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## From Her Perspective: Reflections of Teenage Pregnancy and Parenthood

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*St. Catherine University*

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# From Her Perspective: Reflections of Teenage Pregnancy and Parenthood

By

Stephanie J. Bowman, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

Teenage mothers face many challenges throughout their lives, challenges that prove to be both positive and negative. This study examines the lived experiences of seven women who were teen mothers. They have shared their stories here and reveal their experiences. Data was obtained through semi-structured qualitative interviews with seven women who became pregnant at age 20 or younger and who have been parenting for at least five years. Themes emerged from the interviews such as: family structure, education, personal goals and values, circumstances surrounding the pregnancy, support, the relationship and role of the father, the experience of becoming a young mother, resiliency, and thoughts on pregnancy prevention and sex education. Findings indicated that the women had a similar positive outcome to becoming teen mothers, that support was found to be the most important factor in obtaining goals and success, and the need for open communication regarding sexual activity between parents and their children. Findings also indicated a discrepancy between general perceptions of women who become teen parents and the reality of the women represented in this study. Furthermore, the importance of sharing her experience was found to be powerful, having someone to listen to her story and to be able to contribute her thoughts to this project. This study reveals the need for future research and focus on supporting the strengths of teen mothers rather than treating teen pregnancy and parenthood only as a social problem; another need is education on effective communication between parents and children regarding sexual activity and pregnancy and breaking the barriers that create an uncomfortable atmosphere regarding the subject of sex and teens.

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### **Respondent Key**

Pseudonyms are used throughout the findings of this research paper to ensure the anonymity of the women respondents. For context, the pseudonym will be listed below with basic information regarding that individual, including the age at the time they had their first child and their age at the time of the interview.

*Ma-Lee* – age 17 and 24

*Emily* – age 19 and 34

*Dana* – age 20 and 52

*Thou* – age 16 and 21

*Brynn* – age 17 and 23

*Carrie* – age 18 and 45

*Michelle* – age 19 and 32



## Introduction

Of the 28 countries under review by the Organization for Economic Co-operation and Development (OECD), approximately 1.25 million teenagers become pregnant each year. Of those, approximately three quarters of a million will carry their baby to term and become teenage mothers (UNICEF, 2001). The U.S. teenage pregnancy rate is the highest among the developed world; in 2011, the birthrate for females aged 15 to 19 was 31.3 births per 1,000 (Center for Disease Control and Prevention [CDC], 2012). Nearly three in 10 girls in this country will become pregnant before the age of 20 (Shuger, 2012).

Teenage mothers, women who become pregnant before age 20 and go on to deliver and raise their child, face challenges in every aspect of their lives. Many teenagers who become pregnant feel overwhelmed by guilt, anxiety, and fears about the future (American Academy of Child & Adolescent Psychiatry [AACAP], 2012). Teenage mothers face the risk of not being accepted by their peers and their community (World Health Organization [WHO], 2012). Acquiring a position in society that is often the subject of negative criticism and judgment can profoundly impact the individual and her child (WHO, 2012).

There are many issues surrounding teenage pregnancy and parenthood including the tendency for teenage mothers to lack education, experience, and income compared to mothers in their twenties and older (WHO, 2012). Many girls drop out of school to have their babies and do not return (AACAP, 2012). Parenthood happens to be the leading cause of school dropout among teenage girls in the U.S. (Shuger, 2012). It is reported that only 40 percent of teenage mothers finish high school, and less than two percent of teenage mothers (those who have a baby before age 18) finish college by age 30 (Shuger,



2012). Shuger also reports that obtaining a GED is also a challenge. Almost one-half of former teenage mothers who completed a GED did so after the age of 18 and one in three (34%) young women who had been teenage mothers, earned neither a diploma nor a GED (Shuger, 2012). This contributes to pregnant teens losing out on the opportunity to learn the skills necessary for employment and self-survival as adults (AACAP, 2012). These issues may persist for years, causing lasting effects in the lives of teenage mothers.

The purpose of this study is to investigate the reality of teenage pregnancy and parenthood through the individual perspectives of women who have experienced it. This study will focus specifically on the effects of teen pregnancy on women, the issues and challenges that have been faced and continue to be faced as young mothers and members of society, and the factors contributing to resiliency among this group.

### **Literature Review**

A review of the past literature on teenage pregnancy and parenthood were narrowed to these topics, which provide a frame of reference for this study: teen sexuality, pregnancy and motherhood, risk factors, economic impact, support, effective programming, resiliency, and perceptions of teenage mothers.

#### **Teen sexuality**

Currently, in the U.S., more than 45 percent of high school girls and 48 percent of high school boys have had sexual intercourse (Klein, 2005). The average age of first intercourse for girls is 17 years and for boys, 16 years; approximately one fourth of all youth report having had intercourse by age 15 (Klein, 2005). Among U.S. high school students surveyed in 2011, 47.4 percent had never had sexual intercourse, 33.7 percent

had had intercourse during the previous three months, and 15.3 percent had had sex with four or more people during their life (CDC, 2013).

It was found that sexually active teens are less likely to use contraceptives than adults (WHO, 2012). According to Lockhart and Wodarski (1990), many adolescents start seeking information on birth control a year or more after they become sexually active, furthermore, only one out of three 15 to 19 year olds use birth control each time he or she has intercourse (Lockhart & Wodarski, 1990). More recent studies have shown that the use of contraceptives has increased. The Guttmacher Institute (2013) reported that the majority of sexually experienced teens (78% of females and 85% of males) used contraceptives the first time they had sex.

In general, a common belief of Americans is that parents should talk to children about sexual issues and contraception, however, often times they are not talked about at all (Lockhart & Wodarski, 1990). Parents tend to be a greater influence on girls, more so than boys, and evidence suggests that the mother is the major influence in girls' lives; the relationship between mother and daughter is a predictor of sexual experience, supporting the hypothesis that the more positive the relationship between mother and daughter, the less likely it is for the daughter to engage in sexual activity (Lockhart & Wodarski, 1990). Similarly, it was reported that the quality of the mother-daughter relationship influences the age at which teenage girls first engage in sex (Overturf & Downs, 2003). Supporting studies have shown that when adolescents believe they have a good relationship with their family, opportunities, and parental support for achievement in school, they tend to delay sexual activity (McNeely, Shew, Beuhring, Sieving, Miller, & Blum, 2002). Parental supervision, setting expectations, and "connectedness" between

parent and child have been associated with a decrease in risky sexual behavior (Klein, 2005). Specifically for females, mothers who reported more satisfaction with their relationship with their teenage daughter had daughters who were more likely to delay intercourse (McNeely et. al., 2002).

Early onset of puberty, history of sexual abuse, poverty, lack of attentive and nurturing parents, cultural and family patterns of early sexual experience, lack of school or career goals, substance abuse, and poor performance or dropping out of school have been shown to be predictors of sexual intercourse during early adolescence (Klein, 2005). Some of the factors associated with adolescents waiting to have sexual intercourse include living in a stable family environment, regular attendance at places of worship, and higher family income (Klein, 2005).

### **Teen Pregnancy and motherhood**

Lockhart and Wodarski (1990) reported that the high rate of teenage pregnancy (ages 13-19) is a result of a decrease in average age at menarche and increasing sexual activity in youths. Teenage motherhood has been shown to have negative consequences for both mother and child (Swedish, Rothenberg, Fuchs, & Rosenberg, 2010). Research has shown that there are increased health risks for both mother and child, including: complications and low birth weight; developmental and mental disability; and high infant mortality and morbidity – babies are two to three times more likely to die in their first year compared to babies born to older mothers (Lockhart & Wodarski, 1990).

Health risks faced by adolescent mothers may be attributed to biological immaturity, nutritionally insufficient diets, and poor prenatal care (Lockhart & Wodarski, 1990). Psychologically, the change from the role of teenager to that of a mother can

cause negative emotional experience due to the fact that teenagers are still developing coping skills and maturity needed for positive parenting (Lockhart & Wodarski, 1990).

Potential future problems for the children of teenage mothers are also of concern. A study found that children of teenage mothers are 50 percent more likely to repeat a grade in school; the study also found that teenage mothers are twice as likely to have a child placed in foster care during the first five years after birth than a woman who delays childbirth until age 20 to 21 (Swedish, et. al., 2010).

It has been found that teenage mothers are twice as likely to fall below the poverty line than mothers who have children after their teen years (Lockhart & Wodarski, 1990). A study by Hobcraft and Kiernan (2001) focused on women who became mothers in their teens and tested them for negative consequences – several domains of adult social exclusion including: welfare, socio-economic, physical health, emotional well-being, and demographic behavior – at age 33. The study found that the sooner women became mothers the more likely they were to have experienced negative outcomes by age 33. By age 33, early mothers were 4.4 times as likely to have been a lone parent, three times more likely to have lived in social housing, twice as likely to have received non-universal benefits, and to have no qualifications, and women were 40 percent more likely to have a low household income, be in general poor or fair health, and to view their life as unsatisfactory (Hobcraft & Kiernan, 2001). Swedish and colleagues (2010) reported that 25 percent of teenage mothers have a second child within 24 months of their first birth, similarly, Lockhart and Wodarski (1990) state that adolescent mothers tend to have repeat pregnancies, which serve to perpetuate the syndrome of failure.

### **Risk factors contributing to adolescent pregnancy**

Economic poverty, lack of education and limitations on opportunities, disrupted family background, and poor parental supervision and communication are all examples of risk factors that contribute to teenage pregnancy.

Conditions of economic poverty at both an individual and community level are related to higher rates for pregnancy, abortion, and child-bearing (Benson, 2004). Early research focusing future goals of poor youth suggested that because of limitations on opportunities, there were generally low expectations among them for future education and career goals (Klaw, 2008). The research acknowledges that not all youth have equal access to information, guidance, and the support they need to act on their full capabilities (U.S. Department of Health and Human Services, 2012). Similarly, Hobcraft and Kiernan (2001) stated the likelihood that early parenthood is a cause of adverse outcomes later in life, through the limitation of opportunities and choices. Benson (2004) suggests that adolescents may not have the ability to imagine alternative futures because of their limited life experiences or incomplete formal operational thinking.

Another key influence related to teenage pregnancy is educational background, (Barn & Mantovani, 2007). Some literature suggests that inner-city youth understand the value of education but lack information, capital, and support structures needed to attain their goals (Klaw, 2008). Domenico and Jones (2007) make a connection between the lack of education and opportunities to early pregnancy through research revealing that adolescent females may become pregnant intentionally because they see no other life goals within their reach; without realistic expectations about education or occupations, pregnancy can be viewed as an alternative path to economic independence and adult status (Domenico & Jones, 2007).

It is estimated that having a child as a teenager reduces the chances of post-compulsory education by 12-24 percent (Barn & Mantovani, 2007). In addition, compromised education and career opportunities contribute to the lack of qualifications and an increased risk of social exclusion (Barn & Mantovani, 2007).

Family background is another important factor that has an influence on youth. Recent studies have shown that growing up in disrupted families and being born out of wedlock or parental divorce substantially increases the probability that women will have their first birth as teenagers (Barn & Mantovani, 2007). The study states that a reason for increased risk of pregnancy for teenagers of single-parent families may be related to more permissive sexual attitudes, lesser parental supervision, and/or the example of their own dating activity (Barn & Mantovani, 2007). Research also indicates that pregnant teens have been found to perceive high levels of family dysfunction; compared to non-pregnant teens, pregnant teens have reported poorer communication with both their mothers and fathers (Benson, 2004).

### **Economic impact of teenage motherhood**

Often times medical and social complications result from teenage parenthood, incurring a large public cost (National Association of County & City Health Officials [NACCHO], 2009). Recent research shows that teenage childbearing costs local, state, and federal taxpayers over nine billion dollars annually, (NACCHO, 2009). Statistics report that increased healthcare, foster care, increased incarceration rates among children of teen parents, lost revenue because of lower educational attainment, and income among teen mothers attributes to the cost (CDC.gov).

The study by Swedish and colleagues (2010) reported on economic research that has shown women who give birth at or before age 17 collect an average of \$37,000 in public cash assistance through the age of 35 (Swedish, et. al., 2010). The study went on to report that research has shown that former teenage mothers earn an average of less than \$11,000 per year (in 2004 dollars) when they reach their early to mid thirties. Swedish and colleagues (2010) support this finding, reporting that teenage mothers earn less and collect more public assistance, on average, than those who postpone having children.

### **Support for pregnant teens**

Support for teenage mothers is very important, specifically family support (Bunting & McAuley, 2004). Increased self-esteem and life satisfaction are linked to supportive relationships between parents and pregnant/mothering teens (Benson, 2004). Research provides evidence to show that family support leads to positive outcomes for teenage mothers and positive maternal well-being; cohesive family relations were associated with less depression and less risk for child abuse, (Benson, 2004).

According to research by Bunting and McAuley (2004), the second main source of support for pregnant teens is friends. Friends offer emotional support and someone to talk to about daily activities (Bunting & McAuley, 2004). This study found that peer social support was significantly related to reduction in parenting stress, particularly with regard to high levels of emotional support provided by this group (Bunting & McAuley, 2004). In addition to family and peers another source of support is that from the partner. Some studies have shown that partner support helps to increase self-esteem and can

reduce depression, however, some partners may be a source of stress and conflict for the young women (Bunting & McAuley, 2004).

The research by Bunting and McAuley (2004) highlighted that the women who sustained a relationship with their partner over the course of the first postpartum year showed lower levels of depression than women who did not sustain a relationship; a stable relationship with a male partner provides an important support role for teen mothers, providing greater psychological benefits (Bunting & McAuley, 2004).

Support and lack of support are influential for the mother and her behaviors toward raising a child. Lack of the positive impact of family support has been associated with less optimal parenting behaviors (Bunting & McAuley, 2004). Support also has an influence on the teen mother's optimism toward her future. Research has demonstrated that the emotional support and encouragement provided by natural mentors appeared to serve a key role in causing a sense of self-efficacy and optimism about achieving future goals (Klaw, 2008).

### **Effective programming that influence positive outcomes**

An expert panel for the U.S. Department of Health and Human Services' Office of Adolescent Health (OAH) in 2012 reported on scarcity of support programs specifically for pregnant and parenting teens. This population is often poor, in need of strong support networks, and resources to help effective parenting. The panel focused on core components of successful programs serving pregnant and parenting teens: emphasizing education; integrating services and referrals to fully meet the needs of teens; establishing strong participant-provider relationships; giving consideration to influence of



developmental factors; and recruiting, training and retaining highly skilled staff and providing welcoming program environments (OAH, 2012).

In a study, teen mothers were directly asked to identify what would enhance their parenting, 35% stated the need for more emotional support from family and friends, 30% reported the need for more financial assistance, and 20% reported the need for reliable babysitting. A further 45% went on to identify assistance with finding jobs and better decision-making skills as other areas of need (Bunting & McAuley, 2007).

### **Resiliency**

Resilience refers to positive outcomes in the presence of adversity, rather than to positive adaptation in general (Collins, 2010). It “surfaces” in the face of hardship” and “does not exist without struggle” (Hawley, 2000 p. 102). Factors relating to resilience are: being motivated and taking responsibility, having goals, aspirations and pride in achievements; using insights into the past as a means of moving forward; having a strong sense of identity; and seeing one’s life in a wider context (Collins, 2010).

Internal resilient qualities that teen mothers may possess need to be identified and promoted (McGaha-Garnett, 2008). The characteristics of social competence, such as problem solving, independence, and motivation are shown by resilient youth (McGaha-Garnett, 2008). The individuals who demonstrate these characteristics are more likely to have increased self esteem and assumed parental responsibility (McGaha-Garnett, 2008).

### **Perceptions of teenage motherhood**

Teen pregnancy, outside of marriage, is identified as a “social problem”, seen as a reflection of the amoral lifestyle of Western society (Rutman, Strega, Callahan, & Dominelli, 2002). Popular belief describes adolescent mothers as being “scheming

benefit scroungers,” reflecting an underlying condemnation of early motherhood (Barn & Mantovani, 2007). Society views young, poor single mothers as a serious drain on state resources (Rutman, et. al., 2002). In a study examining college students’ perceptions of teen mothers, it showed that common stereotypes of teenage mothers included welfare dependency, irresponsibility, stupidity, ignorance, laziness, child abuse, immorality, and promiscuity, (Eshbaugh, 2011). A majority of students in Eshbaugh’s study endorsed that teen mothers are capable of being good parents, however, a majority of students also believed that their taxes were higher because of government benefits for teen mothers, (Eshbaugh, 2011).

Stereotypes regarding teenage pregnancy that are prevalent in society can be damaging to a young mother, possibly hindering her progress, resilience, and well-being. In an article co-written by a teenage mother, she expresses her concern that “negative messages may shape the self-perception and outlook of already pregnant and parenting teenagers, setting them on the path to failure,” (Lewis, Scarborough, Rose, & Quirin, 2007).

It has been argued that society’s tendency to approach teenage pregnancy as a social problem has led to an exaggeration of negative outcomes, resulting in the positive aspects of teenage motherhood being ignored (Bunting & McAuley, 2004) and the stigmatization of teenage pregnancy/parenting (Eshbaugh, 2011). According to Eshbaugh’s study (2011), some teen mothers believe that pregnancy prevention programs may promote negative stereotypes about adolescent parents. The attempt to prevent teen pregnancy by using messages that show the negative aspects of teen motherhood influences society to view teen mothers as unproductive members of society.

Research shows that stigma can negatively influence the targeted group, which adds challenges to those who are already experiencing adversity (Eshbaugh, 2011). In a study looking at whether or not pregnant adolescents were stigmatized by pregnancy, it was reported that of 925 teens that had recently given birth, 40 percent reported feeling stigmatized; the women were also likely to feel socially isolated and have lower self-esteem (Wiemann, Rickert, Berenson, & Volk, 2005). Over time, stigmas may be internalized by teen mothers and cause them to believe that they are incompetent parents (Eshbaugh, 2011).

A study by Rutman and colleagues (2002) examined the experiences and perspectives of government based social workers that worked with teenage mothers in/from government care. The author reported that several other authors have acknowledged that the perception of adolescent pregnancy as ‘bad’, with negative consequences, derives from predominately white, middle class definitions of what is acceptable mothering (Rutman, et. al., 2002). It was found that one core value that influenced the practice of social workers was that teenagers should not become pregnant.

The Rutman and colleagues (2002) study revealed that social workers held deeply entrenched middle class values that strongly influenced how they constructed their notion of ‘deserving’ mothers and the adequacy of their clients’ parenting (Rutman, et. al., 2002). Almost all social workers who participated in the study were unable to conceive of an adolescent pregnancy as positive, welcome, or normative event and maintained an expectation that their clients were bound to repeat ‘the cycle’, which includes: being a teenage mother; being a welfare mother; being a poor mother; and thus being an inadequate mother (Rutman, et. al., 2002).

Rutman and colleagues (2002) discussed that both social workers and teen mothers were preoccupied by the concept of ‘the cycle’, and each determined to break it. From the teen mothers’ perspective, breaking the cycle meant that through their pregnancy they were breaking the cycle of an unhealthy, high-risk lifestyle giving them a new sense of purpose and direction in their lives (Rutman, et. al., 2002).

Age, class, race, and family history contribute to stigmas that teen mothers face. Stigmatization affects even the people whose job it is to support teen mothers (Rutman, et. al., 2002). Current response to the middle-class construction of ‘breaking the cycle’ has been unsuccessful; arguably, because it lacks an appreciation of young mothers’ lived experience (Rutman, et. al., 2002). The voices of teen mothers are needed to inform this work; “Recasting this construction of the cycle would require practitioners to take time to critically examine and reflect upon their own values and assumptions, and policy makers to reconsider the basis on which they support teen mothers and social work practitioners,” (Rutman, et. al., 2002).

### **Social work implication**

Many social workers will work with a pregnant or parenting adolescent at some point in their careers (Benson, 2004). Social workers can play a key role in expanding life options both by helping individuals gain access to key resources and by developing policies and interventions that address the multifaceted risks of intergenerational cycles of poverty, school dropout, unemployment, and teen parenthood (Klaw, 2008).

Research literature implies that professionals can promote autonomy by encouraging aspirations and education (Benson, 2004). Teen mothers who were encouraged to pursue their aspirations had resilient reports about their adjustment

(Benson, 2004). Social workers can work towards reducing levels of disadvantage and deprivation in the quest for social inclusion, providing tangible and appropriate support services (Barn & Mantovani, 2007).

### **Conceptual Framework**

This research focuses on the experiences of teenage mothers (mothers who gave birth at age 20 or younger) after the birth of their child and after they have been parenting for at least five years. Originally, nine women were interviewed for this study. Two of the nine interviews were lost from the author's recording device, resulting in a sample of seven women. Although the details of those studies are not present here, the author has used the influence of those respondents' interviews to further develop the findings of this project; furthermore, this study does not explore, in detail, the effect of cultural differences on the experience of teenage pregnancy and parenthood. It should be noted that cultural differences affect perceptions regarding this subject and, in general, this study reflects the experiences of women as they relate to the western, white, middle-class value system that is most prevalent in the communities where each of the respondents live.

There are many studies that focus on prevalent issues of teen pregnancy and parenthood but do not reflect the extent of unique individual experiences that shape the lives of teenage mothers. Spear and Lock (2003) reviewed and analyzed 91 articles in a database search on adolescent pregnancy or teenage pregnancy and of those 91 articles, 22 used qualitative research methods. Clemmons (2003) found that the majority of studies of adolescent motherhood were quantitative studies that depicted a one-dimensional view of the phenomenon.

As a woman who has experienced being a young parent I am aware, first hand, how the concept of teen parenthood is perceived negatively through the multitude of negative statistics and stereotypes. I became pregnant with my first child at age nineteen and delivered a son five months after my twentieth birthday. Statistics and stereotypes are not representative of my life. For the past eleven years I have faced many challenges, both positive and negative that have impacted my life in many ways. Through my own experience of being a young parent, I have developed an interest in how other young women have been affected by and adjusted to being a teen mother and how they see themselves in relation to how they may be perceived by others and society. It is through actual words of lived experiences that I am able to explore their individual perspectives.

My experience of being a young mother has uniquely shaped who I am as an individual and how I have been living my life. What I anticipate finding through this research is a real and honest collective voice that will help give more meaning to the experience of being a teenage mother. The perspective of others will help to create a clearer, multi-dimensional picture of what it is to be a teenage mother.

### **Methods**

A qualitative research method was used to obtain information on the impact of teen pregnancy and parenthood on women. Seven women were interviewed to gather information on their lived experiences of being a teen mother and its implication on their lives.

The interview structure was non-schedule standardized, with a narrow topic and specific questions asked of all respondents (Monette, Sullivan, & DeJong, 2011). The interviews were conversational; questions may have been rephrased or asked out of order

to best fit each particular interview. Questions (Appendix A) were open-ended, allowing the respondents full freedom of expression, (Monette, et. al., 2011).

### **Sample**

This study used a convenience and snowball sampling composed of seven women who were age 20 or younger when they gave birth to their first child, who is now at least five years of age. The respondents were recruited from St. Catherine University through the Access and Success program (Appendix B-1), a program supporting student parents enrolled at St. Catherine University. Respondents were also recruited from the community through a public recruitment posting on Craigslist (Appendix B-2).

### **Protection of Human Subjects**

The University of St. Thomas Institutional Review Board approved the study prior to the recruitment of human subjects in order to ensure their protection. Respondents volunteered for the study, contacting the author on their own will. Respondents received a coffee gift card in appreciation of their time and a chance at winning a larger gift card amount. Respondents were not identified in the audio recording of the interviews. The Institutional Review Board deemed that respondents were not considered part of a vulnerable population.

Prior to beginning the interviews, the author reviewed the informed consent (Appendix C) with each respondent. The informed consent included eligibility requirements, the purpose of the study, the interview procedure, risks and benefits of being in the study, compensation, how confidentiality would be maintained, their right to skip questions or withdraw from the interview at any time, and contact information for

the researcher and researcher's committee chair. The researcher then required each respondent to sign and date the consent form.

The nature of the interview questions were of a personal and sensitive nature, that posed a risk for respondents as potential unwanted feelings and/or emotional upset may have been provoked. As a precaution, the researcher offered each respondent a brochure for counseling services at the University of St. Thomas Interprofessional Center (IPC); all counseling services at the IPC are free of charge and accessible to the public, which would allow any one of the respondents access to services if desired.

Respondents' confidentiality was ensured by not using identifying information during the recording of the interviews. All interviews were recorded on a portable device owned by the researcher. Data was transferred from the portable device to the researcher's personal computer and saved in password-protected files. All recorded data was then deleted from the device. All data was only accessible to the researcher. All data will be kept until May 31, 2013 at which point it will be destroyed.

### **Recruitment Process**

After approval by the Institutional Review Board was obtained, a notice was sent electronically through the St. Catherine University Access and Success program to all student parents (Appendix B-1). A slightly modified version of the first notice was posted on Craigslist to recruit respondents from the community (Appendix B-2). The notices asked for women to volunteer to participate in an interview regarding their experiences as a teen parent. The notice gave the author's email address to respond to if they were interested in participating. The recruitment process eliminated the possibility of coercion because each respondent volunteered to participate and contacted the author



on her own will. As an incentive to participate, volunteers received a coffee gift card and were entered into a drawing for a \$50 Visa gift card.

### **Measures to assure confidentiality/anonymity**

Interviews were recorded without identifying information on a portable recording device owned by the author. The content from the interview was transcribed by the author and an assistant to the author and then deleted from the recording device. Transcribed information will be held no longer than May 31, 2013 at which point all transcribed material will be destroyed. The author, the research chair, and the transcribing assistant were the only individuals who had access to the data. Respondents' identifying information was only available to the author. The author has contacted the winner of the drawing. No identifying information regarding the winner is known to anyone but the author.

### **Protocol for ensuring informed consent**

Prior to the interview, each respondent was given a consent form approved by the University of St. Thomas and St. Catherine University Institutional Review Boards (IRB). The form explained the purpose of the research, how the identity of each respondent would remain anonymous, how the interview would proceed and where, and how the data would be collected. Each respondent was made aware that she would have the right to end the interview at any time and refuse questions if inclined to do so, and that all data collected will be destroyed following its use for the project. The author ensured the informed consent by requiring a signature on the consent form prior to beginning the interview.

### **Data Collection instrument and process**

A questionnaire (Appendix C) was developed by the author to obtain information on the experience and impact of teen pregnancy/parenthood on women. Questions, approved by the research chair and committee, were formed after review of the literature and were open-ended to allow for a conversational-style interview. As respondents replied to the notices, the author and the respondent scheduled a meeting time at a public location such as the St. Catherine campus, a local coffee shop, or a public library. Upon meeting at an agreed time and location, the author reviewed the informed consent and obtained a signature from the respondent. Each interview was recorded on a portable recording device. Data recorded from the interview was transcribed for analysis.

### **Data Analysis plan**

A qualitative coding strategy – content analysis was used to analyze the data from the interview transcripts. Content analysis refers to a systemic way of examining and interpreting the data in an effort to identify similar themes (Berg, 2009). Codes and themes were drawn from the interview transcripts (Appendix E). A code is a record of pattern in the data and a theme is a dimension that is formed once three or more of the same code have been identified in the data. The codes and themes were found by using an inductive grounded theory method, which moves from the specific information (the words in the interview transcript) to the broader (themes from the data). Open coding was used, meaning that after each line was read, a note was made about emerging patterns reflecting the experiences of the respondents (Berg, 2009). The author analyzed the themes to develop a cohesive reflection on the impact of teen pregnancy and parenthood on women.

### **Strengths and Limitations**

The qualitative nature of the research study enabled the author to obtain real-life stories of women who experienced being a teen parent. Through the telling of lived experiences, the author was able to use the respondents' words to understand how they have been affected by teen parenthood. The information obtained is beneficial for support workers, family, friends, and peers to develop a deeper understanding of the needs of these women and what positive roles they can play in their lives and in the community to further support them.

There were limitations to this study, including that the respondents were not representative of the entire population of teen parents. The research only focused on seven women who gave birth between the ages of 16 and 20, excluding any experiences of teenage mothers who gave birth before age 16. The research also narrowed further by focusing on women who have been a mother for at least five years, further excluding a good portion of the teen parent population out of this research. Another limitation is that many respondents were students at St. Catherine University, which made them likelier to have more in common, such as their resiliency, goals, and access to higher education.

### **Findings**

Many important themes were found from the qualitative interviews that focused on the experience and impact of teenage pregnancy and parenthood. The themes included: family structure, education, personal goals and values, circumstances surrounding the pregnancy, support, the relationship and role of the father, the experience of becoming a young mother, resiliency, and thoughts on pregnancy prevention and sex education.

#### **Family Structure**

Of the seven respondents in this study, five respondents came from stable, two-parent households; of those five, three of them lived with both biological parents, whom were married to each other, the other two lived with one biological parent and a step-parent whom were also married to each other. Two respondents came from single parent households, one whose father was not present and one whose father had died.

Most respondents reported having a “normal” upbringing where they felt their family life was positive and nurturing. One respondent, Carrie stated:

*“Um, raised in a very stable, very loving atmosphere. My dad was involved with his kids. Mom was a housewife.”*

Brynn also gave a brief description of her family:

*“So my mom had me, she was a single mom she met my step-dad when I was three, he legally adopted me so that’s like the only dad I have ever known.”*

Of the respondents who did not experience living with two parents, Dana gave this account:

*“I wasn’t very close to my family. My parents got into a motorcycle accident when I was four and so um, one of my neighbors kinds of raised me, she was...they never had children and so I kind of was their child and I was never really home [actual home] unless I needed to clean. I was their maid, basically. My dad had died and my mom was in the hospital for months.”*

Although there were many differences in family structures and family life, some having been better than others, most of the women reported coming from homes where they felt supported and where their needs were met.

### **Education at the time of pregnancy**

Four out of seven of the women respondents were in high school at the time they became pregnant. Most respondents reported being at least average students. A common recall of most of the women was that they took their schoolwork seriously and maintained a goal to continue on to college. Brynn claimed that she was “*more social than I was worried about academics*”, however, she still maintained the idea that she would eventually go on to college. Three of the respondents had their baby after high school, one was enrolled at a community college, one had joined the Navy, and the other had married two days after graduating high school and later had their baby.

One of the respondents, Thou, who became pregnant during high school, talked about her drive to seek a higher education even before becoming pregnant,

*“I knew I always wanted to go to college, I never did want to have, like, a dead-end job. I always knew that I was going to do something with myself, so, second-guessing college was never a thing.”*

Carrie also had high aspirations for continuing her education. She was “*a good student*”, who participated in programs and “*graduated with honors*” from her high school.

Michelle stated that in high school and community college she did “*pretty good*”,

*“I was always good with writing, I did go to an alternative high school because I had a lot of anxiety and I didn’t want to be in a big crowd of people, but...so I went to a smaller charter high school but um, I did pretty good”.*

Overall, the respondents seemed to have good experiences with school before becoming pregnant and had a common interest in continuing their education.

### **Circumstances around pregnancy**

Five out of the seven respondents became pregnant, unexpectedly and were not married at the time. The other two had married at a young age and had planned to become pregnant; their ages at the time of their baby's birth were 17 and 20. Sexual activity and access to birth control were discussed during the interviews.

**Sexual activity.** All but one of the women interviewed stated to have been in a steady relationship with the father and had been sexually active for at least one year.

Carrie became pregnant the first time she had intercourse. She stated:

*“I can honestly say, and you’re gonna think, oh no, uh-uh, I got pregnant my very first time. And so, I never suspected, that ya know...I literally got pregnant from my first time....Oh yeah, first time out, so to speak, oh well.”*

**Access and use of birth control.** All the women interviewed knew about birth control and they all were aware of how they could access it if needed. In Brynn's case, her mother had brought her to the doctor to get on birth control pills, however, Brynn stated:

*“I was on the pill but, um, like I said before I was kind of social, all over the place so if I took it, it wasn't the same time or, you know, some days I wouldn't take it. It was just kind of on the go all the time so it wasn't something that I was conscious about all the time.”*

For Ma-Lee, she admitted knowing about birth control but not viewing it as an option because it is against her Hmong culture. Thou recalled using condoms regularly but then stopped using them altogether. After a while she claimed they used a condom “*every once in awhile*”. Thouh knew about other forms of birth control but had reasons against them:

*“Actually I was kind of nervous, what if I did get on the pill, whatever, and my dad found out, like what is he gonna think, what is he gonna say to me? So I kind of strayed away from all that.”*

Similarly, Michelle also used condoms occasionally. She stated:

*“Um, I was not using, like myself, I was not using birth control pills. We did use condoms but not all the time so we did have access, I mean yes, I believe we had access, I mean maybe it was not as easy as it could have been but yeah.”*

Carrie recalled getting pregnant the first time she had sex and what her views were on birth control:

*“Okay, only after the third time do you really start thinking about things. I literally got pregnant from my first time. So, you know, the planning part of it was not there at all. Had it become something that became regular than, yes, I would’ve, I know I would’ve protected myself.”*

Having access to birth control was not an issue for any of the women interviewed. All of the women knew of it and where they could access it. What it came down to was how much they believed they needed it. A common misconception by the five women who became pregnant unexpectedly was that they believed it was not going to happen to them or, like Carrie, had not been active long enough to realize the need for it.

### **Relationship and role of the father**

Two of the respondents were married to the father at the time their baby was born. Of those two women, one is still married and, although they have had some hard times, they are together and have had more children since. One of the women, Dana, was with her baby’s father since they were freshmen in high school; they married right after high

school and had their baby about two years later. The marriage ended in divorce after six years. Their daughter went back and forth between Dana and her ex-husband. The father continues to have a role in their daughter's life.

Of the women who were never married to the father of their child, two of the fathers are now out of the picture completely, one of which was never a part of the child's life. Carrie recalled the situation with her daughter's father:

*"I was a junior when I got pregnant, he was a senior. Um...he, when I told him, he gave me two hundred dollars, which back then was probably a lot. Gave me two hundred dollars and gave me the use of his car because I didn't have a car back then, um, at least not at that time. He gave me two hundred dollars and the keys to his car and told me to fix it and I thought, ugh, you're an idiot. And so, I took the money and went to Target and bought a car seat and brought it home. And he...when I gave him his car back I said, that's your decision, that's fine, but I've made mine and our decisions are different. Later, I did run into him when my daughter was probably eight years old and he asked to see a picture and I told him no, she's not yours, you, you gave that up a long time ago. I'm not showing you the picture, but thanks for asking."*

Brynn talked about her and her boyfriend's relationship:

*"We were best friends, I mean, um, we would spend pretty much everyday together after school or weekends. Um, he actually came on vacation with my parents and I, so it had been a long relationship and, um, it was great. Everything we had planned, like I said, we kind of planned our futures, I mean we were really young, but I mean, at that time you think you know everything and you*



*think you know how the world is, so that's what we wanted, it was good. I mean, I was happy."*

Brynn's ex-boyfriend and father of her two children is now out of their lives completely.

One of the women married the father after the child was born but has since divorced. He lives in another part of the country and sees his son over school vacations. One woman, Thou, is still living with the father of her child and they have had another child. She commented on their relationship:

*"um, we are still together, seven years now, um, like we've had our ups and downs but, you know, we're together not because of the kids but we're together because we want to."*

Michelle's daughter sees her father occasionally, *"maybe a few times a month, to go to dinner and a movie or something; he doesn't have shared custody or anything."* Before the birth of their daughter, Michelle described the relationship:

*"Um, he was older than me at the time, well still is. After I became pregnant our relationship was actually not good and it became violent and it ended up being, um, an abusive relationship so....um, yeah, I mean, yeah, so it pretty much wasn't [bad] until the pregnancy and the baby."*

Overall, the majority (five out of seven) of the women's relationships with the father ended.

### **Experience of being a young mom**

Each of the seven women represented in this study have endured both positive and negative experiences since becoming a teenage mother. Positively, many of the women have matured and have learned about themselves and developed a newfound

perspective on their life. Negatively, many of the women have experienced difficulty with challenges of raising a child as a young mother. Each of them has a unique story and interpretation of how their life has been impacted through changes, the need for aspects of life to be put on hold, financial struggles, and dealing with stigma and stereotype.

**How life has changed.** A common theme among all of the respondents is that, although difficult, the experience of being a teenage parent has brought about positive changes in many different aspects of life. Brynn talked about how life has changed for her:

*“I feel like I’m an old soul now, you know, I just... I’m calmer now I don’t worry about the little stuff anymore, I just, I’m a grown up now. I have responsibilities so I don’t have time for the stupid stuff, it’s just priorities come first.”*

Many of these women talked about having to grow up quickly but even though becoming a mother has forced some of these women to do so, it is not only perceived as negative, for example Ma-Lee gave this account of what has changed for her:

*“I grew up really fast, as a mom, reality hit right when I had my first girl. You grow so fast, I was only 17 and I was being treated like a 30 year old...I’ve become more open, I talk a lot now. What changed me was I became more open and I try to listen to other people story. I think that after having all these kids you become so...you know, you know better.”*

Dana felt that *“it really opened up my eyes because I had to be responsible”*. Emily described how she has changed, *“I think I’ve become more organized...I, I’ve learned a lot about myself”*.

**Aspects of life that were put on hold.** The experience of being a teenage mother has also prevented these women from doing things they had planned to do before having a child such as attending or continuing college. With all of these women, putting those things on hold was difficult but in every situation, the time came that allowed them to go back and reclaim some of the things they had to put on hold. Emily talked about having to put off going to school:

*“I put off going to college. I think that your time is limited, you know, you only have... there’s only one of you, there’s only so much to go around and you have to do so many things. Um, you know, your kids have to get up, you know, you have their homework, they have to eat and bath time and all these other things and there’s only so much time in the day and by the end of the day you are completely exhausted, so I think that is one of the big things”.*

Michelle also expressed putting aspects of life on hold:

*“I was in school at the time [college], I became pregnant and by the middle of my pregnancy I think that I just never went back, like, after the semester was over I didn’t go back, so I definitely put that on hold and um, um I guess my social life too, just, I mean I missed a lot of time with, I have a...you know, a group of friends that we’ve all known each other for the same amount of time but they all have done a lot more things together. I still know them but I kinda missed a little portion of that time.”*

Dana talked about having “limitations”; “schooling had to be put on hold for awhile”. Ma-Lee reiterated this by simply stating “school” as something she had to put

on hold. Carrie talked about how putting off college was one of the hardest things for her to do and due to a health issue with her daughter, she was left with limited choices:

*“I knew when she was about six months old that I needed to have a job that had health insurance because she had a heart defect and the physicians told me that when she was about three years old, she’d need surgery. And so, I knew I needed a job that had benefits. And, um, I wasn’t going to have time to go to college to get a good job and so I went to a vocational tech. program for surgical technology, um, not because I was interested in it, but because it was a ten-month program. I could get in, I could finish it, get out, get done, and get a decent job. And so, that’s what I did, um, got a job almost right away, full-time job and it came with benefits so, the plan worked and when she needed her surgery, I had insurance and I was set and ready to go. Um, but as far as a formal education, I had to put that on hold and that was really disappointing for me, because I really enjoyed school”.*

Thou did not have to put off school but feels there were other aspects that she did put off:

*“I kind of feel like after I’ve had my baby I’ve become more mature so now I’m just kinda like, oh, going out and having fun, maybe I probably shouldn’t do that. I should just stay home and take care of my baby so, like, I understand that sometimes I do need to, you know, go out and sometimes have my own personal time, but it’s really hard for me to do that because I feel really guilty every time. So, I think that’s just the biggest thing that I’ve kinda put on hold and I still have it put on hold, like I don’t know, just something as simple as*

*going out to the movie, I feel guilty about it.”*

**Financial Difficulties.** Having enough financial resources was something most of the respondents had worried about or struggled with. Without financial help from family or government resources, many of these women would not have been able to make it on their own. Most of the women did, however, choose to live independently and worked hard to support themselves and their child. Carrie recalled that she was welcome to stay at home with her parents but she knew she had a responsibility that she did not want to impose on her parents. Once she found an apartment she took many different jobs in order to make a life for her and her baby. She recalled being a waitress, answering phones in a real estate office, and cleaning apartments as some of the jobs she took,

*“everything was just kind of a hit and miss kind of thing, but for the most part waitressing was....cause I needed something at night and then the weekends were the real estate office. Um, so, it was busy.”*

The first few years proved to be difficult, trying to manage living independently for the first time while raising a child. There were many times when Carrie had to make sacrifices and be conscientious about everything she did. An example Carrie made was this:

*“You had to be scrimping on absolutely everything. Like a jar of peanut butter, you didn’t spread the peanut butter on the bread the way you did at home. You put peanut butter on there like another jar of peanut butter wasn’t being bought for another three months. It had to last, that’s what it was like the first, probably the first two to three years.”*

Dana talked about struggling to get her degree in school and come up with money to provide for her daughter. Not being able to give her daughter a lot of things is something that was difficult for her:

*“I had to work a second job and family had to watch her and everything in general. I felt like so much was taken away from her. I couldn’t put her in swim lessons. What was really sad is that I just remember a time that I couldn’t afford daycare and she was eight at the time and I felt guilty because I had to leave her at home after school. I remember her only being in Girl Scouts because I couldn’t afford swim lessons or dance so I felt like she was robbed. I couldn’t provide for her as much as I wanted to.”*

Emily talked about financial issues as being the most difficult aspect of being a young mother. She stated in the interview:

*“I couldn’t always get him the things that he necessarily had to have, um, my [ex] husband stayed home with the baby for awhile and he went to nursing school so when he graduated things obviously bumped up but until that time, you know, financially it was very, um, meager at our house and we really had to financially work things out.”*

Michelle discussed what she found to be the most challenging for her to obtain her goals,

*“Definitely childcare, but I think also ties into that is um, financial resources because usually we have to pay for that and, um, yeah, I mean that for me it’s just been a constant choice of do I work all this set amount of hours or go to school or how do I do both and just trying to figure out all of that and it usually is tied into money, because, um, being younger and not being able to finish my degree at a*

*younger age, I guess, and then being single, that plays a part too. Um, yeah I think that's time and money."*

**Experiencing stigma and stereotype.** Stigma and stereotype related to teenage mothers is something that has affected most of the women who were interviewed for this research project in some way and is an important factor adding to the overall experience of being a teenage mother and the impact it has on their lives.

Ma-Lee expressed how she believes teen moms are viewed:

*"I know that we're looked upon as, oh, um, not good, not the good girl and getting pregnant at such a young age and having kids at such a young age too is bad."*

For Ma-Lee, she talked about how, compared to stereotypes, *"we work hard, when you have three mouths to feed you don't think about yourself anymore."* Ma-Lee and her family receive some government support and at one point someone said to her that she just wanted to have a baby so the government would help her with free money. Ma-Lee explained in the interview her response:

*"Oh no, I don't call that free money, I worked hard. All this money is not free, I worked hard for that money and so when they said that, I'm like, we're not just trying to get government money, we're all working hard. That money is not going to make me rich, that money is just to make me at least live another day. It's not an easy process to get government help. They made it a three-month process to apply for medical assistance and food stamps. You're doing something about your life but you're doing it one little step at a time."*

Michelle talked about how she believes she is viewed by society:

*“A lot of people probably think that I don’t have my life together cuz I have an older child now and I’m still fairly young, not that young, but um, I guess that...sometimes I get the feeling that like, oh she made a mistake and it’s kind of a sense of pity or just like it was a mistake and I need to get my life together.”*

Dana mentioned being on government assistance for a time and then getting off of it and how being on welfare is a generalization of teenage mothers that is hard to shake,

*“Society, I believe they look down on you, you know, you’re abusing the system if you went on to medical assistance or any of that stuff, um, and just where else did you have to turn? I was one that went on it and then off when I got to school. Yeah, they look down on you.”*

Thou found that blocking out the negative stereotypes has been one of the most difficult aspects of being a young mother. She tries not to take it negatively or think too much about it. She had a lot to say about how society views teen mothers,

*“As a young mother I think society views me as someone who’s gonna live off welfare my whole entire life, somebody who probably hasn’t even finished high school, definitely not going to college, somebody who definitely isn’t going to have a career, um, somebody who’s just going to have dead-end job for the rest of their life, probably somebody who, you know, doesn’t know how to take care of their child, not responsible, immature, so many things you can’t name, yup.”*

Carrie found it difficult for people to stop seeing her as a “stereotypical” teenage mom. It was frustrating for her, doing everything she could, to not be able to escape the stares, the dirty looks, and the comments. In the interview she stated,

*“What is it going to take for me to get out of this? What is it gonna take for me to*



*not be 'that person'? Because, I'm not 'that person', I'm not on welfare, my kids aren't druggies, they're both doing extremely well in school and were both in extracurricular activities, my house is clean, there were groceries, I wasn't behind in any of my bills, and I work full-time. And so I just wanted to say, really? you can't give me a break? But I'm doing everything I'm supposed to do, I live in the suburbs, I live by a park, ya know? Everything I am supposed to do! And I still can't get that little break."*

All of the women are aware of the generalizations made about teen mothers and a common feeling among them is that they are not like the women that teen mothers are thought or assumed to be.

### **Resilience**

One aspect that all of these women have in common is their resiliency. Their experiences have brought challenges and hardship, however, each of these women have prevailed in a positive way. Through support, finding the positive in their situations and being motivated to do good for them and the child, continuing to set and accomplish goals, and sharing their stories have been ways these women have demonstrated their resilience.

**Support.** All of the women who were interviewed for this project found support to be the most important factor in moving forward. Whether it was support during pregnancy or the support of family and friends once the baby was born, having support and feeling supported was invaluable.

Carrie discussed how even with support, the challenges of teen motherhood were difficult and it was difficult to realize how drastically life will change,

*“It was hard enough with support, I can’t imagine if I hadn’t had that. It – I can’t even begin to imagine what that’s like, because it is extremely hard and it changes everything forever. And, um, you don’t really realize how many other things it’s going to impact, you can’t even...when they say it changes your life, you can’t even fathom what that means until it starts happening.”*

When asked what has been the most helpful since becoming a young mother, Carrie replied, *“I think my family support and my faith. Without those two things, I don’t think, I don’t think I would have made it.”*

Thou believed that the support she has received has helped her to keep going and accomplish her goals; she expressed how she was supported,

*“...so at A.G.A.P.E. [school for teen parents] there were a couple teachers who were teen moms and, you know, so it was really positive just to see that because you are a teen mom, you can accomplish things, like, you can be successful, so just having those positive role models, yup.”*

Thou found a lot of support through the teachers, advisors, and social workers from her high school and currently in college. In high school she recalled a social worker and a student counselor who were very helpful and who helped to motivate her. Currently, as a student at St. Catherine, Thou finds support through Access and Success.

Dana found friends and her involvement in her church to have been her main sources of support since becoming pregnant. Michelle did not have all the support she needed when she was pregnant but she talks about her support system improving, *“I do have much more support now, I have my same good friends and, you know, we’re older now and closer now so they’re supportive and I do have my mom.”*

Ma-Lee talked about the importance of her support system while she was pregnant, living with her husband and her in-laws,

*“they were basically my support system and I had a lot of, like I said, if it wasn’t for my cousins and his nieces who helped me, everybody helped me, I feel I was really blessed to have all of them because during my troubling, hardest time it was hard... In-laws paid for everything. They were there for me emotionally and would sometimes come and take me and my baby girl out to have time alone away from the house.”*

Ma-Lee claims that she is closer to her parents and became very close to her oldest sister, who has become her backbone. Her family and her husband continue to be her support system now.

As she discussed what was most helpful to her during her pregnancy, Brynn brought up the structure of school and having a place to go everyday that gave her support, she also found support with friends and with her family. Since having her partner leave after she became pregnant with her second child, Brynn has a newfound relationship with her dad,

*“my dad is my biggest support system so, um, I don’t know it’s just teamwork there so other than that I have my girlfriends that I see maybe once every two or three weeks but no one, I mean just my dad is my biggest, I guess I tell him if something is going on or whatever. I guess we were never very close but now it’s crazy what a 180 our relationship shifted just because he stepped in as that caregiver support role, so....”*

Emily also found her family to be the most important source of support in her life,

*“I guess the most helpful for me would be my parents for their support, um, emotionally and for their support monetarily. They have always been willing to help us out. I think emotionally it’s really important to have their support to back me up and to be able to say you can do it, it’s ok, and, you know, or saying suck it up. Everyone’s done it, there are so many moms in the world. So, yeah, I think that their support is very important and just being there for me to listen.”*

**Seeing the positive in the situation.** Drawing out the positive aspects of being a teenage parent has helped the respondents feel a sense of purpose and worth even amid a life situation that is looked at negatively. A common occurrence among these women is that they have accepted their role and understand how it has changed them for the better.

Emily takes her role as parenting seriously and strives to be the best mother she can be for her son. She describes their relationship as very close, they have common interests and communicate openly with one another.

Brynn talked about the strength she has acquired from her experiences,  
*“God I’m strong. I am so strong, I’m so resilient and I’m thankful for that and, I don’t know, I just feel like I keep getting knocked down but I come back just stronger than ever and there’s no greater feeling than that in the whole world.”*

Dana felt that the struggle of being a young mom has helped motivate her. She describes herself as being *“very motivated”* and it has given her a strong drive to accomplish her goals. She is currently working on a master’s degree and would like to open her own business.

Thou has found her experience is leading her to social work.

*“Um, well now I, you know, when I’m done with here [St.Kate’s] I really want to*

*do something with teen moms and possible teen dads cuz when I was in high school as a mom I felt like there was so much support out there, resources for moms but there wasn't much for dads so now it's kind of like a motivation to work with the young parents and kinda let them know, like, hey, I'm here as a role model, I did it and you can do it too."*

Carrie's experience has caused her to be appreciative of the "little things"; she had a lot to say about the blessing that have come from her experience,

*"...the fact that I'm a 45-year-old sophomore, that's secondary, it is what it is and it will work itself out but I think the problem became a blessing and that's the important part...And it works itself out, you don't think it's going to but it does. And you know, if you're a 45-year-old grandma, it's okay. You're going to be young enough to have the energy to do all these things. I don't want to find out I'm going to be a grandma at 80-years-old and not have the energy to get down on the floor and play with my grandchild...so there are some blessings along the way with what happened."*

**Accomplishing goals.** As some had mentioned about the positive aspects of being a teenage mother, each of the women who interviewed have accomplished goals and continue to accomplish goals, especially related to academic achievement. Becoming a young mother helped many of the women realize how important it was for them to continue their education. Each one of the women has either received a bachelor's degree or is currently enrolled in school and working toward one. One of the women is currently pursuing a master's degree.

**Sharing their story.** In response to the recruitment notices for this project, over 30 women contacted this researcher about participating in this study. Of the seven who are represented here, it was found that not only did the women want to contribute for the sake of research but they also wanted to share with someone who would simply listen to their story. In more than one of the interviews, emotions took over and words were accompanied by tears. More than one seemed to be unaware of how emotions would surface during the course of the interview.

One respondent contacted the researcher after the fact to let her know that this was the first time she had unleashed these thoughts and the process had been causing her to be reflective of how the experience has *really* impacted her. In reference to these seven women, the ability and willingness to share openly is surely a factor contributing to their resilience and perseverance.

### **Pregnancy prevention and sex education**

Seven women who became pregnant at age 20 or younger knew about birth control, knew how to access it, but were not using it. Few of the women were intentional about becoming pregnant, however, the majority did not. When asked about their views on sex education and pregnancy prevention, all mentioned the need for openness from parents. All seven of the women expressed the fact that the subject of sex was not discussed, or if so, not enough. All seven of the women did not feel comfortable approaching their mothers or fathers to ask questions.

Carrie felt strongly about this subject as she stated,

*“let’s be honest, sex is not rocket science, we all do it, our kids are going to do it, we’re not fools, our kids are going to do it and, so, let’s give them the*

*information. Let's talk to them, let's tell them the truth, because if I don't tell my daughters the truth they are going to believe the lies and believing the lies is what got me into the position I was in."*

In regards to birth control for her daughters, Carrie feels "*fine with that*", she went on to say,

*"I still think that waiting is certainly the better choice and I will push that every single time, but knowing that's not the first option that they look at, I'm more than happy to provide the second, because I would not like them not to go through what I had to go through."*

Thou discussed how she feels sex education programs are good and there should be more, however, she also expressed issues with it,

*"I kind of feel like when I was in school I didn't really feel as comfortable around it, um, we talked about it in school but I just kind of felt like it was something you were supposed to feel shameful about, like, you know, if you see a girl go to the nurse's office, you kind of assume like, oh she went to get birth control, like she might be a 'dirty girl' or something."*

When asked whether sex was discussed at home while she was growing up, Thou replied, "*absolutely not*". Everything she learned was from school.

Dana stressed the importance that her daughter knew the doors of communication were "*always open*". Dana also does not feel that people should have to be worried about becoming pregnant because resources are all over and can be freely obtained.

Michelle agrees that, "*it's a very good idea to teach everything, um, as well, everything about sex education including both prevention and choices that you have*

*whether or not to have sex.*” Currently, a pilot program with Planned Parenthood has been initiated at her daughter’s school offering classes for parents to be trained as educators and a class for parents and children to discuss sexual topics. Michelle believes this is a good resource and will participate in the program.

Brynn stated,

*“It’s crazy, it’s a disgrace, I mean, um, it’s kind of like if you don’t talk about it, it won’t happen but that’s not how it needs to be. It needs to be up front...I don’t know, I think our whole society just needs to, um, change our outlook on the whole topic, you know, if we’re more accepting about talking about it, people are going to ask questions and look at answers, you know, in the appropriate manner.”*

In regards to knowing about birth control but not using it, Emily was able to give some clarity,

*“I didn’t necessarily realize the repercussion, I knew that you could get pregnant blah blah blah, but I didn’t know how easy it was to get pregnant, you know? It would have been better for me if I was able to sit down and talk to her [mother] about those kinds of things but they [parents] just left those things to chance. You know, like parents get really uncomfortable and they think they can weasel out of it and whatever but, um, you know, I don’t.”*

Emily just faces it when it comes to talking to her son. She talks to her son a lot and believes that he is receptive and grateful for the communication they have. Emily feels comfortable talking about condoms with her son so he knows what they are for and how to use them. She is aware of the opposition that claims kids will be so much more



sexually active now with all the knowledge. She keeps a firm stance on the subject and admits that, *“even if they’re not using it right now, today, they need the information for the future. It’s good to know about your body too and I think that people should have a clue.”*

All of the women respondents agree that sex education is very important and should be more freely taught. A common theme, regarding sex education, among the respondents was that parents should talk to their kids as much as possible so they know their choices and are educated about them.

### **Final thoughts**

Some of the women had thoughts about what they would like society to be aware of regarding teen mothers, here are some of their statements,

Emily:

*“Just because you see a young mom doesn’t mean that they are doing a bad job because they are a young mom. It could also...there are many older parents who are bad parents also and I think that they, you know, you should step back and not stereotype, and just the simplest little thing to help someone out or even just a smile at them can make a huge difference, really, because, you know, you don’t know their back story and, you know, they are just struggling too like everyone else.”*

Brynn:

*“Young moms aren’t slackers, we’re probably some of the hardest working people in the world, um, and just to eliminate stereotypes, I mean everyone’s got a story, everyone’s got a different background and has a different spirit and just*

*to accept people for who they are and not to look at what they're doing with their lives, you know, whether it's right or wrong just drop the judgment."*

Thou:

*"Um, young moms aren't pieces of shit, basically. Yeah, I think that says a lot."*

Carrie:

*"You know, we're now in a society that has to be politically correct and you have to accept so many different flavors, if you will, but a teenage mom still is not a flavor that can be accepted. You know, we have to accept different ethnic backgrounds, different religious backgrounds, different political opinions, we have to accept all of that and be very conscientious about it but the teenage mom still comes with that scarlet letter, there isn't acceptance. And not that you have to accept it and embrace it and celebrate it, but help it. If you're not helping, you are part of the problem."*

Many of the women had a strong reaction against how society views teen mothers and their words expressed how negative and hurtful they can be, especially when they are doing their best for their children.

### **Discussion**

This study focused on the perspectives of seven women who have experienced teenage pregnancy and parenthood. Themes emerged in this study that supported and contrasted past research. In addition to the similarities and differences, new themes emerged.

#### **The importance of sharing one's story**

In response to the recruitment letters for this study, over thirty women responded who expressed interest in participating. Often, the response was that they wanted to help with this project in any way they could. That alone demonstrated how this study resonated with women and the importance of having someone to listen to their stories, having someone interested in understanding their perspective and not just the generalization of a population represented in statistical data.

### **Similarities among respondents**

Interviews were scheduled with the first respondents who contacted me about this study. Aside from the criteria posted in the recruitment letters, I was unsure who would emerge to participate. That was left to chance and, by chance, seven women were interviewed who, together, told a story not too different from one another. Each led different lives, came from different upbringings, and had different experiences; however, their experiences of early motherhood all seemed to be woven from a common thread. Each of their stories showed a positive response to teenage pregnancy, a desire to succeed, a desire to be a good parent, a realization of growth and maturity, nothing close to the idea of the “teen mom” that our society is so accustomed to believing.

### **Positive outcomes to teen pregnancy**

What emerged from the study was an overwhelming positive response and outcome to what is otherwise viewed as a failure. The women who became pregnant responded to their situations with responsibility, bravery, and defiance. Each of the seven women acknowledged that there was not a question in their minds about whether they would continue the pregnancy or keep their child. They accepted the responsibility of becoming a mother even though they were aware of how they may be perceived

negatively by friends, family, peers, and society in general. They accepted the responsibility also being aware of all the unknown challenges that they would face immediately and throughout their lives.

### **Sexual activity**

Past research on sexual activity of teens was supported by the findings of the study. Klein (2005) reported that more than 45 percent of high school girls have had sexual intercourse. The respondents all noted being sexually active in high school and were aware that many of their peers were sexually active as well.

A common acknowledgment among the women was that teens, regardless of their moral upbringing, come to a point where they make their own decision. Having sex, from a completely physical standpoint, is a natural act. It is an act that teenagers want to engage in. Physically, their bodies are going through changes and hormones are raging and it is all directed toward the human ability to procreate; restraining from it is a mental challenge. This physical urge is something present in humans, not simply promiscuous or, as one respondent described as a common misconception, “dirty” teenage girls.

### **Importance of support**

Support remained an important factor in the literature and in the study. All of the women reported that support was their number one reason for overcoming their hardships and finding success. Klaw (2008) stated that emotional support and encouragement appeared to serve a key role in causing self-efficacy and optimism about achieving future goals. The respondents reiterated this during the interviews by commenting on the importance of support in their lives and how they attribute the support to their success and accomplishments.

**Perceptions of teen mothers**

Perceptions of teenage mothers in the literature proved to be an accurate representation of what these women believe they are perceived to be in society and have struggled to fight against. Common perceptions that were brought up during the interviews were: teen motherhood being immoral, dependent on welfare, irresponsible, and occurring to those who are ignorant. These perceptions supported a study by Eshbaugh (2011) that examined college students' perceptions of teen mothers, which included: welfare dependency, irresponsibility, stupidity, ignorance, laziness, child abuse, immorality, and promiscuity.

Most of the women in the study reported feeling that stereotypes about teen mothers were hurtful to them and difficult to overcome. Often, the women noted that it was a constant challenge for them to overcome the stereotypes and prove that they did not fit the negative social construct of a teen mother. Supporting this finding, a study reported that of 925 teens that had recently given birth, 40 percent reported feeling stigmatized; the women were also more likely to feel socially isolated and have lower self-esteem (Weimann, et. al., 2005).

**Risk factors**

Risk factors are commonly focused on in past research. Some of the risk factors brought up, such as family disruption and poor parental supervision and communication (Barn & Mantovani, 2007) as contributing to the probability of becoming a young parent were not supported by the findings of this study. As with any population, there were variations among family dynamics and values, however, family structure or the

relationship between parent and teen did not seem to be a dominating factor in the individual choices that the women made that led to their pregnancies.

Most of the relationships between the women and their parents were normal in comparison to their peers who did not become pregnant. Many of the women reported having a social circle that was more important to them at the time, which caused more distance with their parents; however, their relationships with their parents were not significantly negative ones.

If any one aspect was related to the relationship with parents, it was the lack of communication regarding sexual activity and the discussion of accessing birth control. Most of the respondents had open and positive relationships with their parents, with the exception of open communication regarding sex. Each of the women remarked that if this had been different, it might have been the single aspect that could have prevented them from becoming pregnant.

The women in the study agreed that their parents could have been more upfront about sex. They acknowledged that their parents could have given them the facts, explained the risks, and explained the use of contraceptives. Many of the respondents knew about birth control, they knew where to get it, and in some cases were using it. The problem was that they were too scared or embarrassed to disclose to their parents that they were in need of it. In many situations with parents, our human nature of being sexual is ignored and not discussed because it is a taboo subject in society and uncomfortable to talk about, leaving it up to adolescents to seek information (sometimes incorrect information) among their peers.

### **Resilience**

The literature discusses resiliency surfacing among those who demonstrate characteristics of social competence, such as problem solving, independence, and motivation (McGaha-Garnett, 2008). Although the women in this study possess characteristics that support the literature's definition of resilience, they did not necessarily possess those characteristics prior to becoming pregnant; therefore, whether they possessed them or not, was not a determining factor in whether they would be resilient once they became a teenage parent.

Some of the women already possessed resilient characteristics and some developed them once they became pregnant. In some cases it was the pregnancy itself that initiated their drive to succeed. In most cases, it was early pregnancy and motherhood that caused them to be more goal-oriented, more independent, and stronger, more reflective women. What future research can explore is what causes one to be resilient and how it can be nurtured to further help individuals facing adversity.

### **Limitations**

With this study there were significant limitations. The first is the sample size. Seven women were interviewed and represented in this study. Seven, as a number, seems insignificant compared to the numbers that represent the data of quantitative studies; those that encompass most of the literature based on teenage pregnancy and parenthood. The problem with quantitative data regarding this subject is that it is void of the real-life stories and the voices of the women that it represents, which in turn, seems insignificant compared to one face-to-face conversation with someone who has lived it. The problem with qualitative research is that it is very labor intensive. There was an abundance of interest in response to the recruitment notices, however, due to the nature of the study, the

author had to limit the respondents to be able to work within the nine-month time frame for this project.

The interviews with respondents were mostly long and in-depth. Each of the seven interviews lasted approximately one hour, with some lasting significantly over that, resulting in intensive work on transcribing the data. For future qualitative research it would be helpful to have a longer time frame to work with and a research team that could facilitate a larger population sample.

Second, the small sample size is not representative of the entire population of teen parents. The recruitment notices asked for volunteers who had been parenting for at least five years, this eliminated many potential teen mothers.

Third, the study was likely to attract college students due to the placement of one recruitment notice through a program for student parents at a small, private, Midwestern University. Respondents recruited through the University were more likely to have aspects in common such as their goals and access to higher education.

Last, it must be taken into account that this research did not investigate the cultural implications of teen pregnancy. By chance, five of the respondents represented in this study happened to be from similar cultural and racial backgrounds. The remaining two women were from another cultural and racial group that differed from the majority of the research group. A significant variation among culture and race was not represented here, which would have affected the findings of this study.

An example would be the common expectations of pregnancy and mothering within a cultural context that differs from our society's dominant white middle-class values. White middle-class values teach us that pregnancy and mothering is only



acceptable within the context of marriage and only during an acceptable age range that fluctuates over time. With some of the older respondents, early twenties were a common and acceptable age range to have children as long as the mother was married. Presently, the common and acceptable age of having children has gone up to early and mid thirties, again within marriage. Other cultures pose different expectations on the women within their communities and ideas may be different on marriage, age of the woman at conception, and the idea of the acceptable order of life stages.

### **Implications for social work and future research**

What this study illustrates is a need for future research and work focusing on supporting teen mothers through resilience-based programs and services and educating parents on how to communicate with their children about sex and pregnancy.

It is likely that social workers will work with a pregnant teen or a teen parent at some point in their careers (Benson, 2004). As social workers it is important to reflect on one's own values and assumptions of teen mothers because stigmatization affects even the people whose job it is to support teen mothers (Rutman, et. al., 2002). It is important for social workers and other helping professions to understand that the positive outcomes of teen pregnancy cannot be ignored. The attitude toward teen mothers is one that is in need of shifting.

Presently, teen pregnancy is viewed as a social problem with negative implications. The focus could be shifted to supporting the strengths of the individual. I think it is necessary to stop seeing teen mothers as a problem. The way society views and responds to teenage pregnancy is not conducive to successful outcomes. There are many women, including those in this study, who do prevail and who do find success after

becoming a teen mother, however, there are many others who do not and who fall through the cracks and further perpetuate the negative stereotypes and stigmas that our society uses to define teen pregnancy and parenthood.

Women get pregnant, whether they are married or not, whether they are teenagers or adults. This is not a new phenomenon, it has been happening throughout history and the problem lies in how we deal with it. Supporting teens that become pregnant is the first step in promoting successful outcomes for the individuals. Support that promotes positive self-reflection and positive opportunities for the future are ways that can make a difference in the lives of teen mothers and the way they perceive themselves.

Education on open communication regarding sex and pregnancy is an important aspect to make changes that will challenge the way our society views them. This study found that there was a significant lack of communication regarding sex between the respondents and their parents.

Many parents find it difficult to approach the subject of sex with their children, especially regarding contraception, possibly because it may seem that they are promoting sex or making it seem that they are okay with their kids having sex as teens. The problem with this is that kids become distant from their parents and will not approach them freely for answers to important questions. They will find answers elsewhere. As was mentioned previously, sex is a natural human act and it needs to be dealt with as that. Teenagers should not have to feel scared or ashamed of the fact that they are sexual beings.

The women in the study spoke to what they feel should change about the way parents communicate about sex with their children, most of them commenting that being

as open and blunt about the subject is the best policy because it is a reality that needs to be dealt with head on. The women agreed that the benefits of waiting to be sexually active should be expressed, but information should be provided in case their children choose not to wait. Understanding that the choice is ultimately up to the individual, it should be the responsibility of the parent to make sure their children have the knowledge to be safe and responsible.

Uncomfortable topics can evolve into comfortable ones once they become mainstream, if they continue to be discussed. It is not about whether having sex as a teenager is right or wrong or if it is against a specific religion or immoral. It is about acknowledging that sex is part of life and should be out in the open to talk about and learn about. Simply the word, sex, provokes discomfort but the more we say it and the more we talk about it the less taboo it might become. All of the women in this study knew about birth control, knew where to obtain it. The problem was not ignorance; it was lack of communication when it counted. Parents do not have to change their views and beliefs regarding teen sexual activity but there should be a willingness to be open and to start the conversation.

### **Conclusion**

I listened to the stories of seven women who became pregnant unexpectedly, had their baby, and who have been working hard not only to provide a life for themselves, but also to provide a nurturing life for their child.

This study aimed to gain an alternative perspective on teenage pregnancy and parenthood. Research “teen pregnancy” and an abundance of studies will emerge showing data representing the social problem of teen pregnancy. There is a harsh and

damaging view of teen mothers that our society maintains. What is not typically found in the research is any kind of voice; there are few studies offering the experience of a teen mother from her perspective. This study aimed to gain insight into her perspective, to contribute to research that lacks this important element that may be able to inform necessary changes.

The seven women who are represented in the study offered the stories of their experiences to show us that a mother and her child, irregardless of the mother's age is still deserving of respect and the encouragement of society to live well and prosper. These women are doing it in the face of adversity. They are living well and prospering when others around them are saying or at least expecting that they will not.

Stigmas hurt not only the mother but their children too and the negative attitudes keep revolving, recycling, and continue to shape the way we learn to perceive teen mothers. This study offers a challenge to those who read it, the challenge is to help the problem, help to create change by acknowledging one's own bias and challenge it by helping to create positive shifts; to unearth the deeply rooted perceptions that fuel negative stigmas. Teen mothers, as represented here, give us the reason why we should. They demonstrate how so much positivity can emerge from something that is perceived with so much negativity.

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## Appendix A

**Interview Questions**

I. How old are you?

II. How old were you when you had your first child?

1. Can you give a brief description of your life before you became pregnant?
  - Examples: family structure and dynamic, education, social circle, religious beliefs, expectations, etc.
2. What was your initial reaction when you found out you were pregnant?
  - How did you feel physically? Emotionally?
  - How far along were you?
  - Who were you able to confide in when you found out?
3. Was your pregnancy planned?
  - Did you have access to birth control and if so, were you using it?
  - Did you have any thoughts about not continuing the pregnancy?
  - Did you feel you had choices? If so, did you have access to them?
5. What was your relationship with the father of the child?
  - What is it like now?
6. What was your support system like during your pregnancy?
  - What types of support did you have? Did you engage with any formal support systems?
  - What was the most helpful to you?
  - What was the least helpful to you?
7. After the birth, how did you take care of yourself and baby?
  - Did you live with the father? Alone? With family? With a partner?
8. Are there any aspects of your life that you had to put on hold because of pregnancy/raising a child?
  - If so, what were they?
9. How do you believe society views you as a young mother?
  - Who do you connect with?
  - Are there misconceptions?
10. In your opinion, what are the challenges of obtaining your goals as a young mother?
  - What are your goals?

11. What has been the most difficult aspect of being a young mother for you? What has been the most positive aspect?
12. What has helped you the most since becoming a young mother?
13. What is your support system like now?
14. Can you briefly explain how becoming a young mother has holistically (Physically, mentally, spiritually) impacted your life?
15. What is your reaction to pregnancy prevention programs?
  - What is effective/ineffective?
16. What advice would you give to other young mothers?
  - What advice would you give to teenagers about teen pregnancy?
17. What is something you would like society to be aware of regarding young mothers?

## Appendix B-1

**St. Catherine Recruitment Notice****St. Catherine student parents,**

**Did you have your first child at age 20 or before?  
Is that child now five or more years old?**

I am a graduate student in the master of social work program at the University of St. Thomas and St. Catherine University and I am searching for women who have a child at least five years of age who became pregnant unexpectedly and gave birth at age 20 or younger.

- Voluntary respondents will take part in an audio-recorded interview lasting approximately one hour at either the St. Paul or Minneapolis campus.
- Time of day for the interview will be agreed upon by the researcher and volunteer.
- Questions will relate to how the experience of young parenthood has impacted your life.
- The information from the interview will be used for a research project on the impact of early pregnancy and parenthood on young women.
- All information is kept confidential and no identifying information will ever be used.
- Your choice of whether or not to participate in this study will have no impact on your relationship with St. Catherine University and/or Access and Success. If you are interested in sharing your story and being a part of this project, please contact me!

**Stephanie: [bowm9110@stthomas.edu](mailto:bowm9110@stthomas.edu)**

In appreciation of your time, you will receive \$10 and you will be entered for a chance to win a \$50 visa gift card.

## Appendix B-2

**Craigslist Recruitment Notice****Seeking Volunteers for research study!**

I am a graduate student in the master of social work program at the University of St. Thomas and St. Catherine University. I am searching for women who have a child at least five years of age who became pregnant unexpectedly and gave birth at age 20 or younger. Voluntary respondents will take part in an audio-recorded interview lasting approximately one hour. Questions will relate to how the experience of young parenthood has impacted your life. The information from the interview will be used for a research project on the impact of early pregnancy and parenthood on young women. All information is kept confidential and no identifying information will ever be used.

If you are interested in sharing your story and being a part of this project, please contact me!

Stephanie: [bowm9110@stthomas.edu](mailto:bowm9110@stthomas.edu)

In appreciation of your time, you will receive \$10 and you will be entered for a chance to win a \$50 visa gift card.

## Appendix C

**Consent Form****CONSENT FORM**

Please read this form and ask any questions you may have before agreeing to participate in the study.

Please keep a copy of this form for your records.

**Project Name** A study on the impact of pregnancy and parenthood on teenage women **IRB Tracking Number** 402415-1

General Information Statement about the study:

This research study will focus on the impact of pregnancy and parenthood on teenage women by obtaining information on real life experiences through one on one interviewing.

You are invited to participate in this research.

You were selected as a possible participant for this study because:

You are a woman who became pregnant and began parenting at age 20 or younger and have been parenting for at least five years.

Study is being conducted by: Stephanie Bowman  
 Research Advisor (if applicable): Katharine Hill  
 Department Affiliation: Social Work

**Background Information**

The purpose of the study is:

To obtain information on the individual experiences of women who became parents as teenagers and how their experiences have shaped their lives and identities.

**Procedures**

If you agree to be in the study, you will be asked to do the following:

*State specifically what the subjects will be doing, including if they will be performing any tasks.*

*Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.*

Each respondent will participate in a conversation-style interview lasting approximately one hour. The researcher has a list of questions which will be used as a guide. The interview will be audio recorded for transcription purposes.

**Risks and Benefits of being in the study**

The risks involved for participating in the study are:

There is some risk involved as the questions are of a personal and sensitive nature and may provoke unwanted feelings and/or emotional upset.

The direct benefits you will receive from participating in the study are:

No direct benefits.

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**Compensation**

Details of compensation (if and when disbursement will occur and conditions of compensation) include:

*Note:* In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).

In appreciation of your time, the researcher will present you with coffee gift card.

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**Confidentiality**

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:

Data will be recorded on a portable recording device owned by the author. The recorded content will be transcribed by the author and then deleted from the device. Transcribed data will be saved on a secured password computer and if there is a hard copy, in a locked file drawer in the author's home office. The author and the author's research chair are the only persons who will have access to the data. Respondents' identifying information will only be available to the author. Names of respondents will not be recorded. Transcribed information will be held no longer than May 31, 2013 at which point all transcribed material will be destroyed.

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**Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study.

You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).

Should you decide to withdraw, data collected about you will NOT be used in the study

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**Contacts and Questions**

You may contact any of the resources listed below with questions or concerns about the study.

Researcher name

Stephanie Bowman

Researcher email

bowm9110@stthomas.edu

Researcher phone	612.978.0016
Research Advisor name	Katharine Hill
Research Advisor email	kmhill1@stthomas.edu
Research Advisor phone	651.962.5809
UST IRB Office	651.962.5341

**Statement of Consent**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study Participant \_\_\_\_\_ Date \_\_\_\_\_

*Electronic signature*

Print Name of Study Participant \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)

*Electronic Signature*

Print Name of Parent or  
Guardian  
(if applicable)

Signature of Researcher \_\_\_\_\_ Date \_\_\_\_\_

*Electronic signature\**

Print Name of Researcher \_\_\_\_\_

\*Electronic signatures certify that::

The signatory agrees that he or she is aware of the policies on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.