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The Lived Experience of Motherhood for African American Adolescent Mothers

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THE LIVED EXPERIENCE OF MOTHERHOOD FOR

AFRICAN AMERICAN ADOLESCENT MOTHERS

DISSERTATION

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Paula Alexander-Delpech

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by

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ABSTRACT

Background: African American adolescents are becoming pregnant and giving birth in disproportionate numbers, despite the decline in the general rate of adolescent pregnancy. While African American adolescents account for only 14 % of the teenage population, births to African American teenagers account for 28 % of all births and 47 % of all births to unmarried teenagers. Although there is a recognized salient connection between the high rates of adolescent motherhood among African Americans and the population's mothering beliefs, patterns and attitudes, it is a complex phenomenon that continues to present challenges to researchers and provokes debate among policymakers and health care providers. The true experience of mothering and its perception among African American adolescent mothers has received little attention and has led to inconsistent public policies and programs that are unable to address the complex realities of the lives of these mothers.

Purpose: The purpose of this study was to explore and gain a deeper understanding of the lived experience of motherhood from the perspectives of African American adolescent mothers.

Theoretical Framework: van Manen's phenomenological approach was used to guide this study.

Method: Eleven African American adolescent mothers participated in semi-structured, audio-taped interviews. The seven procedural steps outlined by Colaizzi were used for data analysis.

Results: Five themes depicting the meaning of motherhood from the perspective of African American adolescent mothers emerged. The five themes were (a) motherhood is

difficult, (b) motherhood is redefining life, (c) motherhood is hope, (d) motherhood is focusing on material things, and (e) motherhood is relying on baby. The findings revealed that motherhood for African American adolescent mothers involves overcoming a difficult transition, redefining one's life by making changes in one's life. Motherhood is coming to terms with past behaviors and recognizing the need to create new experiences. Motherhood further means acquiring new dreams and hopes for a better life for the mothers and their children.

Implications: Future discussions of the transition to motherhood for adolescent mothers, especially for African American adolescents, should be grounded in continued research concerning their developmental stage within their social context.

ACKNOWLEDGEMENTS

DEDICATION

I dedicate this dissertation to the 11 adolescent mothers who were willing to share their stories with me. You have given me new lens to embrace life. May you never lose the ability to hope and to dream for a better life.

To my mother, Pearl Z. Nicholson, who went home to be with the Lord during my journey, I dedicate this to you. Your tenacity and your unwavering love for God have truly guided me throughout my journey. I thank you for the legacy you left for me and my family. I am truly blessed to be called your daughter.

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CHAPTER 1

INTRODUCTION

Adolescent motherhood has engendered much public concern because of its negative consequences, not only for the mother and her children, but on society as well. Life trajectories of adolescent mothers are highly unpredictable, and adolescent motherhood is associated with psychological dysfunction, poor parenting and socioeconomic disadvantage. Adolescent mothers tend to experience greater social and economic inequalities than older mothers, and children of adolescents are at an increased risk of experiencing behavioral and developmental problems.

Clearly, adolescents who become mothers face enormous challenges, and most studies to date have addressed the social consequences of adolescent motherhood and the accompanying deterioration of family life. Given the high rates of adolescents who become mothers in the United States and the challenges adolescent mothers face in today's society, there is a great need to gain further insight into the lived experiences of mothering for adolescents, and to describe these experiences from the perceptions of these mothers themselves.

According to the Alan Guttmacher Institute (2004), in the United States, approximately one million adolescent girls 19 years of age or younger become pregnant each year, and 50 % of these give birth and become mothers. Adolescents under 19 years of age account for one third of all out-of-wedlock births per year nationwide. According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2007), 3 out of 10 teenage girls in the United States become pregnant at least once before they reach the age of 20. Recent findings indicate that about 11 % of all births in the United States are to

teenagers between the ages of 15 and 19 (Alan Guttmacher Institute, 2004). In spite of an overall decline in adolescent pregnancy, the United States has the highest rate of adolescent pregnancy of any of the world's developed nations (National Center for Health Statistics, 2006**).**

Adolescent motherhood is a topic that incites intense controversy in spite of the fact that the overall rate of births to adolescents in the United States is lower now than during the baby boom years of the 1950s (Furstenberg, 2003). However, in spite of this general decline in adolescent childbearing, the United States still has the highest rate of this occurrence among any of the world's developed nations (National Center for Health Statistics, 2004).

Although the rate of births to adolescents has declined, it continues to be a concern for policymakers and health care providers, as public costs for adolescent childbearing and childrearing totaled over $9.2 billion in 2004 in the United States (National Campaign to Prevent Teen and Unplanned Pregnancy, 2007). These costs included $1.9 billion for increased public health sector health care costs, $2.3 billion for increased child welfare costs, $2.1 billion for increased state prison system costs associated with adolescent childrearing, and $2.9 billion in lost revenue due to lower taxes paid by the children of adolescent mothers over their own adult lifetimes (Hoffman, 2006). The ability to earn money is also decreased for adolescent mothers, since only 40 % of adolescent mothers younger than 17 years of age graduate from high school, compared to about 75 % of women who delayed their first birth to ages 20-21 (Hoffman, 2006). The average earning among women aged 18-35 who had their first child at age 17

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or younger is approximately $6,900 per year, $3,350 less that the average of women who delayed having their first child to age 20 or 21 (Hoffman, 2006).

Undoubtedly, the phenomenon of adolescents becoming mothers is a major problem in American society, and one which has drawn public attention in recent years. Adolescents who become mothers are viewed by society as having children before completing certain developmental milestones and may face negative consequences. For example, adolescent mothers often have to give up their schooling, which means that they have poor educational attainment; and poor educational attainment, often leads to low economic status, inability to gain employment as well as dependence on social assistance for themselves and their child (Moore, & Brooks-Gunn, 2000). Their increased risk of enduring poverty is actually for themselves and their children, as they are likely to have a repeated pregnancy as adolescents (Hoffman & Foster, 1997). These negative consequences, which appear to be exacerbated for those from poor urban settings, should be viewed as having detrimental social and economic effects not just on the life trajectories of these adolescents and their children, but also on society in general.

According to SmithBattle (2005) the negative outcomes related to early parenthood such as low education and socioeconomic low status is primarily due to the adolescent mother's prior disadvantaged status. Corcoran, Franklin, and Bennett (2000) stated that the economic and psychosocial outlooks of adolescent mothers in particular are bleak. The educational achievement for all adolescent mothers is truncated when compared to adolescents who did not become mothers (Corcoran, 199).

African American Adolescents

African American adolescents are becoming pregnant and giving birth in disproportionate numbers, despite the decline in the general rate of adolescent pregnancy. While African American adolescents account for only 14 % of the teenage population, births to African American teenagers account for 28 % of all births and 47 % of all births to unmarried teenagers (National Campaign to Prevent Teen and Unplanned Pregnancy, 2007). According to the most recent report by the Alan Guttmacher Institute (2004), African American women between the ages of 15-18 continue to have the highest birth rate of their age group (134 per 1,000) as compared with Hispanics (131 per 1,000) and Whites (48 per 1,000).

Although there is a recognized salient connection between the high rates of adolescent motherhood among African Americans and the population's mothering beliefs, patterns and attitudes (SmithBattle, 2005), it is a complex phenomenon that continues to present challenges to researchers and provoke debate among policymakers and health care providers. The true experience of mothering and its perception among African American adolescent mothers has received little attention and has led to inconsistent public policies and programs that are unable to address the complex realities of the lives of these mothers (SmithBattle, 2005).

Rhodes (1993) hypothesized that becoming a mother, for an African American adolescent, involves cultural and social expectations attached to socio-historical conditions. Mims (1998) suggested that early mothering by adolescents is accepted and tolerated in African American communities more than in the larger mainstream American society. Although an African American adolescent mother may experience some level of

Comment [LB1]: Or "adolescents"?

shame by her community for not adhering to the expected timeline or marital status for becoming a mother, she generally is not ostracized from her community (Mims, 1998). In fact, both mother and child are typically accepted into the family and are assisted with the basic necessities of living. Browning and Burrington (2006) suggested that attitudes regarding adolescents as mothers are more favorable among African Americans than among other racial and ethnic populations. It was further suggested that one of the ways to validate adulthood among African American adolescent females is ascribed through the value and worth placed on the role of motherhood. Often, becoming a mother is viewed as the only viable rite of passage into adulthood for African American adolescents of lower socioeconomic status, and this role sometimes serves as a mechanism for being perceived as having achieved maturity (Mims, 1998).

Using this perspective, it has been suggested by Merrick (2001) that higher value is placed on childbearing among African American youths than among White youths. Burton (1997) concluded that adolescents living in inner-city violent neighborhoods, faced with desolate futures and deprived of educational and occupational options, may feel there is little to lose and perhaps something to gain by having babies. To such an adolescent, having a baby may be understood as a path to a better future (SmithBattle, 2005). Frost and Oslak (1999) speculated that low socioeconomic levels make it difficult for adolescents to recognize the consequences of becoming adolescent mothers. Rather, these adolescents see becoming a mother as a positive choice, a way of stabilizing and of maturing into a more adult role (Frost & Oslak, 1999). On the other hand, SmithBattle (2005) reports that adolescent mothers' educational aspirations are often limited and

become embedded in a world of competing demands and relationships that challenge their reinvestment in school.

Geronimus (1992) suggested that early childbearing patterns are collective adaptive practices for African Americans in high-poverty urban areas, serving to mitigate the severe health risks such as of high blood pressure, diabetes and AIDS most African Americans women may face during their reproductive years. Relatedly, according to Khoshnood, Wall, and Lee (2005) the health of low income African American women might begin to deteriorate earlier and at a greater rate as a consequence of cumulative socioeconomic disadvantage. Geronimus posited that early childbirth in African American women may actually be better both for the mother and the child, as adolescents have had less exposure to and have not yet experienced the onset of chronic illnesses found in older African American women. Geronimus further posited that children born to African American adolescent mothers may not experience as high neonatal mortality as children born to African American women in their mid twenties.

In other words, becoming a mother early in financially disadvantaged populations such as among African American adolescents in urban cities may not be as unwelcome as in more affluent populations. For those adolescents living in poverty, early childbearing may be an adaptive response to their social and cultural reality.

Comment [LB2]: Or "settings" – as urban is an adjective that means city.?

There is existing research in the understanding of possible differences in mothering practices between African American and other populations (Bryan, 2006; Johnson, 1995; Merrick, 2001; & Mims, 1998). However, understanding what it is like to be a mother from the unique viewpoint of, and giving voice to African American adolescent mothers, has received scant investigation. The research literature is void of

the lived experience of becoming a mother from the emic perspective of this population (Brown & Smith, 2006). This dissertation was undertaken as part of an effort to transform the lived experience of African American motherhood into a contextual expression of the essence of the phenomenon (van Manen, 1990).

Statement of the Problem

As indicated above, there is a paucity of information in the literature about the lived experiences of motherhood among African American adolescents. The majority of research conducted on the topic of African American adolescents becoming mothers has focused on the incidence, prevalence rates, and factors that increase the risk of adolescent pregnancy, such as of poor academic performance, poverty and low self-esteem (Klima, 2003). With emphasis placed on these indicators of adolescent well-being, any possible differences in meaning that may serve as validation to the health and well being of African American adolescent mothers is overlooked. Such an approach allows for the phenomenon of being an adolescent mother for African Americans to be studied as if it exists in isolation, disconnected from the adolescent's biological, cultural and psychosocial environment.

As this is a complex phenomenon, this model fails to recognize the interconnectedness of all issues within the African American adolescent's world. The literature lacks accurate information on the perspectives and health care needs of African American adolescent mothers. Therefore, this study was undertaken to generate new knowledge related to motherhood and bring to light issues specific to this target population of African American adolescent mothers, which may improve the health and well-being of them and their children.

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Significance of the Problem

As African American adolescents become mothers, they experience physical, psychological, emotional and social changes. Yet, the literature lacks information about their perspectives on what it means to be a mother and about the health needs of being an adolescent mother. In general, the issue of African American adolescents becoming mothers has been approached solely from an epidemiological and quantitative standpoint that focuses on incidence and socioeconomic status, disconnected from the individual African American adolescent perspective. Such an approach fails to recognize the interconnectedness of all the experiences within the African American adolescents' worlds after the birth of their children. Ultimately, the findings may assist health care practitioners and researchers understand the unique needs of African American adolescent mothers and develop strategies to promote health and well-being for these mothers and their children.

Purpose of the Study

The purpose of this study was to explore and gain a deeper understanding of the lived experience of becoming a mother from the perspectives of African American adolescents. The aim was to give voice to African American adolescent mothers by utilizing a phenomenological approach to access their life-worlds through their reflection upon their lived experiences.

Research Question

What is the lived experience of becoming a mother for African American adolescents?

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Relevance for Nursing

The goal of this study was to uncover the lived experience of becoming a mother for African American adolescents. It was undertaken with the hope that the findings from this study would identify culturally appropriate approaches for caring for African American adolescent mothers and their children; approaches that are based on an awareness of the psychological, cultural and social needs of African American adolescent mothers after the birth of their children. This study was intended to have significance for nursing education, practice, research and public policy.

Implications for Nursing Education

Undoubtedly, adolescent motherhood among African Americans is a complex phenomenon. The results of this study may assist those learning to be nurses to understand the realities and complexities of African American adolescents facing motherhood. Informed by the findings of the current study, nursing students may gain a new insight into what it is like to be an African American adolescent mother, and improve their clinical nursing approaches towards this population and their children. This may lead to developing educational programs and strategies to address appropriate mothering behaviors among African American adolescent mothers.

Implications for Nursing Practice

An increased understanding of mothering from the perspective of African American adolescent mothers has implications for public health nurses and nurse practitioners working in women's health and pediatrics. Public health nurses and nurses working in pediatrics/adolescent health centers are in a unique position to implement evidence-based nursing interventions and programs geared to improving the health of

adolescent mothers and their children and assisting adolescent mothers through the transition to motherhood. Programs, based on the research findings of studies such as the present study, might well help adolescent mothers and their children overcome barriers that may lead to negative life trajectories connected to poor educational attainment, which often leads to low economic status, inability to gain employment as well as dependence on social assistance for themselves and their children. Findings from this study may be used to improve the insight of health care providers working within the milieu of adolescents on the health and well being of African American adolescent mothers. In other words, the findings from this study may be utilized to develop strategies that may be useful to health care providers working with adolescent mothers.

Implications for Nursing Research

According to SmithBattle (2005), little has been written on the realities of life for African American adolescent mothers. The discipline of nursing can play a significant role in the development of culturally specific interventions and programs that will meet the needs of these adolescent mothers. Based on the voices of African American adolescent mothers uncovered in the present study, the findings may be used to assist nurse scientists in translating research into practice to benefit this population. This study may contribute to an understanding of the lived experience of African American adolescent mothers in terms of their needs and life hopes as well as their aspirations for their children. Such research may identify health concerns and issues specific to this population, as the results will be empirically derived from within a social scientific research paradigm.

Additionally, it is important for the profession of nursing to build upon the already-existing body of knowledge on adolescent pregnancy and parenting, in order to narrow the knowledge gap regarding what is known about the motivations, contexts and outcomes of African Americans adolescents who become mothers. This study contributes to the body of knowledge as it describes the experiences of becoming a mother for African American adolescents. Understanding the meaning of becoming an adolescent mother from the perspective of African American adolescents may assist in the identification of potential health concerns, new knowledge related to motherhood transition, and issues specific to this target population. Ultimately, the findings may assist health care practitioners and researchers understand the specialized needs of African American adolescent mothers and develop strategies to promote a positive life trajectory for these mothers and their children.

Implications for Public Policy

This study complements the goals of *Healthy People 2010*, in which adolescent health is a major focus. As indicated above, the economic, psychosocial, medical and educational outlooks of African American adolescent mothers are bleak (Corcoran, Franklin, & Bennett, 2000; Hoffman & Foster, 1997). The findings from this study provide policymakers with information on the needs of African American adolescents' mothers and their children that will facilitate the development of health care resources and services needed to support the on-going growth of this population.

Furthermore, this study was undertaken to yield findings that will give policymakers the ability to develop policies based not only on a quantitative research methodology that uses surveys and concerns the establishment of causal relationships.

Instead, the current study was undertaken to assist in the development of healthcare policies that are derived from a sound qualitative research methodology that was based on the voices of African American adolescent mothers. Public policy and legislation geared to adolescent health have the potential to be more effective if they have been informed by the voices of the stakeholders.

<div align="center">Philosophical Underpinning</div>

According to Parckard and Polifoni (2002), knowledge development is an essential component of nursing scholarship, and phenomenology is one of the approaches to the pursuit of knowledge development in nursing. Phenomenology is both a philosophical perspective and a research approach. It is utilized to study the meaning and structures of experiences or consciousness. Phenomenology explores the conscious experience from the first person point of view.

Phenomenology emerged as a philosophy in Germany before World War I to solve what Merleau-Ponty (1945) called a crisis revolution in the human sciences, when questions regarding the perception of human experiences were being posed. Merleau-Ponty believed that perception is experiential formation of awareness that integrates the world of science with the life-world.

Husserl (1901) a German philosopher, proposed an alternative to positivism by integrating the world of science with the life-world (Sadala & Adorno, 2002). As a result, Husserl developed phenomenology as a philosophical tradition based on the assumption that all knowledge is grounded in the everyday world, and that experience is the fundamental source of knowledge. Husserl believed that, to experience knowledge, one always has to return to the life-world, the starting point of all science.

Heidegger (1962), a student of Husserl, also believed that knowledge is embedded in one's everyday world, and the ways in which individuals relate to their worlds and their consciousness are different. Heidegger suggested that one of the ways of being in the world is to be engaged in the experience. Engaging in the experience allows for one to be integrated and become part of the phenomenon under study.

Phenomenology searches for what it means to be human. It differs from other scientific frameworks in that it attempts to gain a clear understanding of the fundamental nature of human reality in order to understand the meaning of everyday experiences. Meaning is the product of the relationships formed between what appears to be conscious reality and lived experiences. The lived experiences are transformed into meaningful textual expressions, as descriptions of the experience, and are reflected upon from the participant's point of view (van Manen, 1990). Therefore, phenomenological human science attempts to clarify and interpret the meanings of a lived experience and to describe them in a rich, deep manner by always starting from the "lifeworld" (van Manen, 1990).

The fundamental ontological assumption of the phenomenological framework is that there is no single reality, and as such, the experience is considered unique to the individual as well as to the researcher. Phenomenological research is the study of the lived experience, the study of the world as we immediately experience it before it can be fully rationalized. According to van Manen (1990), it is the borrowing of another person's experiences by the researcher with reflections on the phenomenon, in order to gain a better understanding of the meaning of the phenomenon in the context of the individual human experience. Phenomenological research, therefore, is an attempt to

explicate a phenomenon as it presents itself to consciousness, inasmuch as to be conscious is to be aware of reality. Phenomenological research empirically measures what is subjectively felt, whether it is real or imagined (van Manen, 1990). As such, phenomenological research refers to knowledge about a phenomenon as it appears to the consciousness, and to the meaning created from what emerges in consciousness about the experience (Moustakas, 1994). Therefore, as people describe their experiences through their senses by attending to perceptions and meaning, their conscious awareness awakens.

Phenomenology is the most suitable research approach to study African American adolescents becoming mothers, as this phenomenon is complex and requires profound immersion into their life-worlds through engagement with the participants. A phenomenological approach permitted the researcher to immerse herself and the reader into the lived experience of becoming a mother through the participants' vivid descriptions of the experience, thereby becoming closer to the essence and meaning of the phenomenon. As the purpose of this phenomenological study was to gain a deeper understanding of the meaning of becoming a mother for African American adolescent mothers, the researcher attempted to be attentive to the vivid description of the experiences from their perspectives.

Although the researcher used Colaizzi's (1978) method of analysis, Colaizzi does not have a model for phenomenology. Therefore, the following figure (Figure 1) was adapted by the researcher from van Manen's (1990) description of hermeneutic phenomenology. The figure depicts a transformational process of the lived experience of becoming a mother by utilizing a phenomenological hermeneutic perspective. Hermeneutics is the search for understanding human existence through an interpretive

process (van Manen, 1990). This researcher conceptualized the meaning of that experience through language, interpretation and narrative, allowing the true meaning of the lived experience to emerge. Although the transformational process can occur all-at-once, there is no beginning or end point as the process is continuous, as depicted in Figure 1. The researcher's intent was to transform the lived experience into a textual form that depicted the meaning of what it is like to be a mother for African American adolescents.
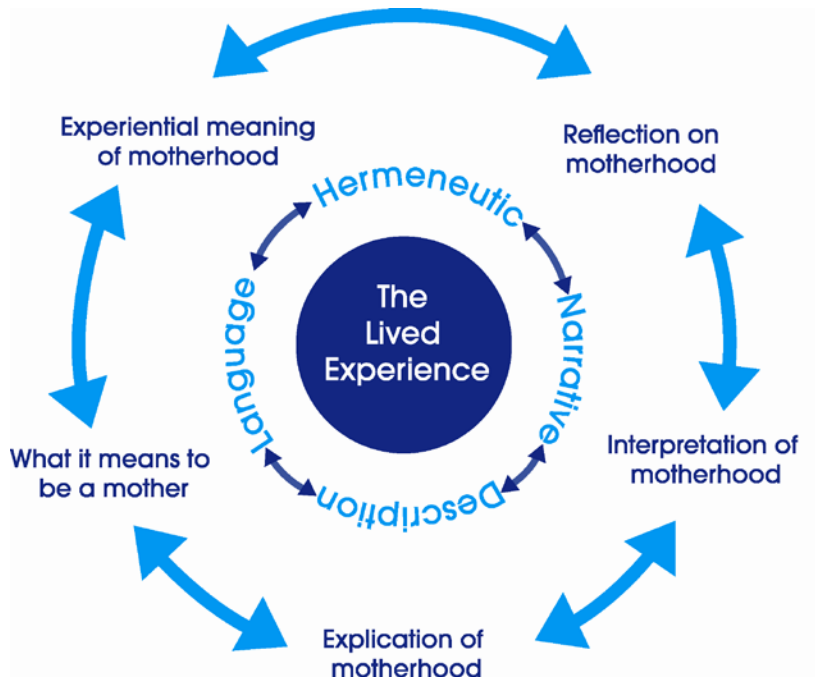
Figure1. *Conceptualization of the phenomenological transformational process* (Delpech, 2008).

Scope of the Study

This research included African American adolescent mothers between the ages of 15 to 17 years of age who have at least one child who is at least 1 year old and were willing to participate in the study by sharing their lived experience of mothering.

Summary

The challenges of being an African American adolescent mother have primarily been addressed from social, health care policy and economics perspectives. Little had been done to understand the unique lived experiences of these young mothers. The nursing profession is in a unique position to address the needs of adolescent mothers as they are voiced by these young mothers. As phenomenology guided this study, it was undertaken in anticipation that through description and reflection on the lived experiences of becoming mothers from the unique perspectives of African American adolescents, health care providers would be presented with an alternative approach to viewing mothering within this population; an approach that may have future positive effects on African American adolescent mothers and their children. Findings from such a study offer a significant contribution to the existing body of nursing knowledge. Chapter 2 consists of a review of the literature pertaining to the phenomenon of African American adolescent motherhood that includes identification of important gaps in the literature that led to the present study being undertaken.

Chapter II

REVIEW OF THE LITERATURE

Introduction

The purpose of a review of the literature for a qualitative study is to bring focus to the study. However, caution must be taken during such a review such that bias in thinking and openness to the reviewed study's finding is minimal. This chapter represents a review and critique of the existing literature on the phenomenon of mothering among African American adolescents.

The review of the literature was conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and EBSCO which includes PsychINFO, MEDLINE, and Sociology Abstract databases. The initial search began by using key words about the phenomenon with subsequent searches conducted using related words order to broaden the search. Key words used in the search were the following: adolescence, adolescent, teenage, teenagers, pregnancy, mother, motherhood, mothering, parenting, and African American. The literature review was limited to research-based articles over the last 10 years, as an abundance of research has been conducted on adolescent mothers within the past decade.

Adolescence Transition

Erikson's (1963) life span development theory defines transition as a process whereby emphasis is placed on the context in which development unfolds and one in which adaptation to events occurs as well as a time of psychological exploration and crisis management. According to Erikson (1968), the fundamental task of adolescence is identity formation, which facilitates adolescent development. This is a critical period

when adolescents transition from childhood to adulthood. During this critical period, adolescents must bring together a number of psychological issues that can intensify their transition to adulthood (Keyes, 2006) including their sexual identity (Salazar et al., 2004). When motherhood interrupts this normative life event, it may intensify the transitional period, resulting in a potential significant disadvantage for both mother and child.

Becoming a mother is a significant developmental transition involving physiological, emotional and psychological transformations, posing new changes, challenges and situations (Atkinson, 2006; Maputle, 2006; Schumacher & Meleis, 1994). For adolescents, the transition to motherhood can be especially difficult, as their transition is compounded by the challenges of adolescence such as role confusion and development of role identity (Eshbaugh & Luze, 2007). As such, adolescent mothers face unique challenges and needs that may demand special attention. According to Kaiser and Hayes (2004), the factors that may influence the transition to motherhood for adolescents may be the inability of the adolescent to accept their pregnancy, plan for their future, view themselves as a mother and transition to the role of adulthood.

Adolescent motherhood represents a "developmental threat" (Grady & Bloom, 2004) which jeopardizes the adolescent's physical and emotional growth. The transition to motherhood introduces an adolescent to challenges and demands that can affect the adolescent's long-term social, psychological and emotional status as the mother-baby relationship evolves. As a result, adolescent mothers may experience difficulty completing the normal developmental tasks of adolescence, which can further impede their adjustment to the physical, emotional and social roles of motherhood and adulthood.

For an adolescent, the transformational process of becoming a mother may be interrupted or suspended as a result of her immature developmental stage. Consequently, as a result of adolescent mothers' potential asynchronous developmental transitions, they may be exposed to increased stress (Passino & Whitman, 1993) and be unable to cope with the new role of becoming a mother. The interplay of evolving adolescent development and evolving transition to motherhood may result in a less than positive experience for the adolescent mother and her child.

<center>Motherhood</center>

Motherhood has diverse meanings (Knowles & Cole, 1990). Bergum (1989) described becoming a mother as an individual, complex and original experience that penetrates the heart, the soul and the spirit of a person. Bergum further describes becoming a mother as a mind/body experience that is unique to each individual. Sawyer (1999) defined motherhood as an engaging process that is dynamic and involved in which a woman cares for herself and her child, and dreams about and plans for the future. According to the celebrated contemporary African American author Toni Morrison (2004) motherhood symbolizes a Black woman's ability to achieve well-being for herself and her culture. Motherhood, a core topic in Morrison's fiction, is central to the political and philosophical stance of Black womanhood, which symbolizes a Black woman's experiences of, and perspectives of her identify and role. Furthermore, from an Afrocentric perspective, motherhood in the context of family is not confined to static boundaries. It is a shared responsibility that leads to accountability and empowerment for the mother and her children (Mims, 1998). The power of motherhood and the

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empowerment of becoming a mother represent the possibilities of a better world that

Black mothers seek for themselves and their children (O'Reilly, 2007).

Risks of Adolescent Motherhood

There are documented increased health risks to infants born to adolescent

mothers. Infants born to adolescent mothers are more likely to be born with poor birth

outcomes such as low birth weights and complications that can lead to life-impairing

outcomes.

Chang, O'Brien, Nathanson, Mancini, and Witter (2003) studied a group of

African American adolescents to determine the impact of maternal age on birth

outcomes. Utilizing a retrospective approach, the researcher reviewed the medical

records of 1120 pregnant Black adolescents less than 17 years of age who received

prenatal care from 1990 to 2000 at an inner city maternity clinic. Of the adolescents who

participated in the study, 203 were younger than 15 years of age and the remaining 917

were from 15 to 17 years of age. Descriptive statistics were applied to present the

maternal demographic characteristics and characteristics of maternal pregnancy

complication and birth outcomes. The study concluded that pregnant Black adolescents

have an increased risk of adverse pregnancy outcomes, low birth weight infants, preterm

delivery, and fetal death compared with normative data. The study further concluded that

older adolescents 15 to 17 years old have a higher incidence of gonorrhea infection,

greater rates of self-reported substance abuse and a higher history of cigarette smoking.

The maternal characteristics of the pregnant Black adolescents showed that 6.3% of the

study participants had preeclampsia and nearly 1% had gestational diabetes during

pregnancy. A total of 14.5% of the study population had preterm birth, and 13.3% gave

birth to low birth weight infants. Although it was concluded that there were no significant differences between the two age groups with respect to risk factors, the older adolescents had a higher parity ($p < .001$), increased drug use ($p = .063$), higher cigarette smoking history ($p = .004$) and more gonorrhea infections ($p = .046$). These findings demonstrate the high risk behaviors continue after the birth of the infant. The present study was undertaken to uncover the reasons behind the continuing high risk behaviors.

Pogarsky, Thornberry, and Lizotte (2006) investigated the associations between children born to young mothers and their life outcomes in adolescence and found that children born to mothers, who began childbearing as adolescents, experienced a variety of unfavorable outcomes, such as low academic performance in school and delinquency. Utilizing a sample of students in the seventh and eighth grade who were children of adolescent mothers, the study analyzed the association between the students' life outcomes and the ages of their mothers at birth. The study concluded that boys born to mothers who began childbearing before age 19 had elevated risks of disorderly life course transitions, higher levels of drug use, and increased chances of being a gang members. Whereas, for girls born to adolescent mothers, the risk was elevated for early parenthood. Although the present study did not set out to focus on the children of African American adolescents, it was evident from this review of the literature that adolescent motherhood has an impact on the children through middle school years.

Spear (2004) utilized a qualitative case study approach to interview adolescent mothers one-and-a half years after giving birth, and to examine their views and perceptions related to process of childbearing. The participants were 18 at the time of the study and lived in a small urban community located in the southeastern of the United

States. The findings revealed that the participants had regrets about their decision to become a mother, as well as feelings of isolation and mourning for their lost childhoods related to the day-to-day realities of being young mothers. The researchers found that although the adolescent mothers had positive attitudes about their pregnancy, their attitudes about having a baby changed once they experienced the day-to-day realities of motherhood. Although the findings from this study are significant to the present study, it had major weaknesses such as there were only two participants. This limitation suggested that more research with further more participants was needed on this topic to better understand the effects of these factors and others have on health and well being implications for African American adolescent mothers.

Transition to Motherhood for African American Adolescents

In a phenomenological study using narratives to examine and understand patterns and variations in young mothers' visions of themselves and the future, SmithBattle and Leonard (1998) found that for African American adolescents with fewer opportunities and resources mothering was not a negative event that jeopardized their future plans but, rather, engendered a sense of responsibility and supplied social identify that was consistent to family and cultural meaning of becoming a woman**.** The sample consisted of 13 African American and White adolescent mothers of diverse socioeconomic backgrounds who had given birth to their first child 4 years before the study. The mean age of the mothers was 15.6 years at the time they gave birth to their first child, with a range from 15 to 18 years of age. At the time of the study, the mean age of the mothers was 19.4 years and the mean age of the mothers' first born children was 4.6 years. That study concluded that through narrative mothering can be a positive transformational

process for low income adolescents. The current study was undertaken, in part to see if SmithBattle and Leonard's findings might be supported.

Herrmann, Van Cleve and Levisen (1998) used a descriptive approach to determine whether self-esteem, parenting competence and social support of teenage mothers changed over the first 18 months of parenting with public health nurse management. The sample consisted of 56 teen mothers who were provided with case management services by public health nurses in a county health department. The mothers had given birth within the past 8 weeks of the study and were between the ages of 12 and 17 years. The study sample was 25 % White, (n=14); 25 % Black, (n=14); 45 % Hispanic, (n=25); and 5 % Other, (n=2). Demographic characteristics of the study participants showed that the majority was below expected grade levels educationally, over 50 % lived with their parents, and more than 50 % were children of adolescents mothers themselves. Social support was measured on the Barrera Inventory of Socially Supportive Behaviors (ISSB), parenting competence was measured by the Parental Sense of Competence (PSOC) and self-esteem was measured by Rosenberg's Self-Esteem Scale.

That study concluded that as their infants matured, support given to the new mothers by family and friends decreased. While there was an overall drop in the social support score for all three groups over the 18 months the social support score dropped only 2 points from birth to 18 months for the Black mothers compared to a 31 point drop for Caucasians and a 19 point drop for Hispanics. This also held true for the overall parental sense of competence among the Black adolescent mothers in that study. In terms of social support, differences were noted between birth (M=34.38, SD= 3.87) and 6

months (*M*=32.95, *SD*=3.83). This may suggest that early childbearing in Black families may be less stigmatized than in other groups. The Parental Sense of Competence (PSOC) instrument was used by the researchers to measure the mothers' confidence in their parenting roles and the extent to which they felt they had acquired the necessary skills and understanding of parenting.   When compared by racial/ethnic groups, the scores on the PSOC showed a drop for the Caucasian group and an increase for the Hispanic and Black participants. These findings may support the notion that African American adolescent mothers receive more social support than other groups.

The Rosenberg Self-Esteem Scale was administered to the participants at entry into the study and when their infants were 6, 12, and 18 months. Differences in the mean scores were noted at birth (*M*=34.38) at 6 months (*M*=32.95) at 1 year (*M*=33.27), and at 18 months (*M*=33.13). Using *t*-tests to compare the participants' self-esteem the researcher found that there was a small but statistically significant drop in the mean self-esteem scores of the mothers between birth and 6 months. When self-esteem was compared between groups, no significant differences were found in the mother's self-esteem score over the study period.

In addition to social support, parental sense of competence and self-esteem, the study also measured the health outcomes of the participants' infants. The study concluded that negative health outcomes of the infants increased across the 18 months of the study. At birth 14% of the infants were identified as having health problems. This increased to 23% at 6 months, 28% at 1 year and 42% at 18 months. The findings from that study have significance to reasons for undertaking the present study as they demonstrated there is a difference in social support and parental competency outcomes

for African American adolescent mothers when compared to Hispanic and Caucasian mothers.

Kaiser and Hays (2004) developed a psychometric instrument for assessing psychosocial factors that influence the transition to motherhood for first-time pregnant adolescents. The Adolescent Prenatal Questionnaire was developed based on a previous qualitative study that identified four themes as influencing factors to the transition to motherhood. The four themes identified as factors influencing the motherhood transition were (a) gaining acceptance of their pregnancy; (b) the adolescent mother's awareness about a sense of responsibility and understanding what to expect; (c) plan for the future may have be altered; and (d) difficulty in viewing self as mother. The sample consisted of 145 first-time pregnant adolescents between the ages of 15 and 18 (M=16.63, SD= .95), all of whom were unmarried and intended to keep their children after birth. The sample was ethnically diverse, with more than half being White (n=75), one-third African American (n=43), and one-tenth Hispanic (n=12). The sample consisted largely of low income adolescents whose primary source of income was Medicaid. That study concluded that the Adolescent Prenatal Questionnaire is a reliable and valid tool that can be used to assess psychosocial factors that affect transition to motherhood for first-time adolescent mothers. While the instrument was found to be reliable and valid for this sample, the researchers suggested that for cultures in which motherhood may not be an acceptable transition to adulthood, the instrument may not be reliable or valid. The researcher concluded that because of the age of the participants in that study the findings were relevant to the present study and the result could be compared.

<div align="center">Experiential Context</div>

In the tradition of phenomenological research, the researcher assumptions, biases, intuitions and perception link the researcher to the research world. The need to understand the phenomenon is emphasized by van Manen (1990) as a way to fully explore the nature of the lived experience. Bracketing, an essential element of the phenomenological process, allows the researcher to put aside any presuppositions of the phenomenon in order to identify the data in its pure form (Patton, 2002).

This researcher chose to study the lived experiences of mothering for African American adolescents because of an earlier experience with two adolescent mothers. Both mothers perceived motherhood as being challenging, yet they each shared that because of the support they received from their families, being a mother was not as difficult as they anticipated. It made the researcher consider through their stories, that motherhood for poor low income African American adolescents may be the only meaningful part of their lives, and motherhood to them may mean hope for the future.

The researcher further chose to study the lived experiences of mothering for African American adolescents because there may not be enough emphasis being placed on the communities in which these adolescents live and the resources they believe they need to support them and their children in maintaining their health and well-being. Thus, utilizing **a** phenomenological approach allowed the study participants to describe their lived experiences and gave them an opportunity to express their beliefs, thoughts, and feelings about being an adolescent mother.

Summary

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The transformational process of becoming a mother for African American adolescents is minimally reflected in the literature. As a whole, this review found that there is existing literature available concerning social support needs and availability and self-esteem issues of adolescent mothers. Some studies reported an increased health and social risk to the children of adolescent mothers. However, studies offered a limited view on the experience of what is like to be an African American adolescent mother. As a result, there was a gap in the literature regarding the health and well-being of mothers from this population. The researcher further noted that the majority of the studies on African American adolescent mothers were not done within the last 5 years. The present study was undertaken in the hope that the results of this study would enhance the existing body of knowledge related to motherhood for African American adolescents, in order to assist health care practitioners in caring for this population. Chapter 3 provides a detailed description of the research method that was used in the present study.

Chapter III

METHODS

Introduction

This chapter described the methodology that was used to conduct this study. The research paradigm, participant selection criteria and methods utilized for recruitment, are described. These methods reflect steps, strategies, and format for interview question proposed by van Manen (1990). The section also describes the process used for data recording, managing and organizing as well as the step-by-step process of data analysis used by Colaizzi (1978).

Research Paradigm

In the literature regarding nursing science, the two most widely used paradigms are the empirical or quantitative inquiry, and the interpretive or qualitative inquiry (Monti & Tingen, 1999). For this study, because the goal was to describe the lived experiences of becoming mothers among African American adolescents, a qualitative research approach was used to uncover the meaning of becoming a mother for these adolescents. The qualitative paradigm is associated with the naturalistic approach of exploring human complexity and social phenomena as they are lived, through description, reflection, interpretation, and critical analysis. This research perspective was chosen because it preserves the meaning of the phenomenon being studied within the context of each participant's experience (Patton, 2002).

Qualitative research is the non-numerical analysis, organization and interpretation of data in order to discover patterns, themes, forms and qualities found in field notes, interview transcripts, open-ended questionnaires and diaries (Patton, 2002). It is an

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approach that involves broadly stated questions about human experiences and realities (Munhall & Boyd, 1993) allowing the researcher to come to know and be present to other human beings as they tell their stories of their life-world.

According to Yarbrough (2007), there are three basic characteristics of qualitative inquiry: (a) the "emic" perspective, which is meaning, experiences, or perceptions from the participants' points of view; (b) the "holistic" perspective, which considers and includes the underlying values and context of the phenomenon and (c) the inductive and interactive process of inquiry, which is the researcher's immersion in the data in order to discover patterns and themes. According to Patton (2002), qualitative inquiry is best used to understand a phenomenon about which little is known, especially when the researcher suspects that the present knowledge of it is based solely on a positivistic perspective. This research approach preserved and honored the meaning of becoming a mother for African American adolescents within the context of each of their experiences.

<center>Research Design</center>

Phenomenology as a research methodology concerns itself with gaining access to the outer world from the inside of human consciousness (Munhall, 1994). From a phenomenological perspective, research is always about questioning the way individuals and groups of people experience the world, and about knowing the world in which they live as human beings. Less emphasis is placed on factual status regarding whether a phenomenon occurred, how often it occurred, or how the occurrence of the phenomenon is related to the prevalence of conditions or events (Patton, 2002). It is a procedural approach used to assist the researcher in arriving at a deeper understanding of the nature of the meaning of everyday experiences (van Manen, 1990). Utilizing this approach, the

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researcher is able to investigate a phenomenon of interest as it was lived by reflecting on essential themes which characterize the phenomenon.

Thus, as indicated above, for this study, the researcher used a qualitative phenomenological methodology. This method was chosen because it preserves the meaning of becoming a mother for African American adolescents within the context of each participant's experience (Patton, 2002). A qualitative phenomenological methodology allowed the researcher to utilize an inductive method of exploration to discover and understand patterns that exist within the phenomenon of being an African American adolescent mother. By using an inductive approach, the researcher was able to immerse herself in the details of motherhood for African American adolescents and uncover important themes of meaning.

According to Colaizzi (1978) the method most appropriate to investigating a human experience is one that seeks to remain close to the experience "as it is given" (p. 53). Colaizzi proposed that the method should not alter the experience, nor transform it into an "operationally defined behavior" (p. 53). Rather, the method, according to Heidegger (as cited in Colaizzi) is "to let that which shows itself be seen from itself in the very way in which it shows itself from itself" (p. 53). In other words, the researcher should allow the phenomenon to "speak of itself" (p. 53).

In the tradition of phenomenological inquiry, the researcher respectfully attends to the participants' view of the phenomenon. A bond is forged between the participants and the researcher through this attentive process. It is important for the researcher to make explicit her understandings, biases, assumptions and presuppositions about the phenomenon being studied (van Manen, 1990). In the present study, this was done

through journaling; it is only through this process that this researcher could deliberately suspend any preconceived attitudes toward the phenomenon. This process allowed the researcher to examine and reflect on the phenomenon by attaining an attitudinal shift. This shift known as the *phenomenological attitude*, allowed the researcher to look at the phenomenon from a new perspective. As a result, the phenomenon was seen from a new and naïve viewpoint, from which a fuller, richer and more authentic description was rendered (Moustakas, 1994).

Patton (2002) observed that to attain the phenomenological attitude, human experiences of a phenomenon appearing in the consciousness, should be examined by way of epoche. Epoche is a Greek work meaning to refrain from judgment (Moustakas, 1994). By engaging in the process of epoche, the researcher was able to understand the experience of mothering from the perspective of African American adolescent mothers. Epoche involves distancing oneself from one's own biases and assumptions and adopting a reflective standpoint in viewing one's experience in the world. Mustakas (1994) posits that epoche allows the data to be seen from a new and naive perspective, one from which fuller, richer, and more authentic descriptions of the phenomenon will be rendered. According to Husserlian philosophy, the process of epoche allows for the transcendent ego, or the pure consciousness, to be discovered. The researcher adopting the Husserlian phenomenological approach is able to stand outside the research process by assuming distance and objectivity from all its stages (Lowes & Prowse, 2001).

Following the process of epoche, the next step in qualitative phenomenological inquiry is bracketing. Bracketing allows the researcher to explicate and put aside any presuppositions of the phenomenon in order to present the data in a pure form

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uncontaminated by extraneous intrusions (Patton, 2002). Bracketing permits the researcher's bias to be non-influential so as to allow the phenomenon under study to be presented objectively. Through this process, the researcher's biases and prior beliefs are consciously suspended.

For this study, before data collection, I took the time to read about the bracketing procedures for qualitative research as a way of remaining myself to stay on track and how to bracket my biases. I kept a journal on how each of the study participants reacted to the questions and to the conversation. I attempted to minimized bias by listening carefully to what each participant said and what each participant experienced. For the first three interviews, the participants were not as articulate or descriptive of their experience, which created difficulty in obtaining rich information about their experience. At this point in the interview process, my prior knowledge abut the phenomenon began to be influenced. Consequently, I met with my dissertation chair to discuss the problem. She suggested that I use verbal cues and follow up questions.

<p style="text-align:center">Sampling</p>

In qualitative research, the researcher is concerned with a holistic understanding of the phenomenon of interest (Creswell, 2007). Therefore, in this study, the researcher used purposeful sampling to recruit African American adolescent mothers. Colaizzi (1978) posits that anyone who has experienced the phenomenon, and can communicate the experience, meets the criteria for selection.

Eleven African American adolescent mothers were ultimately selected as participants. According to Creswell (2007), in the phenomenological tradition, only a small sample size is generally needed, since the goal is to describe the meaning of a

phenomenon for individuals who have experienced it, and not to seek a representative sample for the purpose of generalizability.

Participants were recruited by means of flyers (Appendix A) placed on bulletin boards of local Women, Infant and Children Centers (WICC), in the front lobby of apartment buildings, local clinics, and local churches as these were deemed the most likely places in which they might come into contact with adolescent mothers. The researcher obtained permission in advance to display the flyers (Appendix B).

Participant selection involved the snowball or chain sampling design, which in this study consisted of personal references, references made through local churches, and through the participants themselves. According to Creswell (2007), this approach allows the researcher to identify cases that are information-rich, from people who know people.

Upon receiving approval from Barry University Institutional Review Board (IRB) and prior to data collection, the researcher began placing the flyers that contained an explanation of the study, an invitation to participate, and a contact number for the researcher. Once an adolescent mother contacted the researcher and the researcher determined their eligibility, the researcher then asked for a telephone number in order to speak to the parent(s)/guardian(s) to discuss the study and arrange a time to meet to explicate the study and obtain consent and assent for the adolescent mothers to participate.

Inclusion Criteria

To be eligible for the proposed sample, participants had to (a) be an adolescent mother between the ages of 13 and 17 years old, (b) be a self-reported African American, (c) be able to speak English, (d) have at least one child older than 1 year old.

Exclusion Criteria

Exclusion criteria included individuals who became mothers after the age of 18, adolescents who were not mothers, adolescent mothers who were not living with a parent/guardian, adolescent mothers who were unable to understand English and adolescent mothers who did not self-report as African American.

Ethical Considerations

In addition to obtaining approval from Barry University's Institutional Review Board (IRB), to ensure that all participants' rights were protected, the researcher adopted the ethical principles articulated in the Belmont Report of Ethical Principles and Guidelines for the Protection of Human Subjects, as established by the National Research Act of 1974. The Belmont Report of Ethical Principles call for biomedical and behavioral research involving human subjects to be conducted in accordance with principles of the National Commission for the Protection of Human Subjects (Israel & Hay, 2006).

The Informed Consent Form (Appendix C) included the following information, and was provided to each participant and her parent(s)/legal guardian(s): (a) a statement that the study involves research; (b) an explanation of the purposes of the research; (c) the expected duration of the individual's participation; (d) a description of the procedures to be followed; (e) a description of any reasonably foreseeable risk or possible discomfort to the participant; (f) a description of any benefits to the participant, which may be reasonably expected from the research; (g) a statement describing the extent to which confidentiality of records identifying the participant will be maintained; (h) contact information for the researcher and Barry University for answers to pertinent questions

about the research and participant's rights; (i) and a statement that participation is voluntary, that the participant may refuse to participate at any time without repercussion, and that the participant may elect not to answer particular question(s).

Due to the age of the participants and because of their status as minors as defined by the State of Florida, the adolescent participants was required to sign an Assent Form (Appendix D) and their parent(s)/legal guardian(s) signed the Informed Consent Forms. In the State of Florida, minors are not emancipated as a result of their parenthood. An adolescent mother can give consent for her child, but cannot consent for herself under Florida law. Therefore the adolescent participant was required to sign an Assent Form.

To protect the participants' confidentiality, the researcher assigned a pseudonym to each participant at the time of the interview. Only the pseudonyms were mentioned during the interviews and were assigned to the transcriptions.

The findings from this study will be disseminated in an aggregate form in order to protect the confidentiality of the study participants. Although their quotes were used in the study, their words cannot be tracked back to the participants due the use of pseudonyms. Due to the nature of the experience, some of the research questions may have evoked unpleasant memories. As a result, the study participants were given a list of available community referral sources (Appendix E) available at no cost to the participants in the event they experience any emotional distress.

The transcribed data were backed up on the researcher's home computer as well as on a flash drive. All material including the transcriptions, tape recorder, and the flash drive are kept in a locked file cabinet in the researcher's home office.

Interview Procedures

Van Manen (1990) contends that the interview process needs to be disciplined by the fundamental question that prompted the need for the study. Thus the researcher has to be mindful of the purpose of the research and be oriented to the lived experience in order to ask the "what it is like" questions. The researcher must assist the participants in describing their experience without leading the discussion. The role of the researcher is to observe, interpret and participate in the study. As such, the interviews consisted of open-ended questions aimed at stimulating conversation that captured the essence of becoming mothers from the perspectives of African American adolescents. The interviewer used open-ended questions as an effective way to gather information, clarify and to understand participants' experiences. Probing techniques such as using silence, non verbal attending skills and clarifying questions were employed in the interviews. These techniques were designed to elicit more detailed information and clarify any ambiguous statements and to allow the participants the freedom to respond in their own words, thus facilitating exploration and explanation of the phenomenon to the fullest (van Manen, 1990). Appendix F provides a table of interview questions that were used to enable the participants to describe their experience.

In addition to the research questions, the participants were asked to provide limited demographic data upon completion of signing the consent form and prior to the interview. The demographic information included the participant's age, age when she had her first child, grade in school, living arrangements, child/children primary caregiver, and marital status (Appendix G). These data were used to describe the study participants.

Data Collection Procedures

Upon receiving approval from Barry University Institutional Review Board (IRB) data collection began. The researcher began placing flyers on bulletin boards of local Women, Infant and Children Centers (WICC), in the front lobby of apartment buildings, local clinics, and local churches which contained the study information and the researcher's contact information. Participants were recruited using flyers advertising the study, through local churches, community centers and local laundromats. The first participant was obtained via a flyer sent to a local pastor who knew about a mentoring and transitional program for at-risk youths and young adults. The rest of the participants were recruited through the Urban League of Greater Miami (ULGM), as the participants were involved in a community health project with the ULGM for low income families. Prior to meeting with the researcher, the nature of the study was explained to the participants and their parents/guardians by the counselors working with the ULGM.

After receiving a call from an interested participant, the researcher made arrangements to meet at a setting agreed upon by the participant. The researcher met with the adolescent mother and her parents/guardians, discussed the study, reviewed the Informed Consent Form and Assent form, secured the necessary signatures, and conducted the interview.

At the end of the interview, arrangements were made for a follow-up interview weeks later to review the transcript for accuracy and to provide feedback. Only 2 of the 11 study participants met with the researcher to validate the study findings.

Data Analysis Procedures

All interviews were tape recorded and transcribed verbatim. The taped interviews were given to a transcriber who generated individual transcriptions. The transcriber signed a third-party confidentiality agreement at the beginning of the data collection (Appendix H). Colaizzi's (1978) specific procedural steps were followed:

1. The researcher first verified the descriptions by listening to the tapes and reviewing the transcriptions for any possible discrepancies in order to gain familiarity with their content, feeling and tone. According to Colaizzi, the participants' descriptions are termed protocols. By reading the protocols, the researcher was able to (a) get a sense of where the adolescents were in terms of their experiences as well as (b) to become familiar with the protocols. As part of the reflective process, the researcher wrote down her thoughts and feelings in a journal as she listened to the tapes. Keeping a journal was helpful for having a record of insights gained, and for discerning patterns of the phenomenon under study.

2. Extracting significant statements was the second step. The researcher read each of the protocols over and over and extracted from them phrases or sentences that directly pertained to the phenomenon.

3. In the third step, the researcher created formulated meanings of each significant statement. In this step, the researcher involved in what Colaizzi called "creative insight" (p. 59), moving from what was said by the participants to what they meant. The meaning formulated is the researcher's attempt to uncover the hidden meaning in the phenomenon being investigated.

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4. In the fourth step, the researcher organized the formulated meanings into clusters of themes. According to Colaizzi the researcher must validate the themes with the original protocols in this process. This was done by the researcher periodically asking herself and her dissertation chair whether a cluster of themes was reflected in the original protocols. If it was not reflective of the original protocols, the researcher re-examined the cluster of themes.

5. Once the researcher validated that the themes were reflective of the original protocols, the fifth step was to integrate them into an exhaustive description of the phenomenon under study.

6. During the sixth step the researcher formulated the exhaustive description of the investigated phenomenon into as "unequivocal a statement as possible identifying the fundamental structure of the phenomenon" (Colaizzi, p. 61).

7. The seventh and final step calls for the researcher to return to the participants to validate the findings of the study with their original descriptions of the phenomenon.

According to Creswell (2007), by following the seven steps outlined by Colaizzi, and holding true to the phenomenological methodology, the researcher will have a better and deeper understanding of the essential nature of the phenomenon under study; in the present study, the experience of mothering from the perspectives of adolescent mothers.

Research Rigor and Trustworthiness

To increase the rigor of the proposed study, the researcher utilized several of the criteria suggested by Morse and Field (1995) concerning trustworthiness. Trustworthiness is the accuracy of the description and implies that there is confidence

that the information is accurate and reflects reality.   In phenomenology, it behooves the researcher to establish credibility (Creswell, 2007). Credibility is referred to as the "truth" or "believability" of the findings that have been established by the researcher as to be the true experience of the participants being studied. It is the process by which researchers describe and interpret the experience from the emic or insider perspectives (Koch, 1993) as clearly as possible. Through active listening and being engaged with the participants as they described their experiences, the researcher becomes in tune with the participants' presence.   In addition, the researcher spent much time with the tapes and transcriptions in order to uncover the meaning of the lived experience of being a mother for the participating African American Adolescents.

It is important that the researchers be aware of any undue influence on the content of the participants' descriptions and its accuracy. By the researcher continually checking the data and her interpretation, she further enhanced the credibility of the study's findings. In addition, the researcher and dissertation chair reviewed the participants' protocols to determine if their true experience was reflected in the significant statements. Lincoln and Guba (1985) suggest this technique for maintaining trustworthiness is a type of peer debriefing. Peer debriefing involves having unbiased colleagues with qualitative experience review the research process and findings. As indicated, the researcher had her dissertation chair serve as a peer reviewer and examine the field notes to verify that a systematic process was undertaken.

Another criterion of research rigor suggested by Guba (1981) is applicability. According to Guba (1981) applicability is referred to as fittingness or transferability. This is concern with the degree to which the study findings can be applied in other

situations and whether the findings can be generalized to a larger population. To enhance

transferability, the researcher did a meticulous job of describing the research context and

the assumptions that were central to the research. The researcher followed various

established procedures so that the data analysis would produce rich interpretation in that

it included the complexities and the variabilities, as well as the commonalities of the

phenomenon. Morse (1994) further contends that transferability relates to how the

study's findings can be similar to findings from another study with similar situations and

environmental conditions. To address transferability, the researcher gathered rich

description of the phenomenon in order to adequately describe the nature of the original

phenomenon.

Morse and Field (1995) further suggested another way to enhance trustworthiness

is to have confirmability of the study findings. Confirmability refers to the way in which

the researcher arrived at the interpretations of the phenomenon under study. Morse and

Field suggest that the researcher establish an "audit trail" to have an opportunity to

document the researcher's decisions, choices and insights and so that the pathway leading

to decision making in the data analysis phase of the research process can be checked by

another researcher.. This process was done through field notes, which were used as a

way for the researcher to keep track of her ideas, responses and possible biases in order to

separate them from the participants' responses.

The final criterion of trustworthiness is the consistency of the data. Hence, in

qualitative research, consistency is defined as dependability (Krefting, 1999).

Dependability addresses levels of variability that can occur within the research process.

To account for any variability, the researcher described any change that may have

occurred, and how the change affected the research study. As such, the researcher developed an audit trail which included field notes, personal notes, the transcribed interviews, any documents used in the process of data analysis as well as the final product. This audit trail was reviewed by the researcher's dissertation chair.

Summary

In this chapter, the researcher described a worldview associated with qualitative research. The research paradigm associated with the naturalistic approach of exploring human complexity and social phenomena as it is lived through description, reflection, interpretation, and critical analysis was described. Steps that followed for participant selection and the method that was used to gain access to the study participants were presented. The chapter also outlined steps that were used for data collection, data management and data analysis. Strategies were used to address ethical issues typical in qualitative research. That is, specific steps were taken to maintain confidentiality and to protect the rights of the study participants. Chapter 4 addresses the study findings.

CHAPTER IV

FINDINGS OF THE INQUIRY

Introduction

The significant findings from data collection and analysis in this phenomenological study are addressed in this chapter. The analysis was conducted and organized according to Colaizzi's (1978) seven-step procedural method in order to describe the lived experience of motherhood for African American adolescent mothers. Data were collected through audio-taped, semi-structured, face-to-face interviews that were subsequently transcribed verbatim by a professional transcriptionist.

This chapter presents an overall description of the participants, a brief description of each individual participant, and the findings of the study. Each participant is referred to by a pseudonym given by the researcher to protect the individual's confidentiality. The themes and clusters of themes as well as an exhaustive description of the phenomenon are also discussed.

Phenomenological Analysis of Data

Step 1: Reading the Subjects' Description

As described in the methods section of chapter 3, the transcribed interviews were read and reread several times by the researcher for accuracy and to acquire a preliminary sense of the texts. This was done to identify significant statements about the experience.

Step 2: Extracting Significant Statements

Each significant statement extracted was assigned a number for tracking purposes and recorded in a word document saved and named Significant Statements (Appendix I).

One hundred and eight statements were extracted from the 11 protocols. This step is

known as extracting significant statements (Colaizzi, 1978). As described by Colaizzi,

the next step involved reflecting upon the significant statements for embedded meaning.

Step 3: Creating Formulated Meanings

This next step in the procedure was to reflect and describe the meaning of each

significant statement. To do this, the researcher looked beyond the participants' spoken

words to "discover and illuminate hidden meanings in the various contexts and horizons

of the investigated phenomenon…" (Colaizzi, 1978, p.59). The formulated meanings

were recorded in a separate word document saved and named Formulated Meanings. The

formulated meanings were assigned the same numbers as the significant statements for

organization and consistency of data (Appendix J).

Step 4: Aggregating Formulated Meanings into Clusters of Themes

The formulated meanings were then organized into themes that illuminated

commonalities of meanings across texts. Each theme that illuminated a common

meaning was color-coded and listed. During this step in the procedure, the researcher

made comparisons, contrasts, revisions and consolidations. This was done to ensure that

the themes captured meaning and represented a shared perspective. The themes were then

aggregated and organized into cluster of themes which were descriptively titled to

illuminate commonalities in themes across texts (Appendix K). To remain true to the

phenomenon, the researcher went back to original texts to validate the clusters of themes.

Step 5: Writing an Exhaustive Description

The next step involved the integration of the significant statements, the

formulated meanings, and the clusters of themes into an exhaustive description of the

lived experience of motherhood for African American adolescent mothers explicated later in this chapter.

Step 6: Identifying the Fundamental Structure of the Concept

This step is the sixth step in the procedure. From the exhaustive description of the phenomenon, the researcher described an unequivocal statement of its fundamental structure. The fundamental structure of motherhood is an integration and synthesis of its components identified in the exhaustive description.

Step 7: Returning to the Subjects for Validation

In the final step in the procedure, the researcher returned to the study participants for validation of the study findings. The participants were asked if the fundamental structure of the phenomenon contained the essence of their original experience. Only two participants responded to repeated phone calls for validation. The two participants who responded agreed that the structure of motherhood included here reflected their experience as adolescent mothers.

<div align="center">Participants</div>

Thirteen adolescent mothers consented to participate in this study, and 13 interviews were completed. However, only 11 of the 13 interviews were used and analyzed for the study findings because it was determined during the analysis phase that two of the mothers did not meet the study criteria. The two participants were not included because their babies were not 1 year old. Therefore, their interviews were not included in the analysis. Participants were recruited using flyers advertising the study, through local churches, community centers and local laundromats. The first participant was obtained via a flyer sent to a local pastor who knew about a mentoring and

transitional program for at-risk youths and young adults. The rest of the participants were recruited through the Urban League of Greater Miami (ULGM), as the participants were involved in a community health project with the ULGM for low income families.

The study participants were all African American adolescent mothers between the ages of 13 to 18 years (M=15 years) at the time of the interviews. Nine of the 11 participants reported they were in school at the time of the interview. One participant attended junior high school, six were in high school, one was in trade school, and, one participant was taking classes at a local community college. The two participants who were not in school, expressed an interested in going back to school in the near future. Ten of the participants were single mothers living with a parent/guardian, and one reported living with the child's father and his sister. All of the participants reported they were not the only providers of childcare. Childcare was also being provided by the maternal grandmothers. All but two reported not being in a relationship with the child's father. All were receiving Medicaid or another form of public assistance health insurance for themselves and their children. Ten of the participants were daughters of teenage mothers. Participants had no health concerns related to themselves and only one participant had health concerns related to her child. See Appendix L for the descriptive characteristics of the study participants.

<div align="center">Individual Profiles</div>

In this section, each participant is briefly introduced in order to provide readers with an increased understanding of the participants. Names used are all pseudonyms chosen by the researcher.

Participant 1

Abigail is a 17 year old single adolescent mother of two children and is not in a relationship with the children's fathers. She had her first child at age 14 and has had four pregnancies. She is currently a sophomore in high school and is considering joining Job Corp at the beginning of the next academic school year.

Abigail was eager to talk about her children and how they motivate her to keep going to school. She had this to say, "They are the reason why I motivate myself. To keep going to school and to and do whatever it is that I have to do to make sure that they have."

Participant 2

Joanna is a 17 year old single adolescent mother with one child and living with her mother and stepfather. She is in a relationship with the father of her child. She is a junior in an alternative high school for adolescent mothers and their children. Joanna is adamant about wanting to graduate on time and continuing her education at a local community college. Joanna reported that this was her only pregnancy. Joanna was not very open to talking about her experience about being a mother.

Participant 3

Lydia is a 16 year old single adolescent mother with one child and living with her mother. She is in a relationship with the baby's father. She is a freshman in high school and plans to continue with school until graduation. Lydia was very open in talking about her experience as a mother especially her relationship with her own mother since she became a mother herself. She articulated this by saying, "After I had a baby, I had to take a little learning and a little teaching from my mom, so it brought us a little closer."

Participant 4

Miriam is an 18 year old single adolescent mother with one child and living with her mother and stepfather. Miriam was the only participant who had her child with her during the interview. She is not in relationship with the child's father and considers her life better off without him. She is in a relationship with another person. She is taking classes at the local community college as well as studying to be a correctional officer. Most recently she found a job working part-time. She is also trying to get a job at the same place for the child's father so that he can start providing financial support.

During the interview, Miriam was very much at ease and articulated her experience by using biblical proverbs she heard from her mother. She discussed how she is influenced by her grandmother and believes that she is what she is today because of her grandmother. She had this to say about children, "But then it gets to the point you gotta understand they just, they wasn't asked to be here. So while they're here, just make their life worthwhile."

Participant 5

Naomi is a 17 year old single adolescent mother with one child. She is a junior in high school and plans on graduating on time. She is not in a relationship with her child's father and considers him "just the baby's father". Naomi articulated that because of her baby, she and her extended family are spending more time together. She had this to say:

> Everybody used to be in their own room. Like if somebody is doing this, somebody is doing that. Now it's a baby in the house and it's like we all just can sit and watch TV together or spend time together and it's a good thing for us to come closer.

Participant 6

Esther is a 17 year old single adolescent mother with one child. Esther lives with her mother, an older sister and a younger sister. She is a senior in high school, and at the time of the interview, she was not sure if she would be graduating this year. Although she was not at ease talking about her experience as a mother, she did mention at the beginning of the interview that she felt she is blessed to be a mother. She said "it's a blessing to have a baby and everybody – some people can't have kids."

Participant 7

Rachel is a 16 year old single adolescent mother with three children and living with her mother. Rachel is attending trade school, studying to be a daycare worker. Rachel articulated that she hopes her children will grow up in a better neighborhood and have good friends. She had this to say, "I want them like to be in a nice neighborhood, like you know, good friends."

Participant 8

Ruth is a 15 year old single adolescent mother with one child and is living with her mother. She is in junior high. Ruth is not in a relationship with the child's father. Ruth described being a mother as a big responsibility.

Participant 9

Sarah is a 16 year old single adolescent mother with one child and is living with the child's father and his sister. Sarah is not in school and has expressed a desire to join Job Corp. She is proud to say that she is better off than most adolescent mothers because she is in a relationship with her child's father although it can be difficult at times. When asked about her relationship with the child's father, Sarah stated that "sometimes it's

good, sometimes it's bad....'Cause he gets mad for crazy reasons, but so far we been going good."

Participant 10

Leah is a 17 year old single African American adolescent mother with one child and living with her guardian. She is not in school and stated she will be joining Job Corp next week. Leah is very much at ease talking about her experience as a mother.

Participant 11

Martha is a 17 year old single African American adolescent mother of one child and living with her mother. Martha is a junior in high school and is already talking about her plans for college.

During most of the interview, Martha was at ease talking about her experience until her mother came home and brought her child from daycare. Although the interview continued, Martha was not as talkative in the presence of her mother.

<div align="center">Clusters of Themes</div>

This section describes the textual analysis of the data that was extracted from the transcriptions. The analysis of the significant statements resulted in five major clusters of themes and nine sub-themes. These themes describe motherhood from the perspective of African American adolescent mothers and illuminate a deeper understanding of their life-world. The five clusters of themes are: (a) Motherhood is difficult; (b) Motherhood is having to redefine life; (c) Motherhood is hope; (d) Motherhood is focusing on material things; (e) Motherhood is relying on baby. The themes are illustrated further through direct quotes and comments from the participants. A visual outline of these themes and subthemes can be found in Table 1.

Table 1

Cluster of Themes and Sub Themes of Motherhood for African American Adolescent Mothers

Cluster of Themes	Sub Themes
1. Motherhood is Difficult	1. Sometimes hard 2. Mixed feelings 3. Baby is here now
2. Motherhood is Redefining Life	1. Motivation 2. Changed lifestyle
3. Motherhood is Hope	1. Better life 2. Having support
4. Motherhood is Focusing on Material Things	1. Putting baby first 2. Pampers as a reality
5. Motherhood is Relying on Baby	

Cluster of Themes: Motherhood is Difficult

A theme that emerged for all the participants about being a mother was that motherhood is a difficult transition. In their descriptions of motherhood, the participants expressed that being a mother is difficult in that they have to adjust to multiple roles of friend, student, girlfriend, daughter and mother. Becoming a mother is a major life change for most women and one that can be difficult to do or to understand especially for adolescent mothers during their critical time of development. The theme motherhood is

difficult is organized into three sub themes: (a) sometimes hard; (b) mixed feelings; and (c) baby is here now.

Sometimes hard. Several of the participants described being a mother as simply being hard. Abigail said:

It's-it's hard… it's basically just hard, you can sometimes lose your cool and snap and you really don't mean to; it can get frustrating. It's fun and hard at the same time. It's a good experience, but it's hard being a mom to me…being a child myself and raising a child, it's frustrating.

Miriam stated, "it's hard. I could say it's hard being a mother." Esther also said that motherhood is hard. She had this to say, "It's a lot of hard work." Miriam also said, "I stopped going to school 'cause it was hard having to get me ready to school, get him ready to school." Whereas Sarah felt that being a mother was not only hard it was different. She said, "It feels different, it ain't easy – it's hard."

Two mothers described motherhood as being hard and challenging. Martha described being a mother as being hard at times but for the most part being challenging. She said "at times it's kinda hard, it's kinda easy but it is challenging." Miriam described being a mother as "it is nothing easy and it's nothing hard either but at the same time it's challenging. But I mean being a mom is kinda – it's challenging, then again it's like simple, a nice experience." Additionally several of the participants verbalized that although motherhood is hard, it has some good times. Naomi stated:

To have a baby, sometimes it can be tough. It's fun, I get to play with her; it brings joy to me. You gotta make sacrifices…in my case it's hard because my

baby's father is not here for me. So that's another thing that's hard, I have to do everything by myself. It is harder than people think it is.

Ruth stated, "it's hard not having the help but I'm doing it." Esther described being a mother as such: "It feels good it's lot of hard work… it is a blessing to have a baby. It's a big responsibility. It's fun, but frustrating at times." Rachel said being a mother is **"**Hard, good, happy, oh don't know, all different things."

Mixed feelings. Several of the participants described motherhood with mixed feelings. The participants reported having contrasting feelings as they relate to motherhood. Esther described having mixed feelings about motherhood. "I ent [didn't] want to have my kids so early, but I did. I really I regret it, but like I am happy that they here. But I wish that I was like when I was a little bit older get a job, finish school, stuff like that." Miriam said, "In a way [it's] stressful, it's a beautiful thing." Lydia's description captured being a mother as:

> In a way stressful it's a beautiful thing because you have somebody that can look up to you, but in a way it's kinda scary because you have this little person that depends on you solely and completely. But it is a wonderful experience.

In spite of the participants' descriptions that motherhood is stressful and difficult, two participants shared that for them motherhood is about being blessed. Abigail shared this, "In my eyes blessed, because many women about my age and beyond could not have kids and I just feel blessed that I could even have two. The other participant said, "It's a blessing to have a baby and everybody – some people can't have kids."

Baby is here now. Several of the participants described their feelings as having to live with their decision to have their babies and taking responsibility for their decision.

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Lydia had this to say, "I kinda wished that I woulda waited a little longer until I finished college like I first planned, but she is here now. It happened and I have to do what is right." Miriam said this, "One thing I say – my son, he's not a mistake, you know. If anything I made the mistake. But he's not a mistake." She also shared that one of her friend told her the following, "Children are not mistake." Joanna said, "Babies at a young age is kinda, to me it is not really difficult, but it would be better off if I have a life that I could of finish high school without a child in the way."

Miriam discussed how although her becoming a mother resulted in her being held back from school, she is taking responsibility for her action. She had this to say, "They're innocent in the situation they have nothing to do with me being held back from my dreams or my goals. Only I could hold myself back." Esther shared that she wishes she waited to be a mother. She said, "I have to make the best out of it not make the worst and walk around pouting, blaming the child 'cause it's not the child."

In summary, motherhood for these adolescents was a difficult transition, one that involved varied life challenges and demands. For these mothers, in spite of their current developmental status, they are faced with the difficult task of completing what Erikson (1968) called the expected goals of adolescence as well as adjusting to the complexity of being mother. Although the participants expressed that motherhood can be difficult and hard, several expressed motherhood as a paradox, as being challenging yet at the same time bring joy and being fun. However different their descriptions were, each participant described motherhood relative to her experience as an adolescent and mother.

Cluster of Themes: Motherhood is Having To Redefined Life

This theme was defined by the participants as having to make changes in their lives because they were mothers. The participants discussed having to move on with their lives and not engage in past behaviors. The participants portrayed themselves as having the desire to change in order to mature and be mothers. Participants shared they have a desire to change their lives as well as a desire to redefine their lives for their children. Two sub-themes emerged from the description provided by the participants that were associated with having to redefine their lives as mothers. They included: (a) motivation, and (b) changed lifestyle.

Motivation. Participants described how being a mother motivated them to move on with their lives for the sake of their children. Participants discussed motherhood as the force behind their motivation to accomplish something in their lives. According to Oxford (2009), motivation is the reason or reasons behind one's actions or behavior. For these participants, their motivation was a need and a desire to redefine their lives by changing their behaviors.

Abigail shared that because she comes from a strong family background, one that believes in survival, she is motivated to move on with her life in spite of her situation. She said:

I still do what I have to do. I still try to maintain a good GPA. I still go to school…I'm a go-getter. Just go out there and do what I have to do to make sure my kids have. I come from a strong background and I have one shot to get this right.

Participants described how having their children motivated them to change their life in order to achieve certain goals. According to Miriam, her son motivated her to grow up, return to school and be successful for him. Miriam said:

> He changed my life. `Cause it got to the point like – you know Miriam gotta grow up. I mean the things that I used to do I couldn't do. And, basically it makes me feel like a better person with myself. I had to grow up. I stopped going to school and all of a sudden I got myself back in school. `Cause without school I work at Boston Market. I don't get paid much. I hear a lot of people say….If I have a degree there are better places I can go. Having my son just motivates me to be that well educated person…I don't know, you know be something – make something good out of yourself. So they could say, well you know, "My mommy was there for me."

Lydia spoke about being motivated to make changes in her life because of her daughter. She shared that motherhood motivated her to learn new skills from her mother. She described that being interested in new skills helped her to move on with her life:

> I was never interested in doing hair, but because I have a daughter I had to learn how to do hair. My cooking is improving. I had to learn how to, you know, wash clothes, how to take care of a baby. In the past I really didn't know much, now I am learning…After I had a baby I have to take a little learning and a little teaching from my mom.

Leah described that by overcoming obstacles in her life she was able to continue with her education to better herself. "Whatever obstacles come in my life I have to know

how to go around those obstacles just to better myself for my child. So they [child] motivated me to do a lot as in getting some kind of education."

Changed lifestyle. Participants described the need to make a change in their lives. According to Oxford (2009), change is to make or become different. The participants discussed the need to change their current behaviors or lifestyles now that they are mothers. For one participant her change took place over time. According to Leah, her change did not happen at once:

> The things that I do, I have to change myself. It didn't change overnight; it took time for me to change and right now I can say that I have changed because of my baby to better him, to better me. I stop hanging out with my friends; it took me a while to know that I'm a mom now. I had to change; I had to throw away the old key to put another one in.

Some participants described how changes to their lives were the best thing to happen to them. Sarah described her change as:

> Yeah, I became better. I used to be a tomboy. I ain't used to wear dresses. Now I wear dresses cause– like I used to be wild. Like running wild, how can I say? Every time my friends go out I wanna go out. Now I don't go out when they go. Half of the time when they go out I don't be wanting to go out. I am a mother now.

Miriam described how her change was to eliminate certain things from her life, like her friends. She shared that by changing her lifestyle, she became responsible and mature. She said:

My life changed a lot. I used to be the type always to hang out with my friends, always with my friends. Now it got to the point like – my friends had to be eliminated from me `cause I like kinda let them loose, only hang on to some of my friends… Like first, before I became a mother, I used to hang around a lot of friends. I used to do this, do that. But when I think about it, I'm not the only one I have to live for. I have to live for my son, also.

Martha discussed that she had to change in order to slow down her life. According to Martha:

Like I used to be wild, totally bad, terrible, not listening, breaking all the rules. I would sneak outside. I would talk to boys on the phone. I would drive the car knowing well I didn't have any license. I became more mature, I had to think about, you know, I'm about to be 18 and you can't play with school like you used to. I am now considered as an adult because I am taking on responsibility as an adult will take on.

When asked about change Esther had this to say:

I use to not come home a lot but now I know I gotta be home for her. I used to be bad, use to not listen. But being a mother have changed me a lot. Like my attitude toward people. Like I used to treat my little sister bad, but now I treat her differently, `cause I don't want her to treat my baby the same.

As it relates to making changes in one's lifestyle, several of the participants shared how when they became mothers, they stopped engaging in fighting behaviors. Although engaging in fighting behavior was not common among all the participants, it was shared by several participants.

Martha articulated that she stopped fighting because she did not want to get kicked out of school and lose her chances of getting an education. She had this to say, "I'm about to be 18 soon. You can't play with school like you used to, can't fight can't just do any type of thing, because now you would end up losing your education." Esther shared how she stopped fighting with her older sister because she did not want her sister to fight with her daughter. "I used to not listen. But like being a mother changed me a lot. I used to treat my little sister bad, but now I treat her differently 'cause I don't want her to treat my baby the same way when she gets older." Naomi discussed how she stopped fighting because of her daughter.

> I feel like having a baby slowed me down, because I was like, used to go out to the club and fight and drink and just get in a lot of drama and chaos and like me having a baby, I don't do those things anymore 'cause, because, I have to think about her now.

Lydia described how she stopped fighting in order to remain in school and to be a role model to her daughter. She had this to say:

> I used to skip school, fight, all types of things, but now that I am a mother I don't fight. I don't argue with people. I do my work in school. I do what I have to do in school to get out to school and go off to college. Because, she is looking up to me and I have to be a good role model.

In summary, the adolescent mothers described how being a mother motivated them to make changes in their lives. Participants described that being a mother meant having to change past behaviors. This involved the realization that they had to make changes in their lifestyle in order to adjust to the demands of being a mother. For most of

the participants, these changes redefined their lives by giving their lives a sense of purpose and direction as mothers.

Cluster of Themes: Motherhood is Hope

The adolescent mothers discussed that motherhood meant having hope in order to provide for their children. Oxford (2009) defined hope as a feeling of expectation and desire for something to happen, or a person or thing that gives cause for hope. Hope to the study participants meant having future aspirations and believing there is a good chance that something good will happen in their lives. Hope was associated with wanting a better life. Hope was described from different perspectives that included hope for themselves as mothers and their children. The participants described hope as not only as having aspirations for themselves but believing they are doing something for their children so they will have a better future. Hope for a better life is a theme that emerged from the data. Included in the theme are the following sub-themes: (a) better life; and (b) having support.

Better life. Participants discussed wanting to see their children grow up and hoping they would have a better life than they had. Sarah had this to say, "I wanna see him grow up in life and everything. I think that's important `cause you should be wanting to see your child grown in life." Abigail described not wanting her child to follow in her footsteps. "I just want them to have a life that I never had. I don't want them to go through all the hurt and the pain that I have been through." Abigail further shared that she hopes to create a sense of security in love and environmental safety for her children. She had this to say, "A better sense of security for love. A free spirit to know that, hey, they can come talk to me… a safe home, a safe environment and a safe

learning environment." Martha shared this, "I want to be able to give him whatever he may need or want that I may have never gotten when I was little." According to Esther: "Just to give her a good life, to provide her without no worries, just grow up to be a good child." Martha hopes to make a positive impression in her son's life. She said:

> I mean to live life the best way, make something of it, I mean people remember you if you've made a difference in their life…you should make a positive impression on someone life.

Leah discussed a desire for a better life for her child by wanting to be able to provide everything. Leah said, "I would like to give my baby the world if I had – if this world was in my hands and I controlled it, it would be his. I feel like my son will have a better life more than I had when I was his age."

Lydia described hoping to finish school so that her daughter may have a better life. She had this to say:

> I just would like to give her love and give her my full attention and just be able to do everything that she needs. Give her everything she need and mostly everything she wants. I want to finish school and go off to college. I'm not doing it for myself anymore, but am doing it for my baby, so well, so that she may have a better future.

Hope was also described as a desire to be able to provide a better life. Some mothers believed that by getting an education, they will be able to have the means to provide for a better life for their children. Naomi discussed that she wanted a better life for herself so in turn her daughter would have a better life. Her desire for a better life was described as wanting to finish high school and going away to college. Naomi had

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this to say, "I want to provide her with a good education. First I'm gonna have to get my education – like going first – as in me going to college. I see myself graduating from high school and getting ready to move out of town and go away to college." Martha shared that in order to be able to provide for her child, she must work harder to finish high school and go to college.

On the other hand, Miriam discussed having a desire to provide more than what was provided to her. She shared that she did not receive love from her mother and had this to say, "What I'd like to provide for my son is a little more that what was provided to me. So what I wanna see for my son is, I wanna to able to provide to him that wasn't given, love. You know I wanna be his mom."

Having support. The foundation for hope for the participants is their desire to have a better future for their children. Several of the participants reported receiving support from their own mothers as helping in their pursuit for a better life. When asked who the primary caregiver is, 10 of the participants reported that beside themselves, their mother was the primary caregiver. Three of the participants discussed the support they received from their mothers.

Martha discussed how her mother taught her to recognize the signs and symptoms of asthma when her son gets sick. She had this to say,

> My mother taught me…I just try to work it out once he gets sick, don't let it get
>
> bad. If it gets too bad, rush him to the hospital…by actually teaching me certain
>
> things, I mean a life lesson, you learn from your mistakes, is not wrong to be
>
> wrong but it's wrong to stay wrong.

Naomi shared how her mother takes care of her child while she does her homework and how living at home with her mom enables them to have more time together. She had this to say,

> My mom usually watches her for me while I do my homework and afterwards when I'm done I get her back from my mom… I feel we became closer now, `cause we never really talked or nothing and since the baby, I feel like she feels the same way.  She even told me that the baby bring joy to our whole house. `Cause usually I didn't even used to be home, but now I'm at home we talk, we spend more time together. My life is much better.

Lydia described after becoming a mother she realized the importance of her mother, and by living at home she is able to take advantage of her mother's experience. She had this to say,

> Before I stayed to myself and did not come home. I didn't really talk to my mother, but after the baby I had to take a little learning and little teaching from my mom so it brought us a little closer, because as I go along doing thing for my daughter I am learning my mother is there to help me learn.

In order for the mothers in this study to truly improve their lives, they have to accept support from their own mothers. Living with their mothers and receiving support appears to enable the participants to transition into *their* role as mothers.

Cluster of Themes: Motherhood is Focusing on Material Things

Having to put their children's material needs ahead of their needs was described by several participants in this study. The participants discussed that whenever they had money, they would buy things for their children instead of themselves. Although only

one of the participants reported being employed and having the means to buy things, most of the participants discussed having the ability to be able to buy things for their children. Two themes emerged from the descriptions provided by the mothers that were associated with having to provide material things for their children. These included: (a) putting baby first; and (b) Pampers is a reality.

Putting baby first. The mothers reported how they contemplated on whether to buy something for themselves or for their children. The mothers perceived that being a mother meant having to buy material things for their children first. They expressed having a sense of duty as they described their decision to put their child's material needs ahead of their needs.

Sarah had this to say: "I buy things for me if it is ok. I don't need anything, I get my baby something. But when I know I have to buy me and my baby something, I buys things for my baby and then me, 'cause he come first. I put his needs first, that's my world." Naomi described how important it is to have to put her baby's needs first. She shared this, "You have to buy things for the baby first. You see something that you want and then your baby need something. You can't get what you want. You have to get what your baby needs first; that's most important." She went on further to say, "You gotta always remember to put your child first. Put your child above you. Think about them before you even think about yourself." Rachel shared that life is not about her anymore. She said this, "I have to like provide for this person…is not about me no more."

Esther described having to set priorities. She said,

So I have to think, ok what comes first, my priorities or me trying to be

fashionable for other people and trying to impress other people. I can't think like

that, I have to think ok he needs this first before I need this so whenever he gets

whatever he needs first. Then I get what I want, because it is not a need for me it's

a want, because I have everything that I need but he needs it more than I.

Pampers is reality. Along with the need to buy material things for their children,

several of the mothers described how being able to secure Pampers disposable diapers for

their children is an important reality. Pampers is a reality emerged as a theme as the

adolescent mothers talked about what is important to them as mothers. As the

participants described their experience of motherhood, an interesting theme emerged

which centered on the mothers' ability to provide Pampers. According to Oxford (2009),

reality is defined as a state of things as they actually exist, as opposed to an idealistic idea

of them. It is a thing that is actually experienced or seen. Pampers to these mothers is an

actual thing that is essential in the everyday lives of their children. Therefore, being able

to provide Pampers becomes a reality. In several of the participants' descriptions, they

remarked on how important it was to be able to provide Pampers for their children.

Leah had this to say, "Them, my other sources, you know, provide Pampers for

my baby, provide clothing. If I didn't have the things, I wouldn't be as strong." Martha

shared this, "By getting him everything that he may need, wipes, Pampers, you know

bathing supplies, anything like that, it is important and come first. All that comes first."

Sarah discussed not having to worry about paying for material things. She said, "I have

WIC so I won't have to pay, it helps 'cause they buy Pampers and they get all the stuff

that he need." Joanna said, "I want my baby to have the whole world, everything, food,

clothes, Pampers, everything." Miriam articulated this, "I don't have to depend on

nobody to take me to the store to get Pampers for my son. I don't wanna be able to,

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wanna depend on nobody to provide for my child." Rachel had this to say, "Don't no one in my household take care of my kids but me; anything I have to do for my kids, buy Pampers and their wipes, I would do it. I support whatever they need, I love them."

The importance of being able to provide material things appears to be a central focus in the lives of these adolescent mothers. The mothers felt that the ability to discern between their children's needs and their needs as it relates to material things is an important element in their experience of motherhood. Focusing on tangible things rather than on their emotional feelings towards their children most likely can be attributed to the mothers' psychological developmental stage.

Relying on Baby

Relying on their baby for psychological support was a unique theme that emerged from the data. Although the participants shared that as mothers they put their children's needs ahead of their needs, several participants' descriptions revealed a concept that is beyond wanting to provide material things for their children. This concept of relying on baby was noted through the participants' descriptions, the researcher's field notes and observation. The researcher gleaned from her interactions with the participants a tendency to rely on their children for psychological support. This theme does not have any sub theme(s).

The participants discussed how they depended on their children for happiness, trust and to act as a confidant. Sarah shared "Like that's my world, that's my everything and that's like – now that I have him, that's what gonna make me live….as long as my baby is happy I'm happy." Naomi talked about not needing friends because her daughter

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is her friend. She had this to say, "She's my friend, I don't need friends. Leah expressed how her son is the only person she can rely on and can trust.   She had this to say:

> No matter what life may bring you gonna always have that one child, that one
>
> person, that one human being that's gonna always be there, that's gonna always
>
> have your back make you feel like you're someone. When nobody else may feel
>
> like that… If you know that there is no one else that you can love or that you can
>
> trust. You know that you have your baby there to trust when you going through
>
> hard times, even though he may not understand. I feel comfortable with
>
> expressing my feeling with my son.

<center>Exhaustive Descriptions of the Results</center>

According to Colaizzi (1978), the exhaustive description of the study results is an integrated analytic description of the participants' feelings contained in the themes. It is the fifth step of the seven-step procedural method of data analysis.

1. Motherhood is a difficult and challenging transition amidst an environment filled with complexities.

2. Motherhood is associated with feelings that suggest that being a mother is a task oriented job that is characteristically described in concrete terms that corresponds to the adolescent developmental stage in life.

3. Motherhood is influenced by the developmental stage of the adolescent mother.

4. Motherhood for adolescents is a dual process. One that is influenced by the adolescent developmental stage of identity formation and one by their new maternal role.

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5. Motherhood is hope for a better life for the adolescent mother and her child.

6. Motherhood for adolescent mothers is finding the capacity to meet their own needs and the needs of their children.

7. Motherhood is a desire to create new life experiences in spite of environmental circumstances. These experiences serve as an impetus to acquiring responsibility in order to have positive life experiences.

8. Motherhood for adolescent mothers is depending on their children for psychological support.

Fundamental Structure of Motherhood for African American Adolescents

The fundamental structure of the experience of becoming a mother extracted from 11 adolescent mothers' descriptions demonstrates that motherhood is a unique experience for each mother. Although there may be some common themes among them, at least among these 11 participants, motherhood involves overcoming a difficult transition, redefining one's life by making changes in one's life. Motherhood further involves coming to terms with past behaviors and recognizing the need to create new experiences. Motherhood for the adolescent mothers in this study means acquiring new dreams and hopes for a better life for themselves and their children. For these adolescents, motherhood may be the ability to pursue those dreams as they transition to motherhood.

CHAPTER V

DISCUSSION OF THE FINDINGS

Overview

The purpose of this phenomenological study was to explore and describe the lived experience of African American adolescent mothers. Using the guiding philosophical framework of phenomenology, 11 African American adolescent mothers were asked to describe their experience. The audio taped descriptions of these adolescents collected during face-to-face semi-structured interviews created the data for this study. This descriptive phenomenological study followed Colaizzi's (1978) seven step method of data analysis. Methodological rigor was demonstrated using the criteria of trustworthiness as described by Morse and Field (1995). Moreover, the researcher used the process of bracketing throughout the study, from collecting the data to presenting it.

In this chapter, the five themes extracted from the lived experience of motherhood for African American mothers are presented in detail and compared with relevant research findings. The five themes captured were: (a) Motherhood is difficult; (b) Motherhood is redefining life; (c) Motherhood is having hope; (d) Motherhood is focusing on material things; and (e) Motherhood is relying on baby. The themes both can be understood as being separate and as being interrelated and all together depict the shared meaning of the lived experiences of African American adolescent mothers.

Implications for further nursing research, nursing practice and nursing education are discussed, as well as the strengths and limitations of the study. Ultimately, it is hoped that the new knowledge garnered from this study will be used by health care

professionals to assist African American adolescent mothers as they transition into their role as mothers.

<div align="center">Discussion of Participants</div>

As important as the discussion of the findings of this study is, it is equally important to discuss the findings as they relate to the developmental status of African American adolescent mothers in this study. The experience of motherhood for African American adolescents is, but one reality amidst a complex web of realities that reflect the complex nature of the experience of African American adolescent mothers (Davis-Maye & Perry, 2007). Amidst that complexity is the need to conceptualize factors associated with adolescent motherhood by incorporating a socioeconomic and environmental perspective, specifically to the experiences of African American adolescent mothers. By incorporating a socioeconomic and environmental perspective, adolescent motherhood can then be viewed from a developmental perspective in which these factors are deemed as important as biological and psychosocial factors in the understanding of motherhood among African American adolescents.

The developmental perspective is based on Erikson's (1968) conceptual framework. Erikson's developmental framework, suggests that for every individual, biological and psychosocial systems interact with each other. The framework further assumes that for each developmental stage in life, the individual must complete certain developmental tasks successfully before progressing to the next stage. For adolescents the developmental stage is identity vs. role confusion. This period of "identity crisis" occurs when adolescents examine their childhoods and begin to successfully or unsuccessfully establish their adult roles. During this period of development, adolescents

form their self-identity, by trying to discover who they are separated from their families, yet remaining within the context of society and their environment. It is a time when adolescents must bring together a number of developmental tasks that are integrated into those experiences associated with the normal transition to adulthood. It is a time of psychosocial exploration as well as time of self-identity formation and crisis management (Medora & von der Hellen, 1997). Conversely, when those expected developmental tasks are exposed to potential destabilization situations (Brown & Gourdine, 1998) such as motherhood, it is important to view the experience in the context of the adolescent world view. This supports the need for this qualitative study.

During this period, adolescents engage in a series of developmental tasks, such as forming new relationships and developing their own meaning about life, which involves thinking and abstract reasoning and enables them to transition to adulthood (Greydanus, Pael, & Pratt, 2006). It is the period in which adolescents see themselves in relation to their lived world. They develop a sense of self in the context of their personal lives and what lies ahead. The goal for an adolescent during this stage is the completion of this normative developmental task of self identity formation in order to transition successfully into adulthood. For the adolescent mothers in this study, due to a destabilization situation in their lives, their transition to adulthood appears to be influenced by their new maternal role. According to Erikson's (1968) developmental framework, when a destabilizing situation occurs during the identity formation phase of development, there is a potential for role confusion.

Although Erikson's conceptual framework has been used most often to determine adolescent developmental milestones, it has been criticized as being insensitive and

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lacking specific factors related to African American adolescents (Grant, Martinez, &

White, 1998). Particularly, factors related to the social development of African American

adolescent world views are not included in Erikson's conceptual framework. Burton,

Obeidallah and Allison (1996) suggest that there is limited understanding of the

differences between the developmental pathway for disadvantaged adolescents and

mainstream adolescents. The researchers further contend that the realities of life for

adolescents with lower socioeconomic status (SES) may contribute to their somewhat

different developmental trajectories. For the adolescent African American mothers in

this study, the complexities of their lives coupled with the difficulty of motherhood seem

to have interfered with a successful transition to adulthood. It would appear that for these

adolescent mothers, due to the interweaving of diverse roles, they may be experiencing a

delayed or extended developmental transition.

Based on Gilligan's (1982) developmental theory of moral development, a

female's moral development comes from her relatedness to others and her view about

others. Gilligan asserts that females typically develop moral judgment that includes

feelings of caring and empathy for others. The author further contends that women

consider their responsibilities to themselves and their responsibilities to others as

grounded in a social context. Given this alternative view, it would make sense when

considering the phenomenon of adolescent childbearing to view it in context of the

adolescent's emerging self identify and her relatedness to others in a social context. This

view is consistent with Brubaker and Wright**'s** (2006) notion that adolescents'

relationships with others are critical to their development and suggests that attention be

given to this connection. This view seems to be in line with the adolescent mothers of

this current study. For the adolescent mothers in this study, it would appear that early

motherhood is an acceptable practice, one that is accepted by their peers who are

generally adolescent mothers themselves. This view also appears to be in line with the

adolescent mothers' relationship with their own mothers. For most of the adolescent

mothers in this study, their own mothers had themselves been adolescent mothers.

       For the participants in this study, the transition to adulthood is preempted by early

motherhood and its accompanying responsibilities. Although motherhood was not

reported as intentional for the mothers in this study, it appears that motherhood to them

represents a repeated pattern that is familiar to the women in the lives of disadvantaged

African American adolescents.   It has been documented that children of adolescent

mothers are more likely than children of older mothers to become adolescent mothers

themselves (Furstenberg, Levin, & Brooks-Gunn, 1990; Pogarsky, at al., 2006). For most

of the adolescents in this study, it would appear that becoming an adolescent mother is an

acceptable role. Ten of the 11 participants reported that they are living in a single-parent

household headed by their mother who was an adolescent when she started childbearing.

       According to Child Trends (2009), adolescents who live in a single-parent

household, whose families are of a lower socioeconomic status, and whose mother had

her first baby as an adolescent are at an increased risk of having a baby themselves. Only

one participant expressed that her mother advised her not to follow in her footsteps and

become an adolescent mother. Stevens (1994) contended that for impoverished African

American adolescents, motherhood is deemed as a rite of passage to adulthood and a

source of empowerment and self-definition. Stevens further postulated that motherhood

for poor African Americans is a representation of adulthood, identity formation and

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serves as a mechanism for maturation. Motherhood for the adolescent mothers in this study appears to be the engine that may help them successfully transition into adulthood in spite of their complex lives and social environment.

Socioeconomic status is an important factor to be considered as it relates to adolescent motherhood. All the participants in this study reported being single. Mothers who are unmarried are more likely to live in poverty (Williams, 1991). Being disadvantaged and poor is an important predictor of adolescent motherhood (Grant et al. 2002), and adolescent females who become mothers are more likely to come from poor families (Young, Turner, Denny, & Young, 2004). For low SES African Americans, adolescence is marked by limited economic and social opportunities that may impact their psychological development and as a result impact their lived experiences. In general, African American adolescent mothers come from low socioeconomic backgrounds (Geronimus, 2003; Luster & Brophy-Herb, 2000), are at an increased risk for remaining poor (Wayland & Rawlans, 1997), and have fewer educational opportunities and fewer reasons to avoid early childbearing (SmithBattle & Leonard, 2006). The adolescent mothers in this study all reported they are receiving some form of government assisted health insurance based on low household income for themselves and their children. According to Medicaid guidelines, a family household income must be at or below 133 % of the federal poverty level to be eligible. This is consistent with national statistics in which 75% of single mothers under the age of 25 live below the poverty line (National Center for Health Statistics, 2008).

All of the participants in this study came from impoverished neighborhoods, and according to Davis-Maye and Perry (2007) African American youths most often live in

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poor disadvantaged, underserved communities and have little hope of a better future. The

adolescent mothers in this study hope for a better future for themselves and their children.

The demographical data obtained from the participants in this study supports the need to

include a developmental perspective in which socioeconomic and environmental factors

are integrated in order to understand the experience of motherhood from the perception of

disadvantaged African American adolescents. Therefore, understanding the reality of

these disadvantaged African American adolescents in this study is important.

<div align="center">Discussion of Findings</div>

The findings of this study are based on the lived experiences of motherhood from

the perspectives of 11 African American adolescent mothers. Five themes emerged and

are discussed in detail, illuminating the phenomenon under investigation.

Cluster of Themes: Motherhood is Difficult

The first theme to emerge suggests that being a mother for the study participants

is a difficult transition in an already complex life that is filled with adversities. Although

different words were used to capture the meaning of motherhood, their descriptions

centered on a common theme which projected that motherhood is difficult. The theme

motherhood is difficult is organized into three sub themes. They are (a) sometimes hard;

(b) mixed feelings; and (c) the baby is here now.

Sometimes hard. Motherhood as described by the study participants appears to be

a hard and challenging time for them as they transition into their new role. Consistent

with the literature, as motherhood for adolescent mothers is a departure from their

normative developmental course (Chang & Fine, 2007) it is anticipated that these

mothers would experience difficulty in their transition.

Most of the mothers described motherhood as being hard and difficult. Several mothers simply stated that being a mother is "hard work." Describing motherhood as hard and challenging is supported by Spear (2004) who found that adolescent mothers use the word "hard" in their description of their experiences as mothers. Like the mothers in the current study, the mothers in Spear's study described motherhood as "hard", but also described having a sense of hope for a better life for themselves and their children.

The concept that motherhood is hard is further supported by Herrman (2006). In a study to explore the insights of young mothers with regards to their life aspirations and changes in their lives as a result of motherhood, the researcher found that adolescent mothers frequently used the word "hard" in their description of their lives before and after having children. It seems appropriate that the present study's group of African American adolescent mothers would describe motherhood as being hard and difficult given the economic challenges they face as disadvantaged African American adolescents mothers, and the multiple demanding tasks that routinely occur during the transition to motherhood.

It is interesting to note that although the mothers in this study were able to share feelings related to motherhood, for most of them, these feelings appeared varied and captured a sense that their current perception of motherhood is not what they expected. The researcher found that the participants' varied feelings in describing their role as mothers may be related to the participants' developmental stage. There is evidence to suggest that the participants' chronological age provides some indication of their developmental status and most likely influences their perception of their maternal role.

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The researcher gleaned from the mothers' descriptions that their perceptions of their maternal role was directly related to their developmental stage. Their descriptions centered on motherhood as a task oriented job, one that includes going to school, doing homework and completing daily chores. The participants appeared to be unsuccessful in incorporate their new role as a mother with their current developmental stage as an adolescent. It would appear that for the participants in this study, motherhood not only interrupted the normative transition to adulthood, it disrupted their transition from moving from what can be done for me to what can be done for others and this was "hard."

This finding supports previous research by Flanagan et al. (1995) which examined the experience of motherhood during adolescence and the influence of development on the perception of the maternal role. The study found that there is a direct relationship between the adolescent mothers' development stage and their own understanding and perception of the maternal role. Flanagan et al. also found that the cognitive and psychosocial development of an adolescent plays an important part in how the adolescent adapts to the maternal role and may influence the mother's integration of the role.

In this present study, motherhood for these mothers appears to be as extension of their current role as an adolescent. The mothers found that they had to continue attending school, do their daily household chores, and while at the same time be a mother to their children. One of the mothers described motherhood as being a task orientated job that is difficult to master. She shared how it is very difficult to keep up with her school work and at the same time attend to the day-to-day task of being a mother. For these adolescents, motherhood is like being in the middle of two competing worlds, being an

adolescent and being a mother. Although the objective was not to determine the stress level of the adolescent mothers in this study, it would appear from the participants' descriptions, they are experiencing some level of parenting stress as a result of their difficult transition.

Parenting stress among adolescent mothers was also found in a study by Holub et al. (2009), in which motherhood was found to be difficult especially for adolescent mothers who are not prepared for the challenges of parenthood. Their study concluded that adolescent mothers who experience inadequate maternal adjustment are more likely to experience high level of parenting stress. This finding is further supported by Ispa, Sable, Porter, and Csizmadia (2007), who studied young Black mothers and parenting stress. The study found that for young mothers, day to day chores and their limited knowledge about their role as parents made things difficult and as a result often lead to parenting distress. Adolescent mothers are caught between two powerful transitional processes that place conflicting demands on them such as the demand to complete school, further their education and transition to their new maternal role.

Mixed feelings. In exploring the lived experience of motherhood for African American adolescents the sense that they have mixed feelings about motherhood was evident. In one aspect, the mixed feelings was expressed by the study participants that motherhood is joyous, yet at the same time stressful. The participants discussed having to juggle school and having to perform the day-to-day tasks of motherhood, while at the same time they enjoyed motherhood because it brings joy to their lives. Other participants expressed uncertainty with their feelings.

In addition to having mixed feelings about their experience of motherhood, several participants discussed how they believe that their children were mistakes, yet they proudly admitted to loving that mistake. This paradoxical view of admitting to something that is perceived to be wrong and at the same time admitting to loving the product of that which was perceived to be wrong seems to reveal that these participants are caught between two world views. One view can be considered to be of traditional mainstream societal view in which there is a natural accepted life trajectory for adolescents. One that requires adolescents to complete school, get married and have a family. This is evident by the statement "My baby was a mistake." This statement was interpreted by the researcher to mean that for some of the mothers in this study, they were disappointed that they did not live up to the traditional norms of the middle-class culture. On the other hand, the view can be the reflection of the adolescent's lived world. One in which she is an African American female and living in an impoverished neighborhood while believing the only way to reach adulthood is through motherhood. This is evident by the statement "But I love my mistake," meaning it happened and I will move on. This view was interpreted by the researcher to mean for these mothers in spite of their disadvantage, becoming a mother may mean new hopes and dreams for the future. In other words, although these mothers did not ascribe to mainstream traditional values of education, marriage then baby, they are nevertheless going against what is expected of them and trying to make the best of their lives. For the mothers in this study, motherhood means seeking a better live for themselves and their children in spite of their "mistake".

Merrick's (2001) study on reconceiving the phenomenon of African American adolescent childbearing practices supports this researcher's interpretation that for some

African American adolescent mothers, motherhood can be seen as paradoxical. Merrick concluded that African American adolescents are caught between two worlds, one in which they view the world from the inside and the other in which they view the world from the margins. The author also concluded that for African American adolescent mothers, due to the complexities of their lives and their social background, what may appear to be paradoxically can be a variation of society norms and personal life events that are consistent with the participants' own experiences. This belief is further supported by Klaw's (2008) study on understanding urban adolescent mothers' visions for the future. That study found through illustrations using collages, African American adolescent mothers envision themselves as possessing and attaining traditional life trajectory goals afforded to middle-class adolescents, while at the same time recognizing the limited opportunities afforded to them.

Baby is here now. Some of the mothers shared that although they have regrets about their decision to become mothers, they are mothers now and they have to make the best of their decision. One mother shared that she wished she had waited until she was finished with college as she had first planned. In spite of the mothers' admissions of regrets, it appears that becoming a mother is a far better alternative to their previous lives. The mothers' descriptions revealed a heightened sense of optimism and confidence that allowed them to accept their responsibility as mothers and move on with their lives. Results of this study are similar to the findings of Montgomery (2004) who conducted a phenomenological study and found that pregnant adolescents possess an increased sense that they wanted to do well with their lives in order to provide for their children.   Like the mothers in Montgomery study, some of the mothers in this study, found that by

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accepting responsibility, it helped them move forward with their lives by pursuing their educational goals.

Cluster of Themes: Having to Redefine Life

The theme, having to redefine life**,** emerged as the participants described having to change their lives in order to have a better life for themselves and their children. Overall, the mothers shared how motivation and a desire to change their lives in spite of their current situation, has motivated them to seek a better life for themselves and their children. The following two sub themes emerged: (a) motivation; and (b) changing lifestyle.

Motivation. Several of the mothers shared that as mothers they are compelled to change their lives and refocus their thinking regarding their future. This finding supports an earlier study on the voices of teen mothers (Herrman, 2006). That researcher found that childbearing for adolescents may motivate them to make positive changes in their lives in order to accomplish greater goals for themselves and their children.

When avenues for goal attainment such as finishing high school or receiving a college education are not readily available to low SES African American adolescents, motherhood can become the means of attaining these goals (Williams, 1991). Therefore becoming a mother can greatly influence adolescent mothers to complete high school and further their education. The mothers in this study expressed a strong desire to redefine their lives by learning new skills, remaining in school or returning to school as a means of securing a better future for their children. This finding that adolescent mothers possess high aspirations and expectations regarding their educational goals is supported by Hellenga, Aber, and Rhodes' (2002) study on the high aspirations-expectations of

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African American adolescent mothers in spite of social and environmental constraints. That study found that given the disadvantages faced by the study participants, they were more optimistic about their educational and vocational futures than might be expected.

Unlike the participants in Hellenga et al.'s study who had aspirations for middle to low range education requirements and income, the participants in the current study have aspirations for higher education and income. The participants in the current study aspire to be correction officers, teachers, nurses and one participant even shared how she is motivated to follow in her brother's footstep by studying to be a pediatrician.

Changed lifestyle. Participants expressed having to change their lifestyle in order for them to have a better life for themselves and their children. According to Kaiser and Hays (2004), adolescent mothers who make changes in their past behaviors have a perceived sense of maturity that may influence perceptions of and acceptance of being a mother. Changing one's behavior and taking responsibility for one's own actions was echoed by most of the participants. In this study, the mothers not only felt compelled to change their past behaviors, they also took responsibility for their past behaviors. For the participants in this study, taking responsibility for their past behavior allowed them to feel mature about their maternal role. Some of the mothers felt that eliminating their past violent behaviors from their lives, made them realize that they are no longer living for themselves but for their children. Motherhood for the participants in this study appears to be a gateway to adulthood.

The participants in this study believed that by changing their behaviors, they will become ideal mothers, thereby giving their children a better future than they had. This belief that one can give one's children a better future was also found in a study by Lesser,

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Koniak-Griffin, and Anderson (1999), which found that adolescent mothers have a strong desire to give their children the ideal mothering by attempting to secure a better future for their children. Lesser et al. described this concept as reparation, in which the adolescent mothers determine that motherhood symbolizes a turning point, a time when they can refocus their lives. That study further suggests that for some adolescents, motherhood may in fact help them improve their previous lives. Likewise, SmithBattle and Leonard (1998) found that motherhood can be a corrective experience in developing responsiveness and self-realization for adolescent mothers. The current study supports the findings from other studies which found that for poor adolescents, mothering provides a rite of passage to adulthood and the hope for a better future, particularly when alternatives are not available.

This finding supports previous research concerning the impact of changed behaviors and the meaning of mothering in the lives of adolescent mothers. Like the mothers in Brubaker and Wright's study (2006), the mothers in this study stated that motherhood changed their lives in a positive way by giving them something to live for. Similarly, Afable-Munsuz, Speized, Magnus, and Kendall (2006) found that motherhood is associated with a positive orientation for adolescents. This study found that motherhood is viewed as a new beginning and an opportunity to assert greater responsibilities. Similarly, Anderson's (1990) study on troubled pregnant adolescents showed that as a result of their pregnancy, and their expectant new role, the adolescents developed a new found strength that caused them to change their behavior.

Having a purpose in life and recognizing the importance of their children in their lives was a major theme identified by the mothers. This finding is supported by Brown

and Smith (2006) on rural African-American mothers who use cocaine. Although the adolescents in this study did not use cocaine, the findings of that study are in line with the findings of this current study, which found that children can cause one to change one's life. That study further found that children are an important element for giving purpose in the lives of adolescent mothers. For the mothers in this study, their children were the central focus in their lives and were the motivating factors for future aspirations.

An interesting phenomenon of engaging in fighting behaviors prior to becoming mothers was discussed by several of the study participants. A few of the mothers in this study expressed that after becoming a mother they no longer engaged in fights. One participant stated, "I used to skip school and fight all the time, but now that I am a mother I don't fight, I don't even argue with people if it is not necessary. I do my work in school, I do what I have to do in school to get out of school and go off to college." For the mothers in this study who reported that they engaged in fighting behaviors prior to becoming a mother, they also reported that they changed their behaviors now that they are mothers and have a child to raise. One mother reported not fighting with her younger sibling any more because she did not want her sister to grow up and fight with her daughter.

Several studies have reported the phenomenon of engaging in fighting behavior prior to becoming mothers (SmithBattle, 1998; Spear, 2001, 2004). Engaging in destructive behavior prior to becoming a mother was also found in a prior study by Lesser, Koniak-Griffin, and Anderson (1999), which found that motherhood helped adolescents refrain from engaging in impulsive high-risk activities such as fighting. Motherhood for these adolescents seems to be a way to improve one's life and a way to

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overcome destructive behaviors. Like the participants in the Lesser et al. study, the participants in the current study appear to have developed a sense of maternal identity which helped them to make realistic goals for themselves and their children. These goals motivated the adolescent mothers to not engage in destructive behavior, but aim at finishing school and going to college.

On the other hand, Shanok and Miller (2005) found that African American adolescents who engage in physical fights prior to pregnancy and after becoming pregnant continue to have the urge to fight during their pregnancy. In Shanok and Miller's study, the participants' urges to fight were not alleviated by their pregnancies. In the current study, the participants reported that their capacity and motivation to inhibit fighting behaviors appeared to emerge with their new roles as mothers. Perhaps an important difference between the Shanok and Miller study and the current study is that the participants in the earlier study were all pregnant at the time of the study and had not experienced motherhood. Whereas, the participants in the current study all experienced motherhood and felt that by not fighting they were protecting their children. Although this phenomenon of fighting behavior among adolescents who become mothers has begun to be discussed in the literature it is real in the lives of adolescents from impoverished backgrounds and one that calls for further exploration. Brown and Gourdine (1998) posit that exposure to violence is a real phenomenon in the lives of African American adolescents and there is a strong correlation between violence exposure and fighting behavior.

Cluster of Themes: Motherhood is Finding Hope

For the participants in this study hope refers to things yet to come, things that are desirable and things that are within what they believe is their realm of possibility. Hope to these mothers is viewed as giving purpose to their lives. It allows them to know why they are here and where they would like to be in the future. Hope for the participants of this study, appears to be more than just an inspiration, it is their meaning of motherhood. The hope that resonated from the participants brings meaning to their lives and to the lives of their children. This reliance on hope seems to be the groundwork in the development of positive life changes for these mothers and their children. Hope was described by one of the participants as having the power to change her present situation to achieve future goals.

According to the eminent Greek philosopher Aristotle "Hope is a waking dream" (Aristotle, n.d.). Hope according to Parse (1999) is integral to a person's life. It is the lived experience of human becoming. Hope is a universal lived experience of health, and as health is an ever changing process in life, hope can only be described by the individual as it is lived. Parse further defines hope as "anticipating the possible in imagining the knowing of what might be as cherished beliefs arise" (Parse, 1999, p. 4).

Additionally, hope as described by Hinds, Martin, and Vogel (1987), is an individual's ability and knowledge to overcome disappointment by pursing goals. For the participants in this study, hope is their determination to achieve future goals in order to better their lives. Hope is considered to be the driving force which gives them power to develop new strategies for a better future in spite of adversity (Snyder, Shorey, et al.,

2002). The following two sub themes emerged as they relate to hope: (a) better life and (b) having support.

Better life. The participants discussed wanting a better future for themselves and their children. Several of the mothers discussed hoping for realistic goals that in the past may have been unattainable. One participant shared that her hope is for her daughter not to follow in her footsteps. The mother described having hope in spite of her current situation. A better life for these mothers is completing their education and then getting a job in order to help their children succeed. These mothers believe that getting an education is the pathway to a better life for themselves and their children, in spite of their difficult lives.

Snyder, Feldman, Shorey, and Rand (2002) defined hope as one's determination towards reaching one's goal and the ability to generate plans to reach one's goal. In a longitudinal study that followed adolescent mothers to the age of 35, SmithBattle and Leonard (2006) found that a majority of the participants in their study reinvested in school, decreased risky behavior and became good parents. For the participants in the current study, hope was based on their expectation of that which has not yet occurred. It would appear that motherhood gives them determination to reach their goals that would have seemed impossible to reach otherwise. The association between the current study and other studies regarding adolescent mothers and their hope for a better live is described in Arenson's study (1994) on the strengths and self-perceptions of parenting in adolescent mothers. This study found that adolescent mothers described having a baby as a life changing event that gave them hope to pursue their education and get a better job.

One participant in this study shared that she went back to school because she wanted to make positive changes in her life.

   Receiving support. Social support is a well-intended action given to a person with whom there is a personal relationship such as a mother and produces a positive response from the recipient (Hupcey, 1998). Several of the mothers reported how in the past they ran away from home and engaged in self-destructive behaviors prior to becoming mothers. At the time of the interview, 10 of the 11 participants reported living at home with their parent/guardian and are no longer running away from home or engaging in behaviors that would cause them to get into trouble. Most of the mothers shared that as a result of living at home they are able to foster relationships with their mothers. None of the participants reported being the sole caregiver. Ten of the 11 participants reported their mothers as being the primary caregiver of their children.

   Several mothers reported that living at home and receiving support from their mothers had a positive effect on their lives. The mothers shared that by receiving help from their own mothers they were able to work towards their goals in order to secure a better future for their children. For example, one mother reported that she depended on her mother to pick up her son from daycare in order to attend evening classes. Another mother shared that because of her mother's support, she will be able to join Job Corp in the summer, a move which she hopes will bring stability to her life.

   Living at home and receiving support from their mothers was found to be a mediating factor in the lives of the adolescent mothers in this study. Leadbeater (1996) found that adolescent mothers who received social support from their mothers were more

likely to remain in school and graduate. The importance of social support received by minority adolescent mothers was also discussed in a study by Gee and Rhodes (2007).

This study found that there is was a positive relationship between the amount of social support received primarily from the adolescents' mothers and the adolescent mothers' perception of their maternal role. Eshbaugh and Luze (2007) found that low income African American adolescent mothers who live with a grandparental figure to their children are more likely to receive greater resources in the areas of basic needs, money and time for self than other mothers who are low income. From the findings of this current study, it is clear that the mothers recognized that receiving support from their own mothers is an important factor in their pursuit of a better life for themselves and their children.

Cluster of Themes: Motherhood is Focusing on Material Things

An important finding of this study centered on the participants' perception that having the ability to buying material things for their children made them good mothers. The mothers perceived that by making decisions to buy material things for their children before buying for themselves constituted love for their children. Two sub themes emerged from the theme**,** motherhood is material things. They are (a) putting baby first and (b) Pampers is reality.

Putting baby first and Pampers a reality. The two sub themes putting baby first and Pampers a reality will be discussed together. The participants in this study associated mothering with the material things they were able to buy for their children.   One mother eloquently stated that she was being unselfish when she decided to buy Pampers for her child instead of buying shoes for herself that she could show off to her friends. The

mothers felt that buying things for their children was their way of loving and caring for their children. Although this concept of being a materialistic mother is not discussed much in the literature, it was however a constant theme that resonated throughout this current study.

Wayland and Rawlins' (1997), study on African American teen mothers' perceptions of parenting found that teens considered disposable diapers a necessary item for parenting. Similarly, Paskiewicz (2001) found that adolescent mothers equated buying Pampers as an important child care activity and an important aspect of their mothering role. Likewise, Lustig (2004) found in a study of a group of adolescent mothers, that the exchange of baby pictures and buying of material things were used by the adolescent mothers to demonstrate their love and caring for their children, and thus be a good mother.

Cluster of Themes: Motherhood is Relying on Baby

This research found that some mothers demonstrated a reliance on their children for psychological love. For three of the participants, it appeared that their world is lived through their children. One participant shared, "Without him [her child] there's no me. The air that I breathe is for both of us." For these mothers, it would appear that their world is what they can get from their children and they lack the capacity to go beyond their immediate world. These mothers seemed to have a very dependent perspective of their world.

It would appear that for these mothers, due to an abbreviated adolescence, the necessary developmental task needed to complete this period of adolescence to successfully transition to adulthood may be delayed or may be lacking. According to

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Erikson's (1968) psychosocial development framework, when adolescents assume adult responsibilities such as early childbearing during their adolescence, they are most likely going to experience difficulty completing the developmental task of adolescence, which is the formation of their self identity. It is during this stage of development that adolescents are able to think and reason about themselves in relation to others.

Although this researcher did not find any studies to support this theme, the influence of adolescent development and the maternal role was studied by Flanagan et al. (1995). In that study, the researchers concluded that the transition to motherhood did not hasten the pathway to adulthood and in spite of the adolescents' role as mothers, cognitively the participants were adolescents first and attention must be given to their developmental capacities. Lounds et al. (2005) found that adolescent mothers, as compared to adult mothers, were not prepared cognitively to assume the parenting role because of their lack of knowledge related to the maternal role.

<div align="center">Implication of the Findings</div>

This study's findings explore the lived experience of motherhood for African American adolescent mothers. The study was conducted in an effort to improve knowledge about motherhood for African American adolescent mothers through the understanding of their lived experiences. Motherhood is a uniquely challenging experience, yet it offers hope and aspiration for a better life for these mothers and their children. It is therefore necessary to develop theories and interventions that focus on the significance of hope for adolescent mother and their views of the future. It is further suggested that given the transition to motherhood is a major developmental life-event Mercer (2004), that the transition to motherhood for adolescent mothers especially for

African American adolescents should be studied as it relates to their developmental stage within their social context.

Implications for Education

Nurse educators play a pivotal role in educating nursing students on theories pertaining to adolescent mothers. As suggested from the findings of this study, low SES adolescent mothers may have a difficult time transitioning to their new maternal role. Factors that contribute to their difficult transition may include their developmental stage, socioeconomic status and living in impoverished neighborhoods. Therefore, it would behoove nursing educators to include concepts related specially to African American adolescent mothers' development in their lectures on adolescent growth and development. Based on the findings of this study, that adolescent mothers are adolescents first, it is further recommended that nurse educators placed emphasis on understanding the cognitive development of the adolescent mother as this is as important as understanding her transition to the maternal role.

In collecting the data for this study, the researcher found that the participants were reluctant to talk to an outsider and although this researcher is Black, she experienced difficulty gaining the trust of the study participants. Nursing programs are in a good position to include as part of students' community health rotation visits to school-based health centers and school-based parenting programs within urban communities. By doing this, it may expose future nurses to the world in which impoverished adolescent mothers live and at the same time, adolescent mothers may begin to develop trust for health care providers living outside their environment. It is important that nurses providing care to disadvantaged adolescent mothers have an appreciation for their world. Lack of trust for

outsiders is a real phenomenon for adolescent living in inner-city neighborhood. According to Greene (1987), it is important for health care providers to realize that adolescents who live in urban environments and are exposed to violence are more likely to have feelings of anger and distrust for the outside world.

Early childbearing among disadvantaged adolescent women is a phenomenon that most likely will not disappear. According to Holcombe, Peterson and Manlove (2009), there was an increase in the number of the adolescent births in the United States, between 2005 and 2006. The adolescent birth rate rose 3.5 %, with the greatest increase among Black non-Hispanic adolescents. Nursing programs can play an integral role by partnering with local public schools to offer after-school community-based programs on behavioral changes and perspectives for a better future that are specifically designed for disadvantaged African American adolescents. By partnering with public schools, nurse educators and nursing students will be able to offer and implement programs that focus on how to delay pregnancy by decreasing risk taking behaviors. Programs can include sex education, relationship counseling, and communication skills.

Given that 10 of the 11 participants in this current study are daughters of an adolescent mother, and that young women's moral development is based on their relatedness to others, African American nursing students are in a good position to be mentors to disadvantaged adolescent girls. Schools of nursing can partner with local agencies to offer mentoring programs to adolescent girls and adolescent mothers. Mentoring programs that emphasize positive adult roles and a view for a better future may improve academic performances, as well as reduce violent behaviors among adolescent girls, and

increase self-confidence.   According to Adelabu (2009), African American adolescents who are positively oriented toward the future are more likely to achieve academically.

Implications for Practice

The implications for nurses in clinical practice are many and varied. Those in women's health are in a position to utilize the findings of this study to practice with greater awareness of the complexities of early childbearing among African American adolescents from disadvantaged backgrounds. Nurses working in women's health clinics should be aware of the adolescent mother's developmental capacities, and as a result, their assessments and interventions should be appropriate to the adolescent developmental stage. Assessments and interventions geared toward the adolescent mother's developmental status may allow for more appropriate anticipatory guidance.

For example, nurses working with adolescent mothers, should not only assess for biological and physical findings, but instead pay attention to psychological and cognitive findings that may be of importance to the individual mother at this stage in her life. The findings of this study suggest that for most of the adolescent mothers their focus was very concrete focusing on the day-to-day tasks involved in being an adolescent as well as the new tasks involved in caring for a baby. It would behoove nurses working with this population to understand what is important to the adolescent mother in her everyday life including how she perceives motherhood and design their interventions to meet her needs.

A further recommendation for nurses working with adolescent mothers is to recognize that many adolescent mothers may have mixed feelings about their maternal role. Thus, when caring for adolescent mothers who have mixed feelings about their

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maternal role, statements by nurses disapproving of the fact that the mothers may be experiencing mixed feelings should not be made toward these mothers. Such statements would only make the adolescent mother feel alienated and she may not want to seek further help. Instead, nurses should take the time to assess the adolescent mother's understanding of her maternal role in order to provide more appropriate anticipatory guidance as it relates to her new role as mother.

Additionally, nurses working with adolescent mothers should pay attention to their home environment and the amount of support the adolescent is receiving from her family. Nurses working with adolescent mothers should be aware of the influence of home environment and family support on maternal role development as these may contribute to the mother's having mixed feelings. Assessing the amount of support adolescent mothers are receiving at home is critical in determining their level of comfort with their maternal role.

The findings from this study indicate that most of adolescent mothers are living with their own mothers and are receiving support with caregiving responsibilities. It did not explore the mother-daughter relationship and its association with the adolescent mothers' feelings related to their maternal role. It is recommended that nurses working with adolescent mothers assess the quality of the mother-daughter relationship to determine any conflicts.

Another important area for nurses working with adolescent mothers is to assess the mothers' educational aspirations and their views about their future. The adolescent mothers in this current study voiced a desire to finish high school and go on to college.

Nurses working with this group should be aware of the need to support educational aspiration through appropriate referrals to social services agencies.

The African American adolescent mothers in this study shared that buying material things for their children was an important factor in their role as a mother. The findings from this study suggest that for African American adolescent mothers, there may be a lack in understanding the psychological needs of their children. Nurses working with this population are in a good position to redirect the adolescent mother's focus from material things and instead provide developmentally appropriate information about children's psychological needs.

Implications for Public Policy

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires minor teen parents to live in adult-supervised settings and remain in school in order to qualify for Medicaid benefits at the state level. Ten of the eleven participants in this study reported they are living with a parent/guardian and are recipients of a government- assisted health insurance based on their income status for themselves and their children.

This study did not explore whether the participants in this study are all living with a parent/guardian only to qualify and receive Medicaid benefits. However, the findings did suggest that adolescent mothers who live with a parent/guardian appear to have a heightened sense of purpose for their lives as well as have high aspirations for a better future for themselves and their children. It is therefore, suggested that future research be undertaken to explore whether the compliance of the PRWORA will increase the overall achievement of disadvantaged adolescent mothers and to determine the affect of such

policy on the overall well-being of adolescent mothers and their children. It is further suggested that research is needed on the impact of social policy such as the PRWORA on well-being of disadvantaged adolescent mothers. Kalik and Danziger (2000) found that some adolescents who are living with their mothers are dissatisfied with the arrangements and would rather live elsewhere if they could received assistance.

It would seem that for this group of disadvantaged adolescent mothers, support in the form of home visits from a public health nurse would reap a positive benefit. Local public health departments are in a good position to work with local schools to implement early intervention programs targeted to pregnant adolescents and later to mothers and their children that would promote a healthy transition to the maternal role. Koniak-Griffin et al. (2001) compared effects of an early intervention program by public health nurses and maternal outcomes of adolescent mothers and found that adolescent mothers benefited from home visits. Based on the findings from the Koniak-Griffin et al. study, programs involving phone calls to the homes of adolescent mothers from public health nurses offering support is in and of itself an effective intervention and one that may be beneficial to adolescent mothers. Because Medicaid is regulated at the state level, this recommendation is being suggested for local health departments.

Given the high financial cost of early childbearing among adolescent mothers, the local health department is in a good position to implement home visitation programs to adolescent mothers receiving Medicaid benefits. These programs should go beyond the adolescent mother's physical needs, and should focus on providing individualized care appropriate to the needs and concerns of disadvantaged adolescent mothers and their

children. Home visits will allow the nurses to assess the adolescent's home environment for any potential problems.

Most of the interviews for this current study were conducted in locations familiar to the adolescent mothers and their children. Ten of the 11 interviews were conducted in local community centers or youth centers. These centers are excellent places for local public health departments to offer programs designed for adolescent mothers and their children. Community centers, youth centers and afterschool programs that offer enriching activities such as sports and dance can also foster educational aspirations that will keep the adolescent mother in school and allow her to further her education.

Implications for Nursing Research

The goal of this study was to explore the lived experience of motherhood for African American adolescents. While findings from this study are preliminary in nature, they provide a beginning understanding of the lives of African American adolescent mothers. Motherhood for these mothers is viewed as a new beginning and an opportunity to aspire for future goals that may have been unattainable prior to motherhood.   The perspective of aspiring for a better life appears to be a possibility for the disadvantaged adolescent mothers in this study.

Findings from this research support earlier findings that suggest the need to explore factors that contribute to the development of hope for African American adolescent mothers as it relates to them and their children. Of particular significance is the need to identify specific factors that contribute to the development of hope for African American adolescent mothers living in impoverished neighborhoods.

This study involved a group of low SES African American adolescent mothers who share common cultural characteristics such as their ethnicity and their socioeconomic status. In addition, it would appear that their developmental status may have also influenced their transition to a maternal role. In light of this, further studies to explore the influence of cultural characteristics and developmental status among African American adolescent mothers are warranted.

As seen in this study, most of the participants reported living with their mothers and receiving both financial and psychological support. This study did not explore the impact of the mother-daughter relationship as it relates to the well being of the adolescent mother and her children. As a result, it is suggested that further research is needed to explore the mother-daughter relationship over time and the impact of that relationship on the adolescent mother and her children.

The participants in this study shared how motherhood caused them to change their past behaviors such as fighting with other adolescents. Although not all the participants shared that they engaged in fights prior to becoming a mother, the effects of fighting among disadvantaged adolescent mothers is an important concept to explore. The concept of aggressive behavior among poor African American adolescents is of significance and goes beyond the scope of this study, yet it is an important area for further research, given the association between fighting, hopelessness and depression (Shanok & Miller, 2005).

Limitations of the Study

Several limitations of the study deserve comments. Since the sample used in the study was limited to a small group of English speaking African American adolescent

mothers, studies involving other diverse groups would broaden the understanding of motherhood for adolescent mothers.

In addition to the small sample size, the setting of the study is considered a limitation of the study because the neighborhood where the participants lived was the only research setting used for recruiting. All of the participants in this study lived in one of the poorest neighborhoods in this county. Therefore, the findings are not representative of the total population of adolescent mothers.

One of the barriers to conducting research in the field of adolescents is the difficulty in recruitment (Corcoran, Franklin, & Bennett, 2000). The method used for recruiting the participants in this study led to limitations of this study. Although the researcher is African American, she was considered an outsider to the participants' world and as such experienced difficulty gaining the trust of the study participants.

The researcher had to use a cultural broker to be introduced to the participants before they would agree to be interviewed. A cultural broker is a go-between or one who advocates on behalf of a group (Jezewski, 1993). For this research study, the cultural broker was the Urban League of Greater Miami, as the participants were all involved in a community health program for low income families.

In addition to being an outsider and having difficulty gaining the trust of the study participants, being a new researcher and lacking experience in doing qualitative interviews was a limitation of this study.   Lacking the experience of doing qualitative interviews especially with adolescents presented the researcher with unique challenges. It is therefore important that future researchers doing research with adolescents develop a relationship with the adolescents prior to data collection. This can be done by creating a

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neutral environment for the interview such as meeting with the adolescents in a place they are familiar with, gaining an understanding of the communicative styles used by the adolescents (Eder & Fingerson, 2003) and being able to pickup on verbal and non verbal cues that are common among this population. Following up on cues may have increased the richness of the data.

Summary

The present investigation on the lived experience of motherhood for African American mothers was a qualitative phenomenological inquiry that provided insight on the phenomenon, recommendations for research based on the findings and implications for education, practice and social policy. The experience of motherhood was arranged in five themes and nine sub-themes extracted from the participants' descriptions of their experience, to uncover common meanings and shared experiences. In addition, the descriptive result included both an exhaustive description and a fundamental structure of the participants' experience.

Overall, the adolescent mothers in this study shared a common experience that motherhood is difficult and sometimes hard. The experience of motherhood for these adolescent mothers appears to be paradoxical in that they described living in two worlds. In one world they are trying to complete the normative task of adolescence and in the other world they are trying to master their new maternal roles. Yet these mothers believed that motherhood is a rite of passage to adulthood and a source of empowerment and self-definition.

Moreover, the study's findings also demonstrated that in spite of the difficult transition to motherhood for African American adolescent mothers in this study,

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motherhood to them is having hope for a better life and finding the capacity to meet one's

own needs and the needs of one's children.

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Teenage Mothers

You are invited to participate in a research project to investigate your experience as a mother so that health care providers will gain a better understanding of your health care needs

To be eligible you must be:

- A teenage mother between the ages of 13-17 years of age

- Have one or more children over the age of one year old

- English speaking

- Able to meet for approximately one hour 2 times to share your personal experience of motherhood.

The first ten (10) teenage mothers meeting the above eligibility criteria will be invited to participate in an interview lasing approximately one hour which will be taped recorded for accuracy purposes. Once the tapes have been transcribed into text, it will be destroyed.

This study is being conducted by Paula A. Delpech, RN. MSN, ARNP, a doctoral student at Barry University, Miami Shores, Florida. If you are interested, please contact the researcher at 305-335-8129 (phone or text) or email paula_delepch@yahoo.com. You can also contact Ms. Barbara Cook from Barry University at 305-899-3020.

Appendix B

February 24, 2009

To Whom it May Concern,

 I am writing to request your assistance with a research study involving adolescent mothers. The research is being conducted by me a doctoral student in the Division of Nursing at Barry University in Miami Shores, Florida**.** The purpose of the study is to gain a deeper understanding of motherhood from the perspectives of African American adolescents.

 This letter seeks your administrative approval to post a flyer on your premises inviting adolescent mothers to participate in the study. Participation in the study is strictly voluntary. Attached please find a copy of the flyer with my contact information. I look forward to hearing from you very soon.

Sincerely,

Paula A. Delpech, MSN, ARNP, RN
Doctoral Student

Barry University

Appendix C
Parent/Guardian Consent Form

Your child's participation is requested in a research project. The title of the study is *The Lived Experience of African American Adolescent Mothers.* This research is being conducted by Paula Alexander-Delpech, ARNP, MSN, a doctoral student in the Division of Nursing at Barry University. The purpose of the study is to gain a deeper understanding of motherhood from the perspectives of African American adolescents and to seek information that will be beneficial to the health needs of adolescents' mothers. In accordance with this objective, interviews will be conducted with adolescent mothers. It is expected that at least ten mothers will participate in this study.

If you give consent for your daughter to participate in this research, she will be asked to meet with the researcher two (2) times. During the first meeting she will be given information regarding the study, asked to give her assent to participate, and asked to describe her experience as a mother. Only the first meeting will be tape recorded and transcribed verbatim. During the second meeting, she will be asked to discuss the findings and to ensure her experiences were properly translated into text. Any change will be edited through handwritten notations by me.

Each session will last approximately one hour. The first meeting will be audio taped. As the parent/guardian of the adolescent mother you have the right to be present during the interview and to stop the interview at any time. You and your daughter have a right to refuse to answer any of the interview questions as well as the right to have the taping paused, answer the particular question, and resume the taping at your discretion. As the parent/guardian you have the right to read the transcriptions. Your consent to have your daughter participate in this research study is strictly voluntary and you and/or your daughter may choose to withdraw from the study at anytime without repercussion. All data collected if you chose to withdraw will be destroyed immediately.

Your daughter's participation in this study may help nurses gain an improved understanding of the health needs of adolescent mothers and a better understanding of motherhood from the perspective of African American adolescents. While this is a minimal risk study, there is a possibility of some emotional distress due to the recollection of unpleasant memories. If your daughter experiences any significant distress a list of available community referral sources will be provided which will be of no cost to your daughter.

As a participant, the information your daughter provides will be held in confidence to the extent permitted by law. The initial interview with your daughter and her corresponding responses will be taped recorded and subsequently transcribed verbatim into text by a third party who will sign a confidentiality agreement not to reveal the information to any other person other than me, the principal investigator. Once the

transcription is done the audiotape will be destroyed. The transcribed data will be backed up on the researcher's home computer as well as on a flash drive, which will be kept in the researcher's home. All material including the transcriptions, tape recorder, and the flash drive will be kept in a locked file cabinet in the researchers' home office. Access to computer hard drive and flash drive is password protected known only to the PI. Throughout the interview I will be referring to your daughter by another name (pseudonym) which will help protect her true identity. This pseudonym will be used to label the audiotapes and the respective transcriptions. Only I, the principal investigator, will have the code/list containing her real name with that of the pseudonym. This code/list will always be kept in a locked box similar to the consent and assent forms in my office separate from the audiotapes and transcriptions which will also be secured under another key in my office to avoid any possible linkage between the pseudonym and her real name. Any digital copies of the text transcripts will be likewise secure by means of the password known only to me. The transcriptions and all other data will be securely maintained and destroyed after five years.

   If you have any questions or concerns regarding the study or your daughter's participation in the study, you may contact me, Paula A. Delpech at (305) 335-8129, my dissertation chair Dr. Andra Hanlon, at (305) 899-3800, or the Institutional Review Board point of contact, Mrs. Barbara Cook, at (305) 899-3020. If you are satisfied with the information provided and willing to have your daughter participate in this research, please signify your consent by signing this consent form.

_____   _____

Signature of Parent/Guardian   Dat*e*

_____   _____

Signature Researcher   Date

Barry University

Appendix D
ASSENT FORM INVOLVING MINORS

My name is Paula Delpech, I am doing a research study to understand your experience of motherhood so that health care providers will better understand your needs as an adolescent mother. Your responses can help people like me in the health professions discover what being a mother is like for you and what young mothers like you are going through so we can better help you and others in a similar situation.

If you agree to be in the study, you will be asked to describe your experience as an adolescent mother. To be in the study, you will be required to meet with me two times, and each meeting will last approximately one hour. You parent/guardian has the right to be present at both meetings if they so choose, and to read the transcriptions if they desire. At the first meeting, you will ask to describe your experience as a mother and the meeting will be tape recorded. Only this meeting will be audio recorded and transcript verbatim (word for word), your responses to the questions will be transcribed verbatim into text by a third party person who will sign a confidentiality agreement not to reveal the information to any other person other than me the principal investigator. Once the transcription is done the audiotape will be destroyed. The transcribed data will be backed up on the researcher's home computer as well as on a flash drive, which will be kept in the researcher's home. All material including the transcriptions, tape recorder, and the flash drive will be kept in a locked file cabinet in the researchers' home office. Access to computer hard drive and flash drive is password protected known only to the PI. Throughout the interview, I will be referring to you by another name (pseudonym) which will help protect your true identity. This pseudonym will be used to label the audiotapes and the transcriptions. Only I, the principal investigator, will have the code/list containing your real name with that of the pseudonym. This code/list will always be kept in a locked box similar to the consent and assent forms in my office separate from the audiotapes and transcriptions which will also be secured under another key in my office to avoid any possible linkage between the pseudonym and your real name. Any digital copies (computer back-up) of the text transcribed will be likewise secure by means of a password known only to me. During the second meeting, you will be asked to discuss the findings of the study and to ensure that your experiences were properly translated into text. Any change will be handwritten by me.

You have a right to refuse to answer any of the interview questions as well as the right to have the taping paused, answer the particular question, and resume the taping at your choice. The potential risks involved with participation in this study are probably no more than what you would experience in regular daily activities. However, if you feel stressed or uncomfortable about a question, you may pause or stop the interview and

speak with your parent/guardian. If thoughts about your experience remain uncomfortable for you, a list of available community referral sources will be provided which will be of no cost to you.

   Please discuss the study with your parent/guardian before you decide whether or not to participate. Because you are a minor as defined by the State of Florida, I will ask your parent/guardian to give permission for you to participate in the study and your parent/guardian also have the right to be present during the interview.

If you have any questions or concerns regarding the study or your daughter's participation in the study, you may contact me, Paula A. Delpech at (305) 335-8129, my dissertation chair Dr. Andra Hanlon, at (305) 899-3800, or the Institutional Review Board point of contact, Mrs. Barbara Cook, at (305) 899-3020. If you are satisfied with the information provided and willing to participate in this research, please signify your assent by signing this form.

Signature of Researcher   *Date*
_____   _____

Signature of Adolescent   *Date*
_____   _____

Appendix E

Free Local Community Referrals

Family Counseling Services of Greater Miami - (305) 740-8998   www.familycounseling.org

Family Resource Center of South Florida, Inc. - (305) 960-5521   www.frcflorida.org

Haitian Neighborhood Center, Sant La, Inc. - (305) 573-4871   www.santla.org

Healthy Start Coalition of Miami Dade, Inc. - (305) 541-0210   www.hscmd.org

United Way of Miami-Dade - (305) 646-7023   www.unitedwaymiami.org

Urban League Greater Miami, Inc. - (305) 696-4450

Center for Family and Child Enrichment, Inc. - (305) 624-7450

Barry University

Appendix F

INTERVIEW QUESTIONS

1. Primary Question

   What is it like to be a mother?

2. Prompts

   What is it like to have a baby?

   How did having a child change your life?

   What are your days like?

   What would you like to provide for your child?

   What are your day to day health concerns for yourself?

   What are your day to day health concerns for your baby?

   Where do you see yourself in one year?

3. Additional information

   Is there anything more you would like to share?

4. Conclusion

   I wish to thank you for your contribution to my research. Please call me if you have

   any questions or concerns. Additionally, I am leaving a list of local community

   referral, if you feel the need to get speak to a professional person. I will contact you

   in about 3-4 weeks for a follow-up meeting.

BARRY UNIVERSITY

Appendix G

DEMOGRAPHIC FORM

Please answer the following questions:

1) How old are you? _____

2) How old were you when you had your first child? _____

3) How many times have you been pregnant? _____

4) How many children do you have? _____

5) Are you in school? _____

6) If yes, what grade are you in? _____

7) Who do you live with? _____

8) Are you married/single or divorced? _____

9) Who takes care of your child/children the most? _____

10) Do you have any insurance? _____

11) Do you have any health problems? _____

   _____

12) Do your child/children have any health problems? _____

   _____

13) Was your mother an adolescent mother? _____

Appendix H

Confidentiality Agreement for the Transcriber

As a member of the research team investigating The Lived Experience of African American Mothers, I understand that I will have access to confidential information about study participants. By signing this statement, I am indicating my understanding of my obligation to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable protocol or court order, or public health or clinical need.
- I understand that I am not to read information and records concerning study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or situation which could potentially result in a breach, whether this be on my part or on the part of another person.

_____ _____ _____
      Signature   Date   Printed Name

Appendix I
Significant Statements

1. It brings me joy, it's-it's hard don't get me wrong, it's-it's hard. It can be frustrating. Just hard

2. I- still do what I have to do

3. Either way they are still gonna be loved and taken care of. And you know, it's hard not having the help but I'm doing it

4. In my eyes, blessed, because many women about my age and beyond could not have kids and I just feel blessed that I could even have two.

5. They come first. God comes first then it's them and then it's me

6. I have a lot of dreams and not to mention I'm going to school and trying to pursue them.

7. They're innocent in the situation they have nothing to do with me being held back from my dreams or my goals.

8. I regret having my child but it was a mistake: I love my mistake

9. It's, it's-it's fun. Don't get me wrong it's hard work,

10. Being a child myself and raising a child, it's-it's frustrating

11. A free spirit to know that hey they can come talk to me

12. Sense of security. I just want them to have a life that I never had. I don't want them to go through all the hurt and the pain that I have been through

13. I just don't see myself being poor. I can see myself struggling, but I don't see myself poor where I can't provide for my children and I have to lean on the government to do things for me

14. I'm a go-getter. Just go out there and do what we have to do to make sure our kids have. I come from a strong background

15. I just hope that my kids have a better life that I had and they don't grow to be like me or follow my footsteps, or their father's footsteps

16. I have is one shot to get things right

17. I am young. I never expected to be a mother at this age

18. My baby to have the whole world, everything, food, clothes everything

19. I don't make my own money to support him, so that's the only difference, but otherwise I would be the same mother

20. I don't never have to never worry about pampers and wipes and food I get that from WIC

21. Babies at a young age is kinda, to me it is not really difficult but it would be better off if you have a life that you could finish school without a child in the way

22. In a way stressful – it's a beautiful thing

23. You have somebody that can lookup to you

24. But in a way it's kinda scary because you have this little person that depends on you solely and completely

25. Because of her I'm gonna continue to do what I do and what I plan to do

26. She reminds me so much of myself

27. I gotta to make it for my baby

28. Am not only doing it for myself anymore but am doing it for my baby as well so that she may have a better future

29. But I kinda wished that I woulda waited a little longer until I finished college I first planned but if she is here now, it happened and I have to do what is right

30. I just do what I have to do

31. Be able to do everything that she needs give her everything she needs and mostly everything she wants

32. Make sure I remember that as long as I am a mother that I am also a daughter

33. After I had a baby I have to take a little learning and a little teaching from my mom

34. It's nothing easy and it's nothing hard either but at the same time it's challenging.

35. I stopped going to school 'cause it was hard having to get me ready to school, get him ready to school.

36. I used to be the type always to hang out with my friends. Always with my friends always with my friends.

37. One thing I say – my son, he's not a mistake, you know. If anything I made the mistake. But he's not a mistake.

38. I mean the things that I used to do I couldn't do. And, basically it made me feel like a better person with myself.

39. I got myself back in school

40. I didn't have patience at first. But then it gets to the point you gotta understand they just, they wasn't asked to be here. So while they're here just make their life worthwhile, you know what I'm saying?

41. Even though my life wasn't the best, don't mean that his life don't have to be

42. I'd like to provide a little more than what was provided for me.

43. I don't know, you know – be something – make something good out of yourself. So they could say, "Well you know, my mommy was there for me."

44. Having my son just motivate me to be that well educated person

45. I'm not the only one I have to live for. I have to live for my son.

46. I don't have to depend on nobody to take me to the store to go get Pampers for my son or take me here to go-you know go to a WIC appointment or you know

47. – I don't wanna be able to – I don't wanna have to depend on nobody

48. To have a baby, sometimes it can be tough.

49. You gotta make a lot of sacrifices. You have to always put your child first.

50. It's – it's harder than people think – think it is.

51. Think about the baby first. You see something that you want and then your baby need something. You can't get what you want. You have to get what your baby needs first and that's most important.

52. It's hard because my baby's father is not here with me. So that's another thing that's hard I have to do everything by myself.

53. Used to go out to the club and fight and drink and just get in a lot of drama and chaos

54. She's my friend. I don't need other friends.

55. First, I want to provide her with a good education. I want to provide her with all the medical like – health – like insurance and stuff. I guess that's it.

56. Actually I feel we became closer now, cause we never really talked or nothing and now since the baby, I feel like – and she feels the same way

57. I feel a baby don't slow you down or mess up your life. Only thing you just have to fit the baby into your life.

58. Maybe everybody is not fortunate as I am to have my mom to help me.

59. You gotta always remember to put your child first. Put your child above you. Think about them before you even think about yourself.

60. It's hard I can go out as much as I used to go out It's a big responsibility

61. Even though all the mistakes I did I can raise her up better - better than I came up. I used to be bad and stuff.

62. Its fun, but it's frustrating at times.

63. Seeing like - her smile like or just being around her makes me happy.

64. Joy. It's like joy I feel

65. I gotta be home for her. I used to be bad – used to – I used to listen to not listen. But – like – it changed me a lot.

66. To provide for her without no worries,

67. Like some of the stuff I can't do now cause I got a baby to raise so a lot of the stuff I can't do like run the streets all the time – stuff like that.

68. Hard, good, happy I don't know all different things

69. I have to like provide for this person like I have to like responsibilities and stuff like that, is not about me no more

70. Yeah, stuff I wanna do like if I know like I wouldn't been like had my baby earlier   I woulda have the things I wanted you know. I din't want to have my kids so early, but I did. I really really, really I regret it but I like I am happy that they here, but I just wish that it was like when I was a little bit older get a job, finish school

71. Don't no one in my household take care of my kids but me anything I have to do for my kids I would do it, nobody in that house take care of my kids

72. I want them to be happy that's all I want, I want them to be happy and I wanna give them they things they want also they things they need

73. See myself having a car, a job, my own place and my kids happy and I am happy

74. Well I'll do what I have to do like keep going to school just going to school getting my when I finally graduate start working

75. It's fun and hard at the same time

76. I know not to make the same mistake again

77. Like he make me smile

78. When I want to go places I can't go everywhere that I want to go only sometimes

79. It's a big responsibility

80. It feels different

81. I have WIC so I won't have to pay a lot for the milk. It helps cause they buy pampers and they get all the stuff that he need

82. I buy things for me – like – sometimes if – ok if - if I think I don't need nothing I get my baby something. But when I know I have I could buy me and my baby something. I buys things for my baby and then me, cause he come first

83. Like that's my world, that's my everything and that's like –what – now that I – now that I had him that's what – what gonna make me live

84. I wanna see my – that's my pride and joy. I wanna see him grow up in life and everything.

85.   As long as my baby happy, I'm happy.

86. I used to be wild. I'm a mother now. I ain't used to wear dresses, now I wear dresses 'cause I'm a mother now.

87. I know I got a responsibility more than I had when I didn't have no child and that's it. Every time my friends go out I wanna go out. Now I don't go out when they go. Half of the time when they go out I don't be wanting to go out

88. It's good. It's a good experience, but it's hard. It's – it's a good experience as far as raising someone else, but it's hard, being a mom to me.

89.   Have to provide Pampers

90. In my 17 years I feel like what I could tell him could benefit him, like would make him know if he's in a predicament that I have experience in, he'll know well my mom went through this and she – she had to – she went down the wrong road so I know not to go down that road or I had the idea, well if I take that road how will life be for me.

91. I feel like my son will have a better chance of - you know – having something more than I had when I was his age as a young child under my mom's roof.

92. If you know that there is no one else that you can love or that you can trust. You know that you have your baby there to trust when you going through hard times, even though he may not understand. I feel comfortable with expressing my feelings with my son

93. No matter what life may bring you gonna always have that one child, that one person, that one human being that's gonna always be there, that's gonna always have your back, make you feel like you're someone, when nobody else may feel like that.

94. I have changed myself. It didn't change overnight, it took time for me to change and right now I can say that I, I have changed because of my baby to better him, to better me, to better our surroundings

95. I would like to give my baby the world if I had – if this world was in – in my hands and I controlled it, it would be his

96. Them my other sources to help me you know provide Pampers for my baby

97. Whatever obstacles come in my life I have to know how to go around those obstacles just to better myself for my child. So they motivate me to do a lot as in taking care of my baby, getting some kind of education

98. At times its kinda hard, but it is a challenge

99. I mean, someone you not just thinking about yourself, you have someone else to think about. I mean your actions and stuff it reflects on the child because whatever you do it means that your child sees this.

100.They're here now, I mean it's nothing you can do about it now you just have to you know make sure that you do well

101.Just have to live with it or you could just not live with it.

102. I can't be selfish oh I need those shoes but my baby need Pampers, my baby need Pampers first before I need those shoes.

103. He needs this first before I need this so whenever he gets whatever he needs first, then I can get what I want because it is not a need for me it's a want, because I have everything that I need but he needs it more than I may need it.

104. I'm gonna work hard enough so that I can get finish high school and attend college.

105. By getting him everything that he may need wipes, Pampers, you know, bathing supplies, anything like that, he needs milk oh I'm goin' out to get milk, baby food that comes first all that comes first.

106. I used to be wild, totally bad, terrible, not listening, breaking all the rules it really does slow me down a lot cause if the rate that I was going, was kinda bad

107. I want to be able to give him whatever he may need or want that I may have never gotten when I was little.

108. I have to make the best out of it not make the worst walk around pouting, blaming the child 'cause it's not the child.

Appendix J
Formulated Meanings

1. She has mixed feelings

2. She has to do what it takes

3. Moving on in spite of not having support

4. She feels she is set apart from other women

5. Pursuing her dreams

6. Taking responsibility for her actions

7. Accepting responsibility

8. Accepting responsibility

9. Motherhood is fun, yet hard

10. Being a child and a mother is hard

11. She desire to build a relationship

12. She wants to give her child a better life

13. Hope for independence

14. She is willing to do whatever it takes

15. Hope for a better future for her children

16. She has one shot to do thing right

17. Unplanned situation

18. My baby have all the material things

19. Her inability to provide, does not make her a different a mother

20. She never have to worry about providing material things

21. Life would be better if she waited to be a mother

22. Mixed emotions

23. She is overwhelm knowing that someone fully depends on her

24. She has to do whatever it takes

25. Her baby is an extension of herself

26. She has a strong desire to be successful

27. It's not about her anymore, it about her child

28. She wish she had waited to be a mother

29. Doing what it takes

30. She want to be able to provide for her child

31. She must remember she has two roles

32. Receiving support from mother

33. Mixed emotions

34. She feels overwhelm being a mother

35. Hanging out with my friends

36. She made the mistake not her child

37. She feel better about how her life was changed

38. Went back to school

39. Reached a turning point in as a mother

40. She hoping for a better life for her child

41. She wants to provide for a better future for her child

42. She desire to be successful in order to be a role model

43. She is inspired by her son to get an education

44. She lives for her son

45. Independence in providing material things

46. She doesn't want to depend on anyone

47. Mother is tough sometimes

48. She is putting her child's well being first

49. Motherhood is hard

50. Buying material things for child first

51. Lack of support

52. She doesn't go out anymore

53. Baby provides friendship

54. Wanting to provide a better future

55. Establishment of a mother daughter relationship

56. Accepting responsibility

57. Fortunate to have her mother's help

58. Always remember to put your child needs before your own needs

59. She feels motherhood is a hard job

60. A better life for her child

61. Mixed feelings

62. Her baby makes her happy

63. She feel joy from her child

64. She is no longer doing bad things, changed lifestyle

65. She wants to be able to provide for her child

66. She had to change her life because she has a child to raise

67. Ambivalent feelings

68. Motherhood is not about me

69. Regrets vs. acceptance

70. Priority is to care for her kids

71. Hope to be able to provide for her children

72. Hope to see her children happy

73. Moving on with life

74. She has mixed feelings
75. Not wanting to same mistake again

76. Her baby makes her happy

77. Hanging out sometimes

78. She feels it is a big job

79. Motherhood is different

80. I have support to pay for material things

81. My baby's material needs comes before my material needs

82. My baby is my world my everything

83. Desire to see her child grow up in life

84. Her baby makes her happy

85. Changed my behavior

86. No desire to hang out with friends

87. Her relationship with the baby's father is not always good

88. Being a mother is a good experience yet hard

89. I am able to provide pampers

90. Wanting a different life for her child

91. Better life for her child

92. Counting on her child for trust

93. Source for trust

94. Changed my life in order to have a better life

95. To be able to give the world

96. Pampers for my child

97. Motivated to be successful in spite of life obstacles

98. Motherhood is hard and it is a challenge

99. My life must be an example

100. Move on with life

101. Turning a situation around

102. Baby material needs comes first

103. My baby needs first

104. Goal attainment child

105. Providing material things

106. Changed behavior

107. Ability to provide what was not provided to her

108. Accepting responsibility

Appendix K
Clusters of Themes

Motherhood is Difficult

1. Motherhood is mixed feelings
7. Accepting responsibility
8. Accepting responsibility
9. Motherhood is fun, yet hard
10. Being a child and a mother at the same time is hard
22. Motherhood is mixed feelings
33. Mixed feelings
47. Motherhood is tough sometimes
49. Motherhood is hard
59. Motherhood is a hard job
68. Mixed feelings
67. Ambivalence feelings
79. Motherhood is different
88. Motherhood is a good experience, yet hard
98. Motherhood is hard and it is also challenging

Motherhood is having to Redefine Life

2. She has to do what it takes
3. She has to move on in spite of no support
14. She is willing to do whatever it takes
16. One shot to do the right thing
18. She has one shot to do things right
26. She has to do whatever it takes
27. it's not about me anymore, it's about my child
29. Doing what it takes
35. Not hanging out with friends
37. She feels better about how her life was changed
38. Went back to school
42. Desire to be successful in order to be a role model for her child
43. Inspired by son to get an education
44. She lives for her son
52. She doesn't go out anymore
57. Fortunate to have her mother's help
64. Lifestyle changed, no longer doing bad things

73. Moving on with life
77. Hanging out sometimes not all the time
82. My baby is my world my everything
85. Changed behavior
86. No desire to hang out with friends
95. To be able to give the world
97. Motivated to be successful in spite of life obstacles
99. My life must be an example
100. Moving on with life
101. Turning a bad situation around
106. Changed behavior
107. Ability to provide what was not provided to me

Motherhood is Finding Hope

6. Pursuing her dreams
11. Desire to build relationship with child
12. She wants to give her child a better life
13. Hoping for independence
30. Hoping to provide for her child
34. She wants to be a provider
40. She hopes for a better life
41. Better future for her child
54. Wanting to provide a better future
55. Hoping to establish a mother daughter relationship
60. A better life for her child
65. To be able to provide for her child
68. Being a mother is not about me
71. Hope to be able to provide for her children
72. Hope to see her children happy
83. Desire to see her child grow up
90. Wanting a different life for her child
91. Better life for her child
104. Goal attainment

Motherhood is Material Things

45. Have the ability to provide material things

50. Buying material things for child comes first

58. Always remembering to put her child's needs before her own needs

80. I have support to pay for material things

81. My baby material needs comes before my material needs

89. I am able to provide pampers

96. Pampers for my baby

102. Baby material needs comes first

103. My baby needs first

105. Providing material things

Motherhood is Relying on Baby

25. Her baby is an extension of herself

53. Baby provides friendship

62. My baby makes me happy

76. My baby makes me happy

92. Counting on her child for trust

93. Her child is her source of trust

Appendix L

Participant Demographics

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11
Age	17	17	16	18	17	17	18	15	16	17	17
Age with First Child	14	16	15	16	15	15	14	14	15	15	16
Number of Times Pregnant	4	1	1	2	1	1	3	1	1	1	1
Currently in School	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Grade in School	10	11	9	College	11	12	Trade School	8	N/A	N/A	11
Who do you Live With	Foster Mother	Mother	Mother	Mother	Mother	Mother	Mother	Mother	Guardian	Mother	Mother
Marital Status	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single
Who is the Primary Caregiver	Me/ Foster Mother	Me/ Mother	Me/ Mother	Me/ Mother	Me/ Mother	Me/ Mother	Me/ Mother	Me/ Mother	Me/ Foster Mother	Me/ Mother	Me/ Mother
Insurance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Type of Insurance	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid
Mother's Health Concern	None	None	None	None	None	None	None	None	None	None	None
Mother's Health Concern for Child/Children	None	None	None	Asthma	None	None	None	None	None	None	None
Daughter of an Adolescent Mother	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

Curriculum Vitae

Paula Alexander-Delpech, MSN, ARNP

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Miami, FL. 33138
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paula_delpech@yahoo.com

ACADEMIC APPOINTMENT	**Date**
Assistant Clinical Professor	1998- 2009
Director for Admissions and Student Services	2001-2006
Program Director/Faculty	2006-2009
Assistant Professor	2009-Present

EDUCATION

University	**Date**	**Degree**
Barry University, School of Nursing	August 2005	**Doctoral Candidate (2008)** **Graduation date fall (2009)**
Florida International University School of Nursing	July, 1996	MSN, Adult Health Minor Nursing Administration
Florida International University School of Nursing	May, 1993	BSN
Miami Dade Community College	December, 1991	Pre-nursing Transfer

Licensure

1993-present	Florida	#2747952
1999-2003	North Carolina	
1991-present	Basic Cardiac Life Support	

Professional Employment: Academic Appointment

Position Title	**Name of Employer**	**Dates**	**Status**
Assistant Clinical Professor	Florida International Univ.	1998-2009	Full-time
Adjunct Professor	Florida International Univ.	1994-1996	Part-time
Adjunct Professor	Barry Univ. SON	1999-2000	Part-time

Position Title	Employer	Dates	Status
Quality Improvement Management/Director of Nursing	Tenet Home Care of Parkway Medical Ctr.	1997-2001	Full-time
Assistant Nurse Manager	North Shore Medical Ctr.	02/97-10/97	Full-time
Director of Nursing/ Director of Education	Premier Associate LTC	1994-1998	Full-time
Home Health Nurse/High Tech.	Mt. Sinai Medical Ctr.	1993-1994	Full-time/Part-time
Staff Nurse/Emergency Dept.	North Shore Medical	1993-1994	Full-time
Public Health Nurse/Team Leader	Miami Dade Public Health Dept.	1993-1994	Full-time

COURSES TAUGHT:

Florida International University

NUR 3017	Introduction to Professional Nursing
NUR-3055	Transition to Profession Nursing
NUR-3065C	Client Assessment
NUR-3065C	Client Assessment
NUR 3115L	Approaches to Nursing Foundations Clinical
NUR 3165	Professional Nursing III: Research
NUR 3825	Professional Nursing: Socialization
NUR 4335L	Community Health Nursing Clinical
NGR 5604	Culture and Advance Nursing Practice
NGR 6210L	Advanced Adult Health Nursing Practice I
NUR 4636	Community Health Nursing

Barry University

NUR 301	Research Methods

 PRESENTATIONS:

Delpech, P. (1993, April). *How to form a local national student nurses association chapter.* Panel Speaker at the National Students Nurses Association Conference, Kansas City, KS.

Hartley, J., Washington, L., & **Delpech, P.** (1994, February*). Common health problems facing women.* Invited Panel Discussion for television Program "JNAF Sharing and Caring", WLRN Metro-Dade TV Cable-TAP Channel 37, Miami, FL.

Delpech, P.A., Pelham, R., Pelham, S., Hampton, B., Brady, D., & Brady, J. (1995, May 11). *Keep the door close.* Invited Panel Discussion for Television Program "48 hours with Dan Rather, CBS Channel 6.

Delpech, P. (1999). *Giving God control of your live: Checking yourself before wrecking yourself.* Trinity Church Women's Ministry, Miami, FL.

Delpech, P. (2000). *An investigation into the lived experience of racism among African-American Nurses.* American Assembly for Men in Nursing, Seattle, WA.

Jones, S. & **Delpech, P.** (2002). *HIV/AIDS and Caribbean American College Students.* Florida International University, Biscayne Bay Campus, Residential Housing, Miami, FL.

Delpech, P. (2005). *Understanding teen pregnancy from the perspective of young African Americans pregnant teenagers: An alternate theory.* Florida International University, School of Nursing, Annual Nursing Conference, Miami, FL.

Jones, S. & **Delpech, P**. (2005). *Peer organizing HIV/AIDS reduction program for female minority college students.* American Health Public Health Conference, Philadelphia, PA.

Delpech, P. (2006). The lived experience of racism among African American nurses. 13th Annual International Critical and Feminist Perspectives in Nursing Conference, Milwaukee, WI.

Delpech, P. (2007). *Cultural competence in community-based health outreach.* Health Choice Network of South Florida, Miami, FL.

Delpech, P. (2008). *Cultural competence in community-based health outreach.* South Dade Children's Resource Network, Miami, FL.

Delpech, P. (2008). *Cultural competence in health care.* The Trinidad & Tobago Nurses Association Annual Conference, Miami, FL.

Delpech, P. (2008). *Cultural competence in cancer care.* South Florida Cancer Control Collaborative, Miami, FL.

Delpech, P. (2008). *Cultural competence in cancer care*. South Eastern United States, Cancer Information Services, Miami, FL.

Delpech, P. (2008). *Get in the know about diabetes.* New Alpha Worship Center, Miami, FL

Delpech, P. (2009). *Menopause and the black women.* Gospel Reggae Radio, Miami, FL.

Delpech, P. (2009). *Women who lead.* Florida International University, Women Conference. Miami, FL.

RESEARCH:

<u>**Master's Thesis**</u>

An investigation into the lived experience of racism among African-American nurses. (1996). Thesis: Florida International University, School of Nursing. Thesis Chair: Dr. Divina Grossman.

<u>**Funded Grants**</u>:

PRIDE: Initiative to Increase RN Workforce Diversity. Divina Grossman RN, Ph.D., Principal Investigator. **Paula Delpech, RN, MSN, Program Coordinator.** Funded by Department of Health and Human Services, 2000-2004, Total Direct Cost $ 789,000.

Cultural Competency Training, Divina Grossman RN. PhD, Principal Investigator. **Paula Delpech, RN, MSN, Instructor.** Health Choice Network. 09/01/02 to 06/30/03, $12,300.

<u>**Grant submitted for funding:**</u>

"STARRS Project: Strategies for Assessment, Recruitment, Retention of Students". **Paula Delpech, RN, MSN, Principle Investigator.** The Department of Health and Human Services, 2004-2007, Total Direct Cost $1,047,265. Not funded

<u>**Poster Presentations:**</u>

Jones, S.G., & **Delpech, P. (2003).** *The Caribbean/West Indies Cultural Competency Program*. Poster session presented at the annual conference of the Association of Nurses in AIDS Care, New York, New York,

Jones, S.G., Grossman, D., **Delpech, P.,** Pasaron, R., & Colin, J. (2003). *The Caribbean/West Indies Cultural Competency Program*. Poster session presented at the Annual Research Day, Florida International University School of Nursing, Miami, Florida.

Jones, S.G., **Delpech, P.,** & Jorda, M.L. (2004). *Caribbean/West Indies Cultural Competency Training Program for Florida Nurses*. Poster session presented at the Second Central American & Caribbean Nursing Conference on STDs, HIV/AIDS & Other Communicable Diseases, "Nursing Professionals Uniting for a Better World", Cuban Nurses Society, Pedro Kouri Institute of Tropical Medicine, Havana, Cuba.

Delpech, P. (2006). *Understanding teen pregnancy from the perspective of young African Americans pregnant teenagers.* Poster session presented at the second national conference of the National Coalition of Ethnic Minority Nurses Association, Chicago Illinois.

Delpech, P. (2006). *Understanding teen pregnancy from the perspective of young African Americans pregnant teenagers*. (Paper accepted but not presented) for the 14th Annual Primary Care for the Underserved Conference, Philadelphia, Pennsylvania.

Delpech, P. (2006). *Understanding teen pregnancy from the perspective of young   African American adolescents.* (Paper accepted but not presented) for the 14th International Critical and Feminist Perspectives in Nursing Conference. University of British Columbia, Vancouver, Canada.

Delpech, P. (2007). *Understanding teen pregnancy from the perspective of young African American adolescents: A qualitative approach.* Poster session presented at the 21st annual conference of the Southern Nursing Research Society, Galveston, Texas.

Delpech, P. (2007). *Self-concept and adolescence: A concept analysis*. Poster session presented at the sixth annual Research Day Conference, College of Nursing, Florida International University, Miami Florida.

PROFESSIONAL HONORS, FELLOWSHIPS:

2006	Fellowship, Promise of Nursing for the Southern Florida Regional Faculty Award
2006	Mentee Recipient, National Coalition of Ethnic Minority Nurse Association
2005	Certification of Recognition, Graduation Class, FIU/SON
2004	Certification of Recognition, Graduating Class, FIU/SON
2004	American Academy of College of Nurses, Mentee Recipient at the 2004 Conference
2002	Outstanding Alumni Achievement Award, Florida International University, School of Nursing
1998	Educational Leadership Enhancement Program – 2000-2001 Scholar
1999	Outstanding Alumni Achievement Award, Florida International University
1998	Certificate of Recognition, Tenet of South Florida Health System
1993	Dade County Council Parent teacher Association, President and Leadership Award
1993	Florida International University, The Hedy Blanchard Award
1993	The Army Nurse Corps, Spirit of Nursing Award
1993	Florida International University, Nursing Honor Society, Outstanding University Service, Class President Award
1992	Florida International University, Dean's List, Nursing Honor Society
1990	Miami Dade Community College, Academic Excellence in Organic Chemistry for Nurses

ADVISORY BOARD

2003 – 2007   Executive Board Member, Nursing Shortage Consortium – South
                    Florida

2001 – 2006   Member, One Community One Goal; Biomedical Industry Focus
                    Academies, Miami Dade Public School

PROFESSIONAL AFFILIATIONS:

1996 – Present	Member, Florida Nurses Association
1998 – Present	Member, Education Chairperson, Trinidad and Tobago Nurses Association
2000 – Present	Member, International Nursing Honor Society, Sigma Theta Tau, Florida International University, School of Nursing
1990 – Present	Member, The Blister People of Trinidad and Tobago

UNIVERSITY COMMITEES:
School of Nursing/College of Health and Urban Affairs (CHUA) Committees:

2000 – 2006   Faculty Advisor, Student Nurses Association

2003 – 2006   Faculty Representative, FIU/SON Alumni Association

2000 – 2006   Chair, School of Nursing, Scholarship Committee

2003 – Present	Member, School of Nursing Search and Screen
2000 – Present	Member, School of Nursing Administrative Council
2000 – Present	Member, CHUA, Student and Service Council
1999 – Present	Member, Pinning Ceremony Committee, Florida International University, School of Nursing
1998 – Present	Member, Student Affairs Committee, Florida International University, School of Nursing
1999	Chair, Student Nurses Association, Florida International University, School of Nursing
1993	Chairperson, Pinning Ceremony Committee, Florida International University, School of Nursing
1993	President, School of Nursing Honor Society, Florida International University, School of Nursing
1994	Founder President, Florida International University Nurses Association, School of Nursing
1991 – 1992	Vice-President, Class of 1993, Florida International University, School of Nursing

FLORIDA INTERNATIONAL UNIVERSITY COMMITEES:

2000 – Present	Member, Biscayne Bay Campus Design Leadership Board
2001 – 2006	Faculty member, Judicial and Mediation Committee Member
2004 – 2006	Member, Multicultural Programs Task Force
2007	Member, Search and Screen Committee for the Dean of the Stempel

	School of Public Health
2008	Member, Search and Screen Committee for the Dean of the School of Hospitality and Tourism
2008	United Way 2008 Fundraising Campaign

OTHER PROFESSIONAL ACTIVITIES AND PUBLIC SERVICE:

1992	Vice President, Parent – Teacher Association, Miami Shores Elementary School
1993	Chairperson, membership Committee, Miami Shores Elementary School
1993 – 1995	President, Parent – Teacher Association, Miami Shores Elementary School
1994 – 1995	Chairperson, Mayor's Task Force, Miami Shores Elementary School
1993 – 2000	Parent Representative, Blue Print 2000, Miami Shores Elementary School
1999 – 2002	Committee Member, Dade County Public School, Advisory Committee.
1995	Member, Miami Shores Elementary School Advisory Board
1998 – 2004	Mentor, Mentoring Program, Florida International University. The Women Center
2002 – 2003	Member, South Florida School and Healthcare Agency Partnership Committee
2002 – 2003	Member, South Florida Nursing Shortage Consortium
2004 – 2006	Executive Board Member, South Florida Nursing Shortage Consortium
2002 – 2006	One Community One Goal Task Force
2005 – Present	Faculty Advisor, Florida International University, School of Nursing, Alumni Association

Consultation/Review Panels

Department of Health and Human Services; Health Resources Services Administration, Division of Nursing, Career Ladder Grants Applications. Washington D.C. (August, 2003).

Department of Health and Human Services: Health Resources Services Administration, Division Independent Research, Advance Nursing Education.

Health Resources and Services Administration (HRSA). Consultation meeting to discuss Foreign-Born and Foreign-Trained Health Care Professional (September, 2007).

The Children's Trust of Miami-Dade County. Grant review panel for Out-of School Programs (February, 2008).