and research has indicated limited efficacy in that setting (Beers & Hollo, 2009), yet Dirette and Kolak (2004) noted that “alternative education programs provide learning opportunities for students who are at-risk for dropping out of or failing in the general education school setting” (p. 337), which varies from a traditional school with smaller class sizes and a focus on the child’s whole being, including their social/emotional and physical state.

Not all programs and environments are ideal for every student (Stevens-Simon & Beach, 1992). Free-standing teen parent programs may be best suited for students who have failed numerous times in the traditional school setting prior to pregnancy, those who are self-conscious
of their pregnancy showing, or those who have difficulty with the rigor of the traditional high school. In contrast, supplemental teen parent programs may be more appropriate for high achieving students who want to further their education and job training, and for whom a free-standing program’s limited classes may cause boredom and frustration, leading to dropout. Supplemental programs also offer peer friendships with non-pregnant classmates and involvement for the adolescent fathers.

In comparison with the previous aforementioned studies, teenagers may seek out new programs and environments as soon as they become pregnant, which allows for more intervention time. In contrast, free-standing programs often have students enroll late in the pregnancy, which hinders the start of services and perhaps the effectiveness of the interventions. Students may find the transition after birth from the free-standing program back into the general education setting too difficult with the added responsibilities of motherhood, resulting in high school dropouts (Stevens-Simon & Beach, 1992). School-based professionals (such as teachers and nurses) may also provide a variety of services to students on site, which makes it more probable they will receive healthcare and education. Cooperative services among the professionals may lead to great intervention (Stevens-Simon & Beach, 1992), including social support because the adolescent mother is in a high school or alternative education setting. With social support and environments that provide needed interventions, adolescent mothers may meet the balance of their developmental tasks coupled with parenting, and achieve positive outcomes.

Studies have also indicated that school-based care environments that include child care for adolescent mothers may help foster resiliency. A three year study by Williams and Sadler (2001) investigated the effects of a child care center for 52 adolescent parents in terms of academic completion, and prevention of subsequent pregnancies. Childcare was provided on-site
at a local high school. Adolescent mothers were required to pay a fee, either in payments or through requested financial assistance. The program included parenting workshops, home visits, and access to resources for assistance with transportation, family problems, and school attendance. The study results indicated that participant’s Grade Point Average (GPA) increased significantly, and negatively correlated with school absences. All participants remained in high school and graduated. No subsequent pregnancies were reported during the three year study.

A study by Key, Gegreziabher, Marsh, and O’Rourke (2008) evaluated a school-based intervention program for 63 adolescent mothers, and how effective the program was in terms of preventing subsequent pregnancies. The study involved two groups (adolescent mothers in the intervention program and mothers who were not in the program). The high school was a low-achieving school, with a 27% graduation rate. The program included case management from the school’s social work with home visits and frequent phone calls, educational and peer support groups, and medical care for both the teenage mothers and their children. With high rates of participation in the program (meetings, coordinated medical care, and case management), the authors attributed the intervention to the prevention of subsequent pregnancies in the program participants to be lower than the comparison group.

Many of the challenges that adolescent mothers encounter (child care, transportation, lack of support) may be overcome with social support through intervention programs that create environments that provide services which are comprehensive in nature. Such programs that include social support, on-site child care, educational support and peer interactions with other teenage mothers may foster resiliency by enabling them to attend classes, graduate and become gainfully employed.
Conclusion

Many teenage mothers are resilient in their ability to adapt to their new role to motherhood and simultaneous developmental tasks. Harris’ (1997) study found that adolescent mothers rarely depend on public assistance during their life span; in fact it is sporadic response to circumstances such as the end of a relationship or a job termination. Hotz, McElroy, and Sanders (1997) found that compared to adolescent teenagers who became pregnant and miscarried, adolescent mothers had improved economic and occupational outcomes as Smithbattle (2007) noted that many adolescent mothers experience a renewed sense of motivation to complete their education and attending college, which is indicative of resiliency.

Indeed, Furstenberg’s (2003) study suggested that “early childbearing is neither a potent nor a permanent cause of long-term poverty and disadvantage among women who would have otherwise escaped this fate had they only waited to have their first child” (p. 32). These studies suggest that adolescent mothers can be resilient, and thus adapt to developmental task of transitioning from adolescent to adulthood combined with motherhood in a relatively positive manner, with positive outcomes such as completing high school, employment, and decreased assistance on public assistance (Harris, 1997; Hotz, McElroy, & Sanders, 1997; Oxford, Gilchrist, Gillmore, & Lohr, 2006; Oxford, Lee, & Lohr, 2010). Further research is needed in order to investigate the experiences of adolescent mothers in terms of their developmental tasks balanced with the challenges of motherhood resulting in positive outcomes, such as resiliency (Silver, 2008; Weed, Keogh, & Borkowski, 2000).

Scales and Leffert (2004) noted that when adults have examined the issues of youth today, there is a focus on the negative rather than the assets youth have to offer (such as resiliency). Although there are many negative outcomes related with adolescent childbearing,
there is little evidence in the research to determine how adolescent mothers maintain resiliency and achieve positive outcomes (Silver, 2008), with many research studies showing bias for providing negative outcome (Molburn, 2010). This study explored the experiences of adolescent mothers in terms how they made sense of the challenges and supports the encountered, as well as the outcomes of their lived experience.
Chapter Three: Research Design

Introduction

Teenage mothers encounter the need to balance developmental tasks of adolescence with the tasks of motherhood. Using the lens of Stage Environment Fit Theory, the objective of this study was to understand the experiences of adolescent mothers that have fostered resiliency and how they make sense of how these experiences have contributed to their educational, occupational, and parenting success. Through an IPA approach, this study sought to make sense of how the participants make sense of their experiences as pregnant teenagers and adolescent mothers through the following research questions: How do adolescent mothers who have experienced academic, educational, and parenting success make sense of those experiences that have fostered resiliency?

Research Tradition

The research question for this study was grounded in a qualitative approach, since the study focused on the unique experiences and perceptions of women who were adolescent mothers and how they make sense of these experiences in terms of resiliency regarding educational, occupational, and parenting outcomes. This study explored what challenges and supports the participants encountered during their experience as a teenage mother.

Qualitative research is grounded in a constructive frame, where the participants construct and interpret their experiences as reality, ever evolving over time, which the qualitative researcher then measures interpretively at a particular point in time with a context in mind (Merriam, 2002). Ultimately, the researcher in qualitative studies is the main instrument for conducting the study through the data collection and analysis (Merriam, 2002). The benefits of using the researcher as a human instrument include being responsive to the participants as well
as immediately become adaptive, checking responses for clarification, and pursuing unusual or unclear responses (Merriam, 2002).

The qualitative tradition that was best suited to answer the research question proposed in this study was an Interpretive Phenomenological Analysis (IPA) approach. An IPA approach is defined by Smith, Flowers, and Larkin (2009) as “a qualitative research approach committed to the examination of how people make sense of their major life experiences” (p. 1). An IPA approach allowed the researcher to make sense of how the participants make sense of their experiences through the analysis of in depth-interviews and procure a small sample size, in which to maintain a homogenous sample with respect to a shared experience, with maximum variation within the sample. This approach was utilized because of the storytelling feature in which participants were encouraged to share and make sense of their social interactions, which was then analyzed in a collaborative manner, to search for emerging themes and patterns throughout all the participants’ experiences. The Interpretive Phenomenological Analysis allowed the study’s participants to share their experiences open-ended questions, which enabled the storytelling process (Smith, Flowers, & Larkin, 2009) and were guided by the Stage Environment- Fit theory and the literature.

Interpretive Phenomenological Analysis is derived from phenomenology, idiography, and hermeneutics. Phenomenology is based on the philosophical vein of studying experiences, of which being a human being entails, the very roots of what being a human is like. Four philosophers of phenomenology have added to the field: Husserl, Heidegger, Merleau-Ponty, and Sartre. Husserl reasoned that researchers should return to the experiential level of conscious, and the challenges that may present during the investigation. He also viewed the experiences of
humans through a sense of bracketing, which were related to layers of a house, as the world of essence (Smith, Flowers, & Larkin, 2009).

The methods used to describe these objects of consciousness (experiences) include a process of reductions, such as eidetic reduction and transcendental reduction. Eidetic reduction involved the process of a “set of invariant properties lying beneath the subjective perception of individual manifestations of that type of object” (Smith, Flowers, & Larkin, 2009, p. 14). Transcendental reduction is described as the theory of looking at the nature of what underlies consciousness. Heidegger (a philosophy student of Husserl’s) viewed the person as always being in context, with intersubjectivity, which “refers to the shared, overlapping, and relational nature of our engagement in the world” (Smith, Flowers, & Larkin, 2009, p. 17). Heidegger argued that people cannot chose to move from their inner world to make a relationship with somatic and semantic object that make up their essence due to the fact that how they relate to the world is part of their own essence (Smith, Flowers, & Larkin, 2009).

Merleau-Ponty suggested that humans view themselves as unique in the world, due to a holistic sense of self as well as an engaged view of their world, versus being subsumed. In comparison, Sartre’s philosophy agreed with Heidegger’s, in which he emphasized the developmental process of being a human, stating that existence precedes the concept of essence (Smith, Flowers, & Larkin, 2009).

Hermeneutics encompasses the theory of interpretation, based originally on bible texts. Philosophical theories include the hermeneutic circle which entails looking the part and whole of relationships. This approach to qualitative research may enhance insight into phenomenology. In contrast, idiography refers to the particular of the essence as well as the commitment to avoid
generalizations but instead, define alternative ways these generalizations may be established and
developed (Smith, Flowers, & Larkin, 2009).

Interpretive Phenomenological Analysis also recognizes that an individual’s world is
often closed or private, and the researcher must empathize with the participant’s recount of their
experiences in relation to the phenomenon (Smith & Osborn, 2003). Data is collected from
participants who have experienced the shared experience of adolescent motherhood, and
interpreted by making sense of how they make sense they sense of their experiences.

**Recruitment and Access**

Participants were recruited through a snowball sample from a posting on the researcher’s
personal Facebook page (Appendix B). Other Facebook users also continued the snowball
sample by reposting my study and private messaging friends who might meet the criteria for the
study of having the shared experience of teenage pregnancy and becoming a mother. Potential
participants emailed me at my Northeastern University email address. Once I received the email,
I sent the recruitment letter (Appendix A) and signed consent forms (Appendix C) by mailing to
interested participants, who signed, scanned and emailed them back. One hard copy was also
mailed to the participant’s home, along with a self-addressed, stamped envelope to be mailed.

Ten participants expressed interest in the study, and emailed me. However, despite
setting up interview dates and times, four participants neglected to return their consent forms and
thus, no interviews were conducted. One participant disclosed that she was pregnant after the
consent form was signed and returned, and no interview was conducted. Participation was on a
strictly voluntary basis. The reason for the small sample size was to conduct extended
interviews, which created an in-depth analysis and thus, a collective narrative. This small sample
size (between three to six participants) was within range of the recommended by Smith, Flowers
and Larkin (2009). However, due to the small sample size, there may have been several limitations to the study, which include not getting an accurate or sufficiently representational sample of the population who are or were pregnant teenagers and the possibility of overgeneralizing the pregnant teenager and adolescent mother population due to the small sample size of five participants. In addition to these limitations, the participant’s stories could not be verified with medical records, and their perceptions of their experiences are their own, with no corroboration from male partners or their parents.

The participants in this study included five female participants, age 18 and older who became pregnant before they finished high school. Due to the age, no parental consent was needed, only informed consent was needed. Participants ages 18 and older were chosen due to their ability to reflect upon their experiences in a more mature manner. The population was homogeneous with respect to the fact that they all had a pregnancy as a teenager and resulted in becoming a mother.

**Data Collection**

Data was collected through a three step interview process which included gaining informed consent followed by a longer interview with the participant, and a follow up session with transcripts emailed to participants to allow member checking and follow up questions. Each participant’s longer interview lasted at least 60 minutes but no longer than 65 minutes. Interview questions included ice breakers, as well as substantive and closure questions, according to the instrument the Interview Protocol (Appendix D). The researcher used prompts and probes to guide the interviews in an effective manner, based on what the participant was saying. However, flexibility was maintained through the course of questioning. For example, one participant became uncomfortable with one of the questions, so the researcher moved onto the next question.
and changed the wording to be more specific to the answer of the last question. The traditional method of interviewing with fixed questions would not be appropriate for a qualitative interview (King & Horrocks, 2010). Interview questions included experience/behavior and feeling questions. Experience and behavior questions include specific actions that can be observed at the time, such as “What did you do when you learned you were pregnant?” (King & Horrocks, 2010). Feeling questions included a focus on the emotional experiences, although the researcher was cautious not to use the same routine question “How did you feel?” in the interviews (King & Horrocks, 2010).

Interviews were conducted on the phone while bearing in mind comfort (physiological and physical), the participant’s comfort, quiet and privacy. Since all participants were fluent in English, there was no need for a translator. The interview sessions were recorded with a mini-recorder, however the researcher was cognizant of how the recorder may be interpreted. The recorder did not inhibit the interview process. The interviewer started the recording session as soon as the participant was ready and the recording was turned off with the conclusion of the last question. The participants’ name was changed to a pseudonym upon listening to interview recording, data collection and analysis. Any information that was recorded that the participant chose to delete from the interview was noted on paper, and removed from the data collection process/analysis. All interviews were performed by the researcher Courtney Pellegrino. No participants chose to delete or change any of the information in the transcript.

Data Analysis

All transcripts were hand transcribed by the researcher Courtney Pellegrino, directly after each interview. The recording on the mini-recorder was then deleted. There was a day between
each participant’s interviews. The study was open for two weeks, during which time data was collected. After the study closed, all data was analyzed and coded.

The non-coded transcripts were provided to the participants to be reviewed for member checking. To protect confidentiality, the subjects’ names as well as anyone mentioned in their experiences were changed to a pseudonym. The participants were emailed their individual transcript, which they reviewed and emailed back. None of the participants wanted changes to the transcript. Once the transcripts were member-checked, the coding process began.

This researcher needed to be aware of her own previous experiences and take that into account when interpreting the data. For example, several experiences that were recounted in the transcription process may have been influenced by the researcher’s experiences, so the researcher took extra caution to listen to the recording twice to ensure accurate transcription and then data analysis.

This process began by continuously reading and rereading the data, in a slow and analytical manner in order to create a model of the interview structure and lead to the emergence of richer and more substantial details, such as any contradictions (Smith, Flowers, & Larkin, 2009). The first phase of analysis included initial noting, which examined the language use and semantic context on a more in-depth level, with notes written on the transcripts themselves as the reading process evolves. In order to gain a deeper understanding of the phenomenon, the researcher noted what key points of value (such as relationships and events) to describe as they emerge from the transcript reading. The researcher also made interpretive notes regarding the language and the context in the world the participants live in. Linguistic and conceptual comments were taken into account during this exploratory phase of reading (Smith, Flowers, & Larkin, 2009).
Through repeated readings of first the individual, then across participants, the data became quite substantial. The researcher then attempted to discover the emergent themes from the initial notes. The transcript was highlighted in a computer Word program, and then comments added as the researcher interpreted the notes. The transcripts were then printed (with highlights). A coding notebook was started, and themes that emerged were recorded. This researcher re-highlighted the transcripts with neon Post-It notes with colors that corresponded to the themes. A file was created for emerging themes for all the cases, which led to a more in-depth view of the participants’ experiences (Smith, Flowers, & Larkin, 2009).

Holistic coding was used during the first coding cycle of data analysis. Saldaña (2009) defined holistic coding as a method to understand themes or issues in the data lumped together as a whole rather than individual analysis line by line. The second cycle of coding utilized the pattern coding method, described by Saldaña (2009) as the identification of emerging themes, which are the used as a meta-code.

**Data Storage**

All interview tapes, transcripts and notes were stored in a locked cabinet in the researcher’s home office, with only the researcher having access to it. The key was kept in a separate location. Transcripts were created from the recordings by the researcher. Once the transcript was completed, the recording was deleted immediately. All transcripts will be destroyed by a federal government agency “burn room” after three years.

**Ethical Considerations**

Ethical considerations included concern about possible harm to participants from recounting their experiences. There was also the concern that many researchers view qualitative studies as unscientifically based due to unsystematic research and researcher bias in the studies
(Neale, Thapa & Boyce, 2006), as well as possible overgeneralizations (Neale, Thapa, & Boyce, 2006) and under-generalizations (Cousin, 2005, Kyburz-Graber, 2004; Neale, Thapa, & Boyce, 2006) in the studies. This researcher took extra cautions to ensure that the study narratives were rich in detail and came from a variety of different stories of the participant’s experiences. Validity and reliability was ensured for this study.

**Protection of Human Subjects**

Participation in this study presented minimal risk to the participants. The protection of human rights included the subjects’ right to opt out of participation at any point in the study, including the interview. The participants were at least 18 years old, so only informed consent from the participants was necessary, obtained through a signed consent form prior to the interview, which was emailed and mailed back to the researcher. No parental consent was necessary, since the women were not minors. However, as a procedural safeguard, this researcher gave the number of a crisis hotline for counseling on hand to provide to the women before and after the interview sessions. Since the participants were possibly lower socioeconomic status, particular care was ensured that no bias or coercion was implied in the study (hence, no direct monetary incentive).

**Trustworthiness, Credibility, and Transferability**

Transferability is defined by Cook and Campbell (1979) as being “the approximate validity with which we infer that the presumed causal relationships can be generalized to and across alternate measures of the cause and effect and across different types of persons, settings, and times” (p. 37) (Lincoln & Guba, 1985, p. 291). Maxwell (2005) noted that validity should be used not only as a description in research design but also be specific in ruling any threats. Maxwell (2005) also noted that although many qualitative researchers address the process of
triangulation and member checking, it is necessary for researchers to spell out specific threats to the study’s findings.

In order to address trustworthiness, the transcripts were reviewed several times both by the researcher and member checked by participants at least once to ensure there were no inaccuracies or any information they wanted deleted. The definition and meaning of codes was constantly compared with the data. Any information that was negative or contrary to the themes or theory of the study was reported (Creswell, 2009). Participants in this study were able to engage in member checking. Member checking is defined by Carlson (2010) as “an opportunity for members (participants) to check (approve) particular aspects of the interpretation of the data they provided” (p. 1105). The participants in this study were able to review their transcripts at least one time, privately, with each participant reading their own transcript.

The interview portions as well as the review of transcriptions (member checking) may prove beneficial to participants, as a way to recant their experiences and move forward in their future decision-making processes. In addition, participants may have sensed they are contributing to other pregnant teenagers in the community and society in general towards their decision-making progress as it would affect the teenage pregnancy process. Indeed, at least two participants noted they wanted their experience to have an influence on other adolescent mothers.

Trustworthiness is necessary in any study in order to persuade their self and the audience that the study’s findings are valued based on truth, applicability, consistency, and neutrality (Lincoln & Guba, 1985). Trustworthiness is defined as “how much trust can be given that the researcher did everything possible to ensure that data was appropriately and ethically collected, analyzed, and reported” (Carlson, 2010, p. 1103), which also includes member checking. Transcripts were read and reread by the researcher to search for errors. However, a rich and thick
description of the participant’s experience, including direct quotations, as well as thorough data collection and analysis lend credence to reputable research (Carlson, 2010).

**Positionality Statement**

My family is descended from a culture which embraces early childbearing and teenage marriage. My grandmother was Bohemian Roma, and this culture holds a unique set of values distinct to their beliefs. The Roma embrace the role of motherhood and wife for the females, while the men are expected to work. It is often considered culturally strange when women attend college or have careers. I grew up in a patriarchal family, where men are to be waited on and cared for by the women. Despite these family practices, my father held a strong belief that his female child should attend college and become gainfully employed, so as not to become dependent upon a male for financial support. My grandfather once told me “You can be anything you want to be in life, even being a girl!” My grandmother, aunts and cousins were repeatedly pushing me to get married in my late teens and early twenties, which was a conflict as I was attempting to finish college and begin my teaching career, as well as a Master’s program. The messages I received growing up were complex. Women were viewed as inferior and to serve, yet my distinct role in my immediate family was to attend college. I experienced a cultural clash of being a third generation American and living a different way of life than my peers in terms of values and beliefs embedded in contemporary American culture. In addition to my family’s culture of Bohemian Roma descent, the community where I spent my adolescence into adulthood is comprised of predominately teenage mothers. I received cultural messages in both my extended family and in high school regarding early motherhood which clashed with the cultural message I received from only my parents to obtain a college education. These conflicting cultural norms influenced some part of my developmental process as an adolescent.
Furthering my interest in adolescent pregnancy and motherhood, I have witnessed in the community a lack of resources which foster resiliency in adolescent mothers, such as strong alternative education programs with on-site childcare, parenting groups, and life readiness skills programs that teach life skills such as interviewing and dressing for jobs and organizational skills.

Admittedly, I am not biased against the behaviors of early motherhood, as my culture embraces early childbearing and marriage. However, I am biased against pregnant teenagers and teenage mothers who are remiss in finishing their education, such as high school. As such, this researcher’s intentions is to increase understanding of how teenage mothers make sense of their experiences of early motherhood, and facilitate the internal shift with skills from the I hope to advocate for teenage mothers in terms of interventions for social and educational support.

This researcher did not know any of the participant’s stories, which may be a bias in the study. However, experiences recounted may have conflicted with the researcher’s own experiences. To counteract this, the participant’s narratives were recorded and transcribed verbatim, which did not allow for any researcher bias on the recount of their stories. To further counteract researcher bias, the transcripts were reviewed several times. The researcher also created reflective memos to reflect on any potential bias.
Chapter Four: Research Findings

Many teenage mothers attempt to balance the developmental tasks of adolescence with the demands of motherhood, while simultaneously attempting to complete high school (Beers & Hollo, 2009; Letourneau & Letourneau, 1997). Developmentally, teenage mothers experience physical, emotional, and psychological changes, and thus need social support from their peers and their environments in order to meet the challenges of being a mother combined with the tasks of adolescence (Hess, Papas, & Black, 2002). The goal of this study was to gain a greater understanding of how teenage mothers make sense of their experiences that have fostered resiliency by answering the question: How do adolescent mothers who have experienced academic, educational, and parenting success make sense of those experiences that have fostered resiliency?

Participants

Resiliency is defined as the disruptive process, which interferes with negative trajectory as a result of the challenges faced, thus resulting in adaptation and subsequent positive outcomes regardless of adversity (Weed, Keogh, & Barkowski, 2000). The following five participants showed resiliency as teenage mothers despite obstacles they faced, resulting in positive educational, occupational, and parenting success.

Tammy was sixteen years old when she became pregnant with her daughter. After giving birth, she graduated high school through an alternative education program a year earlier than her peers. She attends community college, is employed, and parents her daughter in the home with her fiancée. Her future plans include further college for her Bachelor’s degree.
Valerie was 17 years old when became pregnant for the first and second time. She graduated from an alternative high school. She is gainfully employed at a logistics company, married, and parents her two children at home.

Rose became pregnant during her junior year of high school, while she was in an alternative education program. She obtained her GED program through a dual GED/community college program, and later obtained her Associates, Bachelor’s and Master’s degree. She is married, and parents her three sons at home.

Amelia became pregnant between 10th and 11th grade. She obtained her GED, and went onto obtain an Associates, Bachelor’s and Master’s degree in nursing. She is married, employed as a nurse administrator, and parents her son while he is at college.

Stasis became pregnant with twins in her senior year of high school. She graduated high school, and later graduated from a secretarial trade school, and later obtained her Bachelor’s degree. She is employed, and parents her twins while they are at college, and a third son at home.

**Pre-Pregnancy**

This section explored how participants made sense of their experiences prior to their pregnancy in terms of how their environment responded to the changing developmental needs as well as how the participants adapted to their environment. Several participants described their experiences within different environments and explored how they made sense of how their developmental needs were being met (or not met) and the potential obstacles they faced towards achieving success academically and occupationally. These experiences were often referred to throughout the course of the interviews. In addition, several participants reflected on their interactions with their families, and how the home, school, and other environments influenced their pregnancies, after birth, and subsequently parenting.
Home environment. The transition from adolescence to adulthood is often marked with challenges, as the adolescent attempts to meet their developmental milestones. The majority of the participants noted they experienced strained relationships with their caregivers (mothers and grandmothers) as well as their extended family prior to pregnancy. These strained relationships impacted their developmental process. Many adolescent mothers reported a disconnect or lack of caring by caregivers, which was indicative of a mismatch of the home environment with the changing needs of the adolescent.

Tammy noted that both her parents were missing from her life due to her mother’s struggle with alcoholism and her father’s drug addiction. She shared about her mother:

…Well, umm she was never really a mom, she didn’t start being a mom until I was 18, when she finally sobered up and went to AA. She’s always been my best friend, so I regret that. I regret not having a mother daughter relationship with her.

The absence of the mother figure as a caregiver impacted Tammy’s emotional development, which led to drug use:

Yeah, when I was thirteen through fifteen, I was addicted to um, marijuana, cocaine, um, even crystal meth, and um, just different prescription drugs.

Her grandmother became her dominant caregiver, due to her parents’ inability to care for her. Although her grandmother took on the maternal role for Tammy, the negativity her grandmother felt for her own daughter’ drug use and teenage pregnancy affected her relationship with Tammy. She received angry messages from her grandmother about her parents:

…look where your mom had you, she had you when she was 16 and look how awful she’s doing. She’s slinging bar tabs. Where’s your dad? Well, he’s a crack head and he’s in jail. Well, how did that end up? What kind of relationship do they have now?” Hmm,
well they don’t talk.” So she was kind of enforcing on me “don’t take the same path as your mom” everybody, her- my, uncle, “don’t take the same path as your mom, your mom is a loser” everyone told me that. My aunt, my mom’s sister: “look where your mom is, she’s a loser, you don’t want to end up like her.” Constantly pushing me my whole life to stay clear of my mom’s path, who was, who they thought of as such a dark way to go.

Similarly, Amelia also experienced a strained relationship with her parents. She recounted the abuse she endured at the hands of her mother. Now reflective of her adolescence, she tearfully remembered:

…. Um, you know, I said my mom was mentally ill, there was a lot of physical abuse, and I remember being at school, getting phone calls from her threatening me at the school they had like 50 students in it, and the teacher would come over and say “your mom is on the phone again”...

Her relationship with her father was difficult, as well. With great sadness, she recalled:

Um, my father was gone a lot, working in the church. I think to escape, um, some of the craziness that my mom…

Amelia and Tammy both shared difficult interactions with both their parents, with absentee father figures in their lives. Both Amelia and Tammy shared the mental and substance abuse issues their mothers encountered. The lack of emotional support that their parents should have provided to be considered successful at meeting their developmental needs resulted in created a home environment that did not adequately meet their developmental needs. For example, their parents were unable to set limits and boundaries that are necessary as adolescents develop during the transition from adolescence to adulthood.
**School environment.** The transition into middle and high school is often marked with developmental changes as adolescents learn new social roles and expectations in a new environment (Gutman & Eccles, 2007). As several participants experienced difficulty with the transition, at risk behaviors emerged. Several participants indicated they had difficulty with conduct in high school (skipping school, talking in class, not doing homework), as well as engaged in substance use (drugs and alcohol). The school environment did not meet the developmental changes and needs of the participants, and the behaviors continued. Tammy shared:

…I skipped school a lot. I eventually was sent to alternative school at the end of my eighth grade year and then I was sent again at the end of my ninth grade year. I was making, um, I guess you say moderate grades, um C’s, D’s not high, a few B’s. But my conduct was horrible I was constantly talking in class, I was constantly skipping….I was in RTOC, and JRROTC, because it was junior, but I wound up getting kicked out of ROTC because I ended up accumulating 11% of total, um, total units of ISS hours, so I ended up getting kicked out. My grades suffered ‘til February when I was switched to alternative school. I always excelled in alternative school, because there was always so much structure, and it was very hard to get in trouble. I always did well with a lot of structure.

Amelia was homeschooled after her parents removed her from private school, due to academic struggles. The curriculum was the same, yet Amelia still struggled. She received no help with her work from her parents, due to her mother’s mental illness and her father’s frequent absences. This, coupled with a learning disability, led to educational challenges for Amelia prior to her pregnancy:
…there wasn’t really, um, a whole lot of teaching going on. It was a self-paced program… they decided to take that route to teach me at home and my dad would teach me at night but that really never occurred. Um, and I can remember kind of being on my own and going through the paces and but I really don’t feel like I had a good education, a good fundamental education. And you know, that set me up for, struggling once I did go to college.

Amelia often did not complete her schoolwork, which she attributed to lack of emotional support at home. She recalled with a regretful tone:

Um, and I can remember kind of being on my own and going through the paces and but really I don’t feel like I had a good education, a good fundamental education.

The developmental changes that Amelia experienced during her transition from middle to high school indicated that she struggled with the new environment, to which her parents responded by homeschooling her. However, her parents did not provide instructional support to Amelia at home to teach her lessons, and she still struggled. The process of education and development was disrupted, towards a negative trajectory. Her home environment that served as a school was not responsive to her needs academically, socially, and emotionally, which resulted in her dropping out of homeschool after she became pregnant.

Tammy’s school utilized a self-paced curriculum, which both women found beneficial. Tammy described:

I went two days a week, two hours a day. And whenever you got done with your work, they gave you more. If you got done with History 1301, they moved you up to 1302, or whatever. So it was, you know, graduate when you want. But I wanted to graduate a year early, so I did the work, and they commended me for it, and they were proud of me.
Valerie also noted:

You had to go, you had to make the grades. And I came to school every day, got my grades up, starting passing.

Changes in the environment occurred when Tammy and Valerie were transferred to an alternative education programs, which better suited their educational needs. Once Tammy and Valerie were moved into an environment, which addressed their educational and developmental needs, their grades and school attendance improved. The structure of the school which mandated attendance encouraged both Tammy and Valerie to attend classes. Both Valerie and Tammy noted that the self-paced curriculum of the alternative schools enabled them to work at their own pace, which led to less academic pressure and more success.

**Other environments.** Prior to pregnancy, Amelia gained most of her emotional support from peers in the homeschool community and church members:

I was heavily involved with the youth group. Um, we had a homeschool, um, program or…or like a support group that met once a week and we would go to the Y and have activities and lunch and gym, swim one time a week. But I was pretty heavily involved in youth group at church, I considered a lot of the people in my youth group family.

Stassi spent time with friends:

I did do things like that: meet my friends at the movies, go to the mall, skate- well, we didn’t go skating. We did like the mall, and just, ah, go over girlfriend’s houses.

Conversely, Tammy’s interactions with her friends centered on drug use, yet meeting her future husband convinced her to stop using drugs:

I was friends with the drug addicts…. I had met my husband, outside of school.
And he told me if I loved him, I would stop doing things, so I pretty much went cold turkey and quite. Um, I mean for smoking cigarettes. And um, so he kind of, whenever I met him, he kind of changed my life. Um, everything was good, and I started doing better in the school I transferred into…

During Pregnancy

The emotional and physical changes associated with pregnancy are also accompanied by the simultaneous developmental changes of adolescence. As the pregnant teenager attempts to meet the developmental tasks, she must also attempt to balance the growing emotional and physical changes of pregnancy, which may lead to a dual developmental role conflict.

Several participants made sense of their experiences as a pregnant teenager who received negative reactions from home, school, and friends, which often resulted in feelings of loneliness and social isolation. The theme of isolation emerged in this study, as several participants also described how former friends didn’t engage them in social activities once they were pregnant, which lead to decreased support and further isolation.

Home environment. Support from family is noted to be an important area for pregnant adolescents who now have further needs in addition to developmental need, such as prenatal care and preparation for birth and motherhood (Beers & Hollo, 2009; Camarena, Minor, Melmer, & Ferrie, 1998; Harris, 1997; Hotz, McElroy, & Sanders, 1997; Letourneau, Stewart, & Barnfather, 2004). Several participants noted the lack of emotional and physical support they received at home during their pregnancy. Amelia, Tammy, Stassi, Rose, and Valerie spoke of how strained relationships within their family (Eccles et al., 1993), which is common as adolescents become pregnant and subsequently, mothers. As adolescent mothers attempt to meet their developmental tasks while managing the demands of motherhood, emotional support from their home
environment may allow the adolescent to adapt to the challenges (Beers & Hollo, 2009; Letourneau & Letourneau, 1997; Letourneau, Stewart, & Barnfather, 2004; McDonnell, Limer, & Connor-Godbey, 2007). The lack of emotional support from Amelia, Tammy, Rose, Stassi, and Valerie’s family affected their ability to overcome challenges that emerged from attempting to manage developmental tasks while also being pregnant and preparing for birth and motherhood. Tammy shared:

…like, when I got pregnant she was like “okay, we’ll do this with David? Why is it David’s baby? You know, he’s illegal. He’s never going to amount to anything. You’re going to live in a trailer for the rest of your life, and not have a good life.” Okay, okay. I just wish, she could have been a little more supportive than she was, supportive towards me and loving towards me and of course loving towards Layla. I wish she would be a little more accepting of David and the situation I created with him.

…my aunt was drunk and she wound up coming over that night, and trying to fight me and um, it was really, it was sad that I couldn’t have the support that I needed…

Similarly, Stassi’s mother withdrew social support in terms of encouragement, and emotional support. She recalled:

As far as my mental support and emotional support, um, I got most of that through the teen group. I never expressed my feelings with my mother. Um, she didn’t give me the support that I needed. So it was really from that support group. I discussed the fears that I had, or the emotions and shame I was feeling. And I wasn’t the only one that felt that way…Um, if you looked at anything in this study, I think there should be a strong emphasis on support. Teen moms need a lot of support.
Stassi also encountered a lack of emotional and physical support from her mother during her pregnancy. She inferred her desire for her mother to emotionally support her as an adolescent and pregnant teen, but also her educational aspirations. Despite Stassi’s intentions to stay in high school and graduate despite being pregnant, her mother discouraged her continuing and completing her high school education:

…It wasn’t, you know, “I want you to go to college, you’re better than me.” There was none of that. She told me I could sit a year out if I wanted, because I was pregnant, and I didn’t have to go. And um, no, that wasn’t something I wanted to do. I felt very strongly that I wanted to graduate and on time. In fact, I wanted to go to college, and she didn’t support me…

Valerie’s mother exhibited a lack of support for her with her first pregnancy. Valerie noted that after she shared with her mother that she no longer wanted to be with the baby’s father, her mother tried to convince her to abort the baby at 15 weeks. Valerie refused, but at the doctor’s appointments, Valerie’s mother’s pressured her to terminate the first pregnancy, thereby no providing emotional and prenatal support for her daughter. Valerie described what led to the abortion of her first pregnancy:

…my mom really believed it or just thought it would make me feel better, but she just kind of, over the next few days, stressed that I really didn’t want to be with Lenny, and there was something wrong with the baby…she kept telling me “well, she’s probably not growing”, and this and that. They said that was the best option. I really don’t remember a lot of those days. I don’t remember thinking, or my thought process. I remember thinking I was overwhelmed at the time….I never got to find out the sex for sure of it, but I kind of, in my mind, I’d already named her… and afterwards, my mom called my dad and
called my fiancée and told them I had lost the baby. Um, and that’s kind of the story I trick with my friends and family… it’s not a decision that approve or wish I had done, um, it’ something you have to live with every day. There’s not a day that goes by that I don’t think about it, or think about her or my decision.

During pregnancy, the home environment for all the participants failed to meet their developmental needs both as an adolescent and a pregnant woman.

School environment. Being pregnant in high school proved difficult for Valerie, especially for social interactions with non-pregnant peers. She also described the challenges of her body and emotions changing, while she was trying to meet the needs of her pregnancy as well as adapt to her needs as a teenager:

High school is very tough to show up every day and be part of the group and communicate and just be social when you’re pregnant. You have so much going on in your mind and so stressed out, you are checked out of school. You are more focused on “how am I going to do this, and when is this going to change?” You know, your body’s changing and there’s so much drama at that age, too… Um, and when you’re pregnant, you are almost on an automatic switch. You have to start thinking a little older and more mature…

Despite the lack of support from their non-pregnant and parenting peers, Tammy, Valerie, Stassi, and Rose found support through their high school programs, which create a new environment which changed to the changing needs of the adolescent.

Valerie described:

When I got pregnant, there was already two other pregnant girls. So it was kind of a more understanding and supportive environment. I told my principal at first, there was only
like 200 kids in the school, so it was very little. Um, I told her at first, and um, and you could tell she was discouraged. I had to talk to her about my schooling, because I technically would have had an extra year, after the baby. And I just told her I needed to graduate, what could we do- that kind of thing, um. I talked with you know counselors, mainly my school and how to get me graduated and out early. They had what I call the minimum plan, and they had gotten rid of that the year I entered into high school. So now you had to have 2 years of reading, or 4 years of math and science whereas before you just had to have 2. They ended up talking to the Smithers’ supervisors and faculty and allowed me to graduate on the minimum plan …

The educational support Valerie received from administrators and pregnant peers and parenting teens provided a more responsive environment to the changing needs that Valerie experienced as both an adolescent and as a pregnant adolescent.

Valerie experienced challenges when she graduated early from the alternative school and enrolled in community college:

I went to school fulltime that fall semester and I probably stuck with it for two or three months. I started skipping class, or talked myself out of it- “I’m too pregnant to go” um, different excuses. I ended up dropping out of school and I didn’t even drop out correctly, so I ended up with D’s and F’s- all sorts of things on my transcript…

Valerie’s experience was unique in that she already was pregnant when she was completing her alternative education high school program, with the intentions of graduating early before the birth of the baby. She was pregnant again less than three months later, when she began her first semester of college. The lack of emotional support from her mother combined with no support at the time from her boyfriend to attend classes led to negative outcomes, such as
dropping out of school. In addition, to the lack of support given by her mother, Valerie was also again struggling with meeting her developmental tasks of an adolescent combined with a second pregnancy.

Rose enrolled in the alternative program, noting she did correspondence classes with the alternative program, but dropped out of that program and did not graduate, due to it not being a good fit with her both her educational needs and her needs as an adolescent mother. However, previous to her enrolling in the GED program, she did receive emotional support at her high school from a teacher:

There was a teacher that was younger…So, she kind of took me under her wing and helped me, because my parents didn’t know. I didn’t know ‘til about four months, she knew I was um, so my parents didn’t really know until I was about seven months pregnant. She helped me, so she was my major support structure system.

Rose continued her education at the GED/community college program:

…We had a program at the time for- for people like me, young girls that were pregnant….and you could work on both high school and college credits, um, and so I was working towards a high school diploma through the college…. I surprisingly felt better, working with the other teachers and students, rather than the high school, which pushed me out into the big bad world with the druggies and I didn’t fit in there. So that’s why I ended up finishing with the college. The faculty at the community college was great- they were very encouraging, treated me like the adult I thought I was at the time. And I they’re the reason I continued education. They accepted me and accepted my child. You know, I missed a lot as a new parent, not knowing what to do, but they were pretty encouraging actually.
Rose’s changing developmental and educational needs were addressed by the combination of GED and college classes in a campus environment, which was more suited the adult-like needs of her as a mother. She was surrounded by peers who shared similar experiences of being pregnant and mothers, all working towards the similar goal of educational attainment. These peers provided Rose with social support as she continued her education.

**Other environments.** The emotional and developmental changes that Valerie experienced as both as a pregnant teenager and developing adolescent compounded the need for social support from her peers, yet the pregnancy set her apart from her social group. She yearned to be a part of the social group and interactions associated with high school girls, yet her status as a pregnant teenager made her socially not part of the clique, whether it is on her intrinsic perceptions or theirs. She had concerns and fears that her non-pregnant peers could not relate to.

She noted with resentment:

Um, there were girls that I hung out with beforehand, and we didn’t really talk as much and we didn’t do anything of that, because they couldn’t relate. All they wanted to do was play and not think about anything, and you can’t do any of that when you’re expecting a child.

These negative reactions from peers resulted in further social isolation, which impacted Valerie’s developmental needs as a 17 year old adolescent, as well as a pregnant teenager who needs support to overcome challenges, such as attempting to care for themselves prenatally and prepare for birth and motherhood. Without support and adaptation to the environment, these challenges may escalate into feelings of social isolation (Lowenthal & Lowenthal, 1997) as it did with Stassi:
I felt alienated. I felt isolated. I felt afraid. And I felt that I couldn’t go home and tell my mother how I felt. I felt so embarrassed, I felt like I would be a statistic. I even felt my life was over when I couldn’t go to college. I felt suicidal. I felt I ruined my whole life, because I was going to be the one who changed. I didn’t wanted to be the one who followed the parents that just graduated from high school.

Rose was also surprised at the negative reaction from her school teachers and administrators, who viewed her teenage pregnancy as the beginning of an unfavorable trend.

Rose also described how the school administrators viewed her pregnancy as the result of juvenile delinquency or poor parenting, and created the Bridges program for troubled youth such as her.

When asked to elaborate on the educational challenges, Rose replied with:

Yeah, how can I go to school? It’s hard to balance having a real job with who, was at that time, having a baby, and balancing that with a school schedule…I had to decide whether or not I was going to finish high school or work full time. Um, social, having a child you are not able to partake in some of the recreational things that were done prior.

Rose was unable to focus on her education due to her changing needs as a teenage mother. Her educational environment was nonresponsive to her educational and developmental needs, since she no longer was able to fit in socially. The social differences were pronounced between herself and her non-pregnant peers, which may have led to her dropping out of high school and pursuing a GED.

In high school, adolescents strive to fit in with their peer groups. Through social support from peers, adolescents are able to meet their developmental tasks, and transition from adolescence to adulthood, with fewer risks. Adolescent mothers are at higher risk for negative outcomes, and social support counters these risks by disrupting the negative trajectory. However,
left unchecked, the deterioration of social support may lead eventually to further social isolation, and subsequent depression, resulting in negative outcomes. All participants noted the feelings of social isolation during their pregnancy, as their impending pregnancy set them aside from their peers. Several participants shared negative comments they overheard from their peers at school. Stassi’s experience in high school as a pregnant teenager left her with feelings of great embarrassment and shame, with further social isolation due to her carrying not only baby, but two. She noted:

...I was the talk of the whole school. It was the most embarrassing time of my whole life.

I was, I had a lot of pointing, whispers when I walked down the hallway, you know:

“that’s the girl that’s pregnant with twins, that’s the girl with twins, and I heard someone say “oh, her life is over.”…

Tammy’s experience was similar as far as negative reactions:

... I got the nasty whispers at school. especially being a private school and you know my old friends that I went to public school with, they talked on MySpace and “oh she’s pregnant, and that’s why she transferred to that private school in the first place because she’s a whore, I got called horrible names and slanderous things and...it was horrible.

Rose also had a similar experience with how peers reacted at her school. Since she was the only pregnant student at the time, she lacked social support from peers. She said sheepishly:

...some of the parents weren’t excited that their daughter’s friends ended up pregnant. So I felt distant from people and I expected it. It was kind of a lonely time…

Amelia also expressed sadness with how her pregnancy affected her relationship with her friends in the church community, since her church family turned their backs on her, which she interpreted with sadness that they were disappointed in her pregnancy. The social isolation:
there’s a lot of isolation for my pregnancy, which it I know a lot of teenagers that kind of isolate themselves home anyway? That’s kind of the process of them breaking off and becoming independent um, you know that’s a process that every teenage goes through, but I think it was accelerated by the pregnancy, and the realization that um you know, truly I was the only person I could depend on. There was really, there were a lot of feelings of being alone…I felt like my friends kind of backed away. I felt like everybody who said that they loved me, it was conditional. And now that I made this mistake, there was no support…

Since Amelia was homeschooled, and then dropped out, the only peer interactions she received was through the church community. As they withdrew social support, she became socially isolated. Her internal drive motivated her to adapt to her environment as a pregnant adolescent, which forced her into resilience.

Valerie also struggled to find support, since her relationship with her mother was strained after her initial pregnancy was terminated. Valerie was 17 when she became pregnant for the second time. She broke up with her then- fiancé, and was not receiving social support from him. She shared:

So I’ll go party and play, and I went to a party with a friend, and had what I thought was going to be a one night stand, um, and I wasn’t very promiscuous before Lanny. So I thought I just got out of this huge, horrible relationship, and I’m just going to have fun and who cares, and um, I have birth control- it was like three months before you had a cycle, so I just started it, so I thought I was okay on that. And when Adam, my now husband, um, so it turned into kind of like a booty call. I would just kind of go over to his house and hang out, and have sex.
And once she learned she was 15 weeks pregnant, Valerie shared that she felt lost, that she had no idea, not enrolled in college or anything. I had to take care of a child— I have no clue….

Several participants noted that despite initial lack of support at home when they first became pregnant, a few participants’ families responded with emotional or physical support for the pregnant adolescent. Amelia noted that despite her parents’ original reaction to her pregnancy, her mother gave emotional support:

Well, you know as crazy as this sounds my mother was very mentally ill, I think that she maybe um, connected with more as a mother …as a pregnant person. She took an interest in my pregnancy and the development and all of that. She was also a teenage mom, so I think maybe she identified with me a little more.

Stassi noted that:

…. I actually found a support group I went to when I was in high school for pregnant teenage girls Yeah, I don’t remember how much we met, I want to say at least once or twice a month…And we all just talked about just being pregnant teenagers and birth plans, breastfeeding and just a lot of our emotions. We talked about the relationship with the father or whether our families supported us, of that nature. Our fears, a lot of people discussed how they got pregnant, like “I was on birth control and I could pregnant,” or “one time I tried…”- I’m just saying, not me, but other people told their stories. …. 

**Postpartum**

Several of the participants’ experienced obstacles with social support from home, school, and other environments following the birth of their child.
**Home environment.** Tammy noted:

Umm, it was definitely communication with David. David is like my rock. My grandmother. She plays a huge part in everything, of course. My mom, is pretty um, influenced. Not as much as others. My uncle is constantly drilling me, “Hurry up, hurry up. You gotta do this, you can do better, you can do better.” Um, my mom’s ex-boyfriend that she broke up with when I was fifteen, um, he still comes around. He’s considered a family friend now and he’s awesome. He always helps me if I need something, or Layla needs something. He always there, and he constantly better, “you can do better.” They are always behind me, communicating with me and supporting me and I have done a lot better.”

Rose described the lack of support she encountered after the birth with disdain, but also seemed to maintain an uncaring attitude about the distance between her family and her friends as a result of the pregnancy. This may be interpreted as hurt from her outcast position from not following the family viewpoint that she should marry the baby’s father, which she refused to do.

I didn’t have many people at that point. Um, you kind of lose your friends when you have a child. That day and age… now- you have a TV show…. Yeah, it was not cool to have babies in high school then. I didn’t really have any. It was me and my son, and the grandparents were… you know, just kind of distant. Nobody was really mad that it happened, and if they were, they didn’t express that to me. But I just decided if I’m going to make the decision to bring into a child into the world, I’m going to have to deal with it.

Rose noted that felt that she could only depend on herself once she made the decision not to marry the baby’s father, which went against her family’s wishes:
I was kind of, how do you say, I was encouraged to marry the father….. Well, that’s the thing. My family’s pretty traditional, and they just wanted me to marry the dad and you know, call it that. I always knew there was more to life and I went to college. They didn’t go to my graduations. You know, I just felt like I was trying to rise above the stereotypes. I didn’t have much support from my family. I didn’t just… marry the dad. I didn’t do that. And it was weird that I didn’t want to do that….So I moved out, I ended up lying about my age to get my apartment. So I got an apartment and kind of decided to take things into my own hands. I lived on own, I didn’t live with the baby’s father.

Rose’s decision to move out of her family’s home aligns with her desire to demonstrate her autonomy and independence by securing her own housing for her and her child. In addition, the family home was not responsive to Rose’s developmentally changing needs as an adolescent and now adolescent mother, since they did not enable her to take part of the decision-making process in the family. Similarly, Stassi also experienced a lack of emotional support from her mother that she perceived affected her developmental process. Stassi described how she wanted to provide her children with emotional support, since she lacked it as an adolescent:

Well, I looked at some of things as far as how I was raised. My mother, um, lacked some areas, some areas she lacked in that I made sure I filled those voids. For example, she wasn’t there for me emotionally, so I make sure I am there for my children emotionally. I really care about their emotional needs and also, just wanting to give my children a better life than I had and to be a better mother.

Stassi reflected that the emotional support she received from the teenage support group as well as the trade school interrupted the negative trajectory of the challenges of being a pregnant adolescent as well as meeting her developmental tasks (including high school). Stassi shared a
parenting challenge she experienced as a teenage mother during an incident when she took her twins to a horror movie, thinking they would sleep through it. A friend suggested that this was inappropriate, developmentally for the children due to the violence and horror content of the movie. Stassi noted:

Um, I didn’t have it right, when I was younger because I had them younger. … And I learned in passing what you should and shouldn’t do, and then I was like, there is some rules to this parenting stuff and you know, it made me thirsty for knowledge. I wanted to find out how to be a better parent which I read a lot of books.

Amelia shared:

I will tell that when I found myself in the situation of being a single mom, divorced, with a baby that was 3, and in the city, I will say that my parents really rallied around me. Um, they really encouraged me too, I told them what I wanted. And I remember my dad saying: “you know, you’ve gotta do something different.” They wanted me to come home, and live under their roof, and go to school with them, but I knew that wasn’t the best situation from history I felt that if I went back to this small town, I would be trapped… You know, I remember them coming up when I went to the community college, and my dad drove me to the college. Just to look at the college, and I felt very supported. My dad tried really hard to find a trailer, a nice trailer so I could have privacy and not have to move around so much. I was moving quite a bit just so I could, I moved a lot for financial reasons, so I lived in a few homes, four or five places and so I just remember him saying you need to just pick a spot and get settled and stay there. I really felt like my parents stepped up a lot when I decided to go to school.

Stassi noted:
I got the support but it was not emotional support. It was, you know, help with the babies, changing, feeding. Um, if I needed an emotional break when they’re crying all night, I didn’t get that kind of support. One time, you know, I remember, they were like, maybe six months old, they wouldn’t stop crying. And I just remember yelling “Shut up!” so loudly that my mother came running out of her room, grabbed the babies and said “well, you can lay down and I’ll keep them tonight.” It was- I didn’t know how to express “Mom, I’m overwhelmed, Mom, I need help.” I just felt like you know I needed mental times, that time out that mothers need…” She continue on “I wasn’t told that every mother needs that, just every mother feels overwhelmed, and needs things. So that was a huge challenge for me.

The lack of emotional support that Stassi received from her mother was indicative of how the environment failed to meet the developmentally changing needs of Stassi as an adolescent and as an adolescent mother.

In the home environment, Tammy’s social support from her grandmother and her boyfriend provided with the motivation to overcome the challenges of motherhood. Tammy noted that:

If I didn’t have them behind me constantly pushing me, David especially, I would just get a little job and have Layla and we’ll be fine…so I would not be where I am on this awesome track that I am on now.

Similar to Tammy, after the birth of her child, Valerie shared that support was the key component to overcoming challenges as a mother:
Um, I think it’s the support. The fact that I had a dad that’s very involved and I have cousins that are very involved. Even if our parenting styles are a bit different, I’ve always had someone there to ask for help.

Amelia also experienced social support after the birth of her son, and mostly after her divorce. Her father encouraged her to enroll in community college classes after she obtained her GED: “You know, I remember them coming up when I went to the community college, and my dad drove me to the college. Just to look at the college, and I felt very supported.”

**School environment.** Several participants found support through the school environment, which allowed them to adapt to the challenges of being a pregnant adolescent as well as meeting their developmental tasks. Most participants met their developmental tasks of adolescence with social support from extended family members, alternative school programs and GED programs, and support groups and peers. Stassi also noted the challenges of completing adolescent tasks of development while balancing educational needs with the demands of motherhood:

I got accepted into Temple, and I was going to be a Social Worker, major in Social Work. I had to drop out, well, actually I couldn’t go, school started in August and I have birth in August. I wound up going to a community college but I didn’t have anyone say “you know, I’ll watch the babies while you go, you stick with it while you have one class at a time.” I didn’t have anyone, it was too- it was overwhelming. I ended up dropping out of community.

Tammy noted:

Um, it was super, super hard. Like that first semester I really went to college-it was really horrible to begin with. I don’t say that I wish I could do it over, because I don’t. It was so
horrible. It was like one of the darkest. And it’s, um, whenever I went, I wanted, I got around people that were, you know, my age or older, and they didn’t have kids, and I saw what that was like. And I was like “Oh my god” you know that, they were all partying and having fun and I was missing parties and stuff like that cause I had already done and I wasn’t going to miss that. But then I came around all these college kids and they can do it and I do miss that. And so a more, of my 17 year old side, at that stage. I would tell people, “yeah, I have a daughter, I have a daughter” and then I’d turn around and be like “so, you’re having a kegger?...”

Tammy’s developmental needs were not met, as she experienced challenges while she attempted to balance her own developmental tasks of academics and social interactions with college peers with the demands of motherhood. Since the majority of her peers did not have children, she received no emotional support from them, and so she did not adapt to the new environment, as it was not responsive to her changing needs.

Stassi was able to balance the demands of motherhood for twins with meeting her own developmental tasks by receiving social support from her peers and instructors at the trade school:

We were like a support group for each other, because we were all struggling to get off welfare and to get ourselves self-sufficient. And the teachers they had there, these women who had stories who overcame obstacles, and they shared with us, and that inspired us to want to aim higher and get off welfare.

Amelia and Rose also experienced social support from their school programs that encouraged them to complete their education, thus fostering their resiliency and positive outcomes.
Amelia recounted how she asked the advisors at the community college for advice on career paths, after she went:

… to the college and literally put the book in front of them and said “what in this catalog can make me a future for my son? What will make me a good living so I can support my son?” and they said “Oh! Nursing is a good profession”…

Valerie and Tammy enrolled in alternative education programs, which provided educational and social support necessary for their dual roles as pregnant teenagers and adolescents meeting their developmental tasks.

**Other environments.** Stassi shared that her pregnant teenager support group provided her with motivation to attend classes and graduate. Just talking to the group- that helped me say “I want to stay in school, and I want to graduate”… I remember it being an integral part of my graduating… I had the support from this other women in my group that said “We gotta keep going and not be a statistic.”

Rose also share her internal drive to adapt and become resilient:

Education was very important to me…I think that if you make the decision to be a parent, you have to not be dependent, to develop autonomy from your life as you know it.

For other participants, the transition from high school to college was marked with obstacles, in terms of meeting their developmental needs as an adolescent as well as a pregnant or teenage mother. Several participants began college before the age of 18, which was a challenge as they transitioned from a smaller high school or alternative education program to a larger college campus. Most found the transition difficult, not only as an adolescent but also in the dual role as an adolescent mother.
Amelia experienced challenges when trying to gain resources in the community after she moved. She encountered a negative reception from the welfare office workers when she had to bring her son with her. She also experienced poor outcomes when still married as a teenage mother and attempting to gain resources in the new community of Buffalo. Amelia spoke with disdain:

… no support. We tried to connect with um, churches there. There was even a, um, there was even a program that was specifically you know for teenage pregnancies through church. And I remember trying to reach out to that organization and feeling “you’re saying one thing, but when I need you at my lowest, you’re not there for me. You don’t have the resources to help me, you’re not interested in me, because now that I have my baby you’re not interested in that. You’re only interested in keeping babies, not interested in helping people or support when they’re done.” And I remember reaffirming …you can’t count on anybody but yourself.

In addition to the lack of support found in the new community to which she and her husband moved, Amelia was also faced with lack of social support from her husband in regards to continuing her high school education:

Amelia received no emotional or physical support from her husband while she wanted to secure her high school diploma. Amelia shared that she remembered:

being very resentful of that. The plan was... that I was going to enroll in the high school in the Buffalo area, and complete my high school. But that didn’t happen. I after, a lot of excuses being made, I wasn’t a priority. Childcare, his chipping in and, it was pretty much me being the 24 hour childcare. And I worked. Um, I worked at Burger King, and brought in income while he studied, so like you know, promises were made and they
weren’t kept to you know, “you’re not smart enough” and “that’s why we wanted didn’t want to invest in you going back to high school, cause you’re not going to be able to do it.” For a little while, I believed those messages, um, but I think when I started pushing back, saying you know that I am my own person and no one is going to tell me, and that’s for me to decide. I think that’s when things started to go badly between us. I am not someone who wants to be controlled.

Amelia’s experiences with her husband reflect her desire to exhibit control over her decision-making process, which Amelia demonstrated when she refuted her husband not allowing her to go back to high school. Her lack of social support included childcare and emotional support to continue her education. She was also given the burden of supporting the household financially while he went to school, something that she resented as her opportunities for growth and development as an adolescent were diminished.

Many participants encountered financial obstacles, as they were challenged to attend college or work without being able to afford childcare. The home and school environments were not responsive to the financial needs of the adolescent mother, so the participants turned to public assistance. Once enrolled on welfare, Medicaid, and Women’s, Infants, and Children (WIC), the participants were able to overcome financial obstacles in a short period of time (less than three years). However, some participants recounted their experience with regret, as they were ashamed at the time. Yet, the participants used getting off of public assistance as motivation to complete their education.

Stassi noted that after she dropped out of college she enrolled in public assistance:

I didn’t want to be on welfare. I don’t know if you are familiar with how welfare is, but back then it was a very humiliating experience. Because we had the paper food stamps
and on your day, you had to go line up outside the little, um, I don’t know what you call it, it’s like a bank but not, and you stand and get your cash and your food stamps. And you’re in line with drug addicts, and young people who were teen moms, and I did not want to continue to bring my children to collect my welfare check and food stamps. And that’s what pushed me—there was something inside that I don’t want to live this type of life. I didn’t have a mother that said “you don’t wanna live this type of life, you need to get off welfare, and go and get a job.

In comparison, Amelia also enrolled in public assistance and had a similar experience while standing in line for her public assistance check. She noted:

…No family, no car, no education, no nothing and I had a roof over my head and that was really about all and so I think that those survival mode kicked in even more and drove me to sign up for welfare and I remember standing in the welfare line and thinking “this is not my life! This is not me. This is not the end, this is not what I wanted for myself and if I don’t do something I’m going to be standing in this welfare line forever, and I don’t belong here!” I really, really did not look at myself as being as the same as the people standing in front or behind me. As a matter of fact, I am kind of embarrassed probably a little bit um, judgmental of them, and …thinking that I was better than them and thinking that if I didn’t do something, I was gonna be there and then never ever going to be anything or have anything and be able to put, but you know make a future for my baby and I remember making that conscious decision in the line that this will never be my life.

Amelia stated:
And I think that, that, and I don’t know, some people can just lie down in the world and die and they are fine with that. And for some people there’s something internal that happens and it pushes them, propels them…I was lucky enough to be one of those people who was propelled by these situations.

The findings of the study emerged through patterns, which created a greater understanding how the participants made sense of their lived experiences of pregnant teenagers and adolescent mothers. It is my hope that this study will add to the research and thus increased resources and intervention programs to assist pregnant teenagers and adolescent mothers and foster their resiliency in terms of favorable educational, occupational, and parenting outcomes.
Chapter 5: Discussion of Findings

The goal of this Interpretive Phenomenological Analysis study was to answer the following research question: How do adolescent mothers who have experienced academic, educational, and parenting success make sense of those experiences that have fostered resiliency? This research study allowed women who were pregnant teenagers and teenage mothers to voice their experiences and how they made sense of those experiences through open-ended, private interviews. Using the theoretical framework lens of Stage Environment Fit Theory, interview transcripts were analyzed to determine how the participant’s environment (home, school, and other) met the changing needs of the participants as both an adolescent and as mother. The interview questions were open-ended, and participants were able to discuss all information they felt was pertinent to not only the questions, but also to their lived experiences. Participants were able to describe their experiences and how they made sense of the obstacles presented to them, and how potential negative trajectories were interrupted and resiliency was established.

This chapter seeks to make sense of the findings presented in Chapter 4 of the experiences of the participants, prior to pregnancy, during pregnancy, and postpartum. The chapter discusses the major themes that emerged as the researcher participated in the double hermeneutic process of data analysis (Smith, Flowers, & Larkin, 2009) and includes how the theoretical framework and literature presented in Chapters 1 and 2, respectively informs recommendations for implications for practice and areas for future research.
Emerging Themes

Three themes emerged as the researcher made sense of how the participants made sense of their experiences that have fostered resiliency. First, participants were able to foster resiliency after they developed the ability to critically assess the alignment of their environments and their own needs. Second, this critical reflection occurred post-partum, when the adolescent mother transitioned from being a dependent child into a mother responsible for caring for her own child. Third, when participants actively engaged in an action plan to better align their environments to their needs, other stakeholders also became more engaged in helping to create environments that better met the developmental and motherhood needs of the participants.

Critical assessment of alignment of environment with needs. Participants were able to develop resiliency after they began to critically assess the alignment of their environments and their own needs. Participants experienced a realization that they no longer could passively depend on their home, school, and other environments changing to meet their developmental and motherhood needs. Participants experienced a moment where they came to terms with the fact that to have their needs met, they needed to actively participate in creating environments that were better aligned to meet these needs through a process of critical reflection. By indentifying and evaluating their individual needs, the adolescent mothers were able to take ownership, devise a plan, then execute that plan, thereby creating environments that matched their developmentally changing needs as an adolescent mother.

Prior to this process of critical reflection, participants were not in control of their environments and often times those environments were not meeting their needs. Almost all of the participants experienced difficult relationships with their mothers and family, both prior to
pregnancy and after birth. Experiencing conflict with their mothers is common for pregnant teenagers and adolescent mothers, which may be escalated following the birth (Mollburn & Jacobs, 2012; Sellers, Boris, Black, Oberlanders, & Myers, 2011). Amelia’s home environment was not responsive prior to her pregnancy (absentee father, abusive mother), so she sought out a new environment for herself through church community, where she received emotional support from peers and older church members. Following the birth of her son, Amelia created a new home environment by moving in with her teenage husband, where she thought the environment might be more stable than with her abusive and mentally ill mother in her own home. However, the marriage experienced conflict when Amelia internalized the verbal abuse she was encountering from her husband. After critically thinking and processing a plan, Amelia stood up to her husband and decided to go back to school to secure her GED. At that point, she adapted to her environment by seeking educational and social support through a school environment.

Stassi evaluated her home environment, which was unresponsive to her needs, since her mother did not offer physical or emotional support for her to complete high school. Indeed, during her pregnancy, Stassi’s mother encouraged her to stay at home during her senior year, despite her protests that she desired to graduate with her class on time. Yet, Stassi adapted to the home and school environments when she demonstrated an early internal shift during her pregnancy, as she recognized a mismatch between her needs as an pregnant adolescent and the home and school environments. She sought a new environment with support from the teenage mothers group, which encouraged her to finish high school on time. After graduation, the home environment continued to fail to meet Stassi’s needs, as her mother did not provide physical or emotional support for Stassi to go to college classes, as she had no one to watch the twins while in school. During her postpartum experience, Stassi again re-evaluated her environment (home)
and sought a more responsive other environment (the trade school) which met her emotional and educational needs, as she was in a program with other teenage mothers and instructors who shared the experience of being on public assistance as a teenage mother themselves. Hurd and Zimmerman (2010) noted that adolescent mothers benefit from natural mentors who are older women that offer guidance and support to encourage the adolescent towards resilience. Stassi’s trade school environment offered not only educational and occupational skills support, but increased social support from the instructors.

Prior to their pregnancies, Tammy and Valerie determined that their developmental and educational needs were not met through the traditional high school environment. They took ownership over these needs and entered into an alternative education program that met their educational and developmental needs, facilitating positive educational outcomes. Prior to pregnancy, Tammy experienced conflict with her mother and extended family due to her drug use, which is common with adolescents who struggle with developmental tasks through conflicted parent-adolescent interactions may include drug and alcohol use, since lower levels of parental support and monitoring are suggested to be related to alcohol and substance use (Chaplin, Sinha, Simmons, Healy, Mayes, Hommer, & Crowley, 2012). Tammy re-evaluated her other environment with her peers while engaged with drug use. While internalizing the pre-pregnancy experiences, Tammy made the decision to change schools, and stop her drug use with support from her grandmother (home environment) and other environment (other environment). During pregnancy, Tammy and Valerie again evaluated their alternative education program and assessed their needs included graduating early through the accelerated program. Rose also evaluated her program, as she reflected that there were no other pregnant teenagers or teenage mothers in her alternative high school, and she was lacking emotional support from peers in
similar situations. In addition, her educational needs were not being met, as she struggled with trying to work at the same time as complete her high school degree. Upon facing these obstacles, Rose critically evaluated her alternative education program, and realized that environment was not meeting her emotional and educational needs. Subsequently, she left the alternative high school and immediately enrolled in a GED/college credit program at the community college. This new environment she created for herself was responsive to her needs as an adolescent mother and college student, since there were other adolescent mothers who were simultaneously parenting, attending school, and working.

**Transition from dependent to provider.** Critical reflection occurred postpartum when the adolescent mother transitioned from being a dependent child into a mother responsible for caring for her own child. Participants demonstrated the developmental transitional task of autonomy, as the adolescent mothers sought to gain control over their decision making process, as well as control over the environment, and thus outcomes.

This catalyst inspired introspection and planning, as the adolescent made the developmental transition at a somewhat accelerated pace due to motherhood, and created plans for obtaining educational and occupational success to create positive outcomes for their futures as well as for their children’s futures. Several participants shared that their greatest obstacle was considered being dependent on welfare, and not being able to provide for their child on their own merits. Stassi and Amelia experienced the internal shift while they were standing in line waiting for their public assistance welfare check. As they stood in line with other recipients, both participants internalized the experience as their breaking point, and began to critically plan out how they were going to interrupt the process of the negative trajectory. The realization that they
didn’t want this for themselves or their children pushed them to create a new environment that met their needs, as they sought education and job training skills which would lead to gainful employment, in order to provide financially for their children. Several studies have indicated that adolescent mothers process their new transition into motherhood and subsequent adulthood towards an internal shift to create or seek new environments which foster resiliency (Smithbattle, 2009; Mollburn & Jacobs, 2012).

Amelia immediately enrolled in a community college program for nursing, after seeking guidance from her academic advisor as to which program would be most beneficial to her in terms of financial outcome and stability. Stassi also enrolled immediately in a trade school, and found the support from other teenage mothers and instructional staff who had been adolescent mothers. Both Amelia and Stassi utilized their welfare assistance to pay for childcare while they were in school, as they both reflected on how although they did not desire to use public assistance, it served as a means to support their educational endeavors, and led to their eventual educational, occupational, and parenting success. Postpartum, Tammy experienced her greatest obstacle when she dropped out of college, and moved in with her new boyfriend.

She internalized the experience as her catalyst to change, when her new environment did not meet her developmental needs. She found a new environment by returning home, and re-enrolling in college, and parented her daughter with her boyfriend. Easterbrooks, Chaudhuri, Bartlett, and Copeman (2011) noted that researchers should broaden the definition of resilience, and limit the parameters of outcomes. Indeed, although the participants experienced obstacles pre-pregnancy, during pregnancy, and postpartum, resilience was evidenced by the disruption of the negative trajectory process. Early adolescent childbearing can be experienced as a positive
transition from adolescence into adulthood (Aujoulat, Libion, Berrewaerts, Noirhomme-Renard, 2010), and may even serve as a catalyst to improve their previous conditions, viewing early motherhood as a new start for both mother and child (Aujoulat, Libion, Berrewaerts, Noirhomme-Renard, 2010; Easterbrooks et al., 2011, Smithbattle, 2007).

**Reciprocity.** When participants actively engaged in an action plan to better align their environments to their needs, other stakeholders also became more engaged in helping to create environments that better met the developmentally changing needs of the adolescent mother. The environment responded to the participants’ demonstration of success in terms of positive educational, occupational, and parenting outcomes as they took charge of their environment by adapting to or creating new environments for themselves. Initially, Tammy’s immediate and extended family was unsupportive of Tammy in terms of educational, emotional, and parenting support. However, her home environment changed and became responsive to Tammy once she graduated at an accelerated pace from the alternative school. After her re-enrollment in college, Tammy’s family then encouraged her to complete her education, and continue on to secure her Bachelor’s degree.

Before Amelia’s divorce, her parents offered limited support to her. Her new home environment with her husband was verbally abusive, as her teenage husband had discouraged her from completing her high school education or securing a GED. Instead, Amelia worked to provide for her husband and her son while he attended college. After the divorce, her new home environment changed, as she created a new environment for her and her child. She completed her GED and enrolled in community college. In response, Amelia’s parents became more physically
and emotionally supportive to her emotional and educational needs, by helping her gain housing, and looking at colleges with her.

Although emotionally and physically unsupportive of Valerie’s first pregnancy, Valerie’s mother became more responsive after Valerie graduated from her alternative high school program, and wanted guidance for attending community college. Valerie’s mother took her to the college and enrolled her in classes. Postpartum, Valerie secured a well-paying job with benefits for her family. Valerie’s home environment of her husband and children responded to her success with increased support, as well as the other environment including her father, who responded to her educational, occupational, and parenting success with increased physical and emotional support.

Summary

Although adolescent mothers may face challenges, many also experience resiliency through adaptation and overcoming the challenges. Despite adversity, many adolescent mothers overcome the disruptions and result in positive outcomes (Hurd & Zimmerman, 2010; Oxford et al., 2005; Mollborn & Jacobs, 2012; Smithbattle, 2007). With support, adolescent mothers may have the exact same educational, occupational, and parenting outcomes as their non-pregnant and parenting teen peers (Furstenburg, 2007; Mollburn & Jacobs, 2012). The process through which this study’s participants processed their experiences resulted in critical analysis of whether the environment was responsive to their changing needs as an adolescent mother. Through a process of in-depth thought and reflection, the participants experienced an internal shift in which they planned out and executed changes to their environment which resulted in adaptation to these challenges, which then fostered resiliency.
Limitations

One aforementioned limitation to this study was the small sample size of five participants. Although many studies in the literature review were conducted at high schools or alternative education settings with larger populations, several studies that focused on the IPA approach involved smaller sample sizes, such as my own. My study gave me a greater understanding of how women interpret and make sense of their lived experiences as adolescent mothers, yet a larger sample size might have yielded additional insights. In addition, due to the nature of the snowball sample, several participants may have lived experiences similar to those they referred for the study. However, all participants indicated they were from various cities and states, currently.

The interview process of phone may have been limited by the lack of personal interaction face to face. Indeed, the use of the phone was chosen by all participants, yet I was unable to read body language and social cues (such as casting eyes down, or tearing up), as if I was in person or via Google Hangout.

Implications

The findings from this study may affect the positive outcomes of other pregnant teenagers and teenage mothers by helping to contribute to the scholarship regarding resiliency. The findings from this study may prove helpful to adolescent mothers who face similar challenges and may help to inform the stakeholders involved in these women’s lives in how best to foster and nurture environments that best support their changing needs. By understanding the experiences of teenage mothers who have found success and how they make sense of their experiences that fostered resiliency, we may be better able to support other young mothers.
**Scholarly significance.** Although there are some studies that have investigated how family, peers, and school programs influenced outcomes in terms of adaptation (Letourneau, Stewart, & Barnfather, 2004; Oxford, Lee, & Lohr, 2010; Weed, Keogh, & Barkowski, 2000), there was a lack of investigation of studies that explore how adolescent mothers make sense of how their experiences with home, school, and other environments have helped to foster resiliency. In addition, there is a need to hear the voices of women who have found success, to better understand their stories and experiences. An IPA approach allowed for a deep understanding of how adolescent mothers make sense of their individual experiences with social support, and resiliency. While there are numerous studies on the negative outcomes associated with adolescent pregnancy and motherhood (Letourneau, Stewart, & Barnfather, 2004; Oxford, Gilchrist, Gillmore, & Lohr, 2006), there were limited studies, which address the resiliency of adolescent mothers and positive outcomes.

This researcher’s main goal for this IPA study was to allow the participants’ voices to be heard throughout their recollection of being an adolescent mother in terms of how the process of negative trajectory was interrupted. By using the IPA approach, far more information emerged as the participants made sense of their lived experiences, such as connecting some events back to their lives prior and after their pregnancy and births. Indeed, the emergence of themes through the data analysis connected a common thread through most of the experiences. The actual quotes from the participants gave life to their words as they voiced their unique experiences as they recounted their obstacles and supports, and how that influenced their educational, occupational, and parenting outcomes, becoming resilient.
Practitioner significance. Through the small, homogenous sample size of five participants, this research study enabled me with a greater understanding of how teenage mothers make sense of their experiences in terms of obstacles and supports, in terms of resilience. Teenage mothers often encounter numerous obstacles, including but not limited to: educational, financial, emotional, and occupational, as well as parenting challenges (Mollburn & Jacobs, 2012). Much of these challenges may be attributed to the simultaneous developmental tasks of adolescence combined with the challenges of parenthood. Our local community has encountered the challenge of how best to serve teenage mothers. In the past, the focus was on prevention programs rather than support programs for once adolescents do become pregnant and mothers. There is a limited resource program in our community currently, which is funded sparsely through the community services board. There are no intensive intervention programs currently for pregnant teenagers or teenage mothers in the county which provides regular support group meetings, on site or nearby childcare, and educational program alternatives to best serve the unique needs of the students.

This study has enabled me to really hear and understand what is needed for pregnant teenagers, not only in this community, but across the nation as well: support programs for pregnant teens must consider the young women’s unique developmental needs as they pursue optimal educational, occupational, and parenting outcomes. The emergent patterns of the participants’ experiences included a critical assessment of alignment of environment with the changing needs the participants experienced as pregnant teenagers and adolescent mothers, a transition from dependent child into a provider for their own child, and reciprocity from the environment as the adolescent experienced success. In addition, when the participants were able to take responsibility for meeting their own needs, they experienced a process of self-reflection
and critical analysis of their needs and how the environment responded to these changing needs. Based on the findings of the research, a recommended goal of a support program would be for each pregnant teenager and teenage mother to have an assigned case manager who would work with the adolescent to identify: educational needs (both immediate and post-graduation) and future occupational plans and needs. Furthering this, the case manager would also work with the adolescent to help her plan her needs in stages, including childcare and support once the baby was born and after graduation (including work and college classes).

Through planning and introspection, the adolescent mother takes ownership over her changing needs, which in turn would equip the adolescent with the critical analysis skills to identify potential challenges which would serve as an obstacle towards fostering resilience. Following graduation, the case manager would maintain contact and follow up with the adolescent for one year, to provide further support and planning services. Another goal for a support program would be a pregnant teenager and adolescent mother support group that met weekly to discuss educational and occupational goals, as well as parenting guidance, which could be implemented in the weekly session. These meetings could take place in substitution of study hall period, so classes were not missed and transportation would not be an issue if held during school hours. It is also recommended to include the adolescent’s guardians in community resource programs, in order to facilitate communication within families, decrease conflict, and enhance support.

The researcher intends to share the findings with the local school district as well as community board members in order to increase funding and awareness of what is truly needed in this community in order to best support pregnant teenagers and adolescent mothers towards fostering resiliency in terms of educational, occupational, and parenting outcomes.
Areas for Further Research

An area to explore includes a larger qualitative study, with recent adolescent mothers, who have delivered their babies within the last 5 years, as to determine the level of supports available to them within home, school, and other environments. Another area to investigate is an IPA study to determine how adolescent mothers make sense of their experiences as they adapt to the transition to college in terms of resilience. Another study change would include interviews with members of the home environment and school environment as well as interviews with adolescent mothers, in order to create either a collaborative or conflicting sense of experiences.

Conclusion

The purpose of this IPA study was to examine the lived experiences of five women ages 18 and older who were adolescent mothers and who had experienced academic, educational, and parenting success. Three themes emerged as the researcher made sense of how the participants made sense of their experiences that have fostered resiliency. First, participants were able to foster resiliency after they developed the ability to critically assess the alignment of their environments and their own needs. Second, this critical reflection occurred post-partum, when the adolescent mother transitioned from being a dependent child into a mother responsible for caring for her own child. Third, when participants actively engaged in an action plan to better align their environments to their needs, other stakeholders also became more engaged in helping to create environments that better met the developmental and motherhood needs of the participants.
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Dear Intended Participant,

My name is Courtney Pellegrino, and I am a doctoral student at Northeastern University in Boston, Massachusetts. My doctoral thesis study is The Lived Experiences of Teenage Mothers. In essence, I am investigating how teenage mothers make sense of their experiences (including obstacles and supports) of pregnancy and early motherhood.

You have been invited to take part in the study because you have identified yourself as someone who was a teenage mother. For the purpose of this study, the definition of the teenage pregnancy includes carrying the pregnancy to term (not resulting in abortion or miscarriage). The definition of teenager will include the ages between 13 and 19 years old. In order to participate in the study, you must be at least 18 years old and not pregnant at the time of the study. The study will take place in private interviews either over the phone or at an agreed upon mutual location for about 60 minutes, or through Skype or Google Hangout. The interviews will be recorded through audiotapes for the researcher to play back and transcribe, and you will receive a mailed copy of the transcription to check for accuracy. No incentive will be offered for participation in this study. Participation is entirely voluntary.

If you are interested in participating in the study, there is an attached detailed consent form to read and sign. Please mail back in the self-addressed stamped envelope.

Thank you for your time,
Courtney Pellegrino, Researcher
pellegrino.c@husky.neu.edu
Facebook Post:
I am a doctoral student at Northeastern, conducting the study The Lived Experiences of Teenage Mothers. This snowball sample study explores the lived experiences of women who were teenage mothers, and how they make sense of these experiences in terms of resilience regarding educational, occupational, and parenting outcomes. Participant requirements include females who are at least eighteen years or older at the time of the study, who were experienced a teenage pregnancy and motherhood. Participants must not be pregnant at the time of the study. The study interview would take place either over the phone or through Google Hangout, for 60-90 minutes.
All participation is confidential. Please share this post either on your Facebook or message participants you know that might meet the criteria of the study. Participation is entirely voluntary. All those who are interested, please contact Courtney Pellegrino, researcher, at pellegrino.c@husky.neu.edu

Email (Snowball Sample) Recruitment
I am a doctoral student at Northeastern, conducting the study The Lived Experiences of Teenage Mothers. You were referred to me as a possible participant in the study based on the experience you may have had as a teenage mother. This snowball sample study explores the lived experiences of women who were teenage mothers, and how they make sense of these experiences in terms of resilience regarding educational, occupational, and parenting outcomes. Participant requirements include females who are at least eighteen years or older at the time of the study, who were experienced a teenage pregnancy and motherhood. Participants must not be pregnant at the time of the study. The study interview would take place either over the phone or
through Google Hangout, for 60-90 minutes. Please share this information with other women you feel that might meet the criteria of the study. Participation is entirely voluntary. If you are interested in participating in the study, please contact Courtney Pellegrino, researcher, at pellegrino.c@husky.neu.edu
APPENDIX C

Northeastern University, Department
Name of Investigator(s): Principal Investigator, Dr. Kelly Conn, Student Researcher, Courtney Pellegrino
Title of Project: The Lived Experiences of Teenage Mothers

Informed Consent to Participate in a Research Study
We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep, which will be mailed to you.

Why am I being asked to take part in this research study?
You are asked to participate in this study because you have experienced a teenage pregnancy and have been a teenage mother.

Why is this research study being done?
The purpose of this research is to investigate how teenage mothers make sense of their experiences of pregnancy and early motherhood in terms of resilience of educational, occupational, and parenting outcomes.
The purpose of this research is to add to the research studies in the area of teenage mothers for a greater understanding for future community members that work with adolescents. Approximately 6 participants will be asked to take part in the study, all of who have experienced pregnancy as a teenager when they were 18 years and younger). All participants will be at least 18 years of age at the time of the study.

What will I be asked to do?
If you decide to take part in this study, I will ask you to take part in an interview that will last 60-90 minutes either on the phone or through Skype or Google Hangout.
You will be asked to recount your experiences as a teenager when you became pregnant and gave birth.

Where will this take place and how much of my time will it take?
The interviews will take place over the phone at an agreed upon time and date, or at a mutually agreed upon public location for about an hour. The interview will be recorded by me using an audiotape, to which only I have access to. After the completion of the data collection, a transcript will be made up for you to read and check for any inaccuracies from the interview. Corrections will be made, if necessary. Following the conclusion of the study, results will be shared with each participant in regards to the cultural themes that emerged, without divulging confidential information. In order to protect your confidentiality, your name will be changed to another name, as well as any other names mentioned in the interview.

Will there be any risk or discomfort to me?
There may be the risk of discomfort or psychological harm from retelling past events that may have been stressful or traumatic. A crisis hotline number for counseling will be provided prior to the interview.
Will I benefit by being in this research?
There will be no direct benefit to you for taking part in the study. However, the information learned from this study may help other adolescents make sense of their experiences and achieve their educational, occupational, and parenting goals. The reflection on past events may help you process them and provide closure for you.

Who will see the information about me?
Your part in this study will be confidential. Only the researcher on this study will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project. Your name will be changed, so there is no chance of your identity and experience being revealed. Data will be kept in a locked location that only the researcher has access to. Upon completion of the successful oral dissertation defense, all transcripts and audiotapes will be destroyed, even if no names are identified. Signed consent forms will be kept in a locked location that only the researcher has access to for 3 years, in accordance with IRB procedures.
There are limits to confidentiality, as Northeastern University will see the transcript data with the changed names.
In rare instances, authorized people may request to see research information about you and other people in this study. This is done only to be sure that the research is done properly. We would only permit people who are authorized by organizations such as the Northeastern University Institutional Review Board to see this information.

What will happen if I suffer any harm from this research?
If research-related injury (psychological) is possible in this research, no special arrangements will be made for compensation or for payment for treatment solely because of my participation in this research. However, a national crisis hotline number will be provided to each participant.

Can I stop my participation in this study?
Ex: Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have.
Who can I contact if I have questions or problems?
If you have any questions about this study, please feel free to contact Courtney Pellegrino, the person mainly responsible for the research. Telephone: 540-429-9969, Email: pellegrino.c@husky.neu.edu. You can also contact Dr. Kelly Conn, the Principal Investigator at k.conn@neu.edu.

Who can I contact about my rights as a participant?
If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@neu.edu. You may call anonymously if you wish.

Will I be paid for my participation?
No.

Will it cost me anything to participate?
No cost.

Is there anything else I need to know?
Include any pertinent information that may not be stated elsewhere.
You must be at least 18 years old to participate, not currently pregnant, with a history of teenage pregnancy and motherhood.

I agree to take part in this research.

____________________________________________ ________________________
Signature of person [parent] agreeing to take part Date

____________________________________________
Printed name of person above

____________________________________________
Signature of person who explained the study to the Date
participant above and obtained consent

____________________________________________
Printed name of person above
APPENDIX D

Interview Questions:

Icebreaker question:

What is your favorite memory while you were pregnant? What is your favorite memory when you became a mother?

-Describe what your life was like prior to your pregnancy and the birth of your child. How did you perform in school? What activities were you involved in, what activities did you do with friends and social groups?

-Describe the challenges you experienced with your own needs as a teenager with that of being a pregnant teenager

-Describe the challenges you experienced with your own needs as a teenager with that of being a teenage mother

-Describe your interactions with peers and faculty at school? Did you participate in any intervention or resource programs as a pregnant teenager or teenage mother? Were they through the school or community?

-Describe your support system while you were pregnant (friends, family, peers, school, providers)

Describe your support system after you gave birth

-Describe your experiences at home and within your family as a pregnant teenager and teenage mother

-Describe communication between school members (students, teachers, faculty) and yourself that influenced your school performance and your decision to continue your education (or not)

-Describe communication between your family members and yourself that influenced your school performance and your decision to continue your education (or not)

-Describe what factors you felt helped you become successful as a teenage parent in school and in relationships with others.

-Is there anything else you would like to share?