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Black Adolescent Mothers and their Families: A Phenomenological Study of Resilience

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BLACK ADOLESCENT MOTHERS AND THEIR FAMILIES:
A PHENOMENOLOGICAL STUDY
OF RESILIENCE

BY
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of the requirements for the degree
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SETON HALL UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN SERVICES
OFFICE OF GRADUATE STUDIES

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This phenomenological research study explored the experiences of eight African American adolescent mothers and their families. The purpose of the study was to examine the process of developing resilience following an adolescent’s transition into motherhood. The mean age for becoming a mother was 16-years-old. The mean age for becoming a grandparent was 40-years-old. Each family participated in a semi-structured interview conducted by the primary researcher. Genograms were constructed for each of the families and were used to track multigenerational histories of teenage pregnancy and relationship dynamics. A phenomenological research design was employed to gather and analyze the data. Findings are discussed within the context of Walsh’s (2006) family resilience framework, family-systems theory, and an Afrocentric framework. Nine primary themes were revealed through the data analysis. The results indicate that the families’ reactions to the pregnancies ranged from excitement to disappointment. In general, the participants perceived the adult fathers and extended family members as having more negative emotions and difficulty accepting the adolescent mothers’ pregnancies than the adult mothers. Siblings were perceived as being accepting and excited about the pregnancies. The adolescent mother participants reported unstable relationships with their own fathers as well as with their children’s fathers. Additionally, each had a close relative or friend who also experienced adolescent pregnancy. Families identified three primary mechanisms which enabled them to cope with the adolescents’
pregnancies and demonstrate resilience: communication, religion/spirituality, and support from their families and communities. Findings from this study expand on the existing literature on African American families, adolescent pregnancy, and family resilience. Furthermore, this research provides valuable insight into how families cope with an unexpected life transition such as teenage pregnancy. Clinical implications indicate the importance of including the families of adolescent mothers in the treatment process. Suggestions for future research are offered.
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_In everything give thanks: for this is the will of God in Christ Jesus concerning you._

1 Thessalonians 5:18

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Dedication

This dissertation is dedicated to my family who has been there from the very beginning praying for me, encouraging me, challenging me, believing in me, and most importantly, loving me. I could not have done this without your unwavering support.
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CHAPTER I

Introduction

*Introduction*

According to national health statistics, prior to 2006, the United States had witnessed a 14-year decline in teenage pregnancy rates. However, recent reports from the Center for Disease Control and Prevention (2008) indicate that the incidents of adolescent pregnancy are on the rise. Thus, there is again serious concern around the pace at which adolescents are becoming parents. The issue is so concerning, in fact, that President Obama proposed $164 million for a new teen pregnancy prevention initiative for the 2010 fiscal year (Albert, 2009). Among industrialized nations, teenagers in the United States have consistently had the highest rates of adolescent childbearing (Weiss, 2006). Estimates indicate that, in 2002, approximately 4.5% of teens aged 15 to 19 gave birth (Jossi, 2005) and, in 2003, 10% of all U.S. births were to individuals under 20 years of age (Hamilton, Martin, & Sutton, 2004). Furthermore, an alarming number of teens are experiencing not one, but multiple pregnancies. Coard, Nitz, and Felice (2000) reported that approximately 30% to 35% of teen mothers have a repeat pregnancy within one year of the birth of the first child, and 40% to 50% have a repeat pregnancy within two years. In fact, in 1996, 22% of all births to 15- to 19-year-olds were repeat births (Boardman, Allsworth, Phipps, & Lapane, 2006).

Statistics have further revealed that pregnancy and birth rates among adolescents vary by race. Luker (1996) noted,
African Americans, who make up only about 15 percent of the population of teenage girls, account for more than a third of all teenage mothers. And whereas six out of every ten [W]hite teenagers who give birth are unmarried, among [B]lack teenagers the ratio is nine out of ten. (p. 7)

Data from 2006 indicates that the pregnancy rate for African American adolescents aged 15 to 19 was 64 per 1,000; for Hispanics, the rate was 83 per 1,000; and, among White teens, 27 per 1,000 (National Vital Statistics Reports, 2009). As these numbers suggest, African American and Hispanic adolescents are disproportionately represented in the incidence rates of teenage pregnancies and childbirths.

**Background/Rationale**

Becoming a parent, regardless of age, is a major developmental transition (Mercer, 2004). Carter (2005) states that, entering parenthood “is one of the most definitive stages of life...Once there is a child, life will never be the same again” (p. 249). For teens, who already struggle with negotiating the physiological, emotional, and cognitive demands of adolescence, parenthood can be overwhelming (Anda et al., 1992). Benson (2004) asserted that the implications of adolescent pregnancy and parenthood are magnified due to adolescents’ lack of economic resources, advanced education, and employment opportunities. Moreover, coping skills are in the process of development during adolescence, making it difficult for many teens to manage the combination of stressors associated with parenthood (Mylod, Whitman, & Borkowski, 1997). National infant health data revealed that as many as 48% of adolescent mothers experience depressive symptoms following the birth of a child (Clemmens, 2002).
For African American adolescents—many of whom grow up in poor communities—the realities of racial discrimination and economic hardship create additional dimensions of stress (Gee & Rhodes, 2003). Being poor, Murry (1998) maintained, decreases the likelihood that adolescents will have opportunities to move into adulthood through socially acceptable pathways, such as advanced education, employment, marriage, and then having children. Hines (2005) noted that the multiple oppressions experienced by African American adolescents complicate their efforts of developing a sense of efficacy. For many of these teenagers, having children is perceived as a way to feel important and valued. Furthermore, “impoverished youth may see there is little to lose by early childbearing given their limited experience of alternatives” (Merrick, 2001, p. 5). Chase-Lansdale, Brooks-Gunn, and Zamsky (1994) observed that African Americans’ responses to poverty have historically included, among other reactions, early transition into motherhood, involvement in complex kinship networks that pool resources, and the formation of multiple family households across generations. Each of these responses is important in the history of the African American experience and will be discussed in greater detail in subsequent chapters.

Burton (1996) maintained that minimal attention has been given to the exploration of how the timing of childbirth affects the familial and parenting responsibilities of grandparents and great-grandparents. She posited that, as cultural units, families formulate timetables for the movement of individuals through predictable phases of development and changing family structures. These timetables provide prescriptions for when, and in what order, events such as marriage and the transitions to parent- and grandparent-hood should occur. Moreover, there are implicit guidelines as to what
constitutes appropriate ages for these events to transpire, as well as the roles family members are expected to assume.

Although many would agree that adolescents having children violates the timing norms of most families, not all families share the same perceptions of what role transitions are on-time and off-time. These perceptions, Burton (1996) asserted, vary as a function of a family’s social class, community context, and ethnic ancestry. However, “When role transitions [do] violate family timetables serious stresses often arise for individuals and families because the event upsets the expected cadence of lives” (p. 157). For many adolescents, having children interrupts the sequence of life events which are traditionally associated with adulthood, such as completing school, gaining work experience, getting married, and then having children (Murry, 1998; Hines, 2005). Neugarten (as cited in Burton, 1996) stated that,

It is the unanticipated, not the anticipated, which is likely to represent the traumatic event. Major stresses are caused by events that upset the sequence and rhythm of the expected life cycle … [such as when] the birth of a child is too early or too late [italics added]. (p. 157)

Significance of the Study

Researchers who have devoted their attention to the study of adolescent pregnancy and parenthood have consistently found that adolescents living in impoverished communities are more likely to experience teenage pregnancy and parenthood (Boyd-Franklin, 2003; Burton, 1996; Coley & Chase-Lansdale, 1998; Hines, 2005; McAdoo, 1998). Statistics from various sources indicate that African Americans are over-represented in these underprivileged communities. When these facts are
considered together, one can easily understand that, while teenage pregnancy is a major social concern for this nation collectively, the problem is endemic in the African American community.

Among African American families there is a great deal of diversity. Families are represented across the range of social and economic spectrums. Although many African American families exist on the margins of the economic mainstream, there are still others who have achieved financial security. Family composition is varied as well. Households consist of single-parent families, two-parent families, and families in which grandparents are the primary caregivers, to name a few. However, because researchers have tended not to differentiate the experiences of African American families of different backgrounds, a great deal of these families’ experiences are obscured by negative observations about Black family life (McAdoo, 1998). These conclusions are distorted since traditionally much of the research has been conducted from a deficit-based perspective.

Consequently, the state of Black families is improperly framed within a ‘social-problems’ perspective, and unnecessarily restricts the viewpoint and diverts attention of the important substantive issues affecting them...Black families are often characterized as possessing few internal resources to deal with these challenges and come to be regarded in the public as simply problem families. (Taylor, Chatters, & Jackson, 1997, p. 1)

The lack of understanding of the within-group differences among African American families fuels misconceptions of their dysfunctions. A more contemporary and responsible approach shifts the examination away from processes that lead to dysfunction
to those which promote healthy individual and family functioning. Further, an analysis of the larger systems that contribute to the oppression of these families is warranted.

Within the research literature limited attention has been dedicated to the study of family resilience among African American families. Given the history of African Americans in the United States, the scarcity of research in this area is surprising. Walsh (2006) maintained that, considering the pressures that families across this nation are confronted with, it is important to understand how families regroup and reorganize during and after experiencing challenges. To that end, the present study examined the processes of how African American families develop and demonstrate resilience after an adolescent became a mother.

While much has been written about the negative life circumstances of African American families and the adverse outcomes for teen mothers and their offspring, significantly less is known about the processes of how these mothers and their families successfully navigate their early transitions into parenthood and grandparenthood. The purpose of the current research was to provide Black families the opportunity to discuss their experiences of teenage parenthood utilizing their own words, and in contexts in which they are both familiar and comfortable. A phenomenological approach provided the opportunity “to produce a deep, clear and accurate understanding of the experiences of participants and of the meanings found in or assigned to those experiences” (Boss, Dahl, & Kaplan, 1996, p. 98). Guided by family-systems theory, a family-resiliency framework, and an Afrocentric perspective, I sought to explore the processes through which African American families develop resilience following an adolescent family member becoming a mother. The findings contribute to the research and literature on
teenage pregnancy and parenthood in the African American community, the development and manifestation of resilience in the African American families, and African American family life.

Theoretical Framework

As previously noted, this study was guided by a family resiliency framework (Walsh, 2006) which is intended to explain the processes that facilitate family members’ abilities to build and maintain enduring relationships through turbulent times. I also utilized family-systems theory (Kerr & Bowen, 1988) and an Afrocentric perspective (Asante, 1991), both of which enabled me to accurately situate and understand the experiences of the participants within their familial and cultural contexts. A brief discussion of each of these frameworks follows.

Walsh (2006) posited that a systems perspective of resilience facilitates understanding of the ways in which family processes can serve to mediate stress, enabling family members to surmount crises and withstand hardships. She identified three family processes that she believes are essential in grounding resilience: family belief systems, organization patterns, and communication processes. These processes are organized and demonstrated in various ways, according to the structure and characteristics of each family. According to Walsh, family belief systems are at the core of family functioning. Families make meaning of adversity by linking crises to their social worlds, cultural and religious beliefs, and their past and expected future experiences. “Belief systems broadly encompass values, convictions, attitudes, biases, and assumptions, which coalesce to form a set of basic premises that trigger emotional response, inform decisions, and guide actions” (p. 50). These systems involve developing
a positive outlook in which the crisis is viewed as a challenge that can be overcome. A positive outlook, Walsh asserted, consists of perseverance, hope and optimism, and courage and encouragement. Family belief systems also include transcendence and spirituality, a belief in a purpose beyond oneself. She stated, “Transcendent beliefs offer clarity about our lives and solace in distress; they render unexpected events less threatening and enable acceptance of situations that cannot be changed” (p. 72).

According to Walsh (2006), organizational processes refine relationships and regulate family behavior. In order for families to function healthily and be resilient, there must be flexibility, connectedness, and social and economic resources. Broadly defined, flexibility involves family members’ abilities to rebound, reorganize, and adapt to fit challenges over time. It is demonstrated by displaying continuity and dependability through disruption. Connectedness involves commitment through collaborative support. Families should be respectful of individual needs, differences, and boundaries. It also entails strong leadership, evidenced by providing a nurturing, protective environment. Social and economic resources involve mobilizing networks of support which can include both extended family and friends. With regards to economics, Walsh posited that building financial security is essential.

Pertaining to communication processes, Walsh (2006) submitted that communication has two aspects: content (conveying factual information, opinions, or feelings) and relationship (defining the nature of the relationship). Clarity, open emotional expression, and collaborative problem-solving are essential in facilitating healthy family functioning. By clarity, Walsh meant communicating clear, consistent messages in both word and action. Open emotional expression involves sharing a range
of feelings, taking responsibility for one's feelings and behavior, as well as demonstrating mutual empathy and tolerance for differences. Collaborative problem-solving necessitates identifying problems, stressors, options, and constraints. Creative brainstorms and conflict resolution are also important as are building on successes and learning from failures.

Stemming from Bowen's work (Kerr & Bowen, 1988), family-systems theorists assume that individuals, as part of a family system, are interconnected and interdependent, unable to be understood in isolation from one another. The family system has messages and rules to prescribe and limit family members' behaviors over time. Family-systems theorists encourage the exploration of systemic agents that influence the family. Concepts such as family emotional systems, multiple interactions, family roles, rules and structure, and family change and connection are important to examine. Family-systems theory has been identified as helpful in the study of African American families (Mosley-Howard & Evans, 2000). Within this framework understanding the ways in which family members understand each others' roles is essential, since they lead to the establishment of norms about how the family is to work and operate. Additionally, consideration of the larger systems in which families are embedded is critical, as it directly impacts, and often undermines, family functioning.

Mack (1987) maintained that one distinct approach to understanding African American experiences is through cultural context. To that end, an Afrocentric framework was the third theoretical framework utilized in this study. This perspective integrates the African perspective(s) of human societies (Asante, 1991). According to Asante, Afrocentricity is a frame of reference in which phenomena are viewed from the
perspective of persons of African descent. "It centers on placing people of African origin in control of their lives and attitudes about the world. [Further], it is the study of ideas and events from the standpoint of Africans as the key players rather than victims" (p. 172). Mazama (2001) posited that Afrocentricity stresses the importance of refining a consciousness of victory as opposed to focusing only on oppression. An Afrocentric paradigm represents a concept which classifies a quality of thought and practice which is grounded in the cultural image and interest of African people and reflects the life experiences, history, and traditions of African people as the center of analyses (Nobles, 1972). According to this perspective, key African traditions and values provide the foundation for African American culture. Afrocentricity is similar to family-systems theory in that its proponents also contend that individuals are understood in relation to the systems in which they are embedded. Asante (1990) noted that "When we center each ethnic group in their own historical and cultural experiences, we expand our knowledge and appreciation of the human experience" (p. 8).

Definition of Terms

There are several key terms that were used throughout this study. In order to facilitate a clear understanding of these terms, they are briefly defined here and elaborated on more fully in the review of literature. Researchers assert that it is difficult to define the exact period of time in which an individual progresses from the beginning through the end of adolescence. Estimates range from 10 to 24 years of age (Durkin, 1996; Owens, 2001). Within the context of this study an adolescent mother was defined as any young women that gave birth between the ages of 13 and 19 and was between 18 and 25 years of age at the time of their families' participation in the study.
Throughout this research, the terms African American and Black have been used interchangeably. An African American/Black person refers to any individual of African descent who was born in the United States and identifies as such. African American/Black community was defined as “A set of institutions, communication networks, and practices that help African Americans respond to social, economic, and political challenges confronting them” (Collins, 2000, p. 298). Hines and Boyd-Franklin (2005) asserted that, within the African American community, family is often broader than traditional “bloodlines.” Thus, for the purposes of this study, family was defined as any individual that served in the caretaking role to the adolescent mother and included biological and step-parents.

Since it is understood that family resilience develops differently across families, it was not defined at the outset of the study. Hawley (2000) stated that a one-size-fits-all model is not sufficient for assessing a family’s resilience. Moreover, pathways to achieving resilience are idiosyncratic to each family, influenced by the intersection of a number of factors, including developmental, historical, and cultural contexts in which the family exists. Family resilience is a process/concept that was defined by the individual families in this study. While the three key processes identified by Walsh (2006) as important to grounding resilience were utilized to guide my exploration and understanding, it was important to permit space for other essential processes to emerge. I submit that utilizing a rigid, predetermined set of criteria to measure the families’ resilience would limit the understanding of the process, while also putting me in the position to judge whether or not a family is resilient, a position that is unfair not only to me, but, more importantly, to the families who participated in this study.
CHAPTER II

Review of the Literature

*Introduction*

Before one can truly understand the phenomena of teenage parenthood and family resilience within the African American community, consideration must first be given to the historical context from which these adolescents and their families have evolved. In this section, a brief overview of the history of African American families in the United States is presented, followed by discussions of adolescent development, teenage pregnancy and parenthood, and family resilience. An historical perspective provides the foundation for a contextual understanding of the participants' experiences while also enabling me to situate these experiences within a framework for acknowledging the social inequities which, in large part, account for the ways in which individuals and families respond to adverse times.

*Black Families: A Historical Perspective*

The study of African American families has historically been conducted from a deficit-based perspective. Researchers performing these studies were more concerned with examining the perceived pathology and dysfunction of Black families and much less with the inherent cultural strengths they possessed (Hines & Boyd-Franklin, 2005; Mosley-Howard & Evans, 2000). The history of African Americans in the United States is unlike that of any other ethnic group. The realities of slavery and their residual effects on the African American experience cannot be denied or understated. There is little
debate that the Black family was weakened by the institution of slavery. In fact, many scholars have argued that the disruption of Black family life can be traced back to this period of time (Boyd-Franklin, 2003; J. H. Franklin, 1997).

Slavery, in its very essence, was disruptive. Individuals were ripped from their tribal communities, transported to a foreign country, and stripped of their human rights (Boyd-Franklin, 2003). Families were violently dismantled through harsh practices that sold individuals based on their market values. Husbands were separated from wives, and children from parents. Furthermore, laws were implemented that prevented slaves from marrying legally. Thus, slaves created rituals such as "jumping the broom," which represented the union between a man and a woman. However, because these relationships were not legally sanctioned, any children born of these couples were not legally recognized as family members (Boyd-Franklin, 2003; McAdoo, 1998).

Once family life was disrupted, slaves established alternate family forms, many of which continue today. Women and children often lived with extended family members after their husbands and fathers were taken away or killed. Boyd-Franklin (2003) asserted that the tradition of "taking in" children has its origins in African tribal traditions as families would informally adopt a relative's child or care for extended family members when individuals had difficulty maintaining their households. The literature clearly demonstrates the importance of family among slaves. J. H. Franklin (1997) posited that the family was essential if for no other reason than the lack of other institutions to which slaves could be openly committed. Given the external negative messages that Black individuals continue to encounter, the family represents a sanctuary of safety and validation (Genero, 1998).
The Transformation of the African American Community

Although change has occurred among all ethnic, racial, and socioeconomic groups in the United States, it has been more radical for African Americans (Hatchett, Cochran, & Jackson, 1991; McAdoo, 1998). Within the past several decades, Black families have undergone significant demographic transformations (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005; McAdoo, 1998; Sudarkasa, 1997; Taylor et al., 1997). Boyd-Franklin (2003) cited census data from 2000, which revealed that the African American population increased faster than the total United States population from 1990 to 2000.

Sudarkasa (1997) argued that, of all the ethnic groups experiencing change, it has only been the African American family who has consistently been described as being “in crisis.” Other families, she observed, are “in transition.” And whereas, children born outside of wedlock in Black families are labeled illegitimate, “no such degradation as is common in the white middle-class” (Ladner, 1971, p. 214). Sudarkasa maintained that changes in family structure within African American families have been portrayed mostly as:

Moral failures that signal the breakdown in the fabric of our society. Thus, instead of seeking to understand and assess these emerging forms of the family in order to influence their development, the public is warned against (a) the “alarming disintegration” of the nuclear family and (b) the “loss of traditional family values” (p. 10).

However, with regard to values, J. H. Franklin and Norton (as cited in Billingsley, 1992) noted that:
Blacks have always embraced the central values of the society, augmented those values in response to the unique experiences of slavery and subordination, incorporated them into a strong religious tradition, and espoused them fervently and persistently. These values—among them, the primacy of family, the importance of education, and the necessity for individual enterprise and hard work—have been fundamental to Black survival. These community values have been matched by a strong set of civic values, ironic in the face of racial discrimination—espousal of the rights and responsibilities of freedom, commitment to country, and adherence to the democratic creed. (p. 72)

Many of the conclusions about Black families were drawn from the work of Daniel Moynihan (1965), in which he presented evidence that highlighted what he believed to be the decline of Black family life. In this report, Moynihan argued that the disintegration of the Black community was evidenced by the increasing number of female-headed homes, divorce rates, and out-of-wedlock childbirths. This work has been widely criticized by social scientists for lacking, among other factors, an analysis of the oppressive social structures with which these families must contend. Furthermore, Moynihan chose to ignore the strengths inherent in African American families. Billingsley (1992) stated that, “A community cannot be accurately defined by its limitations alone. A wholistic definition includes its strengths as well” (p. 70). While Black social scientists readily agree that there are indeed areas of concerns for Black families, they choose to broaden their focus to the structural conditions that undermine healthy family functioning. Analysis of these factors provides space for a new discourse
to emerge, one in which there is greater flexibility in the ways in which African American experiences are interpreted (Dickson, 1993).

J. H. Franklin (1997) posited that, while the problems of the African American family are representative of the broader social problems faced by society, African Americans are the most affected because they are the most vulnerable citizens. Within Black families, children and adolescents are even more susceptible because they, more often than not, lack the skills necessary to protect themselves. Many Black families continue to be isolated from the economic mainstream. Public schools in many Black neighborhoods are failing to meet even minimum standards of competency, and families continue to be exposed to devastating violence. African American families are experiencing out-of-wedlock childbirths, female-headed households, and childhood poverty at alarming rates (Taylor et al., 1997). Issues of inadequate healthcare, homicide, AIDS, teenage pregnancy, and homelessness continue to challenge these families' resilience. Moreover, achieving financial security does not necessarily insulate families from experiencing these problems. Indeed, Genero (1998) maintained that the pervasiveness of racism instigates a multitude of issues.

Reading about and discussing these issues can seem overwhelming; actually having to experience them oftentimes seems impossible. The rejection, ostracism, and social exclusion that these families face put them at even greater risks of emotional turmoil. However, as Genero (1998) asserted, Black families have proven that, in the midst of the harshest realities, they find ways to make it through each day, raising their children to be responsible citizens, taking care of the elderly, and building community. She also noted that, “For many racial and ethnic minority families, the ability to do the
'ordinary’ is in itself an extraordinary achievement. Daily functioning amidst negative realities requires a high level of motivation, commitment, tenacity, and creativity” (p. 32). Hines (2005) further contended that, “It is a true testament to the resilience of the human spirit and nothing short of a miracle that African Americans have survived and made such significant gains in the educational, economic, political, and many other arenas” (p. 328). A quote by Albert Camus (1956) in many ways sums up the experiences of those families who are able to overcome hardships. “In the midst of winter, I found there was, within me, an invincible summer” D. L. Franklin (1997) stated that, throughout the course of time African American families have demonstrated remarkable resilience in the face of extreme adversity. He concluded that: The strong family tradition among [B]lacks...survived the slave system, then legal segregation, discrimination, and enforced poverty....[B]lack families had to contend with racially hostile governmental and societal practices, policies and attitudes. These forces ultimately weakened a family fabric that had for generations proved unusually resilient, even in the face of awesome adversity. (p. 8) Genero (1998) contended that diversity in culture, family structure, and social location determine the idiosyncratic ways in which African American families adapt to their circumstances. However, there have proven to be certain cultural patterns that most Black families have utilized to sustain them throughout the course of history. These “healing forces” (Bagley & Carroll, 1998, p. 118) include, but are not limited to: extended family and kinship networks, flexible roles and relationships within the family unit, and a strong sense of religiosity (Bagley & Carroll, 1998; Boyd-Franklin, 2003;
Ellison, 1997; Hill, 1972; Hines & Boyd-Franklin, 2005; Kane, 2000; McAdoo, 1998; Mosley-Howard & Evans, 2000; Sudarkasa, 1997). Each of these concepts will be discussed briefly, to provide the reader with a fuller understanding of the African American family experience.

*Extended Family and Kinship Networks*

Given the diversity of family structures within society in general, and the African American community specifically, the dialogue around families has had to shift to include the diverse family groupings to which individuals belong (Dickson, 1993; McAdoo, 1998). Kinship networks are among the most enduring and salient features of the African heritage. Concern for one’s community transcends that of individual, family, and even extended family for many African Americans (Boyd-Franklin, 2003).

Historically, the term *family* among African Americans refers not only to family members residing in particular households, but to extended family as well (Sudarkasa, 1997).

Hines and Boyd-Franklin (2005) argued that kinship networks are often much broader than traditional “bloodlines” and are key in coping with stress. Individuals within these networks include fictive kin, and may include a mother’s boyfriend, the family pastor, fellow church members, and neighbors. Boyd-Franklin (2003) asserted that, “For many African American extended families, reciprocity—the process of helping each other and exchanging and sharing support as well as goods and services—is a central part of their lives” (p. 53).
Role Flexibility

Male–female roles in the African American community are often described as egalitarian and flexible (Boyd-Franklin, 2003; Mosley-Howard & Evans, 2000). Decision-making is frequently a collaborative effort as are the responsibilities for financial support and parenting (Hill, 1972; Kane, 2000). In fact, parenting may be shared not only between parents, but extended family members as well.

Hill (1972) acknowledged that the role flexibility experienced by African American families was likely necessitated by economic strain. In his seminal work on Black families, he posited that, in many two-career families, the occasion often arises when mothers and fathers must function in each other’s roles. Hill further noted that, “Such role flexibility helps to stabilize the family in the event of an unanticipated separation (because of death, divorce, separation, or a sustained illness) of the husband, wife, or other key family members, for example” (p. 17). Boyd-Franklin (2003) cautioned that, while a significant strength in African American families, role flexibility can lead to role confusion and inappropriate boundaries in some families. When confusion arises, family members often get overwhelmed and overburdened, which can lead to a host of other issues.

Religion

Bagley and Carroll (1998) observed that throughout the course of history, African Americans have established their own support systems, which have evolved out of their communities. While today African Americans are affiliated with many different religious groups, the support system that seems to be most central is the Black church. Indeed, many researchers agree that it has, and continues to be, a constant source of support and
refuge for many African American families (Bagley & Carroll, 1998; Billingsley, 1992; Ellison, 1997; Hill, 1972; Hines & Boyd-Franklin, 2005; Sudarkasa, 1997). Ellison (1997) posited that,

Religious institutions have traditionally been situated at the institutional and symbolic core of the African American community. Because the church has been the major institution controlled by African Americans in a largely hostile social and political environment, it has been called on to fulfill a wide range of functions within the Black community. (p. 118)

Bagley and Carroll (1998) maintained that, throughout the history of the United States, Blacks have sought sanctuary within the church doors. Hines and Boyd-Franklin (2005) agreed, stating:

A strong spiritual orientation was a major aspect of life in Africa and during the slavery era. Highly emotional religious services conducted during slavery were of great importance in dealing with oppression. Often signals as to the time and place of an escape were given then. Spirituals contained hidden messages and a language of resistance (e.g., “Wade in the Water” and “Steal Away”). Spirituals (e.g., “Nobody Knows the Trouble I’ve Seen”) and the ecstatic celebration of Christ’s gift of salvation provided Black slaves with outlets for expressing feelings of pain, humiliation, and anger. (p. 74)

Over the years the Black church has been utilized as much more than offering spiritual upliftment and guidance. It has provided social outlets for individuals to escape obligatory duties. Additionally, “Up to emancipation, the [B]lack church had served important educational functions by providing a sanctioned meeting place and an outlet for
oratory, the physical and cultural arts…” (Bagley & Carroll, 1998, p. 123). Further, it provides a venue for teaching values that support and sustain African American families in the face of adversity (Kane, 2000).

This brief overview on African American families is intended to be just that—an overview. The purpose of this review of the literature is to provide an historical context and foundation for which to understand Black families’ experiences of teenage pregnancy and parenthood as well as resilience. Certainly the history of African American families is much more extensive and complex than this section suggests. In the next section, adolescent development will be discussed, with specific attention given to this process for Black female adolescents.

**Adolescent Development**

Adolescence is the period of development between childhood and adulthood, a time of inquiry and discovery. It is a phase in life in which identity is explored and independence asserted. Many view adolescence as a time of preparation for adulthood, when changes in social status are far-reaching and ambiguous (Durkin, 1996; Erikson, 1968; Merrick, 2001). The period is characterized by changes at multiple levels, including cognitive, social, and biological. Burton, Obeidallah, and Allison (1996) stated that, it is traditionally believed that, at the cognitive level, adolescents develop abstract reasoning skills and begin to acquire a more complex and integrated sense of self. At the social level, individuals develop stronger ties to peers while expanding autonomy from parents and family. And, at the biological level, adolescence is marked by the onset of puberty.
While these changes may signal an individual’s entry into adolescence, the social markers that help to define adolescence are less clear and often dependent on societal expectations (Merrick, 2001). Almeida, Woods, and Messineo (2001) contended that, “Human development evolves within the context of our social roles, which are fundamentally organized and bounded by our position within the class, gender, racial and cultural structure of our society” (p. 23). Burton et al. (1996) and Preto (2005) likewise maintained that role expectations and the behaviors of adolescents are culturally and contextually prescribed. Consequently, many minority groups have varying notions of what adolescence is and the tasks it entails. For example, in poor, Black families, adolescence may mean that one is expected to assume more responsibility for the care of the family while in a middle-class White family one may be encouraged to explore one’s own desires and deepen connections with peers. Hines (2005) argued that at every lifecycle phase, families must provide their members with a balance of separateness and connectedness that will promote adaptive success. In poor Black families, this can be a difficult task to achieve.

In her book on Black adolescent childbearing, Merrick (2001) observed that, “poor [B]lack children are not often granted the luxury of childhood or adolescence… Although mainstream youth may experience adolescence as a time of increasing freedom of choice, adolescents in challenging circumstances tend to face increasing demands and limitations” (p. 84). Similarly, in their review of ethnographic studies of inner-city African American teens, Burton et al. (1996) recognized that the adolescents adapted certain skills to survive in their environments, which often included assuming
adult responsibilities. As such, many moved from childhood to adulthood with no distinct stage in between.

Of the many theories devoted to explaining adolescence, perhaps the most notable are Freud’s psychosexual stages of development (1905/1953), Erikson’s psychosocial stages of development (1968), and Piaget’s stages of cognitive development (Piaget & Inhelder, 1969). While each of these theories provide valuable insights into this process for adolescents, none is sufficiently adequate to explain this developmental stage for girls or adolescents of color. In the next section, I will briefly describe the adolescent stage proposed by each of these theorists, followed by a more contemporary view of adolescent development, with specific consideration given to this process for Black female adolescents.

**Freud’s Psychosexual Stages**

According to Sigmund Freud’s (1905/1953) theory of human development, individuals progress through a series of stages based on sense and sexual areas of the body. Freud believed that adolescence is fraught with internal struggle. Upon entering the “genital” phase of adolescence, the individual is bombarded with instinctual impulses that disrupt this balance. The ego is torn between the strong impulses of the id and the restrictions of the superego. There is an increase in the sexual drive that forces the reopening of the oedipal issue involving the adolescent’s attraction to the opposite-sex parent and fear of retaliation from the same-sex parent. Healthy resolution of the oedipal conflict involves the individual finding an opposite-sex partner outside the family toward which she or he can direct romantic interest.
Erikson’s Psychosocial Stages

Erik Erikson (1968), in his psychosocial theory, took a broader view of the factors that impact human development. Although his theory is based on Freudian notions of development, he placed more importance on the social and cultural components of an individual’s developmental experiences. Erikson proposed that human development involves building a foundation for future development through resolving crises at each stage of growth. He agreed with Freud in that adolescence presents a time of turmoil and stress. However, he differs in that he believed that adolescents face an identity crisis rather than the struggle between the id and ego.

According to Erikson (1968), at the onset of adolescence, individuals are presented with resolving the crisis of identity versus identity confusion or role diffusion. Within in this stage, Erikson posited that,

in their search for a new sense of continuity and sameness, which must now include sexual maturity, some adolescents have to come to grips again with crises of earlier years before they can install lasting idols and ideals as guardians of a final identity. (p. 128)

Failure to resolve the issue of self-identity, Erikson believed, has far-reaching consequences, with individuals experiencing confusion relation to sexual identity, the choice of an occupation, and the roles they perform as adults.

Piaget’s Stages of Cognitive Development

Jean Piaget (Piaget & Inhelder, 1969) described development with regard to sequential changes in how children think. He proposed that individuals grow through three periods of development, each distinguished by a different way of thinking. Like
Erikson (1968), he believed that successful progression through the stages depended on the foundation laid from the previous stage. According to Piaget and Inhelder (1969), each stage depends on the qualitative nature of cognitive schemas, which are mentally organized patterns of behavior. Each stage also involves increasing repertoire of schemas for more mature behavior. Schemas are changed by two processes: assimilation and accommodation. Assimilation involves absorbing new information in current schemas while accommodation involves adapting and adjusting schemas to new phenomena. The adolescent stage is termed the formal-operations stage. Piaget posited that individuals develop the ability to reason abstractly. In early adolescence egocentric thought is prevalent. This stage leads to some particular views and behaviors, including risk-taking behaviors, viewing one’s thoughts and feelings as unique experiences, and feeling as though one’s actions are constantly being scrutinized. When individuals talk to their peers about their experiences, they begin to see that what they are experiencing is normal. This realization helps them to feel less abnormal, thus the egocentric thinking of earlier adolescence diminishes.

Adolescent Development Among Black Females

Gibbs (1998) stated that in U.S. society, African American adolescents are among the most vulnerable and victimized groups. They have been called an endangered species, and are at high-risk of self-destructive and antisocial behaviors. African American adolescents have consistently been found to be at higher risk than their peers from other ethnic groups because of a host of adverse conditions. And, unfortunately, they often lack the necessary resources to cope with the range of social, environmental, and biological stressors. Generations of discrimination and deprivation have contributed to these
adolescents developing high rates of psychological, behavioral, and psychosocial problems.

Among females, adolescence can be an especially trying time. Brown (1991) noted that, “For girls, adolescence is a time of particular vulnerability; a point where a girl is encouraged to give over or to disregard or devalue what she feels and thinks—what she knows about the world of relationships—if she is to enter into the dominant views of conventional womanhood” (p. 83). For many adolescent females, especially those who are African American, there is a marked increase in episodes of depression, teenage pregnancy, and a decrease in females’ sense of self-worth (Gilligan, 1991; Holcomb-McCoy, 2004). For African American females, this period can be even more tumultuous, as they are simultaneously contending with multiple forms of oppression stemming not only from their gender, but from their ethnicity as well. The interaction between gender and ethnicity works to create unique experiences of stress and dissonance. Furthermore, they are embedded within families and communities that are often negatively impacted by a sociopolitical context framed by multiple forms of oppression (Robinson & Ward, 1991).

The exploration of development among adolescent minority youth has generally been limited. Although social scientists are becoming increasingly aware of the developmental issues specifically concerning this population of young women, Leadbeater and Way (1996) noted that research devoted to the study of development of urban minority adolescent girls continues to be scarce. In her review of the literature dedicated to the discussion of African American female adolescents, Holcomb-McCoy (2004) found that, in general, they instigate “more self-destructive behaviors and
opportunity-constraining behaviors (e.g., adolescent pregnancy) than African American males…” (p. 161). Similar to adolescents across gender and ethnicity, African American female adolescents sometimes attempt to assert their independence from parental control through sexuality (Nathanson, 1991). Unfortunately, for many, this claim of independence leads to early parenthood.

Feminist theorists have argued that traditional models of development are not suited to explain the development for youth of color and girls (Almeida et al., 2001; Gilligan, 1991; Robinson & Ward, 1991; Stern, 1990). Stern (as cited in Jacobs, 1994) stated that,

Adolescent girls represent the embodiment of a fascinating paradox. Although theories of adolescence describe a time of separation, individuation, and autonomy seeking, theorists of female development have observed that for women, the importance of strong relationships does not abate. In other words, theory tells us that by virtue of being female, adolescent girls especially value their connection; whereas by virtue of being adolescent, they are attending particularly to their separation. (p. 445)

Kaplan (1996) posited that childbearing can be attributed to a “poverty of relationships” that females experience in adolescence. In an effort to facilitate a more accurate understanding of development for females and youth of color, Almeida et al. (2001) advanced a child-development model which situates race, gender, class, and culture at the center of its conceptualization. They asserted that it is these factors that “form a basic structure within which individuals learn what behaviors, beliefs, values and ways of relating to others they will be expected to demonstrate throughout life” (p. 33).
Successful development is conceptualized as the ability to accomplish tasks related to communication, collaboration, and respect for those who are different, as well as the capacity for negotiating interdependence with the environment which includes friends, family, partners, communities, and society in ways that do not involve exploitation.

Burton et al. (1996) noted that researchers often use traditional assessment outcomes for determining successful development among African American youth. These outcomes include the completion of high school, absence of premarital pregnancy, and stable, legitimate income. While these markers are important, "they do not exhaust the potential range of successful outcomes that inner-city African American teens experience" (p. 399). These authors reviewed ethnographic studies regarding African American families in various communities and found that an important assessment outcome, not acknowledged by traditional researchers, is a teen's commitment to the care of an elderly relative. This outcome, of course, runs counter to theories which suggest that determination of successful development is marked by separation from one's family.

Three themes emerged in Burton et al.'s (1996) review of ethnographic studies. The themes were inconsistent role expectations between parents and social contexts and cultures, age-condensed families, and overlapping worlds between teens and their parents. For many teens of color, their realities are that they must exist in two worlds—one in which they are seen as adolescents (at school) and another in which they must function as adults (at home). Negotiating the two worlds can be confusing and cause frustration. The mixed messages received by these adolescents have implications for how they understand their own behaviors (Burton et al., 1996). Assuming adult
responsibilities at home often makes it difficult for these teens to be treated by the family as adolescents. As such, the transition to parenthood may seem like a natural progression.

In many of these families, there is a relatively short distance between generations, which creates an age-condensed family structure. Hines (2005) maintained that poor African American families, in comparison to working and middle-class families, have a more condensed life-cycle; they generally accelerate through the life-cycle phases more quickly. Parenthood and grandparenthood occur at far earlier ages. Many teens living in the inner city have life experiences that overlap with those of their parents in ways that go beyond what is considered normal parent–child involvement. The blurring of worlds between child and parent can create family conflict and further complicate a teen’s interpretation of expected role behaviors (Burton et al., 1996).

Adolescent Pregnancy in the Black Community

Adolescent pregnancy and parenthood are serious concerns for many parents; none more so than for African Americans. Hines (2005) noted that teenage pregnancy of a daughter is a common fear among Black parents. This concern is not unwarranted; indeed, African American adolescents account for more than one-third of all teenage mothers. This number is striking in light of the fact that they make up only about fifteen percent of the population of teenage girls (Luker, 1996). However, statistics alone cannot describe this phenomenon. Leadbeater and Way (2001) maintained that “there is a clear need to move beyond statistical portrayals of adolescent mothers’ lives to examine the processes that support (or thwart) their successful transitions to young adulthood” (p. 3).

Although there is strong evidence linking early childbearing to poverty, there are other, perhaps more salient, explanations for this experience among African American
teens. They, too, deserve exploration. However, before they are considered here, I first want to highlight Merrick's (2001) observation of why the inclusion of African American teenage childbearing in the general discussion of adolescent childbearing can do both harm and good. She posited that:

Subsuming [B]lack adolescent childbearing under a larger umbrella of adolescent childbearing appears to be a mixed blessing. On the one hand, an understanding of adolescent childbearing based on poverty tends to shift the terms away from "race" toward more "universal" class terms....On the other hand, a highlighting of the influence of poverty to the exclusion of other factors dismisses a voluminous body of scholarly work on the unique sociocultural factors particular to [B]lack Americans that may influence early childbearing. (pp. 5–6)

Merrick (2001) noted that several Black women scholars (Collins, 1990; Dickerson, 1995; Jordan, 1992) have advanced cultural perspectives that may explain the occurrence of Black adolescent childbearing. A cultural conceptualization of the issue includes acknowledging factors unique to African American families, such as the importance of motherhood and community. These scholars have suggested that Black adolescent childbearing is a continuation of African heritage and the adaptation to racism and oppression. Critics of this perspective have argued that this explanation fails to account for the strong disapproval of adolescent childbearing within the Black community.

There are also proponents of the economic perspective (Anderson, 1990, 1993; Wilson, 1987, as cited in Merrick, 2001). Merrick (2001) posited that these perspectives frame Black adolescent childbearing as a response to the economic and structural shifts
of the 1970s and 1980s, which led to a dramatic increase of unemployed Black men, resulting in a decrease in marriageable partners for women. These scholars further maintained that Black teenage pregnancy is a direct consequence of persistent urban poverty. Kaplan (1996) asserted that, “Wilson’s theory does not pay sufficient attention to the way gender ideology contributes to family dynamics, nor does he directly tackle the thorny question: Do teenage mothers and their mothers share values antithetical to mainstream values?” (p. 427).

Advocates of the gender, race, and class perspective contend that the influence of these three factors (gender, race, and class) must be at the center of any analysis of Black adolescent childbearing. These theorists (Brewer, 1995; Jacobs, 1994; Kaplan, 1996; Ladner, 1971) argued that, attention to females’ socialization, in terms of the intersection of gender, race, and class, is paramount to understanding their experiences. Kaplan (1996) asserted that notions of gender in U.S. society have important implications for adolescent motherhood. Throughout the course of history women have been expected to be responsible for caring for children; this includes providing moral training. Further, she asserted that:

The key to understanding the dynamics between the teen and adult mothers lies in the gender, race, and class inequities wherein poor, Black women are positioned at the bottom of the labor market. These inequalities are present in systems of discrimination wherein Black women, but not Black men, are punished, or expect to be punished, for stepping outside the traditionally assigned middle-class norms and values regarding teenage parenthood. (p. 428)

Robinson and Ward (1991) further posited that,
For the African American adolescent female, the ability to move beyond the internalization of racial denigration to an internalization of racial pride involves a process of confronting and rejecting oppressive negating evaluations of Blackness and femaleness, adopting a sense of self that is self-affirming and self-valuing.

(p. 91)

Jacobs (1994) maintained that adolescent pregnancy in the Black community may be an outcome of the conflict girls have with balancing the need for autonomy and attachment. Furthermore, Ladner (1971) posited that for young Black girls, “the ability to have children also symbolizes...maturity that they feel cannot be gained in any other way” (p. 213). In her qualitative study on adolescent pregnancy among African American and Latina women, Jacobs (1994) found that,

...[S]exuality, pregnancy, and motherhood in adolescence are contextualized by the developmental needs of autonomy and attachment. First, the path toward early motherhood begins with the initiation of sexual intimacy as a step toward gaining autonomy from parental control, a desire for separation that is informed by race and class. Second, the choice to mother among teenage girls who become pregnant resolves the conflicting needs of autonomy and attachment that characterize adolescent development, a resolution that, like the initiation of sexual intimacy, emerges out of the social location of the teen mother. (p. 443)

**Recent Research on Black Adolescent Pregnancy and Parenthood**

In general, much of the literature dedicated to the study of adolescent pregnancy is focused on the causes of adolescent pregnancy, the adolescent mother's adjustment to parenthood, her experience of support from her family (usually her mother), and the
outcomes for her child. The research devoted to how families process, adjust, and adapt to the reality that an adolescent has become a mother is limited. Studying the families of adolescent mothers is important because most adolescents continue to live with their parents after giving birth. In fact, Eshbaugh (2007) noted that the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (formerly known as Aid to Families with Dependent Children [AFDC]) requires unmarried adolescent mothers under the age of 18 to live under adult supervision in order to be eligible for benefits; for most teens, this means living with their parents.

Although there is substantial literature to suggest that adolescent mothers who live with their parents have less negative outcomes, there is emerging literature indicating that conflict increases between the adolescent and her parents, particularly her mother, after the adolescent gives birth. Further, although family relationships are often conflictual, several researchers have found that the adolescent mother's family is the most reliable source of support (Burton, 1996, 1996; Caldwell & Antonucci, 1997; Cosey & Betchel, 2001; Davis & Rhodes, 1994; Voight, Hans, & Berstein, 1996).

Early research focused on adolescent pregnancy within the African American community had concluded that, “To have a child represents fulfillment of the womanly tradition in the Black community, and, as such, is not viewed entirely in the realm of stigmatization” (Ladner, 1971, p. 213). However, more recently, researchers have found that this is not necessarily the case. In her qualitative study on Black adolescent motherhood, Kaplan (1996) interviewed 22 adolescent mothers and 9 of their mothers to explore “gender, racial, economic oppressions [to gain an understanding of] how Black teenaged mothers and their daughters cope with teenage motherhood” (p. 428). She found
that both the adolescent mothers and their mothers felt stigmatized by their early
transitions. Furthermore, in contrast to the prevailing belief that the Black community has
deviant values regarding teenage sexuality, the participants indicated that this is not the
case. In fact, the adult mothers included in this study were deeply troubled with the fact
that their daughters were sexually active, and even more so with the reality that they had
become mothers in adolescence. Allen (1999) asserted that, when children experience
unanticipated life-course events, parents must mourn the loss of one’s dream of the
perfect child. Although the adult mothers had been teenage parents themselves, they
clearly had higher expectations for their daughters. The results indicated that adolescent
parenthood created enormous stress for the families of the adolescent mothers.

Burton (1996) maintained that, while there has been considerable attention from
researchers on the relationship between the timing of childbearing and family roles, much
less focus has been dedicated to the exploration of how the timing of childbearing affects
the familial duties and parenting responsibilities of grandparents and great-grandparents.
As interdependent processes, family members’ lives are linked to one another. In most
cases, “parents make decisions about their own life course based on the projected life
course of their children” (p. 158). A change in the life course of one member creates
countertransitions, or “ripple effects,” in the lives of other family members. For instance,
when a teenager becomes a parent, her parents then become grandparents.

“Consequently, the temporal interdependence of these transitions often creates a domino
effect in which the role expectations and performances of one family member can
redefine the role expectations and performances of an entire kinship network” (p. 158).
When adolescents have children, the boundaries between generations are not clearly
demarcated. Furthermore, Burton asserted that responsibilities may not be consistent with age, developmental life stage, and family role status. In the case of adolescent parents, she stated:

Family roles are chronically and developmentally “out of sync” with generational position. The adolescent mother, as a function of giving birth, is launched into a young adult role status (parenthood); however, she remains legally and developmentally a member of the child generation. Similarly the young adult female has moved to the role status of grandmother—a role typically associated with midlife. Further, the middle-aged woman has been propelled to the status of great-grandmother, a role usually occupied by women in their later years. (p. 159)

Dallas (2004) conducted a qualitative study in which she explored the transition conditions for mothers of adolescent parents. She maintained that studying the transitions that these families experience can provide developmentally and culturally appropriate opportunities to view this experience within the context of the family. The findings of the study revealed six factors of transition conditions present in each of the 20 participants (11 maternal grandmothers and 9 paternal grandmothers).

1. **Meaning**—defined as the subjective appraisal of the transitional event and judgment regarding its possible effects. The results indicated that the parents and siblings of the grandmothers were most concerned with how the responsibilities of a new baby would affect their families.

2. **Level of planning**—Dallas contended that level of planning impacts transition. For the grandmothers in this study, none believed that their adolescents’ parenthood had been planned. As a result, neither the adolescent nor the
grandmother had sufficient time to plan for the transition and adjust to the changes in parenting responsibilities and status—dual roles of parent to a dependent child and grandparent.

3. Environment—As previous research has demonstrated, the environment in which the transition takes place may be supportive or unsupportive. For the fathers, their lack of access to financial resources and general immaturity prevented some of them from having a relationship with their children. Some of the maternal grandmothers denied fathers a relationship with their children because they could not provide financially, nor did the fathers’ families step in to assume responsibilities.

4. Expectations—Dallas noted that in order to enhance the transition process, expectations should be clear and realistic. Most grandmothers described higher expectations for adolescent mothers than for fathers, especially for childcare activities.

5. Level of knowledge and skill—This factor refers to the amount of information individuals have relevant to the transition and their abilities to skillfully respond to the challenges of the transition. Inadequate knowledge and skills of the adolescents cause increased demands on their families who try to compensate. Grandmothers may lack the knowledge and skills necessary to prepare their adolescents for parenting roles. Further, they may be unprepared themselves for their roles as grandmothers.

6. Emotional and physical well-being—These transitions refer to “an individual’s capacity to respond to the emotional adjustments, stress, and
physical discomfort which often accompany transitions” (Dallas, 2004, p. 351). The grandmothers spoke of two primary sources of emotional adjustment and stress. First, the change in the quality of their parent–child relationship with the adolescent parents. Second, the quality of relationships with the family unit of the other adolescent’s parent. Dallas noted that almost all of the grandmothers in the study reported that the responsibilities of parenthood cause distance in their relationships with their adolescents. The primary sources of contention for the maternal grandmothers were the lack of financial assistance from the adolescent father and his family.

This study is important since it is one of the few concerning the phenomenon of adolescent pregnancy from the perspective of the adolescents’ parents. It also points to the need of providing support for the grandmother, who often becomes overburdened when operating in her multiple roles.

When an adolescent becomes a mother, not only is her mother affected, but her siblings are as well. East (1998) discussed the impact of older-sister childbearing on younger siblings. The specific effects noted by East included diminished quality of parenting, decreased expectations for younger siblings, financial strain, socialization for younger siblings to become pregnant or think that this is an acceptable behavior, and negative relationship quality between the adolescent parent and her younger sibling due to sibling rivalry and competition. She maintained that, when an adolescent becomes a parent, her parents’ parenting diminishes in quality because they are less available to tend to the needs of their own children, having instead to spend their time caring for their grandchild. She further argued that, when an adolescent becomes pregnant, parents
realize that they have little control over their child’s actions. Furthermore, parents may see this as an acceptable option given their socioeconomic circumstances. Such tacit acceptance sometimes reduces parents’ ambitions for their other children. Early childbearing may increase parents’ acceptance of teenage parenting, leading younger siblings to believe that it is permissible to become parents in their teenage years. Moreover, an older sister’s childbearing socializes younger siblings for early parenthood because younger siblings, particularly sisters, assume some responsibility for the caretaking of a niece or nephew.

Social-science researchers studying adolescent childbearing have focused almost exclusively on the support networks of the adolescent mother. However, many of these studies are limited in that the researchers often rely solely on an adolescent mother’s self-report. Apfel and Seitz (1996) noted that support can be difficult to measure since it can be demonstrated in various forms depending on the person providing the support. They further posited that support is subjective and can be perceived by the adolescent in different ways. They conducted a study with 115 African American adolescent mothers and their families to explore family support. The results revealed that family support strongly affected how well adolescent mothers and their children adapted. They found that four models of familial adaptation to adolescent motherhood emerged at 18-months follow-up:

1. Replacement Model—The young mother was not acting as primary caregiver of her toddler. At this stage only 10% of adolescent mothers were replaced as primary support.
2. Parental Supplement—In this stage, child care and other responsibilities were shared between adolescents, her mother, or other relative. This was the most prevalent model, found in 50% of the families.

3. Supported Primary Parent—In this level of adaptation, the adolescent mother was responsible for full-time care of her child with some degree of help from her family. Support occurred in the form of regular communication, financial, and childcare. Teens in this level received a more limited style of support than those in Parental Supplement Model. This level was comprised of about 30% of the adolescent mothers.

4. Apprentice Model—Grandmothers in this stage attempted to educate their daughters without taking over for them in this stage. Apprenticing grandmothers kept a watchful eye over their daughters as they cared for their children. About 10% of adolescent mothers were in this adaptation stage.

The authors concluded that, when family support is fragile, and community support does not fill the gap, the risks for adolescent mothers can increase with rapid repeat pregnancy, low educational attainment, welfare dependency, substance abuse, and criminality. They further contended that the multiple variations of family support are critical in buffering against negative consequences of adolescent motherhood.

Kalil, Spencer, Spieker, and Gilchrist (1998) and Taylor and Roberts (1995) also conducted studies to explore family support. Utilizing data from a sample of 194 low-income adolescent mothers, Kalil et al. (1998) examined patterns of coresidence and family interactions that would be most beneficial and those that pose the most risk to adolescent mothers. Specifically, the researchers were interested in how coresidence and
family relationships relate to adolescent mothers’ depressive symptoms. Furthermore, they explored the interaction of multigenerational co-residence and family relationships with adolescent mothers’ depressive symptoms at various intervals postpartum. The results revealed that the more negative the relationships between adolescents and their family members in general, and with grandmothers, in particular, the worse the prognosis for the adolescent mother’s psychological well-being. Although this study adds valuable knowledge to the literature on adolescent mothers’ relationships with their families, a limitation lies in the fact that the researchers relied solely on the adolescents for self-reports. Having multiple sources of data from other family members would have been useful to clarify any misperceptions by the adolescents. Taylor and Roberts (1995) developed a conceptual model designed to clarify the associations among kinship social support, parenting, maternal psychological functioning, and adolescent well-being from their research with 51 African American adolescent mothers and grandmothers. They found that the adolescents had a greater sense of self-reliance and engaged in less problem behavior when they reported receiving more social support.

In a similar study, Davis and Rhodes (1994) examined the supportive and problematic aspects of relationships of 71 African American adolescent mothers and their mothers. The researchers were specifically interested in the types of support adolescent mothers received from their mothers as well as the extent to which the adolescents’ mothers were sources of stress. The results revealed that the relationships between adolescent mothers and their mothers are not overly conflictual. However, when problems do exist, they can have a severe negative impact on the psychological functioning of adolescent mothers. The data in this study, like the Kalil et al. (1998)
research, were derived from only the adolescents’ perspective. The mothers may have, in fact, had different perceptions of the quality of the mother–daughter relationships. Moreover, adolescence is a time when individuals tend to over-focus on self. Thus, the results must be considered in light of the fact that what is actually happening and what is perceived by the adolescents as nonsupport and criticism may not be accurate assessments. Furthermore, the adolescent’s level of reciprocity was not measured. This is an important factor in considering mutually respectful relationships.

The relationship between adolescent mothers and their fathers has rarely been explored as well. In recent years, researchers have become increasingly more interested in how this relationship influences adolescent mothers’ transitions into parenthood (Caldwell & Antonucci, 1997; Davis, Rhodes, & Hamilton-Leaks, 1997). Davis et al. maintained that “the exclusive focus on the mother may reinforce stereotypes regarding the absence of African American men in the lives of their children” (p. 333). Included in their study were 24 African American adolescent mothers. The authors were concerned with studying the relative influence of maternal versus paternal support among the participants. They found that the adolescents received significantly more emotional support, tangible assistance, cognitive guidance, positive feedback, and socializing support from their mothers. However, equal levels of problems with both parents were reported. Moreover, parental support emerged as a significant predictor of depression. Adolescents who received less maternal support reported higher levels of depression. And, overall, higher levels of parental support were associated with lower levels of depression.
Caldwell and Antonucci (1997) explored the influence of father–daughter relationships among Black and White adolescent mothers. They were particularly interested in examining the ways in which the participants’ perceptions of supportive and conflictual relationships with mothers and fathers influenced their levels of depressive symptoms. The results revealed that 54% of the adolescent mothers rated their relationships with their mothers as very close, with the percentage rising to 92% after the birth. The teens’ relationships with their fathers were reported to be neutral or not close (35%) or somewhat close, warm or better (65%) after the birth. No racial differences were found in the measure of psychological closeness the adolescents felt to their parents. This study further highlights the importance of mother–daughter relationships in adolescent parenting. Father–daughter relationships appear to be important as well. In a six-year follow-up to their study of 126 adolescent mothers living in New York, Leadbeater and Way (2001) found that of a subsample (n = 15) of mothers who participated in the study, those who were most resilient (measured by educational attainment, employment, and mental and physical health) were those who had supportive relationships with their families and friends.

The research on the social-support networks of adolescent mothers reflects the complexities for the families of adolescent mothers. As this literature demonstrates, the support networks of adolescent mothers are essential to their psychological well-being and the care of children. The literature also reveals a need for support for the family members of adolescent mothers. Research shows that, once an adolescent becomes a mother, the overall functioning of the family is at risk (Burton, 1996; Kaplan, 1996). Recognizing the ways in which these social networks can be sources of stress for all
A review of the literature on family resilience will demonstrate how an unexpected change in the family system impacts the functioning of all members.

**An Overview of Family Resilience**

The study of resilience originated in research to examine the ways in which children and adolescents survived in the face of adverse circumstances (Gilgun, 1999; Walsh, 2006). Werner and Smith (1992), in their classic longitudinal study with at-risk children from Kauai, started in 1954 and followed the participants into adulthood. In this seminal work, Werner and Smith examined multiple internal and external protective factors that enabled the resilient children to overcome adversity. The findings from this study indicated that resilience could be developed at any point over the course of the life-cycle. Individuals proved to be resilient at various points across their lives. The researchers found that the factor that most influenced the participants’ abilities to be resilient were the relationships that they formed in their extended families and communities. The results of this study made it difficult for researchers to ignore the value of studying resilience over time as well as the influence of interpersonal relationships in the development of resilience. In response to this study, and others like it, family researchers have become increasingly more interested in how this process evolves for families.

When applied to the study of families, resilience refers to the characteristics, dimensions, and properties that enable families to be resistant to disruption in the face of change and adaptive in the face of crisis situations (Milliren & Barrett-Kruse, 2002; Seccombe, 2002; Walsh, 2006). Hawley (2000) suggested that resilience has three
underlying assumptions: (a) it surfaces in the face of hardship—it does not exist without struggle; (b) it carries a property of buoyancy; and (c) it is generally described in terms of wellness rather than pathology. He posited that “family resilience should be considered as a process rather than a static set of qualities” (p. 104). In other words, family resilience can be conceptualized like any other trajectory that develops over the course of time.

Like much of the research on African American families, a great deal of the research devoted to the study of family resilience has been conducted from a deficit perspective. Thus, much of what is known about families who experience challenges is focused on how they fail to surmount their difficult situations and the adverse effects this has on family members. The term salutogenesis was coined by Aaron Antonovsky (1979) to explain the processes that promote healthy functioning. It was his contention that, by studying families’ strengths, researchers would gain valuable insights into the processes that enable families to be healthy. He further posited that consideration of a family sense of coherence and a family’s belief that life’s events are manageable, comprehensible, and explainable are important in the study of resilience.

In their resiliency model, M. A. McCubbin and H. I. McCubbin (1996) identified two related processes that they believe facilitate family resilience—adjustment and adaptation.

Adjustment involves the influence of protective factors in facilitating the family’s ability and efforts to maintain its integrity, functioning, and fulfill developmental tasks in the face of risk factors.... Adaptation involves the function of recovery factors in promoting the family’s ability to “bounce back” and adapt in family crisis situations. (p. 4)
Families engage in active processes to balance family demands with family capabilities as these interact with family meanings to arrive at a level of family adjustment or adaptation (Patterson, 2002). Family protective factors and recovery factors are viewed as positive counterparts to family vulnerability and family crisis.

Waller (2001) posited that human development does not occur in a vacuum; it is, rather, the result of continuous, complex transactions which take place on multiple levels, including individual, family, community, and societal. Individuals and families are influenced by the social class and cultural contexts in which they exist. Waller suggested an ecosystemic perspective with which to view families since she believed that this analysis takes into account individuals' and families' dynamic processes. She asserted that an analysis of the impact of oppression is necessary if we are to have a true understanding of resilience. To neglect this analysis, Jessor (as cited in Waller, 2001), contended “limits our understanding of development in general and of resilience in particular” (p. 294). Culture and class give researchers contexts from which to understand normative life processes that occur within different communities. The role of ethnicity and culture in the study of a sense of coherence is integral to understanding families' responses to stress (H. I. McCubbin, A. I. Thompson, E. A. Thompson, Elver, & M. A. McCubbin, 1998). H. I. McCubbin et al. noted that:

Historically, the family has been a conduit for the cultural transmission, providing a natural atmosphere for traditions to be passed from generation to generation, and it has evolved throughout the ages to keep culture and ethnic heritage alive. In turn, the traditions themselves have given families a sense of stability and support
from which they draw comfort, guidance, and a means of coping with the problems of daily life. (p. 42)

Knowledge of a family’s culture is crucial in understanding how they approach problem-solving and manage family life. Further, it is critical in influencing two levels of family appraisal involved in the process of adaptation—the family’s schema and the family paradigms. A family’s schema can be defined as a composition of essential convictions and values.

A family schema, expressed through the family’s “world view,” includes cultural and ethnic beliefs and values and evolves into an encapsulation of experience that serves as a framework for evaluating incoming stimuli and experiences....It plays an influential role in shaping and legitimizing the family’s established patterns of functioning, rules, boundaries, as well as the family’s problem-solving behaviors. (H. I. McCubbin et al., 1998, pp. 42-43)

Family paradigms, on the other hand, are shared beliefs and expectations created and adopted by the family to serve as a guide for the development of specific patterns, such as, work, communication, and spiritual/religious orientation. H. I. McCubbin et al. posited that, “Once a paradigm is shaped and adopted and used to interpret phenomena and to guide family behaviors, family functioning in the absence of any paradigm cannot occur” (p. 46). Patterson (2002) further noted the importance of realizing that, although the functions of developing resilience are universal across racially and culturally diverse families, the ways in which these functions are accomplished demonstrate incredible diversity.
Recent Research on Family Resilience

Over the past several years, researchers have conducted studies to examine the process of developing family resilience across a range of normative and disruptive life events. These studies include exploring the development of resilience in families in which a parent had died; the influence of family resilience on children’s academic achievement; the exploration of resilience in families in which a child had cancer, a severe disability, or AIDS; as well as studies exploring the ways in which resilience develops across ethnicities. A few of these studies will be summarized in this section.

Greeff and Human (2004) conducted a study with 39 families to explore the process of resiliency in families in which a parent had died. Of particular interest to the investigators were the resiliency factors that make it possible for families to successfully adjust and adapt after the loss of a parent. The researchers found that the factor that most influenced the families’ abilities to be resilient was their sense of coherence. They noted that a strong sense of coherence fostered confidence in the family’s ability to clarify the nature of problems, so that they seem ordered, predictable, and explicable. In a much different study, Amatea, Smith-Adcock, and Villares (2006) found similar results. The authors investigated resilience among families of high-achieving students and found that, like the families in the Greff and Human (2004) study, families who demonstrated resilience were those who viewed adverse circumstances as opportunities to learn important lessons and tended to think optimistically about their life circumstances. Amatea et al. (2006) also found that families of successful students viewed their families as sources of mutual emotional support and well-connected, qualities that Walsh (2006) believes are essential components in the development of resilience. The families of high-
achieving students also demonstrated clear communication patterns among members. Their members perceived a consistency between what was said and done.

In two separate, but similar studies, M. McCubbin, Balling, Possin, Frierdich, and Bryne (2002) and E. A. Thompson (1999) investigated resilience among families who had a child living with cancer and a family member living with AIDS, respectively. M. McCubbin et al. (2002) included 26 families in their investigation. They found that the factors that contributed to the resilient families' capacities to cope included internal family strengths of rapid mobilization and reorganization; support from a health-care team; support from extended family, community, and the workplace; and changes in family appraisal, that is, the families' perceptions of the event. In her qualitative study of mothers of persons living with AIDS (PWAs), E. A. Thompson (1999) found that the mothers utilized a complex collection of social support and resilient coping techniques. These included flexibility, focusing on interpersonal connections, and day-to-day coping techniques. She also discovered that the mothers found it important to recognize and manage their own stress as well as conceptualize the experience in a way that addressed the need to define the personal and often growth-producing significance of this experience. E. A. Thompson concluded that,

By focusing on the positive and adaptive strategies employed by these mothers, researchers and social service providers can begin to address the positive aspects of the family of origin's involvement in the care-giving and support of PWAs. Qualitative research allows us to acknowledge and begin to uncover the resilient strategies of these mothers without denying or oversimplifying the complexity of their experiences. (pp. 158–159)
Cohen, Slonim, Finzi, and Leichtentritt (2002) also explored resilience among mothers. In their qualitative investigation, they examined 15 Israeli mothers' perceptions of family resilience following their families' experience of a crisis. Similar to the findings in E. A. Thompson's (1999) study, Cohen et al. (2002) found that the mothers conceptualized resiliency in terms of interpersonal relationships. These relationships were seen as sources of strength and resilience. The participants characterized these relationships as those in which they could share painful feelings, provide a sense of caring, and shift the focus from self to other. Additionally, this study shows how resilience develops and is demonstrated across diverse ethnicities.

In an effort to advance this understanding, Beitin and Allen (2005) conducted a qualitative examination of 18 Arab American couples following the terrorist attacks of September 11, 2001. They found that the factors that enabled the couples to be resilient were religion, support from each other, as well as from the Arab and U.S. communities, and determination to endure complex times. Marsh, Lefley, Evans-Rhodes, Ansell, and Doerzbacher (1996) studied resilience in families in which there was a member with mental illness. The authors found that, among the 131 participants 87.8% were resilient. The resilient families reported reinforced bonds, growth, and development through adversity, as well as increased contributions of multiple family members to help share the load of caring for the mentally ill member.

The results of each of these studies supported Werner and Smith's (1992) findings from the Kauai study, which revealed the value of interpersonal connections in the management of stress. Furthermore, the findings underscore the importance of assessing family sense of coherence, organization patterns, social support, belief systems, and
communication processes in understanding how resilience is fostered. Knowledge of the factors that contribute to families’ resilience is valuable in the development of prevention programs for specific populations. Strengthening families leads to strengthening communities. Stronger communities create stronger societies and vice versa. Thus, the process is a reciprocal one in which all involved stand to benefit.

**Summary**

Historically, the issues related to Black families have been largely constructed by researchers who have neglected to consult these families for their perspectives. Consequently, the dialogue around Black families has been conducted about—and not with—those with whom the research is concerned. Although these families are often the topic of discussion and the target of intervention efforts, their perspectives are missing in the discourse around their experiences. The same has been true for Black adolescent mothers. Merrick (2001) argued that,

This omission contributes to their continued marginalization in spite of their visibility as stereotypes. In this void, pregnant Black adolescents are typically depicted as irresponsible pursuers of sexual pleasure or as manipulators seeking profit economically through having a baby. To a lesser degree, these young women are sometimes portrayed as “children having children” or as victims themselves. (p. 2)

As this review of the literature has evidenced, adolescent pregnancy among African Americans is a major concern for the Black community. Although prevention efforts aimed at addressing this issue have increased, adolescents within this community are continuing to make the transition to parenthood at alarming rates. Because of the
prevalence of adolescent pregnancy within the African American community, it seems that society and researchers alike have concluded that these individuals and their families do not feel stigmatized by the event and vow to simply deal with their situations. However, as the studies in this review have indicated, families are greatly affected by this event—especially adult mothers (Kaplan, 1996). The ways in which these families deal with an adolescent becoming a mother have been overshadowed as researchers have tended to focus on negative life outcomes for adolescent mothers, their children, and their families. Further research is needed to explore the multiple family relationships affected by adolescent parenthood. This study aimed to begin to address this deficit in the research. These potential sources of support deserve in-depth attention to highlight the distinctive roles they play in the lives of adolescent mothers. This research focused on adolescent mothers and their families, their constructions of meaning around the adolescent becoming a mother, and the ways in which they have utilized internal and external resources to adjust to the events surrounding the adolescent family member becoming a parent.

Social-science researchers have acknowledged the need to include in any examination of adolescent pregnancy and parenthood an analysis of the oppressive structures which make the choice of parenthood during adolescence seem like a viable option (Chase-Lansdale et al., 1994; Seccombe, 2002). Burton (1996) has further argued that there is a need to explore how the timing of childbirth affects familial responsibilities for all members. This study explored multiple family members’ perspectives to get a sense of how each of them experienced this transition. Patterson (2002) and Waller (2001) indicated that the study of family resilience must involve consideration and
inclusion of more than one family member in the assessment. This qualitative study provides a deeper understanding not only of how Black families are resilient, but also the sources of support they utilize to become resilient and the ways they demonstrate their resilience.

The current study was designed to provide space for the families of adolescent mothers to articulate their experiences with developing resilience after an unexpected life transition. As noted in the literature, these unexpected life events create crises (Neugaten, as cited in Burton, 1996). While a number of previous studies have examined the impact of adolescent childbearing on mother–daughter relationships, few researchers have explored the influence of this event on the family as a whole. Although the study of this relationship is important, sole focus on this relationship obscures the impact of adolescent childbearing on other family members, including fathers and siblings. Moreover, this relationship is often conflictual because of the strain adolescent parenthood puts on the family relationships. The focus on only this relationship makes the family appear more dysfunctional than is likely the case.

In a time in which families experience uncertainties at every turn, there is no more appropriate time to study family resilience (Walsh, 2006). While there has been progress made in the study of African American families, teenage parenthood, and family resilience, this brief review of the literature highlights the need for further exploration into the ways in which Black families manage to negotiate the stressors associated with an “off-time” transition such as adolescent pregnancy. Furthermore, while researchers have suggested that the development and manifestation of resilience varies as a function of culture (H. I. McCubbin et al., 1998), few have explored how this process evolves for
African American families. Studying this phenomenon in light of adolescent parenthood is particularly relevant since the rate of adolescent parenthood within the Black community is disproportionately high.

This investigation provided opportunities for the participant families to articulate not only the ways in which adolescent parenthood has been difficult, but also the ways in which they have demonstrated resilience in the face of this life-changing event. In this way, the interviews served not only as opportunities for them to discuss their experiences, but also as interventions, since their strengths were illuminated as well. Subsequent challenges experienced by the families can now be negotiated with knowledge of these strengths that they possess. Furthermore, the results from this study can advance the understanding of how Black families conceptualize issues of adolescent pregnancy and parenthood, which consequently will provide valuable information for how researchers, policymakers, family therapists, and psychologists can address these conceptualizations and provide support for families.
CHAPTER III
Methodology

Introduction

The focus of this research was on individuals’ and families’ feelings, experiences, and perceptions of adolescent pregnancy and parenthood. Utilizing a phenomenological research design, this research explored family members’ intersubjective perceptions and interexperiences of an adolescent becoming a mother. According to Schutz (1962), intersubjectivity is the common-sense shared meanings constructed by individuals in their interactions with each other and used as everyday resources to interpret the meaning of elements of social and cultural life. If people share common sense, then they share a definition of the situation. Shared cognition and consensus are essential in the shaping of ideas and relations. Although individuals view a phenomenon from different perspectives, by virtue of their biographically determined situations, Schutz argued that the differences in individual perspectives are overcome by common-sense thinking resulting from these factors through two basic idealizations: the idealization of the interchangeability of the standpoints and the idealization of the congruency of the system of relevances. He stated:

By the operation of these constructs of common-sense thinking it is assumed that the sector of the world taken for granted by [an individual] is also taken for granted [by others] whose systems of relevances are substantially in conformity with [others]....The general thesis of reciprocal perspectives leads to the
apprehension of objects and their aspects actually known by me and potentially know by you as everyone’s knowledge. Such knowledge is conceived to be objective and anonymous, i.e., detached from and independent of my and my fellow-man’s definition of the situation, our unique biographical circumstances and the actual and potential purposes at hand involved therein. (p. 12)

Interexperience, as advanced by Laing (1967), is a social phenomenological concept which involves exploring the relationship between individuals’ experiences of each other. The study of experience of others is based on inferences individuals make about other individuals’ experiencing of them. Since experience is invisible to the other, individuals react and interact with others based on their interpretations of the other individuals’ experiences of them. For the purposes of this study, I examined the ways in which the adolescent mother and her family perceived and experienced each others’ experiences during and after the adolescent became a mother.

Following family-stress researchers’ assertion that resilience is a process and not a trait (Gilgun, 1999; Patterson, 2002; Walsh, 2006), the researcher explored the processes of developing resilience in African American families in which an adolescent has become a mother. Family-stress researchers have consistently recognized that individuals’ interpretations and perceptions of life events are fundamental in how they respond (H. McCubbin, M. McCubbin, A. Thompson, Han, & Allen, 1997). A phenomenological approach enabled the researcher to understand the participant families’ experiences of adolescent parenthood while also providing a context for interpreting their reactions to the event.
Qualitative research methods have been relatively underused in the examination of resilience. In the exploration of the relationship between adolescent parenthood and family resilience, the researcher was specifically interested in the process of how families manage the stress associated with an “off-time” family transition—adolescent parenthood. Boss et al. (1996) advocated for the use of qualitative methods to grasp personal meanings and interpretations of stressful family events. The tendency of qualitative researchers is to focus on the ways in which people perceive each other, organize or classify their social relationships, and mutually exist in communities and organized groups (S. Stainback & W. Stainback, 1988).

Qualitative methodology provides the researcher with a way to gather a broad range of and a variety of types of data and allows for the study of interrelationships among the data. Qualitative procedures also focus the researcher’s attention on organizing the diverse and interrelated data gathered into a meaningful whole. (p. 12)

**Phenomenology**

Phenomenology is a qualitative research methodology in which “scientific investigation is valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of experience” (Moustakas, 1994, p. 84). Phenomenologists believe that individuals and families should be studied in ways in which they naturally exist, from their own perspectives (Boss et al., 1996). Within phenomenological research, the participant’s point of view is the researchers’ primary concern. Taylor and Bogdan (as cited in S. Stainback & W. Stainback, 1988) argued that, “The phenomenologist views human behavior, what people
say and do, as a product of how people define [or interpret] their world. The task of the phenomenologist...is to capture this process for interpretation” (p. 2). S. Stainback and W. Stainback stated that:

According to phenomenology, reality is understood only in the form in which it is perceived, and it is important to try to understand people’s perceptions because their perceptions can and generally do influence their actions. While the goal of phenomenologists is to understand people’s points of view or perceptions, they do not necessarily deny a reality “out there” that exists regardless of any person(s)’ perception of it. (p. 2)

Utilizing phenomenological methods to study family resilience is well-suited since both phenomenologists and family resilience researchers seek to understand the meanings families ascribe to their experiences. Meaning comes from interpretation individuals give to certain events. For the present study, it was the meaning that African American/Black families gave to their experiences with teenage motherhood that this research was intended to explore.

According to Boss et al. (1996), there are seven assumptions underlying phenomenological research. The first assumption is that reality is socially constructed, meaning that it is relative and illusive. People’s perceptions are complex, multiple, and changing. The second assumption is that researchers are not able to detach themselves from the phenomena/processes they study. Boss et al. posited that “Social inquiry is influenced by the investigator’s beliefs about how the world works” (p. 85). Being an African American female influenced this study in that the researcher’s identity shaped the
nature of questions that were asked and the participants’ responses to them, as well as the researcher’s interpretations of the participants’ responses.

According to the third assumption, knowledge can be gleaned from art as well as science. Boss et al. (1996) believed that both scientists and artists can depict the same phenomenon utilizing different modalities. The fourth assumption is that, regardless of the method used, bias is inherent in all research. Boss et al. maintained that “rather than pretending to be objective, investigators should state, at the start of the project, what they believe and value” (p. 86). The fifth assumption is that common knowledge about families is epistemologically important. Within phenomenology there is no expert; the family and researcher are all epistemologists. According to the sixth assumption, the language families use and the meaning they attach to their experiences are important. The family’s language can provide rich information and needs to be analyzed where it naturally occurs (e.g., in participants’ homes, schools). The seventh and last assumption underlying phenomenology is that objects, events, or situations can evoke a variety of connotations to different people. These multiple perceptions are essential to the phenomenological researcher.

Bracketing

Bracketing, also referred to as the Epoche, is a process in which a researcher engages in:

disciplined and systematic efforts to set aside prejudgments regarding the phenomenon being investigated in order to launch the study as far as possible free of preconceptions, beliefs, and knowledge of phenomenon from prior experience and professional studies—to be completely open, receptive, and naïve in listening
to and hearing research participants describe their experience of the phenomenon being investigated. (Moustakas, 1994, p. 22)

In this section, I share the path that led to the study of resilience among African American families with adolescent mothers.

Throughout the course of my studies from undergraduate school to the present, I have had an interest in adolescent sexuality and parenthood. Spending the past few years of my life training to become a family psychologist has heightened my awareness of how an event such as an adolescent becoming a parent impacts the family system. It became clear early on that I had many more questions than answers regarding family functioning and the ways in which this event interacts within interpersonal spheres. I decided to let this deep curiosity lead me to the exploration of family resilience in Black families with an adolescent mother.

Growing up, my parents never overtly expressed their concerns around my sisters or me becoming teenage mothers. However, their reactions to family members or friends becoming pregnant conveyed clear messages regarding their feelings and beliefs about adolescent parenthood. I learned from an early age that teenagers who have children can create increased levels of stress for their families as well as limit their options for having successful futures. However, as I would later learn when I entered college, the latter was not always true.

About eleven years ago, when I was a sophomore in college, I met an 18-year-old freshman woman who was raising her two-year old daughter. She had become a parent following her sophomore year in high school. In getting to know this woman, I was amazed and deeply impressed with how she was able to balance the demands of
parenthood while simultaneously negotiating the stressors associated with college. In time I would get to know this young woman very well. We had the opportunity to live together for a year during our graduate school years at Howard University. During that year, I got to know her life story, the struggles and the triumphs she experienced in making a life for both her and her daughter. She would often comment about how her relationships with friends, her family, and God gave her strength to endure difficult times.

Through witnessing her life, I learned the importance of social and spiritual connections. These connections seemed to be essential in grounding her resilience, which in turn enabled her to use adversities as anchors in her personal development. This experience, in addition to my reading of the literature on adolescent parenting in the Black community, has enriched my understanding of the difficulties Black adolescent mothers and their families face. The experience has shown me that an adolescent mother’s life, although more challenging, can be just as fulfilling as that of adolescents who do not have children. Furthermore, my understanding of why Black adolescent females choose to become parents has been expanded. Whereas I had previously assumed that it was simply irresponsible sexual practices, I came to learn that for many Black females the reasons for becoming parents at a young age are much more complex. While I continue to believe that adolescent parenthood is an “off-time” life-course transition, I am, at the same time, aware that most families are able to adjust to their circumstances. Exploring the ways in which they are able to adjust was the ultimate goal of this research.

**Research Questions**

The exploration of family resiliency in African American families who have an adolescent mother was guided by the following research questions:
1. How do African American families conceptualize resilience?

2. How has the family system been affected by an adolescent becoming a mother?

3. What are the qualities or processes that African American families understand to be essential in their development of resilience following an adolescent becoming a mother?

4. What types of family networks do African American families of adolescent mothers utilize?

**Method of Recruitment**

Families were recruited from a nonclinical population in New Jersey through use of purposive sampling and the snowball technique. Purposive sampling involves the intentional selection of informants based on the qualities that they possess (Tongco, 2007). Since the population of interest was adolescent mothers, I enlisted the assistance of a key informant who acted as a guide throughout the first few months of participant recruitment. This informant was a 20-year-old African American woman who had become a mother at the age of 16. The first step in recruiting families for the study involved me meeting with the informant to explain the study and participant criteria. During our initial meeting, we discussed our ideas about the most expedient approach to soliciting participants. After learning of the criteria, the informant was confident that she could get the ten families needed to participate in the study. It was important to emphasize at the outset, and throughout the course of recruitment that, to be considered for the study, the adolescent mothers had to have at least one of their parents or guardians agree to participate as well. This criterion eliminated a few potential participants. In
addition to the informant referring families, participants who completed the study were asked to refer other families who met the criteria. For example, at the conclusion interviewing family five, I explained that more families were needed to participate. The adult mother informed me that their next-door neighbor was an adolescent mother and told her daughter to go ask the family if they would participate. They agreed and an interview was set up for later that week. The adolescent mother from this family referred her friend’s family who also agreed to participate. As it turned out, this was the most effective means of recruiting the families who participated in this study.

Confidentiality and Informed Consent

Given the small sample size of this study, confidentiality was a particularly relevant issue. To ensure confidentiality and anonymity, each of the participants were given pseudonyms. Additionally, all other identifying information was altered, so that the participants’ identities were protected. Furthermore, the informed consent forms, which were signed by each individual prior to inclusion in the study, informed the participant that she/he was able to withdraw from the study at any time without penalty.

The informed consent forms also included the following information: my role as the principle investigator; an explanation of the purpose of the study; the participants’ expected roles in the study; the terms of confidentiality; as well as contact information for myself, my mentor, and the director of Seton Hall University’s Institutional Review Board for Protection of Human Subjects, should anyone have felt the need to contact me or either of these individuals at any point during or after the conclusion of the study (see Appendices A and B for Informed Consent Forms).
Field Notes

Field notes are the primary tool of the qualitative researcher (Glesne & Peshkin, 1992). Throughout the course of the study I kept notes that described the participants, their environments, and conversations that we had during the interview and at any other point. The field notes enabled me to keep track of any patterns that emerged during the study as well as to maintain an awareness of my own reactions, feelings, and preconceptions during and after the interviews, and during the interpretation of the data. Additionally, they enabled me to reflect on the overall research process. Patton (2002) posited that documenting the details of the research process can enhance inter-rater reliability. Glesne and Peshkin (1992) suggested taking descriptive and analytic field notes, so that when the notes are reviewed at a later date, the researcher is able to visualize every aspect of the day. They further recommend focusing on words frequently used in or unique to the setting. This is important for at least two reasons. First, phenomenologists believe that language “remains the primary symbol of human interaction....The family’s language offers a source of information that is symbolically rich in meaning and information” (Boss et al., 1996, p. 86). Second, the words utilized by the participants can help with wording the interview questions and “often become ‘native’ or participant-generated analytic categories in the final write-up” (Glesne & Peshkin, 1992, p. 47).

Debriefing

The debriefing process was explained to the participants in the informed consent as well as verbally prior to beginning the interviews. They were informed that, should they experience any discomfort at any point during or after the interview, they could
withdraw from the study without penalty. Following the interviews, participants had the opportunity to share their experiences of the interview with the researcher. Furthermore, each of the families was offered information regarding professional counseling organizations in their communities at the conclusion of the interview (see Appendix C for referral information).

Establishing Rapport

Establishing rapport is a crucial task for the qualitative researcher. S. Stainback and W. Stainback (1988) posited that participants are much more likely to be open and honest and to behave as they normally do if they trust the researcher. Moreover, Lincoln and Guba (1985) contended that the credibility of the findings is dependent on the extent to which rapport has been established. Consideration of my personal appearance was essential in establishing rapport. I believe that the fact that I am an African American female was an advantage, and important in my interactions with the participants. This fact alone likely impacted the participants’ perception of whether or not they could trust me to share their experiences. Furthermore, I grew up in the community in which the majority of the participants lived.

Taylor and Bogdan (1984) offered several suggestions to establishing rapport. First, the researcher should accommodate her- or him-self to the routines of the participants’ ways of behaving. Next, researchers should attempt to establish commonalities through conversation about everyday life. Then, when possible, researchers become an integral part of the participants' activities. Next, researchers should display genuine interest in what people have to say. Finally, they should behave like a person who belongs, being careful not to overdo it by attempting to be someone
that one is not. In my attempts to gain access to the population and to establish rapport, I utilized an informant who was a source of information early in the investigation. The informant was from the community in which I gathered my sample, and, thus, had connections with individuals in the community. Taylor and Bogdan maintained that informants can serve to take the researcher “under their wing, show them around, introduce them to others, vouch for them, tell them how to act, and let them know how they are seen by others” (p. 41).

Interviews

Data for the study was collected through semistructured interviews (see Appendix D for Interview Protocol). Within qualitative research, interviews provide the researcher a way to gain a deep understanding of how participants interpret a situation, phenomenon, or process. The goal is to have the participants talk about topics of interest to them as well as cover matters of importance to the researcher in a way that allows participants to use their own concepts and terms. To that end, qualitative researchers listen with sympathetic interest, more than they talk (S. Stainback & W. Stainback, 1988). The semistructured interviews that were utilized in this study were focused on the participants’ experiences with adolescent motherhood, grandparenthood, their families, and resilience. While there was a protocol that was utilized to guide the interview, additional questions emerged as a result of the participants’ responses and our interactions with each other. Minimal or unstructured interviewing is generally considered to be the optimal way to learn about people’s perceptions. Although I had the protocol at my disposal, it was my intention to remain flexible and ready to modify questions so that the participants had opportunities to shape the direction of the content
they provided (S. Stainback & W. Stainback, 1988). In the earlier interviews, I noticed that I was less flexible in my interview style, asking, for the most part, only questions that were on the protocol. As the study continued, however, and I became more comfortable with the interview process, the interviews flowed more naturally.

All of the interviews were audiotaped with the permission of the participants. I transcribed seven of the interviews myself. A professional was hired to transcribe the Grant family interview due to the length of this interview. For the protection of this family, the transcriber was required to sign a confidentiality agreement prior to being given the media file of the interview (see Appendix E). Each of the participants was notified through the informed consent that a professional would be hired to transcribe the interviews. Although participants were notified through the informed consent and again at the first interview that a follow-up interview may be necessary to ensure accuracy, none were necessary.

Interviews were conducted in mutually agreed upon settings, including offices and a study room at the community library. It was important that the participants felt comfortable, secure, and at ease to speak candidly about their experiences. Since “several hours of reflection about one’s life can be…unsettling, disturbing, and change inducing” (Boss et al., 1996), the participants were given a referral sheet listing mental-health agencies in their communities where they could address any issues that may have arisen as a result of their participation in this study.

**Genograms**

Genograms were utilized to gather demographic information about the families. Genograms display family information graphically in a way that offers a quick picture of
complex family patterns over at least three generations (McGoldrick, Gerson, & Petry, 2008). Watts-Jones (1997) maintained that traditional constructions of the genogram have proven to be inadequate for use with African American families since the underlying assumption is that “family” is limited to biological relationships. She suggested that, when working with African American families, clinicians/researchers should construct the genogram, so that it is inclusive of the kinship bonds discussed in Chapter 2.

For the purpose of this research, genograms tracked family history of adolescent pregnancy, the dynamics of multiple family relationships, and family hardships and resilience, to gather a sense of the ways in which the families have historically responded to difficult times. The impact that these difficult times had on family relationships was also highlighted. The genograms provided me with ways to track themes that emerged during the interviews that may have otherwise been revealed only after the interviews were transcribed and analyzed.

**Trustworthiness**

Lincoln and Guba (1985) maintained that, “The basic issue in relation to trustworthiness is simple: How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” (p. 290). Within qualitative research, trustworthiness is the degree to which a study has internal validity, external validity, reliability, and objectivity. Internal validity is “the extent to which variations in an outcome (dependent) variable can be attributed to controlled variation in an independent variable” (p. 291). External validity refers to “the approximate validity with which we infer that the presumed causal relationship can be generalized to and across alternate measures of the cause and effect and across different
types of persons, settings, and times” (Cook & Campbell, as cited in Lincoln & Guba, 1985, p. 291). According to Kerlinger (as cited in Lincoln & Guba, 1985), reliability is related to the “dependability, stability, consistency, predictability, [and] accuracy” (p. 292). Referring to objectivity, Lincoln and Guba (1985) noted that “the usual criterion for objectivity is intersubjective agreement; if multiple observers can agree on a phenomenon their collective judgment can be said to objective” (p. 292).

To meet these criteria in qualitative research, Lincoln and Guba (1985) suggested four equivalents: credibility, transferability, dependability, and confirmability. Credibility refers to processes that increase the probability that credible findings will be produced. For the purpose of this study two such activities were utilized: triangulation and member checking. Each of these processes will be described briefly.

*Triangulation*

One common way to corroborate the findings of qualitative data is through triangulation. The goal of corroboration in qualitative research is not to confirm whether participants’ perceptions are truthful, but rather to help ensure that the findings are an accurate reflection of the participants’ perceptions (S. Stainback & W. Stainback, 1988). Triangulation can be done in several ways. For the purpose of this study it was conducted through convergence of multiple data sources; that is, collecting data from more than one family member. Additionally, the field notes that were kept throughout the study served as yet another source to which I compared the data. This approach to data verification is called method triangulation, and involved “checking out the consistency of findings generated by different data collection methods” (Patton, 2002, p. 556).
Member Checks

Member checking, Lincoln and Guba (1985) posited, is the most crucial method for establishing credibility. The procedure is done by testing data, analytic categories, interpretations, and conclusions with the participants included in the study. Member checking is both an informal and formal process and takes place throughout the course of the study. For the present investigation, member checking was conducted throughout the course of interviews, as well as through subsequent follow up with the participants. During the interviews, I often paraphrased and summarized what was said in an effort to ensure that I understood what the participants were sharing. After the interviews were transcribed, the participants had the opportunity to review their interviews to provide clarification, reactions, or suggestions on how to accurately represent their experiences. All of the participants confirmed that their transcripts conveyed their true thoughts and feelings; therefore, no corrections or additions were made.

Transferability is to qualitative research what external validity is to quantitative research. However, the qualitative researcher cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. (Lincoln & Guba, 1985, p. 316)

To this end, the qualitative researcher’s responsibility is to provide the broadest possible range of information to be included in the thick description.

Dependability in qualitative research is equivalent to the concept of reliability in quantitative research. Dependability is based on the assumption of replicability or
repeatability and raises the question of whether a researcher would obtain the same results if a phenomenon/process were observed twice. The idea of dependability highlights the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affect the ways the research is approached (Lincoln & Guba, 1985). Similarly, confirmability refers to the degree to which the results could be confirmed or corroborated by others. There are a number of strategies for enhancing confirmability. For the purpose of this study, I documented the procedures for checking and rechecking the data throughout the study. Also, I conducted a data audit to examine the data-collection and analyses procedures. This process enabled me to make judgments about the potential for bias or distortion.

*Data Analysis*

S. Stainback and W. Stainback (1988) maintained that, within qualitative research, data analysis is critical to the research process, and is an ongoing activity that occurs throughout the investigative process. Moreover, they posited that:

Data analysis involves organization, classification, categorization, search for patterns, and synthesis as well as determination of missing information requiring further search to achieve an in-depth, holistic understanding about a topic of concern. As data are collected from the field, generally they are organized into manageable units and/or synthesized into other available information in an attempt to define and/or refine research findings. That is, qualitative research findings are “fleshed out” as additional data are obtained and systematically integrated into the available existing body of information. The purpose of this
type of analysis is to develop a greater depth of understanding from what is available and to direct the researcher in regard to other relevant data that could potentially contribute to the knowledge base regarding the topic under study. Thus, the analysis is recursive; that is, the findings are generated and systematically built as successive pieces of data are gathered. (p. 64)

Upon completion of each interview, the audiotapes were transcribed verbatim by the me, the primary researcher, and a professional transcriber, who transcribed the interview for the Grant family. Once the interviews were transcribed and reviewed for accuracy by the participants (member checking), I read each several times to get a general understanding of the content. After an overall impression of the data was obtained, each transcript was reviewed for all relevant expressions that pertained to the participants’ experiences of adolescent parenthood, grandparenthood, family life, and developing resilience, a process called horizontalization. Moustakas (1994) maintained that, “Each statement in horizontalizing holds equal value and contributes to an understanding of the nature and meaning [of the participants’ experiences]” (p. 123). These statements are referred to as the invariant horizons or constituents; they are qualities of the experience that are unique (Moustakas, 1994).

After the constituents were identified, they were clustered into themes to portray the participants’ experiences. These constituents and themes were checked for accuracy against each participant’s complete transcript; codes were developed at this stage of the analysis (see Appendix F for coding template). The emergent themes were subsequently related to the three theoretical frameworks which guided the study. These themes were utilized to develop a textural description of each of the participants’ experience of
resilience and adolescent motherhood. Individual structural descriptions were also provided. Individual structural descriptions convey vivid accounts for how feelings and thoughts connected with the phenomena of interest are aroused. Copen (as cited in Moustakas, 1994) stated that, “The structures are brought into the researcher’s awareness through imaginative variation, reflection and analysis, beyond the appearance and into the real meanings or essences of the experiences” (p. 135). The total group of individual textural descriptions were used to develop a composite textural description to depict the meanings and essences for the total sample of participants. Finally, from the composite textural description, a composite structural description was constructed to provide an understanding of how the participants as a group experience what they experienced (Moustakas, 1994).

Summary of the Study

This study utilized a phenomenological research design to explore how African American families experience adolescent pregnancy and parenthood. The research also examined the resources that the families felt necessary in their development of resilience following an adolescent becoming a parent. Qualitative research methods provided the best means for achieving an in-depth understanding of families’ experiences with adolescent pregnancy and parenthood. The phenomenological approach that was utilized in this research enabled me to not only focus on the participants’ feelings, experiences, and perceptions of family resilience after an adolescent has become a mother, but at the same time allowed space for the participants to share any information that they felt relevant to their experiences. While family resilience has been studied more extensively within the past several years, many researchers have relied on quantitative methodologies
to obtain information as to whether or not families were resilient. Although these studies have provided valuable knowledge about families' resilience, they neglect to explain the process of how families developed resilience in the face of adversity. Through use of the methodology explained in this chapter, I was able to gather sufficient information that enabled me to articulate this process and advance the understanding of how African American families negotiate the transitions associated with adolescent childbearing.
CHAPTER IV

Findings

Introduction

The findings in this chapter represent the data acquired through semistructured interviews that were conducted with eight African American families with an adolescent mother. The purpose of this chapter is to highlight the ways in which the participant families have responded and adjusted to an adolescent family member becoming a mother. Specifically, this chapter contains a description of the participants, demographic tables comprised of pertinent participant information, case studies for each of the families, and a discussion of the themes that emerged from the data. For the adolescent mother participants, the table includes age, the age that the participant became a mother, number of children, age of her child(ren), educational level, and relationship status with the child’s father. For the adult parents, the table consists of age, age that she/he became a grandparent, number of children, whether she/he was an adolescent parent, and whether their other children are parents. For the purpose of clarity, the demographic information is presented in separate tables, one for the adolescent mothers and another for their adult parents.

The themes that are discussed in this chapter were derived from the families’ descriptions of their reactions to, and experiences of, being an adolescent mother and/or the parent of one. As indicated above, a case study is presented for each family. These studies are focused on the specific themes that emerged from the individual families’
narratives and, when possible, include verbatim excerpts, which serve to underscore the families’ experiences.

Participants

This study included eight African American adolescent mothers and their parent(s). The families were chosen from a nonclinical population in the northeastern United States. The adolescent-mother participants met the following inclusion criteria: (a) had a child at least six months old, (b) gave birth between the ages of 13 and 19, (c) were between the ages of 18 and 25 at the time of their families’ participation, (d) unmarried, and (e) had at least one parent also participate in the study. The only criterion that was necessary for the adult parents was to have an adolescent daughter who was participating in the study.

The adolescent mother participants ranged in age from 18 to 24. They had become parents for the first time between the ages of 14-and 19-years-old. The mean age of becoming a mother was slightly over 16-years-old. Two of the eight adolescent mothers had at least two children; one of whom had five. One was eight months pregnant with her second, and the remaining five had just one child. Their children ranged in age from three weeks to seven-years-old. The mothers varied in their levels of educational achievement. Five of the eight participants had completed high school, one anticipated graduating in 2008, another was pursuing her high-school equivalency degree, and the final participant was in college. Only one of the mothers was still with her children’s father; however, the mother who was pregnant with her second child was dating her unborn child’s father (see Table 1 for demographic information).
Table 1

Demographic Chart—Adolescent Mothers

<table>
<thead>
<tr>
<th>Family</th>
<th>Participant</th>
<th>Age</th>
<th>Age Participant Became a Mother</th>
<th>Number of Children</th>
<th>Age of Child(ren)</th>
<th>Education</th>
<th>With Child(ren)’s Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Adams”</td>
<td>“Jada”</td>
<td>24</td>
<td>19</td>
<td>One</td>
<td>5</td>
<td>High School</td>
<td>No</td>
</tr>
<tr>
<td>“Brandon”</td>
<td>“Aaliyah”</td>
<td>19</td>
<td>15</td>
<td>One</td>
<td>3</td>
<td>Enrolled in College</td>
<td>No</td>
</tr>
<tr>
<td>“Cole”</td>
<td>“Amira”</td>
<td>24</td>
<td>19</td>
<td>One</td>
<td>3</td>
<td>Some College</td>
<td>No</td>
</tr>
<tr>
<td>“Dean”</td>
<td>“Arielle”</td>
<td>18</td>
<td>15</td>
<td>One</td>
<td>2</td>
<td>Currently in High School</td>
<td>No</td>
</tr>
<tr>
<td>“Ellison”</td>
<td>“Monica”</td>
<td>22</td>
<td>14</td>
<td>Five</td>
<td>7; 5 (twins) 2; 3 months</td>
<td>Some College</td>
<td>No</td>
</tr>
<tr>
<td>“Ford”</td>
<td>“Deja”</td>
<td>20</td>
<td>15</td>
<td>One 8 months pregnant</td>
<td>4</td>
<td>G.E.D in progress</td>
<td>No</td>
</tr>
<tr>
<td>“Grant”</td>
<td>“Trina”</td>
<td>20</td>
<td>18</td>
<td>Two</td>
<td>2; 3 weeks</td>
<td>Some College</td>
<td>Yes</td>
</tr>
<tr>
<td>“Harris”</td>
<td>“Syrai”</td>
<td>19</td>
<td>18</td>
<td>One</td>
<td>1</td>
<td>High School</td>
<td>No</td>
</tr>
</tbody>
</table>

The adult parents ranged from 38 to 59 years of age. They had become grandparents when they were between the ages of 35 and 49. The mean age of becoming first-time grandparents was 40-years-old. Three of the seven adult mothers had become parents in adolescence while one had miscarried at 16-years-old. One of the adult mothers had a second child become a mother during adolescence (see Table 2 for demographic information).
Table 2

Demographic Chart—Adult Parents

<table>
<thead>
<tr>
<th>Family</th>
<th>Participant</th>
<th>Age</th>
<th>Age Participant Became a Grandparent</th>
<th>Number of Children</th>
<th>Adolescent Parent</th>
<th>Other Child(ren)</th>
<th>Adolescent Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Adams”</td>
<td>“Jen”</td>
<td>45</td>
<td>39</td>
<td>Two</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>“Brandon”</td>
<td>“Lynn”</td>
<td>43</td>
<td>39</td>
<td>Four</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>“Cole”</td>
<td>“Marie”</td>
<td>53</td>
<td>49</td>
<td>Three</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>“Dean”</td>
<td>“Arielle”</td>
<td>39</td>
<td>37</td>
<td>Eight</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>“Ellison”</td>
<td>“Monique”</td>
<td>42</td>
<td>35</td>
<td>Three</td>
<td>No*</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“John”</td>
<td>59**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Ford”</td>
<td>“Frank”</td>
<td>49</td>
<td>45</td>
<td>Three</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>“Grant”</td>
<td>“Lizette”</td>
<td>38</td>
<td>36</td>
<td>Four</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>“Harris”</td>
<td>“Marissa”</td>
<td>45</td>
<td>43</td>
<td>Three</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*Monique had a miscarriage at age 16.

**John had children from a previous relationship and had become a grandfather prior to Monica having children.

In the section that follows, a case study of each of the individual families who participated in this study is presented. These case studies offer in-depth discussions of each of the families’ experiences with adolescent motherhood as well as the themes that were revealed through the data analysis of each. Following this section, a detailed account of the themes that emerged across cases is provided.

The “Adams” Family

Demographics

The Adams family consisted of Jada, the adolescent parent, and Jen, her mother (see genogram, Appendix G). Jada is 24-years-old and became a mother at the age of 19. She has one child, a five-year-old son named Jordan. Jada is a high-school graduate who
is working two jobs to support herself and her son. She is not currently with her child’s father. Jen is a 45-year-old mother of two daughters. She was 39-years-old when Jada gave birth and made her a grandmother. Jen’s younger daughter, Jayla, was also an adolescent mother, having birthed her first child at the age of 16 and her second when she was 18-years-old. The family identifies as Jehovah’s Witness; however, they do not actively participate in any of the traditions of the religion—a source of regret for Jen. She believed that if she had provided a stronger foundation in any religion for her daughters, they might have abstained from sexual activity, and, thus, not become mothers in adolescence.

**Case Study**

The interview began with Jada describing her experience of learning that she was pregnant, with a focus on her initial reaction. She expressed being shocked, afraid, disappointed, and feeling a sense of loss, stating “...I wanted to do a lot more with myself career-wise, like go to college...I just felt like stuck.” Jada went on to say that she had no intentions of having an abortion because “[she’s] not for that.” Interestingly, however, later in the interview she shared that she had an abortion three months before Jordan was conceived—a source of regret for both her and Jen, which will be discussed shortly.

Jada also remembered being in a state of denial initially saying, “I kept going to sleep thinking, it’s a joke. I’m not really pregnant; it’s false.” The day that she discovered her pregnancy, she was with her best friend who had learned that she was pregnant two weeks prior. While Jada experienced fear and disappointment around the pregnancy, she recalled her best friend, also a teenager at the time, being excited that they were going to become mothers around the same time. Jen, however, echoed Jada’s sentiments both with
regard to her reaction to the pregnancy as well as about her beliefs toward abortion. In reflecting on her experience of learning of the pregnancy, she noted,

[I was] shocked. Very devastated. My heart was broken; it really was. It just wasn’t the way that I wanted things to happen with her, for things to go down. I wanted her to experience a little more of life.

The fact that the pregnancy occurred just three months after Jada terminated her previous pregnancy made it even more difficult for Jen to accept. She felt conflicted because she did not do more to persuade Jada to continue the first pregnancy. Both she and Jada expressed opposition toward abortion. Jen explained, “I was very upset...because then I started thinking, you know, I should not have gotten involved with [the abortion]. I should have just told her to just go on and have the baby.”

As Jada discussed the abortion, it was clear that she, like her mother, had difficulty reconciling her beliefs with her experience of terminating a pregnancy. She commented, “…the fact that, like I said, we don’t believe in abortion...but it was something that I felt I had to do, which still hurts me.” Jada explained that the reason she felt she had to have the abortion was because the man whom she was pregnant by told her that, not only would he not support her or his child, he also would resent her if she had the baby. Further complicating the matter was the fact that she was not dating him at the time that she got pregnant. By way of explanation, Jada offered, “It was kind of something that just happened on accident.”

As Jada and Jen spoke about their reactions to the pregnancy, a theme of regret emerged from their narratives. As mentioned above, the fact that she did not put more emphasis on the importance of practicing their religion was difficult for Jen to accept.
She believed that, if she had encouraged her daughters to participate more in their religion, they might have delayed initiating sexual activity. Referring to the role, or lack thereof, of religion, she remarked:

I really regret [not encouraging religion] because, if I would have taken a stand in a different direction, maybe that could have been restraint for my kids. I'd like to think that, if they didn't refrain from having sex because of things that I said, maybe if they knew or had a better relationship with God that would have been a restraint for them. And part of that is why I feel like I failed them to some extent because of that. I should have given them a stronger support, foundation in any religion.

The theme continued to emerge as Jen discussed how she initially blamed herself for Jada’s pregnancy. She noted, “There are things that I wished I had done differently because when I first found out I felt like a total failure when I found out my daughter was pregnant.”

Jada’s regrets centered on her status as a single mother. She talked about wanting to have a relationship with her child’s father, partly due to the stigma attached to young women who have children with multiple men. Although she made it a point to say that she was not thinking about marriage at the time that she learned of her pregnancy, she did express disappointment that her relationship with her son’s father did not work out and spoke about the implications for future dating.

You have a baby, and then you’re not with the baby’s father, and then you happen to meet somebody, you may get pregnant...then it’s like, “Oh, I have two babies’ fathers.” That’s not me...that’s kind of embarrassing to me,...and then there’s a
chance that the other baby’s father may not be with you too, so, it’s like, what do you do?

As Jada and Jen spoke, it became clear that their family had strong beliefs about behavior that is appropriate and acceptable and behavior that is not, particularly when it comes to sex and childbearing. When speaking about her own experience with single parenthood, Jen compared herself to her sisters and mother, stating, “They did everything right and correct,” referring to the fact that they got married prior to becoming sexually active and having children. Their beliefs, Jen acknowledged, were instilled by her parents who are Christian.

When Jada shared the news of her pregnancy with her immediate and extended family members and her son’s father’s family, she was met with mixed responses. Her younger sister, Jayla, was excited. Jada commented that, prior to her pregnancy, Jayla had often expressed the desire for a niece or nephew. Her son’s father, Braylon, and his family were excited as well. Jada’s father, James, and her grandmother, however, were disappointed that she was going to be a teenage mother. Before becoming pregnant with Jordan, Jada had a distant and contentious relationship with her father, who struggled with drug addiction and had been absent from her life for many years. When describing her feelings towards him, she stated, “… [My sister and I] hated him.” Although James had made the decision not to be a part of Jada’s life while she was growing up, he still had the expectation that she would make better choices about her own life. In the end, however, Jada’s giving birth to Jordan provided her and father with the opportunity to rebuild their relationship. She reported that she writes to him in prison and looks forward to his release, so that they can spend time together.
When Braylon learned of Jada’s pregnancy, he assured her that he would be there to support both her and his son. Unfortunately, that has not been the case. Jada shared that Braylon has been “in and out” of his son’s life. Although Braylon has not been there as promised, his family has stepped in to help fulfill his responsibilities. Jordan spends every weekend with his paternal grandparents. Braylon’s brother is also a present male figure in his nephew’s life. As Jada described relationships with various males in her life, including her father, her son’s father, and men that she has dated since giving birth to Jordan, a history of unstable relationships with men became apparent. Jada discussed several reasons that these relationships had not been successful, including abuse, between her and her son’s father, and simply “growing apart” from the young man whom she dated following her son’s father.

As the Adams reflected on how they have been able to weather stressful situations, this one in particular, their reliance on family support became evident. Jen’s sister, who works in the district where Jordan attends school, will often check on him throughout the week. Regarding support from her parents and especially her mother, Jen stated, “She’s just been that light and that strength for me.”

For Jada, Jen has been that foundation for her. When asked to identify the person who was the most helpful to her, Jada recognized her mother’s unwavering support, noting that she feels free to discuss any topic with her. In describing her experience of their relationship, Jada stated, “...We’re like best friends...I can tell her anything.” As evidenced by this statement, Jada believes in the value of communicating openly. Both she and Jen identified communication as an important quality in the development and demonstration of resilience. Interestingly, however, Jada did not communicate the news
of her pregnancy to her mother; her son’s father did. While she contended that she was going to tell her mother “in [her] own time,” she was hesitant to inform Jen of her pregnancy, most likely because it was so close to the first one. This was another instance of when her beliefs were incongruous with her actions. Jen further highlighted the significance of communication in their lives stating that, in the past, the family had regularly scheduled meetings in which everyone could express what was on each person’s mind. Unfortunately, due to the family’s work schedules in addition to caring for three young children, they have been unable to continue with these conversations.

Both Jen and Jada acknowledged, however, that they continue to make time to discuss important issues that arise and to work collaboratively to solve any problems.

As the family discussed the importance of communication in their lives, the impact of Jada’s becoming an adolescent mother on their identities within the family became clear. Jen commented on her struggle given the dual roles that Jada now functions in as her daughter and a young mother. She stated:

I mean there are times when I see her as a little kid, and I stop myself from getting into that role of a parent over a little child....I listen and answer the best way that I can, not only as somebody who is a mother, but as somebody who is just a friend, somebody who is concerned about her. Not somebody who is going to be judgmental or put her down...I don’t want her to shut down or get defensive.

The family’s recognition of Jen’s willingness to work through her discomfort about listening to Jada disclose personal information coupled with her constant support of her daughters revealed a theme of self-sacrifice. Both Jen and Jada acknowledged the stressors associated with single parenthood and felt that they are able to better relate to
each other because of their status as single mothers. In fact, in addition to defining a resilient family as one who is “strong” and “able to bounce back” from difficult circumstances, the Adams acknowledged the importance of being able to understand each others’ experiences and stated that this helps them to be resilient. For Jen, however, the demands of parent- and grandparent-hood sometimes seem overwhelming since she often finds herself having to delay or deny satisfying own wants and needs to meet those of her daughters and grandsons. When asked about her experiences of being a grandmother, she expressed the following:

I always felt that by the time I got to this age, I’m 45 now, my kids would be in school, and I’d be able to begin my life,...but I just don’t see that happening.
There are times when I come home, I just want to go in my room and lay down, and I can’t because I have my grandson or grandsons. There are times when we take shifts. So that part is hard. And their mothers, my daughters, aren’t able to do something; then I have to just be there. From that aspect it is hard....There are times when I just want to relax or go just out and my daughters are like, “Ma, can you baby-sit tonight?” And, you know, she’s been working hard. I want to help her too, and, as a single-parent, she doesn’t always have a babysitter, so I’ll sacrifice and...try to help her out.

Jada also talked about her struggles being a mother, saying it is “real, real, real hard...It’s no joke at all.” She, like her mother, envisioned a different life for herself. Having a child made it difficult for her to pursue her dreams. Prior to becoming pregnant, she and Jen had plans of her attending college. These plans seem to be on hold indefinitely as she currently works two jobs to support her son. While Jada says that she
is currently in a serious relationship, marriage does not appear to be an option for her near future. Marriage would possibly offer some relief to the financially burdened family, who identified economic stress as their greatest obstacle.

In addition to relying on family for support, the Adams acknowledged help from their community. They stated that they feel that it has been reliable and, in fact, provides them with housing through Section 8. Jada also relied on aid from Women, Infant, and Children (WIC), who provided childcare and formula when Jordan was an infant.

Researcher's Experience

The Adams were the first family that I interviewed for the study. I was introduced to the family by the adolescent mother informant who had known Jada from high school. The informant gave Jada my contact information, so that we could communicate directly prior to Jada giving her consent. After learning about the study, Jada agreed to participate and reported that she had already spoken to Jen who had also agreed. The interview took place in February of 2008 in the family’s home since they felt that it would be the most convenient and comfortable place to meet.

I was initially scheduled to interview the family during the first week of February; however, when I arrived at their house on the agreed upon day, I was informed that Jada had been delayed at work. Her sister invited me to wait for her at the house. As I waited, I found myself getting anxious that Jada would change her mind about participating in the study, especially if we had to reschedule. When she did not show up almost an hour later, however, I realized that I would have no choice but to reschedule the interview for a later date. While still at the house, I spoke to Jada on the phone. She apologized profusely and agreed to meet with me the following week. Although I was disappointed with being
unable to conduct the interview as planned, waiting at the family's home offered a
glimpse into how they function. As I sat in the family's living room, Jada's sister and her sister's boyfriend entertained the children with painting. It was clear that, as Jada and Jen shared in their interview, each of them operates in the care-taking role for all of the children.

When I returned to the home the following week, Jada greeted me at the door. She led me to the living room where the interview took place. I was initially concerned when I entered the house because there was more activity than it had been the previous time that I was at there. I reminded Jada that I would be tape-recording the interview and wanted to give her and her mother the privacy to share openly. She assured me that we would not be distracted and that the other people who were in the home would not interfere with the interview.

Jada and Jen were given the option of being interviewed separately but chose to meet with me together. During the interview, I was struck by Jen's seeming selflessness. She had sacrificed significantly to provide for her daughters and their children. I was touched by the level of understanding and acceptance that she demonstrated toward her children. Throughout the interview, I noticed that Jen and Jada appeared to make conscious efforts to be respectful of the other. For instance, when Jen began talking about Jada's experience with abortion, she quickly stopped herself to check in with Jada about whether it was okay to broach the subject. She apologized for bringing it up without first obtaining her consent. Both Jada and Jen appeared comfortable sharing about their experiences. At the end of the interview, both stated that they were happy to participate in the study since it gave them the opportunity to learn more about each other's experiences.
as they related to Jada becoming a mother. Jen commented that Jayla, her younger daughter, should have been included in the interview as well; however, both she and Jada were confident that she would have agreed with what was shared.

Although I had initially intended to have the interviews transcribed professionally, I decided to transcribe the Adams’ interview myself given my concern with the audio quality. Transcribing the interview proved to be tremendously helpful since I was able to not only remain close to the data but to evaluate my interview style as well. After listening to and transcribing the Adams’ interview, I decided to modify the order of the questions, so that the interviews would flow more naturally. In addition, given the family’s difficulty in defining resilience, I changed the wording of that question to one in which subsequent families were asked to identify a word for an individual who has been able to overcome hardship.

The “Brandon” Family

Demographics

The “Brandon” family included the adolescent mother, Aaliyah, and her mother, Lynn (see genogram, Appendix H). Aaliyah became a mother at the age of 15. Interestingly, she and Lynn were pregnant at the same time. Aaliyah gave birth to her son, Amir, a few months before her mother gave birth to her younger sister. Aaliyah is a high-school graduate, who, at the time of family’s participation in the study, was enrolled in a community college. She was not with her son’s father. Lynn was 39-years-old when she became a grandmother. In addition to Aaliyah, she had three other children—11-year-old twin boys and a 3-year-old daughter. The family identifies as Christian; however, they do not actively practice the religion.
Case Study

I began the interview by asking Aaliyah to tell me about her pregnancy, starting from the time that she discovered that she was pregnant up through the time that she gave birth. Aaliyah, like Jada, stated that she was shocked to learn that she was pregnant. Her initial reaction was to terminate the pregnancy; however, after discovering how much it would cost, she realized that she could not afford the procedure. The first person that Aaliyah disclosed her pregnancy to was her paternal aunt, with whom she described having a close relationship. As Aaliyah reflected on that period of her life, she appeared sad. It was clear from her portrayal that her pregnancy was not a joyous occasion.

Aaliyah remembered, "...throughout the pregnancy I was pretty much depressed....it was a pretty sad experience. I didn’t have a baby shower. My mom didn’t want me to because she told me that it wasn’t something that should be glorified.”

Like Jada, Aaliyah expressed disappointment in herself around the pregnancy. Getting pregnant and becoming a mother at 15-years-old was inconsistent with the image that she had of herself. She commented, “I kinda let everybody down, including myself.”

Lynn learned of the pregnancy through the aunt in whom Aaliyah confided in. Her reaction was similar to that of her daughter’s. When asked how she responded to the news of Aaliyah’s pregnancy, she said that she was “really upset and disappointed.” Furthermore, she indicated that was she unaware that Aaliyah was even sexually active. To learn that she was not only having sex but also expecting a child was a shocking experience for Lynn. Moreover, she felt that her relationship with Aaliyah was such that she would have been able to disclose this information. Aaliyah’s not doing so made it that
much more upsetting for Lynn. As both Aaliyah and Lynn recalled their reactions to the pregnancy, a theme of disappointment emerged.

In spite of her disappointment, Lynn encouraged Aaliyah not to make an impulsive decision by aborting the pregnancy. When Aaliyah learned that she was three months into the pregnancy, she felt that it was too late to proceed with the abortion. With the decision made for Aaliyah to keep her child, Lynn shifted her focus to ensuring that Aaliyah completed school and “made better choices” in the future. She researched and discovered a high school for teens who were mothering or expecting a child. Both felt that it would have been difficult for Aaliyah to continue in her own high school given the administration’s lack of experience in dealing with students who were pregnant. Aaliyah found that the school for young mothers was a valuable source of support, noting, “It did help out a lot. We had a lot of parenting classes, and they had a daycare right there in the school... It was a lot of help.”

Aaliyah could not recall her siblings, who are all younger, having much of a reaction to her pregnancy. Lynn, however, remembered that they were surprised and knew that Aaliyah “was not suppose[d] to be having a child at that age. They understood that much.” Aaliyah, like Jada, did not grow up with her father in the home. As she discussed her relationship with her father, the theme of unstable relationships with men became apparent. She described her relationship with her father as distant. Prior to her having her son, they spoke only occasionally. When he learned of her pregnancy, Aaliyah’s father ceased communicating with her altogether. Regarding their relationship and his reaction to her pregnancy, Aaliyah stated:
My dad...said he wasn’t mad at [the pregnancy]. Like, we don’t talk now. I think it’s because I got pregnant. He says that’s not the reason, but I know that’s the reason....We didn’t talk that much to begin with. But, um, now there’s like a big, big gap. I think pretty much it was going to come up eventually, so it’s just something that I just grew up into faster than it was going to come....Now it’s more of an excuse for him not to talk to me. It was probably something that was going to come up eventually. It was just something that I didn’t realize until I had Amir....That’s pretty much is just it.

Aaliyah’s extended family members had difficulty accepting her pregnancy as well. When asked about their reactions, Aaliyah stated that, “[The pregnancy] kind of ruptured a lot of stuff between [her] family.” She spoke specifically about her aunt’s reaction, saying that she “…was very surprised” and “kinda mad.” Although her grandparents were upset about the pregnancy, they have been a great source of support for the family since her son was born. The theme of extended family support was evident as the Brandons discussed their reliance on Lynn’s parents who provide childcare and, at times, financial support.

The family defined resilience as “being strong” and “able to adapt to the situation.” A resilient family was described by Lynn as one “who can get past blaming and deal with the problems and the issues and try to move forward.” It was clear from her description that she referring to their family. She highlighted other important aspects as they related to Aaliyah having a child. “Caring about each other and again not placing so much blame…not ostracizing or kicking people out of the house. You can’t do that, you have to band together and do what’s best for the family.”
Both Aaliyah and Lynn agreed that Aaliyah’s having a child was “absolutely” the biggest obstacle that they have had to face as a family. They further agreed that what has enabled them to cope with this difficult situation is the support that they have shown one another and received from extended family members, particularly Lynn’s parents. Lynn stated that the fact that they are a small family makes them have to rely on each other more than perhaps a larger family would. When asked to identify the person most helpful to her both during and after her pregnancy, Aaliyah acknowledged not just Lynn but her grandparents as well. Lynn commented that Aaliyah becoming a mother has been a “big responsibility for [her] parents,” who do a great deal of the babysitting when Aaliyah is in school or working. As the family discussed support, the impact that Aaliyah’s early childbearing has had on the family became evident. For Aaliyah, socializing with her friends decreased. She described her pregnancy as a sad experience in which she “stayed home a lot.” Additionally, Lynn stated that she has less time for her own children because she feels responsible for assisting Aaliyah with her son.

In addition to the support that the Brandons received from their family, they acknowledged assistance from their community. Not only did Aaliyah attend a school for parenting adolescents, she also received aid through WIC. Both she and her mother felt that this support was accessible and reliable.

Researcher’s Experience

I met the Brandon family through the adolescent mother informant. She and Aaliyah had gone to school together until Aaliyah became pregnant and was sent to a school for young women who became parents in adolescence. I interviewed the family in their home in February of 2008. Throughout the interview, I sensed that Lynn was
resistant to participate. I made it clear at the outset of the interview that participation was voluntary and, although she had agreed to participate, the family did not have to continue even after the interview had started. I was unsure of what her resistance was about. My initial thoughts were that she experienced the interview as an inconvenience, especially since she asked how long the interview would take. When I explained that it would take approximately an hour and that the length of the interview depended on the information that the family chose to share, she asked if the interview could be done in 45 minutes. I agreed to conduct the interview as quickly as possible and did so in about 40 minutes. While Lynn appeared reluctant to participate, she answered each of the questions that was asked.

Leaving the family’s home after the interview, I was concerned that I had not captured the essence of the family’s experience given the brevity of the interview. However, after transcribing and reviewing the family’s transcript, I found that the information that they provided was valuable and that many of the themes that had emerged in the previous interview had been present with the Brandons as well.

After the interview, I was able to reflect more deeply on Lynn’s perceived resistance to participate in the study. Although I had anticipated that some of the families would be hesitant to share their experiences with an “outsider,” I felt caught off guard given my experience of the first family’s comfort with sharing so openly. As I reflected on the Brandons’ interview, I remembered being struck by Aaliyah’s comment that her mother said that her pregnancy was not to be glorified. I came to the realization that discussing the pregnancy was not a process the family did often or took lightly.
The "Cole" Family

Demographics

The Cole family consisted of Amira, the 24-year-old adolescent mother, and the adult mother, Marie (see genogram, Appendix I). Amira had her son, Jahan, during her freshman year of college. She was 19-years-old at the time. When Amira learned that she was expecting, she took a leave of absence from school. She is currently in plans to re-enter college. Amira was not with Jahan’s father. In fact, he had never met his son. Her mother, Marie, was one of the more "traditionally aged" grandparents becoming a grandmother at the age of 49. Jahan was her only grandchild. The Cole family identified as Christian and actively participated in religious services as well as other practices associated with the religion such as prayer.

Case Study

As with the previous families, I started the interview by asking Amira to tell me about her pregnancy starting from the time that she learned of her pregnancy up through the time that she gave birth. Amira reported that she found out that she was pregnant during her first year of college. The first person that she confided in about her pregnancy was a girl who lived next door to her in the dorm. Amira remembered this friend being supportive of her throughout the pregnancy. She went on to say that she “didn’t try to worry about [her pregnancy] too much” initially; however, when she realized the implications of her situation, she thought that she should abort the pregnancy. She felt that being away at school as well as being unemployed made for a difficult set of circumstances. Amira admitted to being worried about telling her parents that she was pregnant, unsure of how they would respond. When she told her mom and got a
supportive response, her anxiety around the pregnancy decreased significantly. Amira stated that her mother assured her that “everything was going to be okay” and that “[they were] going to get through [the pregnancy].” While Marie commented that she “didn’t want [Amira] to go out and get pregnant,” she was “happy” about the pregnancy. Amira described her father’s reaction as “the total opposite.” Although Amira was 19-years-old, and technically an adult, her father felt that she was unprepared for motherhood, telling her, “You’re not ready for this!” He told her that having a child was going to change not only her life, but also every other member of their family. She reported that her two younger sisters, like her mother, were happy about her pregnancy.

Amira felt that her becoming pregnant brought her closer to her mother and sisters and distanced her from her father. She reported that growing up, her relationship with her father had been distant. However, when she went away to school, she felt that their relationship had improved. While he was not pleased that Amira was going to be a mother, it seemed that, after her son arrived, her father was more accepting of her becoming a young mother. Discovering that Amira was pregnant with a boy seemed to make her father more tolerant of her situation. She stated that finding out about the sex of her child “kind of turned [his attitude] around because it was like ‘Okay, I got a boy in the house to be on my side with me.’ He’s a Pop Pop’s boy.”

When the Coles were asked to talk about how they felt Amira’s becoming a mother affected family relationships, Marie talked specifically about her relationship with her husband. She reported that conflict sometimes arises because they have different expectations of Amira as a mother. While Marie enjoys spending time with her grandson and often provides childcare for him, she stated that her husband “doesn’t like for [her] to
baby-sit. He pretty much thinks that Amira should be there 24/7.” Marie was 49-years-old when her grandson was born. She and her husband’s transitions into grandparenthood were made closer to the age that one might expect to become a grandparent.

Although Amira acknowledged that the support that she receives from her sisters has been valuable, she recognized the continued dedication that her mother offers and identified her as the person who is most supportive person for her. She remarked that her mother was a constant source of emotional support during the pregnancy noting, “Whenever I wanted to sit down and talk, she was there.”

When the family was asked to describe someone who is able to overcome hardship, Amira stated that she thought of her grandfather and the struggles that he has endured throughout his life. She was unable to give a specific definition, but, in discussing her grandfather, acknowledged qualities such as determination and strength. Marie used the word “wise” to describe a person who can prevail over adversity, saying that such a person is able “[to] help someone else avoid a lot of the difficulty.” It seemed that it was this wisdom from her mother that Amira relied upon to help her through her pregnancy and early years of motherhood. Additionally, she said that “God... support from family and friends...[and] pushing [her]self to do what [she] had to do,” enabled her to cope with her pregnancy. Moreover, the responsibility of caring for the welfare of her son served as motivation for Amira. She stated:

I knew that I was going to be bringing somebody into the world; I had to put aside my feelings and what I wanted and just had to keep pushing to do what I knew I had to do for him.
Although Amira was in a relationship with her son’s father at the time of her pregnancy, she realized how little she knew about him after their child was born. When asked about her son’s father, she was unable to provide basic information such as his age, saying “At the time I thought he was 21...I feel bad saying it but...I want to say 27 or 28.” She explained that he had had never seen his son because “he’s going through a lot of stuff.”

The Coles shared that the qualities that make a resilient family include support, trust, open communication, patience, love, and “lots and lots of prayer!” Amira stated that, although she feels that their family does love each other, “communication isn’t all that good.” Compared to other families, the Coles felt that their family was more resilient given the structure that Marie and Amira’s father have provided. Amira acknowledged that, while the family has experienced teenage pregnancy, she and her sisters do not struggle with drugs or promiscuity as many of the other families in their community experience.

Marie stated that, since Amira became a mother, she has matured. She reportedly takes on more responsibility not only related to her son but to their household as well. Regarding changes the family has had to make since Amira became a mother, they expressed that Amira is now more conscious of her sleeping, eating, and spending habits. Prior to parenthood, Amira stated, she would stay up for hours. Now she has to get her rest because “if he’s up, [she] has to be up.” She also cooks more because she does not want her son eating fast food. Additionally, “[she] couldn’t spend money...‘cause [she] had to save to make sure that he had everything that he needed.” Marie said that, because of Amira’s becoming a mother, she expects more from other two younger daughters.
The family reported that important decisions are made between Amira, her mother, and her two sisters. Only after the decision is made do they speak to Amira’s father. Amira reportedly made the decision to keep her child in isolation. She stated that she evaluated the advantages and disadvantages and proceeded with her decision based on that assessment. The family shared that problems are decided in a similar manner. Amira and her sisters discuss the issue with their mother and go to their father once they identify a solution.

The Coles’ beliefs around sex were that the Amira should have abstained. The family discussed how Amira’s father made it difficult for the girls to pursue romantic relationships. Amira jokingly stated that, “boys are not allowed!” Marie believed her husband’s stance on dating came from his own experiences as a young man. She felt that he was fearful that boys would treat his daughters the way that he treated girls in his youth. The family stated that religion does not play as “strong a role as it should.” However, they participate in their religion by going to church and praying.

In addition to family support, the Coles relied on support from their community. Like many other single mothers, Amira received aid from WIC, which she found to be helpful. As the interview concluded, Amira spoke passionately about the need for adult parents to balance the support that they provide to their adolescent mothers.

It’s a line you have to draw with the help that you give because your child is not going to learn anything if you give, give, give. I think that...not that [adolescent mothers] should struggle, but I think that they should go through something, go through a couple things to actually be a good parent...[Adolescent parents] have to take ownership of certain things.
Researcher's Experience

I first met the Cole family several years ago while working at a summer camp. Amira was asked to participate in the study after I ran into her one Sunday in church. Although, I had previously intended to use only the informants to recruit participants for the study, I discovered early on in the data-collection process that other methods would need to be considered since families who had initially agreed to participate had not followed through. I briefly explained the study and its purpose to Amira and informed her that, if she agreed to participate, at least one of her parents would need to do so as well. Amira did not anticipate this being a problem and assured me that her mother would happily do so. She agreed to call me to schedule an interview date. Several days passed before I heard from Amira, and we were able to schedule an interview.

The interview was conducted in the family's home since they felt that this would be the most convenient place to meet. Like the other families, the Coles were given the option of interviewing separately, but chose to meet together. When I arrived at the family's home on the day of the interview, Amira informed me that her mother was not home but out to dinner with her father. She told me that she expected her shortly. As we waited, I engaged Amira in conversation about school and her plans to move out of state with her current boyfriend. After approximately ten minutes, she decided to call her mother again and was told that she would be home soon. However, as Amira and I continued to talk, her mother called back 15 minutes later to ask if the interview could be rescheduled for another day. Unlike when the Adams family rescheduled, I did not experience any anxiety since I had known the Coles and trusted that they would not change their minds about participating.
When I returned to the house the following week to conduct the interview, Amira and Marie were both at home and prepared to be interviewed. Prior to beginning, I had the family review the consent forms. I was anxious about few things during this interview. First, Amira’s son came into the room where we were talking several times throughout the course of the interview. I was concerned that Amira would rush through her answers, so that she could attend to her son. At one point, she did step away from the table to prepare his dinner; however, Marie and I continued, and Amira returned shortly. As I reflected on the family’s interview, I realized that her son being present, while a minor distraction, enabled me to see how the family members, particularly Amira and her mother, interacted with and attended to his needs. The information that their interactions provided was valuable. Second, I was concerned that the content that I was getting from the interview would be irrelevant to the study. Although I believed that they were sharing openly, I was worried about the information being offered. Initially, I did not believe that this information that they were sharing was relevant to the study. I experienced many times that they were not answering my questions. Furthermore, since Amira and her mother were accepting of her becoming a mother, I was unsure of how the family’s story would fit with the purpose of the study. Upon transcribing the interview, it became clear that, although the family welcomed Amira’s son, it was not a planned pregnancy and, thus, created some level of stress for the family. The Coles’ experiences reminded me of the importance of being aware of whether subsequent families experienced the adolescents’ pregnancies as off-time events.
Demographics

Arielle is an 18-year-old adolescent who became a mother at the age of 15 (see genogram, Appendix J). At the time of her participation in this study, she was in her final year of high school. Arielle was not with her son’s father, and like Amira’s child, her son had never met his father. Her mother, Ayana, was 37-years-old when Arielle had her son. She had become a grandmother about five years earlier when her older son had his first child. Ayana was also an adolescent mother, giving birth to her first child at 16 years of age. The family identified as Christian and reported that it was a tremendous source of support, which enabled them to navigate through difficult times.

Case Study

As in the other interviews, Arielle was initially asked to identify members of her family. Throughout the interviews, this question was asked broadly, so that families could feel free include or exclude any persons that they desired. Arielle shared that she considered only the immediate members of her family as her family. However, as the interview progressed, she discussed relationships with extended family members, such as her grandmother, aunts, and cousins. Included in Arielle’s initial response to the question were Ayana, whom I later learned was her stepmother, her father, and her eight siblings. Arielle reported that she lived with her parents and four sisters during her pregnancy.

As with the other adolescents, Arielle was then asked describe her pregnancy from the time she discovered that she was expecting up through the time that she gave birth. Like Jada, Arielle recalled an initial state of denial upon learning of her pregnancy. She shared:
When I first found out, I was four months actually 'cause I didn’t want to believe I was pregnant. I denied the whole thing. I thought I was just getting fat. But then people in school kept telling me, “You’re pregnant. You gotta go check it out.” Then I finally did check it out.

Arielle said that she was unsure of how to proceed and was uncertain if she wanted to continue her pregnancy. She reported that she was “scared the whole time” that she was pregnant. Her fear, she remembered, was around disclosing her pregnancy to her parents as well as giving birth and becoming a mother at 15-years-old. Early in her pregnancy, Arielle realized that she was unable to rely on her son’s father for support. She explained that they had only a casual relationship and have never spoken about their child. Arielle shared that she is confident that he was aware of her pregnancy because “people kept telling him.” Furthermore, she reported that he called her house after she gave birth and informed Ayana that he wanted to assist Arielle; however, “he never came around to it.”

Ayana was the first person to whom Arielle disclosed her pregnancy. Recalling her response, she shared that she was shocked and hurt to learn that Arielle was expecting. Ayana had difficulty with Arielle’s pregnancy for a few reasons. First, and most obvious, was the fact that Arielle was just 15-years-old. Second, the week prior to learning of Arielle’s pregnancy, Ayana had moved out of the state leaving her husband, Arielle’s father, due to issues around abuse. Even still, Ayana did not hesitate to move back home to provide support to Arielle throughout her pregnancy and early years of parenthood. Arielle expressed both appreciation and guilt around her mother’s sacrifice, stating “[the house that she bought] was everything she wanted and then she came back here for me…. I felt like it was all my fault. I felt bad for a minute.” It was not surprising
that Arielle identified Ayana as the person who is most supportive of her. She noted, “She’s most helpful. She baby-sits him during the day when I’m in school. For at least two years that I was in school...she helped me through a lot. She buys stuff for him. She does a lot for me.” Ayana, like Lynn, said that her primary concern was making sure that Arielle completed high school.

I took care of the baby, so that she could do this, you know what I’m saying? Because I wanted her to be something in life and have something and have her own, not having to depend on nobody for nothing....The most important thing is stability, that she knows that she can hold her own and that she can take care of herself and her child without anybody else.

Arielle stated that her father and siblings were not “too happy” about her pregnancy. Her father reportedly wanted her to have an abortion and expressed concerns of how others in their community would view their family, particularly him as a father. Ayana described her husband’s reaction to the pregnancy, stating:

He felt like a knife, somebody just, you know, stabbed him in his chest. That’s just how he really dealt with it. That’s how deep it was for him.... I begged him...pleaded. Promised him anything he wanted to allow her to keep the baby.

Arielle thought that her pregnancy affected her two older siblings the most. She remembered that they did not speak to her throughout her pregnancy and were “not like themselves.” Her extended family members, she stated, were “really disappointed in [her].” Furthermore, they were upset with Ayana because she encouraged Arielle to keep her child. Recalling their reactions to Arielle’s pregnancy, Ayana stated “I took the blame from the family. I’m talking about my in-laws. Of not speaking to me, being rude and
ignorant to me... I took a lot of her pain.” This experience was reminiscent of her own adolescence when she became pregnant. Ayana shared that her mother’s response was to put her out of the house, saying that Ayana “disgraced and... embarrassed her.”

Although the family was upset about her pregnancy, once Arielle gave birth to her son, she felt that they became supportive. Other than her mother, she acknowledged the support of her father, who provides financial assistance. Her grandmother and aunts also contribute with childcare. Arielle reported that family members contribute significantly to the care of her son. Reflecting on their support, she shared:

[My family] actually like do everything for him. I’m just there. He knows I’m mom but he goes to grandmom for everything. Anything that I do he says “I’m telling grandmom.” I tell him, I don’t care. They do a lot. They put the clothes on him, they feed him, and they pay for everything. Like when he was in school, my dad paid for daycare, my mom paid. [They] contribute a lot basically.

When the Deans were asked to identify a word to describe someone who has been able to overcome hardship, Ayana provided the example of herself. She responded, “Me, everything that I have been through.” She continued in sharing that her relationship with God has enabled her to prevail over adversity. “I don’t think I would have been able to have endured and still endure... without Christ in my life, because it’s hard. It’s hard.” Ayana also discussed her role in the family as the mediator. She shared, “I deal with everything, with everybody. I’m the one that keeps the family together.” Ayana realized the toll that this role was taking on her, saying that she is often stressed out. When asked, she shared that does not have anyone who she can depend on for support and described her husband as emotionally unsupportive.
Besides a belief in, and reliance on, God, the Deans identified trust, family support, and compromise as qualities necessary in the development of resilience. Ayana reported that the family demonstrates its resilience by working through and resolving issues that arise. She shared:

We have to deal with whatever the problem is and move on, you know what I’m saying? Life is too short to just be stuck in just, you know, one situation and say okay, now I can’t do anything else.

Interestingly, unlike other families who were interviewed, the Deans did not include communication as one of the characteristics that they believed is important in the development of resilience. It is likely because this was not a particular strength for the family. Arielle stated that she does not communicate openly with her siblings and described herself as a “to-myself type of person.” Furthermore, she reported a distant relationship with her father, noting that, like her, “He’s to himself. He stays in his room all the time.” Another factor likely contributing to the family’s lack of open communication is Arielle’s father reported abrasive and disrespectful style of communicating. Ayana commented that he often yells at her and the children. In fact, the reason that she left the family was related to the verbal abuse she experienced from her husband. Not surprisingly, Ayana was identified as the “problem-solver.” She and Arielle stated that, when issues arise in the family, everyone, especially the children, go to her since their father “yells all the time.”

Arielle’s early entry into motherhood may partly be explained by the multigenerational experience of adolescent parenting in the family as well as by the fact that, as the oldest girl among her siblings, she has had to be responsible for helping to
care for her younger siblings. Ayana acknowledged this, sharing, “Arielle always...was helpful. She always knew how to take care of the younger ones because it wasn’t a choice; it was put on her at an early age.”

When asked how Arielle becoming a mother impacted the family, Ayana noted that her husband is harder on the younger children wanting to prevent them from becoming adolescent parents. Arielle reflected on the changes in her social life, commenting that she is unable to spend time with her friends because of her responsibilities as a parent. Both sadness and frustration were noted in her voice as she spoke about her loss of freedom since becoming a mother.

In addition to family support, the Deans, like the other families, relied on community resources, such as aid from WIC, Medicaid, and welfare. Their experience in accessing these resources has been similar to the other families in that they found them both accessible and useful. They noted that “[the resources] have been good.” With the support of family and the community, the Deans felt that coping with adolescent pregnancy is possible. Arielle shared:

It’s hard, but people can do it really. If I can do it, if my mom can do it, then anybody can do it basically. I know I’m just glad that I didn’t abort my baby ‘cause my baby is a miracle baby, he helps the family. [He] put the family back together basically. My mom was away. He brought the family back.

Researcher’s Experience

I met the Dean family through an informant who knew the family from church. The informant contacted the family to ask if they would be willing to participate in the study. They agreed and, at Ayana’s request, I was given her contact information, so that I
could explain the study in detail and schedule the interview over the telephone. During that phone call, I told Ayana that both she and her 18-year-old daughter would need to be interviewed for the study. Ayana assured me that they would do so, and we scheduled the interview for that same week. We agreed to meet in a study room at the public library. The family was given the option of being interviewed separately. However, like the previous three families, they chose to meet with me together. The first perception that struck me about the family, particularly Arielle, was how young they looked. My initial thought upon meeting the family was that Ayana had brought another daughter, and not Arielle, to the interview. After the introductions were made, I realized that she was, indeed, the adolescent mother.

I felt more comfortable with this interview than I had been during the previous three. In my interview with the Deans, I asked more follow-up questions and was more comfortable with following the family’s lead, confident that I would get valuable information from their interview. I noticed, while conducting the interview, that many of the themes that were present for the previous families were relevant for the Deans as well. This gave me confidence in my interview protocol.

Overall, Ayana and Arielle appeared to be comfortable in sharing about their experiences. However, there was one point in the interview when Ayana was discussing a particularly difficult family situation without identifying exactly what it was. It obviously involved Arielle, and it was clear that she did not want to talk about it. I found myself getting anxious that Arielle would become upset and refuse to continue participating. At that point, I reassured the family that they did not have to discuss
anything that made them uncomfortable. We got through the awkward moment, and the conversation continued without either seeming reluctant to participate.

The “Ellison” Family

Demographics

The Ellison family had three members participate. Monica, the adolescent mother, Monique, her adult mother, and John, her stepfather (see genogram, Appendix K). Monica is 22-years-old and the mother of five children ages 7, 5 (twins), 2, and three months. She had her first child at the age of 14. Her oldest and youngest children have the same father while the twins and two year old have different fathers. She is not currently with any of her children’s fathers. Monica had completed some college and worked to help support her young family. She has an older brother and younger sister, neither of whom were teenage parents. Monique was 35-years-old when she became a grandmother. She reported having a miscarriage at the age of 16. Monica and her two other children were a result of her first marriage. John, her husband, was older and had become a grandfather several years earlier. The Ellisons identified as Christian and actively participated in the religion through praying and attending church services.

Case Study

The interview began with the Ellisons enumerating for me the members of their family. In addition to those mentioned above, in the demographics section, Monique identified her mother, who also lives with the family. Next, as with the previous interviews, I asked the adolescent mother to walk me through her experience from the time she discovered her pregnancy up through the time that she gave birth. Because she had been pregnant four times, we decided that she would describe the first pregnancy and
then discuss how the others were similar and different. Monica learned that she was pregnant at five months after her mother took her to their family doctor for a regular check-up. She explained, “[The doctor] did some blood work, and the next day they called and told my mom that I was pregnant.” Because she was a minor, only 14-years-old at the time, her mother received her test results. Monica stated that she was unable to remember specific details of this pregnancy because “it was so long ago.” She shared that, with both the first and second pregnancies, she had to be home-schooled because she was on bed-rest. In describing her reaction to her first pregnancy, Monica recalled being scared and unsure of how to proceed “because [she] was at a young age.”

When asked to describe her reaction to Monica’s pregnancy, Monique shared that all she could do was cry. “That’s basically what I could do; she was five months. You know, there was nothing I could say to her.” Monique shared that she does not believe in abortion, but left the decision up to Monica to choose how she would proceed with her pregnancy. The family shared that other members found out about Monica’s pregnancy through “word of mouth.” John reported that, even before his wife told him that Monica was expecting, “[he] had a clue” because “[he is] a man and just knew.”

Monica believed that her relationships with her family members were “affected a lot” because of her becoming a mother. She commented, “Considering that, when I had them, I was young, and, when I was still having kids, I was young, I wasn’t able to support myself and them, so [my parents] helped out doing it.” Although both of her parents provide her with assistance, Monica, like the other adolescent mothers, identified her mother as the person most supportive of her. She shared, “[My mother] does
everything for my kids basically like they come first. She’s always giving me advice of what I should and shouldn’t do as a parent.”

The Ellisons defined a person who is able to overcome hardship as “triumphant” and “strong.” Monique disagreed with the use of the word resilient to describe such a person and offered a distinction between someone who is resilient and an individual who is triumphant.

Resilient means they can cope with any situation, but they may not be happy.
Triumph means, I’ve done this, and I’ve overcome, and I’m happy with this, you know. Resilient means, okay it happened, let’s move on. You know, it’s more than that.

When asked to share further their thoughts on the meaning of resilience, Monique stated, “Doing what you gotta do, as long as it’s not breaking the law. Taking care of business. Know what you want. Go after what you want, as long as it’s in the right perspective.”

John, agreed adding, “And family is very, very important. If we don’t care for each other, nobody else will. This is 2008, and everybody is for they self!” John’s statement provided a greater understanding of the importance of family in the Ellisons’ lives and underscored the value of family as a key resource in the development of resilience.

As the family continued to discuss their experiences with adolescent parenthood, not only was John and Monique’s support of Monica clear, but their sacrifice as well. John shared that he and Monique planned to have children of their own; however, having to assist Monica in the parenting of her children forced John and Monique to reconsider that decision. Monica, of course, has had to make sacrifices as well. Reflecting on her life as an adolescent mother, she stated, “When you’re pregnant, like, you lose a lot of
communication with your friends.” Monique explained that, while she put forth a great deal of effort to support Monica, especially with completing school and participating in extracurricular activities, she set limits with regards to the socializing. She stated “Going out and partying, [Monica] might go once and a while, but you got kids, you gone stay home. You got ‘em, you gone take care of ‘em, you know. I ain’t do all that.” Monica could not help but wonder if her circumstances might have been different had her parents not been so supportive. She suggested that perhaps she might not have continued to have children.

The family identified support, unconditional love, and communication as the qualities necessary for a resilient family. The support that John and Monique have shown toward Monica was evident as they discussed their lives. Monique and John acknowledged that everything that they do is for their grandchildren. John remarked, “Nothing comes before these kids.” As an example, Monique shared that family vacations, once decided by Monica and her siblings, are now planned based on where her children want to go. Furthermore, Monique noted that should she or John pass away, Monica’s children would get everything.

Communication, the Ellisons commented, is paramount. They reported that they schedule family meetings in which they can resolve issues and openly discuss their concerns. The family also recognized the importance of communicating respectfully. Monique stated, and Monica and John agreed, that this is how they demonstrate their resilience—working through their issues in a respectful and supportive manner. The family shared that decisions are made in a similar manner. The family discusses the issue and collaborates on how best to proceed.
The impact of Monica’s childbearing on the family was further highlighted as the family identified finances as their greatest obstacle. Having to provide for Monica, her five children, and her younger sister significantly increased the financial strain on the family. Monique shared how her life is impacted:

Job-wise, I had to work a job that I really didn’t like to make sure that I kept the insurance up, so she could have that. My husband had to work overtime, you know. No quality time, you know. Technically we only saw each other on the weekend for almost five years. Like during the week, I work nights, he works days. So I slept during the day; he was at work. He came home from work; I was getting up going to work! So it was no, you know, family time so, you know, it strained our relationship because we dated a long time, so we knew each other but if we were a new couple we woulda been divorced. We woulda been, we wouldn’t have even been here. You know, I woulda been a single mom and a single grandmother.

The Ellisons acknowledged that, in addition to relying on each other for support, they depend on assistance from their community, church, and friends. Each of these sources of support, they contended, has been valuable, especially religion. The Ellisons reported that “[They] try to stay as close to God as they can” and shared that religion plays an important role in their lives. When Monica got pregnant with her first child, she stood before their church to announce that she was expecting—a tradition in some churches.

As the family reflected on what they have learned since Monica became a parent, Monique, like Monica, wondered if she and John had been too easy on her. She
questioned if she “shouldn’t have let her be a kid. Shoulda been harder or her.” The family’s beliefs around sex have not changed since Monica became a parent. They were then as they are now—sex before marriage is unacceptable. Monique stated, “[Sex is] for married people, you know. Our view hasn’t changed.” Their beliefs, the family maintained, are grounded in their Christian religion.

Monica and Monique described motherhood and parenthood as “hard.” Monique noted that she has to fulfill the responsibilities that her daughter is unable to perform. Both she and Monica discussed the need to balance support, however. Monique realized that if she takes over, Monica will not “be the mommy....She’ll relax, and [Monique] doesn’t want her relaxing!”

Researcher’s Experience

I met the Ellisons through the adolescent mother informant who had known Monica’s younger sister from school. I interviewed the family in April of 2008. Prior to starting the interview, Monique, the adult mother, told me that she knew “a lot” about adolescent parenting because Monica had five children. Initially, the plan was for only Monique and Monica to participate in the study. However, after going to the house and seeing how involved John, the adult father, was in the caretaking of Monica’s children, I asked if he would like to participate as well. He agreed without hesitation. This was the only family in which both of the adolescent’s parents participated, and the first in which a father (adult mother’s partner) was included. Based on my observation, John was just as involved in the parenting of Monica’s children as Monique.

What was striking about my experience with this family was how well-mannered the children were and how surprisingly calm the household appeared. Even with all five
of the children present, plus their friends, the household was surprisingly quiet. The children responded very well to redirection. I was initially concerned because I thought that the noise level would be distracting to the interview. I was also struck by the level of understanding and tolerance that John and Monique have shown their daughter but, like Monica, wondered if this level of acceptance was actually helping or hurting her given the fact that she continues to have children.

After the interview was concluded and I was walking to my car, Monique engaged me in conversation. She and I talked for about ten minutes about the family’s anticipated move to another town as well as her experiences of being the parent of an adolescent mother. She told me that her other daughter, Monica’s younger sister, was “really the mother” referring to her role as caretaker for her nieces and nephews. She shared that she takes care of the children when she is home. I thought about this and how the family, especially Monica, neglected to share this during the interview. Throughout the family’s interview, I got the sense that the family was careful to share only information that cast them in a positive light.

The “Ford” Family

Demographics

The Ford family consisted of Deja, the adolescent mother, her parents, Frank and Gabrielle, her four-year-old son, Marcus, and her 5-year-old twin siblings (see genogram, Appendix L). Deja and Frank participated in the interview. Deja became a mother at the age of 15. Her father and mother became grandparents for the first time at 45 and 34 years of age, respectively. Deja was pregnant with her second child at the time of the interview. She was dating the father of that child. After becoming pregnant with her first
child, she dropped out of school. She was in the ninth grade at the time. In addition to being a preacher, Frank worked two jobs to support the family. The Fords identify as Christian, and they reported relying on their religion as a source of support through difficult times.

Case Study

As with the previous families, the Fords were initially asked to identify their family members. Prior to responding, they exclaimed, “It’s a lot!” In addition to the members that were mentioned in the demographic section, they identified Frank’s mother, two brothers, and a cousin, all of whom they reportedly communicate with regularly and have mutually supportive relationships. Frank shared that the family depends on each other and are there to assist one another through hardships.

After the brief dialogue about the family composition, the interview shifted to Deja discussing her pregnancy. Like the other adolescent mothers, she was asked to reflect on her pregnancy from the moment that she discovered that she was expecting up through the time that she gave birth. Deja learned that she was pregnant through taking a home pregnancy test. She shared that, when the result came back positive, she informed her son’s father who “acted like he was all happy.” Her immediate thought, however, was “I need to get hurry up and get rid of this before my parents find out!” Her parents, of course, did find out and gave her two options: give her son up for adoption or keep him; “there was no abortion ‘cause [her] parents are Christian.” Deja’s parents learned that she was pregnant the day before her friend’s mother was taking her to get an abortion. Deja explained:
Well, I told Sierra and Sierra’s mom....I did not want my parents to know because I wanted to get an abortion ‘cause I wasn’t ready to have a child....[Sierra’s] mom was going to help me get [the abortion]; she was basically going to pay for it and everything....When they came and got me,...my mom and dad were like, “Why do you always have an attitude?” They are wondering why I am acting so rude and wanting to leave so bad because they did not want me to leave that night. So, I am like I am leaving and there is nothing you can do about it, and I’m just saying all of this stuff. So my mom or whatever was talking to Renee, and then Renee basically told them, which is Sierra’s sister. She told,...so it was like that.

Frank noted that, although the family expected him “to go off,” he remained calm. He stated that in his profession he “sometimes has to minister to young girls who are pregnant themselves.” Frank believed this experience prepared him to manage his emotions around Deja’s pregnancy. He shared that his wife “went off more than anybody.” However, Deja remembered her mother being supportive. Recalling her mother’s reaction, she stated:

She wasn’t like, “Oh my God, I can’t believe you would do this!”...She was just like, “Well, you know, you about to be a mom, so you just gonna have to be a mom”...She was just telling me, “You’re going to have to be a mom at the age of 15. I am not going to watch your child that often.”

Extended family members, Deja noted, had mixed reactions—some were supportive, while others “did not like it at all.” Her maternal grandmother’s reaction was similar to that of her mother’s. Deja remembered that she told her, “You’re just going to have to be a mother.” She recalled her paternal grandmother telling her parents, “Oh, my
gosh, she’s so young! Don’t make her have this baby ‘cause she’s too young!” Deja appreciated her family’s support and credited her learning how to be a mother to her parents encouraging her responsibility in the care of her son. They also set firm limits around how much they contribute to his care. In discussing the support she received from her parents, Deja compared her experiences to those of her friends, many of whom are adolescent mothers. In doing so, it became clear that teenage parenting was a common occurrence for families in their community. Her socialization to motherhood was a theme that was revealed early in the interview and remained present throughout as the family spoke candidly about friends and family members who became mothers in adolescence. Deja shared:

Some of my friends, for instance, barely have their kids, and they go out all the time….My parents showed me that you are not doing that. [They told me] you decided to have a baby, so you’re going to sit in the house with your child and bond and stuff like that. I used to get mad in the beginning, but after a while you just get used to it...like not going out or anything. But, as he got older, then they started watching him when it became easier for them. ‘Cause a infant is like hard....As he got older, they began to watch him....They don’t watch him everyday like all day long.

The theme of family support also emerged in the Fords’ narrative as Deja and Frank discussed the assistance that immediate and extended family members have provided in the years since Deja has become a mother. Reflecting on this support, Frank shared:
The family...the family, they pretty much...they help out a lot. They support a lot, you know as far as, you know, basically in a lot of areas, you know, even if it’s to...sometimes they’ll help us...some of ‘em will help from watching my kids, helping out watching Marcus. So that way, we’ve always had support. You know, even financially if it gets that tough we can run to one of them, and they’ll help us. But, you know, I mean, it’s like the same way for them too. If we got it, we’ll help them too. Pretty much we look out for one another, so the support’s always been there, you know....And that’s one thing that we can never say, that the family’s turned their backs on us. They’ve always been there for us.

For Deja, the support has been especially valuable since her son’s father has chosen not to be involved in his upbringing. Deja explained that he ended their relationship when she was five months pregnant with their son. Although he initially expressed the desire to be present in his son’s life, he has not made the effort to do so. Deja reported that he has since had a second child whom, she believed, he was actively parenting. Both Deja and Frank revealed their frustration with his lack of involvement.

Deja: [Court is] a big issue....We been going back and forth since my son was like two months old, and it’s aggravating because now for the past, I’d say like year or like a year and a half, he hasn’t been showing up in court. It’s like aggravating because like I wanna do something, like I wanna move into a different state. I can’t move into a different state ‘cause the simple fact is we have partial, well he has partial custody, and I can’t just move him out of state, or I’ll get locked up. So it’s like, last week for instance, I went to court because I wanted to get full custody over my son, so I could move outta state, and he didn’t show
up so like, they’re like, well we have to give.... You can’t still take your son out of state ‘cause we have to give him a chance to speak on why you shouldn’t move out the state or whatever. And I’m telling the people, like, he’s not gonna show up....He doesn’t care about my son at all; he really doesn’t.

The family denied having any regrets around Deja becoming a mother during adolescence. However, the impact that her parenting has had on the family was evident. Frank discussed the increased economic strain that the family has experienced since Deja’s son was born. The themes of financial hardship and adult-parents’ sacrifices emerged as Frank discussed his commitment to working two jobs to provide for the family. Regarding the economic strain the family experienced, Frank shared, “I mean in a financial way, yeah, it’s stressful ‘cause I’d like to be able to provide more for [my grandson]....If [his father] was holding up his end evenly with support, child support, it would be a lot easier for us.” In the absence of his grandson’s father, Frank took it upon himself to provide the support necessary for his care, even though that meant his sacrificing quality family time with his own children.

The Fords, like many of the other families, struggled with defining resilience. It was difficult for them to find the words to describe a person who has able to withstand hardships and overcome obstacles. Deja, however, was able to provide an illustration of her introduction into parenthood, which was useful in communicating her understanding of resilience.

I’d say it’s like me basically because I had to um, I...‘cause, when my son was born...I was in a lot of pain. And I had really bad post-partum depression, and it was like I never, for like I think two days I didn’t change my son’s diaper in the
hospital. The nurses would come in and change him, and they had him most of the time. And...the nurse told me, like you have to learn how to change a diaper. ‘Cause...actually I didn’t know how to change an infant’s diaper....So it was like, you have to, I don’t know, it’s basically me because I just caught on fast, real...I guess that’s what you have to do like when you’re a mother. You just have to, automatically you just know...even though I didn’t know. But after a while, the second or third time I changed him I ain’t have no problem at all or nothing like that. So it’s like you adapt real fast when you’re a young mother, and you just basically just have to do it. It’s an automatic thing.

As the family discussed the qualities that they believed were important in the development of resilience, the themes of communication and reliance on God for support emerged. In response to a question regarding the extent to which religion plays a role in the family, the Fords replied, “100%!” Frank highlighted the importance of both of these themes when he stated, “Definitely a praying family....A family, they always gotta be constantly communicating...Communication is definitely one of the keys, ...and, like I said, you know, a family that prays, like they say, a family that prays together, stays together. Very important.” Additionally, Deja noted that it is important that families express understanding. The Fords believed that these qualities are sources of strength for their family and, when exhibited, exemplify their resilience.

Frank shared that the family also demonstrated its resilience through holding Deja accountable and responsible for the majority of the parenting for her son. While Frank and his wife provided financial support, parenting advice, and sometimes childcare, he maintained that they set clear boundaries between Deja’s role as a parent and their role as
grandparents. In response to how their family demonstrates its resilience as compared to others in their community, Frank articulated the following:

A lot of Deja’s friends and people we know that are going through the same situation they’re not really handling it that good. ‘Cause I think, uh, they’re falling into that cycle of what most families do, where the grandparents are raising the children, you know. And that’s one thing that, I told Deja....I said look, we’ll assist you; we’re not raising him. It’s not like that, I let her know, don’t get it twisted, Marcus is our grandson, that won’t be our son. ‘Cause that’s what basically most of the families that we know, that’s what they do basically, the grandparents are basically the ones that are raising their grandkids, you know not the parents. And I believe that’s your average, your average people, they get caught up in that cycle....I see that time and time out, you know. I see the grandparents raising the [grand]children, basically, you know, I say like, a good 75 to 80 percent of them are doing that.

In assuming the role as parent to a young child, with another on the way, Deja described her efforts to assert herself as an adult even though, at times, she still does not “feel like [she’s] a grown woman yet.” A number of the families discussed their struggles with negotiating the dual roles of child/parent and parent/grandparent. Deja highlighted her difficulty as she reflected on her relationship with her mother.

I can’t say everything how I feel in front of my mom because she’s so stern. And it’s like, when she...like when she, to this day, even though I’m 20-years-old, ...I’m trying to learn how to put my foot down with her about certain things, but it’s like hard....It doesn’t matter....I still have to respect her role.
As was the case with the previous families, the Fords’ expectations were that Deja would wait until she got married before she became sexually active. Frank and Deja reported having open discussions around issues of sex and teenage pregnancy. Deja stated that her parents “didn’t hold nothing back” from her. When she became a teenager, her parents enrolled her in a class at their church entitled “True Love Waits,” a sex-education course that promoted abstinence. Deja attended for two years. Frank shared that he “hoped and prayed” that the class would help.

Both Frank and Deja expressed that they were enjoying parenthood and grandparenthood “very much.” Deja revealed that the most difficult aspect is coping with the absence of her son’s father because of the additional financial strain for her family. Deja was not working at the time of the interview, and, therefore, did not contribute financially to the household. Frank described grandparenthood, as the other adult parents had, in that he experienced it as similar to parenthood. The fact that he had children who were only two years older than his grandson “makes [him] laugh.” He shared that his son used to get upset with his grandson because he would call Frank “daddy,” repeating what he heard his aunt and uncle call him.

As the interview concluded, the Fords discussed their experiences of community support. They reported use of WIC; however, Deja expressed regret of having to rely on welfare. She shared, “When I was on welfare, I didn’t like it ‘cause it’s like taking somebody else’s money and I felt terrible.” Upon further exploration of her experience, it became clear that Deja had strong feelings about young women whom she believed took advantage of the assistance through continuing to have children. Although Deja was
pregnant with her second child, she disassociated herself from “those” young women, stating:

I’m on my second; I don’t wanna have no more kids. I don’t care if it doesn’t work out between [me and my second child’s father], and I find somebody for me. I don’t want no more kids! I don’t want no more babies’ dads. I don’t like that, ‘cause I think it’s trifling.

Deja’s feelings were similar to those expressed by Jada who expressed having children by different men “is embarrassing.” However, Deja was the only young mother who articulated such distaste for the welfare system. Most of the families found it to be a blessing.

Researcher’s Experience

I met Deja several years ago through the adolescent mother informant. She and the informant met in junior high school and became first-time parents about three months apart. The Ford family was among the first that the informant referred for the study. Although the family initially agreed to participate in January of 2008, we were unable to conduct the interview until April due to scheduling conflicts. Like most of the other families, the Fords chose to meet with me in their home and to participate in a joint interview.

When I walked into the apartment, Deja, who is now expecting her second child, was sitting on the couch. Her parents, her son, younger twin brother, and sister were also in the room. I spoke briefly with Deja about how she had been since we had last spoken. After catching up briefly, I explained the study and got permission from the family to
tape. I asked Deja’s mother if she wanted to participate as well. She informed me that the
Deja did not want her to. Deja only smiled.

My concern with this family’s interview was the same as with the Ellison’s. Given the small children who were present, I was unsure of how distracting they would
be. However, similar to the previous interview, even with all of the children in the home, the house was surprisingly quiet. At one point, Deja’s younger sister sat in the room and
colored during the interview. Her brother came into the room from time to time, but her
mother was good with keeping the children quiet and out of the room for the most part.
Prior to the interview her father explained that he also worked in the mental-health field.
He worked as a substance-abuse counselor. Given his professional background, I was
interested in how he would interpret his experience of Deja’s becoming a mother.

At the conclusion of the interview, Deja’s mother came into the room and started
discussing Deja’s son’s father. The family explained that he did not play a role in his
son’s life. His family does not contribute in any way either—a source of frustration for
Deja’s mother. The family shared that Deja was in the process of moving to Virginia with
her daughter’s father; however, she cannot do so until the judge gives her permission
since she currently has joint custody with her child’s father. The family also informed me
that there was a pending sex-offender case open since Deja was only 14 when she got
pregnant and her son’s father was 20. The case, the Fords explained, was opened only
after the child’s father requested a DNA test after going to sign his name on his son’s
birth certificate. The family was clearly frustrated with his lack of involvement, but is
hopeful that Deja will get sole custody, so that she can move forward with her life.
The "Grant" Family

Demographics

The Grant family included Trina, the 20-year-old adolescent mother, her 39-year-old mother, Lizette, and her two children, two-year-old Tia, and three-week-old, Akil. Aside from Trina, Lizette had three younger children (see genogram, Appendix M). Trina became a mother for the first time at the age of 18. She was a senior in high school. Two years after giving birth to her first child, she learned that she was pregnant for the second time. Both of Trina’s children have the same father and, at the time of the interview, they were in a relationship. Lizette was also a teenage parent, giving birth to Trina when she was 18-years-old. Although the Grants did not actively participate in the traditions of their religion, they identified as Christian.

Case Study

The Grant’s interview began with Trina identifying the members of her family. In addition to those mentioned in the demographic section above, she included her mother’s fiancé, whom she referred to as her stepfather. Following the brief discussion of her family, Trina was asked to reflect on her experiences of her pregnancy. Since she had been pregnant twice, she asked “which one,” noting that the experiences associated with each were different. When she became pregnant with her first child, Trina was preparing to graduate from high school. She revealed that she was six months when she discovered her first pregnancy. Trina shared that she was nervous informing her mother of her pregnancy since she “expected her to be mad.” Recalling her mother’s response, Trina stated, “She wasn’t really mad. She didn’t take it too bad. She was in shock, of course.” When Lizette was asked to describe her initial reaction to Trina’s pregnancy she, like her
daughter, replied “which time?” She remembered being “shocked” when she learned that Trina was expecting her first child. Lizette agreed with Trina’s assessment of her reaction, stating that she “didn’t get mad.” Her primary concern, like the other adult parents, was that Trina complete high school. Lizette shared, “I think if I didn’t really stay on her, I really think the morning sickness would have kept her from finishing school.” With her mother’s support, Trina not only graduated from high school, but also enrolled in her local community college, completing one semester before the demands of parenting and pursuing her education became overwhelming. Although she did not complete her degree, she enrolled in and completed a certified nursing-assistance program.

Approximately two years after giving birth to her daughter, Trina discovered that she was pregnant with her second child. As she and Lizette described their reactions to that pregnancy, it was clear that neither of them expected for Trina to become pregnant again. The fact that it happened so quickly after the first was surprising to both of them. Trina shared, “I was definitely shocked that I was pregnant because I wasn’t expecting to have more kids, especially one right after the other. I was like, oh my God!” Lizette’s reaction mirrored her daughters. Reflecting on Trina’s second pregnancy, she stated, “…She got pregnant with little Akil, and I was…I was at a loss for words with that one…. We went through the long pregnancy with Akil.” Lizette remembered it being a struggle for Trina managing pregnancy and caring for a toddler. She noted that Trina would often get frustrated and contemplated terminating the pregnancy even after she had made her initial decision to keep him. Lizette, however, reminded Trina that she was dealing with the consequences of irresponsible behavior.
Even throughout the first couple of months, she would get upset. [She would say] “It’s too much. I can’t do this.” And, I was like, uh-uh, nope. I said, “You knew what you had to do to prevent getting pregnant, and you didn’t do that. And it’s not the baby’s fault that you got pregnant. So you just have to deal with it.” I just, you know, kept talking to her and encouraging her.

Trina, like Jada, admitted to being inconsistent with taking her birth-control pills, saying that she would take them if she was at home and her mother would remind her.

Of all of the young mothers who participated in this study, Trina was the only one who was dating her children’s father at the time of her family’s participation in the interview. Although they continued their relationship, Trina expressed doubts about their future. She shared, “I don’t know if I can be in a relationship with him.” She explained that, throughout both of her pregnancies, her boyfriend denied that he was the father of either child. Trina shared that he will assist her with the parenting responsibilities mainly when she takes the children to his house and tells him that he needs to help her.

I know, if I’m having a tough night,…[I will tell him] just like you helped me make these kids, you’re going to help me take care of them. I will pack up and go right to his house, [and tell him] “Now help me!”

Trina’s boyfriend was not working at the time of the interview. Like Trina, he lived at home with his parents, who continue to provide for him. Although he is not currently able to fully support his family financially, his family does provide some assistance, including financial support and childcare.

Trina acknowledged that she had a tumultuous relationship with her own father as well. She described their relationship as “up and down” and reported that he was
inconsistently involved throughout her life. At the time of the family’s interview, her father was incarcerated and Trina was not speaking to him. She said that, although he had not been actively involved in her life, he was upset when he learned that she was pregnant with her first child. As Trina reflected on her father’s reaction, she pondered, “How could you be upset with me when you’re going away for two years?” She clearly realized the irony of his response. Although he had not been present in her life to guide her decisions over the years, he expected that she would make choices that were acceptable to him. As Trina spoke of their relationship, her frustration was apparent:

I’m not going to extend or reach a hand out to him because I’ve been doing that my entire life trying to be his daughter, and he acting like he didn’t want to be my father. And I’m not doing it no more. I would love for him to be a part of their lives, but, if he’s not going to give me the option to call me, “Oh hey, how you doing? I would like to see the kids,” I’m not going to push for it because everybody over there that lives at that house has my phone number. And they can easily give it to him.

When asked to define someone who has been able to overcome hardship, Lizette discussed a stressful period that the family had endured. While the experience was difficult for everyone, the Grants maintained that what sustained them during this period of their lives was the family remaining “strong...sticking together... and being able to depend on each other for support.” Lizette contended, “...In any type of situation, I think the part that makes it worth the struggles is everybody sticks together and everybody’s not all divided.” She also recognized the importance of communication, saying that it is key in developing resilience. The Grants reported that they demonstrated their resilience
by supporting each other. Trina especially experienced this support and expressed the value of it in navigating the early challenges of parenthood. She identified her mother as the person who gives her the most support, but also recognized the assistance that her entire family offers. She remarked, “I have my family. And they’re a real big help. Everybody helps with everything.”

The Grants believed that their ability to adjust following Trina’s pregnancies was, in part, attributable to their family’s history of early childbearing. Lizette shared that her mother became pregnant with her at the age of 17. She then had Trina at the same age. Her younger sister had her first child when she was 18-years-old. And, her sister’s daughter had become pregnant at 16-years-old, although that pregnancy ended in a miscarriage. Referring to the family’s ability to cope, Trina noted, “Being as though everybody in my family...all the women in my family have all been teenage mothers. So being able to adapt to the next generation, being a teenage mom, obviously we do adapt. We adapt well.” Although she recognized the family’s ability to adjust to unexpected circumstances, Trina realized the importance of breaking the cycle of adolescent pregnancy. When asked what the family has learned since she has become a mother, Trina stated, “I learned that obviously somebody’s got to break the chain of this teenage pregnancy thing, and, if it’s not sixteen, it’s eighteen. Somebody has to break the chain.”

Like most of the other families involved in this study, the Grants beliefs around sex were that Trina “wasn’t supposed to do that.” As an adolescent mother herself, Lizette knew how difficult teenage parenting could be. She shared that her own experience with early childbearing formed her beliefs. Lizette stated that she had reservations about Trina’s friends as she was growing up. She felt that they were having a
negative influence on Trina. These friends, she maintained, ended up becoming parents prior to Trina. Trina’s socialization toward motherhood was influenced by her family and community. As the oldest of four children, Trina was often responsible for caring for her younger siblings. These experiences, she remembered, shaped her feelings of childbearing and parenting. She reflected:

I spent the majority of being a kid watching and babysitting my brothers and sister. I told everybody I knew, “I am not having kids; I don’t like kids.” That’s all I talked about at school. I do not like kids, and I didn’t wanna have kids.

Trina believed that her becoming a mother impacted her siblings in that it has made them more responsible. She shared that they assist her with the responsibilities of caring for her children. As a family, the Grants stated that they have become closer since Trina became a mother.

Like many of the other families, the Grants discussed their challenges in negotiating their dual roles. They shared an incident in which Trina made a decision to buy a car. Lizette felt that Trina showed poor judgment and expressed her discontent with her decision. Trina reminded her mother that she was an adult and made the decision that she felt was best for herself and her children.

The Grants shared that, in addition to relying on their family for support, community resources such as WIC, Medicaid, and the local community-action program, have provided the necessary supplemental assistance. Both Trina and Lizette reported that motherhood and grandparenthood can be difficult; however, they expressed enjoying their roles immensely.
Researcher’s Experience

I was introduced to the Grant family through family six, the Ellisons. After completing their interview, Monique, the adult mother from the Ellison family, asked her daughter to go next door and ask the family if they would be willing to participate. The family agreed, and the interview was scheduled for that same week. I left the consent forms with the family, so that they could review them prior to the interview. When I arrived at the house at the agreed-upon time, I learned that Trina was not home. Lizette was unsure of when Trina would return home, so we decided it best to reschedule the interview for another day. Given the adolescent mothers’ histories of being late or needing to reschedule their interviews, I decided to call before going to the Grants home for the interview. When I spoke to Trina over the phone, she sounded irritated and informed me that “someone [had] volunteered her for the study.” I explained that her participation was voluntary, and, if she chose not to be interviewed, there would be no repercussions. She told me that she had both children at the time (at this point I was unaware that she had more than one child) and was feeling overwhelmed. I suggested that I give her a call at a later time, so that she could attend to the children’s needs and also have time to consider if she wanted to participate. She agreed. When I called the house later that evening, I was told by Lizette that Trina was not home. She was unaware that Trina and I had spoken and said that she thought that I had forgotten about the interview. Lizette suggested that we schedule the interview for the following week and asked that I call Trina to decide on a specific time. When I spoke with Trina later that day to schedule the interview, I reminded her that participation was voluntary and that she was under no
obligation to be interviewed. She told me that, since “it was for a good cause,” she would be happy to participate.

On the day of the interview, I arrived at the Grants home at the agreed-upon time. Although Trina and Lizette were given the option of being interviewed separately, both chose to meet with me together. During the interview, I noted the openness with which mother and daughter communicated. Given the fact that Lizette was also an adolescent mother, she seemed able to relate to Trina’s experiences in ways that were different from the previous families that were interviewed.

The Grants provided a great deal of detailed information about their family—some that related specifically to the study and other information that was obviously important to them, and, thus, they wanted to share. I found that I was not as anxious as I had been with previous families when the Grants provided what I thought at the time were extraneous details. I was more conscious to follow the Grants where they led while also asking all of my pertinent questions. At the completion of their interview, I felt that I had a good sense of the family’s experiences with adolescent motherhood and their resilience. I also felt that, like many of the previous families, the Grants enjoyed sharing their experiences with me.

The “Harris” Family

Demographics

The Harris family consisted of Syrai, the adolescent mother, and Marissa, her mother (see genogram, Appendix N). At the time of the interview, Syrai was 19-years-old. She had gotten pregnant with her son at the age of 17, and gave birth when she was 18-years-old. Syrai was not dating her child’s father at the time of the interview and, in
fact, described a casual relationship that resulted in her son. She was a high-school graduate who had also completed a medical assistant program. Marissa was 45-years-old at the time of her participation in this study. She was 43-years-old when Syrai became a mother. In addition to Syrai, she had two other children, a son and stepdaughter. Syrai’s father passed away when Marissa was pregnant with her. The family identified as Christian; however, they did not actively participate in the traditions of the religion.

Case Study

The Harrises were recruited to participate in the study by Trina, the adolescent mother from the Grant family. After completing Trina’s family interview, she informed me that she knew of several young mothers who may be willing to participate in the study and agreed to reach out to them. Trina was told that, if any of the young women expressed an interest in being interviewed for the study, she could give her my contact information, so that I could provide further information. She did, and Syrai contacted me the following week. During our first telephone contact, I explained the purpose of the study and informed Syrai that she and at least one of her parents would need to participate. She stated that her mother would, and the interview was scheduled for the first weekend in May of 2008. The family chose to participate in a joint interview at their home.

The Harris’ interview began with the family sharing information about the composition of their family. Syrai stated that their family consisted of their immediate family members, which included Marissa, her son, sister, and brother. Additionally, Marissa identified her own mother, two sisters, and a brother. Regarding their relationships, however, she noted, “We’re not a real close family, you know. We don’t, I
don’t think we get together like a family should, you know.” The distant nature of the family’s relationships was a source of regret for both Marissa and Syrai that resonated throughout their interview.

Following that discussion, Syrai was then asked to describe her pregnancy, starting from the time she learned that she was expecting up through the time that she gave birth. She shared that, prior to discovering her pregnancy, she had a sense that she may have been pregnant given that she had missed her menstrual cycle. Her friend, she revealed, had already had a child and thought that Syrai may have been pregnant as well. After taking a pregnancy test and confirming the results with her doctor, Syrai accepted the fact that she was indeed pregnant. Her friend was the first person to whom she disclosed her pregnancy. Syrai described being in shock initially. She also expressed sadness noting that she was disappointed to be pregnant by the man who fathered her child. Syrai revealed that they had only a casual relationship, saying, “I never dated him.” Referring to Syrai’s relationship with this young man, Marissa offered, “They was only together when they made [their son].” Marissa expressed dislike for her grandson’s father sharing, “You know I only respect that man because he be around my daughter—when my daughter brings him around here. He’s a sorry, no-good man. He’s not even a man.” Syrai did not disagree. When she told her son’s father that she was pregnant, he encouraged her to get an abortion. Syrai refused, and he demanded a paternity test. After giving birth to her son, she got the test as requested; however, even when the results proved that he was indeed the father, he did not become anymore involved in the care of their child. Syrai reported that her son spends time with his father only when she takes him to his home to visit. At the time of the interview, she reported that she was putting
him back on child support after taking him off a few months prior. Syrai expressed that she was trying to work with him in not taking him to court. However, when she learned that he had another child on the way, she thought it best to have a record of the support that he would be responsible for providing.

Syrai’s child’s father was not the only person who encouraged her to terminate the pregnancy. She shared that her grandmother did as well. Recalling her mother’s response, Marissa stated, “She was another one who was on the same side as the father’s side, you know. Pretty much didn’t want my [grandson] around.”

Marissa learned of her daughter’s pregnancy through Syrai’s friend. She remembered being in shock that Syrai was pregnant, saying “I was in shock!...That she was having sex!” The Harrises were similar to the other families in that Marissa and Syrai had not communicated openly about issues related to sex. Prior to her pregnancy, Marissa asked Syrai if she was having sex. However, Syrai told her “no.” Syrai explained that she “wanted to tell her [mother] the truth, but it was too hard.” She felt that, if her mother would have approached her differently, she might have been able to disclose the fact that she was sexually active. Recalling earlier conversations between herself, her mother, and grandmother, Syrai stated:

I think I would be more open with her from the beginning, like even when I got pregnant, or when I started having sex, if she would have came to me, you know, in a way that I felt comfortable to open up to her. But I think it just, you know, [her and my grandmother] told me “Oh, don’t do this, don’t do that... you shouldn’t do this. This is the result if you do that” and just kept it moving. Like
not sat down and talked to me about it. I think that’s why I was just too secretive about it. That’s how I feel about it.

Unlike the other adult participants, Marissa did not have the expectation that Syrai would wait until she was married before engaging in sexual activity. This is likely because of her own experience with sex and teenage pregnancy in her family-of-origin. Marissa reported that, when she and her sisters reached a certain age, their mother automatically started them on contraceptives. As she described her experience, the Harrises family history of teenage pregnancy emerged. Marissa explained, “My mom was actually 17, still in high school...when she got pregnant with my older sister.... I was actually 19 when I was pregnant with my son....When we was in high school, [my mother] just automatically put us on birth control.” In addition to her mother and grandmother becoming pregnant or parents while teenagers, Syrai revealed that she had an adolescent cousin who was parenting. Moreover, she had several friends who were adolescent mothers.

When asked to describe an individual who is able to overcome hardship, Marissa offered her daughter as an example, noting that, although Syrai was going through a difficult time—having just lost her job—she was confident that she was going to prevail over this adversity. This illustration was helpful in gaining an understanding of the family’s analysis of resilience, and it provided a standard upon which the Harrises level of resilience was assessed.

The family identified communication as an essential quality in the development of resilience. The Harrises stated that they discuss important issues and collaborate on decisions. They noted that this was how they approached Syrai’s pregnancy. Mother and
daughter discussed the pregnancy and decided together how to proceed. Although others were not supportive of her decision to keep her child, Syrai stated, “That’s all I needed to hear from my mom, that she was behind me for me to go ahead and not care about what other people thought.”

Both Syrai and Marissa stated that family bonding is also important, a process that they expressed their family does not do. Syrai remarked that the family communicates more out of obligation. “It’s just like we bond, but we don’t bond that often. I mean we talk. We call and say hello ‘cause, you know, that’s the right thing to do—to check up on somebody.” As Marissa discussed their relationships with extended family members, her frustration was evident:

Well togetherness, I mean...we gotta come together and—that’s something that we don’t do. You know, family members get together, and they celebrate holidays. They get together and celebrate birthdays. We don’t do this! We don’t do this. I don’t understand this family!

The Harris’ reported that the greatest obstacle that they have had to face was the death of Syrai’s grandfather. Syrai stated that, while losing her grandfather was difficult for the entire family, her grandmother experienced it much greater and went through what Syrai called a “depression mode.” Marissa seemed to think that the death of her mother’s husband should have brought the family closer together or, at least, made her mother more available to spend time with the family. However, she explained, “I can’t really say we got more of my mom’s attention, because we really don’t see her everyday, but we had less attention when he was here.” Again, Marissa’s disappointment was apparent.
When asked how their family demonstrates resilience, Syrai and Marissa expressed that they “are still here. Some way, somehow we’ll always be together. That’s the bond that we have in [our] inner circle.” Syrai shared that her generation is attempting to establish a new legacy through being intentional about spending time with each other and getting their children together. Syrai’s motivation is her son. She expressed wanting him to have a better, more enriched life. Marissa felt that, if one member of their family was “strong” or “stable,” perhaps they would be able to organize family functions and bring the family together more often. She noted that, as a family, everyone was struggling. At the time of the interview, the Harrises were living in the home of an elderly woman whom Marissa cared for. Syrai was able to stay there because of her mother’s connection to this woman. Although their resources were limited, the Harrises reported that, whenever they were in need, someone in the family would help out, including Marissa’s son or mother.

Marissa compared being a grandparent to her role as a parent. For her, there was no distinction. She stated that the fact that she, like the other adult parents who participated in this study, is middle-aged, she felt more like a mother than a grandmother. She observed that the term grandmother comes with age, not necessarily as a result of your child becoming a parent. Her expectation of Syrai, she maintained, is that she continues to provide for her son and “be the best that she can be for him.” Marissa sees her role as a supportive one in which she is there to direct her daughter because “she got a lot of weak ends, and that’s what I’m there for, to guide her.”

Syrai identified her mother and grandmother as the people most supportive of her. She described motherhood as “exciting” and “not hard at all.” While she acknowledged
that she and her son "have [their] moments," these pass relatively quickly and with
minimal repercussions. Both Syrai and her mother appeared to be completely at ease in
their roles and seemed to enjoy them completely.

Researcher's Experience

As previously noted, Trina, the adolescent mother from the Grant family, referred
the Harrises for the study. Trina and Syrai had gone to high school together and had
known each other for years. Almost all of the adolescent mothers who participated in this
study had at least one friend or relative who was also an adolescent mother. This is
discussed in more detail in the theme section under Socialization to Motherhood.

As with the Grant family, I was intentionally less structured in following the
interview protocol, allowing the family to share information that they felt was important
for me to know. The interview flowed smoothly, although I was initially concerned that
Marissa was going to be reluctant to participate after I asked the first question. In
response to the question, she told Syrai, "You can answer. This is your interview!"
However, my anxiety was allayed when she answered my next question without
hesitation.

The theme of family support and bonding emerged early in the family’s interview
and was consistent throughout. Both Marissa and Syrai spoke openly about their
frustration over their family’s seeming lack of interest in cultivating their relationships.
Throughout the interview I got the strong sense that this was a family who truly valued
family connection and were extremely upset that their family did not uphold their ideals
about what family meant or should mean to each other. It seemed that Syrai’s becoming a
parent offered both her and her mother opportunities to create a new legacy with regard to building and sustaining family connections.

*Themes That Emerged*

As the families related their experiences with adolescent pregnancy, nine predominant themes arose: (a) reactions to the pregnancy, (b) emotions around the pregnancy, (c) belief systems, (d) unstable relationships with men, (e) impact of adolescent parenting, (f) experiences of motherhood, (g) experiences of grandparenthood, (h) socialized to early parenthood, and (i) coping. Several of these themes consisted of subthemes, each of which will be discussed further within each of the specific theme sections that follow.

*Overcoming Hardship*

The initial step in investigating the processes through which African American families develop and demonstrate resilience following an adolescent becoming a mother involved establishing a common definition. In an effort to facilitate this discussion, the families were asked to identify a word that would describe an individual who has been able to overcome hardship. It is important to note that, at the outset of this study, the intention was to ask families what word they would use to describe someone who is resilient. Given the Adams family's difficulty with answering this question, I decided that it might be necessary to explore this idea differently. Prior to doing so, however, I referred to the literature on resilience (e.g., Gilgun, 1999; Walsh, 2006; Werner, 1995), and consulted with a colleague who had previously conducted research on this topic. Previous research often involved describing resilience as the ability to surmount difficult circumstances. Following my review of the literature and discussion with my colleague, I
revised the question. My objective in doing so, was to simplify the language and alleviate any possible anxiety the participants may have experienced around not understanding what was being asked of them. Even with the revision, this proved to be the most difficult question of the interview since the participants, especially the adolescent mothers, struggled to find one word that would accurately capture their thoughts and feelings of such a person. Thus, in this research project, the participants’ answers to the question, “What word would you all use to describe someone who has overcome hardship?” were understood as their concepts and beliefs about resilience.

For the families who participated in this study, and who responded to the question about how they would “describe someone who has overcome hardship,” resilience was defined as a process through which family members were able to endure the crisis of an “off-time” pregnancy and to emerge stronger and more determined. Participants described family relationships that were enhanced through mutual trust, open communication, and support. Key in the development of resilience were the participants’ beliefs that the pregnancies were manageable obstacles. Resilience was demonstrated by the family members’ abilities to problem-solve and make decisions that were consistent with their belief systems. The families had experienced crisis situations in the past, and many had a previous family member become a parent in adolescence. The families relied on these past experiences for information as to how to negotiate the adolescents’ pregnancies. Their abilities to successfully navigate past adversities gave them confidence to do so in the present. Furthermore, family members trusted each other to provide the necessary supports to weather adversity; they drew strength from each other. The families’ abilities to be flexible by operating in dual roles enabled the family system
to reorganize and distribute responsibilities, so that no one family member was
overwhelmed with the stress inherent in their new roles. Moreover, extended family and
community supports offered additional resources that served to bolster the immediate
family members’ resilience.

The descriptions offered by participants from the Dean and Cole families
highlight the families’ analyses of individuals who are able to successfully navigate
obstacles. Ayana, the adult mother from the Dean family, shared the following:

[I would say] Me. Everything I’ve been through....The best word I can give is just
spiritual strength because I don’t think I would have been able to have endured
and still endure what I’m doing without Christ in my life because it’s hard; it’s
hard.

Ayana’s example highlighted the importance of the families’ beliefs in and dependence
on a higher power for support. Seven of the eight families acknowledged a belief in God,
and four of the eight families identified their relationships with God as important in their
development of resilience. When asked to describe a person who has overcome adversity,
the Ford family shared, “[You] definitely need a lot of prayer when you’re going through
a situation like this....Going through the hardship will be so much easier.”

Amira, the 19-year-old adolescent mother from the Cole family, also provided an
illustration of a person who she believed had endured and risen above challenges. She
recalled stories that her grandfather shared with her about growing up in the segregated
South. She stated:

I would say my grandfather. Only ‘cause, when I listen to him tell stories from
when he was younger and how he, you know, had to go through all the things
with the White and Black and just how he had to fight, not actually fight, you
know, how he had to do everything when he was growing up, you know, all the
way through it he still stayed strong, kept pursuing what he wanted to do. I would
say him.

Initial Reactions to the Pregnancy

As the adolescent mothers and their parents described their experiences of
learning of the pregnancies, a theme about initial reaction developed. This theme was
comprised of four subthemes: (a) adolescent mothers’ reactions to their pregnancies, (b)
adult parents’ reactions to the pregnancies, (c) siblings’ reactions to the pregnancies, and
(d) extended family members’ reactions to the pregnancies. Each of these subthemes will
be presented separately in section that follows.

I wanted to get an abortion. When describing their initial reactions to learning of
their pregnancies, five of the eight adolescent mother participants reported that they
contemplated terminating their pregnancies. Although Jada stated that she did not believe
in abortion, nor did she consider aborting her pregnancy that resulted in her son, she
revealed that three months prior to becoming pregnant with him she had terminated a
pregnancy. And while Trina, a mother of two, stated that abortion was not an option,
because of her families’ beliefs, her initial reaction to learning that she was pregnant with
her second child, in just two years, was to terminate the pregnancy. In fact, most of the
adolescent mothers reported that their families did not believe in abortion. However,
faced with the prospect of becoming teen mothers, many seemed to feel that
compromising their beliefs was the easier alternative. The adolescents cited two primary
reasons for not proceeding with the abortions: (a) they were too far along to terminate the
pregnancies and (b) their parents did not support their decisions to have an abortion.

Aaliyah, an 18-year-old mother, described her experience:

My first reaction was to actually get an abortion. I didn’t tell my mom. I told my aunt and,... I didn’t want to tell anybody else. After finding out how much money I was going to have to spend on an abortion, I couldn’t find the money to actually go through with it....My mom, she didn’t want me to get an abortion, so she told me to think about it. So, I kinda thought about it...I went to the doctor, and I found out I was about three months,...so it was kinda late. I didn’t want to get an abortion after that.

Deja, who became pregnant for the first time at 14-years-old, described a sense of urgency that many of the adolescents expressed in deciding how to address their pregnancies. Like Aaliyah, Deja planned on having an abortion. However, when her parents discovered her pregnancy, they offered her two options: give her son up for adoption or keep him. She obviously chose the latter. In describing her initial reaction to, and her parents’ subsequent involvement in, making a decision about her pregnancy, Deja stated:

Well, when I found out I was pregnant, well...I told the father of my son, I told him to buy me a pregnancy test, and he did, and I took it in my dad’s room. My parents weren’t home. I took it,...and it came out positive. Then I told [my son’s father], and I showed him and he acted like he was all happy, but I wasn’t, and I wanted to get an abortion. So, I was like, I got to hurry up and get rid of this before my parents find out....After that they found out, and it was like they said either...well, my mom said either adoption or either I keep him—their was no
abortion. My parents don’t believe in abortion ‘cause they’re Christian. So, I chose to keep him.

Trina discussed the inner conflict that she experienced in response to her second pregnancy. Like most of the other adolescent participants, Trina explained that her family opposed abortion. She reported that her family believed in being accountable for, and accepting the consequences of, their actions, regardless of how difficult they may be to endure. Her decision to abort her pregnancy was made in isolation. Unlike with her first pregnancy, she did not consult with her mother to discuss her options. Ultimately, however, disclosing the pregnancy to her mother enabled her to make a decision that was consistent with her family’s convictions. She shared the following:

I actually thought I was going to get an abortion. I called the place, and I asked them how much it would cost and everything. I made the decision on my own without really consulting with my mom first. And, then, I finally told her about it, and she said to me, “You know—my family doesn’t really believe—we don’t believe in abortion, so, if it’s considered a mistake, it’s just something you have to deal with in life.”

Monica’s family echoed a similar sentiment. When they learned that she was pregnant at 14-years-old, she was in her second trimester. While her mother, Monique, stated that she did not believe in abortion, she allowed Monica to decide how she would proceed. At five months, Monica felt that her options were limited. The following is an excerpt from the family’s interview in which Monique described the conversation that she and Monica had following the doctor’s visit during which they learned of her pregnancy.
She cried in the car, "I don’t want to be like this." [I said] "too late!" [She asked] "Can I do anything about it?" I was like "No, too late!" You know, she did have that option; it was her choice. I couldn’t tell her, "Oh, don’t do that!" I only tell her what I believe. And I don’t believe in abortion.

I was shocked. As the adolescent mothers discussed their reactions, they conveyed a sense that their pregnancies were unintended—they described being in a state of shock. None of the adolescents, however, acknowledged taking the necessary steps to prevent a pregnancy. Jen, Jada’s mother, reported that she had put her on birth control after the first pregnancy; however, Jada shared that she had been inconsistent in taking the pills. Even still, she was surprised to learn that she was pregnant. Jada’s response can likely be attributed to the fact that she had been pregnant just three months prior to conceiving her son. The following is an excerpt from her interview.

Jada: I was just like shocked, I couldn’t say anything.

Robin: And how long did it take for the shock to wear off?

Jada: It was probably like two weeks later. I kept going to sleep thinking, it’s a joke. I’m not really pregnant; it’s false. And after I went to the doctor and he was like, “Yeah, you’re pregnant,” I was like awww!

When asked about her initial reaction to learning that she was pregnant, Syrai, a 19-year-old mother, stated, “I cried. I was shocked.” Prior to becoming pregnant, Deja did not believe that she could conceive a child. She commented, “Like I never thought that I could get pregnant....So, it was like, oh my God! What is... like what is this!? I was, like, in shock.”
Trina’s reactions to her first and second pregnancies differed greatly. The second was clearly more unexpected than the first. When discussing her response to her second pregnancy, she conveyed a sense of fear and surprise that were not present when she learned that she was expecting her first child. She stated, “I was definitely shocked that I was pregnant because I wasn’t expecting to have more kids, especially one right after the other. I was like, oh my God! And I kind of panicked a little bit.”

*Initial Reactions to the Pregnancy (Adult Parents)*

*It was a shocker, actually.* In general, the adult parents’ reactions to the pregnancies mirrored those of their daughters. Six of the nine adult parents expressed shock that their daughters were pregnant, and most were unaware that they were even sexually active. Moreover, many of the parents, especially the adult mothers, felt that their relationships with their daughters were such that they would have been able to disclose the fact that they were engaging in sexual activity. When asked about her reaction to her daughter’s pregnancy, Marissa, Syrai’s 45-year-old mother, stated “I was just shocked. I was shocked! I was in shock...that she was having sex. We never had no talks about having sex.” This was different, she explained, than how her mother, Syrai’s grandmother, approached the topic of sex with Marissa and her sisters. Marissa reported that she had “never really talked to [her] mother about having sex. [She] just automatically went on and put us on birth control....Automatically. Yes. When we was in high school, she just automatically put us on birth control.”

When discussing her initial reaction to her daughter Aaliyah’s pregnancy, Lynn, a 43-year-old grandmother, captured many of the adult parents’ experiences of learning of their daughters’ pregnancies. She stated the following:
I was really upset and disappointed. I was shocked 'cause I didn’t have any idea, and I felt that we had a better relationship. I thought that she would be able to talk to me about things. So I was upset that she hadn’t done that.

Although Jen, Jada’s mother, knew that she was sexually active—given her previous pregnancy—she expressed both astonishment and deep disappointment that she was pregnant for a second time. When asked how she responded to the news that Jada was expecting again, she stated, “[I was] shocked. Very devastated. My heart was broken; it really was. It just wasn’t the way that I wanted things to happen with her, for things to go down. I wanted her to experience a little more of life.”

Overall, the adolescent mothers perceived their fathers to be more upset and less accepting of their pregnancies than their mothers. This was interesting in the light of the fact that many of the adolescents’ fathers were not actively involved in their upbringings. Aaliyah believed that her father initiated a cut-off due to her becoming a mother. Reflecting on her relationship with her father and his subsequent refusal to speak with her, she stated, “My dad says...he wasn’t mad at [my pregnancy]. Like, we don’t talk now. I think it’s because I got pregnant.”

Aaliyah was not the only adolescent who experienced rejection by her father as a result of her pregnancy. Trina described a similar reaction by her father. She remembered:

When I got pregnant with my daughter, he was upset with me and...he just stopped calling and stopped writing, everything. And I’m like, why!? [He] stopped calling and stopped writing. I was like, what is your problem? I’m the bad guy because I’m a teenage mother, like there’s not millions of them.
Trina’s recollection illustrates the difficulty that the adolescent mothers experienced in understanding the strong reactions expressed by their fathers.

Amira’s description of her father’s reaction suggests that he was much less supportive and accepting of her early transition into motherhood than her mother, Marie, who expressed that she was “happy.” Amira shared, “My dad, you know, he was like, you know, you decided to have this baby, so your fun time is over, you know. You’re pregnant so don’t think you’re going out!” Arielle, who had her first child at the age of 15, described a similar reaction by her father, who wanted her to have an abortion. He felt that her being pregnant reflected poorly on him as a father as well as on their entire family. Arielle reported the following:

My dad…wasn’t too happy with it. He actually wanted me to get rid of it, get rid of him…or give him up for adoption. He didn’t want me to have him ‘cause then it’s gonna look on him bad or look at the family.

*Initial Reactions to the Pregnancy (Siblings)*

*We're going to be aunts and uncles!* Most of the adolescent mothers felt that their siblings, especially their sisters, were excited about their pregnancies. Jada stated that, prior to her becoming pregnant with her son, her younger sister had often expressed the desire for Jada to have a child. As Jada recounted telling her sister that she was pregnant, both surprise and excitement were evident in her sister’s reaction.

Robin: So Jada, you told Jayla that you were pregnant at the movies. What was her reaction?

Jada: She was like, “Are you serious?” I told her “Yeah.” She was like “Again!”

She was like, “Are you going to have it?” I was like “Yeah, I’ma have it.” She
was like “Oh, God! When are you gonna tell mommy? She’s gonna be mad!” And she [Jayla] was happy, though, ‘cause she always talked about “I want a little niece or little nephew! It’s gonna be cute, it’s gonna be this and this and this.” Trina stated that her brothers and sister were excited about her son and daughter as well. She commented, “Until this day they are excited about both of them.” In fact, she said that her daughter’s best friend is her younger brother, noting the closeness of their relationship. Amira’s sisters were delighted about her son as well. She stated that “They love him to death. They just enjoy the fact of having a baby around.” Although Syrai and Arielle’s siblings were unhappy with them being pregnant, after giving birth to their sons, both stated that their brothers and sisters are “happy” to have nephews.

Aaliyah and Deja’s siblings were too young when they had their children to express much of a reaction to their pregnancies. While Aaliyah’s siblings were “surprised,” as noted by her mother, they did not communicate a reaction beyond that. Deja’s brother and sister are just two years older than her son and, thus, were only two-years-old when she gave birth.

Initial Reactions to the Pregnancy (Extended Family Members)

Everybody was just shocked and...just disappointed. The adolescent mothers’ descriptions of their extended family members’ reactions to their pregnancies were similar, for the most part, to the reactions of their fathers’. Like the adult parents, the extended family members were surprised that the young women were engaging in sexual activity. Deja remembered, “Everybody was basically shocked because nobody knew that I was having sex or anything like that....My aunt said that after she got off the phone with my mother, she cried.” Recalling her uncle’s reaction, she remarked, “Like, my
uncle, for instance, he did not like the fact that basically that I was pregnant; he didn’t like it at all.” Deja’s grandmothers’ responses differed. She described her maternal grandmother as being supportive of the pregnancy while her paternal grandmother wanted her to have an abortion “because [she] was too young.”

Syrai remembered her grandmother being upset that she was pregnant. Reflecting on her grandmother’s reaction, Syrai stated, “She didn’t talk to me for a few days. And then she tried to talk me into abortion.” The first person who Aaliyah disclosed her pregnancy to was her aunt, whom she reported, became a mother at a young age. Aaliyah commented that her aunt’s responses were mixed between surprise and understanding, saying, “She was very surprised. She was kinda mad, but she understood; she had a kid when she was young. She understood.”

Arielle’s discussion of her extended family members’ reactions suggested a sense of loss that was evident when she described her father’s reaction. Arielle learned that she was pregnant when she was just 15-years-old. Remembering her family members’ reactions, she recalled:

They were really disappointed in me….They all started looking at me bad. They didn’t think I was going to finish school….My extended family, like my aunts, everybody…my cousins, they thought I wasn’t gonna finish school, that I wasn’t gonna do nothing but drop out.

In summary, the families’ descriptions of their reactions to the adolescents’ pregnancies ranged from shock to excitement to disappointment. The families’ expressions of shock were explained by two primary reasons: the adolescents’ pregnancies were unintended, and the adult parents were unaware that their daughters
were engaging in sexual activity. Siblings who were old enough to understand and express a reaction were described as being excited about their sisters’ pregnancies. The extended family members’ reactions were, in general, similar to those of the adult parents. Although the young mother participants acknowledged an initial desire to terminate their pregnancies, most reported that their families did not support abortion nor believe that it was an acceptable option for addressing a pregnancy. Disclosing the pregnancies to their parents enabled the adolescent mothers to engage in collaborative decision-making in which options were suggested by the adult parents and considered by the adolescent mothers. While the adult parents were clearly upset by the adolescents’ pregnancies, they did not pressure their daughters into making the decision that they were most comfortable with. Instead, the parents offered their assistance and assured the adolescents that they would support them in whatever choices they made.

Emotions Around the Pregnancy

As the adolescent mothers and their parents related their experiences of discovering the pregnancies and the actual pregnancies themselves, two primary emotions emerged from the data. For the adolescent mothers, the emotion that they most described experiencing was fear. And for their adult parents, a sense of regret was expressed. The following section describes both the adolescents’ and their parents’ experiences.

I was scared to death. Six of the eight adolescent mothers associated some level of fear to their pregnancies. A few recalled being nervous about disclosing their pregnancies to their parents and extended family members while the others’ primary concerns centered on the pregnancies themselves. Trina, Jada, and Syrai discussed their
fears about notifying their parents and extended family members about their pregnancies. Their anxieties seemed to be, at least in part, related to uncertainty of how their families would react. Trina stated that, when she learned that she was pregnant with her second child, she “kind of panicked a little bit.” Jada, who got pregnant two times in three months, was especially hesitant in informing her mother that she became pregnant so soon after terminating the previous pregnancy. In fact, she did not reveal the pregnancy to her mother; her son’s father did. Reflecting on her second pregnancy, Jada also shared, “My biggest fear was being a single mom. I didn’t want that to happen at all.” Syrai reported that she experienced anxiety in disclosing her pregnancy to her grandmother stating, “She can be a hard person sometimes....That’s what really made me scared.”

Both Arielle and Monica associated their fears with being pregnant at young ages; Arielle was 15–years-old and Monica was 14–years-old. The following excerpts further illustrate the apprehensions that the adolescents experienced as related to their pregnancies.

Arielle: I told my mom first. I called her in Atlanta and told her [that I was pregnant]. She came all the way back here for me. So after that, I was scared. I didn’t know what to do. I wasn’t sure if I wanted to keep him or not, but I kept him. I was scared the whole time.

Monica: Well, when I was pregnant, I didn’t find out right away, I was five and a half months. The way we found out is we went to a family doctor. They did some blood work, and the next day they called and told my mom that I was pregnant. I was scared; I didn’t know what to do ‘cause I was like at a young age.
It just wasn't the way that I wanted things to happen with her. As the families recalled their experiences of the adolescents' pregnancies, a theme of regret emerged. Seven of the eight families expressed some level of regret around the adolescents' pregnancies. The young women and their parents discussed the plans and expectations that they had prior to the pregnancies. All of the parents had expectations of their daughters at least completing high school. Deja was the only girl who had dropped out of school as a result of becoming pregnant. She stopped going to school at the time that she became pregnant in the ninth grade. However, at the time of her family's participation in the study, she was considering pursuing her high-school-equivalency degree. The only other adolescent mother who had not completed high school was Arielle, who was expecting to graduate at the end of her academic year. Jada, Trina, and their mothers stated that they had made plans for the girls to go to college. After terminating her first pregnancy, Jada and her mother felt that she would be in a better position to pursue her dreams. Although they understood that parenthood did not prevent her from going to college, both were realistic about the demands of negotiating single motherhood and pursuing a higher education. Discovering that she was pregnant for a second time was disappointing for both of them. Jada stated “I wanted to do a lot more with myself career-wise, like go to college, and I just felt like stuck.” As Jen discussed her experience of learning of Jada's pregnancy, it was clear that she felt largely responsible for her daughter's predicament. She articulated the following:

There are things that I wished I would have done differently because, when I first found out, I felt like a total failure....I thought there was something that I just didn't do or say to her. Something that I should have explained at the right time
when she was able to just do something….I thought that it was my fault. Part of me still does.

Jen also expressed a deep sense of regret related to the abortion that Jada had prior to having her son. She stated:

Jen: I should not have gotten involved with [the abortion]. I should have just told her to just go on and have the baby. It just seemed like she went through all of that and then the next month she got pregnant again anyway. So it seemed like she went through all of that and then the idea of abortion period, you know. I don’t think that’s something that either of us really dealt with. I know that obviously she went through it, but I feel bad because I was a mother, and I should have done more to encourage her not to do that.

Both Trina and her mother, Lizette, were surprised when Trina got pregnant with her son within two years of having her first child. As Lizette reflected on Trina’s second pregnancy, it was clear that she had greater expectations for Trina’s behavior after becoming a mother for the first time. She stated, “I was really upset when she told me about Akil. I really was. I was just like, Trina, how could you sit there and put yourself through a predicament like that?!” As a teenage mother herself, Lizette knew how difficult becoming a mother during adolescence could be. Remembering her own experiences, she remarked, “I don’t want that for [her]. I want better for [her].” After high school and the birth of her first child, Trina had enrolled in her local community college. However, when she became overwhelmed with managing parenthood and school, she withdrew from her classes, a source of regret for Lizette. While she was empathetic to Trina’s circumstances, she was hopeful that Trina would be able to
continue on to get her college degree knowing that having it would put her in a better position to care for her young family.

As the oldest of five, Aaliyah commented that she was “used to being the one that was so good.” Becoming a mother at 15-years-old was not only disappointing to her family, but to herself as well. Reflecting on her pregnancy, Aaliyah stated, “I kinda let everybody down, including myself.” Her mother, Lynn, expressed regret for failing to communicate more openly and directly with Aaliyah regarding issues of sex. She stated:

I think that my fear was that I didn’t want to confront it even though I was suspicious of it. I would ask Aaliyah what was going on, and whatever answer she told me I accepted it....I didn’t want to push her or pressure her, didn’t want her to think that I thought she was lying,... but in hindsight, I would’ve pushed harder because your children, you’re only kids once, and you have to be involved.

The week prior to Arielle discovering her pregnancy, her mother, Ayana, had moved out of the state to leave an abusive relationship. She made the decision to return to the family home, so that she could support Arielle throughout her pregnancy. Arielle realized how much of a sacrifice this was. She recalled:

[My mom] had to give [her house] up and come all the way back up here to help me. I felt bad for a minute, like it was all my fault ‘cause she gave up that nice big house. It was everything she wanted, and then she came back here for me.

Syrai’s regret was focused primarily on her being pregnant by the man who fathered her son. She described a casual relationship with this gentleman who has not been committed to taking an active role in his son’s life. While Deja commented that she did not have any regrets becoming a mother at 15-years-old, her father, Frank, exclaimed
that he’s “too young to be a grandparent!” Furthermore, he commented that, “[He] didn’t want to become a grandparent till [he] was like in [his] 50s….It was an adjustment.”

After Monica gave birth to her first child, Monique reflected, “I shouldn’t have let her be a kid. I shoulda came down harder!” Both believed that her not doing so contributed to Monica’s continuing to have children, five in total. Recalling her experiences following the birth of her first child, Monica remembered:

When I first got pregnant my mom really did everything for my son. I was still being a teenager. Me having all that space, that’s when I got pregnant again and again. But now I’m learning as a mother. Sometimes I feel as though I’m using her ‘cause she does everything for me and for the kids….But I’m learning every day to be a better mother.

In general, the families’ discussions of their experiences with the adolescents’ pregnancies revealed two primary emotions—fear and regret. The adolescent mothers expressed fear as related to disclosing their pregnancies to their families and unfamiliarity with pregnancy and parenthood. Several of the adolescents reported being anxious about informing their parents of their pregnancies, feeling unsure of how they would respond. Others, because of their ages, were nervous about carrying a pregnancy to term and raising a child. Both the adolescent and adult parents articulated regret. The families had expectations that did not involve the adolescents becoming parents while still teenagers. Once the adolescent became parents, the families had to adjust their expectations for the adolescents, not only as children, siblings, and nieces, but as mothers as well.
Belief Systems

The data analyses revealed two primary subthemes as related to belief systems. In discussing their experiences around making decisions about the adolescents’ pregnancies and communicating about sex prior to the pregnancies, the families’ beliefs regarding abortion and adolescent sexuality became evident. The following section highlights the families’ convictions concerning these two issues.

I don’t believe in abortion. You did it, you pay for it, and you deal with it. That’s always the standard. Seven of the eight families expressed opposition toward abortion. Most of the families reported that their beliefs were grounded in their religions. Deja’s father, Frank, is a preacher. Referring to her options for addressing her pregnancy, she stated, “There was no abortion. My parents don’t believe in abortion ‘cause they’re Christian.” The Cole, Grant, and Dean families expressed similar beliefs, each acknowledging that they “don’t believe in abortion” and that “God gave [the adolescent] that baby for a reason.” Furthermore, the Grants maintained, if a young girl is to accidentally get pregnant, it’s a mistake that “you have to deal with in life.”

Lizette told Trina, “You knew what you had to do to prevent getting pregnant, and you didn’t do that. It’s not the baby’s fault that you got pregnant. So you just have to deal with it.” The Adams, who identified as Jehovah’s Witnesses, were the only family who acknowledged having an experience with abortion. Both Jen and Jada expressed remorse around this incident because of their moral convictions regarding abortion.

Sex before marriage is something you just don’t do. The families were asked about their beliefs around sex prior to the adolescents becoming mothers. The overwhelming response was that sex without the benefit of marriage is not tolerated.
Similar to their beliefs around abortion, the families identified these values as being grounded in their religions, most of which were Christian. The Brandon family said, “We went to church. We had church beliefs....It was pretty much just like no sex....It’s just not right.” Regarding their beliefs toward sex, Lizette, the adult mother from the Grant family, said, “She wasn’t supposed to do that. Stay away from it.” The Ford family discussed how Deja had received sex education through their church.

Deja: My church, we had a class called True Love Waits. And actually I did that class. I believe I was 13 or 14. I did that class....They teach you about teen pregnancy, stuff like that, and how to wait until you’re married to have sex and all that. I was young, and I knew already like, no I shouldn’t have sex, because you have to be married to have sex and all that, but I didn’t follow it, so I basically knew everything, what I was supposed to do and what I wasn’t supposed to do, and I was hard-headed and chose to do what I wanted to do.

Frank: I was hoping and praying that True Love Waits class would help!

When asked about their families’ beliefs around sex, Amira, the adolescent mother from the Cole family, jokingly remarked, “Strictly forbidden! Boys are not allowed. No boys. No boys!” Although, she was being humorous, both Amira and her mother, Marie, indicated that this was the expectation. Amira described her father as strict and disapproving of her pursuing romantic relationships. Monique, the adult mother of the Ellison family, took a more serious tone when she stated:

You don’t do it, you don’t do it, you don’t do it! That’s for married people, you know. Our view hasn’t changed. You know it’s still the same. She knows she
shouldn’t have done it, but you can’t control, you know. I can’t put a chastity belt on her, I wish I could, I would!

Robin: So where did these beliefs come from?

Monique: Just believing in God. That’s what my belief is, you know what I’m saying? Growing up...you know, [my husband and I] grew up in church.

In summary, as the families engaged in discussions of their reactions to and experiences with the adolescents’ pregnancies, their beliefs and values around sex emerged. These beliefs were primarily grounded in the families’ religions and served to inform and guide their decision-making around the adolescents’ pregnancies. Although the adolescents initially wished to terminate their pregnancies, their religions discouraged such an act. Furthermore, the parents believed that, if the teenage mothers had been adhering to the values of their religions, they would have avoided adolescent pregnancies.

*Unstable Relationships With Men (Adolescent mothers)*

This theme focused on the adolescent mothers’ relationships with men and consists of two subthemes: (a) unstable relationships with their own fathers and (b) unstable relationships with their children’s fathers. The first subtheme encompasses the adolescent mothers’ relationships with their fathers. The second illustrates the young mothers’ relationships with their children’s fathers.

*Me and my dad’s relationship was kind of up and down.* Five of the adolescent mothers reported unstable or distant relationships with their own fathers even prior to becoming parents. Two of the mothers connected their fathers’ current lack of involvement in their lives directly to their pregnancies. When asked how becoming a parent affected her relationship with her family members, Aaliyah stated that, although he
would deny it, her father stopped speaking with her because she became a mother at 15-years-old. Reflecting on their relationship, Aaliyah commented:

We didn’t talk that much to begin with. But now there’s like a big, big gap. So I think pretty much it was going to come up eventually. It’s just something that I just grew up into faster than it was going to come so....Now it’s more of an excuse for him not to talk to me. So it was probably something that was going to come up eventually. It was just something that I didn’t realize until I had him.

Similarly, Trina said that, although her father had always been inconsistent with his involvement in her life, his presence diminished even more when she became pregnant with her son. He did not, however, hesitate to express his disappointment in her for getting pregnant.

Me and my dad have always been on and off. He was like—when he wanted to be bothered, when he wanted to be daddy, then he was around. When he didn’t feel like it, then he just really wasn’t there.

Jada discussed a similar relationship with her father. Although he was in her life when she was a young child, his struggle with addiction compromised his ability to provide for the family. Jada’s parents divorced when she was five-years-old. Since that time, his involvement in her life has been inconsistent. Like Trina, Jada’s father has a history of incarceration. Unlike Trina, however, Jada’s becoming a mother provided an opportunity for reconciliation.

[Me and my sister] didn’t want to have nothing to do with him at all, and then, when I got pregnant, that’s when he started to come around. I only tolerated him because I was like, well, I’ma let him see his grandson and spend time with him. I
think up until two years ago, around two years ago, that’s when me and him started getting closer. Now we write all the time. I can’t wait ‘til he gets out (of prison). It’s different now.

Both Arielle and Amira described distant relationships with their fathers. Referring to her father, Arielle stated, “Like we don’t really have no connection.” While growing up, Amira and her father’s relationship was not close; however, she felt that it had started to improve as she got older.

Me and my dad’s relationship was kind of up and down and when I went away to school it seemed like it got better, and then it’s like, when I did tell him [about the pregnancy], then it was like, it was like we didn’t really have a relationship.

We are not together anymore. The adolescent mothers reported unstable relationships with their children’s fathers as well. For these mothers, lack of romantic involvement with the child’s father was associated with the fathers’ absence in their children’s lives. Of the eight young women who participated in this study, Trina was the only one who was dating her children’s father at the time of her involvement in the study, and, based on her reports, their relationship was unstable. She recalled that during both of her pregnancies “he swore that he wasn’t their father.” Deja commented that her son’s father “dumped [her] for another girl” when she was about five months pregnant. Arielle and Syrai had only casual relationships with their sons’ fathers. Moreover, Arielle and Amira’s children’s father had never seen their children. When asked about the reason for her son’s father not having a relationship with his son, Amira reported, “He’s going through a lot of stuff. It’s like, you know, I guess he can’t really do anything for Jahan until he does for himself first anyway. So maybe it’s a good thing.”
As Jada discussed her relationship with her son’s father, her frustration was evident. She stated that, although he assured her during her pregnancy that he would be there to support her and his son, he has not been consistent.

He’s in and out. Most of Jordan’s life he’s been locked up. Like, he just got out of jail, I would say, two or three weeks ago after being in there for almost two years. He doesn’t see Jordan like that since he’s been out. He may see him like one day out of every other weekend....He says he wants to be there. He promised, when he first got out that,...he was going to be there for him. But,...I don’t know....I’m not gonna force him to do anything. You know we’ve had fights, I mean I told him before like either you’re gonna be there for him or your not ‘cause I don’t want you to pop in and out ‘cause my son is like confused, and he ask for him.

When he was locked up, he was always like, “When is he gonna get out? When is he gonna get out?” I guess he thought that, when he did get out, he was going to be there to see him all the time. So I guess he was under the impression that his dad was going to spend a lot of time with him when he did get out, which is what I thought too ‘cause I was trying to give him a chance, but that hasn’t been the case at all.

Jada also talked about her relationship with the man who had gotten her pregnant prior to her son’s father. She commented that, although they had dated in the past, they were not in a relationship during the time that they conceived a child. Jada reported that, when she informed him of the pregnancy, he told her:
I’m not going to be there, I’m not going to have anything to do with it if you have it. Don’t look for me, I’m gonna move. I’m gonna resent you. I’m going to tell everybody that you’re lying; you’re a whore. It’s from somebody else.

His reaction was in direct contrast to her son’s father who assured Jada that he would support both her and their son. As noted in her case study, this has unfortunately not been the case. Perhaps, if he had been more honest with Jada when they initially discovered her pregnancy, she may have made a different decision with the pregnancy that resulted in her son.

In summary, almost all of the adolescent mother participants in this study described strained or distant relationships with their fathers and their children’s fathers. Two of the adolescent mothers reported that their fathers ceased communicating with them as a result of their pregnancies; however, both acknowledged that these relationships were fragile even before they became mothers. Several of the other mothers reported distant relationships with their fathers prior to getting pregnant. Only one of the adolescent mothers was still in a relationship with her children’s father. Two of the young mothers’ children had never met their fathers, and the other five fathers were inconsistently involved in their children’s lives.

Impact

The adolescents becoming young mothers affected their families and relationships in multiple ways. The following subthemes emerged from the analyses: (a) adult parents’ self-sacrifice, (b) dual roles, (c) family relationships, (d) effect of parenting on adolescent mothers’ social life, and (e) economic hardship. The following section highlights each of these subthemes.
A lot of things me and my wife had to put on hold because we had to take care of her children. The families discussed their lives being affected on multiple levels as a result of the young women becoming parents in adolescence. The most salient theme for the adult parents was self-sacrifice. The participants’ selflessness and commitment to their daughters and grandchildren were apparent as many spoke of having to defer their own dreams, so that they could support their daughters and grandchildren. The parents reflected on how they were unable to experience and enjoy traditional grandparenthood because of having to, at times, raise their own young children in addition to assisting with their grandchildren. The following excerpt from the Adams family interview illustrates the adult parents’ experiences.

Jen: I always felt that by the time I got to this age, I’m 45 now, my kids would be in school, and I’d be able to begin my life, but I just don’t see that happening. There are times when I come home and I just want to go in my room and lay down, and I can’t because I have my grandson or grandsons. There are times when we take shifts. So that part’s hard. And their mothers, my daughters, aren’t able to do something, then I have to just be there. There are times when I just want to relax or go just out, and my daughters are like, “Ma, can you baby-sit tonight?” And you know she’s been working hard. I want to help her too, and, as a single parent, she doesn’t always have a babysitter, so I’ll sacrifice and try to help her out.

Lynn, the adult mother from the Brandon family, expressed a similar experience. She discussed how she often makes herself available, so that her daughter, Aaliyah, can
experience young adulthood. Lynn also commented on the sacrifice that her parents have made in assisting with care for their great-grandson.

[There is] less time for everybody….There would have been days where I could have had free time. I mean I don’t baby-sit as much as my parents do, but, you know, there was a day I could’ve had free time; now I have him. You know, if my parents aren’t there to baby-sit, I’m there. If, you know, on nights when Aaliyah wants to go out, I baby-sit him; maybe every other weekend or whatever. It doesn’t seem like a big deal ‘cause it’s at night time usually, but he’ll wake up and look for his mom, and I’m not getting the sleep that I normally get, so it is a change. It’s a big change for my parents because they baby-sit a lot. They pick the children, my daughter and my grandson, up from daycare. You know they drive back and forth. When Aaliyah didn’t have transportation to work, they’d drive her to work. So it was big responsibility for my parents.

The Dean family spoke of how Ayana, the adult mother, moved from another state to be closer to her daughter, Arielle, to help support her throughout her pregnancy and raising her son. John, Monica’s stepfather, stated “[My wife and I] wanted kids ourselves, but we had to put things on hold to take care of what we already got.” The Fords discussed the adult father’s, Frank’s, sacrifice in terms of having to work a second job in order to provide financially for his family.

It’s put her in a difficult situation where she’s got this dual role. Both the adolescent mothers and their parents discussed the necessity of role flexibility. For the adult parents, this meant operating as caretakers to dependent children as well as to their grandchildren. The adolescent mothers discussed their frustrations with negotiating the
demands of young adulthood and parenthood. As the families related their experiences, the strain of having to navigate between their multiple roles was obvious. The Brandon family expressed the following:

Lynn: I know that she wants to be treated more as an adult because she has adult responsibilities, and at the same sense she’s still a child, and she still faces the consequences of young teenage behavior, so it’s kind of awkward and confusing at times. She has a lot of responsibility between school and working part-time and taking care of him. I look to her to be more of a role-model to everybody now, you know. She’s got the child, so she needs to take on more responsibility with the house. I want her to take on more adult responsibility, but at the same time, you know, she’s still a kid; she’s teenager. Sometimes we butt heads because I feel that she’s not really an adult. So it’s a very confusing place to be in the middle.

Aaliyah: A lot of times I want to go out places and stuff, and I know she can’t baby-sit, so I ask my grandparents, and they’re like, ask your mom. And I’m like, I’m grown, why would I ask my mom to go out still!? So... it’s confusing sometimes.

The Adams family expressed a similar experience. Jada discussed how it can be awkward, at times, speaking to her mother about certain topics. Jen agreed and talked about her difficulty with seeing Jada as an adult. Jen reported:

Sometimes it’s kind of hard trying to see your child as an adult, as an adult parent....I mean there are times when I see her as a little kid. And I stop myself from getting into that role of a parent over a little child because she’s 24 now.
The Ellison family also discussed the dual role within which the parents of adolescent mothers function. Although John had been a grandparent for some years prior to his wife becoming a grandmother, his life had not been impacted in the way that it was when his step-daughter, Monica, started having children at 14-years-old. He spoke about their families’ experiences with teenage parenthood. Parents these days is taking care of their grandkids anyway...‘cause the kids are having kids. They’re kids; that’s all they are. They are starting at a young age. So we, the parents, are really stuck with taking care of them and taking care of the kids, you know? That’s how it’s been in this family.

For Arielle and Deja, the struggles that they experienced centered on accepting the adult responsibility of raising a child while still feeling like children themselves. Arielle discussed a family situation in which she was responsible for ensuring that the family received their monthly benefits. Unfortunately, she was unable to complete the task and her mother, Ayana, was required to get involved to resolve the matter. Reflecting on the incident, Arielle stated, “I thought I was growing responsible which I really proved to myself that I wasn’t.” Deja expressed the desire to accomplish goals that she associates with adulthood. Although she is parenting a child with another on the way, Deja continued to struggle with fully accepting and functioning in the role of an adult. She shared the following:

I have a lot of stuff that I really do need to do....I’m not a grown woman yet, but I’m of age to do things. I don’t feel as though I’m a grown woman yet. I want to be out on my own. I want to go to school and become a LPN....I have a long way to go.
It definitely brought us closer. Five of the eight families spoke of becoming closer with immediate family members as a result of the adolescent becoming a mother. For those who had relationships with extended family members, most did not believe that they had been affected in any substantial way. Families expressed being able to communicate more openly, especially around issues of sex since the fact that the adolescents were sexually active was no longer undisclosed. Commenting on her relationship with her mother, Lynn, since becoming a mother, Aaliyah stated, “We are lot more open with each other most of the time so. Like we know what’s going on a lot more than we did before.” Regarding her relationship with her mother, Jada stated, “I can come to my mom, and I tell her basically everything. We’re like best friends,...I think that’s the best way for us to be close is for me to keep everything real with her.”

Amira also reported feeling that her relationships with her sisters and mother are closer since she became a mother. Ayana, the adult mother from the Dean family, said, “I felt like [my grandson] definitely put [my marriage] back together.” During the family interview, Ayana and Arielle shared that Ayana had moved out of state to leave an abusive relationship with Arielle’s father. When the family learned that Arielle was expecting, Ayana moved back home to assist her through the pregnancy and early years of parenting. Moving back into the family home afforded her and her husband the opportunity to repair their relationship. Moreover, they added that stress of caring for Arielle’s son drew the family closer together. Comparing her relationship with her mother before and after she became a mother, Trina stated, “Our relationship is way better than it was before.” As Syrai reflected on the impact of her becoming a mother on
her relationship with her own mother, she commented, "I would say it brought us more
together like me talking to her."

_Since the kids came, there's been a big finance problem._ For most of the families,
having the additional responsibility of caring for the adolescents' children created
increased financial strains. Almost all of the families reported being burdened financially.
In fact, all but one of the families identified financial stress as the greatest family
obstacle. When asked about the biggest challenge that they have faced as a family, the
Adams reported the following:

_Jen: I would say financial._

_Jada: Yes, financial._

_Jen: I've kinda had to be the financial hub for everyone. It's difficult, especially
when I had to find a place to be. Them needing things for their kids. Fathers, baby
fathers weren't really able to provide, and I've had to help out. Now they have
jobs. It's kind of helping. It's helping as far as the childcare and stuff. It's still
food and shelter and electricity, things like that. Our biggest problem would be
financial._

Arielle acknowledged that financially things have been difficult for the Dean
family as well. Having the additional responsibility of caring for Monica's five children
has created an increased financial demand for the Ellison family. Monique, the adult
mother, stated, "I wouldn't say we struggle, but, when we get ready to do something, we
can't do it....We get by." Frank discussed the impact of his daughter's becoming a
mother at 15-years-old on the Ford family.
In a financial way it’s stressful ‘cause I’d like to be able to provide more for [my grandson]. But, you know, I know in the future that will happen...once I get my certification, you know, through the state and all that. Then, you know, I’ll be able to be a better provider for him. But that’s the only way that it’s rough in that area ‘cause I can’t provide for him like I’d like to.

_When you’re pregnant, like, you lose a lot of communication with your friends._ As the adolescent mothers recounted their experiences with pregnancy and parenthood, the impact of parenting on their social lives became clear. The young women spoke of being unable to enjoy activities associated with adolescence and young adulthood because of having to care for their young children. Aaliyah reported that she rarely left her home during her pregnancy. She transferred from her own high school and completed her education at a school for pregnant and parenting teens.

Reflecting on her experiences as a young mother, Arielle expressed the consequences that many of the adolescent mothers’ experienced. As she discussed becoming a mother at 15-years-old, feelings of loss and regret surfaced.

I don’t go out. I don’t spend time with my friends. I don’t do this and that. All my friends they be going out. But I can’t do that. I have to be in the house every day...24/7. Well, except for school. Well, I did have a job and then church with my mom. But, I don’t do nothing. Sometimes that’s how I feel.

Monique reported that, when her daughter, Monica, became a mother, she regulated how much time she spent outside the home. While she believed that it was important for Monica to continue to experience her adolescence, she also realized that it was essential that Monica learn how to be a parent to her children. She noted:
I didn’t make it easy for her. She did go to the prom; she did get stuff for her little trips and stuff like that, but going out and partying, she might go once and a while, but you got kids, you gone stay home. You got ‘em, you gone take care of ‘em, you know.

Deja talked about her difficulty in accepting the limits that her parents placed on her after she became a mother. Both she and her father discussed the importance of her functioning in the role of mother to her son, which meant that she had to make some sacrifices. Deja stated, “I use[d] to get mad in the beginning, but, after a while, you just get used to it. Like not going out or anything.”

In summary, all of the participant families reported their lives being impacted in various ways as a result of the adolescents becoming mothers. In reflecting on their lives since the young women gave birth, families were able to observe both the costs and benefits of this event. Among the costs discussed by the families was the economic strain they experienced. Financial stress was the most common challenge identified by the families. Additionally, the adult parents referred to the sacrifices that they have had to make in accommodating their daughters’ new roles. The adolescent mothers commented on their losses of freedom in enjoying adolescence and young adulthood. The participants also recognized the ways in which their lives have been enriched by virtue of becoming parents and grandparents. While an adolescent becoming a mother has certainly been difficult for these families, the joy that their children have brought into their lives was undeniable. The Dean family even credited Arielle’s son with healing the family.
Experiences of Motherhood (Adolescent Mothers)

Both the adolescent mothers and their parents were asked to reflect on their experiences of parent- and grandparent-hood. In the two sections that follow, the participants’ experiences of their roles are highlighted.

You’re proud to be a mother, but then again you’re not ‘cause at my young age I shouldn’t even be having no kids.... It’s hard. The young mothers described motherhood as rewarding, enjoyable, and, oftentimes, difficult. When asked to discuss their experiences of motherhood, the complexities of negotiating single parenthood, adolescence, and young adulthood were revealed. Aaliyah and Deja described the following in response to being asked what being a mother meant to them:

Aaliyah: Definitely having to be an adult about certain situations. I can’t react to…stuff that I would usually have to react to as a teen. As far as like school and stuff goes, I had…to really look at where my focus is at and where my priorities are and where he has to fit into everything in my life.

Deja: So it’s like you adapt real fast when you’re a young mother, and you just basically just have to do it. It’s an automatic thing.

Jada and Monica articulated the need to balance work and spending time with their sons. Jada realized all too well the impact that her working two jobs was having on her son and their relationship. Attempting to meet their needs as well as their children’s was taking an emotional and physical toll on both of the young mothers.

Jada: You feel bad because like you want to spend time with him. But I’m looking at I have to work, I have to work, I have to work. I have to get my own place, I have to get me and him, you know, in a certain place.... Sometimes I just feel bad
because I want to do so much more with him and as far as like even just taking him out on the weekends. I barely spend enough time with him. I may have one day out of the week off, and that's not enough at all 'cause then that's homework time. We may play a little bit and I'm tired like lazy around the house....I don't know, it's very hard.

Monica: [Motherhood is] hard. It's tiring, especially since I'm working. I work and go to school. Even when they're out of school, I don't go to sleep till late. Plus the baby's not on a schedule, so I really don't get sleep like that. It's hard being a parent. And then taking care of five all close in age. It's real hard.

Trina looked at motherhood as a motivator. Being responsible for the welfare of her two children was the encouragement that she needed to strive for a life of independence that her mother, Lizette, indicated she wanted for her. Trina was also realistic about the willingness of her children’s father to help support her, saying that he is involved whenever she makes him get involved. The following is an excerpt from her interview.

It's tough, but all in all it's a wonderful thing. I look at the two of them, and they make me—they're my motivation—they make me want to do something in life, so I can know that I can take care of somebody. I mean, it's hard. It's tough. I'm ready to pull my hair out but....I like being a mom.

Arielle spoke of the commitment that motherhood entailed. When asked what motherhood means to her, she said that “It means a lot to me. It’s a lot....It’s real hard and stressful. You can't say I quit or nothing ‘cause you gotta be there for the next 18 years or whatever, or more.”
In summary, the adolescent mothers described their experiences with motherhood as most adult parents would—both challenging and rewarding. For these young women, the challenges were primarily around balancing parenthood, work, and their own social lives. The rewards were in watching their children grow and learn in new ways. The mothers were aware of and took seriously the significance of their roles as parents as well as the commitments to raising them required.

Experiences of Grandparenthood

It’s like being a mother again. Five of the seven adult parents described grandparenthood as being similar to parenthood. Most were, in fact, unable to distinguish between the two, especially those who were still parenting their own young children. The adult parents spoke of being unable to enjoy grandparenthood as they imagined they would have had the transition to grandparenthood been made later in life. Many of the parents were still in their 30s and 40s. The mean age that the adult parents had become grandparents was 40-years-old. Trina’s stepfather was the youngest at 31-years-old.

Referring to her stepfather, she stated, “My stepfather—he’s still young. He just turned thirty—thirty-one. And he’s got grandkids already, you know. There’s an effect on everybody. There’s been a change for everybody.” In discussing her experiences of grandparenthood, Lynn described the following:

I really don’t think I get to appreciate it as much as I would have later on because I’m still trying to raise my own young children. So to me it’s just like having another child around the house. It’s not like all my kids are grown, and I get to sit back and, you know, and spend time with this child, I don’t really get that. He’s running around with all the other kids, and it’s noisy. I don’t really feel so much
like a grandparent as I do a caregiver, you know, just having him as a member of the family.

When Jen and Frank were asked about their experiences of grandparenthood, both had difficulty finding the words to articulate their feelings to describe their roles as grandparents. Frank stated that grandparenthood is "pretty close being a grandfather and a father." Jen described her experience as similar to that of raising her own children.

It's like being a mother again, and, once you raise your kids you kind of want to you know that's it. You want to see your grandkids, and you want to see them go home, and it's not like that here. It's hard.

Monique was able to be more descriptive of her experience, saying that grandparenthood is "hard, scary, wonderful, [and] exciting." At the same time, she acknowledged the difficulty of being a grandparent of a child born to an adolescent, commenting, "It's hard 'cause you gotta pick up the slack where she's slacking at.... It's hard for another mother to see a young mother struggle and not want to help her, and then you end up taking over, and she'll relax, and I don't want her relaxing!" Marissa indicated that she did not feel like a grandparent. Regarding her experience of being a grandparent, she explained:

Well, it's just like almost being a mother again. It's just like being a mother again. I mean the grandparent thing, I mean 'cause I don't feel old! I think grandparent comes with age. The name sounds like it comes with age....I don't feel like I'm a grandparent.

Although it has been difficult for these adult parents to make the transitions into grandparenthood, their commitments to their families, and to their grandchildren in particular, were evident. Monique stated, "If I die dead tomorrow, the grandkids get all
the money for school. And I put, me and my husband, put a stipulation on any money for my life insurance. It must be used to go to college.” Jen commented that, since becoming a grandparent, her decision-making involves making choices that put the welfare of her grandchildren first.

In general, the adult parents reported that grandparenthood was similar to parenthood. Most were unable to differentiate their roles as parents from those of grandparents. This was particularly the case with the adult parents who were raising their own young children. For Lynn, who was pregnant with her youngest child at the same time her daughter, Aaliyah, was pregnant with her son, the boundary between parent and grandparent was often blurred. The parents described their roles as supportive, ones in which they were essentially responsible for ensuring that their daughters properly parented their grandchildren.

Socialized to Early Motherhood

In discussing their experiences with adolescent motherhood, the adolescents and their parents were able to identify at least one other person in their lives who had also been an adolescent mother. In some cases, it was the adult mother. In others, it was a cousin or an aunt. For almost all eight of the adolescent mothers, however, at least one friend had also become a parent during adolescence. The following two subthemes emerged from the data: (a) close relative also a teenage mother and (b) close friend also a teenage mother.

All the women in my family have been teenage mothers. Each of the adolescent mothers acknowledged at least one other person in her life who had become pregnant during adolescence. Of the eight, four had a grandmother, mother, or aunt who was a
teenage parent. Monique, the adult mother from the Ellison family, was pregnant at 16; however, “God [saw] fit to let [her] have a miscarriage.” Arielle’s mother, Ayana, said that she could deal with her daughter’s pregnancy because she was young when she became a mother for the first time, having her first child at the age of 16. Aaliyah said that, although her aunt was upset when she learned of her pregnancy, “She understood. She had a kid when she was young.”

Marissa, the adult mother from the Harris family, reported a history of adolescent pregnancy in her family as well. She commented that her mother got pregnant with her sister at 17, and she had she became pregnant with Syrai’s older sister when she was 18. Trina’s mother, Lizette, similarly reported that her mother, Trina’s grandmother, had her when she was 17-years-old. Lizette got pregnant when she was 17 as well. Her sister, Trina’s aunt, had her first child at 18-years-old, and her daughter, Trina’s first cousin, had recently gotten pregnant at 16-years-old. Referring to the family’s cycle of adolescent pregnancy, Trina stated, “somebody’s got to break the chain of this teenage pregnancy thing, and, if it’s not sixteen, it’s eighteen. Somebody has to break the chain. It has to stop eventually.”

_A lot of my friends... had kids when they were younger._ Almost all of the adolescent mothers identified at least one friend or family member who was also a parent. Jada indicated that she and her best friend, also an adolescent, were pregnant at the same time. Deja commented that “most of [her] friends have like two or three kids.” She felt that they were not adapting to the transition to motherhood as smoothly as she did, noting that they “barely have their kids and they go out all the time.”
Trina’s mother Lizette said that she had been skeptical about Trina’s friends growing up because she thought that they were “fast.” Her concerns, she believed, were well-founded when these friends started having children at 15- and 16-years-old. Amira and Syrai also indicated that they had family members and friends who became parents as adolescents. In fact, both referred girls for the study.

For the young mothers who participated in this study, becoming parents during adolescence was a familiar pattern of those in their families and communities. Becoming parents as teenagers was a common occurrence. As previously noted, all of the girls had at least one close family member or friend become a mother during adolescence. Trina’s family provided perhaps the most striking example of this phenomenon. Her grandmother, mother, aunt, and 16-year-old cousin had all gotten pregnant while teenagers. The adult parents understood and spoke about the ways in which the girls’ social environments influenced decision-making around issues related to sex. Monique discussed her family’s efforts to encourage town officials to continue a program targeting adolescent mothers and their families, realizing the importance of how such programs may contribute to stemming the rate at which young Black girls become mothers.

*Coping Resources*

The families identified three essential qualities that enabled them to cope with the adolescents’ unexpected pregnancies. The subthemes that emerged under coping were: (a) communication, (b) religion/spirituality, and (c) support. The families reported support from three primary sources: immediate family, extended family, and the community.
As the families discussed their experiences with adolescent pregnancy, three themes emerged from the narratives. These made it possible for the families to be resilient—communication, religion/spirituality, and support. Families indicated that these qualities were essential in the context of accepting the adolescents’ pregnancies and dealing with the transitions that they have all had to endure.

*Communication is the most important product on the market.* When asked about the qualities that they felt were necessary in helping them to cope with the adolescents’ pregnancies, the families consistently discussed the value of communication. Many felt that, as a result of the adolescents’ pregnancies, they were able to communicate more openly, especially around issues of sex. Since the adolescents’ children came into the families, the young mothers and their parents reported working more diligently to collaborate in decision-making regarding household issues, childcare, and the overall functioning of their families. The Adams talked extensively throughout their interview about the importance of sharing openly with each other. They expressed that, in the past, they would have family meetings during which they would get together and talk freely about whatever was going on in their lives. The Ellison family reported having family meetings as well. Monique, the adult mother, stated:

> We have family meetings and everybody gets five minutes to say exactly what they mean. No cussin’, no fussin’, no really demeaning anybody. Just state what you have to say because I don’t know what’s going on with you unless you tell me. So that’s how we deal with our family. We have family meetings.

The Cole, Grant, Harris, and Ford families also indicated that communicating openly is the key to a resilient family. Communication in the families occurred in a variety of
ways. As previously stated, some of the families had family meetings; others wrote letters to each other. Both Deja and Aaliyah preferred this method of communicating. Aaliyah stated that she and her mother,

Do a lot of writing, so...like, if I were to write a poem or something or something about how I was feeling most of the time, I would tell her or show her or read it to her. And she does the same thing, so I think we do a lot of writing.

Families spoke of being able to cope with the adolescents becoming parents through support on multiple levels: immediate family, extended family, and community. For the adolescent mothers, support was received primarily from their immediate family members. The adult parents recognized support from their own families of origin. Furthermore, all of the families relied, to some extent, on community resources, such as WIC and Medicaid.

[You] definitely need a lot of prayer when you’re going through a situation like this. While seven of the eight families indicated a belief in God, only four spoke explicitly about the importance of this relationship in helping them to manage their lives since the adolescents became mothers. Deja, whose father Frank is a preacher, shared, “If a person is like going through something, I think like basically you gotta pray about a lot of things, through the stuff that’s going on in your life.” Frank agreed, stating “There should be an atmosphere of peace, and a lot of loving. And I believe, you know, going through the hardship will be so much easier when you have that type of atmosphere.” The atmosphere, Frank maintained, is achieved through prayer. He further asserted that, although they have experienced stressful times, “God’s always made a way for us to survive.”
When asked how she was able to manage since becoming a teenage mother, Amira acknowledged her reliance on her relationship with God. Her mother, Marie, stated that one of the qualities that make a resilient family is “lots and lots of prayer.” Both Ayana, the adult mother from the Dean family, and Monique, the adult mother from the Ellison family, felt that their families’ beliefs in God were essential sources of strength. Furthermore, Ayana posited, that prayer and faith are “what’s keeping [her]. Even when sometimes [she] feels like giving up….But a little voice says ‘You can’t. You can’t do that.’”

*Your mother will always be helpful no matter what.* All of the adolescent mothers identified their mothers as being the most supportive persons to them. They discussed being able to rely on their mothers to support them emotionally, financially, and through functional support, such as childcare. The adolescents appeared to appreciate the support that they received from their mothers and realized how fortunate they were, especially in relation to their friends who they mostly felt did not have the same degree of support from their parents as they experienced. Jada stated the following as she reflected on the support she received from her mother.

I have a lot of my friends that are single mothers, and they had kids when they were younger. Their moms are not there for them like that. They don’t get any type of help. It’s like they don’t have a chance. There were periods when I wasn’t working, and I didn’t have to worry about it because I know I have my mom. But they don’t have that type of support at all.

Amira talked about her mother supporting her in every area of her life. She shared that her mother’s support was essential in assisting her to making the transition into
motherhood. Arielle’s mother, Ayana, stated “[I supported her] with everything. When she cried, I was there. I held her many times. You know, I comforted her.” Deja acknowledged the support of her mother during childbirth saying, “She was in there with me. So, she was a big support.” Trina similarly remarked that, although pregnancy and parenthood have been tough, her mother has been “supportive of both pregnancies.”

*Family is very important...If we don’t care for each other, nobody else will.* The families also recognized that their abilities to cope with the adolescents’ pregnancies were assisted by the support that they received and relied on from their extended family members. Jen stated,

My parents have been a tremendous amount of help throughout all of this...throughout the grandkids. They have been a tremendous source of strength. They’ve been instrumental as far as transportation, getting us back and forth, taking us to the store, doctor’s appointments,...things like that, you know. Times when I fell short financially, my parents were there for me and essentially for us. When we needed food, things like that,...my parents have been like a safety net throughout all of this.

Arielle, the adolescent mother from the Dean family, shared that her extended family members help in terms of childcare. The Brandon family also received support from extended family members with regard to babysitting and financial contributions. Arielle stated that the family is relatively small and recognized their need to be supportive of each other due to the limited number of adults who are able to provide assistance. The following is an excerpt from their interview.

Aaliyah: We have a small family, so we have to be supportive ‘cause this is
all we have….You can definitely see how we support each other. We help each other out a whole lot….My grandparents help out a lot financially too.

Lynn: [We help each other] financially, babysitting and just being there whenever somebody needs something.

The Fords and Grants talked about how reliable support has been from their extended family members.

Ford: The family…they help out a lot; they support a lot…basically in a lot of areas….Sometimes they’ll help us…from watching my kids, helping out watching Marcus. So that way, we’ve always had support. You know, even financially if it gets that tough, we can run to one of them, and they’ll help us. But, you know, I mean it’s like the same way for them too. If we got it, we’ll help them too. Pretty much we look out for one another,’ so the support’s always been there, you know….And that’s one thing that we can never say, that the family’s turned their backs on us; they’ve always been there for us.

Grant: Extended family members always play a role like, you know, support definitely….[M]y grandmother’s like a mentor. She’s always, somehow some way—even when she relates it back to religion—she has an answer for a lot of things. And I can really sit down and talk to her, and she’ll, you know, listen to what I have to say and give me an answer. I always talk to my aunt, you know, hang out with my aunt. She’s a good aunt.

WIC is a big thing…thank God for WIC! Each of the adolescent mothers reported receiving supplemental support through Social Services, including Medicaid and the WIC program. Overall, the families felt that these services were accessible and reliable. Both
the Grant and the Adams families were living in homes that they were able to rent through Section 8. Jada reported that the family also received “heating assistance,… and at one time [they] did use NJ Care for Kids. Very helpful, especially when times when I didn’t have a job…. I didn’t worry about myself going to the doctor, but I made sure he had healthcare.” Regarding community support, Amira reported:

When I first came back I started back at [college] in Fall 2004, and I had applied for a fellowship… through a program at Family Services. They paid for me to go back to school. [MCAP]… help pay for his school expenses every month.

In addition to WIC, the Ellison family discussed support groups that they found useful in learning how to cope with Monica’s pregnancies. Unfortunately, the program that offered that support groups was cut. The family talked about how they advocated for the program to continue.

We told them to try to keep [the program]. We petitioned. We wrote petitions out. We went door-to-door in Windsor. We talked to a lot of people. We talked to our governor… [The program is] needed. Especially in a Black community in schools, it’s needed. Why would you cut out the main thing when you know it’s an epidemic?! That’s one thing that brought us together, and it let us meet a lot of other families that had teens that believed in the same thing, so we’re not the only ones out there.

In summary, each of the families recognized several resources that made it possible for them to cope with their transitions into parent and grandparenthood. Among those resources cited by the families, family and community support were the most prevalent. The support that their families, both immediate and extended, provided was
invaluable in helping the participants to navigate their new roles. The families offered assistance in terms of financial and parenting support. They were often called upon to assist with childcare responsibilities as well as providing emotional support for the adult and adolescent parents.

Within the individual families, the participants acknowledged the value of communication. For many of the families, the adolescent becoming a mother created the pathways for healthier relating. Whereas many of the adolescents were hesitant to discuss issues related to sexual activity with their parents, becoming mothers, in a sense, gave them permission to begin to address these issues openly.

Conclusion

The examination of African American families’ experiences with developing resilience following an adolescent family member becoming a mother involved the participation of eight families. The adolescent mothers who participated had become mothers between the ages of 14 and 19. The adult parents were between the ages 35 and 49 at the times that their daughters gave birth and they became grandparents. Each of the families participated in semistructured interviews which lasted between one and two hours.

Case studies for each of the families were presented in an effort to highlight the ways in which the individual families were affected by adolescent childbearing as well as the ways that they demonstrated resilience. The families revealed that the adolescents’ pregnancies were unplanned and unexpected. Almost all of the adult parents were unaware that their daughters were engaging in sexual activity. Therefore, when they learned of the pregnancies, reactions of shock were evident. Furthermore, the adolescent
mothers and their parents expected that they would wait until they were much older to begin bearing children. The fact that the adolescents had not delayed the initiation of sexual activity resulted in feelings of regret and disappointment for many of the participants. The families described how the adolescents becoming mothers affected their lives on multiple levels and how they have had to join together to manage the demands associated with adolescent childbearing and motherhood. The three key processes essential to the development of resilience and identified by Walsh (2006) were evident in the families’ narratives. Participants indicated that communication, belief systems, and organizational processes (family relationships) were critical in their coping with the adolescents’ pregnancies.

Included in each of the case studies was a brief section detailing my experiences of conducting the interviews with the families. These sections were developed based on the field notes that were kept throughout the course of data collection and analysis. The field notes enabled me to remain aware of my biases, reactions, and experiences of the families and of the information that they shared. Moreover, through use of the field notes, I was able to identify and track themes that were developing early on in the data-collection process.

The themes section of this chapter contains the themes that emerged across cases. The data-analysis procedures described in Chapter 3 revealed nine primary themes, including, initial reactions to the pregnancy, emotions around the pregnancy, belief systems, unstable relationships with men (adolescent mothers), impact, experience of motherhood, experience of grandparenthood, socialized to early motherhood, and coping
resources. The subthemes that emerged within each of the primary themes were discussed as well.

In the chapter that follows, a discussion of the results that were presented in this chapter will be offered. The results will be discussed as they relate to the four research questions posed at the beginning of this study. Additionally, the results will be viewed in the context of the previous literature on adolescent parenting and family resilience. The limitations of the study will also be discussed. Lastly, the implications for practice and research, as well as directions for future research, will be addressed.
CHAPTER V

Discussion

Introduction

The purpose of this study was to identify and explore the factors that enable African American families to be resilient following an adolescent family member becoming a mother. The research was guided by a phenomenological research design which aided in the analysis and development of patterns and themes gleaned from the participants’ narratives. A semistructured interview protocol was utilized to assist the families with sharing their experiences. The following four research questions guided this investigation: (a) How do African American families conceptualize resilience? (b) How has the family system been affected by an adolescent family member becoming a mother? (c) What are the qualities and/or processes that African American families understand to be essential in their development of resilience following an adolescent becoming a mother? (d) What types of family networks do African American families of adolescent mothers utilize?

This chapter begins with a summary of the findings presented in Chapter 4, a discussion of the contributions of the present research, and the clinical and theoretical implications of the findings. The chapter also includes a discussion of the limitations of the study and recommendations for future research. The chapter concludes with closing remarks.
Summary of Findings

Research Question One: Conceptualizing Resilience

The first research question explored in this study was how African American families conceptualize resilience. The families involved in this study provided both definitions of resilience and examples of individuals whom they believed were able to successfully overcome adversity. The families almost always included the word strong in their definitions. Their responses included mention of both internal and external resources that enabled individuals to cope with the hardships that they encountered. Specifically, the families acknowledged belief in a higher power, family and community support, confidence in oneself, and self-determination as being key in the development and demonstration of resilience. As the families articulated their understandings of this concept, it became clear that they, like family stress researchers, understood that resilience emerges in the context of hardship (Hawley, 2000). The characteristics and properties identified by the families were consistent with those previously recognized in the literature as being essential in the development of resilience, specifically Walsh's (2006) family-resiliency framework. Within this framework, Walsh highlighted three key processes that, when activated, can serve to mediate stress: (a) family belief systems (e.g., spirituality, values), (b) organization patterns (e.g., social and economic resources), and (c) communication processes (e.g., sharing feelings, opinions, and information; collaborative problem-solving). The families described, to some extent, each of these processes in their narratives.

The families' belief systems offered solace during periods of stress and guided their decision-making processes with regard to how to manage the adolescents'
pregnancies. Several of the families expressed beliefs in a higher power and maintained that prayer was an important coping resource. Ayana, the adult mother from the Dean family, shared, "...I don't think I would have been able to have endured and still endure what I'm doing without Christ in my life...." Furthermore, seven out of the eight families cited their religions when discussing opposition toward abortion and, therefore, encouraged their adolescent to continue with her pregnancy. Each of the families relied heavily on the support that they received from immediate and extended family members. Additionally, all eight of the adolescent mothers reported receiving supplemental support from the WIC program. Finally, with regard to communication processes, the families discussed ways that they worked collaboratively to solve problems that arose following the adolescent giving birth. Almost all of the families acknowledged feeling more at ease and free to express themselves with family members after going through the experience of the adolescent becoming a mother. This seemed to be related to the fact that the sensitive topic of sex was exposed through the adolescents' pregnancies. The families were no longer able to deny that the adolescents were engaging in sexual activity. It appeared that the families, particularly the adolescents, started to trust each other with sharing more private details of their lives. This finding supported previous resilience research which found that resilient families emerge from crises with enriched relationships (Walsh, 2006). Each of these processes will be discussed further later in this chapter.

*Research Question Two: Impact of Adolescent Childbearing on the Family*

Aside from East (1998) who explored the impact of older sibling childbearing on younger siblings, few researchers have examined the effect of adolescent parenthood on
the family system. Much of the research has, instead, been focused on the impact of teenage parenting on the adolescent, her mother, and her child. The current study was intended to gain a greater understanding of this event for the entire family. To that end, the second research question centered on how the family system has been affected by an adolescent family member becoming a mother. The participants identified multiple ways in which their lives, both individually and collectively, had been impacted by the adolescent mothers' premature transitions into parenthood.

The adult parents spoke mainly in terms of the sacrifices that they had to make in an effort to accommodate and support their daughters and grandchildren. Almost all of the adult parents were still parenting young children themselves. In fact, Lynn, the adult mother from the Brandon family, had a daughter who was just a few months younger than her grandson. The Ford family reported a similar experience. Deja's younger brother and sister were only a year older than her son. The adult parents reported having less time for their own children due to having to help raise their grandchildren. This finding is consistent with previous research in which East (1998) found that, when an adolescent becomes a parent, her parents' parenting is affected since they are less available to tend to the needs of their own children. It is important to note that the adolescent mothers in this study grew up primarily in female-headed households. Their fathers were not active nor positive role-models in their lives. For the adult mothers, this meant that they were functioning not only as single parents, but single grandparents as well. Many of the tasks that may have been shared in a two-parent household were shouldered primarily by the adult mothers. Thankfully for them, however, extended family members offered support to fill the gap. For the adolescent mothers, the lack of adult male role-models seemed to
affect their own choices around the males they chose to father their children. As previously noted, only one of the adolescents’ children’s father was helping to parent his children, although he did so reluctantly. The unstable relationships that the adolescent mothers had with their children’s fathers mirrored those that they had with their own fathers.

Family boundaries are important as they function to clarify and reinforce the roles of individual family members (Minuchin, 1974). For the families in this study, the adolescents’ early entries into motherhood created “age-condensed family structures” (Burton, 1996, p. 157). “The boundaries between generations [were] not necessarily consistent with age, developmental life stage, and role statuses” (p. 201). Furthermore, many of the rules distinguishing the adult parents’ and their daughters’ rights and obligations were not applicable given the responsibilities that the adolescents had to undertake in their roles as mothers. The adult parents discussed being unable to experience and enjoy “traditional” grandparenthood given the fact that they were still in various stages of raising their own children. Moreover, the adult parents had difficulty distinguishing between their roles as parents and grandparents because their responsibilities of caring for their children and grandchildren overlapped.

The literature on dual roles and role flexibility within the African American community is extensive (Boyd-Franklin, 2003; Hill, 1972; Ladner, 1971; Mosley-Howard & Evans, 2000). Having to negotiate dual roles was another way in which the families discussed how their lives were impacted by the adolescents becoming mothers. The adult parents reflected on their difficulties in seeing their daughters as adults capable of making their own decisions and raising children. Ladner (1971) discussed the predicament of
adolescent parenthood stating, “Inevitably conflicts emerge from time to time because the
girl remains in the parents’ home, and parents sometimes revert back to the parent-child
routine” (p. 216). The adolescent mothers discussed the strains of meeting the demands
of adulthood while being still technically adolescents. The families reported closer
relationships between immediate family members following the adolescents’ entries into
parenthood. Walsh (2006) maintained that families emerging from crises often
experience enhanced relationships. Families elaborated on being able to communicate
more openly with each other following the adolescents’ transitions into parenthood. This
finding was in contrast to previous research which suggests that parents’, particularly
mothers’, communications with their daughters around issues of sexual activity decrease
following an adolescent becoming a mother (East, 1999). East noted that the sample
included in her study was predominantly Hispanic and that the decrease in
communication may be reflection of “a population for whom communication about
sexual and contraceptive matters is considered taboo” (p. 316). For the families who
participated in this research, the adolescents getting pregnant provided a pathway for
healthier relating and sharing since the adolescents felt more comfortable sharing that
they were sexually active, and the parents were more at ease with asking the necessary
questions regarding safe sexual practices.

Almost all of the families reported being affected financially as a result of the
adolescent mother giving birth. Many of the families had experienced economic strain
even prior to the adolescents becoming parents. The financial demands required to care
for an additional child was identified as the greatest challenge by all but one of the
families who participated in this study. Research has documented the financial strain that
adolescent pregnancy has on individuals, families, and communities, particularly those of
color (Burton, 1996; Chase-Lansdale et al., 1994; Davis & Rhodes, 1994; East, 1998;
Geronimus & Korenman, 1992, 1993; Hoffman, Foster, & Furstenburg, 1993). Given that
most teenage parents continue to live with their families after giving birth,
acknowledging and understanding the financial strain associated with raising a child is
essential. East (1998) noted that financial strain has been linked to stressed intrafamilial
relationships. Parents are often more punitive and neglectful in their parenting. Further,
when families experience persistent economic deprivation, research has indicated that
adolescents reduce their expectations about future education and career aspirations (Davis
& Rhodes, 1994; East, 1998). This finding was fortunately not consistent with the results
of the current research. Both the adolescent and adult parents in this study continued to
have high expectations and saw advanced training and education as a way to become
financially stable so that they could ultimately provide the necessary care for their
children.

Research Question Three: Qualities That Promote Resilience

The third and fourth research questions that were proposed at the outset of this
study were merged into one since they both were oriented toward identifying the qualities
and/or processes that African American families understand to be essential in the
development of their resilience following an adolescent family member becoming a
mother. The participants recognized communication as one of the most important
qualities in which they grounded their resilience. The families described communication
in which family members openly discussed their feelings, concerns, and expectations.
Furthermore, they collaborated in making decisions and in resolving conflicts. Two of the
families described family meetings in which issues could be discussed whereas others, whose schedules were more demanding, spoke often on the phone or through letters to discuss important family matters. Improved communication and problem-solving skills, both of which Walsh (2006) cited as key family processes, were evident in the families’ narratives. In the aftermath of adolescent childbearing, the families were challenged to develop and enhance their interpersonal and problem-solving skills. These skills were subsequently used as assets which the families depended on to manage the crises of the adolescents becoming mothers. In essence, participants utilized the stressors of adolescent pregnancy to reinforce competence. These findings add to the current body of literature in that they demonstrate that across the many stressors that families face, communication and organizational processes are essential in buffering against the negative effects of the stressors and in bolstering resilience.

The families also demonstrated capacities to be flexible in their roles to ensure that family responsibilities and the members’ needs were met. Flexibility has been identified in the resilience literature as a key coping mechanism utilized by families following a crisis event (M. McCubbin et al., 2002; E. A. Thompson, 1999). In the current study, the adolescents’ siblings and extended family members provided necessary childcare assistance, and adult parents often functioned in a role of caregiver to their grandchildren. The families were able to reorganize and make the necessary adjustments in response to the adolescents’ new roles as mothers. Research indicates that resilient families engage in active processes to balance family demands with family capabilities (Patterson, 2002). Furthermore, this finding was consistent with the previous research
conducted with African American families in which role flexibility has been highlighted (Boyd-Franklin, 2003; Hill, 1972; Ladner, 1971).

Seven of the eight families reported a belief in God, and four acknowledged involvement in their religious communities. These families cited use of prayer and attending church services as ways they exercised their faiths and remained connected to their religions. Walsh (2006) maintained, “Religions provide consistent patterns for the living out of core beliefs, as well as congregational support in crises” (p. 70). For many of the families, religion and spirituality brought about a sense of comfort and peace that sustained them in the months and years following the adolescents’ becoming mothers. The families’ utilizing religion as a source of support was expected since researchers have consistently found that, within the African American community, reliance on and connection to the Black church has sustained families through adversity (Bagley & Carroll, 1998; Billingsley, 1992; Ellison, 1997; Hill, 1972; Hines & Boyd-Franklin, 2005; Kane, 2000; Sudarkasa, 1997).

The final, and most extensively discussed, quality identified by the families as being essential in their development of resilience was family and community support. Several researchers have acknowledged the value of extended family and social connections in the promotion of healthy family functioning (Beitin & Allen, 2005; Cohen et al., 2002; Marsh et al., 1996; M. McCubbin et al., 2002; E. A. Thompson, 1999). The families in this study relied heavily on the support that immediate and extended family members offered. Support was provided in terms of childcare and financial assistance as well as tangible aid, such as transportation and homework assistance. For instance, Jada, the adolescent mother from the Adams family, reported that her aunt, who worked in her
son's school district, would check on him regularly throughout the week to ensure that he was functioning well in school. Similarly, Aaliyah and her mother, Lynn, from the Brandon family revealed that Lynn's parents are often relied upon to provide childcare assistance for Aaliyah's daughter, transportation for Aaliyah, and financial assistance for Lynn. All of the families depended on supplemental support from WIC, which provided formula. Additionally, the county's local community-action program provided childcare support to many of the families.

Research Question Four: Family Networks That Promote Resilience

The fourth, and final, research question of this study was aimed at exploring the types of family networks that African American families utilize in the development of their resilience. Throughout the course of history, African American families have utilized various coping resources to navigate difficult times. Of the resources that have been most relied upon and useful have been the immediate and extended kinship networks. Such was the case for the families who participated in this study. The narratives revealed that, one of the most significant factors underlining a family’s successful negotiation of adolescent childbearing, was the immediate and extended family support that they received. For the adolescents who participated in this study, the support that they received from their parents, and particularly their mothers, was essential in buffering them from the many negative life outcomes associated with teenage pregnancy. Due to this support, most of the adolescents were able to complete high school, and some had even begun college. Furthermore, with their families offering childcare assistance, many of the adolescents were able to secure employment to provide for their children. This support is important to recognize in light of the fact that seven of
the eight adolescent mothers reported minimal or complete lack of involvement by their
children's fathers.

The lack of paternal involvement was not an unexpected finding since this fact
has been well documented in the research literature on adolescent childbearing (Hawkins,
Amato, & King, 2007; Wiemann, Agurcia, Rickert, Berenson, & Volk, 2006). The
majority of the young women in this study reported lack of involvement by their
children's fathers. They depicted their relationships with these young men as casual. Only
one of the adolescent mothers was dating her children’s father at the time of her
participation in this study. Frustration was evident in her voice when she noted that she
had to encourage her boyfriend to take an active role in their children’s lives. From the
adolescent mothers’ perspectives, their children’s fathers were uninvolved because they
chose to be. The young mothers reported making efforts to facilitate connections between
their children and the fathers; however, they felt that these efforts were in vain due to the
children’s fathers’ lack of interest in developing these relationships. It is important to
note that I did not explicitly explore the adolescent mothers’ ideas about the fathers’
absence in their children’s lives. The information about their involvement was elicited
through a question about their experience of pregnancy. Furthermore, given the fact that
the focus of this research was on the families of adolescent mothers, I did not invite these
young men to participate in the interview process. Adolescent fathers’ perspectives are
important to consider and will be briefly discussed here.

Due to the dearth of research on teenage fatherhood, relatively little is known
about the lived experiences of young men who transition into parenthood during
adolescence. The limited focus on this population of men has led many to conclude that
teenage fathers are unconcerned, unavailable, and, as the young women experienced in this study, uninvolved and uninterested. Majors and Billson (1992) noted that, "for [some] low-income Black males, the joys of fatherhood lie in the act of procreation and in knowing that he has a progeny, not necessarily in knowing that he can support his babies" (p. 16). Furthermore, some have concluded that, becoming a father in adolescence is perceived as minimally disruptive and an accepted life-cycle transition (Rivara, Sweeney, & Henderson, 1985). However, researchers who have devoted time to the in-depth exploration of the phenomenon of adolescent fatherhood have discovered that, not only do young fathers desire relationships with their children, many make concerted efforts to actively engage in their children’s lives. Greenberg and Brown (1995) conducted research with expectant and recent fathers who were living in a juvenile detention center. The researchers held group therapy sessions with these young men in which their expectations or experiences of fatherhood were discussed. The findings revealed eight themes. Among the most prevalent of these themes was that, like the adolescent mothers in this study, the young fathers described distant or non-existent relationships with their own fathers.

Many of these youngsters have no positive role models, no positive images [on which] to base their striving of wanting to be good fathers. They need to have something to work from; a starting point that gives them an inner feeling that it is possible, to be loving and nurturing fathers. (p. 175)

Due to their relationships with their own fathers, the young men expressed wanting to create healthier connections with their offspring. As the authors of this study concluded, they simply need men from which they can learn how to do so.
In their qualitative research with five African American teenage fathers, Dallas and Chen (1998) found similar results. The adolescent fathers in their study also reported an absence of their own fathers. And like the teens in the Greenberg and Brown (1995) research, the adolescents felt that this absence increased their motivation to develop positive relationships with their children. Another important finding from this study was that, the participants experienced barriers to fatherhood, which included limited sources of income and lack of maturity, that is, feeling emotionally unprepared to function in the role of parent. Like the adolescent mothers in the current research, it is important that young fathers have supportive networks that they can rely upon to help them make the transition into parenthood.

Although we have knowledge of why many teen fathers are not involved in their children’s lives, the realities of what their absence can mean for their children are concerning nonetheless. Family scholars maintain that “children who live apart from their fathers, compared with children who reside with both parents, face a number of economic and social disadvantages that appear to increase the risk of behavior problems, subjective distress, and school failure” (Hawkins et al., 2007, p. 990). It is hoped that the family support received by the adolescents in this study would serve to mitigate some, if not all, of these negative effects.

The families spoke of the sacrifices that their other children had to make to accommodate the adolescent mothers’ children. As previously noted in this chapter, the adult parents had less time for their own children. In some of the families, this created resentment between the adolescent and her siblings. Overall, however, the siblings were
gracious in sharing their time with their parents and in assisting in the care of their nieces and nephews.

Another important, and expected finding, was that the majority of the adolescent mothers grew up without their own fathers or had unstable relationships with them. This is important to recognize because, not only was the cycle being repeated with the adolescent mothers, but also this meant that their mothers were relied upon on more heavily. To decrease the strain on themselves and to increase the effectiveness of their daughters' parenting, most of the adult parents functioned in the “supported primary parent role” (Apfel & Seitz, 1996, p. 155). “In this level of adaptation, the adolescent mother was responsible for full-time care of her child with some degree of help from her family. Support occurred in the form of regular communication, financial and childcare” (p. 155).

Fortunately for the adult and adolescent parents, the families were able to rely on support from extended family members. These individuals served in a range of supportive roles. The families shared that their extended family members assisted with a number of the childcare responsibilities for the adolescents’ children. Boyd-Franklin (2003) asserted that kinship networks are among the most enduring and salient features of the African heritage. “For many African American extended families, reciprocity—the process of helping each other and exchanging and sharing support as well as goods and services—is a central part of their lives” (p. 53). This was certainly true for the families who participated in this study.
Contributions to Research

The stressors associated with adolescent pregnancy are numerous and, for the families, experiencing them, can seem insurmountable. Yet, as the eight families who participated in this study have demonstrated, these stressors can be effectively managed and, at times, used to promote enriched relationships and healthier ways of being. This study demonstrates the value of providing individuals and families with opportunities to share their experiences as they relate to developing resilience following adolescent childbirth. While the literature on adolescent motherhood is plentiful, few studies exist in which researchers have utilized qualitative means to examine the experiences of adolescent mothers and their families (Apfel & Seitz, 1996; Dallas, 2004). And most often, the population of interest is the adolescent parent and her mother. With the exception of the East (1998) research, studies to explore the impact of early childbearing on the entire family system are scarce. Future research, with an in-depth focus, is needed to gain further insight into how families are able to cope with adolescent pregnancy.

Additionally, research focused on a comparison between teens who have one child versus multiple children and the impact that this has on the family system is warranted.

The data gleaned from this study provide insight into how African American families are affected by adolescent childbearing. Contrary to the previous literature which suggests that teenage pregnancy is an acceptable option for African American families, the results of this study prove otherwise. Families reported being shocked and disappointed at the adolescents' pregnancies. Their emotions around the pregnancies were similar to those described by Ladner (1971) in her study of Black adolescent mothers. Like the eight families who participated in this study, the adolescent mothers
from Ladner’s research reported that their parents initially felt hurt and surprised, but were eventually able to adjust to the idea that a child was to be born. Although the families have been able to navigate the rough terrain of premature parenting, it has not been without struggle. The data from the current study indicates that African American families utilize multiple coping resources to develop resilience. Furthermore, detailed information into how families use these resources was revealed.

All but two of the adolescent mothers had graduated high school. One was a senior and expected to graduate at the end of the academic year while the other had intentions of completing her high-school-equivalency certificate. Furthermore, half of the girls had completed some college. These data suggest that perhaps some of the previous research asserting that teenage mothers drop out of school or do not go on to seek advanced education may be overstated. The reports from these families imply that the support provided the adolescents in this study enabled them to complete school. Additionally, the parents’ expectations for their daughters, while altered, were not lowered. This research reveals that, when the parents of adolescent mothers continue to hold high standards and expectations for their daughters, the adolescent mothers are able to overcome their struggles and reach these expectations.

Engaging in the interview process as the method of data collection was valuable to me as the researcher as well as to the families. For many of the families, participating in the interview was the first time that they actually sat together and discussed the adolescents’ pregnancies and the impacts they had on the functioning of individual family members. Therefore, the interviews served not only as opportunities for them to discuss their experiences, but as interventions since their strengths were highlighted as well.
Clinical Implications

In addition to exploring how African American families cope with adolescent pregnancy, this study was designed to expand the knowledge base for family psychologists and other professionals who work with these families. The study led to insight into the ways in which African American families define resilience and into the qualities necessary for its development and demonstration. While a number of researchers have examined families’ abilities to adjust and adapt following a life-changing event, few have focused specifically on African American families, thus limiting our understanding of the processes through which they develop resilience.

Since these research results are consistent with previous findings indicating that adolescent mothers most often rely on their own mothers for support, engaging both in a treatment/therapy process is essential. This study also revealed that, in addition to the adolescents’ mothers, other family members are depended on for support, including siblings, grandparents, aunts, and uncles. When possible, these individuals should be included in therapy as well. Moreover, psychologists should make concerted efforts to include the fathers of the adolescent mothers’ children in treatment. Even if the adolescent mother and father are no longer in a relationship, the fact remains that they are both the parents of the child. Therefore, it is also important that the father of the child be engaged in treatment in which he, along with the child’s mother, can learn and develop parenting skills. Furthermore, given the fact that adolescent girls tend to be socialized to early pregnancy, psychologists would be wise to have conversations with families about the adolescent mothers’ siblings’ sexual behaviors. Research has highlighted the fact that there are adolescents who are engaging in sex and do not get pregnant. Psychologists and
parents should not make the crucial error of assuming that, because a sibling has not
gotten pregnant or impregnated someone, the child is practicing abstinence.

Treatment focused on clarifying role expectations and supportive of healthy
communication between and among all individuals involved is important. Additionally,
since smaller social networks increase the likelihood that individuals will feel overly
taxed and overwhelmed, increasing the social networks for these families is essential.
Psychologists should be mindful of connecting families to others in their communities.
They may be able to offer alternate ways of negotiating life following an adolescent
becoming a mother. Social isolation increases the likelihood of adverse outcomes and
decreases the quality of parenting and support. Furthermore, psychologists can assist
families with exploring the parenting style that maximizes an adolescent mother’s
potential for motherhood while at the same time ensuring a safe, healthy environment for
her child. Interventions based on considering the families’ cultural and familial contexts
are essential as are those that build on the families’ strengths and resources.

Finally, family psychologists should position themselves to be advocates for these
families. The proactive implementation of prevention programs in the African American
community is key in stemming the rates of pregnancy within this community.
Furthermore, specific attention must be given to adolescent mothers who engage in
unhealthy and unsafe sexual practices. Psychologists should work with adolescent girls
and their families on creating alternate life choices. It is also vital that therapists help
adolescent mothers realize their options for creating different pathways to success, so that
the adolescent parenthood is not an obstacle but a stepping stone to a more fulfilling life.
Theoretical Implications

Walsh’s (2006) family resiliency framework, family-systems theory (Kerr & Bowen, 1988), and an Afrocentric perspective (Asante, 1991) were utilized to guide and interpret the data gleaned from this study. When applied to the data, Walsh’s theory assisted me in explaining the processes that facilitated the family members’ abilities to build and sustain relationships through the adolescent family member becoming a mother. Both family-systems theory and an Afrocentric perspective enabled the researcher to situate the families’ experiences within their familial and cultural contexts.

Since the data were framed within the family-resiliency framework, the families’ experiences with coping resources could be grouped into the three key family processes as proposed by Walsh (2006). The first, belief systems, or what Walsh referred to as “the heart and soul of resilience” (p. 49), included the values, convictions, attitudes, and spirituality of the families. Walsh maintained that “beliefs are at the very heart of who we are and how we understand and make sense of our experience” (p. 45). The families’ narratives revealed two primary beliefs regarding adolescent pregnancy: abortion is not an acceptable option for a pregnant teenager, and sexual activity outside of the context of marriage is unacceptable. It is important to note that the families’ beliefs were, for the most part, grounded in their religions, a majority of whom were Christian. Although most of the adolescents reported intentions to terminate their pregnancies, once their parents became aware of their predicaments, decisions were made that were consistent with the families’ core beliefs. As Walsh noted, “beliefs and actions are interdependent” (p. 46). Another important aspect of the family resiliency framework utilized in this study was how the families made meaning of the young mothers becoming parents in adolescence.
In general, the families viewed the adolescents’ pregnancies as shared challenges.
Relationships were enhanced and strengthened in light of the adolescents having children.
Families learned to trust and depend on each other for support, both emotional and material.

The second family process that was revealed in the narratives was connectedness, social and economic resources, and flexibility, all of which Walsh (2006) referred to as organizational patterns. The families provided in-depth details of the ways in which they gained strength through collaborative support. Extended family members were depended upon to provide support as well. Since most of the families experienced financial stressors, community resources were vital in providing supplemental support for the families. Finally, families proved able to reorganize and adapt to their new roles as parents and grandparents.

The third, and final, family process that emerged from the data analysis was communication processes. The findings suggest that families were able to communicate more directly and openly following the adolescents becoming parents. The families shared that, prior to the adolescents’ pregnancies, they did not communicate openly about sex. Although the adolescents were aware of their parents’ beliefs and expectations around sexual activity, in-depth conversations about family members’ expectations and experiences were absent. After giving birth, however, the adolescents felt more at ease discussing their experiences with their parents. This also enabled parents to be more involved in their daughters’ decision-making regarding preventing future pregnancies and about safer sexual practices. The interviews enabled the families to share their feelings about the pregnancies and expectations of individual family members. The narratives also
revealed the ways in which the families worked collaboratively to solve problems that arose since the adolescent became a mother.

Both family-systems and Afrocentric theorists have posited that individuals cannot be understood in isolation from the familial and cultural contexts in which they exist. When these theories were applied to the data collected in this study, a greater understanding of individual and the families’ experiences was gained. The messages that the family members, particularly the adolescent mothers, received regarding sexual activity influenced the ways in which they thought about and responded to their pregnancies. Furthermore, the messages that the adolescents received from their families were in contrast to those that were projected by the mainstream media, which, to a large extent, influenced the young women’s lives. Additionally, although the adult parents encouraged their daughters to abstain from sexual behavior until married or, at least, until they were much older, the findings revealed that four of the adult parents had been pregnant as teenagers as well. Williams (1991) contended that “the example of adult family members is a key aspect in the preparation of children to assume the roles of worker and parent” (p. 57). Also, the young mothers grew up in communities in which early childbearing was a common occurrence.

Once the adolescents became parents, the roles of each of the family members had to shift to accommodate the adolescent mothers’ statuses as mothers. Parents became grandparents, siblings became aunts and uncles, and grandparents became great-grandparents. With these changes in roles came increased responsibilities. Immediate and extended family members were relied on to provide financial and childcare assistance as well as other support, such as providing transportation or helping with homework or other
household responsibilities. As previously noted, the families in this study relied heavily on family and community support to help maintain stability in their households.

Limitations and Recommendations for Future Research

There were several limitations of this study that will be discussed within this section. The first limitation pertains to the recruitment methods and limited focus on the population of interest. Although qualitative data are valuable in that they allow for richer descriptions of participants' experiences, the results are often generalizable to individuals only who fit descriptions similar to those included in the study. The families who were recruited for this study were selected from the same working-class neighborhood in the northeastern United States. While initially families were identified by the informant who worked with the researcher, it became necessary to employ alternate methods of recruitment, in this case snowball sampling. Although this approach is useful in that it is less time-consuming, there are a number of disadvantages. The most important disadvantage in this study is that the study included a very specific, nonvaried population of families. The current research was focused on African American families with an adolescent who gave birth between the ages of 13-and 19-years-old. Although the goal of exploring the process of developing resilience for African American families following an adolescent becoming a mother was achieved, the fact that the families lived in the same neighborhood limited their range of experiences. Also, African Americans are a diverse population of individuals. Studying the lives of eight families certainly does not reveal the complexities and nuances of the entire community. It was the goal of this research to gain a greater understanding of developing resilience in African American families and to provide useful information about African American families' experiences.
Future researchers should expand the geographic region in which participants are chosen in an effort to gain a greater range of participant experiences. Perhaps families from diverse communities and social classes utilize a different variety of coping resources. It is highly likely that individuals from higher socioeconomic classes have access to more resources and may not rely as heavily on support from their families or communities in the same way as did the families who participated in this study.

The second limitation concerns the fact that only the adolescent mother and her parents participated in the study. In most cases, it was the adolescent mother and her mother. Although the aim of the study was to explore multiple family members’ perspectives of adolescent pregnancy, due to constraints it was difficult to engage siblings, grandparents, aunts, and other family members identified by the families as important in the development of resilience. Only one family involved in this study included an interview with both adult parents and the adolescent mother. This limitation is important to recognize since it restricts our understanding of the impact of adolescent childbearing on family members beyond the adolescent mother and her parents. The possibility exists that the family members who did not participate had varying perspectives of and experiences with the adolescent mothers’ pregnancies. Additionally, only two adult fathers participated in this study. Their perspectives, while valuable, offer a limited view of adult fathers’ experiences with adolescent pregnancy. In the future, researchers should increase the effort to include multiple family members since their perspectives are important in advancing our understanding of how adolescent
childbearing influences relationships beyond those between the adolescent mother and her parents.

The third limitation lies in the fact that the fathers of the adolescent mothers' children were not included in the interviews. Seven out of the eight adolescent mothers reported that their child(ren)'s fathers chose not to be involved in their children's lives. In the future, it would be important to explore whether the adolescent fathers shared a similar understanding of their lack of involvement.

The fourth and fifth limitations relate to the semistructured interview. First, the initial interviews were overly structured. Although the intent was to use the interview protocol as a guide to aid with assisting the families in sharing their experiences of adolescent pregnancy, the approach early on was too directional and close-ended. As the study progressed, and I became more comfortable, follow-up questions were asked, and the participants were able to guide the course of the interview in a manner that felt more natural. Second, Patton (2002) argued that

Interview data limitations include possible distorted responses due to personal bias, anger, anxiety, politics, and simple lack of awareness since interviews can be greatly affected by the emotional state of the interviewee at the time of the interview. Interview data are also subject to recall error, reactivity of the interviewee to the interviewer, and self-serving responses. (p. 306)

While a researcher can never be completely confident that what is shared by the participants of a study is accurate, one of the ways this was addressed in the current study was to include multiple family members in the interview in an effort to triangulate the data. As previously noted, future studies should be aimed at including as many family
members' perspectives as possible. The inclusion of multiple family members may be valuable in aiding members in understanding how they contribute to each others’ experiences.

The sixth and seventh limitations concern researcher bias and the fact that qualitative data can be subject to multiple interpretations. Prior to conducting any interview, I engaged in a process of bracketing in an effort to set aside preconceived notions, beliefs, and knowledge of adolescent mothers. Striving for accuracy of perception and understanding was maintained through this process. Furthermore, field notes, in which I wrote about my experiences of the families and research process, were utilized to remain aware of reactions and feelings that emerged during the course of the study.

Closing Remarks

This research study has involved exploring the effects of adolescent childbearing on African American families. The participants reported that their lives, individually and collectively, were impacted on several levels as a result of the adolescents becoming mothers. Families’ revealed that they utilized various coping resources to manage the stressors associated with teen pregnancy and parenthood and consistently pointed to the value of communication, family, and community support in negotiating and managing this individual and family-life-cycle transition.

The study of resilience, specifically, family resilience, is important in helping researchers, family psychologists, and other helping professionals understand how families are able to negotiate crises that arise. If we are able to identify the strengths and resources that families possess, we can assist them in managing and surviving crises in
ways that foster resilience. Furthermore, these strengths and resources can be accessed in an effort to prevent difficult situations from turning into future crises situations.


Informed Consent Form

Adolescent Mother

Researcher’s Affiliation
Robin Duckett is the primary researcher for this study. She is conducting this research in partial fulfillment of the requirements for a Ph.D. in family psychology in the Department of Professional Psychology and Family Therapy at Seton Hall University located in South Orange, New Jersey.

Purpose of the Research
The purpose of this study is to explore African American/Black families’ experiences with teenage parenthood. The researcher is interested in understanding how participant’s families were able to deal with an adolescent family member becoming a mother.

Duration
The interview is expected to last two-to-three hours. A follow-up interview may be necessary to clarify participant’s responses or to get more information. Additionally, Robin, the primary researcher will follow-up with participants one week after the interview is completed to make sure that she is not experiencing any distress from the interview. If a participant wishes not to be contacted, she can feel free to say this to Robin. Participants will be asked to review a word-for-word document of her interview and will have an opportunity to make notes and/or changes to this document as well as to discuss this with Robin to make sure that the document says what she intended to say. After reviewing the word-for-word document, participants will have the option of requesting that portions, or the entire interview, be deleted from the study. Once Robin has reviewed the transcripts with the participant, along with any changes she wishes to make, she will place a final phone call to acknowledge the participant’s completion in the study.

Procedure
The interview will be conducted face-to-face by the primary researcher, Robin Duckett. The interview will take place like this: Participants will be interviewed for one-to-two hours about their experiences as an adolescent mother. The interviews will take place at a site that the participant and Robin agree to, such as a private room in a library, an office, or a church.

The interview will include questions about participants’ experiences after she became a mother. The following are examples of questions she will be asked:
(1) How old were you when you became a mother?
(2) Tell me about your pregnancy from the time you found out you were pregnant to the time you gave birth.
(3) What was your reaction when you found out you were pregnant?
(4) How was your relationship with your family members affected by becoming a mother?
(5) How has the family supported each other through your transitions into your new roles?
Participants may stop participating in the interview at any time, without penalty. Participants will also have the options to reschedule the interview for another time or skip any questions during the interview. All participants will receive a list of counseling agencies upon completion of this study.

**Voluntary Nature**
Participation in this study is completely voluntary. Participants may reschedule the interview or stop participating in this study at any time without any negative consequences.

**Anonymity**
Anonymity is not possible since this study involves face-to-face interviews with the primary researcher, Robin Duckett. One possible risk of participating in this study is that a participant’s voice may be recognizable by the person transcribing the audiotape. The primary researcher will take steps to protect participants’ privacy, including deleting any identifying information (e.g. names of participants and family members) prior to giving the person (transcriber) writing out the word-for-word document (transcriptions) any audiotape(s) of the interview. Names will be changed in the final manuscript to protect participants’ identities.

The researcher will report, without participants’ consent, information that would identify her as a participant in this project only under the following circumstances: she indicates that there are current issues of child or elder abuse in her family, or that she are at risk for physical harm to herself or to someone else.

**Confidentiality**
Information that is provided in this study will remain strictly private between Robin Duckett, the primary researcher, Dr. Ben Beitin, her dissertation adviser, and the transcriber. The transcriber will sign a confidentiality agreement prior to being given any audiotapes. Audiotapes of the interviews will be identified by numbers assigned to participants. Additionally, identifying information, such as names, will be removed from transcriptions of the interviews. Once participants receive the transcript of their interview, it is suggested that she keep this document in a safe place to keep information private.

Only the primary researcher, Robin Duckett, and the transcriber will have access to the audiotapes. Transcriptions of the audiotaped interviews will only be accessible to Robin and her dissertation adviser, Dr. Beitin. Audiotapes, informed consents (this form saying that participants agree to be in this study), and transcriptions will be securely stored to maintain privacy. Additionally, any other information pertaining to participants will be stored on a password-protected USB memory key, which will be stored in a locked safe in the primary researcher’s office. She will keep these materials for three years and then destroy them.

**Interview**
Participants will be asked to participate in an individual interview, lasting between one-to-two hours. Although the researcher will have questions about participants’ experiences as an adolescent mother, the interview will be open enough to allow her to add any information that she feels is important for the researcher to know about her experience.
In addition to the interview protocol, a genogram, which is like a family tree, will be constructed. This will not take any additional time since the researcher will complete it as participants’ provide information about their families. Since the researcher is interested in families’ experiences of adolescent parenthood, please be aware that if your family member changes her/his mind about being interviewed after you have already been interviewed, your interview will not be included in final write-up of the study. If this happens, the researcher will give you the option of having the audiotape of your interview destroyed immediately. If you wish, she will also work with you to contact a professional, or someone of your choosing, to talk further about your experiences.

**Audiotapes of Interviews**

As previously noted, the interviews will audiotaped. Each completed tape will be coded with a number to protect participants’ privacy. Tapes will be stored in a locked cabinet in the researcher’s office. Only the researcher and the transcriber will have access to the tapes. Participants may ask that the audiotapes of her interview be destroyed after completion of the study. Otherwise, audiotapes will be stored in a secure location for three years and then destroyed.

**Records**

Interview tapes will be written out word-for-word by a transcriber. These word-for-word documents will be kept in a locked cabinet to which only the primary researcher has access. Transcripts will be stored separately from tapes. Participants will have an opportunity to review their transcripts and to provide clarifying or additional information. Electronic data will be stored only on a password-protected USB memory key. The primary researcher’s adviser, Dr. Ben Beitin, at Seton Hall University, may be asked by the primary researcher to review portions of the transcriptions to help her with understanding information. All records will be stored for a period of three years and then will be destroyed.

**Risks/Discomforts**

It is important to consider that sharing information pertaining to past experiences may bring forth feelings of discomfort, which may include sadness or loneliness. If this occurs at any point during the interview, participants may stop at any time. If desired, participants will be given the opportunity to talk about their feelings with the researcher, Robin Duckett, or have her work with them to set up an appointment with a counselor close to where she lives. Additionally, the primary researcher will provide participants with a referral list that includes nearby counseling services at the conclusion of the interview.

**Benefits**

There is no money being offered for participating in this study. It is hoped that participation in this study will increase participants’ awareness of their families’ strengths which help them make it through difficult times. The information that participants provide may help other families with a teenage mother and professionals whose help they seek.

**Contact Information**

If you have any questions or concerns regarding your participation in this study, you may contact Robin Duckett, the primary researcher for this study, [contact information withheld for privacy]. If there are any questions about participant rights or if you believe a participant has placed at risk, contact Dr. Ben Beitin [contact information withheld for privacy] or Dr.
Mary F. Ruzicka, Director of Seton Hall University Institutional Review Board for Human Subjects Research [contact information withheld for privacy].

Results of this study may be presented at conferences or published at the discretion of the researcher. Again, actual names will not be used in any presentation or publication. If you would like a copy of the results, you may contact the primary researcher, Robin Duckett, to receive a copy after the study is completed.

**Copy of Consent Form**

You are asked to sign two copies of this form. The researcher will keep one on file, stored in a locked file to which only the researcher has access. The form will be held separately from audiotapes and records to protect your privacy. One of the signed copies will be for you to keep in case you have any questions about the study. You will be provided with a copy of the Informed Consent Form prior to beginning the interview process.

**Permission to Tape**

I agree to have the interview(s) audiotaped for transcription. I understand that these tapes will not be presented. I also understand that I have the right to review all or any portion of the tape and request that it be destroyed.

(Please circle one)

Yes

No

I have read the material above, and any questions that I have asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw, without penalty, at any time.

Thank you for your participation in this study. Please sign and date both copies of this Informed Consent Form and return one to me. The other is for your records.

Participant Name (Please Print)

Participant’s Signature Date

Researcher’s Signature Date
Appendix B
Informed Consent Form

Parent/Guardian

Researcher’s Affiliation
Robin Duckett is the primary researcher for this study. She is conducting this research in partial fulfillment of the requirements for a Ph.D. in family psychology in the Department of Professional Psychology and Family Therapy at Seton Hall University located in South Orange, New Jersey.

Purpose of the Research
The purpose of this study is to explore African American/Black families’ experiences with teenage parenthood. The researcher is interested in understanding how these families demonstrate their ability to bounce back after an adolescent family member became a mother.

Duration
The interview is anticipated to last between one-to-two hours. A follow-up interview may be necessary to clarify a participant’s responses or to gather additional information. Additionally, Robin Duckett will follow-up with each participant one week after the interview is completed to make sure that no one is experiencing any distress from the interview. If a participant wishes not to be contacted, he/she can feel free to express this to Robin. Participants will be asked to review a transcript of his/her interview and will have an opportunity to make notes and/or changes to this document as well as to discuss this with the researcher to ensure that his/her experiences are accurately represented. After reviewing the transcribed interview a participant will have the option of requesting that portions, or the entire interview, be deleted from the study. Once the researcher has reviewed the transcripts with the participant, along with any changes he/she wishes to make, he/she will receive a final phone call to acknowledge completion of his/her involvement in the study.

Procedure
The interview will be conducted face-to-face by the primary researcher, Robin Duckett. The interview will take place like this: Participants will be interviewed for one-to-two hours about his/her experiences as the parent/guardian of an adolescent mother. The interview will take place at a site that is mutually agreeable to the participant and Robin, such as a private room in a library, an office, or a church.

The interview will include questions pertaining to the participant’s experiences following his/her daughter becoming a mother. The following are examples of questions participants will be asked:

1. How do you understand your family’s ability to make it through difficult times?
2. What are sources of strength for your family?
3. How has your daughter becoming a mother affected your family?
4. What qualities do you think make it possible for a family to make it through difficult times?
Participants may stop participating in the interview at any time, without penalty. Individuals will also have the options to reschedule the interview for another time or skip any questions during the interview. All participants will receive a list of counseling agencies upon completion of this study.

Voluntary Nature
Participation in this study is completely voluntary. Participants may reschedule the interview or discontinue involvement in this study at any time without any negative consequences.

Anonymity
Anonymity is not possible since this study involves face-to-face interviews with the primary researcher, Robin Duckett. One possible risk of participating in this study is that a participant’s voice may be recognizable by the person transcribing the audiotape. The primary researcher will take precautions to protect participant’s privacy, including deleting any identifying information prior to giving the transcriber any audiotape(s) of any interview. Names will be changed in the final manuscript to protect a participant’s identity.

The researcher will disclose voluntarily, without a participant’s consent, information that would identify an individual as a participant in this project only under the following circumstances: he/she indicates that there are current issues of child or elder abuse in his/her family, or that he/she is at risk for physical harm to his/herself or to someone else.

Confidentiality
Information that is provided in this study will remain strictly confidential between Robin Duckett, the primary researcher, Dr. Ben Beitin, her dissertation adviser, and a transcriber. The transcriber will sign a confidentiality agreement prior to being given any audiotapes. Audiotapes of the interviews will be identified by numbers assigned to the participants. Additionally, identifying information, such as participant names, will be removed from transcriptions of the interviews. Once a participant receives the transcript of his/her interview, it is advised that he/she keeps this document in a secure location so as not to compromise his/her confidentiality.

Only the primary researcher, Robin Duckett, and the transcriber will have access to the audiotapes. Transcriptions of the audiotaped interviews will only be accessible to Robin and her dissertation adviser, Dr. Beitin. Audiotapes, informed consents, and transcriptions will be securely stored to maintain confidentiality. Additionally, any other information pertaining to participants will be stored on a password-protected USB memory key, which will be stored in a locked safe in the primary researcher’s office. She will keep these materials for three years and then destroy them.

Interview
Participants will be asked to participate in an individual interview that will last between one-to-two hours. Although the researcher will have questions about the participants’ experiences as a parent/guardian of an adolescent mother, the interview will be flexible enough to allow a participant to add any information that he/she feels is important for the researcher to know about his/her experience.

In addition to the interview protocol, a genogram, which is a graphic representation of a family typically over three generations, will be constructed. This will not take any additional
time since the researcher will complete it as the participant provides information about his/her family.

**Audiotapes of interviews**
As previously noted, the interviews will audiotaped. Each completed tape will be coded with a number to protect participant’s confidentiality. Tapes will be stored in a locked cabinet in the researcher’s office. Only the researcher and the transcriber will have access to the tapes. Participants may request that the audiotapes of his/her interview be destroyed after completion of the study. Otherwise, audiotapes will be stored in a secure location for three years and then destroyed.

**Records**
Interview tapes will be transcribed by a transcriber. Transcribed records of interviews will be kept in a locked cabinet to which only the primary researcher has access. Transcripts will be stored separately from tapes. Participants will have an opportunity to review their transcript and to provide clarifying or additional information. Electronic data will be stored only on a password-protected USB memory key. The primary researcher’s adviser, Dr. Ben Beitin, at Seton Hall University, may be asked by the primary researcher to review the transcripts in support of analyzing the information for the purposes of this study only. All records will be stored for a period of three years and then will be destroyed.

**Risks/Discomforts**
It is important to consider that disclosing information pertaining to past experiences may bring forth feelings of discomfort, which may include sadness and guilt. If this occurs at any point during the interview, a participant may discontinue his/her participation at any time, without penalty. If desired, participants will be given the opportunity to talk about his/her feelings with the primary researcher, Robin Duckett, or have her work with him/her to access counseling services close to where he/she lives. Additionally, the primary researcher will provide the family with a referral list that includes nearby counseling services at the conclusion of the interview.

**Benefits**
There is no monetary compensation for being involved in this project. It is hoped that participation in this study will increase participants’ awareness of their family’s strengths which enable them to withstand difficult times. The published results of the study may help other families with a teenage mother and professionals whose support they seek.

**Contact Information**
If you have any questions or concerns regarding your participation in this study, you may contact Robin Duckett, the primary researcher for this study, [contact information withheld for privacy]. If there are any questions about participant rights or if you believe a participant has placed at risk, contact Dr. Ben Beitin [contact information withheld for privacy] or Dr. Mary F. Ruzicka, Director of Seton Hall University Institutional Review Board for Human Subjects Research [contact information withheld for privacy].

Results of this study may be presented at conferences or published at the discretion of the researcher. Again, actual names will not be used in any presentation or publication. If you would like a copy of the results, you may contact the primary researcher, Robin Duckett, to receive a copy after the study is completed.
Copy of Consent Form
You are asked to sign two copies of this form. The researcher will keep one on file, stored in a locked file to which only the researcher has access. The form will be held separately from audiotapes and records to protect your privacy. One of the signed copies will be for you to keep in case you have any questions about the study. You will be provided with a copy of the Informed Consent Form prior to beginning the interview process.

Permission to Tape
I agree to have the interview(s) audiotaped for transcription. I understand that these tapes will not be presented. I also understand that I have the right to review all or any portion of the tape and request that it be destroyed.

(Please circle one)

Yes  No

I have read the material above, and any questions that I have asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw, without penalty, at any time.

Thank you for your participation in this study. Please sign and date both copies of this Informed Consent Form and return one to me. The other is for your records.

__________________________________
Participant Name (Please Print)

______________________________  ________________________
Participant’s Signature               Date

______________________________  ________________________
Researcher’s Signature               Date
Appendix C
Community Referrals
South Jersey

Sisterhood Incorporated
134-136 E. Broad St., PO Box 710
Burlington, NJ 08016
609-747-9333
Advocacy, mentoring and emergency support services for women and children in crisis and transition. Counseling, career development and parenting classes are available.

FACS (Family and Community Services) of Burlington Behavioral Health Services
114 Delaware Avenue
Burlington, NJ 08016
1-800-360-7711 x 732
Provides a wide range of counseling and psychotherapeutic services to individuals, couples, and families experiencing emotional stress.

Family Services of Burlington County
770 Woodlane Road
Westampton, NJ 08060
(609) 257-5928
Provides preventive and therapeutic mental health services to individuals, families and groups primarily in Burlington County and South Jersey. Services include: counseling; strengthening families; teenage parenting; and psychiatric support.

New Jersey Chapter of the Association of Black Psychologists
659 Eagle Rock Avenue
West Orange, NJ 07052
(973) 676-8033
Provides referrals to Black psychologists across New Jersey.

New Jersey Psychological Association
(800) 281-6572
Provides referrals to psychologists across New Jersey.

National Association of Social Workers – New Jersey Chapter
(800) 932-0004
Provides referrals to social workers across New Jersey.

Association of Marriage and Family Therapists – New Jersey Chapter
(609) 771-2119
Provides referrals to marriage and family therapists across New Jersey.
Appendix D
Interview Protocol

This interview is designed to gain an understanding of your experiences, as a family, of having a child/ grandchild/niece/nephew. Specifically, I am interested in the process your family experienced in the transitions to parent- and grandparenthood. This interview will focus on your thoughts, feelings, perceptions, and experiences about adolescent pregnancy, family, parenthood, and grandparenthood. I have some questions that I want to ask, but please feel free to add any information that you feel is important for me to know.

This interview will take between one and two hours. If anyone needs to take a break during the interview, we can do so. If, at any time, anyone begins to feel uncomfortable about the interview, please feel free to stop the interview and we can discuss whether, and how, you wish to proceed. Additionally, if at any time during the interview anyone wishes to not answer any question, or to not continue in the study at all, please feel free to discuss your concerns. Should any of you decide to discontinue your participation in the study, understand that none of you are under obligation to continue and I will provide the family with the opportunity to debrief. If your family participates in the interview, a follow-up interview may be necessary to clarify responses or to gain additional information.

At the conclusion of the interview, I will provide the family with a referral sheet consisting of local mental-health agencies, should anyone feel the need to access ongoing support for any issues that may arise. What is shared in this interview will be held in strict confidence with the following exceptions: If at any point during this interview anyone indicates that she/he may harm her-or himself or someone else, I am ethically obligated to refer that individual to appropriate assistance or to report that information to the proper authorities. Does anyone have any questions? If not, then let's begin:

Questions for the adolescent mother:
1. How old are you?
2. How old were you when you became a mother?
3. How old is your child’s father?
4. Tell me about your pregnancy from the time you found out you were pregnant to the time you gave birth? Walk me through your experience as best you remember from then until now? What was your reaction? Whom did you tell first? How did that person respond?
5. Who is in your family?
6. Did you live with your family throughout the pregnancy?
7. How was your relationship with your family members affected by becoming a mother?
8. Of all your family members, who would you say is the most helpful to you?
Questions for All Family Members:
1. How old were you when ________ gave birth?
2. What was your reaction to her pregnancy?
3. How would you all define resilience?
4. What qualities do you all think make a resilient family?
5. What are the sources of strength for your family?
6. What has been the biggest obstacle your family has had to face?
7. How does your family demonstrate its resilience?
8. How do other families in your community demonstrate resilience?

Belief Systems
1. What were the families' beliefs around sex, teenage pregnancy/parenthood before ________ became a mother? Have they changed? If so, in what ways?
   Where did these beliefs come from?
2. What role does religion play in your family?
3. Tell me what it is like being a ________ (mother, grandparent, aunt, uncle, etc.). What does it mean to you?
4. How do you make sense of ________ becoming a mother?

Organizational Patterns
1. How has ________ becoming a mother affected the family? What changes have you all had to make?
2. How has ________ becoming a mother affected the way you parent her and your other children (if there are other children)?
3. How has ________ becoming a mother affected your relationships with each other?
4. How much do family members contribute to parenting ________'s child?
5. How has the family supported each other through your transitions into your new roles?
6. What role has your extended family played in your lives before and since ________ became a mother?
7. Are there family members that you did not speak to before, but do now as a result of ________ becoming a mother? What about family members that you spoke to prior to this event. Do you still speak with all of them?
8. Who in the family works outside of the home? Who contributes to paying bills? How are you able to balance the demands of work and family life?
9. What community supports/resources have you relied on both before and after ________ became a mother? Do you feel that these are accessible now?

Communication Processes
1. How are important decisions made in the family?
2. Is this the same or different than how decisions were made around ________ pregnancy?
3. Who was the first family member told?
4. How did other members find out?
5. How would you describe typical communication in the family?
6. Did this apply to the pregnancy?
7. Who usually communicates with whom?
8. What are your expectations of ____________ as a mother?
9. When problems arise how are they managed? Who usually takes control of the situation?
10. What has the family learned since ____________ became a mother?
11. Is there anything else you would like to tell me about your family that you feel would be important for me to know? Or for another family whose teenager becomes pregnant?
Transcription Confidentiality Statement

I, ____________________________, agree to keep confidential any of the contents of the audiotapes provided by Robin Duckett, the primary researcher of this study. Once the audiotapes have been transcribed, I will return all original audiotapes to Ms. Duckett, along with the original transcriptions of the audiotapes. I will not retain any copies of the transcriptions of the audiotapes.

__________________________________________  ____________________________
Transcriber’s Printed Name                    Date

__________________________________________
Transcriber’s Signature

__________________________________________  ____________________________
Primary Researcher’s Signature                Date
Table 3

Coding Template—Definitions

<table>
<thead>
<tr>
<th>Domain</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definitions</strong> – Family’s definition and conceptualization of family resilience</td>
<td>Adef</td>
</tr>
<tr>
<td><strong>Qualities of resilient families</strong> – Qualities identified by the family as being necessary in the development and/or the demonstration of resilience</td>
<td>Aqual</td>
</tr>
<tr>
<td><strong>Initial Reactions</strong> – Individual’s reactions upon learning of the adolescent’s pregnancy</td>
<td>Areac</td>
</tr>
<tr>
<td><strong>Emotions</strong> – Family member’s expressed feelings during the adolescent’s pregnancy</td>
<td>Aemot</td>
</tr>
<tr>
<td><strong>Support</strong> – Experiences of support from immediate and extended family as well as the community and religious institutions</td>
<td></td>
</tr>
<tr>
<td>• Immediate family support</td>
<td>Asupi</td>
</tr>
<tr>
<td>• Extended family support</td>
<td>Asupe</td>
</tr>
<tr>
<td>• Community support</td>
<td>Asupc</td>
</tr>
<tr>
<td>• Religious support</td>
<td>Asupr</td>
</tr>
<tr>
<td><strong>Parenting involvement</strong> – Involvement of the child’s father, immediate and extended family members in the parenting of the adolescent’s child(ren)</td>
<td>Ainv</td>
</tr>
<tr>
<td><strong>Experience of motherhood</strong> – Adolescent mother’s experience of motherhood</td>
<td>Amoth</td>
</tr>
<tr>
<td><strong>Experience of grandparenthood</strong> – Adult parent’s experience of grandparenthood</td>
<td>Agran</td>
</tr>
<tr>
<td><strong>Abortion</strong> – Family’s experiences with, consideration of, and beliefs around abortion</td>
<td>Aabor</td>
</tr>
<tr>
<td><strong>Relationships</strong> – Family members’ relationships with each other, child(ren)’s father and his family, extended family and friends</td>
<td>Arel</td>
</tr>
<tr>
<td>Domain</td>
<td>Code</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Communication</strong> – Family members’ expressions of thoughts, feelings, ideas, and opinions around various issues as well as the dissemination of information. Also, the family’s decision-making and problem-solving styles related to issues around the adolescent’s pregnancy as well as issues of daily living</td>
<td>Acomm</td>
</tr>
<tr>
<td><strong>Family belief system</strong> – Family’s values, convictions, attitudes and assumptions that inform their decisions and guide their actions, specifically around sexual behavior.</td>
<td>Afamb</td>
</tr>
<tr>
<td><strong>Impact</strong> – Impact of the adolescent becoming a mother on individual and family functioning</td>
<td>Aimp</td>
</tr>
<tr>
<td><strong>Dual role</strong> – Adolescent mother and her parents’ experiences of functioning in the roles of parent/child and parent/grandparent</td>
<td>A dual</td>
</tr>
<tr>
<td><strong>Sacrifice</strong> – Family members’ experiences of altering their lifestyles or giving up certain aspects to accommodate the adolescent becoming a mother</td>
<td>Asac</td>
</tr>
<tr>
<td><strong>Family Stress</strong> – Family members’ collective sense of pressure to negotiate daily demands, including basic necessities such as housing, food, clothing, etc.</td>
<td>Afams</td>
</tr>
<tr>
<td><strong>Family Resilience</strong> – Family members’ collective characteristics and properties that enable them to negotiate change and adapt to adverse circumstances as well as their demonstration of resilience</td>
<td>Afamr</td>
</tr>
<tr>
<td><strong>Expectations</strong> – Adult parents’ expectations for their daughters prior to and since becoming mothers, specifically concerning sex, birth control and parenting</td>
<td>Aexp</td>
</tr>
<tr>
<td><strong>Multigenerational experience of adolescent pregnancy</strong> – How incidents of adolescent pregnancy are perpetuated across generations</td>
<td>Amulti</td>
</tr>
<tr>
<td><strong>Experience of pregnancy</strong> – Adolescent mother’s experience of pregnancy Emotional Physical</td>
<td>Apreg</td>
</tr>
<tr>
<td><strong>Plans</strong> – Family member’s plans prior to adolescent becoming pregnant</td>
<td>Aplan</td>
</tr>
<tr>
<td><strong>Experience of discovering the pregnancy</strong> – Family members’ experience of learning of the adolescent’s pregnancy</td>
<td>Adisc</td>
</tr>
</tbody>
</table>
Appendix G
Figure 1

The "Adams" Family Genogram. Author's image.
Appendix H
Marcus Help Aaliyah with parenting Amir.

Aaliyah told Larry about her pregnancy. Also became a mother in adolescence. Aaliyah identified Lynn as the person most supportive of her, because she became a Larry, the person most supportive of Aaliyah, a teenage mother.

Gave birth to Akira about a month after Aaliyah gave birth to Amir. Aaliyah believes Larry stopped speaking to her because she became a teenage mother.

Gave birth to Amir at 15 years of age.

Alex 10
Amon 10
Akira 4

Aaliyah 20

2005
Amir 4

44
Lynn

Figure 2
The "Brandon" Family Genogram. Author's image.
Appendix I
Corey is Amira’s current partner. His family is close with Jahan.

Jason’s parents and siblings all have relationships with Jahan.

Sometimes have conflict over Jahan.

Figure 3
The "Cole" Family Genogram. Author’s image.
Appendix J
Saw Arielle at school and called Ayana's mother to tell her that Arielle looked pregnant.

Chris and his family were very upset that Arielle got pregnant.

Mary kicked Ayana out of the home when she became pregnant at 17-years-old.

Arielle became a mother at 15-years-old.

Areille's step-mother, Ayana became a mother at 17-years-old. She took a lot of backlash for Arielle getting pregnant.

Ryan has never seen Amon.

Figure 4

The "Dean" Family Genogram. Author's image.
Appendix K
John is Monica's step-father. He and Monique have been together for 14 years.
Appendix L
Figure 6
The "Ford" Family Genogram. Author's image.
Appendix M
Figure 7
The "Grant" Family Genogram. Author's image.
Appendix N
James pregnant with her first child at 19-years-old.

Lisa Zaire wanted Syrai to have an abortion. Ziare Syrai took a paternity test.

Figure 8
The "Harris" Family Genogram. Author's image.